

**Homework 4**

**Pharmaceutical Care Practice**

**Instructor Abdallah Abu Khalil**

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Date: 2019/10/29  
Time: 9:00 am  
  
Patient name: James Frank  
  
SOAP Note:-  
  
Subjective:-  
  
1-DOB: 1955/10/30

2-Gender: Black male, Moderately overweight.

3-PMH: Hypertension, DM Type 2, COPD, BPH, CKD, Gout.  
  
4- FH: Father died from acute MI at age 73 and he had HTN and Dyslipidemia, Mother died of lung cancer at 65 and she had HTN and Diabetes.

5- SH: Tobacco (Quit 6 years ago), Alcohol (Moderate intake), Diet (Eat whatever he want), Exercise (Limited due to SOB from COPD), Living Situation (Retired and lives alone).

6- ALL: Penicillin

7- Chief Complaint: Come for evaluation and follow-up of his medical problems, unhappy with the low salt diet.

Objective:-

1- Vital Signs: Today (BP: 164/90 mmHg , HR: 72 bpm), Past (BP: 162/90 mmHg- Sitting 164/92-, HR: 76bpm, RR: 16/min, T: 37oC, Wt: 95 kg, Ht: 6.2)

2- Laboratory Values: Na 138 mEq/L Ca 9.7 mg/dL Fasting Lipid Pane Spirometry (6 months ago) K 4.7 mEq/L Mg 2.3 mEq/L Total Chol 161 mg/dL FVC 2.38L (54% predicted) Cl 99 mEq/L A1c 6.1% LDL 79 mg/dL FEV1 1.21L (38% predicted) CO2 27 mEq/L Alb 3.4 g/dL HDL 53 mg/dL FEV1/FVC 51% BUN 22 mg/dL Hgb 13 g/dL TG 144 mg/dL SCr 2.2 mg/dL Hct 40% Glucose 110 mg/dl WBC 9.0 x 103/μL Uric Acid 6.7 mg/dl Plts 189 x 103/μL

3- Physical Exam:-  
  
 HEENT: TMs clear; mild sinus drainage; AV nicking noted; no hemorrhages, exudates, or papilledema

Neck: Supple without masses or bruits, no thyroid enlargement or lymphadenopathy

Lungs: Lung fields CTA bilaterally. Few basilar crackles, mild expiratory wheezing

Heart: RRR, normal S1 and S2. No S3 or S4

Abd: Soft NTND; no masses, bruits, or organomegaly. Normal BS

Genit/Rect: Enlarged prostate

Ext: No CCE; no apparent joint swelling or signs of tophi

Neuro: No gross motor-sensory deficits present. CN II – XII intact. A&O x 3

4- Current Medications: **Triamterene/hydrochlorthiazide** 37.5mg/25mg PO QAM, **Insulin glargine** 36 units SC daily, **Insulin lispro** 12 units SC TID with meals, **Doxazosin** 2 mg PO QAM, **Carvedilol** 12.5mg PO BID, **Albuterol** HFA MDI – 2 inhalations q 4-6 h PRN SOB, **Fluticasone/salmeterol** DPI 250mcg/50mcg – one inhalation BID, **Allopurinol** 200mg PO daily

Assessment:-

Patient is well and recovering from a cold, no change in weight over the past few years, no blurred vision or chest pain,