HERR, EARL (id #8374, dob: 12/12/1962)

Patient

Name	HERR, EARL (55yo, M) ID# 8374	**Appt. Date/Time**	06/01/2018 01:00PM
DOB	12/12/1962	**Service Dept.**	GWV
Provider	KRISTEN VIEHMAN		
Insurance	Med Primary: *SELF PAY* Prescription: ESI1 - Member is eligible.		

Chief Complaint

Followup: Abdominal pain
Followup: Pancreatitis
Followup: Chronic pain

Patient's Pharmacies

W.B. DRUG INC (ERX): 314 14TH STREET, BURLINGTON CO 80807, Ph (719) 346-8851, Fax (719) 346-7302

Vitals

BP:	151/95 sitting 06/01/2018 02:00 pm	**Wt:**	206 lbs 06/01/2018 02:14 pm	**BMI:**	29.6 06/01/2018 02:14 pm
Ht:	5 ft 10 in 06/01/2018 01:05 pm	**Pain Scale:**	4 06/01/2018 02:00 pm	**Pain Scale Type:**	Numeric 06/01/2018 02:00 pm
Pulse:	83 bpm 06/01/2018 02:00 pm				

Allergies

Reviewed Allergies
CODEINE: Chest pain

Medications

Reviewed Medications

fentaNYL 25 mcg/hr transdermal patch 06/01/18 prescribed
Apply 1 patch(es) every 72 hours by transdermal route as directed for 30 days.
Note: DNF: 6/2/18 (ok 6/1) - Next Fill: 7/1/18

gabapentin 100 mg capsule 06/04/18 prescribed
Take 1-3 capsules by oral route every 12 hours as needed

gabapentin 300 mg capsule 05/31/18 prescribed
Take 1 capsule(s) every 12 hours by oral route for 30 days.

gabapentin 600 mg tablet 06/01/18 prescribed
Take 1 tablet(s) every 12 hours by oral route as directed for 30 days.

morphine 30 mg immediate release tablet 06/01/18 prescribed
Take 1 tablet(s) every 8 hours by oral route as directed for 30 days.
Note: DNF: 6/2/18 (ok 6/1) - Next Fill: 7/1/18

Vaccines

None recorded.

Problems

Reviewed Problems
- Chronic pain - Onset: 05/07/2018
- Pancreatitis
- Abdominal pain

Family History

Reviewed Family History

Mother	- Family history of cancer

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Social History

Reviewed Social History
Pain Management
Alcohol intake: None
Hand Dominance: Left
Are you currently employed?: N
Work related injury?: N
Auto related injury?: N

Surgical History

Reviewed Surgical History
- Abdomen surgery procedure - 04/01/2016 - Adhesiolysis
- Cholecystectomy - 01/01/2002 - pancreatic duct leak

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: **Y**

HPI

Pain Management Initial

Reported by patient.

Hand Dominance: left
Location: bilateral; deep
Quality: aching; sharp; deep; frequent
Severity: severe; pain level 7/10; worst pain 9/10
Duration: 16 years
Timing: chronic; after eating
Context: pain started after gallbladder surgery in 2002
Alleviating Factors: narcotics
Aggravating Factors: standing; lifting; carrying
Associated Symptoms: no fever; no chills
Previous Surgery: surgical procedure:; date:; 2002
Prior Imaging: no recent studies
Previous Injections: helped temporarily
Previous PT: did not help
Work Related: no
Working: no

Earl is a 55 yo M with a history of chronic abdominal pain who presents for initial consultation today. He reports his pain is located throughout his abdomen, and radiates occasionally to the right flank area. He reports this pain started in 2002 after he had his gallbladder removed. He reports that after the surgery, he had a bile duct leak and ended up getting an infection in his abdomen. Since then he has had severe, debilitating abdominal pain. He reports that he underwent a stent placement to help the bile leak. This did not help his pain. He reports that he has been dealing with pain using opioids since his surgery. He reports he recently was living in the Philipines, and he actually underwent adhesiolysis surgery in 2016. He reports that after the surgery he developed hernias. He reports that he had complications from the surgery in the Philipines. He reports that his pain is worse if he eats certain foods, it is also worse if he rides in a car and goes over a bump. He reports his pain is worse now than it was prior to the surgery in 2016. He reports that opioids have been effective in controlling his pain. He is interested in procedures in the future. He reports right sided flank/back pain which he is unsure if it is related to his abdominal pain. Of note, he has had kidney issues, with questionable AKI after surgery in 2016. He may have had kidney stones in the past. He has Kaiser insurance but reports his PCP "doesn't listen" to him and has not investigated any of his other complaints. He denies burning/blood in his urine. He reports his back pain is a burning type pain. He has never had an MRI of his spine.

Follow up 6/1/18: Patient presents with pain score of 4/10 with medications; pain is in his entire abdomen. Pain presents 1.5 hours after anytime he eats. He states he does not have any back pain. Earl states he went to ER in Burlington since last seen in our clinic because his rectum was impacted with fecal matter. He has not had MRI done yet due to financial issues. He is here to discuss treatment options and endorses a medication refill.

ROS

Patient reports **weight loss (12 lbs) and exercise intolerance** but reports no fever, no night sweats, and no significant weight gain. He reports **abdominal pain, change in appetite, black or tarry stools, and frequent diarrhea** but reports no nausea, no vomiting, no constipation, normal appetite, not vomiting blood, no dyspepsia, and no GERD. He reports **weakness and dizziness** but reports no loss of consciousness, no numbness, no seizures, no migraines, no headaches, and no tremor. He reports **sleep disturbances, restless sleep, and anxiety** but reports no depression, feeling safe in a relationship, no alcohol abuse, no hallucinations, and no suicidal thoughts. He reports no dry eyes, no vision change, and no irritation. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He

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reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, no rashes, and no laceration. He reports no fatigue. He reports no swollen glands, no bruising, and no excessive bleeding. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

GENERAL: The patient is a well-developed male in no acute distress
EYES: Pupils are equal, round, and reactive to accommodation. Pupils are not pinpoint. Strabismus of left eye.
EARS: Hearing is symmetric.
NOSE: No deformities or discharge noted.
MOUTH/THROAT: No pharyngeal injection or exudate noted.
NECK: Trachea is midline. Neck is supple.
RESPIRATORY: Breathing in an unlabored manner. Lungs are clear.
CARDIOVASCULAR: Ext well perfused. Pulses are 2+ bilaterally.
GASTROINTESTINAL: Abdomen is benign but tender diffusely. Costovertebral angle (CVA) is tender on R.
MUSCULOSKELETAL:
Lumbar Spine: minimal paraspinal tenderness to palpation. Pos Kemp's bilaterally; SLR/slump neg bilat
Sacroiliac joints: neg
NEUROLOGICAL:
Alert and oriented to self, place and time.
CN II-XII grossly intact.
Gait is within normal limit.
Upper Extremities: Strength +5/5 bilat. Deep tendon reflexes are +2/4 bilat. ROM: +4/4 in active and passive ROM. no allodynia or hyperalgesia
Lower Extremities: Strength +5/5 bilat. Deep tendon reflexes are 2+/4 bilat. ROM: +4/4 in active and passive ROM. no allodynia/hyperalgesia
PSYCHIATRIC: Normal judgment and insight. Mood and affect are appropriate to setting

Assessment / Plan

Plan:
Refill Fentanyl 25 mcg 1 patch every 72 hrs #10 DNF: 6/2/18 (ok 6/1)
Refill MS IR 30 mg 1 tab every 8 hrs #90 DNF: 6/2/18 (ok 6/1)
Refill / increase Gabapentin 600 mg 1 tab every 12 hrs (300 mg)
Discussed the need to wean opioids to lowest effective dose
Schedule Lumbar spine MRI w/o contrast - pt hand carried order
Schedule w/ Psych w/Yvonne for opioid risk assessment
Med Rec signed today for dangers of taking benzodiazepine & opioids
Recommend he finds a PCP and GI specialist in Colorado
Follow up: 30 days
Next Fill: 7/1/18

Follow up with PCP for BP management- patient's BP was high today in clinic
Recommend increasing physical activity to help with weight loss

1. Abdominal pain
R10.9: Unspecified abdominal pain
- gabapentin 600 mg tablet - Take 1 tablet(s) every 12 hours by oral route as directed for 30 days. Qty: 60 tablet(s) Refills: 5 Pharmacy: W.B. DRUG INC

2. Pancreatitis
K85.90: Acute pancreatitis without necrosis or infection, unspecified

3. Chronic pain
G89.29: Other chronic pain
- fentanyl 25 mcg/hr transdermal patch - Apply 1 patch(es) every 72 hours by transdermal route as directed for 30 days. Qty: 10 patch(es) Refills: 0 Pharmacy: N/A

4. Lumbar radiculopathy
M54.16: Radiculopathy, lumbar region
- morphine 30 mg immediate release tablet - Take 1 tablet(s) every 8 hours by oral route as directed for 30 days. Qty: 90 tablet(s) Refills: 0 Pharmacy: N/A

5. Hip pain - Left
M25.552: Pain in left hip

Return to Office

None recorded.

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Encounter Sign-Off
Encounter signed-off by Michelle Smith, MD, 06/04/2018.

Encounter performed and documented by KRISTEN VIEHMAN
Encounter reviewed & signed by Michelle Smith, MD on 06/04/2018 at 12:06pm