**Pharmacist Provided Care**

**SOAP note Documentation Home work**

Write one SOAP note for each of the Cases listed below. Write the SOAP note as if you were the pharmacist that conducted the patient interview and assessment.

**Case# 1**

WG is a 72 year old male with hypertension and a fib. Presents to your pharmacy for an INR check. Your interview finds no bleeding, bruising, bright red blood in the stool or urine or melena. He is following a low calorie diet. He has a small salad with lunch and vegetables with dinner (green veggies 3 x wk). He walks daily 3 miles. He states he has not missed any doses in the past week and states that he rarely if ever misses doses of any of his meds.

Meds: Metoprolol XL 100 mg daily, **warfarin 2.5 mg daily**, Centrum multivitamin (no vit K in formulation)

Ht 5’10” Wt 80 kg.

Labs: INR (today) 3.9, previous steady state INR on this same dose was 3.7 two weeks ago. Prior to that he had a history of mostly therapeutic INRs at this dose. **His INR goal is 2-3**

Lipid panel 1 wk ago: LDL 160 HDL 35 TC 225 TG 150

1 month ago: LDL 180 HDL 36 TC 250 TG 170

Note: Last month pt was counseled and advised to begin TLC (Therapeutic Lifestyle Changes) by his physician

3 mos ago Na140/ K4.4 / Cl 100/ Co2 30/ BUN 14/ Scr 1.1/ glu 98 H/H 13/39 (hemoglobin/hematocrit)

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

 PE: A & O x3

HEENT WNL

CV: RRR (regular rate and rhythm) No m/r/g (murmur, rubs, gallops)

Abd guiac neg NTND (Non-Tender, Non-Distended)

Ext no bruising

**Case # 2**

LR is a 40 year old female who is a long term patient of your community pharmacy. She arrives with a new prescription for levothyroxine (Synthroid) 0.125 mg PO daily. She also has a bottle of calcium (OsCal) 500 mg.

Upon questioning she shows you the results of her TSH and it is 7.5 microunits/mL. She also told you she started taking her Os Cal a couple of months ago in the am with her Synthroid.

PE: A & O x3

CV: RRR

HEENT WNL

Prescription profile

NKDA

Ht 5’4” Wt 150lbs BP 130/80 HR 65 TSH 7.5 (elevated)

Synthroid 0.1 mg PO daily for the past 18 months for hypothyroidism

**CASE # 3 (Mr. John is a 50 year old WM was referred to you by his PCP for blood pressure assessment) read the dialog as if you were the pharmacist performing the interview and write a SOAP note documentation.**

**Pharmacist: Hello Mr. John I am one of the PharmD. Clinical specialist at the clinic you primary care provider send me here so we can help with your blood pressure. I will ask you basic questions before we start**

**Pharmacist: Have you ever have an adverse reaction to a medication?**

Patient: Let me think yes Lisinopril

**Pharmacist: and what happened with that**

Patient: my tongue and my throat came out

**Pharmacist: do u Drink Alcohol**

Patient: yes occasionally on the week end watching sports 6 packs or so

**Pharmacist: how about smoking**

Patient: a pack a day

**Pharmacist: interested in quitting**

Patient: not at this time

**Pharmacist: what medication do u take**

Patient: my wife gave a list I have atenolol 25 mg I take half a tablet a day

Amlodipine 10mg that is increased and a baby aspirin 81mg

**Pharmacist: the baby aspirin is the only over the counter product that you take**

**Any other medications or herbals.**

Patient: no that is all I take

**Pharmacist: when was your last cigarette?**

Patient: about an hour a go before I came here

**Pharmacist: did you take your medicine this morning**

Patient: yes my wife put my medicine in a little tray; yes I took my medication this morning

**Pharmacist: do u check your blood pressure at home.**

Patient: No

**Pharmacist: have you had any fluid or swellings in or your ankles or legs?**

Patient: well yes I related to one of these medicines I have swelling in my legs where my socks are

**Pharmacist: is that the amlodipine**

Patient: yes that is the one that my doctor increase the last time

**Pharmacist: have you ever had shortness of breath**

Patient: no

**Pharmacist: how about headaches**

Patient: no I do not recall any thing recently

**Pharmacist: how about dizziness**

Patient: no thank goodness

**Pharmacist: how about chest pain**

Patient: NO

**Pharmacist: what type of caffeine do you have on regular bases?**

Patient: I drink a mountain dew and I drink water and tea

**Pharmacist: do u add some salt to your food**

Patient: little I like to eat some chips and to put some on my baked potatoes

**Pharmacist: what you do for exercise**

Patient: I fish I enjoy fishing

**Pharmacist: that is good now let’s check your blood pressure**

**Checking ======It is a little high your goal is less than 140/ 90 and today your blood pressure is**

**147/85 with a pulse of 61 so I will check**

Patient: so it is high

**Pharmacist: it is not too bad but it is not where we wanted to be I will check again**

**Checking ======== your blood pressure is still high 145/79 and your pulse is 62**

**Pharmacist: because you are having the swelling in your legs and feet we will decrease the amlodipine dose back to 5 mg and your atenolol the 12.5 mg a day is helping your blood pressure I do not want to decrease it because your pulse is low so what I like you to do is give you a diuretics called Hydrochlorothiazide 12.5mg in the morning the 25mg you can take one-half a tablet in the morning. What I like you to do is check your blood pressure at home at least three times a week if you can get a blood pressure monitor, if you cannot then you can get it checked at the pharmacy.**

Patient: do u have any blood pressure logs that I can have?

**Pharmacist: yes you can, bring those back on your next visit that will help us out so we know how your blood pressure is doing at home**

Patient: any particular time do I need to check it?

**Pharmacist: you can check at different time**

**Pharmacist: I bring you back in 3-4 weeks so I can get your labs to make sure your electrolytes are ok because of the diuretics**

Patient: can you write the changes for me on my medication list so I can show my wife who takes care of my medications

**Pharmacist: sure**

Patient: so the amlodipine I have to cut in half and you are adding another one

**Pharmacist: yes that is correct. Nice meeting you we will see you back in 3-4 weeks**

**Patient: thank you.**