

## 7.6 Electronic Health Records

### Surgery Follow-Up Note

#### Subjective

Mr. Shield presented to our office today for follow-up from his **thyroidectomy**. He initially presented to his primary care physician with concerns over a **goiter**. His PCP noticed mild **exophthalmos** and an enlarged thyroid with palpable nodules. He had thyroid **scintigraphy** and **TFTs** that both revealed active nodules. After discussion with Dr. Sharp during a consultation, Mr. Shield elected for surgical correction. Dr. Sharp performed a thyroidectomy 2 weeks ago. Mr. Shield had postoperative **hypocalcemia** but otherwise had an unremarkable hospital stay. Since discharge, Mr. Shield has done very well.

#### Objective

Temp: 98.6; HR 60; RR: 16; BP 102/62; Wt: 176.

General: No acute distress. Alert and oriented.

HEENT: PERRLA. No conjunctival injection. Mucous membranes moist and pink. TMs normal.

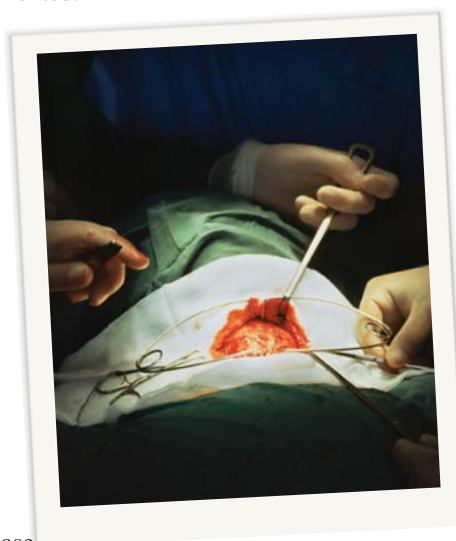
Neck: Postop incision site is clean, dry and intact. No erythema induration or discharge. No goiter.

Resp: CTA. w/o wheezes, rales, or rhonchi.

CV: RRR without murmur.

Gen: Soft, nontender, nondistended.

Ext: No c/c/e. Labs: Mildly elevated **TSH** and low T4. Calcium—normal.



#### Impression/Plan

Mr. Shield's thyroid labs are still not where I want them to be. We will increase his medicine to help get him **euthyroid**.

No lasting **hypoparathyroidism** from the surgery.

Return for follow-up visit including labs in 1 month.

—Sue Stenson, NP