Sam True, Age 69:

He is on schedule next week for “follow-up”.

In his chart are progress notes from one month ago and four months ago as well as laboratories, his medication list and preventive health measures.

OFFICE NOTE, one month ago

HISTORY OF PRESENT ILLNESS: Mr. True returns for reconsideration of possible medication for his Lewy body dementia related symptoms.

PROBLEM 1: Cough.

SUBJECTIVE: He had a cough when previously seen. Fortunately this has gone away entirely.

PROBLEM 2: Hallucinations and other neurologic symptoms related to the Lewy body dementia.

SUBJECTIVE: I had been called a few weeks ago about this. We had run appropriate lab work to make sure that he was not showing signs of infection or urinary tract infection. I reviewed these and fortunately, these all came out negative. In talking to Sam, and he is accompanied by his friend who Catherine stays with him part-time, there have been significantly greater problems with the hallucinations. The content of the hallucinations is usually people. He used to have these just in the evening, but now become more of an issue during the day. Fortunately, despite all this, he has actually done an excellent job of maintaining his high activity levels often walking 2-3 miles at a time most days. He has no problems doing this.

He also has been noted to have some dysarthria and some problems with word finding and expression. This again was brought up in the recent phone call and seems to have been relatively stable since that time. I did not feel at that time this represents a recurrence of the transient ischemic attack.

OBJECTIVE: BP 130/80. Pulse 75. In the room Mr. True is alert and cooperative. He is capable of occasional humor. Mood and affect are somewhat flat with a somewhat masked facies, it is difficult to tell. He does have significant tremor, right more than left, with some parkinsonian features. He gets up on the exam table without significant difficulty. The chest is clear to auscultation. Heart has regular rate and rhythm without murmur, rub or gallop. The limbs are held in space without drift. Finger-to-nose is done well.

ASSESSMENT: It sounds like hallucinations while troubling to him are not frightening or scary. They are also not causing major problems with his caregivers. The recent note from Dr Brown, his Neurologist, is reviewed and he thinks that any antipsychotic we might give (I might start with Haldol since it is not one of the atypicals) might well pose more problems. I do not feel that depression is a significant part of the picture at this time. I also think that if we were to increase at all the medications for the dementia that we would at that point potentially have more hallucinatory component.

PLAN: We have elected to not change anything at this time. We will ask him to be seen again by Dr. Brown sometime in the next month or so with a copy of this note to accompany him. I told him in the meantime that if the symptoms get bothersome I could certainly start a low-dose of Haldol (0.5 mg three times a day) over the phone, and we can see how that works for him.

OFFICE NOTE – GENERAL four months ago

HISTORY OF PRESENT ILLNESS: Mr. True comes accompanied by his friend Catherine who helps him manage some of these issues.

PROBLEM 1: Dementia.

SUBJECTIVE: The note from Neurology is reviewed. There had been a discussion about the parkinsonian features as to whether or not Carbidopa Levodopa might be helpful, but Catherine points out that he is really having significant hallucinatory problems at this time and on that basis we decided not to add the Carbidopa Levodopa. The parkinsonian features are not that bad. We do note a little bit of right-handed tremor and some masked facies.

PROBLEM 2: Cough.

SUBJECTIVE: Fortunately this is doing substantially better but they ran out of the Flonase and had not gotten around to refilling it as of a couple days ago. The cough is still persisting and most likely is due to allergies.

OBJECTIVE: He is afebrile. BP 128/85, Pulse 80. To exam, the ears are clear. The nose does show some bogginess and cyanosis. The oropharynx is clear. The chest is completely clear to auscultation. Heart has regular rate and rhythm without murmur, rub or gallop. Good heart tones noted.

ASSESSMENT/PLAN: Resolving cough, which may be some combination of a viral infection and allergic rhinitis. In any case I think to continue on Flonase would be very logical. Have also given a prescription for Tessalon perles but he should probably not take that too regularly and maybe just put it in his pill box on those weeks when there is more a problem with a cough.

Otherwise, I would simply see him back on an as-needed basis.

Sam True:

Medication list in chart:

Aricept 10mg p.o. daily
Tessalon perles 100mg p.o. three times daily as needed
Prilosec 20mg p.o. daily
Enteric coated Aspirin 325mg p.o. daily
Flonase nasal spray one squirt each nostril daily

Health Maintenance in Chart:

Eye exam: 6/6/2011
Lipid panel: last performed 6/6/2010
Colonoscopy: 6/6/2011
Bone density scan: not at risk

Pneumovax: 4 years ago (at age 65)
Influenza: 10/1/2011

Lab Results for Sam True

Date: From 6 weeks ago

	Value	Ref. Range
SODIUM	138	Latest Range: 135-148 mmol/L
POTASSIUM	4.4	Latest Range: 3.5-5.3 mmol/L
CHLORIDE	105	Latest Range: 96-108 mmol/L
CO2	29	Latest Range: 22-31 mmol/L
ANION GAP	4	No range found
BUN	24 (H)	Latest Range: 7-23 mg/dL
CREATININE	1.06	Latest Range: 0.50-1.20 mg/dL
E-GFR	69	Latest Range: >=60 mL/min/1.73 sqm
GLUCOSE	78	Latest Range: 70-99 mg/dL
ALBUMIN	4.1	Latest Range: 3.2-5.2 g/dL
CALCIUM, TOTAL	9.3	Latest Range: 8.4-10.4 mg/dL
PROTEIN, TOTAL	6.4	Latest Range: 6.2-8.4 gm/dL
ALKALINE PHOSPHATASE	45	Latest Range: 40-120 u/L
ALT/SGPT	11	Latest Range: 1-40 u/L
AST/SGOT	17	Latest Range: 1-50 u/L
BILIRUBIN, TOTAL	0.3	Latest Range: 0.2-1.3 mg/dL
TSH	1.26	Latest Range: 0.36-4.57 uIU/mL
WHITE CELL COUNT	6.3	Latest Range: 4.0-11.0 K/uL
RED CELL COUNT	4.56 (L)	Latest Range: 4.60-6.20 M/uL
HEMOGLOBIN	13.4 (L)	Latest Range: 14.0-18.0 g/dL
HEMATOCRIT	41.9	Latest Range: 40.0-54.0 %
MCV	91.9	Latest Range: 80.0-100.0 fL
MCH	29.4	Latest Range: 27.0-32.0 pg
MCHC	32.0	Latest Range: 32.0-36.0 g/dL
RDW	13.4	Latest Range: 11.5-16.5 %
PLATELET COUNT	211	Latest Range: 150-450 K/uL
MPV	9.4	Latest Range: 7.4-10.4 fl
SPECIFIC GRAVITY, URINE	1.015	Latest Range: 1.005-1.030
PH, URINE	6.5	Latest Range: 5.0-9.0
LEUKOCYTE ESTERASE, URINE	Negative	Latest Range: Negative
NITRITES, URINE	Negative	Latest Range: Negative
PROTEIN, URINE	Negative	Latest Range: Negative
GLUCOSE, URINE	Negative	Latest Range: Negative
KETONES, URINE	Negative	Latest Range: Negative
UROBILINOGEN, URINE	Normal	Latest Range: Normal mg/dL
BILIRUBIN, URINE	Negative	Latest Range: Negative
HEMOGLOBIN, URINE	Negative	Latest Range: Negative
WBC, URINE	Occasional (A)	Latest Range: None Seen /hpf
SQUAM EPI CELLS, URINE	Few (A)	Latest Range: Occasional, None Seen /lpf

Script for Patient Sam True

Sam is a 69 year old man with Lewy body dementia. This type of dementia has caused behavior changes in Sam including hallucinations and problems walking that mimic Parkinson's disease. Sam has memory issues as well and is dependent on his family, hired help who stays with him and his friend Catherine to help him with his daily living and medical issues. He doesn't have any other chronic medical problems that you know of except for some heartburn for which he takes Prilosec and that hasn't been a problem at all and he had what was thought to be a transient ischemic attack (TIA) a couple years ago. He sees Dr. Brown, a neurologist, for the dementia, hallucinations and Parkinson's symptoms also. Dr. Brown works at Dean clinic in Madison.

When the nurse calls to talk to the patient, Sam picks up the phone and says hello and when the nurse states who she is and why she is calling, he states, "Uhh... Maybe you should talk with Catherine". He puts Catherine on the phone**.**

Reasons for visit
We need to decide if we want to continue the new medication that his neurologist started. Also his cough is back and we're not sure why or what to do. We saw the doctor for this months ago and I can't remember what he said it was from or what we should do about it.

If asked about the medication from the neurologist: The medication that Dr. Brown started is for hallucinations. It's called Haldol but I don't know the dose.

If asked to check on the bottle of medication to look at how much he is taking: He is taking 0.5mg three times a day.

If asked about the cough: He is not coughing anything up when he coughs except for occasional clear stuff and is not short of breath or having chest pain. The cough is worse in the morning. He was using a nose spray in the past but he ran out of it. Not sure what it was called. We're not using any other medications for the cough.

If asked about the Tessalon perles that was recommended four months ago: Oh, I forgot about that, no he hasn't been using it.

Patient Questions
He seems to be stumbling more recently – like it's more difficult for him to walk and we want to know why this is happening and what we can do about it?

If asked for more details: The stumbling has seemed to be more of a problem since he started the new medicine prescribed by Dr. Brown.

Ongoing/Chronic Problems
Only with the ones I've mentioned. The hallucinations got worse and we started the new medication and his cough is back. Otherwise he is fine.
NOTE: the patient does not have any other chronic medical illnesses except for the Lewy body dementia which is the cause of the hallucinations and some Parkinson type symptoms with problems walking.

Follow-up Items
His hallucinations have gotten worse since we last saw the doctor a month ago and a couple weeks ago Sam saw his neurologist who started him on a new medication for the hallucinations. I wasn't with Sam at his last visit with the doctor so I don't know of anything else that he may have been asked to do.

Lab and Test Results
He hasn't had any lab work or tests other than what you folks have done at the clinic. (NOTE: Information available from chart from 6 weeks ago before last visit)

Visits with other clinicians
Sam saw the neurologist again two weeks ago (Dr. Brown) but I wasn't there. I asked Sam how it went, but he doesn't remember what happened. The neurologist did start a new medication for the hallucinations (the Haldol) but we haven't seen much difference in the hallucinations.

Home Readings
No, he doesn't need to do any of those.

Relevant Health Overview Changes/Problems
- *If asked generally:* I think that Sam is having more problems with the hallucinations, but they don't seem to be bothering him very much.
- *Diet:* He's eating well – lots of meat and potatoes and vegetables.
- *Exercise:* Sam had been walking 2-3 miles a day but since we started that new medication he isn't as steady on his feet so he hasn't been taking long walks for the past week or two.
- *Sleep:* He does have some nights when he wakes up at night and then he's very confused, but the person we have staying with him is able to get him back to bed.
- *Mood:* I do think he may be a little depressed – he knows what's going on and it bothers him
- *Pain:* No pain that he complains about.
- *Alcohol and Tobacco:* Does not use alcohol or tobacco – never has
- *Living Arrangements:* I'm (Catherine) able to stay with him on weekends, and we have a service that provides somebody to stay with him in the evenings. He's alone a lot during the days but has friends that stop by to see him.
- *Falls:* He has not had any falls, but he doesn't seem to be as secure in his walking as he was a few months ago.

Relevant Health Maintenance
I don't know anything about what Sam has had done. It's probably in his chart. He did get his flu shot already this year - at Walgreen's not too long ago.

Medication Changes/Problems/New Intolerance or Allergies
Sam seems to be more tired and confused on the new medication that Dr. Brown started. Otherwise he is doing ok.
He takes his medications on his own during the day – he has a pill box that I fill every Sunday for him for the week. I notice sometimes that he has missed a dose of medication during the day but usually the night aide helps him take his night and morning pills before they leave and more recently the medication for hallucinations at night.

Sam True: Checklist of items that Nurse/MA should complete for proficiency:

Task	Done? (check if completed)
1. Fills out the header of the POD with the last clinic visit date (one month ago).	
2. Follow-up: notes on POD that patient had hallucinations at last visit (and doc was considering medication).	
3. Reasons for the visit: Ask and record: 1) started on new medication for worsening hallucinations and want to discuss continuing it, 2) cough is back. Gold star if recognizes that cough was a problem at the visit 4 months ago and asks if the patient is taking the medications that were recommended for it (Flonase and Tessalon perles)	
4. Ask and record the name of the medication that was recently started (Haldol). Gold star if asks the patient to read the pill bottle for the dose and frequency and records it.	
5. Patient questions: Ask and record comment about patient stumbling a lot which is new.	
5. Visits with other clinicians: Ask and record that patient saw Dr. Brown, the neurologist, since the last visit, and a new med was started (Haldol). Since this is part of the reason for the visit its OK if its recorded under f/u or reason for visit and she notes see above here.	
6. Indicate that they need to obtain the outside note from Dr. Brown's office for the visit.	
7. Health Overview: ask and record info about some of the following: exercise, mood/stressors (depressed), living arrangements, and falls.	
8. Medication changes/problems: record that the patient is missing doses of medication during the day. Should have already noted that the Haldol is not working.	

Notes:
1) the lab values included with this case are "old". They were completed before the last visit and discussed at that visit – so does not need to record the lab data on the sheet unless it's to say that the last labs drawn were 6 weeks ago as reminder.
2) the Health maintenance is all up to date for the patient so may not even need to ask about it.

Janet Charles, Age 68

She is coming in next week for general follow-up of medical issues. In the chart are progress notes from one month and three months ago as well as laboratories, a medication list and health maintenance measures.

OFFICE NOTE, one month ago

Ms. Charles is a 68 year old woman here to follow-up on her aortic valve surgery and her diabetes. Surgery was recommended after she saw her cardiologist Dr. Baldwin. She was at St. Mary's Hospital in Madison for an aortic valve replacement with a tissue valve and really did quite well. No chest pain or shortness of breath or significant leg swelling. She says she feels better than she has in the past 6 months. I reviewed the St. Mary's records and there were no major issues except for a brief episode of atrial fibrillation which resolved spontaneously. She was placed on Digoxin to help with rate control if she gets a future episode. While this was to also be a follow-up visit for her diabetes, she would prefer we wait to discuss her diabetes at her next appointment and address the abscess on her back at this appointment. This has been bothering her since she was in the hospital, it's very tender. She had it for years but it didn't bother her until recently. She wants it drained today. No chills or fever.

O: BP 122/68 | Pulse 72 | Temp 98 °F (36.7 °C) (Oral) | Wt 224 lb (101.606 kg)

Alert, cooperative. She is breathing easily. The chest is clear, the sternal scar is healing well. The heart is regular with a I/VI systolic murmur. No diastolic murmur is heard. There is minimal peripheral edema.

The cyst on her right back is 2 cm in size, quite swollen and red. Using Lidocaine for local anesthesia the abscess was opened with a scalpel and fully drained. The wound was packed and dressed.

A: 1. Status post-aortic valve replacement. Post-surgical course seems to be going well. No changes needed today.

2. Small infected sebaceous cyst on back

3. Diabetes

P: 1. Follow-up in one month with routine labs for diabetes and the aortic valve replacement – Hemoglobin A1c, complete metabolic panel and Digoxin level.

2. Continue packing and dressing of cyst until healed. Written and oral instructions given to the patient on how to do this – she will have her husband help her.

OFFICE NOTE – 3 months ago

HISTORY OF PRESENT ILLNESS: Ms. Charles returns at our request for follow up of a number of issues.

PROBLEM 1: Low back pain.

SUBJECTIVE: We really have not had a chance to address that today.

PROBLEM 2: Diabetes.

SUBJECTIVE: Overall the control is not too bad (for her) with a hemoglobin A1c of 9. I have not had a chance to explore this further because of the problem below.

PROBLEM 3: CHF.

SUBJECTIVE: She really was feeling quite good when seen back in October. She did okay up until a couple months ago at which time she noticed substantially decreased exercise tolerance. She finds he cannot do even minimal stuff without getting short of breath or "just plain wore out". She is being appropriately maintained on Furosemide, which she is taking 160 mg in the morning, Coreg 25 mg twice a day and Spironolactone 25mg once a day for the CHF now. The echocardiogram results from a year ago are reviewed. She had 30% ejection fraction. At one point apparently it was reported that she had 50% but I have not been able to find the actual report on that. In any case, she also has a small mild aortic and mitral valve disease. Part of the problem is the ischemic cardiomyopathy.

OBJECTIVE: To exam, her chest is completely clear to auscultation. The heart has a regular rhythm with occasional premature beats. There is a 2/6 aortic systolic murmur and 1/6 mitral regurgitation murmur noted. There is 2+ peripheral edema in the legs. We note her weight is up since she was last seen by 10 pounds. Her blood pressure control overall is excellent though at 114/74.

Unfortunately, other labs were not done, such as a Complete Metabolic Panel and BNP with her last lab draws. I am going to ask her to have those done today.

ASSESSMENT/PLAN: I think we really are not controlling the CHF adequately. Will repeat the echocardiogram as I am sure the Cardiologist, Dr. Baldwin, will want that and I am going to be scheduling her in to see Dr Baldwin sometime within the next month or so to see what else we can do to optimize her management here. We will see if she wants to do other studies at that time. In the meantime, I am going to add additional 80 mg of Furosemide at noon.

Janet Charles –

Medication list in chart:

Furosemide 80 mg in the morning
Coreg 25 mg twice a day
Spironolactone 25mg p.o. once daily
Aspirin 325mg daily
Glipizide 10mg twice daily
Insulin glargine 20 Units SubQ daily
Digoxin 250 mcg daily
Lisinopril 20mg daily
Simvastatin 80mg po daily
Zantac 150mg twice a day as needed

Recorded Health Maintenance:

Eye exam: none recorded
Lipid panel: last performed 6/6/2011
Colonoscopy: none recorded
Mammogram: last performed 6/6/2009
Bone density scan: 1/6/2009

Pneumovax: 3 years ago (at age 65)
Influenza: 11/1/2010

Lab Results for Janet Charles, performed 2 days ago

Comprehensive Metabolic Panel

	Value	Ref. Range
SODIUM	140	Latest Range: 135-148 mmol/L
POTASSIUM	3.8	Latest Range: 3.5-5.3 mmol/L
CHLORIDE	103	Latest Range: 96-108 mmol/L
CO2	29	Latest Range: 22-31 mmol/L
ANION GAP	4	No range found
BUN	28 (H)	Latest Range: 7-23 mg/dL
CREATININE	1.16	Latest Range: 0.50-1.20 mg/dL
E-GFR	50 (L)	Latest Range: >=60 mL/min/1.73 sqm
GLUCOSE	212 (H)	Latest Range: 70-99 mg/dL
ALBUMIN	4.0	Latest Range: 3.2-5.2 g/dL
CALCIUM, TOTAL	9.3	Latest Range: 8.4-10.4 mg/dL
PROTEIN, TOTAL	6.4	Latest Range: 6.2-8.4 gm/dL
ALKALINE PHOSPHATASE	45	Latest Range: 40-120 u/L
ALT/SGPT	11	Latest Range: 1-40 u/L
AST/SGOT	17	Latest Range: 1-50 u/L
BILIRUBIN, TOTAL	0.3	Latest Range: 0.2-1.3 mg/dL

Digoxin level

DIGOXIN LEVEL	0.0 (L)	Latest range: 0.6-1.3 g/dL

Hemoglobin A1c

HEMOGLOBIN A1C	9.2 (H)	Latest range: 5.0-6.1 g/dL

Script for Patient Janet Charles

She answers the phone and is able to answer all questions appropriately.

Reasons for visit
The doctor wanted me to come back to check on how I'm doing with that new heart valve and the diabetes. He didn't have enough time to really go into that at the last visit.

Patient Questions
Would it help me to see a specialist about my diabetes?

Ongoing/Chronic Problems
My heart failure has been a lot better since I had the heart valve surgery. I'm not collecting any fluid in my legs and I'm breathing OK. I'm worried about my diabetes, though, my levels have been kind of high.

Follow-up Items
If asked about labs: I got my labs drawn at your clinic two days ago as I was told to.
If asked about her back: The cyst on my back has seemed to heal up for now. My husband took care of it and it healed up two weeks ago. It doesn't hurt anymore.

Lab and Test Results
Well, they also did a whole bunch of lab work in the hospital last week.
If asked about the hospital stay: I was up north last week and I was really dizzy and they admitted me to the hospital and kept me for 2 days. They found that the digoxin level was much too high and stopped it. They said my heart was doing fine. I don't remember them doing any other tests except for watching my heart on the monitor.

Visits with other clinicians
I was at the hospital in Minocqua. Howard Johnson's or something like that. I don't remember the name of the doctor that took care of me but she was really nice.
If asked about information from the visit don't remember getting any paperwork when I left – maybe my husband got it. They just told me to stop taking the digoxin.

Home Readings
If asked about blood sugar: My blood sugars at home have been mostly in the high 200's. (normal is 70-120). I check it once or twice a day. I know I eat too much!
If asked about blood pressure: I think my blood pressure has been OK but I don't have any way to check it at home.

Relevant Health Overview Changes/Problems
If asked….

- *Diet:* Well, like I told you, I eat too much and I'm not really watching my sugar intake. We go out to eat a lot because I don't like to cook and my husband doesn't cook.
- *Exercise:* I can get out and exercise more now that they fixed my heart valve. I can walk to the end of the block now.

- *Sleep:* I sleep OK when I use that mask. Not too bad.
- *Mood:* It's been pretty good.
- *Pain:* My back has bothering me off and on. I was supposed to see the doctor about that before my surgery but my heart was acting up too much to get checked out. It would be great if he could take a look at it next week too.
    - *If asked to rate pain:* It's about 5 out of 10 when it's really bad but that is not often. Otherwise 1-2 / 10. I'm taking Tylenol for it.
- *Alcohol:* I just have a few glasses of wine now and then when we go out to eat. Not too much. Every week or so…well a couple times a week.
- *Tobacco:* I haven't gone back to smoking.
- *Living Arrangements:* I live with my husband – he's in a lot better shape than I am.
- *Falls:* I did have a fall about 3 months ago. It was a doozy.– I was outside on the rough ground and caught my foot and landed on my butt. My low back has been bothering me since.

Relevant Health Maintenance
(Some information available from chart)
If asked…
- *Eye Exam:* I had an eye exam 3 or 4 months ago at ShopKo and my eye doctor said it was fine. No diabetes problems in my eyes.
- *Colonoscopy:* When asked about colonoscopy she states "I'm not going to have that test".
- *Flu Shot:* I haven't had a flu shot yet this year, but I'd like to get one at the visit if I can.
- *Mammogram: I'm due again already? Can I set one up when I'm there for my appointment?*

(For your reference, this is the information in the chart)
- Eye exam: none recorded
- Lipid panel: last performed 6/10/2011 (not due)
- Colonoscopy: none recorded
- Mammogram: last performed 6/6/2009 (DUE)
- Bone density scan: 1/6/2009 (not due)
- Pneumovax: 3 years ago (at age 65, not due)
- Influenza: 11/1/2010 (DUE)

Medication Changes/Problems/New Intolerance or Allergies
They gave me too much of that Digoxin and I really felt like crap.
Of course, I stopped it after I left the hospital. Nothing else has changed that I can think of and not having any other problems.

Janet Charles: Checklist of items that Nurse/MA should complete for proficiency:

Task	Done? (check if completed)
1. Fills out the header of the POD with the last clinic visit date (one month ago).	
2. Follow-up: notes on POD that pt had sebaceous cyst drained and asks how it is doing.	
3. Reasons for the visit: Ask and record: 1) diabetes follow-up, 2) cough is back.	
4. Patient questions: Ask and record that patient is wondering if she should see a specialist for her diabetes.	
5. Ask about outside labs and record that she was hospitalized a week ago and had labs done at outside hospital.	
5. Visits with other clinicians: Ask and record that the patient was hospitalized in Minocqua for dizziness and high digoxin level and that she was told to stop the digoxin.	
6. Indicate that they need to obtain the discharge summary and lab work (at minimum) from the Minocqua Hospital.	
7. Health Overview: ask and record info about some of the following: poor diet, back pain, fall.	
8. Health Maintenance: ask and record eye exam last visit; ask about getting a colonoscopy, mammogram and flu shot.	
9. Medication changes/problems: notes that info is above – stopped digoxin.	

Mark Taylor, Age 74:

He is coming in next week for routine scheduled follow-up on his diabetes. A progress note from six months ago is available in the chart as well as laboratories, his medication list and preventive health measures.

OFFICE NOTE six months ago

Mr. Taylor returns at our request for a diabetes check and a number of issues.

PROBLEM 1: Diabetes. Because of his enforced inactivity due to his pelvic fracture, his sugars are really not doing as well as we want. He is being maintained medically on Metformin 850 twice a day and fortunately not having any problems with that. Unfortunately, he has had a 30-pound weight gain.

OBJECTIVE: To brief examination, the chest is clear. The heart has regular rate and rhythm without murmur, rub or gallop noted. The sensation in the feet is intact. There is 3-4+ pitting edema bilaterally in the extremities. See below.

PLAN: We are going to try to get him slightly more active and increase his Metformin to 3 times a day. We will follow up in 6 months.

PROBLEM 2: Hip/Pelvic fracture. This is now 14 months old, and he has a nonunion of the pelvis. Unfortunately, again because of lack of activity, this is making him feel pretty depressed and really impacting his diabetes management.

PLAN: I am hopeful that he can see physical therapy, and we can see about getting him into a regular aerobic exercise program, possibly also with some weight lifting of a form that will not impede the union of his pelvic fractures. I think it is critical he increase his activity level.

PROBLEM 3: Asthma, fortunately this is doing fairly well. However, he has not started Flovent because of price. I have rewritten a prescription so hopefully he can get it through the VA pharmacy. He has been using the Combivent, a couple puffs 4 times a day. I would like to see him ramp down on that and use the Flovent more regularly.

PROBLEM 4: Coronary disease. He generally has not used any of the nitroglycerin with the exception of this morning when things got a bit tense, and he did have an episode of chest pain. This did respond rather rapidly to the nitro. His lipids are good, and overall his management is near optimal here.

PROBLEM 5: Leg Edema. He has got chronic peripheral leg edema.He takes occasional Furosemide and when he does, he will urinate a dozen or more times over the course of the day, and he gets a pretty good response.

OBJECTIVE: swelling in both legs with minimal stasis dermatitis as noted above.

PLAN: I think he could maybe use the Furosemide a little more often, but more particularly I am going to ask him to get a recliner, which may help reduce the edema.

I will see him back in six months, sooner if necessary; labs at that time to check his diabetes, lipids, and a complete metabolic panel to look at his kidney function, electrolytes and liver function.

Mark Taylor: Lab results

None in the computer in the last year.

From 1 ½ years ago there is:

Comprehensive Metabolic Panel

	Value	Ref. Range
SODIUM	135	Latest Range: 135-148 mmol/L
POTASSIUM	4.0	Latest Range: 3.5-5.3 mmol/L
CHLORIDE	100	Latest Range: 96-108 mmol/L
CO2	29	Latest Range: 22-31 mmol/L
ANION GAP	4	No range found
BUN	20	Latest Range: 7-23 mg/dL
CREATININE	1.16	Latest Range: 0.50-1.20 mg/dL
E-GFR	59 (L)	Latest Range: >=60 mL/min/1.73 sqm
GLUCOSE	175 (H)	Latest Range: 70-99 mg/dL
ALBUMIN	4.7	Latest Range: 3.2-5.2 g/dL
CALCIUM, TOTAL	8.6	Latest Range: 8.4-10.4 mg/dL
PROTEIN, TOTAL	6.0	Latest Range: 6.2-8.4 gm/dL
ALKALINE PHOSPHATASE	42	Latest Range: 40-120 u/L
ALT/SGPT	25	Latest Range: 1-40 u/L
AST/SGOT	36	Latest Range: 1-50 u/L
BILIRUBIN, TOTAL	0.3	Latest Range: 0.2-1.3 mg/dL

Lipid Panel

Cholesterol	210 (H)	Latest Range: <=199 mg/dL
Triglyceride	165 (H)	Latest Range: <=149 mg/dL
HDL	40	Latest Range:>=40 mg/dL
LDL	99	Latest Range:<=129 mg/dL

Hemoglobin A1c

HEMOGLOBIN A1C	8.0 (H)	Latest range: 5.0-6.1 g/dL

Medication List:
Albuterol inhaler, 2 puffs every 4-6 hours as needed for lungs
Albuterol-ipratropium (combivent) 2 puffs inhaler qid for asthma
Aspirin 81 mg tabs, 2 tablets (162 mg) daily
Azithromycin (zithromax) 250 mg tabs, take 2 tabs 1 time today, then 1 tab daily for the next 4 days
Diltiazem (cardizem cd) 120 mg tabs, 1 capsule by mouth daily at bedtime for bp
Fluticasone (flovent) 220 mcg/act inhaler, 2 puffs. once a day, use on a regular basis to help prevent asthma
Furosemide (lasix) 80 mg tab, take 1 tab by mouth as needed
Isosorbide dinitrate (isordil) 30 mg tab, take 30 mg by mouth one time daily
Lisinopril (prinivil) 5 mg tab, take 2.5 mg by mouth one time daily
Metformin (glucophage) 850 mg tab, take one tablet by mouth three times day
Nitroglycerin (nitrostat) 0.4 mg subl, 1 tab every 5 min as needed, up to 3 per episode of chest
Ranitidine (zantac) 150 mg tab, take 150 mg by mouth one time daily.
Rosuvastatin (crestor) 40 mg tab, take 40 mg by mouth one time daily
Vicodin 1 tablet every 6 hours as needed for pain

Health Maintenance:
Eye exam- unknown
Influenza 2007,
Pneumovax - unknown
Colonoscopy 2008 (neg)
Bone density scan: not at risk

Script for Patient Mark Taylor

Mr. Taylor is a 74 year old man with multiple chronic medical problems that his primary care physician manages including 1) diabetes, 2) coronary heart disease with chronic stable angina (chest pain) on medical management, 3) hyperlipidemia, 4) asthma/COPD, 5) hip/pelvic fracture with decreased mobility and 6) chronic edema in both his legs. He sees the doctor every 6 months or so and sees other specialists only when he has to (his doctor makes him go).
He answers the phone and responds appropriately

Reasons for visit
The doc wanted me to come back to check on my diabetes.

If asked if there is something else: I would like to get some more pain meds for my hip pain. I ran out of vicodin.

Patient Questions
I really don't have any questions except how my diabetes is doing.

Ongoing/Chronic Problems
My heart is doing OK; I'm only using the nitro occasionally. I had a cold a month ago and my asthma was acting up but I used my inhaler and now my breathing is OK.

Follow-up Items
- *If asked generally:* There wasn't anything specifically that I remember the doctor telling me to do except for the lab work. It's been so long since I last saw him!

Give the following responses if asked:
- *Diabetes:* I'm taking the higher dose of the medication – the metformin three times a day and I think it's helped my blood sugars some. My sugars tend to be from 150-180 when I check them – I only do it a few times a week. I haven't had any problems with low blood sugar and it only goes a lot higher if I eat cake.
- *Labs:* I'll get my labs drawn tomorrow. I have the appointment to come in. Not sure what he all wanted done but I remember that I need to be fasting for it.
- *Hip/pelvic fracture:* I've been able to move around a lot better with the help of physical therapy but I'm still having pain which is a problem. Maybe the doctor can prescribe me more vicodin for it? I tried lifting weights but I didn't like it.
- *Asthma*: I went and got the inhaler from the VA after the doctor gave me the prescription last time but I haven't really been using it much unless my breathing gets worse. Not sure what that one was called (he does have his inhalers at home and can get them if asked in which case it's called Flovent 2 puffs once a day or he recognizes the name if the nurse/ma brings it up). I'm just using the Combivent a couple times a day too.
- *Edema/leg swelling* – just keep taking the Lasix (same as Furosemide) when it gets bad. Otherwise it's about the same. Oh yea, I bought a lazy boy chair and it helps me get my feet way up in the air and keep the swelling under control. I use it every day.

Lab and Test Results
No new ones, I'm just getting the ones I'm scheduled for tomorrow.

Visits with other clinicians
I haven't seen anybody else since I was in six months ago. Oh, wait, I've been seeing the physical therapist every two weeks for my hip/pelvis problem.

Home Readings
When asked:
I haven't been checking my blood pressure at home. Like I said... My sugars tend to be from 150-180 when I check them.

Relevant Health Overview Changes/Problems
- *Diet:* I try to eat right, but nothing special. I just eat what my wife cooks. I splurge sometimes on cake.
- *Exercise:* Because my hip still hurts I really can't get out as much as I'd like but I do some walking at the mall once in a while. Maybe once or twice a week. Just one lap.
- *Sleep:* I'm sleeping ok. Some pain at night if I lay on the hip that I broke.
- *Pain:* Besides my hip pain, I'm doing OK. I've just been using Tylenol for pain. My Vicodin prescription ran out. That was helping a lot but I haven't had it for a few months.
    - *If asked about pain on a scale:* It's about a 3/10 at rest and a 5/10 when I walk around.
- *Mood: I'd say I'm feeling pretty good.*
- *Alcohol:* I never have been a drinker.
- *Tobacco:* I haven't gone back to smoking .
- *Living Arrangements:* I live with my wife – She's in good health
- *Falls:* I did have a fall – But that was a long time ago when I broke my hip and pelvic bone. None since then.

Relevant Health Maintenance
If asked…
Colonoscopy: Don't you have this information? I don't know. I think the colon check was a few years ago.
Eye Exam: I last went to the eye doctor a year ago. Got new glasses.
Flu shot: Sure, I'll get the flu shot when I come in.
Pneumonia Shot: I don't know if I've ever had one of those.

Medication Changes/Problems/New Intolerance or Allergies
I've not had any problems with them. Cost is still a factor – I'm trying to get my medications from the VA so they are cheaper but I don't get down there much. But I'd like to get some more vicodin. I could use new prescriptions for all of my medications too.

Mark Taylor: Checklist of items that Nurse/MA should complete for proficiency:

Task	Done? (check if completed)
1. Fills out the header of the POD with the last clinic visit date (one month ago).	
2. Follow-up: notes on POD that patient had multiple problems to follow-up on: 1) diabetes and increasing metformin to 3 times a day, 2) increasing his activity for his hip/pelvic fracture, 3) getting and using the fluticasone inhaler at the VA, 4) buying a recliner for the leg swelling. ASKS about these and records.	
3. Reasons for the visit: Ask and record: 1) follow up diabetes; 2) pain meds for hip pain- vicodin	
4. Ongoing medical problems: Asks and records info about chest pain/heart disease and his breathing.	
5. Labs/tests: asks and records none other. Checks to see if orders are in for the lab visit.	
5. Visits with other clinicians: Asks. Might have recorded physical therapy above, nothing else here.	
6. Home readings: records blood sugar home values.	
7. Health Overview: ask and record info about some of the following: diet, exercise (may be above), pain, falls.	
8. Health maintenance: asks about last eye exam and getting flu shot at the clinic.	
9. Medication changes/problems: asks patient about medication refills needed and perhaps runs through the medication list and states that she can get the refills started for the doctor.	