**SOAP NOTE**

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| Patient profile/identifying data: |
| Headache onset 8/28/01: |

**Subjective:**

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| Differential diagnoses/rationale: |
| HPI: |
| Past Medical History: |
| Social History: |
| ROS: |
| Pertinent positives/negatives: |
| Date: |

**Objective:**

Vital Signs: Weight 179 lbs., Height 65 inches, Temperature 99.2 orally, Pulse

76, Resp 20, BP 114/72.

**Physical Exam:**

Cooperative, calm patient with clear and appropriate speech and language. Head normocephalic, atraumatic, no hematomas, or tenderness to palpation. Neck supple with full ROM. Eyes symmetric, lids symmetric, conjunctiva clear without redness. Visual fields full to confrontation. EOM’s full, no ptosis.

Perla, optic discs sharp without papilledema, macula intact. Facial sensation intact, facial motor movement symmetric. Hearing intact to whispered words.

External ears without trauma or drainage. Auricle, tragus, mastoid nontender to palpation. Ear canal and tympanic membrane visualized, landmarks intact. Gag reflex and tongue movement intact and full. No lymphadenopathy. Moves all extremities 5/5 strength. Coordination intact with finger to nose testing. Sensation intact to pin prick and touch throughout. Reflexes 2+ throughout, with plantar responses down going. Romberg testing negative.

**Ddx:**

1. Tension headache- pertinent positives/negatives same as above. Probably not likely since this headache began after MVC and she denies stress and tension.
2. Brain tumor- pertinent positives/negatives same as above. Also, no papilledema noted or other signs of increased intracranial pressure. Not likely since headache started after MVC, but will keep this diagnosis on back burner, to keep in mind.
3. Meningitis- pertinent positives from examining this patient are none, she has no meningism us or nuchal rigidity, no fever, confusion, irritability and no photophobia, and the headache has been present for several weeks, so if it is meningitis, she would have been much sicker, sooner. Meningitis is usually acute, developing over 24-36 hours with fever, h/a, vomiting, nuchal rigidity, lethargy (Meredith & Horan, 2000). This diagnosis is not likely.
4. Post-traumatic headache- positives/negatives same as above. This is the most likely diagnosis at this point.

**Assessment/plan**

1. Post-traumatic headache-most likely diagnosis based on all above information (ICD code for general headache is 784.0, and she will be coded as such until further evaluation). Post concessional syndrome (ICD code 310.02) is common and has varied severity. The patient may not have lost consciousness (as in this patient) but suffered trauma (can be minimal as in this patient). The triad of symptoms includes headaches, dizziness, and poor concentration (Patten, 1996). To further evaluate her, an MRI of the brain was scheduled for the next day, in order to rule out other causes of headache. This is essential in this case, because a subdural hematoma or brain tumor could be life threatening. Once these are ruled out, her code will be post concessional syndrome (310.02). Headaches, post trauma, (tension type or migraine type) can be treated with the usual symptomatic/prophylactic medications. Most patients improve after 3 months, and reassurance serves maximum benefit (Goetz, 1999). She was counseled on the length of time of these headaches, sometimes weeks to months, and encouraged to try Mirin which she already has the prescription for, to try to alleviate the headaches when they increase in severity. She was also prescribed Motrin 800mg TID, and told to take the Mirin for breakthrough severe pain. She verbalized understanding and was relieved that a scan would be done to rule out serious problems.
2. She will follow-up the following week to review the MRI results (of course she will be notified immediately of any serious findings that require immediate treatment) and evaluate how her headaches are responding to the Motrin and Mirin.
3. Health Maintenance-For E.S.’s age group, one of the major concerns is immunization updates. Her DTP, MMR, varicella, polio vaccines are probably already up to date, but need to be double checked to make sure there are none missing in her history. Hepatitis B would be recommended if she is going into health care in her college courses, or if she has close contact with high risk individuals. Meningitis vaccine should be offered, especially because she is a college student and meningitis are a high risk among students. Need to establish when her last pelvic exam with pap smear was performed and stress that she gets regular pap smears, at least every 3 years (US Preventive Services Task Force Recommendations-Clinician’s Handbook of Preventive Services, 1998). This testing should begin at the age she begins intercourse, or at age 18. Low socioeconomic status or multiple partners would indicate need for more frequent pap smears. STD prevention and contraception issues would also need to be addressed. Use of seatbelts while driving needs to be stressed as well as helmet use with bike riding, motorcycle riding, or ATV use. Diet should be limited fats and cholesterol, while maintaining caloric intake, emphasizing fruits, vegetables, and grains. Regular physical activity and adequate calcium intake should also be encouraged (Uphold & Graham, 1998).
4. With E.S. in particular, she has a pap smear in the last year, and is not presently sexually active, but stated that she would use condoms for STD prevention and would seek contraception if she were to become sexually active. Her immunizations are up to date, and she was reminded of the meningitis vaccine available at ECU for students. She uses seatbelts regularly. She does not ride a bike or motorcycle/ATV, but was encouraged to wear a helmet if she were to do so. Her diet consists of mostly balanced meals, with a lot of snacks in between, sodas and chips. She was encouraged to limit sodas/chips as much as possible and try more healthy snacks such as fruits/vegetables. She has not exercised at all this semester, as opposed to the summer when she worked out regularly at the ECU gym. She was encouraged to try to get back into exercising as able, when her headaches improve.