

Clinic Prep

```

.....
time:
name:
NL4:

RFV:
Checks:
  [] LDCT:
  [] PFTs:
Results pending:
  []
Next Steps:
  []

```

Clinic Note

Assessment / Plan

@@-year-old with history of x, initially admitted for X, now with x.

@@

Recommendations

- xxx
- xxx

Subjective

-

Environmental exposures:

- [] oil diffusers/scented candles/glade/Airwick plugins/incense sticks/ oil in humidifiers
- [] hot tub use
- [] pets/ birds at home
- [] playing any wind instruments
- [] hobbies such as wood working
- [] mold/water damage in the house

Military-specific exposures:

- [] Agent orange - Vietnam War
- [] Depleted Uranium - Gulf War
- [] Asbestos - Navy due to shipyards
- [] Mustard gas - WWI
- [] Particulate matter

- Burn pit
- Chromium

Occupational exposures outside the military :

- Asbestos - construction workers, electricians, mining, railroad, fire fighters
- Ionizing radiation - uranium mining
- Vinyl chloride - pulp & paper workers
- Arsenic - smelting of ores, pesticide application, wood preservation
- Beryllium - ceramic workers, missile technicians, nuclear reactor workers, jewelers
- chromium - stainless steel production, welding, tanning industries
- Nickel - battery makers, ceramic makers, electroplaters, glass workers, jewelers, metal workers & welders, painters

PMH:

|ACTIVE PROBLEMS|

Medications:

|ACTIVE MEDICATIONS|

Allergies:

|ALLERGIES/ADR|
|999Y1 PNEUMO|
|999Y1 FLU,WHOLE|

SH:

Functional status: @@

- fully independent in ADLs and IADLs
- uses cane at baseline
- uses walker at baseline
- uses wheelchair at baseline
- uses oxygen at baseline

Tobacco Smoking –

Age of onset of smoking: years

Duration of smoking: years

Maximum packs/day:

Current cigarettes /day:

Any alternate tobacco product

- cigar,
- pipe,
- waterpipe
- Vape/e cigarettes
- Second hand smoking
- Indoor emission from household combustion
- Outdoor air pollution

ROS:

Constitutional: No fevers, chills, sweats, weight change, or fatigue
Eyes: No itchy, watery eyes, no blurry vision
ENMT: No sinus/nasal congestion, rhinorrhea, post-nasal drip
Skin: No Rash
CV: No chest pain, palpitations, PND, orthopnea
Respiratory: As above.
GI: No heartburn
MSK: No joint pains/myalgias
Neuro: No numbness/tingling

Objective

Vitals:
|VITALS|

Exam:

General: NAD, alert, WD, WN
Eyes: PERRL, no scleral icterus
ENMT: oropharynx clear, good dentition, no oral lesions, mallampati score @@
Skin: warm, intact, no rashes
Neck: ROM and lymph node assessment
LN: axillary, supra-clavicular, and inguinal lymph node assessment
CV: RRR, no MRG, nl S1 and S2, no peripheral edema
Resp: clear to auscultation bilaterally, no wheezes, rales, or rhonchi, normal effort, no clubbing/cyanosis
Abdom: Normoactive bowel sounds, soft, nontender, nondistended, no hepatosplenomegaly
Neuro: Awake alert oriented to person place time and situation

Labs & Imaging: All labs and imaging within past 24 hr personally reviewed by me.

|PFT |
|CHEST 2 VIEWS PA&LAT|
|CHEST CT|

Clinic, Lung Mass

Lung Mass Consult:

Reason for Referral: Nodule / Mass in

HPI:

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- Tobacco Smoking –
- Age of onset of smoking: years
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- Maximum packs/day:
- Current cigarettes /day:

Any alternate tobacco product

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- pipe,
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FH:

- Relatives with hx of lung cancer
- Relatives with other types of cancer
- Family history of lung disease:

STOP-BANG Score:

- Snoring - do you snore loudly?
- Tired - do you feel tired, fatigued, or sleepy during daytime?
- Observed apneas?
- Pressure - hx of high blood pressure?
- BMI?
- Age > 50?
- Neck circumference: > 16 inch or 40 cm collar?
- Male Gender

Hx of Anesthesia reactions:

- Prior surgeries and anesthesia reactions
- Hx of difficult intubation
- Family Hx of malignant hyperthermia

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Data:

|PFT |
|CHEST 2 VIEWS PA&LAT|
|CHEST CT|

<https://www.mdcalc.com/calc/3910/duke-activity-status-index-dasi>

ASA grade:

- ASA I - normal healthy patient
- ASA II - a patient with mild systemic disease
- ASA III - a patient with severe systemic disease
- ASA IV - a patient with severe systemic disease that is a constant threat to life

Karnofsky Performance Status Scale (mdcalc.com)

Assessment: Solitary Pulmonary Nodule Malignancy Risk (medscape.com)

Plan:

I discussed the above plan with the attending, Dr. Janaki Deepak.

IP attending Dr. was also present to staff this patient

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