

SOAP NOTE:

S: The patient is a 70 year old female complaining of abdominal pain and indigestion. The dull, constant pain is located in the upper right quadrant of her abdomen. It started four days ago and is occasionally also in her right shoulder blade. Nausea accompanies the pain. Eating worsens the pain, making her feel excess gas and bloating. Rolaids normally lessens the pain, but did not improve her pain in the last incident. On a scale of 10, she rates the pain as an 8.

PMH- no significant PMH

Family Hx - Her brother had his gall bladder removed 2 years ago. Mother died of alzheimers, father of heart attack.

Social Hx- Married, works at Walmart. She walks 3 times a week for 30 minutes. Rarely drinks and doesn't smoke.

ROS - General decrease in appetite. Fear of eating. Skin rash on feet

O: Vital Signs: BP 125/85 P 70 bpm R 16 breaths T 99.1°F

The patient is friendly and well groomed. She is not in any obvious distress.

HEENT- pupils Round reactive to light. No scleroicteris (jaundice in sclera eyes) Moist mucous membranes. No lymphatonopathy, no thyromegaly, bruits, neck supple. Lungs clear on auscultation. Resonant to percussion. Cardiac – regular rate and rhythm. No murmurs or gallops Abdominal – No surgical scars, no distention. Normal active bowel sounds in all four quadrants. No bruits heard in abdominal aorta, renal arteries, or iliac arteries. Discomfort was felt on light and deep palpitation of the right upper quadrant. Liver and spleen are not enlarged. She had no rebound tenderness or guarding.

Breast and pelvic exams done by previous primary care physician

Extremities/musculoskeletal – 2+ radial and dorsalis pulses no clubbing or cyanosis or edema. Full range of motion in her shoulders, elbows, hands, hips, knees and ankles without pain tenderness or swelling. No scapular tenderness.

Redness and flaking between f4-5 and 3-4 toes.

Neuro – CN 2-12 intact. Strength 5/5 bilateral upper and lower extremities. Deep tendon reflexes 2+ throughout. Romberg normal, gait normal.

A/P: 1. abdominal pain – presentation suggested of gall stone disease.

Less likely possibilities include hepatitis, gastritis, peptic ulcer disease, and atypical ischemic heart disease. Workup will include a sonogram of the RUQ and complete blood count and liver chemistries, and an EKG. We will have the patient follow up with results.

2. Athlete's Foot- patient advised to use OTC Lamisil and keep her feet dry.