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Handed to: Dr. Abdullah Abu Khalil

Subject: Soap notes

**Case 1:**

**Date: October 3rd, 2019 Time: 15:31**

**Mr WG’s follow up**

**Pharmacy note**

Subjective

Age: 72years old

Gender: M

Ht. 5’10, Wt. 80Kg

PMH: HTN and atrial fibrillation

Chief complaint: INR follow-up check

The patient states that he has not missed any doses last week and he rarely misses any doses if it ever happened.

The patient states that he’s following a low calorie diet, and eats green veggies 3 times a week.

Current medications: metoprolol XL 100mg daily, warfarin 2.5mg daily.

Supplements: centrum multivitamin (excluding Vitamin K)

Lipid profile 1 week ago : LDL 160, HDL 35, TC 255, TG 155

 1 month ago: LDL 180, HDL, 36, TC 240, TG 170

Objective

Physical exam revealed no bruising, bleeding, blood in stool or urine, and melena.

Abdomen: non-tender, non-distended

CV: regular rate and rhythm no murmurs, rubs or gallops.

Vital signs: Blood pressure is 136/80, Heart rate: 65, RR:12, Temperature 97F

Lab results: current INR 3.9, 2 weeks ago INR 3.7

Assessment

The INR is not at goals, decrease warfarin dose to 2mg as the patient is not taking the lowest dose possible.

Plan

Problem: High INR

Goal: to reach INR (2-3)

Pharmacological treatment

To decrease Warfarin dose to 2mg

Non-pharmacological treatment

1. Increase healthy fat intake
2. Increase daily calorie-intake
3. Increase vitamin K temporarily to reduce INR by increasing green leafy vegetables intake to 1 or 2 servings per day.

Goals:

1. Decrease the risk of bleeding
2. Decrease bruising probability
3. Keep the INR levels in range (2-3) within 1 week

Safety:

The patient should check the physician every month for bruising, bleeding or melena.

Efficacy:

The patient should have his INR in range within 1 week.

Follow-up:

After 1 week, October 10th, 2019 at 16:00 with Dr. WA

**Case 2**

**Date: October 3rd, 2019 Time: 10:30**

**Mrs LR followup**

**Pharmacy note**

Subjective

Age: 40years old

Gender: F

PMH: Hypothyroidism

Drugs Allergies: NKDA

Ht: 5’4, Wt. 150lbs

Objective

Vital signs: BP 130/80, HR 65

Lab works: TSH 7.5microunits/ml

Medication history: Synthroid 0.1mg PO daily for the last 18months

Current medication: Oscal 500mg, Synthroid 0.125mg PO daily

CV: regular rate and rhythm

HEENT: WNL

Assessment

No need to increase levothyroxine dose. The patient should not take levothyroxine with Calcium, she should take her calcium supplements at least 4 hours after taking levothyroxine. As calcium decreases the absorption of levothyroxine.

Plan

Problem: high TSH levels, which indicates low T3,T4 levels

Goal: to get TSH levels back to normal. (0.4-4milliunits/L)

Pharmacological treatment

Reduce Levothyroxine dose back to 0.1mg PO daily.

Non-pharmacological treatment:

The patient should avoid any foods containing calcium, aluminum, zinc or iron with levothyroxine or during the following 4hours after administration.

Goals:

1. To reach TSH levels of (0.4-4milliunits/liter) within 1month
2. To educate the patient on how to take her medication.
3. Avoid any weight gain or the appearance of symptoms of hypothyroidism.

Safety:

Avoid arrhythmia, palpitations or weight loss associated with levothyroxine.

Efficacy:

To reach normal range of TSH within 1 month.

Follow-up:

After 1 month, November, 3rd 2019 at 14:00 with Dr. HA

**Case 3:**

**Date: October 3rd, 2019 Time 13:45**

**Mr. John’s Follow-up**

**Pharmacy note**

Subjective

Age:50years old

Gender: M

PMH: HTN, edema

Medications history: Lisinopril

Drug allergies: Throat and tongue swelling from lisinorpil

SH: smoker, drinks alcohol

Current medications: atenolol 12.5mg PO daily, amlodipine 10mg, aspirin 81mg

Objective

Vital signs: BP 145/79, HR: 62

Assessment

Reduce amlodipine back to 5mg because it increases the risk of edema as it’s a calcium channel blocker and it causes vasodilation, and the patient has a history of edema. Add hydrochlorothiazide 12.5mg for edema.

Plan

Problem: uncontrolled HTN

Goal: to reach BP goal less than 140/90

Pharmacological treatment:

1. Decrease amlodipine dose back to 5mg PO once daily in the morning
2. Add hydrochlorothiazide 12.5mg PO once daily in the morning
3. Keep atenolol 12.5mg PO daily for HTN.

Non-pharmacological treatment:

1. Check blood pressure at home or at the pharmacy at least 3 times daily.
2. Try to decrease caffeine intake.
3. Try to quit smoking.

Goals:

1. To avoid recurrence of edema.
2. To reach BP goal of less than 140/90 within 3-4 weeks.
3. To improve the lifestyle of the patient, by quitting smoking and reduction of caffeine intake.

Safety:

To check possible side effects for hydrochlorothiazide like (electrolyte levels) hypomagnesemia and hypokalemia.

Efficacy:

After 3-4weeks the BP should be at goals (less than 140/90)

Follow-up:

After 1month. November, 3rd 2019 at 9:00 with Dr. DA