SiP Primary Care Trigger Tool.

Case Scenario 4
58 yr old Male.

Daily Record

03 Jul 2015 Dr. A

58 yr old, Fup Consultation
Erythematous, itchy rash developed on neck and penis after applying clomazol 2 days ago.
Rash is slightly better with oral loratadine which patient has at home.
No other concerns, No Shortness of breath and patient is systemically well.

O/E Alert, well hydrated, talking full sentences.
in no visible distress or pain. No stridor/wheeze.

Vitals Ok as per nurse. HS dual with no murmurs
Chest clear
Erythematous urticarial like rash 15cm across the left side of the neck
Erythematous penis no foreskin swelling

imp- allergic reaction

Plan
clomazol alert done.
loratadine given stat
meds as charted, has loratadine at home
rev Monday
med attn. stat if any concerns
ACC form filled for today's injury consultation - Claim initiated - pat. informed
Rx: 100 - Hydrocortisone 0.5% Crm - apply to affected area twice daily
Rx: 6 - Prednisone 20mg Tab - 2 tabs mane for 2/7; then 1 tab mane for 2/7
Dx: Allergy, unspecified (SN53.00)

03 Jul 2015 Nur.

11:30:01 AM>**Presenting complaints:**History given by: pt;
Patient unwell since 2d; Pt has had ?allergic reaction to clomazol cream, applied to neck and penis l, pt now has red itching around neck and swelling of the penis. Nil SOB Pt handed over to Dr

Action Taken:
Loratadine 10mg given as per order @ 1145. Allergies and last dose checked prior to administration. ;
Route: Oral;Batch No.: TT50-9136; Expiry: 2016-04; Ordered by: DR

Observations:
Triage score 3 - 30mins;
General appearance: Alert ; Pulse: 51; Temp: 36.7; Tympanic; Wt: 77.80; BP: 120/70; RR: 18; SAO2: 99;

01 Jul 2015 Dr. A

58 yr old
Still has patches of vitiligo on the left side of his neck - no response to micreme, elidel or mometasone, keen on spec review – referred today –
o/e
clinically well
hypopigmented macules which are well defined on the left side of his neck, no evidence of infection.
Also on penis there are small erythematous satellite lesions and weakening of the foreskin and some hypopigmented patches.

plan
clomazol to penis only, avoid steroids due to weakening of skin. refer to derm, review in 2 days, med attn. stat if any concerns

01 Jul 2015 Nur.

Presenting complaints:
here for white patches on the neck and penis.

Dependence Behaviour:
Smoking Status: Ex Smoker; Quit Date: 01 Jul 2007
Alcohol Status: Social Drinker; Substance Abuse Status: No;

Observations:
Triage score 5 - 120mins;
Temp: 36.3; Tympanic; Wt: 77.80; BP: 127/78;

27 May 2015 Dr. B

Here for cough and cold
Pt looks well, afebrile
Runny and blocked nose ++
Dry skin on neck / chest wall
ENT - clear
Chest clear
S1S2, normal SR
Common cold / reassured
Off work

27 May 2015 CA.

Presenting complaints:
History given by: pt; Other; here for cold like sx
Observations:
Triage score 5 - 120mins;
Pulse: 64; Temp: 36.5; Tympanic; Ht: 176.00; BP: 112/70; SAO2: 99;

02 May 2015 Dr. C

PC: in for rash on neck and penis. developed since last night. itchy . penis became swollen after applying clotrimazole
had some white discharge from penis lately , systemically well, no shortness of breath.
O: not unwell airway intact. no dyspnoea no wheeze.
neck left side urticarial rash and penis swollen erythematous foreskin.
A: allergic reaction to clotrimazole, thrush of penis?
P: difflucan,.
hydrocortisone cream for rash. review in 2 days, sooner if any concerns

02 May 2015 Nur. Presenting complaints:

here for allergy reaction on the neck and penis.

Dependence Behaviour:
Smoking Status: Ex Smoker; Alcohol Status: Social Drinker; Substance Abuse Status: No;
Nurse Interventions:
Observations:
Triage score 3 - 30mins;
Pulse: 64; Temp: 36.5; Tympanic; BP: 120/70; RR: 18; SAO2: 100;

30 Apr 2015 Dr. D

came in with itching and rash around penis > redness noted
also very concerned >> having whitish patches on neck and
genital area
no other concern
r/v by Colleague Dr. A
? vitiligo patches and ?? fungal rash on penis
plan
swab sent
creams advised
see prn

30 Apr 2015 Nurse**Presenting complaints:**Rash present;

Observations:
Triage score 5 - 120mins;
General appearance: good; Pulse: 60; Wt: 77.50; Ht: 176.00; BP: 116/70; Glucose: 9.3; Waist Circum: 96; **Action Taken:** flu vacc offered -will come next week;

History Medications

30 Apr 2015 ELIDEL(PIMECROLIMUS)SIGS: Twice Daily apply sparingly to affected area QTY: 15
30 Apr 2015 CLOMAZOL(CLOTRIMAZOLE)SIGS: Gently apply to all affected areas bd- QTY: 2
30 Apr 2015 LIPEX(SIMVASTATIN)SIGS: 1 tabs, Nocte QTY: 90
30 Apr 2015 LO-TEN(ATENOLOL)SIGS: 1 tabs, Mane QTY: 90
30 Apr 2015 METFORMIN (APOTEX)(METFORMIN HYDROCHLORIDE)SIGS: 1 tabs, od QTY: 90
30 Apr 2015 CARESENS(GLUCOSE TEST STRIP, BLOOD)SIGS: Use Caresens 2 strips for glucose monitoring QTY: 1
02 May 2015 DIFLUCAN ONE(FLUCONAZOLE)SIGS: 1.00 caps, Immediately QTY: 1
02 May 2015 DERMAID(HYDROCORTISONE)SIGS: apply to affected area twice daily QTY: 100
02 May 2015 PARACARE(PARACETAMOL)SIGS: 2 tab, prn/qid for pain as directed.. Avoid more than total 8/day of paracetamol & panadeine together. QTY: 100
27 May 2015 CETOMACROGOL (PSM)(CETOMACROGOL 1000)SIGS: 1.00 g, As Required QTY: 500
27 May 2015 M-MOMETASONE(MOMETASONE FUROATE)SIGS: Once Daily QTY: 1
27 May 2015 PARACARE(PARACETAMOL)SIGS: 2 tab, prn/qid for pain as directed.. Avoid more than total 8/day of paracetamol & panadeine together. QTY: 100
27 May 2015 CLARATYNE(LORATADINE)SIGS: 1.00 tabs, Once Daily QTY: 90
01 Jul 2015 CLOMAZOL(CLOTRIMAZOLE)SIGS: Apply to itchy skin rash tid, reducing to bd with improvement; continue till skin is normal , then apply to all the areas nocte for two weeks. QTY: 1
03 Jul 2015 DERMAID(HYDROCORTISONE)SIGS: apply to affected area twice daily QTY: 100
03 Jul 2015 APO-PREDNISONE(PREDNISONE)SIGS: 2 tabs mane for 2/7; then 1 tab mane for 2/7 QTY: 6

Classifications

Sprain tendon wrist or hand (S524.00), Right
Hypertensive disease (G2.00),
Non Smoker (1371.11),
Repeat prescription (8B4.11),
Essential thrombocytosis (D3y0.00), ? - for r[t cbc and monitoring.
Diabetes mellitus (C10.00),
Diabetes Mellitus Type 2 (C109.00),
Vitiligo –-[D]Rash and other nonspecific skin eruption (R021.00),
Follow-up consultation (9N7.11),
Thoracic sprain (S571.00),
Telephone encounter (9N31.00),
Ex Smoker (137S.00),
Enjoys moderate exercise (1384.00),
Laboratory procedures (4.00),
O/E - itchy rash (2227.12),
Social drinker (136J.00),

Medical Warnings
03 Jul 2015 - Clotrimazole > urticaria

Immunisations
03 Apr 2014, Flu Diabetes, Given
03 Apr 2013, Flu Diabetes, Given
21 Feb 2013, Pneumovax 23 (60), Given, 25g x 1inch
20 Apr 2011, Flu <65, Given
01 Apr 2010, Flu <65, Dec. By Individual
15 May 2008, Flu <65, Given
08 May 2007, Flu <65, Given Elsewhere NZ
15 Mar 2006, Flu <65, Given

Alerts
Diab Annual Review,NOW
Pneumovax Eligible,45+C+Diabetes
Diabetic
ZDD/ZDN nxt due,NOW
Care Plus,Diabetes
CV Risk Assmt.,thru DIAP

INBOX

03 Jul 2015, Eref: Prioritised
Referral/Discharge Status: Request Referral
Referral Description: eRef: Prioritised

Notes to referrer:

Status: Prioritised
Priority: P3 - C - Within 4 months - Clinic
Speciality: Dermatology - General
Clinic Name: Clinic

30 Apr 2015, Genital Culture
GENITAL CULTURE:
MICROBIOLOGY

SPECIMEN: GENITAL SWAB

GRAM STAIN:
No polymorphs seen
Occasional Gram positive cocci

CULTURE:
Growth of mixed bacterial flora.
Yeast isolated _ CANDIDA
No Neisseria gonorrhoeae isolated.

18 Jan 2015, Albumin Creatinine Ratio
Microalbumin urine: < 3 mg/L (< 30)
Creatinine urine: 2.1 mmol/L
Alb/Creat ratio: < 1.0 mg/mmol (< 2.5)

18 Jan 2015, Thyroid Function Tests
TSH: 1.7 mIU/L (0.30 - 4.00)
Comment: Consistent with euthyroidism. Annual monitoring is usually sufficient in stable patients compliant with treatment.

18 Jan 2015, Lipid Tests
Fasting status: Fasting
Cholesterol: 4.5 mmol/L (< 5.0)
Triglyceride: 2.2 mmol/L (< 2.0) **H**
HDL Cholesterol: 1.20 mmol/L (> 1.00)
LDL cholesterol: 2.3 mmol/L (< 3.4)
Chol/HDL Ratio: 3.8 (< 4.5)
Comment: For most patients non-fasting lipids are acceptable for CVD risk assessment, as Chol/HDL ratio is not affected.
For established CVD risk (including diabetes) NZGG optimal levels are Cholesterol < 4.0, LDL < 2.0 and Chol/HDL ratio < 4.0.

18 Jan 2015, Renal Function Tests
Sodium: 139 mmol/L (135 - 145)
Potassium: 4.2 mmol/L (3.5 - 5.2)
Creatinine: 99 umol/L (60 - 105)
Urate: 0.39 mmol/L (0.20 - 0.42)
eGFR: 72 mL/min/1.73m2 (> 90) **L**
Comment: An eGFR > 60 mL/min/1.73m2 suggests normal kidney function, in the absence of other evidence (e.g. hypertension, albuminuria, haematuria) of kidney damage. It is less reliable in patients with extremes of body weight, muscle disease or severe liver disease.
For patients with a clinical history of gout, a target serum urate concentration of 0.36 mmol/L or less is required for long-term prevention of acute gout attacks and regression of tophi.

18 Jan 2015, Diabetic Profile
HbA1c: 48 mmol/mol (< 41) **H**
Comment: This result suggests excellent control but if treated with insulin/sulphonylureas the risk of hypoglycaemia is increased.