**Subjective:**

**CC**: “I have a rash on my left chest and it is very painful.”

Differential Diagnosis: Impetigo, contact dermatitis, insect bites, Herpes Zoster

**HPI**: 42-year-old Caucasian male c/o of rash on the left lateral side of his back and chest x four days with itching and burning over the area accompanied by lethargy and fatigue. Describes “red scattered bumps progressively worsening over couple of days” and “stabbing 6/10 pain”. Pain is worse when the area is touched or when any clothing comes in contact with the skin; no relief with OTC ibuprofen. Denies shortness of breath, chest pain or fever. Denies similar skin condition in the past. Denies recent travel, change in any skin products or detergents. Denies contact w animals/gardening/insect bites.

**PMH:** Denies history of any significant medical conditions

Hospitalization: denies

Surgeries: denies

**Medications**: Ibuprofen 400 mg one tab po q 6-8 hr as needed

**Allergies**: NKDA

**HCM:**

**Immunization history**: Tdap-2015

**FH**: Denies family history of skin disorders. Mother 68 years w/ HTN otherwise healthy. Father- 72 years w/DM type 2 No siblings. Denies family history of colon ca, skin cancer. Denies premature cardiac death in the family.

**SH**: Married for 5 years, has a boy and a girl ages 3 years and 18 months respectively, lives with his wife and children, in monogamous relationship, works in a bank as a teller

Exercise: walks 2-3 miles most days of the week

Diet: cutting down on meat and eating more veggies and fruits.

Safety measures: wears sunscreen, no firearms at home

Tobacco: smokes 10 cig/ day; has been smoking on and off since high school 14 yrs x ½ pk=7pkyrs

 Alcohol/drugs: drinks 2-3 glasses of wine/ week

Recreational drugs: denies

Sexual: denies risk for STI

**ROS:**

***General***: denies fever or chills, recent weight loss/gain, no change in appetite.

***Derm***: see HPI

***HEENT***: denies headache, any vision change, hearing change or vertigo, sore throat, denies any lumps or stiffness.

***Chest***: Denies cough wheezing or shortness of breath.

***Cardiac***: Denies chest pain, palpitations or any dyspnea.

***GU***: Denies any urgency, frequency or burning sensation upon urination.

***GI***: Mild nausea, denies vomiting or any abdominal pain.

***MSK***: Denies any joint pain or swelling, denies muscle weakness.

***Neuro***: Denies numbness or tingling, any sensation change, no syncope or dizziness.

***Psychiatric***: Denies any depression or mood disorder, supportive family members.

**Objective:**

**Vital signs**: Temp 100.8, BP 125/72, Pulse 82, Resp 20, Spo2 96% RA, pain 7/10 (only over the rash area)

**PE**:

***Constitutional***: 42-year-old male in mild distress, well nourished.

***Skin:*** Erythematous base with grouped vesicles along the left dermatome, following a herpetiform distribution from the back to the left lateral chest and extending to the nipple. Skin is warm and dry, no edema.

***Lymph nodes:*** No Axillary lymph nodes palpated.

***HEENT:*** Head normocephalic, atraumatic, PERRLA, no swelling or lesions over the orbital area, sclera white, conjunctiva moist and pink, otoscopic examination reveals small amount of cerumen, canals clear, nares patent, sinuses nontender to palpate, trachea midline, no lymphadenopathy.

***Respiratory:*** Chest symmetrical, lung sounds CTAB

***Cardiovascular:*** Regular rate and rhythm, S1 S2 normal, no S3 S4, no MRG, peripheral pulses 2+, no pedal edema

***GI***: Abdomen flat, non-distended, soft and non-tender bowel sound present x 4 quadrants.

***MSK***: full ROM, non-tender, no joint deformity or swelling.

***Neuro***: alert, oriented x 3, no gross motor deficits.

POCT(Results): None

**Assessment:**

1. Problem # 1 Herpes zoster Acute

Plan:

Medication: Acyclovir 800 mg one tab by mouth QID x 10 days #40

Diagnostics: None

Pt Edu:

* Instructed patient to complete entire course of acyclovir
* Supportive therapy including warm compress application for pain control, wear loose clothes to decrease skin irritation.
* Avoid contact with patients who have not had/been vaccinated against chickenpox. Wash hands, avoid contact w eyes.
* ED Precautions - Instructed patient to monitor signs of worsening pain, fever, neck stiffness, hearing loss and directed patient to visit PCP or ED if symptoms worsen.
* Symptoms of post herpetic neuralgia discussed.

Referrals: none

Follow-up: RTC if no improvement in symptoms 2-3 days or symptoms worse.

2.Problem # 2 Nicotine Addiction

Plan:

Medication: declined nicotine patch/ gum and referral to 1-800- NO- BUTTS

Diagnostics: None

Pt Edu: Discussed smoking cessation. Handout given.

F/u: Pt is not ready to quit at this time, will address readiness to quit on next visit.