

Patient Name: () DOB: -
Progress Notes by at 6/12/2024 4:00 PM

Author: Service: DER (Dermatology) Author Type: Resident
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Dermatology Note - Established Patient-Video

SUPERVISING PHYSICIAN:

Dr. Leah Swanson - Patient was not seen with the staffing physician

SUBJECTIVE

CHIEF COMPLAINT

Follow up Dyshidrotic Eczema and Hair Loss

PAST MEDICAL HISTORY

Patient is a 68 y.o. female, who presents to Dr Dermatology on 06/11/24 for the above chief complaint. The patient was last seen on 2/19/2024 by me. At the visit, her dyshidrotic eczema was under control and recommended stopping clobetasol and restarting as needed for flares. She also was given a refill for tretinoin 0.1% for acne lesions and recommended over the counter minoxidil foam for androgenetic alopecia.

Today, the patient presents for the above chief complaint. She has been using the clobetasol twice daily until the scaling resolves and then stopping. The rash has been recurring so she is needing the clobetasol frequently. She also notes continued hair thinning but has not started the topical minoxidil foam due to concerns about side effects.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ALPRAZolam (XANAX) 0.5 mg tablet	Take 1 tablet (0.5 mg total) by mouth at bedtime. (Patient taking differently: Take 0.5 mg by mouth as needed. Normally takes half tab)	90 tablet	3
• amLODIPine (NORVASC) 5 mg tablet	take 1 tablet by mouth daily	90 tablet	3
• azelastine (OPTIVAR) 0.05 % ophthalmic solution	Administer 1 drop into both eyes 2 (two) times a day as needed (allergic eye symptoms).	18 mL	3
• azelastine-fluticasone (DYMISTA) 137-50 mcg/spray nasal spray	Administer 1 spray into each nostril 2 (two) times a day.	69 g	3
• benzonatate (TESSALON) 200 mg capsule	Take 1 capsule (200 mg total) by mouth 3 (three) times a day as needed for cough.	60 capsule	0
• calcium carbonate/vitamin D3 (CALCIUM WITH VITAMIN D ORAL)	Take 1 tablet by mouth daily. Calcium 600mg/400IU Vitamin D		
• cetirizine (Zyrtec) 10 mg tablet	Take 10 mg by mouth daily.		
• clobetasoL (TEMOVATE) 0.05 %	Apply twice daily to the	45 g	2

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cream	feet and rash on hands. Do not apply to face, underarm, groin, under breasts (female). May use goodrx.com if cheaper.			
• clobetasoL (TEMOVATE) 0.05 % ointment	Apply twice daily to the rash on feet. Do not apply to face, underarm, groin, under breasts (female). May use goodrx.com if cheaper.	60 g	1	
• clotrimazole-betamethasone (LOTRISONE) 1-0.05 % lotion	Apply 1 Application topically 2 (two) times a day. Apply to affected areas.	30 mL	3	
• cyanocobalamin, vitamin B-12, (VITAMIN B-12 ORAL)	Take 1 tablet by mouth every other day.			
• denosumab (Prolia) 60 mg/mL syringe	Inject 60 mg under the skin as directed. Every 6 months			
• Dulera 200-5 mcg/actuation inhaler	USE 2 INHALATIONS BY MOUTH TWICE DAILY RINSE MOUTH WITH WATER AFTER USE TO REDUCE AFTERTASTE AND INCIDENCE OF CANDIDIASIS DO NOT SWALLOW	39 g	3	
• esomeprazole (NexIUM) 20 mg DR capsule	Take 1 capsule (20 mg total) by mouth every morning before breakfast.	90 capsule	3	
• estradioL (ESTRACE) 0.1 mg/g (0.01%) vaginal cream	Insert 2 g into the vagina 2 (two) times a week.	42.5 g	3	
• ibuprofen (ADVIL,MOTRIN) 800 mg tablet	Take 1 tablet by mouth as needed. Take 1 tablet by mouth as needed for pain.			
• inhalational spacing device (Aerochamber MV) spacer	1 each as needed (to use with inhaler).	1 each	1	
• iron,carbonyl-vitamin C (VITRON-C) 65 mg iron- 125 mg DR tablet	Take 1 tablet (65 mg of iron total) by mouth daily. Do not crush or chew.	90 tablet	3	
• lansoprazole (PREVACID) 30 mg DR capsule	Take 1 capsule (30 mg total) by mouth every morning before breakfast.	90 capsule	3	
• latanoprost (XALATAN) 0.005 % ophthalmic solution	Administer 1 drop into both eyes at bedtime.			
• levothyroxine (SYNTHROID, LEVOTHROID) 100 mcg tablet	Take 1 tablet (100 mcg total) by mouth daily.	90 tablet	3	
• Linzess 290 mcg capsule	take 1 capsule by mouth daily	90 capsule	3	

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• MAGNESIUM ORAL	Take 100 mg by mouth every other day. In evening		
• metoprolol tartrate (LOPRESSOR) 25 mg tablet	TAKE 1 TABLET BY MOUTH TWICE DAILY	180 tablet	3
• montelukast (SINGULAIR) 10 mg tablet	Take 1 tablet (10 mg total) by mouth daily.	90 tablet	3
• naproxen (NAPROSYN) 500 mg tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times a day with meals for 10 days.	20 tablet	0
• nystatin (MYCOSTATIN) 100,000 unit/mL suspension	Take 5 mL (500,000 Units total) by mouth 4 (four) times a day. Swish in mouth and spit out.	280 mL	0
• omega-3 fatty acids/fish oil (OMEGA 3 FISH OIL ORAL)	Take 1 capsule by mouth every evening. Fish Oil 1000 mg oral capsule, 1 capsule by mouth daily.		
• phentermine 15 mg capsule	Take 1 pill po daily in AM	90 capsule	0
• phentermine 15 mg capsule	Take 1 capsule (15 mg total) by mouth every morning.	30 capsule	2
• polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution	Drink 1st portion of prep at 6 PM the evening before. 2nd portion must be started 3 hours before and finished 2 hours prior to report time	4000 mL	0
• potassium 99 mg tablet	Take 1 tablet by mouth daily.		
• SUMatriptan (IMITREX) 50 mg tablet	Take 1 tablet (50 mg total) by mouth as needed for migraine. May repeat dose once in 2 hours if migraine unresolved. Do not exceed 200 mg in 24 hours.	12 tablet	2
• tretinoin (RETIN-A) 0.1 % cream	Apply 1 Application topically at bedtime. Apply to face nightly.	45 g	3
• triamcinolone (KENALOG) 0.1 % cream	Apply 1 Application topically 2 (two) times a day. Apply to rash twice daily until resolved. Do not apply to face or skin folds.	80 g	3
• Ventolin HFA 90 mcg/actuation inhaler	Inhale 2 puffs every 4 (four) hours as needed for wheezing or shortness of breath (cough).	18 g	3

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- zinc sulfate (ZINC-15 ORAL) Take 1 capsule by mouth daily.

No current facility-administered medications on file prior to visit.

Allergies

Allergen	Reactions
• Amoxicillin-Pot Clavulanate <i>Other reaction(s): back pain</i> <i>Other reaction(s): back pain</i>	Headache and Other (see comments)
• Sulfa (Sulfonamide Antibiotics) <i>Red eye, dry heaves.</i>	Other (see comments) and GI intolerance
• Duloxetine <i>Made her feel "weird"</i> <i>Other reaction(s): headaches</i>	Other (see comments) and Headache
• Sulfasalazine	GI intolerance

OBJECTIVE

PHYSICAL EXAMINATION

There were no vitals filed for this visit.

General: healthy appearing, in no apparent distress
Neuro: alert and oriented x 3,
Psych: normal mood and affect
Skin exam limited due to video format

ASSESSMENT / PLAN

1. Eczema Dyshidrotic

2. Dermatitis Atopic

Patient has dyshidrotic eczema on her hands and feet that is likely secondary to atopic dermatitis as she has a atopic diathesis and has a son with atopic dermatitis (currently well controlled on Dupixent). Discussed this is a chronic condition and will wax and wane. Discussed that Dupixent likely would be a great option for her as it is not immunosuppressive, however it is unlikely her insurance would cover it without a significant copay. May qualify for Dupixent My Way. We will hold off on requesting Dupixent, but if she does not have significant response to the plan below, we will request this. For now, we will transition to Augmented Betamethasone twice daily until itching and scaling resolved. She will then start tacrolimus ointment daily to help prevent recurrence. Okay to restart betamethasone if rash flares.

3. Alopecia Androgenetic

Discussed that topical minoxidil is the first line treatment for androgenetic alopecia. The topical formulation is very well tolerated, with the main side effects being scalp irritation and unwanted hair growth is the foam drips onto other areas of the face. Discussed there is an oral version that is a blood pressure medication that can have additional side effects. Discussed spironolactone as an adjunct anti-androgen treatment. This is also a blood pressure medication and we would have to check her potassium levels prior to initiation and after initiation as these can increase on the medication and lead to cardiac arrhythmias.

-She will start the topical minoxidil 5% foam daily

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Diagnoses, natural course, treatments, and risks were discussed with the patient. The patient is aware to contact us with any concerns.

Follow up in 1 month.

MD, MPH
Dermatology PGY-3

Electronically Signed by

on 6/12/2024 10:00 PM

END OF REPORT
