

## INFECTIOUS DISEASE SOAP NOTE

**Patient Name:** Jimmy McGann

**PCP:** Beth Brian, MD

**Date of Birth:** 12/03/----

**Age:** 35

**Sex:** Male

**Date of Exam:** 12/29/----

**CHIEF COMPLAINT:** Nonproductive cough with congestion.

**SUBJECTIVE:** This patient with a history of AIDS, status post *Pneumocystis carinii* pneumonia, herpes esophagitis, perirectal herpes, and CMV hepatitis, is seen today for the first time in 4 1/2 months. The patient indicates that, in mid-November, he stopped all his medications because, "I just got confused about the dosing." When I asked why he had not called, he said he just never thought about it. He relates that his most acute problem right now is the development of a nonproductive cough associated with congestion. There have been no fevers, chills, pleuritic chest pain, anorexia, nausea, vomiting, increased diarrhea, or GU symptoms.

**OBJECTIVE:** HEENT are basically unrevealing with no posterior drainage. Neck supple, good range of motion, no significant adenopathy. Back exam benign. Chest is relatively clear, although he does have diminished breath sounds in the bases. Cardiovascular, S1, S2 without rubs or murmurs. Abdomen: Bowel sounds present. Abdomen is soft, nontender with no guarding or rebound. Extremities are unrevealing. Skin clear. No rashes, ulcerations, or lesions at this time.

### ASSESSMENT

1. Bronchitis. At this point, I think the prudent thing is to address this problem acutely with Zithromax and Vicodin-Tuss cough suppressant.
2. History of acquired immunodeficiency syndrome. Once again, I reviewed how critical it is for him to maintain compliance and followup. I have expressed that if I am going to make 100% commitment to him, he likewise has to commit to his own health care. As such, if he fails to return in followup, we will have to seek an alternative physician to provide his care. He indicates that he understands my concern and anxiety. I have stated that we are going to deal with his acute illness, and then I will place him back on his medications. Repeat labs today to assess his status.
3. Cytomegalovirus hepatitis. We will recheck his liver functions.
4. Status post herpes of esophagus and perirectal area. No current symptoms.

(Continued)

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### PLAN

1. Z-Pak.
2. Vicodin-Tuss 1 teaspoon p.o. q. 6 h. p.r.n.
3. CBC, Chem-18, CD4 count, and viral load.
4. Return in 10 to 14 days to review data and make some decisions about his future therapy.

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Beth Brian, MD  
Infectious Disease

BB/jdz  
D: 12/29/----  
T: 12/30/----