

S:	<p><i>(Do not rewrite everything, only pertinent information to the case)</i></p> <p>CC: "I always feel tired"</p> <p>HPI: 29 y/o female who presents with complaints of feeling tired, lethargic, and fuzzy headed for the past 6 months; patient also states that her skin is more dry and itchy</p> <p>PMH: non-contributory FH: father with DM</p> <p>SH: married, does not smoke, drinks wine socially Surgical Hx: non-contributory</p> <p>Allergies: NKDA</p> <p>Home Medications: ortho tri-cyclen 28 1 PO daily</p>								
O:	<p>Vitals: BP 142/89, P 64, RR 18, T 36.4C <i>(Vitals are always important in ANY case)</i></p> <p>PE: patient is shivering, skin and scalp are dry, no thyroid nodules or goiter, no lymphadenopathy</p> <p>Labs:</p> <table border="1" data-bbox="228 506 716 579"> <tr> <td>Na 142</td> <td>Cl 100</td> <td>BUN 9</td> <td>Glu 104</td> </tr> <tr> <td>K 4.1</td> <td>CO2 34</td> <td>SCr 0.8</td> <td></td> </tr> </table> <p>CBC- Hgb 13.63 Hct 40.1% WBC 7.6x10³</p> <p>Diagnostic tests: TSH 12.8mIU/L, Free T4 0.71ng/dL</p>	Na 142	Cl 100	BUN 9	Glu 104	K 4.1	CO2 34	SCr 0.8	
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A:	<p>Patient is complaining of symptoms consistent with hypothyroidism, TSH is elevated at 12.8 <i>(Main problem as evidence by ____)</i></p> <p><i>Problems(should NOT be a symptom): Goals (should not be just numbers e.g. TSH <10, but think overall goal e.g. euthyroid state)</i></p> <p><i>(problem list according to priority)</i></p> <p>Hypothyroidism: amelioration of symptoms, euthyroid</p> <p>Use of birth control: prevent pregnancy</p> <p>Elevated BP reading: prevent progression to hypertension and thus prevent cardiovascular events, and end organ damage</p> <p>Alcohol use: reduce morbidity/mortality</p> <p>Immunizations: prevent diseases that can be prevented through immunizations</p>								
P:	<ol style="list-style-type: none"> 1. Hypothyroidism: <ol style="list-style-type: none"> a. Start levothyroxine 50mcg once daily b. <i>(efficacy)</i> Recheck TSH in 4 to 8 weeks c. Counsel patient to monitor symptoms of <ol style="list-style-type: none"> i. <i>(efficacy)</i> hypothyroidism: cold intolerance, dry skin, fatigue, weight gain ii. <i>(safety, always list side effects as well)</i> Weight loss, diarrhea, flushing, heat intolerance, hyperactivity 2. Birth control: <ol style="list-style-type: none"> a. Continue ortho-tri-cyclen-28 daily <i>(must list every problem even if you are not making any changes)</i> b. Space birth control apart from levothyroxine at least 2 hours (take levothyroxine in AM and birth control in PM) c. Monitor for compliance, use back up method if any doses are missed, report any missed periods or positive pregnancy tests a. Counsel patient about: abnormal menstrual bleeding, breast tenderness, fluid retention, thrombotic events 3. Elevated BP reading: first elevated reading reported, many other factors that may contribute to an elevated reading at this time <ol style="list-style-type: none"> a. May start lifestyle modifications: <ol style="list-style-type: none"> i. Engage in regular aerobic physical activity such as brisk walking (at least 30 minutes a day most days of the week.) ii. Consume a diet rich in fruits, vegetables and low-fat dairy products with reduced content of saturated and total fat (DASH Diet) iii. Limit sodium intake to <2.4 gm/day or <6 gm of sodium chloride/day b. Ask patient to monitor BP when going to the grocery store, or with a monitor at home if one is available, if BP continues to be >140/90 then set up another appointment or follow up with PCP 								

4. Alcohol use:

- a. Limit to one drink a day
- b. Continue to ask about alcohol use in future visits

5. Immunizations/health maintenance:

- a. Influenza vaccine yearly
- b. Pap Smear/Human papiloma virus (HPV) testing every 1- 3 years
- c. Diphtheria-Tetanus, Pertussis (Td/Tdap) every 10 years
- d. Self-breast exam monthly
- e. Monitor: Pain/soreness at site of injection, anaphylactic reaction