**Scenario:** You are the student pharmacist rotating in a pharmacotherapy clinic within a primary care group. A new patient has recently transferred his care to a primary care physician in your medical clinic and was referred to the pharmacotherapy clinic for medication management. His new physician would like your input on this patient's hypertension management. Patient needs to be provided with instructions regarding medication changes and any relevant nonpharmacologic recommendations. Patient demographics and today's vital signs are provided below:

Patient name: James Frank

DOB: 10/30/1955

VS (today): BP: 164/90 HR: 72 bpm

Primary Care Physician New Patient Visit (Dated: 10/29/2019)

CC/HPI: Mr. Frank is a 64 year old black man who presents as a new patient today for evaluation and follow-up of his medical problems. He has no major complaints today. Reports he is getting over a cold recently. He is unhappy with the low salt diet his last physician recommended.

PMH:

HTN X 14 years

Type 2 DM X 16 years

COPD, GOLD 3/Group C

BPH, CKD, Gout

FH: Father died of acute MI at age 73; mother died of lung cancer at 65. Father had HTN and dyslipidemia. Mother had HTN and diabetes.

SH: (+) tobacco – former smoker, quit 6 years ago

(+) alcohol – moderate amounts of alcohol intake

Diet – does not follow low salt diet, "I eat whatever I want"

Exercise – limited due to SOB from COPD

Living situation – retired and lives alone

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

ALL: Penicillin

ROS:

Patient reports he is doing well and recovering from a cold. He denies any major weight changes over the past few years. Denies any blurred vision or chest pain. He states SOB is usual for him and that albuterol helps. He reports having 2 COPD exacerbations in the last 12 months. Denies any hemoptysis. Denies any GI complaints. Reports he had difficulty urinating in the past which was relieved once his doctor started the doxazosin a few months ago. His occasional gout pain is relieved with OTC medications.

PE:

Gen: WDWN, black male, moderately overweight; in no acute distress

VS: BP: 162/90 mm Hg (Sitting; repeat 164/92 mm Hg), HR 76 bpm (regular), RR 16/min, T 37°C; Wt: 95 kg, Ht: 6'2

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

**LABs**

Na 138 mEq/L Ca 9.7 mg/dL Fasting Lipid Panel 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

A/P:

HTN, uncontrolled – Continue current medications for now. Scheduled appt. for tomorrow with clinical pharmacist for detailed patient education, medication adjustments and BP monitoring.

Type 2 DM, controlled – Continue current insulin management

COPD, stable – Continue current medications

BPH symptoms improved on doxazosin – continue medication

Gout controlled – continue medication

Return to clinic in 3 months