Anam Maredia
NURS 6152 B
Section 200

Mabel Johnson

A. **History (Subjective)** (S)

1. **Identifying data (ID)**: Mabel Johnson, a 76-year-old African American female that resides in an apartment on the second floor.

2. **Chief complaint (CC):** “I am having pain in my knees and I am ready to do something about it. That is why they sent me to you. My knees have been getting worse over the past couple of years. They hurt when I walk for more than a block and when I climb stairs. “

3. **History of present illness (HPI)**
   a. Analysis of symptom/complaint**:**

   Ms. Mable Johnson complains of pain in her knees that stared about five years ago but has gotten worse over time. The location of her pain is inside her knees, and the pain in her right knee is worse. The pain in her right knee radiates down to her ankle. Ms. Johnson describes the pain in her knees as stiff and achy. They are stiff in the morning for about 15-20 minutes. Cold weather and exercise makes her knee pain worse. She hasn’t found anything that helps with the pain. Ms. Johnson states that her pain level is usually about a 4 or 5 out of 10, and sometimes it is a 7 or 8 out of 10. Associated symptoms with the pain are swelling in her knees and sometimes her finger knuckles.

   b. Impact on lifestyle

   Ms. Johnson has trouble getting around due the pain in her knees. Ms. Johnson states, “I have to walk up the stairs to get to it. Thank goodness I don’t live on the 3rd floor. It’s getting harder and harder to get up those stairs. My daughter usually has to come help me.”

   c. Include significant chronic health disorders that impact on the current chief complaint.

   Ms. Johnson has a past medical history of peptic ulcer disease with GI bleed from Ibuprofen use, chronic kidney disease, and hypertension.

4. **Allergies:** Ms. Johnson denies allergies to medication, food, pollens and pet dander (environmental).

5. **Immunizations:** Up to date

6. **Past medical history (PMH)** –

   a. Past medical disorders/illnesses

   Hypertension (for the last 20 years)
   Chronic Kidney Disease
   Peptic Ulcer Disease with GI bleed from Ibuprofen 4 years ago.

   b. Past surgical history (PSH)

   No past surgical history

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c. Injuries/disabilities

Patient reports no injuries or disabilities.

d. Other hospitalizations

Denies hospitalization.

e. Childhood illnesses

Patient does not report any childhood illnesses.

f. Recent health exams

Last physical was completed 9 months and 19 days ago.

g. Preventive health care

Ms. Mable refuses to get mammograms after she had one at age 60. Pap smear in the past have been negative. Last pap smear was done more than 5 years ago. Colonoscopy was done 4 year go, 2 hyperplastic polyps were removed.

h. OB/GYN: G6 P6, all children are living.

7. Medications:

Amlodipine 10 mg tab, 1 tab PO daily
Lisinopril 10 mg tab, 1 tab PO daily
Simvastatin 20 mg tab, 1 tab PO daily
Hydrochlorothiazide 25 mg tab, 1 tab PO daily
Protonix 40 mg tab, 1 tab PO daily
Acetaminophen prn headaches or pain
Multivitamin daily

8. Family history: (FH)

Mother- arthritis and obesity
Father-unknown
Sister- HTN

9. Behavioral History:

Denies tobacco, alcohol, recreational drugs use. Also, denies participating in any sexual practices.

10. Social History:

Lives alone in an apartment that is on the second floor. Due to her knee pain, Ms. Johnson has trouble getting around. Her daughter helps her out.

11. Diet/Nutrition:

Diet and nutrition has been adequate.

B. **Review of systems (ROS)** – Do a complete ROS of all systems. **Always** on every patient – episodic & complete physical exam.

General:

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Patient denies any recent weight changes, fever, or fatigue. Patient states, “because of my pain I am moving around less and I think that is making me weaker.

Skin:

Patient denies any itchy scalp, skin changes, moles, thinning hair. Patient states, “as I age my nails seem less strong.”

Head, Neck, Ears, Nose, Throat (HEENT):

Head:

Patient denies any headache, head injury, dizziness or lightheadedness.

Eyes:

Patient denies pain, redness, excessive tearing, double or blurred vision, sports, specks, flashing lights, glaucoma, and cataracts.

Ears:

Hearing good. Denies tinnitus, vertigo, earaches, infection, or discharge.

Neck:

Denies lumps, goiter, pain. Reports no swollen glands.

Throat:

Reports no bleeding gums, sore tongue, dry mouth, frequent sore throats, and hoarseness

Breast:

Patient denies lumps, goiter, pain, or discharge.

Respiratory:

Patient denies cough, wheezing, shortness of breath, or sputum production.

Cardiovascular:

Patient reports a history of high blood pressure since the last 20 years. Denies chest pain, pressure, palpitation, dizziness, or blue/cold fingers and toes. Patient is unaware of exercise intolerant due to no participation in exercise.

Gastrointestinal:

Patient denies nausea, vomiting, constipation, diarrhea, coffee grounds in vomit, dark tarry stool, bright red blood in stool, early satiety, or bloating. Denies jaundice, gallbladder or liver problems.

Urinary:

Patient denies frequency, incontinence, dysuria, hematuria, or recent flank pain.

Genital:

Patient denies vaginal discharge, itching, sores, lumps, sexually transmitted infections and treatments. G6 P6. Denies any sexual practices.

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Musculoskeletal:

Patient reports bilateral knee pain. She describes the pain as stiff and achy which occurs in the mornings for 15-20 minutes. The pain in the right knee is worse compared to the left. The right knee pain radiates down to the ankle. Patient also reports swelling in both knees and occasional swelling in her finger knuckles. Patient also reports limited range of motion. Patient denies any systemic symptoms with the joint pain such as fever, chills, rash, anorexia, weight loss, or weakness. Patient also denies neck, lower back pain, muscle pain, or gout.

Psychiatric

Denies nervousness, tension, mood, including depression, memory change, suicidal ideation, suicide plans or attempts. Denies past counseling psycho-therapy, or psychiatric conditions

Neurologic

Patient denies changes in mood, attention, or speech; changes in orientation, memory, insight, or judgment; headache, dizziness, vertigo, fainting, black-outs; weakness, paralysis, numbness or loss of sensation, tingling or “pins and needles, tremors or other involuntary movements, or seizures.

Hematologic:

Denies anemia, easy bruising or bleeding, past transfusion, or transfusion reactions.

Endocrine:

Denies “thyroid trouble”, heat or cold intolerance, excessive sweating, excessive thirst or hunger, polyuria, change in glove or shoe size. Patient reports, “I do prefer summer over winter.”

C. **Physical Exam (Objective)** (O)

1. **Vital Signs**:

   Left Arm BP: 138/86
   Pulse: 82 regular rhythm
   Respiration 12 unlabored
   Temperature 98.6 F
   Weight is 184 lbs

2. **General assessment** – Ms. Johnson is alert and oriented to place, time, and situation. She communicates well and is a reliable historian. She is sitting quietly and appears in no obvious distress. Ms. Johnson appears to be her stated age.

3. **Document physical examination findings** of systems <u>appropriate</u> to chief complaint (include pertinent positive *<u>and</u>* negative findings

   Positive findings:

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- Bony enlargement of her knees. There is evidence of a small effusion (fluid) in the right knee. Both knees exhibit crepitus, a grinding or crackling noise or sensation felt over the joint.
- The medial joint line of both knees is tender upon palpation.
- Some of her finger joints are enlarged (both proximal and distal interphalangeal joints)
- She has limited range of motion in her knees, they can only be flexed to 90 degrees. She cannot completely straighten her knees. Her ability to flex and extend at the hips is also diminished slightly.
- She has limited range of motion in her fingers.

Negative findings:

- She has normal musculoskeletal stability.

II. ASSESSMENT (Medical Diagnosis) – Your differential diagnoses

List of Differential Diagnoses

- Differential Diagnosis #1: Osteoarthritis:

  Osteoarthritis is a degenerative joint disease in which there is a slow, progressive loss of joint cartilage from mechanical stress. The joints that are affected in the disease can be the knees, hips, hands, cervical and lumbar spine, and wrists. The pain in osteoarthritis occurs in the morning lasting a brief amount of time. With the pain, small joint effusions are present with bone enlargement. Risk factors in developing osteoarthritis is obesity and genetic factors (Bickley & Szilagyi, 2017, pp. 696-697). Diagnostic studies that confirm the diagnosis of osteoarthritis are films that show “progressive changes, including diminishing joint space, sclerosis, and osteophyte formation (Goolsby & Grubbs, 2019, p. 443).”

  Ms. Mable Johnson has many positive findings that indicates this disease. Ms. Johnson has had pain in her knees for 5 years but has gotten worse over the years. The pain is in both knees which occurs in the morning, and it last for about 15 to 20 minutes. Occasionally, Ms. Johnson has pain in her hands along with the knee pain. Along with the pain, Ms. Johnson has swelling in her knees and finger knuckles. Ms. Johnson is also obese, and her mother had a history of arthritis. During her physical examination, it was noted that Ms. Johnson has bony enlargement of her knees, and there is an evidence of small effusion (fluid) in the right knees. Some of her fingers joints are enlarged. To confirm the diagnosis, the left and right knee x-ray shows significant narrowing of the medial joint space of left knee with sclerosis and osteophytes.

- Differential Diagnosis #2: Gout - Significant positive & negative findings

  Gout is an inflammatory reaction that results from microcrystals within a joint space. The pain is usually located on the big toe. The onset of the pain is sudden usually at night, the pain is confined to one joint, along with the pain there is tenderness, hot and red joints, stiffness is usually not present, and fever may also be present (Bickley & Szilagyi, 2017, pp. 696-697). To confirm the diagnosis

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of Gout, “films are generally negative unless the condition has persisted for a long period. In this case, films may reveal “punched-out” lesions of the bone. The uric acid level is elevated. Joint aspirate will reveal crystals. There may be a mild increase in white blood cells, and sedimentation rate is increased (Goolsby & Grubbs, 2019, p. 446).”

Ms. Mabel Johnson has many negative findings for the differential diagnosis of Gout. Ms. Johnson describes her pain in her knees as stiff and achy, which occurs in the morning for a brief amount of time. In gout, the pain is usually confined in one joint which occurs suddenly at night, and there is no stiffness present. Ms. Johnson also does not complain of hot, red joints or fever. The test show a normal uric acid level, normal ESR, normal synovial fluid analysis, and normal CBC.

- Differential Diagnosis #3: Rheumatoid Arthritis - Significant positive & negative findings

  Rheumatoid Arthritis is a chronic inflammation of the synovial membranes. The common location affected for rheumatoid arthritis are the hands and symmetrical in nature. The pain is onset is usually fast. Along with the pain, swelling, warmth of the joints is present. Redness of the joints is almost always present. Stiffness is usually present for an hour in the mornings. The diagnostic studies that help to confirm the diagnosis are a positive antinuclear antibody (ANA) and anticitrullinated protein (anti-CP) autoantibodies. The scans show a loss of joint space and erosions. Also, normocytic hypochromic anemia is present with elevation of sedimentation rate and C-reactive protein.

  Ms. Mabel Johnson has many negatives and some positives for the differential diagnosis of rheumatoid arthritis. Some positive findings are that Ms. Mabel Johnson has pain in both her knees in the morning and stiffness is present. Negative findings are that Ms. Mabel Johnson does not complain of redness, warmth of the joints. Also, her pain was a gradual onset which occurs briefly in the mornings. Patients with rheumatoid arthritis, the pain is usually fast and last about an hour. Diagnostic studies show a normal ANA and a normal CBC which rules out the differential diagnosis of rheumatoid arthritis.

- Differential Diagnosis # 4 Septic Arthritis - Significant positive & negative findings

  Septic Arthritis is an infection of the joint. Symptoms that are associated with the Septic Arthritis are fever, swollen, red and warm joints. In Septic Arthritis, the joints that are commonly affected are the knees but the hips, shoulders can also be affected. The diagnosis of Septic Arthritis is made from joint fluid analysis which alters the color, volume, and makeup of the fluid. Along with the joint fluid analysis, a CBC, and imaging test can help confirm the diagnosis (Mayo Clinic Staff, 2021).

  Ms. Mabel Johnson has many negative and few positive findings for the differential of septic arthritis. Ms. Johnson does have swollen joints but she does not present with redness or warmth of the affected joints. Ms. Johnson also does not have a fever that occurs most commonly with septic arthritis. The diagnostic tests show that the synovial fluid analysis was normal, and the CBC was also normal. The x-rays did not show any evidence of septic arthritis.

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- Differential Diagnosis #5: Calcium pyrophosphate dehydrate deposition disease (CPPD)/pseudogout - Significant positive & negative findings

  Calcium pyrophosphate dehydrate deposition disease (CPPD)/pseudogout is a form of arthritis that occurs from deposit of calcium pyrophosphate crystals. The signs and symptoms that appear with pseudogout are pain, stiffness, redness, warmth, and swelling. It usually affects the knees and the wrists, and it usually targets one joint at a time. The diagnosis of pseudogout can be made by doing a synovial fluid analysis and x-rays, but it is confirmed with finding calcium pyrophosphate dehydrate crystals on the synovial fluid analysis ("Pseudogout (CPPD): What Is It, causes, & treatment", 2020)

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Ms. Mabel Johnson has many negative findings and a few positive findings. Some positive findings for this differential diagnosis is that Ms. Johnson has pain, stiffness, and swelling in her knees, but does not have warmth or redness in her knees. The test that were conducted showed a normal synovial fluid analysis which helps rule out this diagnosis.

List of Other diagnoses: - these are clear from what the patient told you –

Hypertension (since the past 20 years)

Peptic Ulcer Disease (GI bleed from Ibuprofen 4 years ago)

Chronic Kidney Disease

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