Week 4 Soap Note

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NU 650 Advanced Health Assessment

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Soap Note

Patient Initials: AM **Age:** 52 **Gender:** Female

Subjective Data

Chief Complaint (CC): “I am concerned about colored sections of the skin on my left arm."

History of Present Illness:

AM is a 52-year-old Mexican female who came to the care facility complaining of black scars or patches on her arms. She revealed that she had noticed similar skin spots marked by patches on her neck and right hand that lasted only a few weeks. Additionally, AM added that she experiences little or no pain before the pigmentations grow. AM confirms that she believed that the patches on the right arm could not be a cause for alarm as they never caused any significant pain or skin rash, thus the reason why she didn’t seek immediate care. She states that her visit was triggered by the appearance of a colored skin section on her left arm.

2.1

Current medication

- Asmanex 0.22mg/daily
- Acetaminophen
- Fluticasone (Flovent) inhaler twice a day

Allergies

- Pollen
- Food allergies (eggs)
- No known medical allergies (NKDA)

Medical and Surgical History: Diagnosed with asthma at 28 years. AM denied having any surgical history, had never been hospitalized, or had experienced a major traumatic event.

Social history: AM resides and works in Houston, Texas. She is married and has three children, all of whom are grown and do not live wi[3.1]er anymore. She acknowledges that she spent most of her earlier years participating in many NGO initiatives, which required her to travel across Africa to support the needs of underprivileged populations. She recalls that during her excursions to Africa, she never bothered to use any sunscreen because she found no genuine threat from the sun's rays. She acknowledges utilizing a variety of cosmetics, including skin lighteners. AM denied having smoked or used any other substances.

Immunization

The patient has no recent records of any immunization. She admits to being fully immunized against most infectious diseases during infancy and childhood.

Family History: The patient asserts that she has [3.2]known relative or a family history of cancer-related conditions since she was adopted at an early age.

Health Maintenance Practices: AM takes her dog for a walk every evening and visits the gym three times a week. She tries as much to take a balanced diet and remain hydrated by drinking a minimum of eight glasses daily. She has never had [3.3]an annual exam but visits a dentist and her optician twice annually.

Lifestyle: AM comes from an affluent background and lives a joyful life; she also states that she has never been needy in her entire life. AM loves barbecues and spending her holidays back at home with her immediate and extended family and friends. She is a great lover of live band

shows and enjoys the company of her pet cat whenever she comes back to her country after overseas travels.

Review of System

General: The patient reports frequent fatigue, with no noticeable physical changes in her body parts.

Skin: Skin characterized by abnormal colored patches on the forearm's extensor surface.

HEENT: Denies headache, visual loss, hearing challenges, or ear discharge. The patient reports experiencing breathing difficulties.

Neck. AM does not experience any neck pain, albeit she has no neck injury.

Respiratory: The patient denied wheezing. She acknowledged breathing difficulties. 4.1

Cardiovascular: The patient reported negative for chest pain, chest discomfort, or dyspnea.

Gastrointestinal: Denies diarrhea, vomiting, constipation, changes in bowel, or changes in appetite.

Peripheral Vascular: The patient denies numbness, swelling, or coldness in her feet.

Urinary: The patient has expected urinary frequencies.

Genital: No urinal infections or abnormalities.

Neurologic: She reported fatigue and headaches. Denies seizures or changes in cognition.

Musculoskeletal: The patient reported negative for muscle or joint pain.

Psychiatric: She revealed that she doesn't have any other mental health issues but claimed the skin variation patches

Endocrine: She denied polyuria, polydipsia, or polyphagia.

Hematologic: Denies anemia or bruising easily.

Objective Data

Vital signs: Height = 5'4'', weight=65, BP=132/84, Pulse=64, Respirations=22, Oxygen Saturation 94%

Physical Examination

General: The patient appears present, well-groomed, and oriented to time, place, and person.

5.1

Skin: Erythematous, hyperkeratotic papules with scaling. Color variation

HEENT. Eyes. No drainage or redness noted. Nose, throat, and ears: nose symmetric, OP clear, and no redness or sinuses noted.

Neck: Normal, supple, and non-tender. Thyroid palpable and not enlarged. No visible abnormal skin pigmentation.

Chest: No breast masses and tenderness. Nipples are symmetrical. There are no skin lesions. Her breasts are medium-sized.

Musculoskeletal: The patient has a steady gait.

LABS: Dermoscopy findings revealed an "erythematous pink-reddish vascular pseudo network around hair follicles," yellowish-to-whitish scales, and keratotic plug-filling follicular openings (Reinehr & Bakos, 2020). Confocal microscopy findings revealed parakeratosis with a whitish halo with a black center, surface scales presenting as shapeless with inconstant relatability at the stratum corneum level, and uneven honeycomb shapes (Reinehr & Bakos, 2020).

Assessment

Differential Diagnosis

1. Actinic Keratosis
2. Basal Cell Carcinoma
3. Dermatomyositis

Actinic Keratosis

The primary diagnosis based on the present findings is actinic keratoses, or solar keratosis, manifested as a scaly, crusty growth on the skin caused by exposure to UV radiation (Reinehr & Bakos, 2020). The patient presents senile purpura, which usually appears on the face, neck, and arms. Patients with the condition often have dark skin es exhibited by the patient. Sometimes lesions can grow to be a quarter of an inch in size. Then they will disappear, only reappearing later (Reinehr & Bakos, 2020) since the patient has exhibited symptoms consistent with persistent exposure to sun radiation.

Dermoscopy findings confirmed the diagnosis characterized by an erythematous pink-reddish vascular pseudo network around hair follicles", yellowish-to-whitish scales, and keratotic plug-filling follicular openings (Reinehr & Bakos, 2020). Dermoscopy is recommended as fast forming and noninvasive in the diagnosis of actinic keratoses to high specificity (95%) and sensitivity (98.7%) in the diagnosis of the actinic keratoses. Confocal microscopy findings also confirmed the diagnosis of actinic keratoses, revealed parakeratosis with a whitish halo with a black center, surface scales presenting as shapeless with inconstant relatability at stratum corneum level, and uneven honeycomb shapes (Reinehr & Bakos, 2020).

Basal Cell Carcinoma

Basal cell layer cancer is a subtype of squamous cell carcinoma that develops when aberrant cells in the basal layer of the skin proliferate uncontrollably. Basal cell cancer is a form of skin cancer (Jinnai et al., 2020). Although it is the most prevalent form of skin cancer, basal cell carcinoma is also one of the most amenable to treatment. This type of skin cell cancer is characterized by the appearance of a pearly or waxy lump on the skin's surface. It can appear as a pearl-colored or flesh-colored mole or be pink, red, or brown. It could be raised, it could be flat, and it could be shiny or matte (Fania et al., 2020). Additionally, it could have blood vessels visible on its surface. Basal cell cancer typically presents as a small, pearly, or waxy bump on the skin. It may look like a pearl-colored or flesh-colored mole or be pink, red, or brown. It may be raised or flat and may be shiny or dull. It may also have visible blood vessels on the surface. However, the patient could not be diagnosed with basal cell carcinoma since the laboratory findings confirmed the actinic keratoses diagnosis.

Dermatomyositis

Skin rashes and muscle weakening are hallmarks of the inflammatory muscle condition known as dermatomyositis. Even though it can strike at any age, this sporadic disorder disproportionately affects those between the ages of 40 and 60. Skin rash, muscular weakness, joint discomfort, and exhaustion are the most common dermatomyositis symptoms, though they might manifest differently in everyone (DeWane et al.,2020). The condition is characterized by skin rash (often a purplish-red color), muscle weakness (especially in the neck, shoulder, and hip areas), difficulty swallowing, fatigue, fever, and joint pain or stiffness (DeWane, Waldman &

Lu, 2020). As such, the patient could not be diagnosed with dermatomyositis since she does not present skin rash, muscles weaknesses, fatigue, joint pain, or stiffness.

Treatment Plan

Actinic Keratosis can be treated in various physical and medical ways. The prescription doctor can prescribe topical creams or ointments, such as 5-fluorouracil, imiquimod, or ingenol mebutate, to treat the lesion. Cryotherapy is a lesion-directed treatment that freezes skin lesions by applying nitrogen through a spray or cotton tip applicator (Marques & Chen, 2022). Laser therapy can be used to abnormal cells and destroy them. Other recommended treatments include dermabrasion, photodynamic therapy (PDT)

Education

The patient was guided through the complexities of her illness to help her understand how to manage it. AM was informed about several protection strategies to reduce the risk of the condition, including sunscreen and the function of sun-protective clothing in shielding her from more skin damage brought on by exposure to sunlight (Marques & Chen, 2022). She was educated on the need to limit the amount of time she gets exposed to sunlight

Follow Up Care

A follow-up appointment schedule for the patient was set to monitor her progress and review any changes in her skin lesions.

8.1

Reflection

The opportunity to work with the patient gave me a satisfying and engaging experience working with the patient towards addressing her condition. I felt empathy and compassion for the client, learning about the other underlying medical conditions the patient was fighting. I calmly

responded to the situation and gave the patient the necessary treatment and care suggestions. I made sure to explain each step of the process to the patient to make her comfortable with the treatment she was receiving. Besides, this experience reminded me of the great impact nurses can have on the health and well-being of our patients. It is truly a rewarding experience, and I feel fortunate to have had the opportunity to work with her.

References

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Index of comments

2.1 Good HPI - how is it affecting her activities of daily living.

3.1 Good social history!

3.2 Good Family hx. Also if there is a family history of skin disorders or anyone she is living with has similar symptoms.

3.3 Health maintenance would include history of skin assessments.

Lifestyle would include where sunscreen

4.1 We will need to address the difficulty breathing.

GI diseases can be linked to skin disorders

5.1 Would expect a more detailed Pe. How big are there? What part of the arm is it located at? Is it dry, or moist?

8.1 Reflection not needed but appreciated.