

Date of visit: April 27th, 2023

Full name: A. R

Address: unknown

Date of Birth: 05/21/1948

Location: NYC Health + Hospitals/Metropolitan, general surgical clinic (outpatient)

Source of information: Self

Reliability: Reliable

Source of Referral: Self

Mode of Transport: Car

S:

HPI: A.R is a 74-year-old female with a PMHx of HTN, HLD, Osteoporosis, and GERD presents in the clinic post-op day 7 following a right forearm mass excision on 4/20/23. She states she is doing well since the procedure. Denies pain, drainage, or bleeding at the incision site, numbness or tingling of the arm, muscle weakness, fever, chills, nausea, vomiting, shortness of breath, or chest pain. Prior to the procedure she was complaining of right shoulder and neck pain, which she states has since resolved since the surgery.

PMHx: back pain, GERD, HTN, HLD, Osteoporosis

PSHx: Abdominal hysterectomy (2015), Cholecystectomy (2015), Cesarean section (1990), right foot surgery of calcaneus (2010)

Medications: Simvastatin 40mg tablets, Omeprazole 40mg capsules, Lisinopril 10mg tablets, OTC multivitamins

Allergies: Penicillin (hives, as child)

FHx: non-contributory

SHx: denies illicit drug use or smoking tobacco. Reports social drinker.

ROS: denies fever, chills, nausea, vomiting, diarrhea, urinary urgency or frequency, or abnormal bowel movements

O:

Vitals: T: 98.6°F (37° C) | P: 76 BPM, regular | RR: 19 breaths/min, unlabored | SpO2: 100% room air | BP: 140/70 mm Hg | Weight: 148 lb (67.1 kg) | BMI: 27.96 kg/m²s

General: overweight female appears her stated age. Alert, awake, and oriented x 3. In no acute distress.

CV: RRR. S1 and S2 normal. No murmurs, S3, S4, splitting of heart sounds or friction rubs.

Pulmonology: Breathing comfortably on room air, with no accessory muscle use. Chest expansion symmetrical without wheezing, rhonchi, rales, or dullness

HEENT: Normocephalic and atraumatic. PERRLA and EOM.

Extremities: **moves all 4 extremities spontaneously. Right forearm has a full passive and active range of motion, strength 4/5 with mild tenderness. Incision at right upper extremity intact with steristrips in place. No dehiscence, edema, erythema, inflammation, or purulent discharge noted. Pulses are 2+ bilaterally in the upper extremity.**

Neuro: cranial nerves intact. Sensations are equal and intact bilaterally of the upper extremities.

Pathology report: right forearm mass excision consistent with a lipoma

A: 74-year-old female with PMHx of HTN, HLD, osteoporosis, and GERD presents post op day 7 following a right upper extremity lipoma excision. Pathology reviewed and results discussed with the patient. Wound healing appropriately with no signs of infection.

P:

- Instructed the patient to not pull off steristrips as they will fall off on their own. Patient told she can shower and get the area wet.
- Return to the clinic as needed. Seek immediate medical care if you have any of the following symptoms including but not limited to swelling around the wound, worsening pain, drainage from the wound, red streaking extending away from your wound, inability to move the right forearm near the wound, or discoloration of skin near the wound.