

**King University MSN/NP Program**

**Geriatric Assessment and SOAP Form**

**Student:** Erica Miller  **Course:** 5019 Care of the Adult and Geriatric Population

**Date:** 7/30/2024

**Patient Information**

Initials: BS Age: 77 Gender: Male LMP: N/A

DOB: 6/19/1947  WT: 200 HT: 5’9” BMI: 29.5 BP: 130/80 Temp: 98.2 Orally Pulse: 70

**HPI for annual physical or wellness exam:**The Patient is a 77-year-old male here for his annual Medicare wellness visit. He remains active by walking his dog daily and doing water aerobics at his local gym 1 to 2 times a week. The patient states he is doing well overall but says he has some minor concerns:

**Hyperlipidemia:** He is still taking his Rosuvastatin daily with no complications.

**Hypertension:** The patient states that his blood pressure has been doing well when he is checking it at home and he takes Losartan Potassium daily.

**Memory:** He has noticed some occasional forgetfulness within the last few months, particularly with where he places things but denies any significant problems with daily functioning.

**Mobility:** No new issues with mobility, but states he has some stiffness in the joints, particularly in the mornings. Denies any recent injuries or falls.

**Sleep:** He reports sleeping well but states that nocturia can occasionally interrupt it.

**Screenings:** The patient is past the age range for routine screening colonoscopies and PSA testing. His last eye exam was in May of 2024. His last dental exam was 6 months ago.

* Over the past month have you felt down, depressed or hopeless? No
* Over the past month have you felt little interest or pleasure in doing things? No
* Was the timed up-and-go test unsteady or longer than 30 seconds? No
* Do you have anyone that helps you such as cleaning or transportation or groceries? No
* Do you need assistance in getting to your doctors appointments or pharmacy? No
* Does your home have rugs in the hallway or poor lighting? No
* Does your home have handrails or grab bars? Yes
* Are you able to maneuver around your house without assistance? Yes
* Are you able to bath yourself and use the bathroom without assistance? Yes
* Are you able to cook and prepare meals for yourself on a daily basis? Yes
* Do you follow a special diet? No
* Do you follow an exercise program? Yes
* Do you have a hearing problem? No
* Do you have a living will or power of attorney? No

**Past Medical Hx**:  Hyperlipidemia, Hypertension, Osteoarthritis

**Past Surgical Hx**:  Inguinal Hernia Repair: 2000

**Family Medical Hx:** Mother: Hypertension, father: Type 2 Diabetes, Hyperlipidemia, Hypertension, Sleep apnea

**Personal & Social Hx:** **Social History:** The patient states that he lives with his spouse in a single-story home. He states that he is independent with his daily activities. He is a retired Banker. He continues to stay active in his community as well as the local wellness center. Denies tobacco use or any illicit drug use. The patient states he has occasional alcohol use (1-2 glasses of wine per week).

**Immunization status: status:** UTD on current vaccinations. Pt stated that he will consider taking the RSV vaccination in the fall. He recently completed his Shingrix vaccine with Publix pharmacy on 02/12/2024.

**Medications:**

Rosuvastatin 10mg tablet: One tablet at bedtime to manage hyperlipidemia

Losartan Potassium 50mg tablet: One tablet at bedtime to manage hypertension

Tylenol Arthritis 650mg tablet: Two tablets every 8 hours PRN to manage arthritis pain

Cetirizine 10mg tablet: One tablet at bedtime for management of seasonal allergies

**Allergies & Reactions:**

Seasonal allergies: Pollen

No known food or drug allergies

**Review of Systems**

**General Constitutional:** Pt denies unexpected weight loss or gain. Denies any trouble eating or sleeping.

**Skin, Hair & Nails:** Pt states he uses sunscreen when out in the sun. Denies any changes in the skin, rash, bruising, or open areas. Denies any hair loss. Denies any nail deformities or discoloration.

**Head & Neck:** Pt denies headaches, or any past trauma involving his head. Denies any lumps, swollen lymph nodes, or stiffness.

**Eyes, Ears & Nose:** Denies ear pain, ringing in ears, vision changes, or nasal drainage.

**Throat & Mouth:** Pt denies hoarseness, oral lesions, or dental problems.

**Lymphatic:** Pt denies any swollen glands or lymph nodes.

**Chest and Lungs:** Pt denies any tightness, tenderness, or pain. Denies SOB, cough, and sputum.

**Breasts:** N/A

**Heart & Blood Vessels:**Pt states he exercises by walking his dog daily in his neighborhood and taking water aerobics classes at his local gym. Denies any history of heart murmurs, current chest pain, palpations, edema, or dyspnea.

**Peripheral Vascular:** Denies any numbness or tingling in upper or lower extremities. Denies any edema or varicose veins.

**Hematologic:** Pt denies any unusual bleeding or bruising, fatigue, or hx of anemia.

**Gastrointestinal:** Pt denies dysphagia, n/v, constipation, and diarrhea and states no changes in bowel habits.

**Diet:** Pt states he feels his diet is adequate and denies any appetite changes.

**Endocrine:** Pt denies thyroid problems, cold or heat intolerance, unexplained changes in weight, changes in nail or skin texture, and changes in body or facial hair. Denies Endocrine: Denies polydipsia, polyphagia, and polyuria.

**Gender-Related:** Denies any gender-related issues.

**Pregnancy:** N/A

**Genitourinary:** Pt denies incontinence. Denies any burning, irritation, cloudy, or discolored urine. Pt states that he has been experiencing occasional nocturia about 1 to 2 times per night and about 4 out of 7 days a week maybe less.

**Musculoskeletal:** Pt states that he has a history of Osteoarthritis and has joint stiffness in the mornings. Denies any weakness.

**Neurologic:** Denies decreased LOC and confusion. Denies any numbness or tingling in the lower extremities. Pt reports occasional forgetfulness within the last few months but denies any significant problems with daily functioning.

**Mental Health:** Pt denies current mood changes, suicidal thoughts, depression, and anxiety.

**(O)bjective Data**

**Vital signs**: Temp: 98.2 method: Orally HR: 70 RR: 16 BP: 130/80   Pain scale: 2 out of 10 related to joint stiffness

BMI:29.5 HT: 5’9”  WT: 200

**General:** Well developed. Well-nourished and in no acute distress.

**Mental Status:** A&O x3. Appropriate attention and cognition intact. Speech is appropriate and non-slurred.

**Skin:** Dry, Smooth, and pink in color. Appropriate for ethnicity.

**HEENT:** Head: Normocephalic and symmetrical. Eyes: PERRLA. Ears: Symmetrical, bilateral ear canals are pink and clear, with a pearly grey tympanic membrane intact and a positive light reflex. Nose: Nostrils patent no drainage noted, no pain when frontal and maxillary sinus palpated. Throat: Thyroid no goiter or tenderness upon palpation, no lymph nodes palpated.

**Chest:**  Symmetrical rise and fall. AP is less than transverse. No lumps or bruises noted. No pain noted upon palpation.

**Lungs:** Respiratory rate even and unlabored. Assessment revealed regular rate and rhythm with no wheezing, rales, or rhonchi.

**Breasts:** N/A

**Heart & Blood Vessels:** Regular rate and rhythm, S1 and S2 noted. Carotid pulses 2+ with no bruits or thrills noted. No varicose veins were noted. No visible pulsations, heaves or lifts noted. Heart sounds auscultated at the: Aortic, Pulmonic, Erb’s point, Tricuspid, and Mitral areas with the bell and diaphragm of the stethoscope. No S3 or S4 noted. No gallops noted.

**Abdomen:** Sking is even, smooth, and pink. The abdomen is soft, flat, non-tender, and non-distended. Bowel sounds normoactive x4 quadrants. Pt denies pain with superficial and deep palpation in both upper and lower quadrants. Negative McBurney’s Point.

**Genitalia:** Refussed per patient

**Lymphatics:** Preauricular, Tonsillar, Submental, Submandibular, Postauricular, Occipital, Posterior Cervical, Supraclavicular, and Axillary lymph nodes all nonpalpable, non-tender, and no masses noted.

**Musculoskeletal**: Adequate ROM in upper and lower extremities. Mild Crepitus in knees. Reduced ROM in hands with no swelling or significant deformities.

**Neurologic:** A&Ox3, PERRLA. Appropriate attention. Mild forgetfulness noted. No motor or sensory deficits were noted in the lower extremities.

**Mental Health:** Observed appropriate mood and affect. Pt is pleasant, calm, and cooperative.

**SLU Rapid Geriatric Assessment and Other Screenings Results:**

**The Simple “FRAIL” Questionnaire Screening Tool Score: 0**

**SARC-F Screen for Sarcopenia score: 1**

**SNAQ Simplified Nutritional Assessment Questionnaire Score: 18**

**Rapid Cognitive Screen score: 7/8 Mild Cognitive Impairment**

**Other screenings**

**Geriatric Depression Screen Score: 1**

**Timed Up and Go Test Score: 12**

**IADL score: 8**

**Medication Review for Fall Risk Results -**

Losartan Potassium is one medication that the patient is taking that could lead to falls due to orthostatic hypotension. However, the patient checks his blood pressure twice daily and understands that if his systolic blood pressure goes below 100, he must hold his medication. Education about hypotension signs and symptoms is also given at each visit with the instruction to contact his primary care doctor if any issue arises.

The patient also takes Zyrtec, which is an antihistamine for seasonal allergies that is listed on the patient’s medication list and could lead to falls. This medication could be a fall risk due to the risk of drowsiness, confusion, or decreased alertness. The patient takes this medication at night and reports he has taken it for years with none of the above side effects making this medication a low risk for the patient. The Patient understands to continue this medication at night, and if he experiences any new symptoms to follow up with his primary care physician.

LAB Data to be collected after today’s visit:

CBC, CMP, Lipid Panel, TSH, A1c, PSA (due to nocturia)

Last A1c was 5.0

Last PSA was normal

**(A)ssessment**(List as many diagnoses as indicated)

Include ICD 10 code -<http://www.icd10data.com/ICD10CM/Codes>

1. Hypertension: I10

2. Hyperlipidemia: E78.6

3. Osteoarthritis: M19.049

4. Age-related cognitive decline: R41.81

**Differentials:** (this includes any diagnoses considered when forming the final diagnosis listed above)

1.  Type 2 Diabetes: E11.65

2.  Benign Prostatic Hyperplasia: N40

3. Osteoporosis: M81.6

**(P)lan (**create an individual plan for each problem using the categories below)

**Treatment(s):**

Continue current medications as listed. Continue Physical Therapy as directed by the Physical Therapist. Consider further evaluation if memory issues worsen or impact daily functioning.

**Immunizations needed/ recommended**: No immunizations are recommended at this time

**Nonpharmacologic symptomatic care for an illness or problem:** Encouraged pt to continue his current physical activities and physical therapy. Recommended warm baths and massage therapy for pain management. Encouraged practice of cognitive exercises and recommended hydration and adequate diet.

**Pharmacologic care of an illness or problem:** Advised patient to continue current medication regimen as he is doing well and experiencing no complications at this time.

**Full Medication Review results:**

**Any drugs considered inappropriate, unnecessary, too expensive, etc.? Discuss why or why not here:**

The patient is currently on a well-managed medication regimen, taking only the essential medications needed to control his chronic conditions, along with an over-the-counter Tylenol Arthritis to relieve pain related to his Osteoarthritis. He does not experience any issues with affording his medications and does not misuse them. Additionally, he does not use any herbal remedies and there are no duplicate medications or notable interactions in his treatment plan.

**RX Medications:**

Rosuvastatin 10mg tablet: One tablet at bedtime to manage hyperlipidemia

Losartan Potassium 50mg tablet: One tablet at bedtime to manage hypertension

**OTC Medications:**

Tylenol Arthritis 650mg tablet: Two tablets every 8 hours PRN to manage arthritis pain

Cetirizine 10mg tablet: One tablet at bedtime for management of seasonal allergies

**Summarize recommendations from the Rapid Geriatric Assessment and Other Screenings section here:**

The patient is scored as independent. He stays active and follows a healthy lifestyle. He does not require assistance with activities of daily living. Overall, he is doing very well. He does admit to some mild forgetfulness and feels this is age-related but it does not affect his daily life. Revaluate Rapid cognitive screening at the next visit in 6 months and consider further evaluation if memory issues worsen or impact daily functioning.

**Diagnostics/ labs**:

**Labs to be collected today**: CBC, CMP, Lipid, TSH, A1c, PSA

Last A1c was 5.0

Last PSA was normal

(Include costs of tests, medications, etc. (find resources for this at [www.epocrates.com](http://www.epocrates.com/), <https://www.healthcarebluebook.com/ui/consumerfront>; [http://www.goodrx.com](http://www.goodrx.com/) )

**Referrals:** Referral to Physical Therapy for joint stiffness, mobility, and strength.

**Follow-up instructions**: Recommended follow-up in 6 months or sooner if needed.

**Patient Education:** Advised the patient on the importance of maintaining a healthy diet and regular exercise. Emphasized reducing sodium diet due to hypertension. Reviewed medication adherence. Provided education on joint health information and cognitive exercises. Recommended continuing weight-bearing exercises/ and physical therapy to support bone health. Suggested continuing regular appointments with an ophthalmologist, dentist, and primary care provider.

**Preventive care recommendations**:

Encourage the patient to practice cognitive exercises and mental stimulation activities for age-related mild cognitive decline. Encourage a men’s daily multivitamin. Encourage attending regular health screenings and follow-up appointments.

(per USPSTF <https://www.uspreventiveservicestaskforce.org/webview/#!/> )

**Other**: include any actions not previously addressed

**Competency Reflections**

**TN Pain Competency**

Review the core competencies for pain and addiction at the website below. Identify a competency and how it was addressed while providing care for this patient

<https://www.tn.gov/content/dam/tn/opioids/documents/PAME_Report_July2018.pdf>

For this Pt the TN pain competency used was pain evaluation during his assessment the patient rated his pain a 2 on a scale of 0 to 10 on the faces pain scale.

**NONPF Competencies**

Discuss how you addressed at least 3 NONPF competencies during this visit. **Identify the competency area and the specific core competency for each.**  (See NONPF competency <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf> )

During this visit, the 3 NONPF competencies were:

1. Critically analyzing data for improving advanced nursing practice: This competency was addressed by ensuring that all the correct information was asked and gathered at the time of this visit to be able to properly treat/manage this patient's symptoms.
2. Demonstrates leadership that uses critical and reflective thinking: This competency was addressed by collecting all the subjective and objective data and using the information gathered to reflect on any diagnosis you can rule out.
3. Applies clinical investigative skills to improve health outcomes: This competency was addressed by ordering the correct diagnostics for this patient based on the information provided.

**Interprofessional Collaboration Competencies**

Provide a brief reflection for each competency. Discuss how you addressed or would address collaboration with another member of the health care team in relation to your patient’s care. Optimally, this should be someone other than a primary care provider and reflections should be completed on different interprofessional roles throughout the program.

Interprofessional Education Collaborative. (2016).*Core Competencies for Interprofessional Collaborative Practice: 2016 update*. <https://hsc.unm.edu/ipe/resources/ipec-2016-core-competencies.pdf>

**Competency 1 Values and Ethics for Interprofessional Care (VE1, VE3, VE4, VE5)**

Discuss how cultural diversity, individual values, and interests of the health care team (including the patient) may have impacted care decisions.

Individual values and interests as well as cultural diversity did not affect this patient’s care but could have been possible if the patient refused referral to physical therapy to help with the management of his osteoarthritis.

**Competency 2 Roles/Responsibilities (RR2 & RR4)**

Recognizing your own scope of practice, what elements of treatment, health promotion, or disease prevention could another member of the health care team offer your patient that you can’t?

As an NP I would be able to fully assess, diagnose, and treat this patient. Refills on prescriptions were sent to the pharmacy as well and the referral for Physical therapy was put in for increased joint stiffness related to osteoarthritis.

**Competency 3 Interprofessional Communication (CC2 & CC3)**

What communication strategies can be used to ensure understanding of information, treatment, and care decisions between patients, families, and other health care team professionals?

When communicating with elderly patients, it's crucial to share information in a way that makes sense to them. To do this effectively, a healthcare provider might first ask about the patient's level of education. It’s best to present information at a 5th-grade reading level to ensure clarity. It is also a good strategy to provide education about the correct ways to take their medications to ensure safe medication administration at home. Good communication is key to building trust between patients and providers.

**Competency 4 Team/Teamwork (TT1, TT3. TT7, TT11)**

What principles of teamwork can be used to effectively plan, deliver, and evaluate care given to the patient?

In primary care, clear teamwork between patients and providers is crucial for setting accurate health goals. If information is left out or incorrect, it can lead to serious health issues. It’s important to reassure patients that our environment is judgment-free and that honesty is key to achieving the best possible health outcomes.