

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 73 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Shoulder dislocation

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M25.811 - OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Patient had her right shoulder reduced twice in the last few months because of dislocation. The first time she dislocated her shoulder she had fallen, the second time she dislocated her shoulder she was blow drying her hair. Both times her shoulder was reduced in the ER. Patient states concern that her shoulder will dislocate again. Treatment options were discussed with patient. Plan was made to have patient keep her shoulder immobile in a sling for two weeks, then to start physical therapy. The patient was also prescribed Naprosyn and was educated on stopping use of Naprosyn and following up with healthcare provider for any GI disturbances.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 27 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 5 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Cast removal and follow up**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S52. 60 is not a valid ICD code.

**CPT Billing Codes**

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

27 yo female following up for cast removal. Patient had broken her right wrist skiing about 6 weeks ago. Continued treatment options discussed with patient. Plan of care is to have the patient wear an 8inch splint and work with Occupational Therapy for range of motion exercise and physical therapy for her wrist.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 78 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - Z98.890 - OTHER SPECIFIED POSTPROCEDURAL STATES

## CPT Billing Codes

#1 - 99024 - POSTOPERATIVE FOLLOW-UP VISIT, INCLUDED SURGICAL PACKAGE, E/M PERFORMED

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

78 yo f presented for post op follow up for right total knee arthroscopy. Denies any needs, states pain is under control. Physical therapy ordered. Follow up in 4-6 weeks.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 15 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 15 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Right shoulder pain**Encounter #:** 1**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S46.991 - INJ UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM

**CPT Billing Codes**

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:****Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

15 yo m presents to office for right shoulder pain. Drop can and Jobe's test positive for muscle weakness and biceps tendonitis. Possible SLAP tear. Plan: Naprosyn 500 mg BID for 2 weeks and physical therapy. Return in 2-4 weeks for follow up.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 83 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 15 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 1**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - M16.11 - UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP

**CPT Billing Codes**

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

83 yo f presents for post op follow up for right hip total arthroplasty. Patient also c/o right knee pain. Patient has some weight bearing on the right side. Plan: continue physical therapy and follow up in 4-6 weeks.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 23 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Right shoulder pain

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S49.91 - UNSPECIFIED INJURY OF RIGHT SHOULDER AND UPPER ARM

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

23 yo m injured at work doing defensive tactics training. Patient c/o pain for 1 week. Patient has asymmetric muscle mass; right trapezius is larger than the left in the scapular area. Scapular and thoracic pain noted as well as shoulder pain. Plan: follow up with spine specialist.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 66 years

Race: Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M16.11 - UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

66 yo m presents for follow up for post op right hip replacement. Patient states he is doing well with physical therapy and has been walking 1 mile per day on the treadmill. Patient states he feels great and denies any needs for further pain medication or physical therapy. Plan: follow up in 4-6 weeks.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 71 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M24.151 - OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

71 yo f presents 2 weeks post op after a right hip bursectomy and IT band lengthening. Patient requesting more naprosyn for pain management. Plan: Check creatinine for kidney function, then determine whether to write a naprosyn order. Continue with physical therapy.



## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 26 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 20 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: knee instability

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S83.512 - SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE

## CPT Billing Codes

#1 - 99203 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; LOW LEVEL MED DECISION; 30-44 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

26 yo m presents c/o left knee instability. States he was in a skiing accident. No reports of pain, but states the knee is unstable when he walks. Drawer test positive for ACL instability. Plan: Left knee arthroscopy with ACL repair, possible meniscus repair and debridement.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 74 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 20 minutes**Consult with Preceptor:****Type of Decision-Making:** High complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Right ankle fracture**Encounter #:** 1**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S82.851 - DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG

**CPT Billing Codes**

#1 - 99244 - OFFICE CONSULTATION, 3 KEY COMPONENTS: COMPREHENSIVE HX; COMPREHENSIVE EXAM; MED DECISION MOD COMPLEX

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

74 yo m presents after a visit from the ER for consultation for a right ankle trimalleolar fracture. The fracture is displaced and will need surgical intervention. The patient has multiple co-morbidities. The patient also has fracture blisters noted when we removed the splint to look at the ankle. Consulted with orthopedic surgeon about fracture blisters; surgeon states the incision will not go over the fracture blisters, so an ORIF can be performed. Plan: Open reduction internal fixation of a trimalleolar fracture tomorrow. Labs were drawn in the ER; send to anesthesia for review. Give patient pre-op instructions.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 15 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: left knee pain

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S83.242 - OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

15 yo m presents c/o left knee pain. Patient states he was wrestling with his coach when they heard a loud pop then the patient reports shooting pain in his left knee when he heard the pop. Patient states he hyperextended his knee in 2016 and has had problems since then. The event when he heard the loud pop has made the pain and problems worse with his left knee. Patient has a positive McMurrays test. Plan: MRI to see if the patient has a meniscal tear possible ACL tear.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 15 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 15 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - Z98.890 - OTHER SPECIFIED POSTPROCEDURAL STATES

**CPT Billing Codes**

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

15 yo f presents 5.5 weeks post op distal radius fracture. Cast removed, xray done. Pt to not do any weight bearing on that arm. Refitted with a splint. Plan: physical therapy, no weight bearing to that arm.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 75 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S72.052 - UNSPECIFIED FRACTURE OF HEAD OF LEFT FEMUR

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

75 yo f presents for follow up post op left hip fracture fixation. Patient denies pain in hip, but reports numbness in bilateral lower extremities. Edema and reduced pulses noted in bilateral lower extremities. Patient reports that she is scheduled for vascular surgery at the end of March to fix the numbness and problems in her lower extremities. Patient has home health established to help with physical therapy. Plan: follow up in 4-6 weeks, continue with physical therapy.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 2 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 25 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: left proximal tibia fracture

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S82.102 - UNSPECIFIED FRACTURE OF UPPER END OF LEFT TIBIA

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Parents present with 2yo child with reports of being sent from the ER to get their child's leg cast. The patient has a left proximal tibia fracture that needs to be stabilized in a cast. Patient's leg was stabilized with a long cast with a varus mold to help the patient's leg stay in place so the patient could bear weight on it. Encouraged patient's parents to try to get the patient to not bear weight as much as possible. Plan: follow up in 2-4 weeks for re-xray.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 60 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: right knee pain

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S83.91 - SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

60 yo m present c/o falling on his right knee one month ago. Patient reports pain since then. Plan: MRI of the right knee. Patient has a history of ulcers, educated on stopping naprosyn for any heart burn, abdominal pain, or black stools and following up with primary care provider. Follow up with this office after MRI is done.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 81 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Right shoulder pain**Encounter #:** 2-5**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S43.001 - UNSPECIFIED SUBLUXATION OF RIGHT SHOULDER JOINT

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

81 yo m c/o right should feeling like "it's going to pop out." Patient had a biceps tenotomy and rotator cuff repair in the past. Discussed options of doing an arthroscopy or giving the patient a steroid shot in the shoulder to help with pain and range of motion. Plan: continue physical therapy, follow up for decision on arthroscopy versus steroid shot.



## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 63 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S72.21 - DISPLACED SUBTROCANTERIC FRACTURE OF RIGHT FEMUR

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Patient presents for follow up 6 weeks post op right greater trochanteric hip fracture repair. Patient is getting physical therapy at her apartment through home health. Patient denies any needs. Plan: Continue physical therapy. Follow up in 3 months

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 57 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S43.001 - UNSPECIFIED SUBLUXATION OF RIGHT SHOULDER JOINT

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

57 yo m presents for follow up 6 weeks post op right shoulder rotator cuff repair. Patient reports he is doing well and would like to drive again. Education done on not driving because he will be using that shoulder to turn the steering wheel. Patient will not be able to drive again for another 3 months. Plan: start physical therapy in 2 weeks. Take splint off to do small pendulum exercises for short periods of time. The patient is not to do full range of motion with that arm. Continue naprosyn for pain.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 49 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: right hip pain

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S73.101 - UNSPECIFIED SPRAIN OF RIGHT HIP

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

49 yo f presents with anterolateral to posterior gluteal pain. Patient reports she fell on the ice in the fall and has pain since. Possible hip impingement per FADDIR test. Plan: meloxicam and physical therapy. Follow up in 4-6 weeks.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 81 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S72.22 - DISPLACED SUBTROCANTERIC FRACTURE OF LEFT FEMUR

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

81 yo m presents for follow up for left hip percutaneous pinning and trochanteric fixation for a valgus fracture. Staples were removed. Patient has about 50% weight bearing on that leg. Plan: Physical therapy. Continue to only bear about 50% weight on that leg for 2 more weeks. Patient to follow up in 4-6 weeks.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 32 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S83.512 - SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

32 yo f presents for follow up 2 weeks post op left knee scope and ACL reconstruction. The patient reports left lower extremity numbness and swelling after she has been up and moving around. Patient reports the numbness as superficial, the skin and superficial tissues on the anterior portion just below the knee. Discussed nerve involvement when incisions during surgery were made. Stitches were removed. Plan: continue with physical therapy and follow up in 4-6 weeks.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 72 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: follow up

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - B96.89 - OTH BACTERIAL AGENTS AS THE CAUSE OF DISEASES CLASSD ELSWHR

## CPT Billing Codes

#1 - 99214 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; MODERATE LEVEL MED DECISION; 30-39 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

72 yo male presents for follow up for post op washout right septic total knee joint. The patient is currently being managed by an infection specialist through the hospital. Patient has multiple co-morbidities and got osteomyelitis in his right great toe that was amputated. Afterwards he got an infection in his right knee where he has hardware for a total knee replacement present. Knee does not have any redness, heat, or swelling. Steri strips are intact. Plan: follow up in 2 weeks for steri strip removal. Continue to follow management by infection control physician.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 51 years**Race:** American Indian or Alaskan Native**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S46.292 - INJ MUSCLE, FASCIA AND TENDON OF OTH PRT BICEPS, LEFT ARM

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

51 yo m presents for follow up post op distal biceps tendon repair 2 weeks ago. Plan: keep arm in splint, no lifting, baby aspirin for 2 weeks. Physical therapy in two weeks. Progress elbow angle slowly; first week keep elbow 90 degrees, the next week progress to 70 degrees, the next week 40 degrees, the next week 10 degrees.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 61 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S52.034 - NONDISP FX OF OLECRAN PRO W INTARTIC EXTENSION OF RIGHT ULNA

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Patient presents for follow up 6 weeks post op for ORIF of the right olecranon. Patient's right hand and forearm are swollen and red. Patient also reports shortness of breath on exertion. Plan: Patient is to go to the ER for a right lower arm ultrasound and chest xray.



**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 59 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S42.031 - DISPLACED FRACTURE OF LATERAL END OF RIGHT CLAVICLE

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:****Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

59 yo m presents 2 weeks post op right distal clavicle repair. Plan: use the sling for 4 more weeks, in one week start pendulum exercises, then physical therapy and follow up in the office in 4 weeks.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 14 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** left knee pain**Encounter #:** 1**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S83.207 - UNSP TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, LEFT KNEE

**CPT Billing Codes**

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

14 yo m presents c/o left knee pain. Patient states he was wrestling and felt a pop then shooting pain about a week ago. The patient reports he has shooting pain up his thigh with lifting. Patient has a positive McMurrays test and medial left knee pain along the medial meniscus area. Plan: MRI then further evaluation and treatment.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 65 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - M17.12 - UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

65 yo f presents for follow up after left total knee arthroplasty 3 months ago. Patient states she is doing well and denies any needs. Plan: Follow up for any concerns. Amoxicillin will be called in for prophylaxis; the patient plans on having her teeth cleaned.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 63 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: left knee pain

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M17.12 - UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

63 yo f presents to the clinic requesting a left knee arthroplasty. The patient's BMI is 44.6, surgery is contraindicated above a BMI of 40. Education done on risks of infection if arthroplasty is done. Patient then requested an injection to help with pain so she can walk more and lose additional weight. Synovisc medication ordered for injection. Plan: patient will come back into the clinic to get a Synovisc injection and continue weight management plan.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 28 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 5 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S83.512 - SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

28 yo f presents to the clinic post op from left ACL and meniscal repair. Patient had an ultrasound of the lower extremity which ruled out a DVT.  
Plan: One more day in the brace, then no brace. Continue physical therapy.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 72 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - B99.8 - OTHER INFECTIOUS DISEASE

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

72 yo m presents to the clinic for follow up appointment for a septic total knee hardware. The patient had had an infection on his leg that went into the knee hardware and the patient had become septic. The patient was taken to the operating room and the hardware was irrigated and debrided. The patient is being followed by the infection specialist physician and has been getting antibiotics through her. Knee does not appear to be currently infected; incision is approximated, no heat or redness noted. Plan: continue care with infection specialist, flexeril for pain to take before physical therapy sessions. Naprosyn for pain. Follow up in 3 months.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 76 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 5 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S42.391 - OTHER FRACTURE OF SHAFT OF RIGHT HUMERUS

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

76 yo m presents for follow up after ORIF of a right humerus fracture 7 months ago. Patient states he is doing well. Plan: continue physical therapy.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 62 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S42.251 - DISPLACED FRACTURE OF GREATER TUBEROSITY OF RIGHT HUMERUS

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

62 yo f presents for a follow up after having a right proximal humerus fracture of the greater tuberosity. The fracture was less than 5 mm displaced. Plan 8-12 weeks holding off active abduction; 6 weeks keeping the arm in the sling, then pendulum exercises. Physical therapy in 8-12 weeks.



## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 14 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M67.969 - UNSP DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED LOWER LEG

## CPT Billing Codes

#1 - 99213 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; LOW LEVEL MED DECISION; 20-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

14 yo m presents to office for follow up after bilateral arthroscopic medial tendon patella dislocation repairs done. Patient's mother expresses concern for patient's urine. Patient's mother took a picture of the patient's urine-it's dark tea colored urine. The patient has been taking Naprosyn. Plan: Go to lab and get a urinalysis done and blood drawn for kidney function. Start weight bearing with braces on, no weight bearing without leg braces. May do passive range of motion to 90 degrees with braces. Physical therapy. Don't take any more Naprosyn until kidney function results are reviewed.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 53 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S46.092 - INJ MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:****Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

53 yo m presents to the clinic for left shoulder arthroscopic tendon repair and superior capsular reconstruction. Plan: sling with abduction for 6 more weeks. Physical therapy.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 47 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S83.201 - BUCKET-HNDL TEAR OF UNSP MENISCUS, CURRENT INJURY, LEFT KNEE

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

47 yo m presents for follow up post left knee arthroscopy. Patient states he's doing well. Plan: physical therapy and continue taking baby aspirin.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 36 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S82.101 - UNSPECIFIED FRACTURE OF UPPER END OF RIGHT TIBIA

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

36 yo f presents for follow up after a right tibia fracture fixation with an intramedullary nail. Patient reports she still has a lot of pain. Plan: Start meloxicam for pain management and continue with physical therapy.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 62 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: right knee pain

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M17.11 - UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Patient presents for follow up after a Gensyn injection was done in her right knee. Patient states the injection worked well and wants to continue to work on going up and down stairs. Patient states she is starting to have pain again and is wondering about pain management between injections. Plan: Start meloxicam and continue to work with PT

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 68 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: follow up

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S81.002 - UNSPECIFIED OPEN WOUND, LEFT KNEE

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

68 yo f presents for follow up. Patient had a tibia plateau fracture fixation on 8/29/19, then developed a pressure sore over the hardware in the tibia. The patient has been being followed by the wound clinic. Plan: continue with the wound clinic and physical therapy

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 23 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** right knee pain**Encounter #:** 1**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - M62.9 - DISORDER OF MUSCLE, UNSPECIFIED

**CPT Billing Codes**

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

23 yo m presents to the clinic reporting right knee popping and pain. Patient is positive for patella femoral pain syndrome. Plan: Meloxicam and physical therapy to build up muscle in the legs for muscle imbalance

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 65 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 5 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S46.002 - UNSP INJURY OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

65 yo m presents to the clinic 3 months post shoulder arthroscopy for large rotator cuff repair. Patient states he is doing well. Plan: continue with PT



**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 79 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - M67.852 - OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT HIP

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

79 yo m presents 8 days post op from left hip bursectomy and IT lengthening procedure. Patient states he is doing well. Incision is approximated. Staples removed. Plan: Start working with PT. Follow up in 4-6 weeks

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 79 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Post op visit**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - S72.002 - FRACTURE OF UNSPECIFIED PART OF NECK OF LEFT FEMUR

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

79 yo f presents for follow up after getting a left hip hemiarthroplasty. Procedure was from anterior approach, so no hip precautions necessary. Plan: Continue PT/OT in facility that she is living in, then outpatient PT when she goes home from facility in one week. Use ted hose for VTE prophylaxis.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** MITTON, Tanner**Clinical Site:** Idaho Sports & Spine**Setting Type:****Patient Demographics****Age:** 87 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 60 minutes**Consult with Preceptor:****Type of Decision-Making:** Low complexity**Student Participation:** Observation only**Reason for Visit:** Scheduled Procedure**Chief Complaint:** epidural - lumbar**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - M48.8X6 - OTHER SPECIFIED SPONDYLOPATHIES, LUMBAR REGION

**CPT Billing Codes**

#1 - 22899 - UNLISTED PROC, SPINE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

Patient presents for a scheduled epidural of the lumbar. Procedure done with fluoro 1% lidocaine and dexamethasone used. Patient tolerated procedure well. Plan: follow up for any concerns.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: MITTON, Tanner

Clinical Site: Idaho Sports &amp; Spine

Setting Type:

## Patient Demographics

Age: 71 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 60 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Scheduled Procedure

Chief Complaint: Cervical spine ablation

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M46.92 - UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION

## CPT Billing Codes

#1 - 22899 - UNLISTED PROC, SPINE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

71 yo f presents for scheduled cervical ablation C4-C6. Procedure done under fluoro. Lidocaine used for numbing and patient underwent conscious sedation for procedure. Patient tolerated procedure well. Plan: follow up for any concerns

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 64 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 20 minutes**Consult with Preceptor:****Type of Decision-Making:** Moderate complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** blood in urine**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - N32.89 - OTHER SPECIFIED DISORDERS OF BLADDER

**CPT Billing Codes**

#1 - 52000 - CYSTOURETHROSCOPY (SEP PROC)

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

Cystoscopy done in office. Pt has a hx of bladder cancer. Pt reporting blood in the urine. Questionable area/tissue noted on cystoscopy. Schedule bladder biopsy to be done in the operating room. No medications prescribed/pt denied pain or need for any medications.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 40 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: New Consult

Chief Complaint: flank pain/blood in urine

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.1 - CALCULUS OF URETER

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - Other urology

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

40 yo male presents to the office after being referred by the Emergency Room for right kidney stone in the right ureter that is causing pain and blood in the urine. Patient's history was taken and orders were written for the patient to be treated in the Operating room for cystoscopy, right ureteral stone extraction and stent placement. Antibiotic order for 2 g cefazolin on call to OR.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 55 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Post op visit

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 5

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

Complexity/demands of treatment

## Other Questions About This Case

## Clinical Notes

Pt presents for post op visit after TURP. The patient states he is doing well, reports he had minor post void dribbling at first but is subsiding. Pt reports he is taking his metformin and gabapentin and has been monitoring his blood sugars. States that his blood sugars are in the 180's which is better than what his levels had been. Pt reports he is still seeing the vascular surgeon and is scheduled to have surgery on his left leg next month. Pt's left lower leg is markedly larger than his right lower leg. The pt has a history of VTE in the left leg and a hx of venous insufficiency. Education was done on diabetes and urinary health as well as overall health.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 65 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Moderate complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** urinary incontinence**Encounter #:** 1**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - G96.9 - DISORDER OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED

**CPT Billing Codes**

#1 - 99242 - OFFICE CONSULTATION, 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAND PROB FOCUS EXAM;STRTFWD MED DECISN

**Medications**

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:**

Cardiology - ACE inhibitors

Urology - Antispasmodic, urinary

**Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

Pt reports to the clinic requesting help with urinary incontinence treatment. Pt states that she was prescribed oxybutynin for urinary incontinence after she had her stroke (stroke in 2007), which helps, but she is still having a lot of problems with urinary incontinence. The patient also reports a rash from the incontinence which she also wants help for. Physical therapy ordered for exercises to help with strengthening muscles to help prevent urinary incontinence. Education done on keeping a diary of urine and bowel incontinence, water intake, and any other new or associated symptoms. A follow up appointment will be made to review the diary. Education done on continuing the oxybutynin. A prescription for metronidazole powder for rash and education on treatment was done.



**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 83 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 20 minutes**Consult with Preceptor:****Type of Decision-Making:** Moderate complexity**Student Participation:** Observation only**Reason for Visit:** Episodic**Chief Complaint:** Difficulty voiding/urinary retention**Encounter #:** 6-10**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

**CPT Billing Codes**

#1 - 53899 - UNLISTED PROC, URINARY SYSTEM

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

Pt presents to the clinic reporting difficulty urinating. Pt had a TURP 7 years ago and has not had problems with urination until recently. Cystoscopy done in office. Stricture noted in the prostate area. Pt to have the stricture treated in the operating room. Patient scheduled for surgery next week.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 44 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Episodic

Chief Complaint: testicular pain

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N44.8 - OTHER NONINFLAMMATORY DISORDERS OF THE TESTIS

## CPT Billing Codes

#1 - 99242 - OFFICE CONSULTATION, 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAND PROB FOCUS EXAM;STRTFWD MED DECISN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

44 yo male presents to the office reporting low back pain and testicular pain. Pt states he went to his primary provider who screened him for an inguinal hernia and is negative for any hernias. Pt reports he has a high stress job which can sometimes be physical which was partially why he thought it could be an inguinal hernia. Physical examination done. Patient is diagnosed with small varicocele. Physical therapy ordered for pelvic floor relaxation and strengthening.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 54 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 20 minutes**Consult with Preceptor:****Type of Decision-Making:** Moderate complexity**Student Participation:** Observation only**Reason for Visit:** Initial Visit**Chief Complaint:** Difficulty voiding/urinary retention**Encounter #:** 1**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

**CPT Billing Codes**

#1 - 52000 - CYSTOURETHROSCOPY (SEP PROC)

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

Pt presents to the clinic reporting difficulty and frequency in urination. Cystoscopy done in office. Pt has a high bladder neck which is consistent with BPH. Pt scheduled to have a TURP in the OR in the coming weeks.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 45 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: New Consult

Chief Complaint: blood in urine

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.0 - CALCULUS OF KIDNEY

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Analgesic/Antipyretic - NSAIDS

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Pt presents to the clinic reporting blood in his urine. Pt reports back and flank pain. Stone on x-ray noted in the kidney, not in the ureter. Pain is unlikely from the stone where the stone is sitting in the kidney and not blocking urine flow. Stone still should be removed. Pt scheduled for stone removal in the operating room in the coming weeks. Ibuprofen ordered for pain. The patient has no allergies.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 80 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 20 minutes**Consult with Preceptor:****Type of Decision-Making:** Moderate complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** follow up**Encounter #:** 6-10**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - C67.1 - MALIGNANT NEOPLASM OF DOME OF BLADDER

**CPT Billing Codes**

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

**Medications**

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:**

GI Agents - Laxatives

Urology - Antispasmodic, urinary

**Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

Pt presents to the clinic for a follow up after resolution and treatment of bladder cancer. Cystoscopy done in clinic showing a lot of sediment in the urine indicating incomplete emptying of the bladder. Education done on drinking plenty of water and giving additional time to empty bladder when urinating. Continue myrbetriq and miralax as directed by the PCP. Dose of myrbetriq will not be increased due to patients age. Follow up in the clinic in one month.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 57 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 20 minutes

Consult with Preceptor:

Type of Decision-Making: High complexity

Student Participation: Observation only

Reason for Visit: Initial Visit

Chief Complaint: mass found on CT scan

Encounter #: 1

Type of HP: Detailed

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - C64.2 - MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS

## CPT Billing Codes

#1 - 99204 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; MODERATE LEVEL MED DECISION; 45-59 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

57 yo male reports to the clinic on referral from the Emergency Room after a chest and abdominal CT scan. The patient fell and broke his ribs. While he was getting imaging after his fall, it was discovered that he has a 3.5 cm mass in his left kidney. The mass in his kidney absorbed the dye that had been injected for the CT scan which indicates a malignant process. The patient was educated on different treatments and possibilities. The patient will be scheduled to have his kidney surgically removed in the upcoming weeks. The kidney and mass will be sent to pathology after removal for confirmation of malignancy. The patient was educated on the ability to live with one kidney.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 32 years

Race: Hispanic

Gender: Male

Insurance: No response

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Testicular pain

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N47.1 - PHIMOSIS

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

S: Left testicular pain that radiates through his groin. He states he cannot retract the foreskin of his penis and when he urinates, some of the urine collects and bulges the skin at the end of his penis. He saw his primary care provider for this issue 2 weeks ago who gave him a Z-pack for infection. The patient took the full regimen with no relief.

O: Inability to retract the penis. Erythema and mild swelling noted of the glans. The testicles are smooth and oval with no abnormalities noted.

A: Phimosis

P: Schedule for surgery. The patient was offered and educated on two different surgeries to correct the phimosis. The patient elected for a circumcision. Surgery is scheduled for next week.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 69 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Yearly follow up**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - Q63.1 - LOBULATED, FUSED AND HORSESHOE KIDNEY

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

S: Here for a regularly scheduled visit. Had gone to the ER last september when she was told she had a small kidney stone in the right ureter. She still has some pain with movement but is not sure if it is musculoskeletal in origin.

O: Renal fusion (horseshoe kidney) on CT imaging from last september. 3 mm stone noted in right ureter on imaging from last september.

A: Horseshoe kidney.

P: Continue to monitor for s/s of infection. Come to the clinic if suspect infection or pain increases in right flank.



**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 76 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** follow up**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - z48.816 - ENCOUNTER FOR SURGICAL AFTER FOLLOWING SURGERY ON THE GU SYS

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

Follow up post op TURP last week. Patient states he's doing well. Still a little bit of blood when he urinates occasionally. Follow up in one month.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 90+ years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Recurrent UTIs

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

93 yo M presents after seeing his nephrologist on clarification for amount of times to self catheterize. The patient has a history of recurrent UTIs and kidney stones. The patient has difficulty emptying his bladder, but states that after he empties his bladder and then self cath, he is able to get about 150 cc of urine out of his bladder by self cathing. He used to self cath only once at night before bed, but his nephrologist said to increase self cathing to four times daily. He wants clarification because self cathing is an interference in his life and he is only able to get about 150 cc out each time and wonders if it is necessary to continue four times per day. Plan: decrease self cathing to once a day at night before bed. Follow up in 2 weeks or sooner if residual urine after urinating increases, feeling of discomfort from a full bladder, or if signs of UTI. Keep a log of residual urine each night and any symptoms that he may experience.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 51 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** UTI**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

51 yo F seen via telehealth for a UTI. Pt states she is still symptomatic after being put on Bactrim for the UTI. Pt has no allergies. Pt reports blood in the urine, fever, and chills. Urinalysis that was done at a local lab showed sensitivity to Bactrim, but also showed sensitivity to augmentin. Change antibiotic to augmentin, 500 mg/125 mg PO BID x 7 days. Do a 24 urinalysis at home and follow up in one month.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 46 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 15 minutes**Consult with Preceptor:****Type of Decision-Making:** Low complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Erectile dysfunction**Encounter #:** 1**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - N52.9 - MALE ERECTILE DYSFUNCTION, UNSPECIFIED

**CPT Billing Codes**

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 2

# New/Refilled Prescriptions This Visit: 1

**Types of New/Refilled Prescriptions This Visit:**

Cardiology - ACE inhibitors

Endocrinology - Oral glucose lowering agents

**Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

46 yo M presents to the clinic reporting difficulty maintaining an erection. He was diagnosed with type 2 diabetes a little over a year ago and has lost 80 pounds to manage his diabetes, but has continued to have difficulties with erectile dysfunction. His problems with ED have continued to put a strain on his marriage and he wants something that will help him manage his ED. Cialis 12 mg daily prescribed to help with ED. Follow up in 2 weeks, please bring wife to appointment for counseling and education on ED and nonpharmacological options to aid with pharmacological treatment for ED.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 74 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: follow up

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - BPH

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

74 yo M presents for follow up after starting doxazosin for BPH. Pt states he has had an increase in symptoms with frequency and nocturia, but wants to still try medication. Pt's urine is cloudy, but negative for UTI. Increase doxazosin dosage to 4 mg PO daily, follow up in one month or sooner if symptoms of UTI.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 62 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Recurrent UTIs

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Infectious Diseases - Cephalosporins

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

62 yo F presents for follow up after taking cephalexin 500 mg QID for UTI. Patient states she is doing well. Patient's urine is negative for UTI, but states she gets UTIs chronically. Recommend chronic UTI suppression therapy. Keflex 250 mg @ noc for suppression therapy for 6 months. Follow up in one month and then in 6 months. Patient is allergic to codeine and Toradol.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 56 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 20 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: High complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Right testicular cancer

Encounter #: 2-5

Type of HP: Comprehensive

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - c62.90 - MALIG NEOPLASM OF UNSP TESTIS, UNSP DESCENDED OR UNDESCENDED

## CPT Billing Codes

#1 - 99215 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; HIGH LEVEL MED DECISION; 40-54 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

56 yo M presents for preop for radical right orchiectomy today for right testicular cancer. The patient's PSA is 0.95 and LDH is 356 u/l (range 100-190 u/l). On physical exam his right testis is firm and lumpy. Scrotal ultrasound showed the right testis measuring 3.6x1.9x2.7 and the left testis measured 3.7x2.0x2.5. Scrotal ultrasound also showed a hypoechoic slightly ill defined mass with internal calcifications and increased blood flow and vascularity. Patient has consented to undergo radical right orchiectomy in the Operating Room to remove the right testicle. The testicle will be sent to pathology for tissue examination.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 66 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Follow up

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Infectious Diseases - Cephalosporins

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

66 yo F televideo conference for follow up after recurrent UTI therapy. Patient is on 6 month suppression therapy of 250 mg Keflex PO q noc. Patient was also educated on behavioral therapy to assist in prevention of UTIs. Patient is doing well and wants to continue suppression therapy.



## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 66 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Bladder pressure

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - R30.9 - PAINFUL MICTURITION, UNSPECIFIED

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - Antispasmodic, urinary

Urology - BPH

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

66 yo m presents reporting a hx of foley catheter placement during a procedure. After his hospitalization from the procedure, he developed a severe urinary infection. He was hospitalized for 4 days while on IV antibiotics for the infection. Today he is reporting bladder pressure when he urinates. His urine is negative for infection. Plan: Continue tamsulosin for BPH and add oxybutinin 10 mg daily PO for bladder spasms. Follow up in 1 month.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 76 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Scrotal pain

Encounter #: 1

Type of HP: Detailed

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - I86.1 - SCROTAL VARICES

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Pt presents reporting he was treated for a UTI 2 weeks ago and is still having symptoms of scrotal pain. Pt is concerned he still has an infection. He finished his antibiotics several days ago. The patient states the pain is worsening and he thought he felt a hard bump in his left testicle. PE revealed a hard left epididymal cord and a right varicocele. Urine is clear with no WBC indicating no current infection. Schedule a bilateral testicular ultrasound. Return tomorrow in the clinic for US results.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 23 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor: 15 minutes

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: suprapubic catheter change

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - C49.9 - MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSP

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

The patient presents today for a larger French suprapubic catheter placement change. Currently she has a 14 fr catheter in place, but wants a larger fr catheter so it will drain more efficiently. The patient has rhabdomyosarcoma that they discovered and is being treated with radiation for a tumor by the right Bartholin gland so it can be reduced and she can have the tumor removed. In the meantime, she had to have a suprapubic catheter placed so she can empty her bladder. Her 14 Fr foley catheter was removed and we placed a 16 fr catheter. The site does not have any erythema or purulent drainage. Follow up for any concerns.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 71 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Foley removal

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N35.9 - URETHRAL STRICTURE, UNSPECIFIED

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

71 yo M presents to the clinic to have his foley catheter removed. He underwent a urethral dilation 6 weeks prior. 150 cc of water was injected into his bladder prior to cath removal, he was able to urinate 40cc after removal. Education on the desire for him to urinate more of the 150 cc of water that was injected was done. The patient still wants to not have another catheter placed and wants to see how he does without the foley catheter. Follow up in the morning for a bladder scan.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 76 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: follow up

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N45.2 - ORCHITIS

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

76 yo m presents for follow up post testicular ultrasound. Pt reporting pain in the left testicle. Testicular ultrasound shows increased blood flow in the left testicle indicating inflammation and probable infection. Plan: Augmentin 875/125 PO BID x 7 days. Follow up in one month or sooner if symptoms return.

**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 72 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Follow up**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - z48.816 - ENCOUNTER FOR SURGICAL AFTER FOLLOWING SURGERY ON THE GU SYS

**CPT Billing Codes**

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

**Medications**

# OTC Drugs taken regularly: 3

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:**

Urology - BPH

Urology - Other urology

**Adherence Issues with Medications:****Other Questions About This Case****Clinical Notes**

72 yo M present for follow up for post-op TURP. Pt states he's doing well. DC terazosin with approval from primary care provider in case it's not being used for hypertension. Patient states he doesn't have hypertension, and doesn't think that's why he was taking it. Pt will still ask primary care provider. DC finasteride and tamsulosin. Education done on how the prostate tissue was removed and therefore, those medications are no longer needed to treat his prostate symptoms.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 42 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 5 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Follow up

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.1 - CALCULUS OF URETER

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - Other urology

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

42 yo F following up after a CT scan in the ER. Pt passed the stones and states he no longer has the flank pain that she had. DC tamsulosin and ordered renal ultrasound. Will call patient with ultrasound results.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 57 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Scrotal swelling

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N43.3 - HYDROCELE, UNSPECIFIED

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

57 yo M who presents w reports of scrotal swelling. Scrotal ultrasound shows significant fluid volume around bilateral testes. There are septal walls within the fluid accumulation indicating cyst-like fluid collection. Patient scheduled for hydrocelectomy to prevent likely exacerbations of hydrocele. Patient educated on hydrocele.



**Student Information - Combs, Elizabeth****Semester:** Spring**Course:** NURS6611L: Advanced Health Assessment Lab**Preceptor:** Smedley, Elizabeth**Clinical Site:** Portneuf Medical Center**Setting Type:****Patient Demographics****Age:** 63 years**Race:** White, Non Hispanic**Gender:** Female**Insurance:** Medicare**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Low complexity**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** Follow up**Encounter #:** 2-5**Type of HP:** Expanded Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - z48.810 - ENCNT FOR SURGICAL AFTCR FOL SURGERY ON THE SENSE ORGANS

**CPT Billing Codes**

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

**Medications**

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:**Other Questions About This Case****Clinical Notes**

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 63 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Chronic UTIs and kidney stones

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - S37.00 - UNSPECIFIED INJURY OF KIDNEY

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Infectious Diseases - Macrolides

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

Patient presents for a refill on her nitrofurantoin for chronic UTIs and post op for kidney stone removal. Her left kidney function is 13% and her right kidney function is 87% after stone removal from the right ureter. There are still kidney stones in her left kidney, however, the left kidney seems to no longer have function due to prior kidney stones. The patient still would like the kidney stones removed from the left kidney due to chronic UTIs. The patient states that prior to having her right kidney stone removal, she had stone removals and that pathology labeled the stones as struvite stones, which she believes may be contributing to her chronic UTIs. We will consult with the Urology Surgeon to see if we can add her to the surgery schedule to have her left kidney stones removed. Refill on nitrofurantoin also called in to her pharmacy.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 68 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: follow up PSA results

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - C61 - MALIGNANT NEOPLASM OF PROSTATE

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - Antispasmodic, urinary

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

68 yo M following up for PSA results after a radical prostatectomy. PSA undetectable. The patient is on oxybutinin but is still having problems with urgency and dribbling during the day. The patient has done physical therapy in the past and has not been doing his exercises for bladder training, but will start doing his bladder training exercises again. He also would like to increase his dose of oxybutinin. Oxybutinin dose increased from 10 mg/day to 15 mg/day.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 42 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: kidney stones

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.0 - CALCULUS OF KIDNEY

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

42 yo M presents to discuss kidney stones. He had a CT in the ER and was referred to the clinic. He was able to pass the kidney stone and brought it into the clinic. The stone will be sent to pathology to determine stone type. Diet and hydration discussed concerning kidney stones. Will follow up with patient after pathology results on stone type to discuss additional treatment and prevention depending on stone type.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Powers Medical Clinic

Setting Type:

## Patient Demographics

Age: 71 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Nocturia

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - R35.1 - NOCTURIA

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 5

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

Cardiology - Angiotensin II receptor blockers

Cardiology - Antilipids

Cardiology - ß-Adrenergic blockers

Cardiology - Thrombolytics/ Anticoagulants/ Blood modifiers

Urology - BPH

## Other Questions About This Case

## Clinical Notes

71 yo M that was referred from the VA hospital for nocturia. His primary physician has had him on Finasteride for 2 years for his prostate, but he continues to have symptoms. He reports today asking for something that will help him prevent the nocturia so he can sleep. He states he has taken a medication for BPH in the past that made him dizzy and he worries about passing out. Options were discussed, the patient would like to move forward with starting Tamsulosin. He is aware that Tamsulosin can cause dizziness and states he will stop taking it if he experiences dizziness. He also reports that he will monitor his blood pressure. Follow up in one month or sooner if problems with the medication.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 59 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Hematuria

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - R31.9 - HEMATURIA, UNSPECIFIED

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Hematology/Oncology - Chemotherapy PO

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

59 yo F presents who was referred by the Cancer center for hematuria. The patient is on estrogen blocker therapy. She is post double mastectomy for breast cancer and is being treated with radiation and the oral estrogen blocker therapy and wonders if the hematuria is related to that. The patient does have a history of a UTI, but her urinalysis shows no signs of infection, but shows blood. CT scan ordered to rule out kidney stones or other reasons for blood in urine.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 86 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Chronic UTIs

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N39.0 - URINARY TRACT INFECTION, SITE NOT SPECIFIED

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 4

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Cardiology - ACE inhibitors

Cardiology - Antilipids

Infectious Diseases - Cephalosporins

Urology - Antispasmodic, urinary

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

86 yo F presents for treatment of chronic UTIs. She states she started a new medication last month that has been causing constipation which seems to be when her UTIs started back up. Education was done on effects that postmenopausal changes, drinking plenty of fluids, and preventing constipation has on causing UTIs. The patient also states that the ciprofloxacin doesn't seem to be relieving her urinary symptoms and would like a different antibiotic. Cephalexin ordered to treat infection, then chronic cephalexin therapy 250 mg PO at night for 1 month, then follow up and bring in another urine for urinalysis.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 42 years

Race: White, Non Hispanic

Gender: Female

Insurance: Private insurance

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Nocturia

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - R35.1 - NOCTURIA

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 2

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Psychiatric - Antipsychotics

Urology - Antispasmodic, urinary

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

42 yo F reports stating that she has been having nocturia that has been inhibiting her ability to sleep. The patient's urine was tested and is negative for infection and blood. The patient is on Myrbetriq 50 mg in the am each day. Increase dose of Myrbetriq to 50 mg in the am and then 25 mg in the pm to help with symptoms. Follow up in one month.



## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 76 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: kidney stones

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.1 - CALCULUS OF URETER

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

76 yo M presents for discussion of ureteral stone treatment. The patient has a history of kidney stones, but usually passes them. The ureteral stone currently in the left ureter is measured at 7 mm on CT scan and will likely not pass on it's own. Treatment by using a scope and retrieving the stone while the patient is under anesthesia was discussed with the patient. The patient also has a right upper pole kidney mass that is difficult to differentiate on CT due to no dye used for CT. The patient's creatinine is high. Two weeks after the stone retrieval, recheck creatinine, then CT scan with dye. Reassess right upper pole kidney mass at that time.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 24 years

Race: White, Non Hispanic

Gender: Female

Insurance: Private insurance

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: ureteral stone

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N20.1 - CALCULUS OF URETER

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

24 yo F presents for discussion of ureteral stone treatment. The patient had gone to the ER two days prior where they found a 5 mm renal stone in her right proximal ureter. The patient had hematuria, flank pain, and nausea. The patient states she is still having pain, but the nausea and hematuria has lessened. The patient was given percocet and zofran in the ER that she has been using which helps. She has also been taking ibuprofen as needed. Options were discussed. The patient would like to wait two weeks to see if she can pass the stone. If unable to pass the stone or if symptoms increase again, she wants to opt for a cystoscopy right ureteroscopy with laser lithotripsy and ureteral stent placement. Dietary and hydration instructions were given along with surgery instructions.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 65 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: swollen testicle

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N43.3 - HYDROCELE, UNSPECIFIED

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

65 yo M presents with a swollen left testicle. On physical exam left testicle is swollen and firm. No erythema or heat noted. Testicular ultrasound ordered. The patient will follow up later in the week after ultrasound results.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 68 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 20 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: BPH

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

## CPT Billing Codes

#1 - 99213 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; LOW LEVEL MED DECISION; 20-29 MIN

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - BPH

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

68 yo M presents to discuss further treatment for his BPH. The patient had planned to undergo a TURP, but decided he wanted to discuss the Rezume procedure further before deciding which procedure he will undergo to treat his BPH. The patient was given a video to watch regarding the Rezume procedure. The procedure was discussed with the patient, the risks and the benefits of both procedures were discussed with the patient. The patient decided to go with the Rezume procedure and plans on scheduling the procedure after his work slows down in the middle of June.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 62 years

Race: White, Non Hispanic

Gender: Female

Insurance: Medicaid

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: urinary retention

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - R33.9 - RETENTION OF URINE, UNSPECIFIED

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 3

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Neurology - Other neurological agents

Rheumatology - Other

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

62 yo F with MS presents for urinary retention. The patient had an intestinal obstruction and underwent a surgical bowel resection and colostomy procedure. A foley catheter had been placed for the procedure and discontinued several days after the procedure. The patient then did not pass any urine and could not pass any urine and therefore, went to the ER. Education done on time it can take for the bladder to start working again normally after surgery and after having a foley catheter. The patient states that she has been passing urine a little bit better today. Post void ultrasound was done, the ultrasound showed 45 cc left in the bladder after voiding. Education done on following up if difficulties in passing urine again.

## Student Information - Combs, Elizabeth

Semester: Spring

Course: NURS6611L: Advanced Health Assessment Lab

Preceptor: Smedley, Elizabeth

Clinical Site: Portneuf Medical Center

Setting Type:

## Patient Demographics

Age: 68 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: Other

## Clinical Information

Time with Patient: 20 minutes

Consult with Preceptor:

Type of Decision-Making: Moderate complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Urinary frequency

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - N40.1 - BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMP

## CPT Billing Codes

#1 - 52000 - CYSTOURETHROSCOPY (SEP PROC)

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Urology - BPH

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

The patient presents for a scheduled cystoscopy. The patient states he has been passing large urethral stones and has been having urinary frequency. He is on BPH medication, but is still having frequency. Cystoscopy revealed urethral stones in the urethra as well as in the base of the bladder. The urine has a lot of sediment in it. The prostate was difficult to pass with the cystoscope due to the size of the prostate. Two procedures available were explained to the patient to treat his BPH, TURP and Rezume. The patient elected to think about which procedure would be best. The patient will call back and schedule a follow up appointment when he decides which procedure to undergo. Pamphlets and additional information was given to the patient about the procedures. The patient was encouraged to call the office with any questions.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Family Medicine (Pocatello)

Setting Type:

## Patient Demographics

Age: 73 years

Race: White, Non Hispanic

Gender: Male

Insurance: Medicare

Referral: No referral

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Episodic

Chief Complaint: Hand pain bilateral

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M19.049 - PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 5

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Cardiology - ACE inhibitors

Endocrinology - Oral glucose lowering agents

Neurology - Analeptics

Pulmonary - Å2-agonist

Pulmonary - Steroid inhalers

Pulmonary - Long Acting Å2-agonist

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

73 yo male reporting pain and "locking up" in his hands. The patient has deformation of his left index finger. Pt

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Family Medicine (Pocatello)

Setting Type:

## Patient Demographics

Age: 18 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: No referral

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Depression

Encounter #: 2-5

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - F41.1 - GENERALIZED ANXIETY DISORDER

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Gynecology - Oral contraception

Psychiatric - Antidepressants

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

18 yo following up after starting Celexa for depression. Previous GAD score of 8 and PHQ-9 of 14. Today her GAD score is 5 and PHQ-9 score is 7. The patient states she is doing better; it's easier to get out of bed in the mornings and is more motivated to go do some things. Celexa was called in to be refilled and education done on remaining on the Celexa until May of next year to re-evaluate. The patient has no known drug allergies.



## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial Family Medicine

Setting Type:

## Patient Demographics

Age: 29 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: weight loss

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - E63.8 - OTHER SPECIFIED NUTRITIONAL DEFICIENCIES

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Pulmonary - ß2-agonist

Miscellaneous - Not covered elsewhere

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

29 yo female presents for one month follow up after starting phentramine for weight loss. The patient has lost 13 pound since starting the phentramine. The patient is exercising 3 plus days a week with her friends to prepare for a wedding. The patient has no other complaints and states that she is happy with the results. Phentramine will be refilled and we will re-evaluate when the patient is no longer having weight loss with the medication and exercise. The patient is allergic to Keflex.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial Family Medicine

Setting Type:

## Patient Demographics

Age: 63 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: DM follow up

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 6

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Cardiology - ACE inhibitors

Cardiology - Antilipids

Cardiology - Calcium channel blockers

Endocrinology - Insulin

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

63 yo m presents for a DM follow up.

S: Dexcom has been showing low blood sugars throughout the day. He tried to re-calibrate it, so he thought it was working correctly. He's been taking his Lantus in the mornings but hasn't been taking his novalog except for when he eats big meals. Not exercising as much as he says he should.

O: No distress. HgA1C 8.5 today, up from 8.0.

A: Dexcom not working correctly. Hyperglycemia.

P: Diabetes education referral for help calibrating dexcom. Increase Lantus in the mornings from 43 units to 45 units. Continue with diet and exercise. Schedule eye exam; he is due.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Family Medicine (Pocatello)

Setting Type:

## Patient Demographics

Age: 35 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Right wrist pain

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - W19 - UNSPECIFIED FALL

## CPT Billing Codes

#1 - 99312 is not a valid CPT code.

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 6

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Cardiology - ACE inhibitors

Cardiology - Antilipids

Endocrinology - Oral glucose lowering agents

Psychiatric - Antidepressants

Psychiatric - Benzodiazepines

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

35 yo m presents for follow up of right wrist sprain.

S: Right wrist pain has improved. No longer using the splint or using NSAIDs for pain.

O: FROM right wrist. No swelling, redness, or heat noted to the right wrist. No distress noted.

A: Right wrist sprain; improved.

P: Follow up as needed. Continue with diet and exercise and medications.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Family Medicine (Pocatello)

Setting Type:

## Patient Demographics

Age: 54 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: No referral

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: well woman visit

Encounter #: &gt;10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - I10 - ESSENTIAL (PRIMARY) HYPERTENSION

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 4

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Analgesic/Antipyretic - Acetaminophen combinations

Cardiology - ACE inhibitors

Cardiology - Antilipids

Cardiology - Diuretics

Endocrinology - Thyroid

Psychiatric - Antidepressants

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

54 yo female presents for a well woman visit. Patient has a history of headache, insomnia, hypothyroid, anxiety, hyperlipidemia, and hypertension. She is a never smoker with occasional alcohol use. She is 5'4" and 162 lbs; BMI 27.81. BP today is 148/93, BP 3 months prior was 155/99. The patient is currently on lisinopril 40 mg daily for HTN. Will add hydrochlorothiazide 12.5 mg tab daily to her hypertension medication to potentially gain blood pressure control. Education done on taking the medication in the morning so urinating doesn't interfere with sleep.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial Family Medicine

Setting Type:

## Patient Demographics

Age: 63 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Wellness

Encounter #: &gt;10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - E78.5 - HYPERLIPIDEMIA, UNSPECIFIED

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 2

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Cardiology - ACE inhibitors

Cardiology - Antilipids

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

63 yo m presents for his wellness checkup. Lipid panel had been done, the patient's cholesterol levels are all within normal range. The patient has been taking a statin since his last visit. The patient states he take CoQ10 with the statin because it lessens the muscle stiffness/pain that he gets with just taking the statin alone. The patient also recently had left knee surgery and states he has been doing physical therapy for his knee. He states he is doing well with that. The patient has no other complaints. The patient has no known drug allergies.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Family Medicine (Pocatello)

Setting Type:

## Patient Demographics

Age: 31 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Routine)

Chief Complaint: annual wellness exam

Encounter #: 6-10

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M95.9 - ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED

## CPT Billing Codes

#1 - 99204 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; MODERATE LEVEL MED DECISION; 45-59 MIN

## Medications

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 2

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Analgesic/Antipyretic - NSAIDS

Gynecology - Oral contraception

Pulmonary - Å2-agonist

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

31 yo female who presents for her annual wellness exam and to establish care. She is gravida 4 para 2. LMP was 2 weeks ago. No reports of any abnormalities with menstruation. Last pap smear done one year ago. TDAP was given in 2019. Surgical hx: Dilation and curettage in 2018, C-section x2 one in 2014 & one in 2019. Medical hx: asthma, contraception use, does not smoke, use alcohol, or recreational drugs. Allergies to PCN and codeine. Current medications: norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet, once by mouth daily & albuterol sulfate HFA 90 mcg/actuation aerosol, INH 1-2 puffs daily q 6 hrs prn..The patient lives at home with her husband and 2 children. The patient works full time. The patient does report low back pain that she takes ibuprofen and tylenol for. The patient would like to look into the cause of her back pain. Xray ordered for lumbar pain and physical therapy ordered for treatment of low back pain.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial Family Medicine

Setting Type:

## Patient Demographics

Age: 55 years

Race: American Indian or Alaskan Native

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: Low complexity

Student Participation: Less than shared

Reason for Visit: Follow-up (Consult)

Chief Complaint: weight loss

Encounter #: 6-10

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - E66.3 - OVERWEIGHT

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 4

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Cardiology - Angiotensin II receptor blockers

Cardiology - Diuretics

Endocrinology - Oral glucose lowering agents

Miscellaneous - Not covered elsewhere

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

55 yo female presents for follow up on weight loss.

S: Doing well on the phentermine. Exercises regularly and eating less. Has been having low moods for a week or so at a time. Also has sweats during the day that make her very uncomfortable.

O: Lost 9 pounds in the last month. Well groomed well nourished. No acute distress.

A: Overweight. Menopausal symptoms.

P: Continue with diet, exercise, and phentermine. Draw labs for estrogen, progesterone, and testosterone. Follow up with results.

**Student Information - Combs, Elizabeth****Semester:** Fall**Course:** NURS6642L: Primary Care of the Young Adult Lab**Preceptor:** POWELL, Kay**Clinical Site:** Bingham Family Medicine (Pocatello)**Setting Type:****Patient Demographics****Age:** 46 years**Race:** White, Non Hispanic**Gender:** Male**Insurance:** Other**Referral:** Other**Clinical Information****Time with Patient:** 10 minutes**Consult with Preceptor:****Type of Decision-Making:** Straightforward**Student Participation:** Observation only**Reason for Visit:** Follow-up (Consult)**Chief Complaint:** DM follow up**Encounter #:** 2-5**Type of HP:** Problem Focused**Social Problems Addressed:****Procedures/Skills (Observed/Assisted/Performed)****ICD-10 Diagnosis Codes**

#1 - E11.8 - TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS

**CPT Billing Codes**

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

**Medications**

# OTC Drugs taken regularly: 2

# Prescriptions currently prescribed: 7

# New/Refilled Prescriptions This Visit: 0

**Types of New/Refilled Prescriptions This Visit:****Adherence Issues with Medications:**

Cardiology - Angiotensin II receptor blockers

Cardiology - Antilipids

Cardiology - Æ Adrenergic blockers

Cardiology - Calcium channel blockers

Endocrinology - Oral glucose lowering agents

Urology - Erectile dysfunction medication

**Other Questions About This Case****Clinical Notes**

46 yo male presents for type 2 DM follow up

S: Doing well. Not exercising as much as he was. Feels his blood sugars have been fine. Doing well with the medications. No numbness or problems with feeling in his feet. No complaints. Up to date on his eye exam.

O: A1C 6.8, up from 6.5. Pt is well nourished. No sores or abrasions on feet.

A: hyperglycemia.

P: Continue with medications. Continue diet, exercise more. Follow up for any concerns.



## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial 1st Choice Urgent Care &amp; Fam Med

Setting Type:

## Patient Demographics

Age: 16 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: No referral

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: Low complexity

Student Participation: Less than shared

Reason for Visit: Episodic

Chief Complaint: shortness of breath

Encounter #: 1

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - J45.21 - MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION

## CPT Billing Codes

#1 - 99202 - OFFICE/OP VISIT, NEW PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 15-29 MIN

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 2

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Endocrinology - Corticosteroids

Pulmonary - ß2-agonist

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

16 yo male presents to the clinic reporting shortness of breath. The patient just moved here 2 months ago from Kansas and just started school 2 weeks ago. The patient reports shortness of breath and cough x3 days. The patient has a history of asthma and has used his albuterol inhaler x4 and his albuterol nebulizer x3. The patient has also been taking over-the-counter allergy pill. The mother and the patient do not recall the name of the over-the-counter allergy medication.

Objective: Afebrile. Lung sounds CTA. Pt has dry cough. Left TM red with erythema. Eyes clear with no drainage. Throat slight erythema with no exudates. Mouth moist with no lesions. Nares non obstructed with slight drainage bilaterally.

A: Otitis media left.

P: Z-pack. COVID screen; results to come in Friday. May stay home from school. Get plenty of rest and fluids.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial 1st Choice Urgent Care &amp; Fam Med

Setting Type:

## Patient Demographics

Age: 27 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Shared (50-50)

Reason for Visit: Employment Physical

Chief Complaint: employment physical

Encounter #: 1

Type of HP: Expanded Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - Z00.00 - ENCNT FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS

## CPT Billing Codes

#1 - 99201 - (Deleted 2020) OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: PROB FOCUS HX; PROB FOCUS EXAM; STRTFRWD MED DECISION

## Medications

# OTC Drugs taken regularly: 1

# Prescriptions currently prescribed: 1

# New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

GI Agents - H2 receptor antagonists

Neurology - Migraine

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

27 yo female presents for employment physical evaluation

S: No complaints. On occasion has issues with her right hip; she is seeing physical therapy for treatment for that. No limitations with lifting and activity. Hx of migraines. Has not had any migraines in the last several months. Hx of GERD. Takes omeprazole every day; has not had any issues with GERD recently. No gyn issues reported. The patient is married, in a monogamous relationship. Not pregnant. Does not use birth control. O: PERRLA. Answers questions appropriately. In no distress. Lung sounds clear bilaterally. Limitation on rotation of right hip. Strength equal bilaterally in upper and lower extremities.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial 1st Choice Urgent Care &amp; Fam Med

Setting Type:

## Patient Demographics

Age: 30 years

Race: White, Non Hispanic

Gender: Female

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 15 minutes

Consult with Preceptor:

Type of Decision-Making: Low complexity

Student Participation: Observation only

Reason for Visit: Follow-up (Consult)

Chief Complaint: Rash

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - B33.8 - OTHER SPECIFIED VIRAL DISEASES

## CPT Billing Codes

#1 - 99212 - OFFICE/OP VISIT, EST PT, MEDICALLY APPROPRIATE HX/EXAM; STRTFWD MED DECISION; 10-19 MIN

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:

Infectious Diseases - Antiviral agents

Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

30 yo presents with c/o rash on her left ear, neck, and chest that has not gone away.

S: Burning rash and sores on her left ear, neck, and chest. She came into the clinic last week and was given some lidocaine cream that she has been applying to the rash with some relief. The one sore on her left ear, however, is starting to look infected and she wants to get it checked.

O: Maculopapular rash to left ear, neck, and chest. One lesion just below left ear that is scabbed over with erythema and swelling.

A: Shingles - herpes zoster virus.

P: Continue lidocaine cream. Triamcinolone 0.1% cream to affected area BID. Valacyclovir 1 gm tab PO TID x 7 days.

## Student Information - Combs, Elizabeth

Semester: Fall

Course: NURS6642L: Primary Care of the Young Adult Lab

Preceptor: POWELL, Kay

Clinical Site: Bingham Memorial 1st Choice Urgent Care &amp; Fam Med

Setting Type:

## Patient Demographics

Age: 19 years

Race: White, Non Hispanic

Gender: Male

Insurance: Other

Referral: Other

## Clinical Information

Time with Patient: 10 minutes

Consult with Preceptor:

Type of Decision-Making: Straightforward

Student Participation: Observation only

Reason for Visit: Episodic

Chief Complaint: low back pain

Encounter #: 2-5

Type of HP: Problem Focused

Social Problems Addressed:

## Procedures/Skills (Observed/Assisted/Performed)

## ICD-10 Diagnosis Codes

#1 - M48.8X6 - OTHER SPECIFIED SPONDYLOPATHIES, LUMBAR REGION

## CPT Billing Codes

#1 - 99211 - OFFICE/OP VISIT, EST PT, MINIMAL, NOT REQUIRING PHYSICIAN PRESENCE

## Medications

# OTC Drugs taken regularly: 0

# Prescriptions currently prescribed: 0

# New/Refilled Prescriptions This Visit: 1

Types of New/Refilled Prescriptions This Visit:Adherence Issues with Medications:

## Other Questions About This Case

## Clinical Notes

19 yo presents with c/o low back pain.

S: Pt states he twisted wrong and hurt his back about a week ago. Takes Ibuprofen but would like something more for pain.

O: FROM lumbar spine. Normal gait. Strength equal bilateral lower extremities.

A: low back pain

P: Flexeril 10 mg PO TID prn pain.