

H&P:**Date:**10/12/2021**Patient name:** AV**MR:**####**CC:** rash x1 month

HPI: 70 year old male with hx of schizophrenia and HTN presents to office with c/o rash on right hand x1 month. Patient is accompanied by caregiver who states she has noticed this rash on his hand for about a month. It has recently gotten worse, and the patient has been scratching it to the point of bleeding for the past 5 days. The rash extends over the back of the hand, to the thumb and wrist. It appears scaly and bumpy. The caregiver covered the area with a bandage to prevent further scratching however the patient refused to apply any cream or lotion to the area. The patient bathes twice weekly when a visiting nurse comes to help. Patient states he is compliant with his daily medication and did not notice the rash. Last visit to psychiatrist was 2 months ago.

Past medical history:

- HTN
- schizophrenia

- constipation

Past surgical history:

2015 Left wrist fracture- internal fixation

Past hospitalizations:

2015 schizophrenia (creedmore)

Family History

Unknown

Social History:

Tobacco: nonsmoker

Alcohol: denies

Illicit Drug Use: denies

Sexual History: not currently sexually active. No hx of STI.

Depression screen: negative

Exercise: denies

Allergies:

Negative

Medications:

- clozapine 100 mg tablet AM, 3 tabs qhs orally daily
- amlodipine besylate 2.5 mg tablet orally once daily
- lactulose 10gm/15ml syrup 15 ml orally once daily

Review of Systems

General/Constitutional:

General no unintentional weight loss or gain, good general state of health, no weakness, no fatigue, no fever, able to do usual activities.

Head and Neck:

Head no headache, no dizziness, no lightheadedness. Eyes normal vision, no redness, no blind spots, no floaters. Ears no earaches, no fullness, no tinnitus. Nose and Sinuses no stuffiness, no discharge, no itching, no nosebleeds. Mouth and Pharynx no bleeding gums, no sore throats, no hoarseness. Neck no lumps, no goiter, no neck stiffness or pain.

Thorax:

Heart no chest pain or discomfort, no syncope, no dyspnea on exertion, no orthopnea, no PND, no edema, no cyanosis, no heart murmurs, no palpitations. Lungs no pleuritic pain, no SOB, no wheezing, no stridor, no cough, no hemoptysis.

Gastrointestinal:

General good appetite, no indigestion, no abdominal pain, no heartburn/reflux, no excessive belching or flatulence, no nausea/vomiting, no hematemesis, no constipation, no diarrhea, normal bowel movement frequency, normal stools, no rectal bleeding, no hemorrhoids.

Genitourinary:

Genitals normal libido, no genital sores, no rashes. Urinary no urgency, no burning or pain on urination, normal caliber of urinary stream, no dysuria, no nocturia, no hematuria, no polyuria, normal urine color, no stones, no incontinence, increased urgency, increased frequency, burning or pain on urination, reduced caliber of urinary stream, hesitancy.

Peripheral Vascular:

no clubbing, cyanosis, edema.

Musculoskeletal:

General: mild osteoarthritic pain in b/l knees, no neck/backache/shoulder pain, no swelling or redness in joints, no limitation in motion, no muscle weakness.

Skin:

POSITIVE: red scaly rash over right hand with excoriations, no lumps, no itching, no pigmentation, no dryness, no changes in hair and nails, no easy bruising.

Neurologic/Psychiatric:

Neurology no fainting, no seizures, no weakness, no numbness, no tingling, no tremor, good coordination, good memory and speech. Psychiatry POSITIVE: schizophrenia, no nervousness, no tension, good mood, no unusual perceptions, no current suicidal ideations.

Allergy/Immunology:

POSITIVE: rash on R hand, no trouble breathing.

VITALS:

T 96.8 F (oral), BP 140/90 (Left arm, sitting), HR 105, repeat 100, RR 16, Ht 5'7", Wt 164, BMI 25.1

Physical Exam:

GENERAL: A/o x3 male, well developed, well nourished.

HEENT: PERRL

NECK: no lymphadenopathy, tenderness to palpation

CARDIAC: RRR, no murmurs, rubs, or gallops

LUNGS: CTAB. No wheezing, rhonchi, or rales

GI: +bs in all 4 quadrants, soft, nontender, nondistended

SKIN: 4x5 cm scaly erythematous patch on dorsal surface of right hand extending to thumb and wrist

EXTREMITIES: lower extremities symmetrical. no cyanosis, edema, pulses 2+ bilaterally.

Differential Diagnoses

plaque psoriasis

atopic dermatitis

tinea corporis

Squamous cell carcinoma-

Assessment/Plan

*Rash

Refer patient to dermatology

Start patient on trial of hydrocortisone cream

Advise caregiver to wash the area daily and apply moisturizer. Cover the area at night to prevent scratching. When possible, expose the area to sunlight. Explain to the patient this importance of compliance with treatment.

*Hypertension, controlled

- Caregiver states patient is compliant with medication and visiting nurse checks BP twice weeks. Explained the risks of uncontrolled HTN and importance of medication compliance, diet, and exercise.

*schizophrenia

patient is stable on current medication, understands need for medication compliance and regular follow up with psychiatrist