Alena Rakhman
H&P #1
Rotation 6 – Family Medicine

Location: Rego Park Outpatient Office
Date: 7/11/19
Time: 2:15PM

CC: follow up for DM type 2

HPI
56-year-old male, former smoker with 12 pack years, and PMHx of HTN, peripheral vascular disease, hyperlipidemia, and chronic Afib presents today for a follow-up of his DM type 2. He was first diagnosed with DM2 in 2003 by a different healthcare provider and started receiving care here starting from 09/2018. At this time, he is compliant with his medications and feels like he can manage his diabetes. He checks his blood sugars daily before breakfast and keeps a log. Numbers for the past five days including this morning are 106, 115, 120, 147, and 144. For the past 4 months, he started progressively developing a burning sensation in his toes on the R LE, which gets exacerbated with the cold. In 03/2019, pt started experiencing numbness and tingling below his R knee and stopped driving as he was scared that he wouldn't know which pedal the R foot is pressing. He checks top and bottom of his feet every night, walks about 20 minutes per day, and avoids refined white foods such as white rice, bread and potatoes. His last dilated fundus exam was in 10/2018 which was normal., and his last microalbumin/creatinine ratio was in 09/2018 which was WNL as well. His mother and father were both diagnosed with DM2. Denies polyuria, polydipsia, polyphagia, glycosuria, nocturia, weakness, fatigue, dizziness, shortness of breath, chest pain, vision changes, unexplained weight loss, changes in appetite, N/V, diarrhea, constipation or skin changes.

PMH
- DM type 2 w/ diabetic neuropathy
- Peripheral vascular disease
- HTN
- Hyperlipidemia
- Atrial fibrillation, chronic

- Symptoms worse c̄ walking?
- Vascular follow up / podiatry

Immunizations
- UTD, received a flu vaccine this year

Past surgical hx
- Embolectomy (2018)
- Femoral popliteal bypass of R LE (2017)

Past hospitalizations
- MVA as a pedestrian (09/2017)

Medication
- Bayer Aspirin Enteric Coated Low Dose 81 mg delayed release tab (1 tab PO daily)
- Atorvastatin Calcium 40 mg tab (1 tab PO daily)
- Gabapentin 800 mg tab (1 tab PO TID)
- Metformin HCl 500 mg extended release 24 hrs tab (PO BID, 1 tab w/ breakfast and 2 tabs w/ evening meal)
- Warfarin Sodium 2.5 mg tab (PO daily, 3 tabs on mon/tues/wed/fri/sat/sun and 2 tabs on thurs)
- Losartan Potassium 25 mg tab (1 tab PO daily)
- Metoprolol Succinate 25 mg extended release 24 hrs tab (1 tab PO daily)
- Furosemide 20 mg tab (1 tab PO daily)
- Lantus SoloStar 100 Unit/ml solution pen-injector (20 units SQ daily)

Allergies
- NKDA, no food or environmental allergies

Family history
- Father → deceased, diagnosed with DM2
- Mother → deceased, diagnosed with DM2

- Children → alive and healthy
- Paternal grandfather → deceased, pt does not know medical hx
- Paternal grandmother → deceased, pt does not know medical hx
- Maternal grandfather → deceased, pt does not know medical hx
- Maternal grandmother → deceased, pt does not know medical hx

Social History

- He is divorced and lives alone in a one-story house in Queens.
- Currently works as car salesman.
- Former smoker with a 12-pack year hx, quit smoking 5 years ago. Denies drinking alcohol or illicit drug use.
- Education – Associate degree.
- Tries to avoid eating refined white foods such as white rice, bread and potatoes.
- Walks in his neighborhood for about 20 min daily.
- Safety measures – admits to wearing a seatbelt.
- Sexual hx – He is not currently sexually active. Denies hx of STIs.

ROS

General

- denies generalized weakness/fatigue, recent weight loss or gain, loss of appetite, fever or chills or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia or pruritus; **last dilated fundus exam was in 10/2018 (normal)**

Ears

- denies deafness, pain, discharge, tinnitus or use of hearing aids

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- denies sore tongue, sore throat, mouth ulcers, voice changes, bleeding gums or use of dentures; **last dental exam in 2018 (teeth cleaning, otherwise unremarkable)**

Neck

- denies localized swelling/lumps or stiffness/decreased range of motion

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- denies SOB, DOE, orthopnea, cough, wheezing, hemoptysis, cyanosis or PND

Cardiovascular System

- **has HTN and Afib;** denies CP, palpitations, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- denies change in appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, diarrhea, constipation, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Nervous System

- denies HA, seizures, loss of consciousness, sensory disturbances, ataxia, weakness, loss of strength or change in cognition/mental status/memory

Musculoskeletal System

- denies muscle/joint pain, deformity/swelling, redness or arthritis

Peripheral Vascular System

- **has intermittent claudication**; denies coldness or trophic changes, varicose veins, peripheral edema or color change

Hematologic System

- **hx of embolectomy;** denies easy bruising or bleeding, hx of blood transfusions or lymph node enlargement

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating or hirsutism

Psychiatric

- denies anxiety, depression/sadness, obsessive/compulsive disorder or seeing a mental health professional

Physical Exam

Pt is AOx3, looks stated age, appears well-developed and well-nourished w/ appropriate hygiene. He does not appear to be in distress.

Vitals

BP → 114/70
HR → 68
RR → 16
Temp → not taken
SpO2 → 98% (room air)
BMI → **34.25**

HEENT

Skin

warm and moist, good turgor, nonicteric, no lesions/scars/tattoos noted

Eyes

symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, conjunctiva & cornea clear, visual fields full OU, PERRLA, EOMs full w/o nystagmus

HENT

head is normocephalic, atraumatic, non-tender to palpation throughout; ears are symmetrical and normal in size, no evidence of lesions/masses/trauma on external ears, TMs pearly white & intact with light reflex in normal position AU; nose is symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally/nasal mucosa pink & well hydrated; oropharynx is well hydrated, no evidence of exudate/masses/lesions/foreign bodies, uvula pink, no edema/lesions

Neck/thyroid

trachea midline, no masses/lesions/scars/pulsations noted, supple, non-tender to palpation, full ROM, no stridor noted, 2+ carotid pulses, no thrills/bruits noted bilaterally, no palpable adenopathy noted, no thyromegaly

Chest

symmetrical, no deformities/evidence of trauma, respirations unlabored/no paradoxic respirations or use of accessory muscles noted, Lat to AP diameter 2:1, non-tender to palpation

Lungs

clear to auscultation and percussion bilaterally, chest expansion and diaphragmatic excursion symmetrical, no adventitious sounds

Heart

carotid pulses are 2+ bilaterally without bruits, **irregularly irregular rhythm**, no murmurs/extra heart sounds

Abdomen

flat, symmetrical, no evidence of striae/caput medusae/abnormal pulsations/masses/scars/striae or abnormal pulsations, BS present in all 4 quadrants, no bruits noted over aortic/renal/iliac/femoral arteries, no evidence of organomegaly, no evidence of guarding/rebound/CVA tenderness

Peripheral Vascular

skin normal in color and warm to touch in upper and lower extremities b/l, no calf tenderness b/l, equal in circumference, no palpable cords/varicose veins b/l, no cyanosis, clubbing or edema noted b/l

Musculoskeletal system

no soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities; non-tender to palpation, no crepitus noted throughout; FROM of all upper and lower extremities b/l

Mental Status

alert and oriented to person, place and time; memory and attention intact; receptive and expressive abilities intact; thought coherent; no dysarthria, dysphonia or aphasia noted

Diabetic Foot Exam

no skin changes/ulcers, 2+ DT/PT pulses on the L foot, 1+ DT/PT pulses on the R foot, no vibratory sensation in both R and L feet, no monofilament sensation in R foot, reduced monofilament sensation in L foot

Labs/Imaging

Hemoglobin A1C

Collection date	**05/17/2019**	**02/18/2019**	**09/14/2018**
Hemoglobin A1C	**7.80** ↑ (4.80-5.60 %)	**7.20** ↑ (4.80-5.60 %)	**8.50** ↑ (4.80-5.60 %)

Comprehensive Metabolic Profile

Collection date	**05/17/2019**	**09/14/2018**
Globulin	3.2 (2.0-3.9 g/dl)	3.6 (2.0-3.9 g/dl)
A/G ratio	1.3 (1.1-2.3 ratio)	1.1 (1.1-2.3 ratio)
Albumin	4.0 (3.3-5.5 g/dL)	4.0 (3.3-5.5 g/dL)
Alkaline phosphatase	70 (44-147 U/L)	94 (44-147 U/L)
ALT (SGPT)	22 (7-52 U/L)	48 (7-52 U/L)
AST (SGOT)	19 (13-39 U/L)	19 (13-39 U/L)
B/C ratio	16 (6-25 ratio)	13 (6-25 ratio)
Bilirubin total	0.7 (0.3-1.0 mg/dL)	0.8 (0.3-1.0 mg/dL)
BUN	13 (7-25 mg/dL)	10 (7-25 mg/dL)
Calcium	9.3 (8.4-10.6 mg/dL)	9.6 (8.4-10.6 mg/dL)
Chloride	105 (98-107 mEq/L)	100 (98-107 mEq/L)
Carbon dioxide	24 (21-33 mEq/L)	23 (21-33 mEq/L)
Creatinine	0.8 (0.7-1.3 mg/dL)	0.8 (0.7-1.3 mg/dL)
eGFR African American	128.39 (>59.00 ml/min/1.73 m2)	128.70 (>59.00 ml/min/1.73 m2)
eGFR All other	106.11 (>59.00 ml/min/1.73 m2)	106.36 (>59.00 ml/min/1.73 m2)
Glucose	**149** ↑ (69-99 mg/dl)	**170** ↑ (69-99 mg/dl)
Potassium	4.5 (3.4-5.4 mEq/L)	4.3 (3.4-5.4 mEq/L)
Sodium	140 (134-146 mEq/L)	136 (134-146 mEq/L)
Total protein	7.2 (5.9-8.7 g/dL)	7.6 (5.9-8.7 g/dL)

Assessment

56-year-old male, former smoker with 12 pack years, and PMHx of HTN, peripheral vascular disease, hyperlipidemia, and chronic Afib presents today for a follow-up of his DM type 2. On PE, 1+ DT/PT pulses on the R foot, no vibratory sensation in both R and L feet, no monofilament sensation in R foot, reduced monofilament sensation in L foot. Labs from 05/17/2019 showed HA1C of 7.80 (elevated from last time), and elevated glucose (149). DM2 w/ diabetic neuropathy, uncontrolled at this time.

Plan

- DM type 2 w/ diabetic neuropathy
  - Follow up in 4 weeks to reassess
  - Repeat hemoglobin A1C in 3 months
  - Continue Gabapentin 800 mg tab
  - Continue Metformin HCl 500 mg extended release 24 hrs tab
  - Continue Lantus SoloStar 100 Unit/ml solution pen-injector
  - Keep checking blood sugars daily
  - Continue diabetic foot exams
  - Dilated fundus exam 2019
  - Check cholesterol annually
  - Adhere to diet, avoid foods with high glycemic index
  - Encourage lifestyle changes
- Peripheral vascular disease
  - Continue Bayer Aspirin Enteric Coated Low Dose 81 mg delayed release tab
  - Follow up with vascular surgeon -time?
- Hyperlipidemia
  - Continue Atorvastatin Calcium 40 mg tab
  - Repeat labs if LDL at goal, discuss increasing statin if needed
  - Encourage diet and exercise
- Atrial fibrillation, chronic
  - Continue Warfarin Sodium 2.5 mg tab

Obtain Art. Duplex / ABI R leg
Red flag

        - Repeat PT/INR in 4 weeks
        - Instruct pt not to take any other NSAIDs without discussion first
        - Monitor for any bruising
- HTN
    - Continue Losartan Potassium 25 mg tab
    - Continue Metoprolol Succinate 25 mg extended release 24 hrs tab
    - Continue Furosemide 20 mg tab
    - Discuss taking BP meds as instructed even if the BP improves
    - Continue checking BP

<u>Patient Education/Follow-up care</u>

About Diabetes Mellitus Type 2:

- Type 2 diabetes is a disease that affects how your body uses glucose.
- Normally, when the blood sugar level increases, the pancreas makes more insulin. Insulin helps move sugar out of the blood so it can be used for energy.
- Type 2 diabetes develops because either the body cannot make enough insulin, or it cannot use the insulin correctly.
- Type 2 diabetes can be controlled to prevent damage to your heart, blood vessels, and other organs.

Diet:

- Keep track of sugar and starchy foods. Do not skip meals. Your blood sugar level may drop too low if you have taken diabetes medicine and do not eat.
- The plate method will help with portion control. With the plate method, half of your plate contains vegetables. The other half is divided so that a quarter contains protein or meat, and another quarter contains starches, such as potatoes.

Exercise:

- Exercise in order to maintain a healthy weight to help delay or prevent complications of diabetes.
- Consider swimming as a form of exercise as it does not put strain on your joints.

Checking your blood sugar level:

- Write down the times of your checks and your levels. Take them to all follow-up appointments.

Checking your feet:

- Check your feet daily for any cuts or sores.
- Wear shoes and socks that fit correctly.
- Do not trim your toenails.

Do not smoke:

- Nicotine and other chemicals in cigarettes and cigars can cause blood vessel damage and make it more difficult to manage your diabetes.

Checking your blood pressure:

- Maintain a blood pressure log.
- Take your medications as directed.

Recommended screening exams with diabetes:

- Annual fundus exam
- Annual urine to check for protein
- Biannual foot exam by healthcare provider
- Hemoglobin A1C test evert 3 months to check for control of blood sugar levels
- Annual cholesterol check