

K. C. is a 68 old Jamaican female with history of hypertension and asthma. K. C. retired as a CNA 2 years ago. She lives in a Bedford Stuyvesant 2 family home on the top floor with her husband and renting the first floor to a family friend. She complains of "right knee pain that sometimes makes it difficult to walk and climb stairs."

## **Medications**

Advair HFA 1 inhalation 2 times per day

Prednisone 10mg po daily

Singulair 10mg po daily

Catapres 0.2mg po 2 times per day

Albuterol MDI 2 puffs every 4 hrs. as needed

**\*\*K.C. refills her prescriptions at a near by neighborhood pharmacy. She is knowledgeable on the correct need and use of her current medications.**

## **Allergies**

Seasonal allergies, dust and pet.

## **Tobacco History**

Denies smoking, but husband smokes 1pack/day

## **Alcohol History**

Rarely drinks alcohol (about 3-4 times a year on special occasions).

## **Drug Abuse History**

Denies Drug use

## **Family History**

### **1. Immediate Family-**

- Father, (deceased at age 62/ poor health) suffered from HTN, DM, Obesity.
- Mother, (deceased at 67 natural causes) suffered from mild asthma.
- Brother, age 63, HTN, obesity, asthma and sleep apnea.
- Daughter, age 42, HTN, asthma

## 2. Extended Family-

- Paternal Grandfather, (deceased at age 53), only known hx is HTN.
- Paternal Grandmother, (deceased at age 72 from stroke), also suffered from Breast CA (~age 43) and obesity.
- Paternal Aunt, (deceased at age 64 from breast CA), HTN and Breast CA (age 47 with reoccurrence at age 62)
- Maternal Grandfather, ~50, death Alcohol and Drug Abuse related, hx otherwise unknown
- Maternal Grandmother, ~34, died during childbirth of unknown causes, hx otherwise unknown.
- Maternal Uncle, (deceased at age 57 from HIV/ AIDS related complications), also suffered from alcohol and drug abuse, childhood asthma.
- Maternal Aunt, 82 well, with Asthma, HTN

## **Social History**

Retired Certified Nursing Assistant who never graduated high school. Currently living with husband of 48 years in Bedford Stuyvesant and no longer has mortgage payments. She lives off social security and rental income. She is also an active church member.

## **Review of Systems**

**General:** Recent feelings of fatigue during routine daily activities. Interrupted sleep time without cause, increased sleep time to about 12-14 hrs. /day. No obvious weight gain. No fevers or night sweats.

**HEENT:** **Head:** No headaches. No dizziness **Eyes:** Use of reading glasses for nearsightedness. Has not had an eye exam in 4 yrs., slight blurred vision and squinting with/ without glasses for distant objects. Occasional dry itchy eyes especially in the morning. Occasional rubbing of eyes and use of eye wash. No discharge or swelling. **Ears:** Denies earaches, discharge, ringing and hearing loss. **Nose and sinuses:** Denies any problems. **Throat:** No regular dental visits. No bleeding gums. Has occasional toothaches. No difficulty in swallowing, hoarseness or soreness.

**Cardiovascular/ Peripheral Vascular:** Hx of hypertension and stopped taking prescribed antihypertensive medication and now drinks herbal teas. No self-monitored BP or HR last BP take at last doctors visit 1yr ago Unknown blood type but believe she maybe O+. Denies blood transfusions. Unknown CBC or EKG result. No palpitations or chest pain. Wears support hose. No claudication, cramps or varicose veins No cold numbness or tingling of extremities.

**Chest:** No change in bra size. No routine self-breast exams. No nipple discharge or masses.

**Respiratory:** 2 colds per year during winter and summer months. Periodic dry cough. Occasional wheezing. Denies SOB at rest but reports some SOB during activity (stair climbing). Unknown chest x-ray results from 1yr ago.

**GI/GU:** Decreased appetite. No nausea, vomiting or diarrhea. No blood or changes in stool. Has BM 3 times per week. Never had colonoscopy. Denies burning or pain during urination. Urine clear, no odor, no increase in frequency 4-5 times per/day and 1per/night.

**Extremities:** Swelling, pain and stiffness of right knee especially in the morning, with prolong standing and stair climbing.

**Neuro:** Denies numbness and tingling. No head injuries or dizziness upon standing. No hx of seizures, tremors, loss of consciousness, memory loss, loss of balance or decreased sensation. Sweats when climbing stairs.

**Endocrine-** No thyroid hx. No excessive thirst or hunger. Heat and cold intolerance.

## **Physical Exam**

**General:** 68 year old well- groom Jamaican American female appears stated age. Pt. appears to be in good state of health but walks with a slight limp bearing weight to the left leg. Pt is overweight 185lbs, approximately 5'6" with a BMI of 29.9.

**BP:** 150/100

**Pulse:** Palpable, strong and regular in all extremities.

**HEENT: Head:** Face symmetric. Dry, brittle hair with thinning noted in the middle. No lesions, depression or dryness of skull/scalp. **Eyes:** Symmetrical. No discharge. Squinting noted. Evenly distributed eye lashed and brows. Conjunctiva pink and sclera white. PERRLA at 2mm in each eye. Good peripheral vision and accommodation noted. **Ears:** Symmetrical. No tenderness on palpation. Small amounts of cerumen noted in both ears. Unable to visualize drums. No loss of obvious hearing loss noted. **Nose and sinuses:** Symmetrical no deviations. No tenderness noted on palpation of frontal and maxillary sinuses. Nasal mucosa pink and nose patent. **Throat:** Lips dry and slightly cracked. Oral mucosa pink and moist no lesions. Gums appear red/ inflamed. Foul mouth odor. No Redness or swelling of tonsils.

**Neck:** Large neck note. No tracheal deviation. No enlarged thyroid or palpable masses. No palpable lymph nodes.

**Cardiac:** No JVD. Palpable, strong and regular pulses in carotid and all extremities. No murmur no bruit heard.

**Chest:** Breast average size and appear symmetric with arms relaxed, elevated and pressed on hips. No palpable nodes.

**Respiratory:** Symmetrical movement. No use of accessory muscles. Denies tenderness. Slight wheezing heard in upper airways.

**GI:** Abdomen obese, round and symmetric. No visible pulsations. Active bowel sounds present in all quadrants. No bruit heard. Tympany heard in all quadrants. Abdomen soft and palpable. No palpable liver, spleen or masses. No tenderness on palpation.

**Extremities:** swelling noted in right knee with restricted range of motion. Difficult ambulation with weight-bearing to the left leg. No swelling redness and tenderness of the legs otherwise. Extremities warm to touch. No decreased sensation.

**Neuro:** Pt. alert and oriented to person, place, time and situation. Cranial nerves intact. Light touch sensation present.

### **Nutritional Assessment**

Height – 5’6” 167.64cm, Weighs 83 kg/185lbs with a BMI of 29.9, consumes approximately 3000 calories per day. Mrs. K.C. has a preference for authentic Jamaican food, which she prepares herself. Ackee and salt fish, oxtail, rice and peas, liver and calloo are her favorite. Her diet consists of a variety of meats, rice and vegetables. Fry fish, rice and peas, oxtails and pork are her main staples. She has no food allergy. Food patterns are consistent with the Caribbean/American diet of Breakfast, lunch and dinner with snacks in between. A typical days meal may consist of two slices of white bread, smeared with butter and a large cup( approx. 12 oz.) of herb tea, lunch on most day she might have salted fish with calloo or fried red snapper, steamed vegetables on a bed of white rice and brown stew gravy. Snacks consist of sweet bun and cheese or Jamaican patty, dinner comes with a meat, rice and peas and veggies. Most of the cooking method is frying in plant oil or stewing. Mrs. K.C. does all of the grocery shopping, spends approx. \$50-\$100 dollars per week in grocery. Mrs. K.C. and her husband consume four to five bottles of soda per week.

### **Home Safety Check**

K.C. and her husband lived in a well-kept 2 family brownstone in Bedford Stuyvesant. Because of Mrs. K.C. asthma she does weekly dusting and cleaning of the home. The home is clean and clutter free. They live in the upper floors of the home which requires K.C to climb a flight of stair to enter the home and a flight from the main living room kitchen and dining room to get to the bathroom and bed rooms. This arrangement poses problems for K.C. as she has complaints of right knee pain and SOB when climbing stairs. In the bathroom there is a recently installed shower rail and bath mat which Mrs. K.C. reports helps her balance in the shower. Medications are correctly labeled and in the bathroom medication cabinet. The home otherwise appears safe and in good condition.

## **PLAN Tests, Treatments and Referrals**

### **Generalized Fatigue and change in sleep pattern**

- Explore reasons for fatigue
- Develop a sleep routine to get more restful, uninterrupted night of sleep
- Sleep study to explore reasons for interrupted sleep
- Labs for comprehensive metabolic panel, complete blood count and thyroid function

### **Elevated BP**

- Encourage compliance with medication regimen
- Encourage routine self BP monitoring
- Encourage change in diet i.e. decreased sodium and fat intake
- Stress reduction
- Labs for lipid profile
- Referral to dietician

### **Poor Diet and Overweight**

- Encourage healthier food choices and eating patterns
- Low impact exercises as tolerated.
- Consult with dietitian/ nutritionist

### **Vision Changes**

- Explore reasons for changes in vision
- Encourage regular use of glasses
- Referral to ophthalmologist/optometrist

## **Family Hx. of breast CA**

- Encourage routine self-breast examination
- Schedule mammogram

### **Lack of health maintenance**

- Encourage routine PCP ,GYN, dental and ophthalmology visits for screening
- Referrals for GYN, dental and ophthalmologist
- Encourage routine self-examinations
- Encourage changes to lifestyle and eating habits
- Encourage adherence to medical regimen
- Schedule colonoscopy, mammogram and pulmonary function tests

### **Poor Dental Hygiene**

- Encourage regular dental visits
- Brushing and flossing in between meals and before bed
- Discourage sweets especially before bed
- Referral for dentist

### **Right Knee Pain**

- Anti-inflammatory to decrease pain and swelling
- Weight Reduction
- ROM exercises
- Heat/Cold therapy
- Elevating Extremity
- X-Ray
- Referral to orthopedics

## Home Assessment



Home



Sitting room



Bedroom



Medication Cabinet

## Favorite Foods



Fried Fish



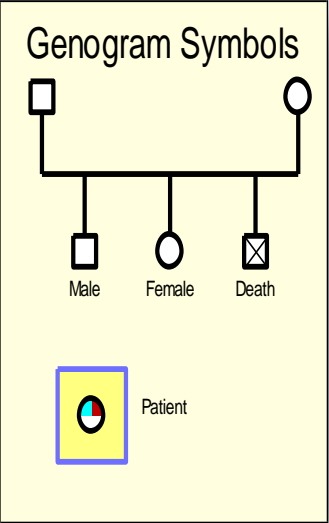
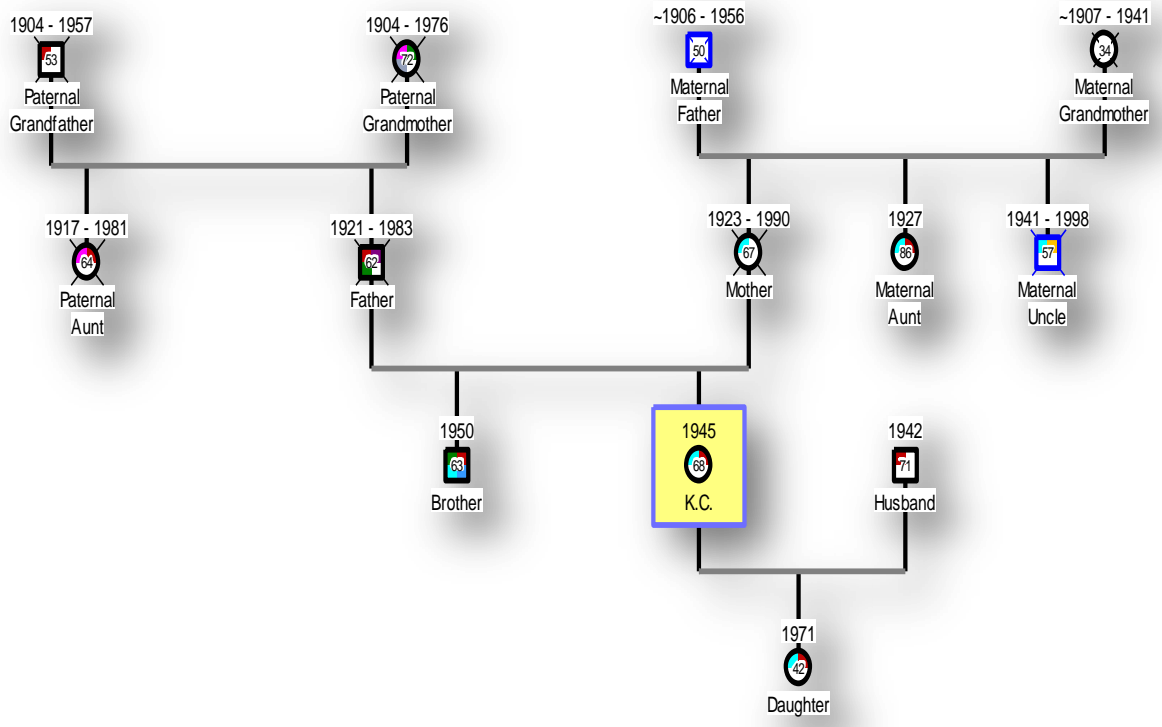
Oxtail, Rice & peas  
w/plantain and veg.



Jerk Chicken



Ackee & Salt Fish w/bread fruit &  
plantain



- 2 Asthma, Hypertension / High Blood Pressure
- 2 Hypertension / High Blood Pressure
- 1 Hypertension / High Blood Pressure, Diabetes, Obesity
- 1 Breast Cancer, Hypertension / High Blood Pressure
- 1 Breast Cancer, Obesity, Stroke
- 1 hx unknown
- 1 Asthma
- 1 Drug / Alcohol Abuse, Asthma, HIV / AIDS
- 1 Obesity, Hypertension / High Blood Pressure, Asthma, Sleep Apnea
- 1 Drug / Alcohol Abuse

