

Hopgood, Gertie

MRN: 23109212

Office Visit 4/8/2024

Waco Family Medicine - Hillsboro

Provider: Seale, Jonathan, MD (Family Medicine)

Primary diagnosis: Essential hypertension

Reason for Visit: Diabetes • Blood Pressure • Fall

Progress Notes

Seale, Jonathan, MD (Physician) • Family Medicine • Encounter Date: 4/8/2024 • Signed

Labs are normal, stable, or otherwise unremarkable.

Electronically signed by Seale, Jonathan, MD at 6/15/2024 4:41 PM

Progress Notes

Seale, Jonathan, MD (Physician) • Family Medicine • Encounter Date: 4/8/2024 • Signed

Subjective:

Pt here for 3 month f/u on her depression and HTN.

Pt had a fall on March 12 and broke her right shoulder/arm.

PT currently seeing Dr. Wolf for it.

History provided by: **Patient****Diabetes**

Gertie Hopgood is seen today for diabetes follow up. Overall her blood sugar is **controlled**. She is following a **medication controlled** treatment plan.

She is taking medication **as prescribed**. **No side effects reported from current drug therapy**. Gertie is **adherent** to treatment goals. She **follows** diet and **follows** the exercise plan.

No associated symptoms reported.

Gertie **checks** feet at home daily.

She **monitors blood glucose at home**, checks blood sugar **1-2 x per day**, checks blood sugar **4-7 days per week**, and her glucose range is **110-130**.

Blood Pressure

Gertie Hopgood seen today for hypertension follow up. Overall her blood pressure is controlled.

She is taking medication **as prescribed**. **No side effects reported from current drug therapy**. Gertie is **adherent** to treatment goals. She **follows** diet and **follows** the exercise plan.

No associated symptoms reported.

Gertie is **checking** her blood pressure at home. her at-home blood pressure reading was **normal**.

C/o experiencing a fall resulting in arm fracture, identifies injury as involving both proximal and distal bones. Reports medical recommendation against arm casting, favoring natural healing. Following Dr. Wolf's guidance, notes initial signs of arm healing. Advised to persist with current treatment, emphasizing hand exercises.

Describes discovery of a skin issue, characterized as a spot in a concealed area, attributes to chafing from sweat and immobility, akin to heat rash. Spot identified by others, denies associated pain.

Reports rectal bleeding, correlates with ibuprofen use for arm pain. Ceased ibuprofen, transitioned to Tylenol, observes bleeding improvement. Acknowledges distant past colonoscopy, implies potential need for reevaluation.

States postponement of recommended whole-body examination by oncologist due to arm condition, unable to perform necessary actions for kidney-related assessment until arm recuperation.

Objective:

BP 135/74 (BP Site: Left Arm, Patient Position: Sitting, BP Cuff Size: Large) | Pulse 96 | Temp 98.2 °F (36.8 °C) (Temporal) | Resp 16 | Ht 5' 2" (1.575 m) | Wt 243 lb 6.4 oz (110 kg) | LMP (LMP Unknown) | SpO2 96% | BMI 44.52 kg/m²

Physical Exam:

Gen: Well developed. Awake, alert, and oriented. No acute distress.

HEENT: Normocephalic, atraumatic. Moist mucous membranes.

Neck: Supple without thyromegaly or nodules. No lymphadenopathy.

Respiratory: Clear to auscultation bilaterally. No rales, rhonchi, or wheezes.

CV: Normal rate, regular rhythm. No murmurs, clicks, gallops, or rubs.

Abd: Normoactive bowel sounds. Soft, non-tender to palpation. No organomegaly or masses.

Skin: **Erythema/intertrigo below the right breast.** Normal skin turgor.

Ext: No cyanosis, clubbing, or edema.

MSK: **Right arm in sling**

Psych: Normal gross judgement. Normal affect.

Assessment/Plan:**Problem List Items Addressed This Visit**

Essential hypertension - Primary

Type 2 diabetes mellitus without complication, without long-term current use of insulin

Fractured Arm:

- Patient experienced a fall resulting in fractures near the wrist and in the forearm.
- Under Dr. Wolf's care, advised to continue current management without casting.
- Follow-up with Dr. Wolf on April 17th.
- Continue to monitor and adhere to Dr. Wolf's recommendations.

Intertrigo (Candida):

- Patient presents with a red, non-painful rash under the breast, attributed to heat and moisture.
- Prescribe Nystatin powder for application to the affected area as directed.

Hypertension:

- Patient's blood pressure remains well-controlled.
- Maintain current management and regularly monitor blood pressure.

Rectal Bleeding (History):

- Patient had rectal bleeding while using ibuprofen for arm pain, which ceased upon discontinuation.
- Pain management now includes Tylenol and hydrocodone as needed.
- Schedule a colonoscopy for screening and further evaluation.

Routine Blood Work:

- Conduct routine blood work during today's visit.

Follow-up Appointments:

- Set a follow-up in three months for pre-op evaluation and to discuss colonoscopy results.
- Advise scheduling a whole-body imaging appointment with the oncologist after arm healing.

Jonathan Seale, MD

4/8/2024

10:49 AM


Scribe: NS

Colonoscopy pre-op in 3 mo

Electronically signed by Seale, Jonathan, MD at 4/8/2024 2:46 PM

Other Notes

All notes

 Nursing Note from Soria, Nataly, LVN

Instructions

After Visit Summary (Snapshot) - Printed 4/8/2024

Additional Documentation

Vitals: BP 135/74 (BP Site: Left Arm, Patient Position: Sitting, BP Cuff Size: Large) Pulse 96
Temp 98.2 °F (36.8 °C) (Temporal) Resp 16 Ht 5' 2" (1.575 m) Wt 243 lb 6.4 oz (110 kg) LMP (LMP Unknown)
SpO2 96% BMI 44.52 kg/m² BSA 2.19 m²

Communications

Orders Placed

CBC W/AUTO DIFF (Resulted 4/8/2024, Abnormal)
COMPREHENSIVE METABOLIC PANEL (Resulted 4/8/2024, Abnormal)
HEMOGLOBIN A1C (Resulted 4/8/2024, Abnormal)
URINE PRO/CREA RATIO (Resulted 4/8/2024, Abnormal)

Medication Changes

As of 4/8/2024 2:46 PM

	Refills	Start Date	End Date
Added: Nystatin 100000 UNIT/GM External Powder	0	4/8/2024	9/18/2024
Apply 1 dose onto the skin twice a day. - Transdermal			

Medication List at End of Visit

As of 4/8/2024 2:46 PM

	Refills	Start Date	End Date
Ascorbic Acid (Vitamin C) 1000 MG Oral Tab	—		—
Take 1,000 mg by mouth daily. - Oral			
Patient-reported medication			
Atorvastatin Calcium 20 MG Oral Tab	0	2/20/2024	5/24/2024
Take 1 tablet by mouth daily. - Oral			
Chlorhexidine Gluconate 0.12 % Mouth/Throat Solution	—	2/20/2024	9/18/2024
Take 15 mL by mouth twice a day. - Oral			
Patient-reported medication			

	Refills	Start Date	End Date
Cholecalciferol (Vitamin D3) 25 MCG (1000 UT) Oral Tab Take 1,000 Units by mouth daily. - Oral Patient-reported medication	—		—
Docusate Sodium 100 MG Oral Tab Take 100 mg by mouth daily. - Oral Patient-reported medication	—		—
Ferrous Sulfate (Iron) 90 (18 Fe) MG Oral Tab Take 1 tablet by mouth daily. - Oral Patient not taking: Reported on 9/18/2024 Patient-reported medication	—		10/15/2024
HYDROcodone-Acetaminophen 5-325 MG Oral Tab Take 1 tablet by mouth every 6 (six) hours if needed. - Oral Patient-reported medication	—	3/25/2024	9/18/2024
Lisinopril 40 MG Oral Tab Take 1 tablet by mouth at bedtime. - Oral	0	2/20/2024	5/24/2024
MetFORMIN HCl 500 MG Oral TABLET SR 24 HR Take 1 tablet by mouth daily. - Oral	0	2/20/2024	5/24/2024
Multiple Vitamin (Multivitamins) Oral Cap Take 1 capsule by mouth daily. - Oral Patient-reported medication	—		—
Nystatin 100000 UNIT/GM External Powder Apply 1 dose onto the skin twice a day. - Transdermal	0	4/8/2024	9/18/2024
Omeprazole 40 MG Oral CAPSULE DELAYED RELEASE Take 1 capsule by mouth daily. - Oral	0	2/20/2024	5/24/2024
Sertraline HCl 50 MG Oral Tab Take 1 tablet by mouth daily. - Oral	0	2/20/2024	4/2/2025

Visit Diagnoses

Primary: **Essential hypertension** I10

Type 2 diabetes mellitus without complication, without long-term current use of insulin E11.9