Patient: Mrs. Eleanor Vance

Patient ID: HV-229-117

DOB: 22/11/1958 (Age 65 at first visit)

Gender: Female

Occupation: Retired School Teacher

Known Allergies (Established prior to Visit 1):

Codeine - Causes severe nausea and vomiting.

Iodinated Contrast Dye - Caused urticaria (hives) during a CT scan in 2015. **This is a critical allergy.**

No known food or environmental allergies.

Past Medical History (PMH):

Type 2 Diabetes Mellitus (T2DM): Diagnosed 12 years ago.

Hypothyroidism: Status post radioactive iodine therapy (RAI) in 2010.

Osteoarthritis: Both knees, worse in the right.

Medications on file (Pre-Visit 1):

Tab. Metformin 1000 mg - twice daily with meals

Tab. Sitagliptin 100 mg - once daily

Tab. Levothyroxine 75 mcg - once daily on an empty stomach

Surgical History:

Cholecystectomy (Laparoscopic, 2017)

Cataract surgery, right eye (2021)

Social History:

Lives with her husband. Non-smoker. Occasional glass of wine (1-2/week). Adherent to a diabetic diet. Goes for walks but limited by knee pain.

Family History:

Mother: T2DM, CAD. Father: HTN, Stroke. One brother with T2DM.

Visit 1: Routine Diabetes & Thyroid Follow-up

Date: September 14, 2023

Reason for Visit: "3-month routine follow-up for Diabetes and Thyroid."

Subjective (HPI):
"Mrs. Vance is here for her scheduled follow-up. She reports generally feeling well. She has been adherent to her medication regimen. She checks her fasting blood glucose at home, which she reports is typically between 110-130 mg/dL. She reports some increased stiffness and ache in her right knee, which she attributes to 'the weather getting colder.' She denies any symptoms of hypoglycemia, polyuria, or polydipsia. She also denies heat/cold intolerance, skin or hair changes. She is concerned about the progression of her knee arthritis."

Objective:

Vitals: BP: 128/74 mmHg, HR: 72 bpm, Temp: 98.2°F (36.8°C).

Physical Exam:

> **MSK:** Mild crepitus and slight tenderness on palpation of the right medial knee joint line. No effusion. Full range of motion with pain at extreme flexion.

Labs (Reviewed from last week):

> HbA1c: 7.2% (improved from 7.6% 3 months ago)
>
> TSH: 1.8 mIU/L (within normal range)
>
> Creatinine: 0.9 mg/dL, eGFR >60

Assessment (A):

Type 2 Diabetes Mellitus: Improved but suboptimally controlled (HbA1c >7.0%).

Hypothyroidism: Stable on current dose of Levothyroxine.

Osteoarthritis, right knee: Stable chronic issue, with typical exacerbation.

Plan (P):

Diabetes: Continue current medications. Reinforce dietary education. Encourage consistent daily walking as tolerated for glucose control and knee mobility.

Thyroid: Continue Levothyroxine 75 mcg.

Knee Pain: Recommend trial of OTC **Ibuprofen** 400 mg every 8 hours as needed for pain with food. Initiate a course of Physical Therapy for quadriceps strengthening.

Follow-up: Return in 3 months for repeat HbA1c and follow-up. sooner if any issues.

Visit 2: Urgent Visit for Acute Illness

Date: October 5, 2023

Reason for Visit: "Fever, cough, and feeling very unwell for 2 days."

Subjective:
"Mrs. Vance presents urgently today feeling 'terrible.' She reports a 2-day history of fever (max temp 101.5°F at home), productive cough with greenish sputum, body aches, and malaise. She states she is having difficulty breathing deeply without triggering a coughing fit. She is drinking fluids but has a poor appetite. Her husband is also sick with similar symptoms. Her blood glucose readings have been elevated, around 180-220 mg/dL, since she fell ill."

Objective:

Vitals: BP: 136/84 mmHg, HR: 102 bpm, Temp: 100.8°F (38.2°C), SpO2: 95% on room air.

Physical Exam:

HEENT: Pharynx mildly erythematous.

Lungs: Coarse rhonchi and scattered wheezes audible in the right lower lobe.

Heart: Tachycardic but regular.

Assessment (A):

Community-Acquired Pneumonia (CAP), likely bacterial: Acute presentation with fever, productive cough, tachypsnea, tachycardia, and auscultatory findings in the context of illness in the community.

Hyperglycemia due to acute illness: Secondary to physiologic stress and likely decreased oral intake of diabetic medications.

Plan (P):

Pneumonia:

Diagnosis: Order a Chest X-ray to confirm.

Treatment: Prescribe Tab. Levofloxacin 750 mg once daily for 5 days. *Chosen due to her allergy to Sulfa drugs (Bactrim is a common alternative) and good coverage for typical CAP pathogens.*

Symptom Management: Prescribe Guaifenesin to help with productive cough. Advise Acetaminophen for fever and aches. *Avoided NSAIDs (Ibuprofen) due to acute illness and potential for dehydration/renal strain.*

Diabetes Management: Advise her to continue her Metformin and Sitagliptin. Instruct her to check blood glucose more frequently and to stay well-hydrated with sugar-free fluids.

Follow-up: Return in 48-72 hours for re-evaluation or immediately if breathing becomes more difficult, fever worsens, or she cannot keep fluids down.

Visit 3: Post-Illness Follow-up & A New Plan

Date: October 27, 2023

Reason for Visit: "Follow-up after pneumonia. Still feeling weak. Discussing knee pain again."

Subjective:
"Mrs. Vance is recovering from her recent pneumonia. She completed the course of Levofloxacin and her fever and cough have fully resolved. However, she reports significant residual fatigue and weakness. She states her knee pain has returned and the Ibuprofen 'isn't working as well as it used to.' She is worried about her energy levels and wants a better solution for her knee. Her fasting glucose readings are back to her baseline of 120-135 mg/dL."

Objective:

Vitals: BP: 124/78 mmHg, HR: 78 bpm, Temp: 98.4°F (36.9°C), SpO2: 98%.

Physical Exam:

Lungs: Clear to auscultation bilaterally.

Knee: Exam unchanged from baseline.

Assessment (A):

Resolved Pneumonia: With expected post-viral asthenia (fatigue).

Type 2 Diabetes Mellitus: Returning to baseline control.

Hypothyroidism: Stable.

Osteoarthritis, right knee: Progressive symptoms, not adequately controlled with first-line NSAIDs.

Plan (P):

Recovery: Reassurance that fatigue can last for several weeks after a significant infection. Encourage gradual increase in activity.

Knee Pain:

> **Discuss options:** Given inadequate response to Ibuprofen and PT, discuss intra-articular corticosteroid injection vs. transition to a different class of medication.
>
> **New Prescription: Start Tab. Celecoxib 100 mg twice daily with food.** *(An alternative NSAID, a COX-2 inhibitor, which may be better tolerated and more effective for her osteoarthritis).*
>
> Re-refer to Physical Therapy.

Diabetes/Thyroid: Continue all current medications.

Follow-up: Schedule follow-up in 1 month to assess response to Celecoxib. Return sooner if any issues.