**Case example with care plan and SOAP notes.**

LM is a 52-year-old woman who comes into the pharmacy and asks the pharmacist to recommend a product for her cough. Because there are a variety of causes of cough, the pharmacist invites LM into the patient care room for assessment of her cough.

ASSESSMENT OF THE PATIENT

Subjective Information

A 52-year-old woman complaining of cough

- How long have you had the cough? The past week or so.

- What type of cough is it? Dry and hacking? Productive? It is dry and hacking, nonproductive cough.

- Does it occur at any particular time of day? No. It is persistent and seems worse at night.

- What makes it worse? Nothing really.

- What makes it better? Have you tried any medication to help with it? I haven’t tried anything yet. That’s why I came here today.

- Any other symptoms? Fever? Chills? Runny nose? Shortness of breath? Chest pain? No.

- Have you been ill recently? No. However, this cough has me worried that I might be sick.

- What medications are you taking? Lisinopril 20 mg once a day for high blood pressure.

- When did you start taking the lisinopril? A couple of weeks ago.

- What nonprescription medications are you taking? None. I don’t like taking pills if I don’t need to.

medication profile:

* Lisinopril 20 mg tablet, one tablet once a day for blood pressure; No. 60; Refills: 11; Patient obtains refills every 25 to 35 days.
* Patient frequently coughs (nonproductive, dry, persistent).
* Skin, lips, and mucous membranes: normal color
* No use of accessory muscles
* Temperature: 98°F
* Heart rate: 88 bpm
* Respiratory rate: 13 rpm
* Blood pressure: 124/78 mm Hg
* Lung auscultation: clear to auscultation; no adventitious breath sounds.

**PATIENT CARE PLAN**

Patient Name: LM

Medical Problems:

Hypertension

Current Medication:

Lisinopril 20 mg, once a day; No. 60; Refills: 11

**S**: A 52-year-old woman complaining of a persistent, nonproductive, dry, hacking cough. Its onset was abrupt and corresponds with the initiation of lisinopril, an ACE inhibitor. She denies SOB, fever, chills, and chest pain. She has not tried anything to relieve the cough.

**O**: Patient frequently coughs.

Temperature: 98°F

Heart rate: 88 bpm

Respiratory rate: 13 rpm

Blood pressure: 124/78 mm Hg

Auscultation: clear to auscultation; no adventitious breath sounds

**A**:

1. ACE inhibitor–induced cough

2. Hypertension: controlled

**P**:

1. Stop lisinopril and inform the patient her cough should resolve within 1 to 4 days of discontinuing lisinopril. If her cough does not improve after 4 days, she should call her doctor’s office and schedule an appointment for further evaluation.

2. Call physician’s office and recommend an alternative blood pressure medication.

3. Follow-up assessment in 2 weeks to monitor cough and blood pressure.