

Siddharth Shah  
H&P # 2  
Long Term Care

**Identifying Data:**

Full Name: JS  
Age: 68  
Date & Time: June 13, 2023, at 11:00AM  
Location: St. Albans VA  
Reliability: Yes  
Source of Information: Patient

**Chief Complaint:** Rehabilitation, monthly summary.

**History of Present Illness:**

68-year-old Caucasian male with PMHx of HIV (no viral load detected), HTN, and DVT to LLE (treated with eliquis). Resident was admitted to St. Albans for rehabilitation s/p right femoral artery aneurysm with propatent interposition graft on 5/19/23. Prior to surgery, the resident was ambulatory without assistance, and able to perform all ADL and lived alone. Resident is currently ambulatory with walker, needs assistance with changing clothes, needs shower chair, but able to eat, and groom without assistance.

On May 16<sup>th</sup>, 2023 resident went to the ED as he felt his right thigh was numb, but no tingling and became concerned about it. However, felt no pain, no fever, SOB, or CP. At the ED a CT scan was done, and resident was found to have a right femoral artery aneurysm. Resident was scheduled for surgery on 5/19/2023. Resident had right femoral artery aneurysm with propatent interposition graft. Patient tolerated procedure well and was downgraded from SICU to regular floor with no concerns and transferred to St. Albans to begin his rehabilitation therapy so resident can become fully ambulatory without walker.

Resident was seen today to see how his rehabilitation is going, and to check on his surgical incisions. Resident notes he feels pain in his right lower extremity when he walks due to pressure from walking. Resident describes the pain as dull, and 3/10. However, no pain when laying in bed or when moving around in bed. Resident states he feels he's getting better day by day and feels like he's regaining his strength in his right leg, as he felt weak after the surgery, and had trouble walking. Resident needs a walker but is becoming less reliant on it as he notes. Resident is optimistic he will be back to his old self, is attending physical therapy several times a week. Resident denies any pain to left leg, chest pain, SOB, fever, discharge from surgical site, numbness or tingling to both legs.

- When is it worse
-

**Past Medical History:**

1. HIV
2. HTN
3. DVT – last year

**Past Surgical History**

- Right femoral artery aneurysm with propatent interposition graft 2023

**Allergies:**

Pt denies food and environmental allergies.

Pt denies any allergies to medication.

**Drug Sensitivities**

None

**Medications:**

ACETAMINOPHEN 500MG TAB PRN for pain

AMLODIPINE 2.5mg TAB once daily

BUPROPION 150 mg twice daily

DABIGATRAN ETEXILATE 150MG Twice a day

DARUNAVIR 800MG TAB TAKE ONE TABLET BY Mouth with food

GENVOYA ORAL 1 Tablet daily

NICOTINE 21MG/24HR TRANSDERMAL PATCH APPLY ONE EVERY MORNING

**Childhood Illnesses:**

- Pt denies.

**Immunizations:**

- COVID-19 (Pfizer) x 2 (in 2021& in 2022)
- Flu Vaccine - 2022

**Family History:**

Mother – deceased at unknown age and causes.

Father – deceased at unknown age and causes.

**Social History:**

**Alcohol Use:** Socially drinks at events.

**Smoking:** Currently smokes, has been smoking for 50 years, and about 1 pack a week.

**Recreational Drugs:** None

**Diet:** Cardiac diet

**Exercise:** Currently seen by OT for rehabilitation

**Occupation:** Retired NYPD Officer – from chart

## **Review of Systems**

### **General**

Denies fever, chills, loss of appetite, night sweats.

### **Head**

Denies headaches, lightheadedness, head trauma, and LOC.

### **Eyes**

Denies blurry vision,

### **Ears**

Denies tinnitus, deafness, pain, discharge and using hearing aids.

### **Nose/Sinuses**

Denies epistaxis, discharge, and obstruction.

### **Mouth and Throat**

Denies bleeding gums, and sore throat.

### **Neck**

Denies localized swelling/lumps, and stiffness/decreased range of motion.

### **Breast**

Denies lumps, nipple discharge, and breast pain.

### **Pulmonary System**

Denies SOB, cough, orthopnea.

### **Cardiovascular System**

Denies chest pain.

### **Gastrointestinal System**

Denies Abd pain, vomiting, nausea, diarrhea.

### **Genitourinary System**

No dysuria or burning.

**Nervous System**

Denies seizures, headache.

**Musculoskeletal System**

Pain in right leg when ambulating, no pain in left leg. Feels right leg is slightly weaker than left but getting stronger.

**Peripheral Vascular System**

History of DVT to LLE last year, and was put on Eliquis

**Hematologic System**

Denies easily bruising/bleeding, anemia, blood transfusions, lymph node enlargement, and hx of PE.

**Endocrine System**

Denies polyuria, polydipsia, polyphagia, heat/cold intolerance, goiter, diaphoresis, and hirsutism.

**Psychiatric**

Denies any psychiatric issues

## **Physical Exam**

### **Vital Signs**

**BP:** 105/68

**R:** 18 breaths/min

**P:** 78 BPM regular

**T:** 98.6 Degree F (Oral)

**O2 Sat:** 97% Room Air

**Height:** 72 inches

**Weight:** 227 lbs

**BMI:** 31

### **General Survey**

Resident appears well groomed and in NAD. Appears stated age. Awake, alert, and oriented.

### **Head Examination**

Head: Normocephalic, atraumatic, and nontender to palpation throughout.

### **Eye Examination**

Eyes: Symmetrical OU. Sclera white, cornea clear, conjunctiva pink, lenses appear clear.

PERRL, EOMs intact

### **Ears:**

**Ears:** Minimal cerumen present but able to fully visualize TMs – pearly white/intact with light reflex in good position. Symmetrical and appropriate in size. No lesions, masses, or trauma on external ears. No discharge/foreign bodies in external auditory canals. Hearing appears adequate for conversation at normal volume.

### **Skin Examination**

Skin: Multiple clean staples, dry gauze dressings covering multiple surgical incision sites on the medial aspect of the right lower extremity.

Surgery.

### **Thorax & Lungs Exam**

Chest: No paradoxical respirations, no accessory muscle use noted.

Lungs: Clear to auscultation, no rales B/L, no wheezing B/L, no rhonchi B/L, and no stridor.

### **Cardiac Exam**

Heart: RRR. S1 and S2 are distinct. No murmurs, no rubs, and no friction rubs appreciated.

### **Abd Exam**

Abd: Symmetric, soft and nondistended. BS are present in all four quadrants. Non-tender to palpation. No masses and no lesions.

### **Peripheral Vascular Exam**

Vascular: Extremities are warm to touch, no BLE edema. Cap refill <2 seconds in upper, and lower extremities. Femoral, dorsalis pedis, and posterior tibial pulses are 2+.

### **Musculoskeletal:**

Limited ROM to right lower extremity, resident can extend, and bend knee. Able to abduct, and adduct right leg, not as fluidly or same speed as left leg. Full ROM of upper extremities and left lower extremity. No soft tissue swelling, erythema, ecchymosis, atrophy, deformities, or crepitus bilaterally in upper and lower extremities.

### **Extend the hip, bend the hip. PT notes.**

### **Neurologic:**

Resident is alert and oriented to person, place, time, has good eye contact. Speech is normal. Resident is cooperative, interactive, and engaging. Resident is cognitively intact with an MMSE score of 30/30.

Right lower extremity 4/5 strength, Lower left extremity 5/5 strength, B/l UE 5/5 strength.

Sensory: Intact to light and sharp touch and vibratory sense in upper and lower extremities.

Reflexes: Deep tendon reflexes are 2+, intact, and symmetric bilaterally on biceps, triceps, patellar, and Achilles

### **Assessment & Plan**

68-year-old Caucasian male with PMHx of HIV (no viral load detected), HTN, and DVT to LLE. Resident is ambulatory with walker, needs assistance with changing clothes, needs shower chair, but able to eat, and groom on his own. Resident is admitted to St. Albans status-post right femoral aneurysm with propatent interposition graft for rehabilitation. The resident feels dull pain 3/10 to right leg when ambulating, but feels he's getting better and stronger, and is attending physical therapy several times a week.

# Physical Therapy s/p right femoral aneurysm

- Resident is improving feels pain in his right leg 3/10, described dull, and only when walking
- Able to abduct, and adduct right leg, not as fluidly or same speed as left leg.
- Continue attending physical therapy and resident notes it is helpful.
- Continue /Acetaminophen 500mg PO as needed for pain
- Resident scheduled for June 23, 2023 follow up with surgeon for removal of staples

#HTN:

- Well controlled, and stable
- Continue taking Amlodipine 2.5 mg daily
- Cardiology yearly follows up

#HIV:

- Well controlled, last viral load on 5/17/23 not detected.
- Resident is taking DARUNAVIR/ GENVOYA

#Smoking cessation:

- Still smoking, and not controlled
- Has been using Nicotine 21MG/24HR Transdermal Patch
- CT scan in May 2022 Impression:
  - o Stable sub centimeter pulmonary nodules, with the largest a 5 mm subpleural nodule within the left lower lobe, and unchanged, and a 4 mm right lower lobe nodule on image
- Will add Bupropion HCL 150MG twice daily and monitor to see if it helps resident.

#DVT Prophylaxis:

- Continue with Dabigatran twice a day
- No pain or intermittent claudication
- Monitor for swelling, calf-tenderness, CP, and SOB

HIV.