

Dr. Smith's Diabetes SOAP Case

*Instructions: Complete your complete SOAP note as instructed. Then submit your completed SOAP note to Canvas by the **August 1st 5:00 PM**. The SOAP note may not be longer than two pages. Your references may appear on a third page. Do not forget to include aspects of the following questions in your SOAP. You will present your SOAP Note verbally in assigned groups in class. Each member **MUST** participate in presenting the patient case which may require your groups to practice ahead of time Each group will have 5 minutes to present the primary problem followed by Q&A as needed.*

1. What are this patient's drug therapy problems?
2. What findings indicate poorly controlled diabetes in this patient?
3. What are the goals of treatment for type 2 DM in this patient?
4. What individual patient characteristics should be considered in determining the treatment goals?
5. What nonpharmacologic interventions should be recommended for this patient's drug therapy problems?
6. What pharmacologic interventions could be considered for this patient's drug therapy problems?
7. What pharmacotherapeutic regimen would you recommend for each of the patient's drug therapy problems?
8. What parameters should be monitored to evaluate the efficacy and possible adverse effects associated with the optimal regimens you selected?
9. What information should be given to the patient regarding DM, HTN, dyslipidemia, obesity, and her treatment plan to increase adherence, minimize adverse effects, and improve outcomes?
10. What alternative therapies might be appropriate if the initial plan for diabetes treatment fails?

Diabetes Case

Barbara Johnson is a 47-year-old white woman who comes to the pharmacy with her husband of 23 years for a diabetes education class taught by the pharmacist. After class she asks the pharmacist to check her blood sugar and states "I have had diabetes for about six months and would like to have my blood sugar tested before going to work. She goes on to explain that she works as a sales associate in the electronics department of a local mass merchandiser but further states "I think that my blood sugar is running low because I have a terrible headache." Upon asking Ms. Johnson further questions the pharmacist noted that she has demonstrated a severe headache, sweating and fatigue at a local grocery store while with her two teenage daughters. Upon further evaluation it was noted that she had hyperglycemia episode which ultimately led to her diagnosis.

Since that time, she has been attempting to control her diabetes with diet and exercise with no success. She denies any use of tobacco products after stopping smoking 10 years ago, but does drink alcohol occasionally (three beers or glasses of wine per week). Her physician started her on metformin 1000 mg twice daily with food about 3 months ago. She has gained 10 lbs over the past year and monitors her blood sugar once a day, in which her results have ranged from 215 to 280 mg/dL. Her fasting blood sugars have averaged 200 mg/dL. She also stated that her father has a history of HTN, dyslipidemia, and bipolar disorder, her mother a history of dyslipidemia and hypothyroidism, and her brother has diabetes thought to be secondary to alcoholism.

ROS

Complains of nocturia, polyuria, and polydipsia on a daily basis. Denies nausea, constipation, diarrhea, signs or symptoms of hypoglycemia, paresthesias, and dyspnea.

Physical Examination

Gen

WDWN severely obese, white woman in NAD

VS

BP 138/80 mm Hg, P 98 bpm, RR 18, T 37.0°C; Wt 109 kg, Ht 5'8", waist circ 38 in

HEENT

PERRLA, EOMI, R & L fundus exam without retinopathy

Neck/Lymph Nodes

No LAN

Lungs

CTA & P

CV

RRR, no m/r/g

Abd

NT/ND

Genit/Rect

Deferred

MS/Ext

Carotids, femorals, popliteals, and right dorsalis pedis pulses 2+ throughout; left dorsalis pedis 1+; feet show mild calluses on MTPs

Neuro

DTRs 2+ throughout, feet with normal sensation (5.07 monofilament) and vibration

Labs

Na 138 mEq/L	Ca 9.4 mg/dL	<i>Fasting lipid profile</i>
K 3.7 mEq/L	Phos 3.3 mg/dL	T. chol 180 mg/dL
Cl 103 mEq/L	AST 16 IU/L	LDL 110 mg/dL
CO₂ 31 mEq/L	ALT 19 IU/L	HDL 58 mg/dL
BUN 16 mg/dL	Alk phos 62 IU/L	Trig 140 mg/dL
SCr 0.9 mg/dL	T. bili 0.4 mg/dL	
Glu (random) 243 mg/dL	A1C 10.0%	

UA

1+ protein, (+) microalbuminuria