**King University MSN/NP Program**

**Clinical SOAP Note Format**

**Adult, Women, Geriatrics**

Student: Erica Miler     Course: NURS5018            Date: 2/9/24

SOAP Note: # 2        Acute

**Patient Information**

Initials: CD Age: 29 Gender:  F

DOB: 4/14/1994 LMP: March 2023.

**(S)ubjective Data**

**CC:**  Irregular periods and Bloating

**HPI for acute visit:** Pt states, “She only had one period last year around March 2023 and hasn’t had another since.” She describes her periods as being irregular since the start of her menses at age 13. Pt states, “She has had bloating and some abdominal discomfort for about 8 months.” Pt denies any possibility she could be pregnant. Pt has never had a Pap Smear and states, “I would like to have one done today.”

**HPI for chronic visit:**n/a

**HPI for annual physical or wellness exam:** n/a

**Past Medical Hx**:  Anxiety, Depression

**Past Surgical Hx**:  History of abortion (18 years old)

**Family Medical Hx:** Cardiac disorder (Father). Hypertension (Mother).

**Personal & Social Hx:** Consumes carbonated beverages, Nicotine vapor product user. Denies drug and alcohol use.

**Immunization status:** UTD on all immunizations, Flu vaccine receive 10/16/2023.

**Medications:** Buspirone HCI 10mg PO daily, Escitalopram Oxalate 10mg PO daily.

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

**Review of Systems**

**General Constitutional:**Pt denies fever, fatigue, chills, unexpected weight loss or gain. Denies any trouble sleeping.

**Skin, Hair & Nails:** Pt states she 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, discoloration, or thickness.

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

**Eyes, Ears & Nose:** Pt denies any blurred vision, difficulty focusing, peripheral changes, or dry eyes. Pt denies any vertigo and any hearing loss or changes in hearing. Pt also denies any recent epistaxis or nasal congestion.

**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:** Pt denies lumps, pain, discharge, or dimpling. Pt stated I will sometimes do SBE in the shower.

**Heart & Blood Vessels:**Pt denies regular exercise and states she will go on walks occasionally. 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, reflux, n/v, constipation, and diarrhea. States no changes in bowel habits. Pt denies abdominal pain, but states, I have felt bloated for about 8 months, like I’m going to start a period. Pt rated pain a 0 out of 10.

**Diet:**  Pt states she feels her diet is adequate but feels she could incorporate more healthy foods into her everyday diet.

**Endocrine:** Pt denies thyroid problems, cold or heat intolerance, unexplained changes in weight, changes in nail or skin texture, changes in body or facial hair, and denies current use of hormonal therapy.

**Gender-Related:** Pt states she is not currently sexually active but has been in the past. Pt states It has been over a year since I had sex. Pt denies any other gender-related issues.

**Pregnancy:** Pt states she has been pregnant in the past and has a history of an elective abortion when she was 18 years old. Gravida: 1, Para: 0.

**Genitourinary:** Pt denies dysuria and incontinence. Denies any burning, irritation, cloudy or discolored urine. LMP was in March 2023. UPT: negative. Pt stated in HPI that her periods have been irregular (starting at different times, skipping periods, and occasionally heavy flow having to use super plus tampons) since the start of her menses at age 13 but states she has never gone this long without having a period before.

**Musculoskeletal:** Pt denies any changes in ROM. Denies joint pain, stiffness, or weakness.

**Neurologic:** Denies decreased LOC and confusion.

**Mental Health:** Pt denies current mood changes, suicidal thoughts, depression, and anxiety. Pt states she takes Buspirone and Escitalopram Oxalate for her anxiety and depression, and states it manages her symptoms well.

**(O)bjective Data**

**Vital signs**:   Temp: 97.8 method Oral HR: 83 RR: 20   BP: 12/87 Pain scale: 0 out of 10

BMI50.32   HT: 5’3” WT: 284

**General:** Well developed. Well nourished.

**Mental Status:** A&O x3. Appropriate attention and cognition intact.

**Skin:** Smooth and dark in color. Appropriate for ethnicity.

**HEENT:** Head: Normocephalic and symmetrical. Eyes: No lesions or edema, conjunctiva pink and moist, PERRLA. Ears: Symmetrical, bilateral ear canals clear with pearly grey tympanic membrane intact with 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. No lumps or bruises noted. No pain noted upon palpation.

**Lungs:** Respiratory rate even and unlabored. Assessment revealed regular rate and rhythm.

**Breasts:** Breasts appear large, and round, with large dark symmetrical areolas noted. Examination of the nipples revealed no discharge. Right breast: no masses palpated. Left breast: no masses palpated. No lymphadenopathy was noted bilaterally.

**Heart & Blood Vessels:** Carotid pulses 2+ with no bruits or thrills noted. No varicose veins were  
noted.

**Abdomen:** Soft, round, non-tender, non-distended. Bowel sounds normoactive x4 quadrants. Pt denies pain with superficial and deep palpation.

**Genitalia:** External genitalia: Examination of the external genitalia revealed the presence of thick black evenly distributed pubic hair. The Labia Majora and Minora appeared appropriate in size and location as well as color. No lesions were seen. Both Bartholin’s glands were present with no edema or erythema noted. The Clitoris was appropriate in location.

**Vagina:** Color appears pinkish brown which is appropriate for ethnicity. No discharge. No bleeding. A Pap Smear was performed with a large speculum due to the patient's BMI. The cervix was in the appropriate location and appeared moist, round, and pink in color. No cervical lesions noted.

**Uterus:** Appropriate position, non-tender, not enlarged, no masses palpated. Bilateral ovaries palpated with a slight enlargement noted to the right ovary.

**Urethral meatus:** Appropriate size. No discharge or irritation was noted.

**Anus & Rectum:** Dark color with even pubic hair distribution. No hemorrhoids noted.

**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. No tenderness upon palpation.

**Neurologic:** A&Ox3, PERRLA. Appropriate attention and cognition intact.

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

LAB Data: UPT: negative.

Pap Smear, blood work, and TVUS are all pending results.

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

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

1. N92.6 Irregular Menstruation

2.  Z12.4 Pap Smear

3. Z68.43 BMI 50.0-59.9

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

1. Secondary amenorrhea

2. Possible PCOS pending blood work, and TVUS results.

3.   Possible HPV if Pap Smear results come back abnormal

**(P)lan**

Start Medroxyprogesterone Acetate 10mg PO 1x daily for 10 days each month. Does not act as birth control. Educated pt can still get pregnant to use a form of birth control or use condoms as a backup method. When asked about other forms of birth control pt refused to use but would think about it for future treatment after her test results come back.

Have labs drawn and TVUS completed.

RTC after TVUS to discuss results.

**Diagnostics/ labs**:

Pap Smear: $125-$273. HCG Quant: $49. TSH, Free T4, FSH, LH, Prolactin: $199 and Transvaginal ultrasound: $235-$455.

Medroxyprogesterone Acetate: $18.73 for 3-month supply.

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 at this visit

**Follow-up instructions**: RTC after TVUS is completed.

**Patient Education:**  Educated pt on Medroxyprogesterone usage and backup birth control methods.

**Preventive care recommendations**: Encouraged regular exercise r/t BMI and encouraged smoking cessation r/t vapor nicotine use. (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))

The pain competency for this visit would be pain evaluation. When the patient c/o abdominal bloating and discomfort the patient was asked to rate the pain on a scale from 1-10 and the patient stated, “I wouldn’t describe it as painful, it just feels like I'm going to start my period” Pt rated pain 0 out of 10.

**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 3 NONPF competencies were:

1: Demonstrating leadership that uses critical and reflective thinking.

During this visit, the NP and I were able to demonstrate leadership by making the patient feel comfortable when expressing her concerns and ensuring that we collected all the information needed to help this patient figure out the reason for her prolonged missed periods and abdominal bloating.

2: Communicates practice knowledge effectively both orally and in writing.

The NP and I communicated practice knowledge by educating the patient on the use of Medroxyprogesterone. The patient was educated on how to use the medication to try and regain menses and regulate her periods. She was also informed that this medication would not act as a form of birth control, and she would need to use another form of birth control when sexually active.

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

We ensured the best evidence to treat the patient by doing an in-office UPT, performing a Pap Smear along with an internal pelvic exam, ordering a TVUS, blood works, and starting the patient on Medroxyprogesterone to try and regain her menses while waiting on results to come back to fully understand what is causing the patients secondary amenorrhea.

**Interprofessional Collaboration Competencies**

Provide a brief reflection on each competency. Discuss how you addressed or would address collaboration with another member of the health care team about 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 could have impacted the patient’s care decision to refuse any form of birth control use if she had claimed to be Roman Catholic. This would have impacted the patient being ability to use the Medroxyprogesterone to try and regain her menses. Even though

Medroxyprogesterone for this use is not used as a birth control method it is a form of hormonal replacement.

**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?

If for some reason the patient needed surgery to remove any enlarged cysts (Oophorectomy) with possible PCOS she would need to be referred to a physical to have this procedure done via Laparoscopically.

**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?

Communication strategies like pamphlets for the patient to take home to learn about different birth control options to help regulate her menses if she would have been interested in the use of birth control to try and help manage her symptoms better.

**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?

Collaboration with the providers after the TVUS is completed to ensure a proper diagnosis of PCOS if indicated in the results. If the patient did not have PCOS Collaboration with a provider would be indicated as well to determine if any further testing may need to be completed for this patient.