

**Pharmacist Provided Care**

**Home Work 2**

**SOAP note Documentation**

**Student Name and I.D**

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**Q1:- Case 1**

Date: 2019/10/8   
Time: 8:00 am  
  
Title: Check INR for old male.

**S :-**

**Main Cause to visit to Pharmacy:** To check INR

**PMH:** Hypertension, and Atrial Fibrillation.

**LifeStyle:-**

1. Follow low calorie diet.
2. Small salad with lunch and vegetables with dinner.
3. Walk 3 miles /daily

**Patient opinion:** He never miss any doses in the past week

**Allergies: NKDA**

**O:-**

**Current Medication:**

1. Metoprolol XL 100 mg daily
2. Warfarin 2.5 mg daily
3. Centrum Multivitamin(Without Vit. K)

Ht 5.10, Wt 80kg, INR 3.9 (Goal 2-3)

**Lipid panel wk ago:** LDL 160, HDL 35, TC 225, TG 150  
**Lipid panel 1 month ago:** LDL 180, HDL 36, TC 250, TG 170

**Note:** Pt advised to begin TLC by his physician.

**Another info:** Na 140, K 4.4, Cl 100, CO2 30, BUN 14, Scr 1.1, Glu 98, H/H 13/39.

**VS.:** T 97F, BP 136/80, HR 65, RR 12

**PE:** A and O x 3

**Heemt:** Wnl

**CV:** RRR, no m/r/g

**No bruising**

**A:-**

Priority #1: **INR increased, requiring dose adjustment in warfarin or vitamin K supplements.**

Patient has an increase of INR, so we chose between two thing, 1st decrease the amount of warfarin, 2nd increase or added vitamin K, we do not forget that pt eat vegetables.

**P:-**

Priority #1: **The increased INR need adjustment of doses.**  
  
**Pharm:-**

Recommend to decrease the amount of warfarin, or increase vitamin K.

**Non-Pharm:-**

* Eat green vegetables.
* Exercise every morning

**SMART Goals:-**

Goal is to reach the optimal INR (2-3)

**Monitoring Parameter:-**

* Monitor INR after one week
* Monitor for any bruising after one week

**Follow up** after one week with PCP to check INR.

**Q2:- Case 2**

Date: 2019/10/8   
Time: 8:40 am  
  
Title: New prescription for Levothyroxine

**S:-**

**Main Cause to Visit Pharmacy:** To get new prescription for Levothyroxine 0.125 mg PO daily, Bottle of Calcium (OsCal) 500 mg

**PMH:** Hypothyroidism, Synthroid

**Allergies: NKDA**

**O:-**

**Current Medication:** Synthroid 0.1 mg PO daily.

**VS.:** Ht 5.4, Wt 150 Ibs, BP 130/80, HR 65, TSH 7.5 (High).

CV: RRR  
PE: A & O x 3

HEENT: WNL

**A:-**

Priority #1: **Absorption of Levothyroxine decreased with calcium supplements, require to advise the pt to put an interval between each drug.**

Elevated TSH is because the levothyroxine is not absorption as well as possible, it is preferred to put 4 hours between each medicine.

Patient has an increase of INR, so we chose between two thing, 1st decrease the amount of warfarin, 2nd increase or added vitamin K, we do not forget that pt eat vegetables.

Priority #2 : **Adjustment of dose of levothyroxine to be 0.1 mg rather than 0.125 mg.**

TSH elevation because levothyroxine in not absorbed normally

**P:-**

Priority #1: **Levothyroxine vs Calcium on absorption.**  
  
**Pharm:-**

Levothyroxine 0.1 mg

**Non-Pharm:-**

The 4 hours between the medicine and the supplement are very important for well absorbed**.**

**SMART Goals:-**

* To reach the optimal TSH – Reduce it to normal level-
* Decrease the symptoms of hyperthyroidism.
* Decrease the side effects of medicine.

**Monitoring Parameter:-**

* Monitor TSH level after one month
* Monitor any side effect.

**Follow up** after one month with PCP to check TSH.

**Q3:- Case 3**

Date: 2019/10/8   
Time: 9:20 am  
  
Title: Patient with uncontrolled BP

**S:-**

**Main Cause to Visit Pharmacy:** To check his BP.

**HPI :** Swelling of leg

**Current Medication:-**

* Baby Aspirin 81 mg
* Amlodipine 10 mg
* Atenolo 25 mg ( Half Tablet)

**LifeStyle:-**

1. Alcohol drinker.
2. Smoker

**Allergies:** Lisinopril

**O:-**

**VS.:** BP 147/85, Heart rate –Pulse- 61

**A:-**

Priority #1: **Additional therapy for BP**

Pt have a swelling in leg, so we can use diuretic to decrease this problem (Thiazide, Hydrochlorothazide).

Priority #2 : **Leg swelling**

Amlodipine is the main cause of swelling, we can use diuretic.

**P:-**

Priority #1: **Swelling of leg**  
  
**Pharm:-**

Use diuretic, or reduce the dose of amlodipine.

**Non-Pharm:-**

Diet with little amount of salt (Na)

**SMART Goals:-**

* Reduce swelling.
* Life style without smoking or drink alcohol
* Control of BP

**Monitoring Parameter:-**

* Monitor swelling.
* Monitor any side effect.

**Follow up** after one month with PCP or PHD.

Priority #2: Uncontrolled HTN  
  
**Pharm:-**

Use diuretic like thiazide in the morning.

**Non-Pharm:-**

* Recommended to stop smoking and drink alcohol.
* Exercise every morning
* Recommended to decrease salt. (Na)

**SMART Goals:-**

* To life ordinary
* Control of BP

**Monitoring Parameter:-**

* Monitor BP daily
* Monitor side effect

**Follow up** after one month with PCP or PHD.