**King University MSN/NP Program**

**Clinical SOAP Note Format**

**Adult, Women, Geriatrics**

Student: Erica Miller        Course: NURS5018             Date: 2/6/2023

SOAP Note # 1                                   Wellness

**Patient Information**

Initials: AB Age: 57 Gender: F

DOB: 7/16/1966  LMP: Pt is postmenopausal states LMP was In her forties.

**(S)ubjective Data**

**CC:** Pt is here to have an annual. Last Pap 2020, WNL. Last Mammogram was 2/5/24, WNL.

**HPI for acute visit:**n/a

**HPI for chronic visit:**n/a

**HPI for annual physical or wellness exam:** Pt is here today for a routine annual exam. No previous history of an abnormal Pap. Pt does not do regular SBE. She feels that her diet is adequate. She is a vaper. She does not regularly exercise. She drinks occasionally but does not feel she has any problems with drinking. LMP was in her forties. She did have some issues with hot flashes and vaginal dryness. Pt was on estrogen cream for a while, but her PCP took her off d/t stroke h/x. Last Pap Smear: 2020. Last Mammogram: 2/5/24 pending results. Pt states she is not currently sexually active.

**Past Medical Hx**: Dyslipidemia, COPD, Gastroesophageal reflux (GERD), Hypertension, Stroke.

**Past Surgical Hx**:  Cesarean Section

**Family Medical Hx:** Type 2 Diabetes Mellitus (Father), hypertension (Mother and Father).

**Personal & Social Hx:** Current nicotine use (vaping), Former smoker, Marijuana use, no illicit drug use.

**Immunization status:** Immunizations UTD

**Medications:** Amlodipine 5mg PO daily, Aspirin 325mg PO daily, Furosemide 20mg PO daily, Esomeprazole Magnesium 40mg PO daily.

**Allergies & Reactions:** NKDA, NKFA.

**Review of Systems**

General Constitutional: General appearance: well, developed, well nourished.

Skin, Hair & Nails: Skin: normal color and pigmentation. Scalp and Hair: no abnormalities. Nails: smooth round and non-brittle no discoloration, cap refill less than three seconds.

Head & Neck: n/a

Eyes, Ears & Nose: n/a

Throat & Mouth: n/a

Lymphatic: n/a

Chest and Lungs: Respiratory rate normal and unlabored. Assessment revealed normal rate and rhythm.

Breasts: Normal appearance. Examination of the nipples revealed a normal appearance and no discharge. Right breast: no masses palpated. Left breast: no masses palpated. No lymphadenopathy noted bilaterally.

Heart & Blood Vessels: n/a

Peripheral Vascular: n/a

Hematologic: n/a

Gastrointestinal: n/a

Diet: Adequate.

Endocrine: n/a

Gender-Related: n/a

Pregnancy: Post-menopausal. Gravida: 1, Para: 1.

Genitourinary: External genitalia: Examination of the external genitalia showed normal hair distribution. Normal external genitalia. No lesions were seen. The labia majora was normal. Labia minora was normal. Both Bartholin’s glands were normal. clitoris was normal. Vagina: abnormal, atrophy, dry mucosa. Bleeding: no bleeding.

Urethra: no discharge seen.

Urethral meatus: Normal.

Bladder: Palpation of the bladder revealed no abnormalities, no tenderness, and no distention.

Uterus: The uterus was in a normal position, non-tender, not enlarged, and absent of palpable masses.

Adnexa/parametria: Both adnexa were normal, non-tender bilaterally, and there were no adnexal masses.

Musculoskeletal: n/a

Neurologic: A&O x3. Normal attention skills and normal fund of knowledge.

Mental Health: Observed mood and affect. Appropriate affect and mood.

**(O)bjective Data**

**Vital signs**:   Temp 98.2   method   oral     HR  81     RR BP 120/81   Pain scale 0 out of 10

BMI   36.4      HT   5’ 6”      WT    225

General: Well, developed, well nourished.

Mental Status: A&O x3. Normal attention skills and normal fund of knowledge.

Skin: Normal color and pigmentation.

HEENT: n/a

Neck: No passes palpated.

Chest:  Symmetrical.

Lungs: Respiratory rate normal and unlabored. Assessment revealed normal rate and rhythm.

Breasts: Normal appearance. Examination of the nipples revealed a normal appearance and no discharge. Right breast: no masses palpated. Left breast: no masses palpated. No lymphadenopathy was noted bilaterally.

Heart & Blood Vessels: n/a

Abdomen: Soft, non-tender, non-distended.

Genitalia: External genitalia: Examination of the external genitalia showed normal hair distribution. Normal external genitalia. No lesions were seen. The labia majora was normal. Labia minora was normal. Both Bartholin’s glands were normal. clitoris was normal. Vagina: abnormal, atrophy, dry mucosa. Bleeding: no bleeding.

Urethra: no discharge seen.

Urethral meatus: Normal.

Anus & Rectum: n/a

Lymphatics: n/a

Musculoskeletal: n/a

Neurologic: A&Ox3, PERRLA.

LAB Data: n/a

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

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

1. Z00.00: Encounter for general adult medical examination without abnormal findings.

2. Z12.4: Cervical Pap test.

3. Z12.39: Encounter for other screening for other screening for malignant neoplasm of breast.

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

1. No abnormal finding pending results of Pap Smear.

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

**Treatment(s):** Tobacco Use Screening completed.

Encouraged active lifestyle. Weight-bearing and strength training exercises.

SBE is encouraged monthly educated pt may do this in the shower.

Postmenopausal bleeding should always be evaluated.

May use coconut oil for lubrication if need for vaginal dryness.

Pt RTC one year or as needed.

RX Medications: Continue daily medications.

OTC Medications: n/a

**Diagnostics/ labs**: Pap Smear sent for testing.

(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:** n/a

**Follow-up instructions**: RTC one year or as needed.

**Patient Education:** Educated Pt on smoking cessation r/t stroke history.

**Preventive care recommendations**: Encouraged active lifestyles.

(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 )](https://www.tn.gov/content/dam/tn/opioids/documents/PAME_Report_July2018.pdf%E2%80%AF))

A pain competency for this well-woman visit would be pain evaluation. During her Pap Smear, we made sure the patient was comfortable before performing the exam and talked her through each step of the exam ensuring no pain was being experienced throughout the exam d/t the pt c/o vaginal dryness.

**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 list available at     <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf> )

During this visit, the three NONPF competencies discussed were:

1: Demonstrating leadership that uses critical and reflective thinking

During this visit, the NP and I were able to demonstrate leadership by using critical thinking due to the patient's history of stroke and her PCP having to take her off estrogen cream by reflectivity thinking and educating the patient on the use of coconut oil for vaginal dryness.

2: Communicates practice knowledge effectively both orally and in writing

The NP and I communicated practice knowledge by educating the patient on smoking cessation due to the use of a vape and her history of stroke and gave a handout on ways she would be able to obtain this goal.

3: Uses best available evidence to continuously improve the quality of clinical practice

This ties into #1 as well. Instead of just letting the patient experience discomfort r/t vaginal dryness education was used and taught to the patient to improve her overall discomfort ensuring that we did what was right for the patient due to her situation.

**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://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

**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.

Cultural diversity and individual values or interests can impact care decisions in many ways. For instance, this patient spoke great English, but If she had been a patient who spoke a different language education would have been misunderstood. It is our right to get an interpreter to ensure our patients understand the full picture of what is going on with their health.

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

Recognizing your 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?

My current role as a FNP student has many limitations. Another provider would be able to offer more in-depth education on medications and treatment options that I may not be able to. They would also be able to send in prescriptions for patients where as I currently do not have access to this.

**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?

During this visit, we used lots of different communication strategies. A few important ones we used would be engaged listening, showing empathy, and giving/ receiving feedback.

**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?

During this clinical, I observed clear healthy communication in collaborating with other team members such as the nurse. I also observed trustworthiness when consulting with other providers about issues patients were experiencing to try and get them fully taken care of.