

Rachel Freundlich

**SOAP #1**

**Identifying Data:**

Full name: C.C.

Address: East Harlem, NY

Date and Time: 02/27/24 11:34 am

Location: Metropolitan

Religion: Unspecified

Source of Information: Self

Reliability: Reliable

**S:**

C.C. is a 57 y/o F presenting for follow up for cerumen impaction of the left ear. Pt was previously seen in the clinic 1.5 weeks ago with complaint of left cerumen impaction. Attempt to remove cerumen through washout and suctioning was unsuccessful. Pt was recommended to return to clinic after 10 days of using Debrox. Pt states she adhered to instructions and used Debrox in the left ear 2x daily for 10 days. Denies hearing loss, otalgia, otorrhea, tinnitus.

**O:**

**Vitals:** BP - 121/76, Temp - 98.3F, HR - 69, Resp 15, SpO2 - 99%

**Labs:** No relevant labs available.

**PE:**

General Appearance: A&Ox3, appears in no acute distress

HE: Normocephalic, atraumatic, EOM intact, PERRLA

Ears: Right - normal pinna, no mastoid tenderness, ear canal without erythema, edema or ulcerations.

Tympanic membrane visualized without bulging, retraction or perforation

Left - normal pinna, no mastoid tenderness, impacted cerumen noted, yellow in color, difficult to visualize tympanic membrane

Lungs: Unlabored breathing, symmetrical rise of chest

Nose: No deformity, nasal mucosa pink and healthy appearing, no edema or bleeding noted

Oral cavity: good dentition, no masses noted on lips, buccal mucosa, gingiva, tongue, or palate

Oropharynx: Symmetrical palatal rise, no masses or ulcers noted

Neck: soft, non-tender, trachea midline, no LAD or masses

**A/P:**

57 y/o F presenting to clinic for left cerumen impaction removal. Pt completed 10 days of Debrox as instructed. No other acute ear complaints. Cerumen irrigated from left ear successfully in clinic today. Pt was advised to refrain from using q-tips and educated how to properly clean ears. Discharged from ENT clinic and recommended to follow up with PCP and return to clinic PRN.

**SOAP 2:**

**Identifying Data:**

Full name: J.G.

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Address: Bronx, NY

Date and Time: 02/28/24 9:20 am

Location: Metropolitan

Religion: Unspecified

Source of Information: Self

Reliability: Reliable

**S:**

J.G. is a 46 y/o M with PMH of gastritis presenting with dysphagia x1 year. Pt reports that dysphagia began with both solids and liquids and now it is only for solids for about one year after beginning Omeprazole. Pt reports food intake was restricted for 6 months but since starting the PPI it has improved and he is no longer limiting food intake. Pt denies odynophagia, voice changes, regurgitation, halitosis and weight loss.

**O:**

**Vitals:** BP - 117/73, Temp - 98.7F, HR - 83, Resp 16, SpO2 - 100%

**Labs:** No labs available at this time.

**Medications:**

Omeprazole - 40mg daily

No other current known medications

**PE:**

General Appearance: A&Ox3, appears in no acute distress

Lungs: Unlabored breathing, symmetrical rise of chest

Face: Symmetrical movement, CN7 intact, no masses or ulcers of concern

Eyes: EOM intact, PERRLA

Nose: no deformity, mucosa healthy and pink appearing, no crusting, purulence, erythema or edema noted

Ears: Right and Left - normal pinna, no mastoid tenderness, ear canal without erythema, edema or ulcerations. Tympanic membrane visualized without bulging, retraction or perforation

Oral Cavity: Fair dentition, no ulcerations on lips, buccal mucosa, gingiva, tongue, or palate

Oropharynx: symmetrical rise of uvula

Neck: soft, non tender, trachea midline, no LAD or palpable masses

**Imaging**

Laryngoscopy in clinic 02/25/24: mobile vocal cords b/l, no masses noted, erythema over vallecula

**A:**

46y/o M with PMG of gastritis presenting with complaints of dysphagia to solid foods. Pt denies dysphagia to liquids. Pt tolerated laryngoscopy well with no significant abnormal findings.

**P:**

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Schedule EGD

Continue Omeprazole 40mg daily

RTC after EGD to review results

**SOAP 3:**

**Identifying Data:**

Full name: I.R.

Address: East Harlem, NY

Date and Time: 03/04/24 3:00 pm

Location: Metropolitan

Religion: Unspecified

Source of Information: Self

Reliability: Reliable

**S:**

I.R. is a 31 y/o F presenting with bilateral wrist pain x2.5 months. She presents to clinic today for follow up post ED visit last week. Pt has a 5 month old child that she reports “holds for hours a day” and only since then noticed the pain. Pt denies recent trauma or fall. ED provided the pt with wrist splints that she reports she wears occasionally. She was also instructed to take ibuprofen as needed which she states helps the pain moderately. Pt states she is interested in injection to alleviate the pain.

**O:**

**Vitals:** BP - 113/81, Temp - 98.4F, HR - 80, Resp 16, SpO2 - 100%

**Labs:** No labs available at this time.

**Medications:**

Cetirizine, 10mg tablet, 1 tablet daily

Diclofenac 1% gel, 4g topically 2x daily

Ferrous sulfate, 325mg tablet, 1 tablet daily

Norgestimate-ethinyl estradiol, 0.180/0.215/0.25mg- 25mcg tablet, 1 tablet daily

Prenatal vitamin, 27-1 mg tablet, 1 tablet daily

**PE:**

General Appearance: Well appearing in no acute distress

Skin: Good turgor, warm and dry

Head/Face: Normocephalic, atraumatic, no other gross abnormalities

Eyes: EOM intact, PERRLA

Mouth/Throat: mucosa moist; pharynx without edema or exudates, symmetrical rise of uvula

Neck: supple, no masses

Lungs: Unlabored breathing, symmetrical rise of chest

MSK: Right wrist: **Tenderness present**, No swelling, deformity, lacerations, bony tenderness, snuff box tenderness, or crepitus. **Decreased range of motion**. Normal pulse. Normal capillary refill.

Left wrist: **Tenderness present**, No swelling, deformity, lacerations, bony tenderness, snuff box tenderness, or crepitus. **Decreased range of motion**. Normal pulse, normal capillary refill

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**Bilateral positive Finkelsteins test.**

**A:**

31 y/o F presenting with bilateral DeQuervain's tenosynovitis for 2.5 months. Pt has a 5 month old baby that she holds for most of the day and reports she has not experienced this pain previously. Pt was instructed to wear splints and to use analgesics and now presents for injection to alleviate her pain.

**P:**

1.5ml of 1% lidocaine used for topical anesthetic followed by triamcinolone acetonide 40mg/mL injection bilaterally

Pt instructed to wear bilateral wrist splints daily

Pt educated to use ibuprofen 400mg every 6 hours as needed

Pt educated to limit time holding baby

Follow up in clinic in 6 weeks to assess improvement

**SOAP 4:**

**Identifying Data:**

Full name: E.D.

Address: East Harlem, NY

Date and Time: 03/01/24 2:30 pm

Location: Metropolitan

Religion: Unspecified

Source of Information: Self

Reliability: Reliable

**S:**

60 y/o M with PMH of CKD stage 3, HLD, and HTN presents for left ear mass x 1 year. Pt reports that he had a similar mass on his left ear before this one appeared and that it "exploded" with foul smelling green liquid, blood and pus. He reports the mass then grew back. Pt wears an earring in his left ear regularly but since the mass developed he has not worn an earring. The pt states that the mass does not cause him pain or affect his hearing. He presents today with interest in removing it. Pt denies otalgia, otorrhea and mastoid tenderness.

Pt had one surgery in the past (inguinal hernia repair) without complications from anesthesia.

**O:**

**Vitals:** BP - 123/83, Temp - 98.1F, HR - 78, Resp 16, SpO2 - 100%

No labs available at this time.

**Medications:**

Acetaminophen - 500 mg Oral every 4-6 hours PRN

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Aspirin - 81mg, daily

Atorvastatin - 20mg, daily

Enalapril - 5mg, daily

Multivitamin - 3mg, daily

**PE:**

General Appearance: A&Ox3, appears in no acute distress

HENT: Normocephalic, atraumatic, EOM intact, PERRLA

Lungs: Unlabored breathing on room air, symmetrical rise of chest

Ear: Pinna non-tender, no mastoid tenderness, clear EAC, TM pearly gray without bulging, retraction, perforation. **Post auricular cyst noted, 1cm, soft, nontender. No bleeding, erythema, swelling or heat noted.**

**A/P:**

60 y/o M with post auricular cyst 1cm in size presents with interest in removal. Pt scheduled for postauricular cyst removal on 03/18/24. No medical clearance or labs needed in order to be cleared. Risks discussed with pt in clinic with no further questions. Consent signed in office.