

DNP Project Hours Completed Prior to NURS 8103 (DNP Project Implementation)

| Date | Description of Clinical Activities/Experiences | DNP Essential Met | Hours | Cumulative Hours |
|------------------------|--|--------------------------|--------------|-------------------------|
| May 11, 2021 | IHI Certificate: Introduction to HealthCare Improvement Training | I, III | 1 | 1 |
| May 11 | IHI Certificate: Introduction to Patient Safety Training | I, III | 1 | 2 |
| May 11 | IHI Certificate: Human Factors & Safety Training | I, III | 2 | 4 |
| May 11 | IHI Certificate: From Error to Harm Training | I, III | 1.5 | 5.5 |
| May 16 | Citi Program Training – Biomedical Research | I, III | 2 | 7.5 |
| May 16 | Citi Program Training – Practice Runs | I, III | 2 | 9.5 |
| May 19 | IHI Certificate: Teamwork and Communication Training | I, III | 1 | 10.5 |
| May 19 | IHI Certificate: Responding to Adverse Events Training | I, III | 1 | 11.5 |
| May 19 | IHI Certificate: Interpretating Data, Control Charts & Measurement Tools | I, III | 2 | 13.5 |
| May 19 | IHI Certificate: Leading Quality Improvement Training | I, III | 1.5 | 15 |
| May 19 | IHI Certificate: Introduction to the Triple Aim for Populations Training | I, III | 1 | 16 |
| May 20 | IHI Certificate: Introduction to Healthcare Leadership Training | I, III | 1 | 17 |
| May 20 | IHI Certificate: How to Improve with the Model for Improvement Training | I, III | 1.5 | 18.5 |
| May 20 | IHI Certificate: Testing & Measuring Chances with PDSA Cycles Training | I, III | 2 | 20.5 |
| May 20 | IHI Certificate: Intro to Patient-Centered Care | I, III | 1 | 21.5 |
| May 20 | PDSA Worksheet for Testing Change | I, III | 0.5 | 22 |
| September 7 | Completion of DNP Project Development Checklist + PICOT Question | I, III | 2 | 24 |
| January 6, 2022 | Development of Project Protocol Outline | I, III | 2 | 26 |
| February 8 | Temple IRB Meeting Session with David Comalli via Zoom | III, IV, V | 1.5 | 27.5 |
| April 19 | REDCap Intermediate Workshop via Zoom | I, III | 1 | 28.5 |
| April 20 | Meeting with Possible DNP Project Mentor to Pitch Idea for DNP Project | II, VI | 1 | 29.5 |
| April 21 | Meeting with New Librarian on Searching and Exporting Literature Data | III, IV, V | 1.5 | 31 |
| April 22 | Critical Appraisal of the Literature | I, III | 2 | 33 |
| April 23 | Critical Appraisal of the Literature | I, III | 1 | 34 |
| April 25 | Zoom Meeting with Other Stake Holders for DNP Project Idea | II, VI | 1 | 35 |
| April 26 | Responding to Email Threads with DNP Project Mentor & Stakeholders | II, VI | 0.5 | 35.5 |

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| April 27 | Responding to Email Threads with DNP Project Mentor & Stakeholders | II, VI | 0.5 | 36 |
| May 24 | Critical Appraisal of the Literature | I, III | 2 | 38 |
| May 25 | Critical Appraisal of the Literature | I, III | 2 | 40 |
| May 28 | Critical Appraisal of the Literature | I, III | 2 | 42 |
| May 29 | Critical Appraisal of the Literature | I, III | 2 | 44 |
| June 13 | Writing of DNP Project Proposal for IRB Approval | I, III | 3 | 47 |
| June 14 | Writing of DNP Project Proposal for IRB Approval | I, III | 3 | 50 |
| June 15 | Writing of DNP Project Proposal for IRB Approval | I, III | 3 | 53 |
| June 18 | Writing of DNP Project Proposal for IRB Approval | I, III | 3 | 56 |
| June 19 | Writing of DNP Project Proposal for IRB Approval | I, III | 3 | 59 |
| June 27 | Revisions of DNP Project Proposal Completed for IRB Approval | I, III | 2 | 61 |
| June 27 | Critical Appraisal of the Literature | I, III | 2 | 63 |
| July 19 | DNP project IRB Email Form Filled and Sent for Review | | 0 | - |
| July 20 | IRB Approval Received via Email – Cleared to Begin Implementation | | 0 | - |
| August 3 | Orientation with DVCH HR Department (Orientation to Patient Population) | IV, VII | 1 | 64 |
| August 3 | Completion of DVCH Training Video and Attestation | IV, VIII | 1 | 65 |

DNP Project Clinical Hours Completed During NURS 8103 (DNP Project Implementation)

| Date | Description of Clinical Activities/experiences | DNP Essentials | Hours | Cumulative Hours |
|------------------------|--|-----------------------|--------------|-------------------------|
| August 22, 2022 | Zoom Meeting with DNP Project Mentor to Discuss Data Collection | II, V, VI | 1 | 66 |
| August 23 | Next Gen (EHR used at DVCH) Training at DVCH for EHR access | II, IV | 2 | 68 |
| August 24 | In-person Meeting with DNP Project Mentor at Project Site (NRHC) | II, V, VI | 1 | 69 |
| August 25 | In-person Meeting with Nurse Leader at MDLS | II, V, VI | 1 | 70 |
| August 26 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 71.5 |
| August 29 | In-person Meeting with Nurse Leader at NRHC | II, VI | 1 | 72.5 |
| August 30 | Development of the Metabolic Screening Protocol Per ADA/APA | I, III | 1.5 | 74 |
| August 31 | In-person Meeting with IT at Project Site (NRHC) | II, V, IV | 1 | 75 |

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| September 1 | Development of Needs Assessment Survey via Survey Monkey | IV, V | 1 | 76 |
| September 2 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 77.5 |
| September 2 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 1 | 78.5 |
| September 5 | Analysis of Needs Assessment Survey | III, IV | 0.5 | 79 |
| September 6 | In-person Meeting with DNP Project Mentor and NP Provider | II, V, IV | 1 | 80 |
| September 7 | Development of Pre-Implementation Pretest via Survey Monkey | I, III, VIII | 1 | 81 |
| September 7 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 1 | 82 |
| September 8 | In-person Meet & Greet with Project Participants at Project Site | II, V, IV | 1.5 | 83.5 |
| September 9 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 4 | 87.5 |
| September 12 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 4 | 91.5 |
| September 13 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 4 | 95.5 |
| September 14 | Organizational Assessment: Gap Analysis Chart Review | III, IV | 3 | 98.5 |
| September 15 | Analyzing Results of Gap Analysis Chart Review | III, IV | 2 | 100.5 |
| September 16 | Meeting with DNP Project Mentor Regarding Chart Review Results | II, V, IV | 1 | 101.5 |
| September 19 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 103 |
| September 20 | Analysis of Pre-test Implementation Results | III, IV | 0.5 | 103.5 |
| September 21 | Development of Power Point Presentation (Educational Materials) | I, III, VIII | 2 | 105.5 |
| September 22 | Development of Post-Implementation Post-test via Survey Monkey | I, III, VIII | 1 | 106.5 |
| September 23 | Lunch & Learn Power Point Presentation with Project Participants | VI | 1.5 | 108 |
| September 26 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 109.5 |
| September 27 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 111 |
| September 28 | Zoom Meeting with DNP Project Mentor & Other Stakeholders | II, V | 0.5 | 111.5 |
| September 29 | Individual Meeting with Project Participants at Project Site (NRHC) | VI | 1 | 112.5 |
| September 30 | Individual Meeting with Project Participants at Project Site (NRHC) | VI | 1 | 113.5 |
| October 3 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 115 |
| October 4 | Zoom Meeting with Project Mentor to Provide Update | II, V | 1 | 116 |
| October 5 | Development of Project Intervention (Educational Materials) | I, III, V | 1 | 117 |
| October 6 | Development of Project Intervention (Educational Materials) | I, III, V | 1 | 118 |
| October 7 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 119.5 |
| October 10 | Individual Meeting with Project Participants at Project Site | VI | 0.5 | 120 |

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| October 11 | Monthly Quality Meeting at NRHC – Report on Quality Indicators | II | 1 | 121 |
| October 11 | Reading/Critical Appraisal of Supplemental Literature (3 articles) | I, III | 2 | 123 |
| October 12 | Meeting with IT Specialists at Project Site (NRHC) | II, V, IV | 1 | 124 |
| October 13 | Reading/Critical Appraisal of Supplemental Literature (3 articles) | I, III | 2 | 126 |
| October 14 | Zoom Meeting with Project Participants & Mentor for Input | II, V | 1 | 127 |
| October 14 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 128.5 |
| October 14 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 2 | 130.5 |
| October 17 | Reading/Critical Appraisal of Supplemental Literature (3 articles) | I, III | 2 | 132.5 |
| October 17 | Completion of Edits to Project Intervention (Educational Materials) | I, III, V | 1 | 133.5 |
| October 18 | Reading/Critical Appraisal of Supplemental Literature (3 articles) | I, III | 2 | 135.5 |
| October 19 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 137 |
| October 20 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 2 | 139 |
| October 20 | Professional Printing & Lamination of Educational Materials | III, IV, VIII | 1 | 140 |
| October 20 | Purchasing Tape Measures for Distribution to Project Participants | III, IV, VIII | 1 | 141 |
| October 21 | Distribution of Educational Materials to Project Participants & Discuss | IV, V, VIII | 2 | 143 |
| October 24 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 3 | 146 |
| October 25 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 3 | 149 |
| October 26 | Distribution of Educational Materials in Patient Exam Rooms | IV, V, VIII | 1 | 150 |
| October 26 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 151.5 |
| October 27 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 2 | 153.5 |
| October 28 | Designing Methodology and Evaluation Plan | I, III, VIII | 3 | 156.5 |
| October 31 | Conducting SWOT Analysis of Project | I, III, VIII | 2 | 158.5 |
| November 1 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 160 |
| November 2 | Chart Review – Data Collection on Patients with Upcoming Appts | III, IV | 2 | 162 |
| November 3 | Evaluation of Pre/post-test results and Evaluating Outcomes | I, III, VIII | 2.5 | 164.5 |
| November 4 | Chart Review – Data Collection on Patients with Upcoming Appts | I, III, IV | 2 | 166.5 |
| November 7 | Zoom Meeting with Participants – Transtheoretical Model of Change | II, IV, V | 1 | 167.5 |
| November 7 | Reading/Critical Appraisal of Supplemental Literature (3 articles) | I, III | 2 | 169.5 |
| November 8 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 171 |
| November 9 | Determining/Changing of Outcomes to be Measured | I, II, IV | 1 | 172 |

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| November 10 | Interdisciplinary Zoom Conference with Participants and Provider | II, IV, V | 1 | 173 |
| November 11 | Reading/Critical Appraisal of Supplemental Literature (2 articles) | I, III | 1.5 | 174.5 |
| November 14 | Chart Review – Data Collection of Patients with Upcoming Appts | I, III, IV | 2 | 176.5 |
| November 15 | Monthly Quality Meeting at NRHC – Update on Quality Measures | II | 1 | 177.5 |
| November 16 | Chart Review – Data Collection on Patients with Upcoming Appts | I, III, IV | 2 | 179.5 |
| November 17 | Chart Review – Data Collection on Patients with Upcoming Appts | I, III, IV | 2 | 181.5 |
| November 18 | In-person Meeting with Project Participants – Check-in | II, V, IV | 1 | 182.5 |
| November 21 | Zoom Meeting with Project Mentor and other Stakeholders | II, V, VI | 1 | 183.5 |
| November 22 | Responding to Email Thread with Project Participants | II, VI | 0.5 | 184 |
| November 23 | Chart Review – Data Collection of Patients with Upcoming Appt | I, III, IV | 1 | 185 |
| November 25 | Chart Review – Data Collection of Patients with Upcoming Appt | I, III, IV | 1 | 186 |
| November 28 | Chart Review – Data Collection of Patients with Upcoming Appt | I, III, IV | 1 | 187 |
| November 28 | Chart Review – Data Collection of Patients with Upcoming Appt | I, III, IV | 1 | 188 |
| November 29 | Chart Review – Data Collection of Patients with Upcoming Appt | I, III, IV | 1 | 189 |
| November 30 | Development of 6-week Post-Implementation Post-test via Survey M. | I, III, IV | 1.5 | 190.5 |
| December 1 | Chart Review – Data Collection of Patients with Upcoming Appts | I, III, IV | 1.5 | 192 |
| December 2 | Chart Review – Data Collection of Patients with Upcoming Appts | I, III, IV | 2 | 194 |
| December 3 | Chart Review – Data Collection of Patients with Upcoming Appts | I, III, IV | 1 | 195 |
| December 5 | In-person Meeting with DNP Mentor and Project Participants at Site | II, V, VI | 1 | 196 |
| December 6 | Distribution of 6-week Post-Implementation Post-test via email | III, IV | 0.5 | 196.5 |
| December 6 | Meeting with Project Mentor & Participants/ Gift Card Distribution | III, IV, V | 1.5 | 198 |
| December 7 | Review of Preliminary Results for 6-week Post-test Survey | I, II, IV | 1 | 199 |
| December 8 | Review of Preliminary Results for 6-week Post-test Survey | I, II, IV | 1 | 200 |
| | | | | Total Hours= 200 |

IHI= Institute for Healthcare Improvement
PDSA= Plan, Do, Study, Act
DVCH – Delaware Valley Community Health
NRHC – Norristown Regional Health Center
MDLS – Maria De Los Santos Health Center

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Clinical Case Logs

Demographic Information (age, sex, race): 61 y/o Hispanic male

Chief Complaint: Knee discomfort and labs results from 1/19/22

IDC-10 Code: M25.561 bilateral chronic knee pain; E78.2 Mixed Hyperlipidemia

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: was seen on 1/19/22 for complaints of URI. Was tested for FLU and COVID which were both negative. Advised to manage with conservative measures, and ER precautions were discussed. Reports feeling better with resolution of symptoms. Had Now presents for concerns of b/l knee pain. Worked in landscaping for some time where he sustained injuries to the knees, most recently one occurred last year. Now working in factory and continues to have b/l knee pain made worse when walking or standing for long. Pain is achy and endorses knee "giving out" at times. Using a brace and Tylenol for relief. Lipid panel revealed LDL of 143, TC of 225. Remaining labs were normal. Exam: No swelling or deformities of the knees noted. Vitals stable. Assessment: Bilateral chronic knee pain 2/2 Arthritis; Mixed HLD. Plan: X-ray 3 views of b/l knees ordered. Given referral for PT. Advised to continue with knee brace, using Tylenol or Motrin as needed for pain. RTO to office in 3-6 months or sooner for any concerns. Agree with plan of care.

Demographic Information (age, sex, race): 57 y/o Black male

Chief Complaint: 2nd dose of shingles vaccine

IDC-10 Code: I10 Essential HTN; E11.9 New onset Type 2 diabetes

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: presents for 2nd dose of shingles vaccine. Has documented history of HTN with elevated readings since 2019; currently not taking any medications. Was advised to manage with lifestyle modifications, but reports having difficulty. ROS is negative and denies any concerns/complaints. Found to have diabetes at last visit, A1c of 6.7%. Currently not on medications. Exam: Unremarkable cardiac exam. Today's BP: 149/89, repeat 141/83. Remaining vitals stable. Assessment: HTN, uncontrolled and not at goal (goal of less than 130/80). Plan: Started Amlodipine 5 mg today and enroll in SMBP. Labs done today: BMP, BCB, Microalbumin, and A1c. Follow up in two weeks for BP check and to review labs. Will consider starting Metformin based on lab results. Shingles vaccine administered. Agree with plan of care.

Demographic Information (age, sex, race): 43 y/o Hispanic female

Chief Complaint: Lab results

IDC-10 Code: R73.03 Prediabetes

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: last seen in the office on 1/19/23, complained of increasing fatigue and weight gain of 10 lbs at that time. Labs checked at the time: TSH, CBC, A1c, CMP and Lipid panel. LDL noted to be elevated at 131, A1c is 6.1%, and all remaining labs are normal. ASCVD score of 1%. Endorses feeling better today, no longer fatigue as much and reports sleeping more hours at night. Further reports that she has been walking more and trying to eat more whole, healthy foods. Noted to have lost 2 lbs since last visit. Exam: Unremarkable; vital stable. Assessment: Prediabetes. Plan: Patient informed of lab results and counseled on continuing lifestyle changes such as diet and exercise. Advised to RTO in 1 year for f/u or sooner for any other concerns. Agree with plan of care.

Demographic Information (age, sex, race): 52 y/o Hispanic male

Chief Complaint: New patient with burning of b/l feet

IDC-10 Code: M77.41 Metatarsalgia of both feet; R73.9 Hyperglycemia

CPT Code: Office visit for a new patient (30 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: presents with 1 month history of b/l foot burning that has gotten progressively worse. Reports unable to sleep due to the burning sensation. Pain is localized to the distal planter and dorsal aspects of the foot and toes. Purchased OTC cream for neuropathy per pharmacists' recommendations which has not provided any relief. Denies smoking, drinks 2-3 beers per week. No PMH/PSH or taking any medications. Has family history of HTN and diabetes. Works in landscaping but currently on hiatus. Exam: Noted to have pain on palpation of balls of both feet. No signs of inflammation noted. Remaining exam is unremarkable. In-office glucose of point of care is elevated: 267 mg/dL, non-fasting. Assessment: Metatarsalgia of both feet vs Neuropathy; Elevated blood sugar reading without diagnosis of diabetes. Plan: Patient advised on wearing shoes with proper support to minimize pain and for arch support. Labs done today: A1c, CBC, Vitamin B12, and CMP. Scheduled for f/u in 2 weeks for lab results and for f/u on current symptoms. Agree with plan of care.

Demographic Information (age, sex, race): 59 y/o Black female

Chief Complaint: Hypothyroidism f/u

IDC-10 Code: E03.9 Acquired Hypothyroidism; I10 Essential HTN

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: was last seen in the office on 12/12/22 due to concerns adverse reactions to Synthroid 75 mg. At the time, patient reported medication made her feel more anxious and she complained of chest pain and palpitations. Pt complained of these symptoms before, had cardiology f/u and they deemed her to have normal cardiac function. Patient then advised to take Synthroid every 3 days and f/u in 1 month for TSH results. It's been over a month; reports that she has been taking Synthroid as last directed (last time she took it was this morning). Patient was also referred to Endocrinology at that time. Last TSH was 1.640 on 10/3/22. States that she checks her BP 2-3 times daily at home and continues to take Amlodipine as directed. Has record of home readings: 109-111/70s. Exam: Noted to be anxious; tachycardic in the 120s with normal rhythm. Today's BP: 161/78, repeat 167/81.

Assessment: Hypothyroidism, controlled per TSH levels; Elevated BP today, but controlled per home readings. Plan: Continue BP medication as directed and continue to check BP at home and bring records to every visit. Labs done today: CBC, TSH, Lipid panel, and CMP. Will f/u with patient with TSH results; will make changes to Synthroid dosing if needed. Agree with plan of care.

Demographic Information (age, sex, race): 48 y/o Hispanic female

Chief Complaint: Physical + Mammogram referral

IDC-10 Code: Z23 Immunization due; Z12.31 Breast cancer screening by mammogram; Z00.00 Encounter for routine adult medical examination

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: last seen in office for a yearly physical. Denies any concerns/complaints today. Is requesting a referral for a mammogram; last mammogram was 2/2021. Had labs done 4/22/19 which showed a A1c of 6.0%, LDL of 101 (ASCVD risk is 1%). Reports that she has been doing her best to eat healthy and walks 20 mins per day. Had eye and dental checkups last year. Exam: Unremarkable; vitals are stable. Assessment: Prediabetes, managed by lifestyle modifications. Plan: Referral for mammogram given and InSure FIT ordered. Flu and Tdap vaccines administered. Labs done today: A1c. RTO for yearly physical or sooner for any other concerns.

Demographic Information (age, sex, race): 53 y/o Hispanic female

Chief Complaint: S/p fall

IDC-10 Code: M54.2 neck pain; M79.642 Left hand pain

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: s/p fall on 1/12/23 while performing errands. States that she tripped on a rock, attempted to brace fall with left hand but ended up falling on her face and right knee. States her head whipped lashed forward as she was falling to the ground. Was seen in the office the day of her fall; had lacerations to the nose, forehead and knees that have since healed. Presents today as she continues to have pain in the back of her neck and left hand. Is taking Tylenol with some relief but is concerned that she needs imaging to assess for fractures. Exam: Tenderness at the base of occipital skull, palm of right hand and joint tenderness noted to the right knee. Assessment: Neck pain, left hand pain and right knee pain s/p fall. Plan: X-rays of cervical spine, right knee and left hand ordered. Advised to continue using Tylenol and ice for management of discomfort. Further discussed that pain is expected for some time after traumatic fall. ER precautions discussed. Agree with plan of care.

Demographic Information (age, sex, race): 38 y/o Hispanic female

Chief Complaint: Lower abdominal pain

IDC-10 Code: R20.2 Pelvic pain

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: presents with one month history of lower abd pain, describes pain as cramping which she has been managing with Tylenol. She's also concerned that she may be pregnant as LMP was 11/20/22. Denies fatigue, n/v, breast tenderness, but endorses increased hunger and thirst. Denies urinary symptoms and denies constipation. Diabetes is poorly controlled; A1c of 12.6 on 10/20/22. Is prescribed Metformin and Glipizide, but reports running out of Glipizide as she was only given refills for one month. Has refused insulin the past and continues to do so. Exam: Tenderness on palpation of pelvic region, otherwise unremarkable. In-office pregnancy test was negative. Urine dipstick showed moderate amounts of nitrates. Vitals stable. Assessment: Possible UTI. Plan: Urine culture obtained; A1c, CBC, microalbumin, CMP and Lipid panel obtained today. Scheduled for f/u in 1 week. Agree with plan of care.

Demographic Information (age, sex, race): 79 y/o Hispanic female

Chief Complaint: F/u visit after establishing care

IDC-10 Code: I50.22 Chronic systolic heart failure; E11.9 Type 2 diabetes; R42 Dizziness; E87.5 Hyperkalemia; I10 Chronic hypertension; Z13.1 Encounter for screening for diabetes mellitus

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: presents for f/u after re-establishing care. Patient lives in Nicaragua and is back in the states for a few months with family. Complained of dizziness during last visit. Continues to endorse dizziness, described as "the room is spinning" was given information on Epley maneuver which she believed has helped. Also endorses improvement in b/l lower extremity edema. Has cardiology records in Spanish with handwriting difficult to understand; able to ascertain that an ECHO was done 10/25/21 which showed HFrEF of 46% and hypertensive cardiomyopathy. Reports taking Lasix 40 mg daily and takes an additional dose in the evening for increasing edema. Labs results from last visit show: BUN/creatinine of 30 and 1.19, potassium of 5.5, glucose of 239, A1c of 7.2%. Exam: Improvement in b/l lower extremity noted, remaining exam is unremarkable; Orthostatic vitals noted. Assessment: Hyperkalemia; Type 2 diabetes, at goal with A1c of less than 8%; HTN, controlled at goal of less than 140/90; Systolic HF; Vertigo vs hyperglycemia vs orthostasis. Plan: Continue medications (Lasix, Irbesartan & Metoprolol) per cardiology in Nicaragua (unable to f/u with cardiology here due to not having insurance). Decrease Glimperide to 2 mg from 4 mg daily; will consider titrating Metformin up if needed. Continue brandt-daroff exercises and monitor. Continue Amlodipine for BP management; will recheck BM today to confirm renal function and potassium. Will schedule patient for f/u with lab results. Agree with plan of care.

Demographic Information (age, sex, race): 79 y/o Hispanic female

Chief Complaint: HTN and diabetes f/u

IDC-10 Code: E11.649 Hypoglycemia associated with diabetes; Z13.1 Encounter for screening for diabetes mellitus

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: was last seen in the office on 2/1/23; Lantus was discontinued at that time due to episodes of hypoglycemia with a A1c of 6.9% on 1/18/23. Endorses she stopped taking Lantus as directed; not taking any other medications for diabetes. Home blood sugar readings over the past two weeks range: 105-202 (most readings are non-fasting, per patient). Denies any other concerns/complaints currently. Exam: Unremarkable; Vitals stable. Assessment: Type 2 diabetes, controlled with A1c at goal; HTN; controlled and at goal of less than 140/90. Plan: Continue to hold Lantus currently; check fasting blood sugar every other day. Will check A1c again in April/May. Continue all other medications. Agree with plan of care.

Demographic Information (age, sex, race): 72 y/o Hispanic female

Chief Complaint: Establish care

IDC-10 Code: I10 Essential hypertension; Z12.31 Screening for mammogram

CPT Code: Office visit for a new patient (30 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: moved from Venezuela in November, presents to established care. PMH: HTN, prescribed Bisoprolol and Candesartan, which she endorses taking daily as directed. PSH: Right inguinal hernia repair. Denies ever smoking, occasional beer and drink coffee daily. Noncontributory family history. Had mammogram "over 10 years ago". Never had colon cancer screening (does not have insurance). Up to date on vaccines. Exam: Unremarkable; Today's BP: 198/89, repeat 185/97. Remaining vitals stable. Assessment: HTN, uncontrolled and not at goal of less than 140/90. Plan: Discontinue Candesartan and Bisoprolol and started Amlodipine 5 mg and Lisinopril 20 mg daily. Labs done today: A1c, CMP, CBC, TSH, Lipid panel, Hep C Ab. Patient counseled on limiting foods with high amounts of salt. Referred to Penn Radnor for mammogram for uninsured patients. Patient given InSure FIT testing for colon cancer screening. Scheduled for f/u in 1 week for BP check and for lab results. Agree with plan of care.

Demographic Information (age, sex, race): 64 y/o Hispanic female

Chief Complaint: HTN and diabetes f/u

IDC-10 Code: E11.65 Type diabetes with hyperglycemia, without long-term current use of insulin; E78.2 Mixed Hyperlipidemia; I10 Essential HTN

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: last seen in the office on 2/1/23; here for f/u on labs. A1c was 8.4%, TC 212, LDL 136, and HDL 43 (trending upwards). Home BP readings over the past week: 125/73, 120/67, 117/68, 104/63, 110/64, 116/71, 112/68, 112/73. Endorses taking her medications as directed. Denies concerns/complaints currently. Exam: Unremarkable; vitals stable. Assessment: Type 2 diabetes, not controlled (A1c not at goal of less than 8%); Mixed HLD; HTN, controlled and at goal of less than 140/90. Plan: Continue taking Glipizide and Metformin; add Jardiance. Goal is to eventually stop Glipizide given risk for hypoglycemia in geriatric population. Will check A1c in 3 months. Discontinue Atorvastatin and start Rosuvastatin 20 mg daily, will recheck lipid panel in 3 months. Continue current anti-hypertensive medications. Scheduled for f/u in 3 months. Agree with plan of care.

Demographic Information (age, sex, race): 76 y/o Cambodian male

Chief Complaint: Cognitive assessment 2/2 memory changes

IDC-10 Code: R41.3 Memory loss; F51.01 Primary Insomnia; E78.00 Elevated cholesterol

CPT Code: Office visit for an established patient (20 mins)

Level of Student participation: Performed

Clinical Summary:

Hx: accompanied by daughter who states that in the past two months, patient has been having issues with memory for the past 2 months. Lives with daughter, son-in-law, and her husband. Patient is independent with ADLs; has been requiring assistance with cooking, laundry, grocery shopping, managing medications and managing finances. Patient endorses that she hasn't been sleeping well at night due as she is concerned about not being able to take citizenship exam due to her not being able to speak English. Highest level of education is 7th grade. Labs done on 2/1/23 showed TC of 253 and LDL of 154. Exam: Modified mini mental exam score of 17/22 (denominator reduced as patient does not reading/write English); GDS 15 score of 4; and verbal fluency score of 12. Vitals stable. Assessment: Memory loss exacerbated by insomnia/mild depression; Hyperlipidemia Plan: Start Mirtazapine 15 mg daily; establish sleep schedule and avoiding napping during the day. Restart Atorvastatin 10 mg daily; will recheck lipid levels in 3 months. Patient scheduled for 1 month f/u to reassess insomnia. Agree with plan of care.

Demographic Information (age, sex, race): 88 y/o Hispanic female

Chief Complaint: Diabetes and sciatic pain f/u

IDC-10 Code: E11.65 Type 2 diabetes mellitus without hyperglycemia, without long-term current use of insulin; M54.31 Sciatic pain, right

CPT Code: Office visit for an established patient

Level of Student participation: Performed

Clinical Summary:

Hx: presents for diabetes f/u. Brought glucometer today; last reading noted to be from November. States that she has been checking her blood sugar every other day. Last A1c was 7.5% on 11/16/22. Endorses improvement in right sciatic pain and has been using topical gels from Mexico which she has with her today: belladonna, hemp oil, and kofal (like icy hot). Patient states that doing home exercises and applying these ointments have greatly improved her pain. Exam: Unremarkable; vitals stable. In-office glucose check was 122 mg/dL. Assessment: Type 2 diabetes, controlled (A1c at goal of less than 8%); Sciatica, right leg; HTN, controlled and at goal. Plan: Continue current diabetes medications; will check A1c today. Can continue using homeopathic ointments as needed. Scheduled for f/u in 1 week for A1c results. Goal is to discontinue Glipizide overtime due to risk of hypoglycemia. Agree with plan of care.