Patient Encounter SOAP Note from Week Five

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Submitted in Partial Fulfillment of the Requirements for
GNRS 5670 Children’s and Obstetric Health
The University of Texas Medical Branch
School of Nursing

Summer 2013
SOAP NOTE FIVE

SUBJECTIVE

Ms. JS is a 20 year-old Hispanic female who presented to the women’s health clinic on June 21, 2013 for her first prenatal care.

History of Present Illness & Analysis of Symptom

Patient is G1 P0, currently 5 weeks + 3 days pregnant by LMP 5/14/2013. Had (+) home pregnancy test 2 days ago. Pt denies any nausea, reports mild breast tenderness. No vaginal bleeding or fluid. Reports large amount of yellow-white vaginal discharge, without odor, requiring that pt wears pad. Discharge began 3-4 weeks ago, with some “inside” pain noted during sexual intercourse. No itching or burning. No change in d/c after using Monistat at home. Pt denies any previous discharge.

Current Health Status

Pt has NKDA and is not currently taking any medications. Patient up to date with immunizations, except TdaP. Denies EtOH, tobacco, recreational drugs, or caffeine. Last physical exam 2 years ago, has never had Pap. Does not perform SBE. Reports eating good diet, with fresh produce, walks daily 20 min for exercise.

Past Medical History

Pt reports good general health and denies any previous major illness, injuries, blood transfusions, or hospitalizations. Reports usual childhood illnesses, including URIs 1-2X/ year. Able to perform own ADLs.

Social History

Pt lives with parents in local community. Pt works as cashier, shifts no more than 6h. Applied for WIC and Medicaid benefits during pregnancy. Has been in monogamous relationship w/ current partner x 3 mos. Denies abusive environment.

Family History

Pt’s mother has hx of HTN. Pt’s maternal GF has hx of adult-onset DM. Unable to recall any other familial illnesses. No recent ill contacts.

Review of Systems

General: Patient denies fever, weight loss, fatigue, or poor appetite. Diet: Reports regular diet, including fruits/vegetables. HEENT: Denies current or recent cough, coryza, nasal discharge, hearing problems, or ear pain CV: Denies palpitations, or DOE Resp: No SOB, cough, or congestion. GI: Denies N/V/C/D. OB: G1P0, LMP 5/14/2013. Condoms used at time of conception. Regular periods every 28 days w/ “medium” 4 day flow. GU: Denies frequency,
urgency, or dysuria. Denies lesions, itching, or odors. Vaginal discharge – yellow/white, large amount. Reports pain w/ sexual intercourse Skin: No bruising or rash noted. Psych: Reports no previous illnesses or depression.

OBJECTIVE

VS: T 98.6 HR 60 RR 18 BP 112/74 Height 64”, Wt 130 lb, BMI 22.3

- Pt is alert, interactive, well-nourished female in no distress, unaccompanied.
- NEURO: Pt A&O x3, able to MAE well and follow instructions. CN II-XII1 grossly intact.
- HEENT: Symmetrical features, PERRL, Oropharynx & nasopharynx pink & moist without drainage. TMs pink w/ landmarks visible
- CV: Heart w/ RRR, no gallop or murmur. Pulses 2+ x4 ext. No tachycardia. BP WNL
- RESP: Lungs CTAB, including bases.
- BREAST: No masses or thickening identified. No discharge.
- GU: External genitalia WNL w/o lesions. Speculum exam w/ smooth, dark pink, nulliparous cervix. Large amount of thick light yellow d/c without odor. (+) CMT. Uterus anteverted on bimanual exam. No adnexal masses palpable.

LABS: Urine HCG (+)

UA WNL with (-) glucose, (-) protein, (-) ketones

Wet prep (+) for WBCs, no trichomonas or clue cells, no hyphae. KOH (-) whiff test

ASSESSMENT

Pregnancy

1. Positive HCG
2. (+) Darkening of cervix

Differential diagnoses: False (+) pregnancy test, Molar pregnancy, Ectopic pregnancy

1. (+) HCG possible with pt on HCG diet, molar or ectopic pregnancy
2. Molar pregnancy rare, 1 in 1,000 pregnancies, but more common in Hispanic women – will obtain early sono to r/o
3. Ectopic pregnancy possible, but pt denies pain. Will consider in differential until (+) IUP seen on sono

Sexually Transmitted Infection – Chlamydia or Gonorrhea
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1. Large amount of thick yellowish cervical discharge
2. No clue cells, hyphae, or trichomonads seen on wet prep
3. No odor on KOH
4. New sexual partner at time of first symptoms
5. Inconsistent use of condoms (as noted by (+) pregnancy)

PLAN

Therapeutic:

1. Prenatal multivitamins
2. Will need Tdap /p 20 weeks, influenza vaccine when available
3. If Gonorrhea OR Chlamydia (+) by GynProbe, then:
   a. Azithromycin 1g PO x1 (Pregnancy Cat B) (Marrazzo, 2013)
   b. Ceftriaxone 250 mg IM x1 (Pregnancy Cat B) (Swygard, Sena, & Cohen, 2013)
   c. Partner to be treated as well
   d. Re-test (test of cure) at next visit (>3 weeks /p treatment) – partner also must be treated /a retest
      i. Cure rates lower in pregnant women

Diagnostic Tests:

1. CBC (assess for anemia)
2. Urine cx (asymptomatic bactiuria can occur during pregnancy)
3. Syphilis, HIV, Hep B screening (detect STIs that can risk fetal well-being)
4. GynProbe for GC/Chlamydia (detect STI that can risk fetal well-being)
5. Ultrasound to confirm IUP & EDD
6. Rubella & VZV titer (fetus at risk if mother has negative titers)
7. Blood type & Rh (potential Rh incompatibility if mother Rh -)

Education:

1. Tentative EDD 2/18/14
2. Avoid sexual activity until 7d /p abx completed.
3. Call if d/c remains or returns
4. Avoid douches or other vaginal irritants
5. For normal BMI 25, plan 25-30 lb weight gain
6. Plan for prenatal care: visits q4 weeks until week 28, q2 weeks until week 36, then weekly
7. When to call provider: bleeding, fever, ROM, contractions, severe or sudden swelling
8. Diet: Need healthy diet, increase fruits/vegetables, lean protein
   a. No soft, unpasteurized cheeses
   b. Limit fish to 1-2X/week, no shark, swordfish, tilefish, king mackerel
9. Risks of smoking, EtOH, recreational drugs
10. May continue current work/low-impact activities; encourage walking daily
    (Hollier & Hensley, 2011)
11. Standard education packet provided to patient
12. RTC 4 weeks

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[Diagram of Denver II assessment with various developmental milestones and test behaviors]

**TEST BEHAVIOR**

(Check boxes for 1st, 2nd, or 3rd test)

<table>
<thead>
<tr>
<th>Typical</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance (See Note 31)</td>
<td>Always Complies</td>
<td>Usually Complies</td>
</tr>
<tr>
<td>Interest in Surroundings</td>
<td>Alert</td>
<td>Somewhat Disinterested</td>
</tr>
<tr>
<td>Fearfulness</td>
<td>None</td>
<td>Mild</td>
</tr>
<tr>
<td>Attention Span</td>
<td>Appropriate</td>
<td>Somewhat Distractable</td>
</tr>
</tbody>
</table>

Passed all age-appropriate tests. No delays or cautions. Normal screen.