How to Make an Assessment and Plan

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Disclaimers

- This is taught through the lens of an inpatient internal medicine provider.
- This is not the only way to write an assessment and plan, many of these suggestions reflect my style.

Learning Objectives

By the end of this session, you will be able to:

1. Create a problem representation that encapsulates a patient's medical and social issues.
2. Generate a problem list and prioritize it based on medical acuity.
3. Assign acuity, create a differential diagnosis, and formulate diagnostic and therapeutic plans for each problem.
4. Complete a "checklist" at the end of each Assessment and Plan.

General anatomy of an Assessment and Plan

Assessment: One-liner/Problem Representation

Problem A, chronicity, trajectory, present on admission?: Differential with explanations favoring/rejecting items on the differential diagnosis

- Diagnostic plan
- Therapeutic plan

FEN/GI: _____

DVT ppx: _____

Stress ulcer ppx: _____

Code status: _____

Disposition: _____

Emergency contact: _____

Repeat this for every problem.

This is often called a "checklist" or a "bundle." There are multiple variants of this.

The case will be broken down into each part of the note that you write (this will parallel what you present on rounds).

After each part of the note, we will update the problem representation.

At the end, we will gather the information from each section and make a full Assessment and Plan.

History of Present Illness (HPI)

The HPI is a description of a patient's medical illness as it progresses to the point of presentation. As you begin to understand the typical and atypical presentations of diseases, you will include information in the HPI that is relevant to supporting some diagnoses and rejecting other diagnoses.

History of Present Illness (HPI)

Arthur Ramirez is a 26 year old male with no previously diagnosed medical conditions who presents with worsening shortness of breath. He started exercising about 6 weeks ago and noted that he was short of breath after his workouts. The past 2 days, he has been having worsening shortness of breath, to the point that he decided to come to the emergency room.

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Problem Representation

Component	Medical Info
Who	**Name, age, gender, comorbidities, social determinants of health**
When	**Time course and progression**
What	**What is the clinical syndrome**

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Component	Medical Info
Who	**Name, age, gender, comorbidities, social determinants of health**
When	**Time course and progression**
What	**What is the clinical syndrome**

History of Present Illness (HPI)

Component	Pertinent Info	Patient-specific Info	Problem Representation
Who	Name, age, gender, comorbidities, social determinants of health	Arthur Ramirez, 26 years old, male, no comorbidities	Arthur Ramirez, 26 yo M with no past medical history
When	Time course and progression	Ongoing for 6 weeks, worse in the past 2 days	Acute on subacute dyspnea
What	What is the clinical syndrome	Shortness of breath after workouts, now in emergency room	Triggered by exertion, now requiring visit in ER

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea.

Problem Representation v1

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea.

What this tells the listener:

- The shortness of breath worsened to the point that the patient came into the emergency room
    - Due to acuity? Due to lack of access to routine medical care?
- Young age and exertional component make exercise-induced asthma more likely

Review of Systems (ROS)

The ROS is meant to capture all additional medical concerns that were not caught in the HPI. The intention is to help gather seemingly unrelated problems and look at them through the lens of the HPI. There are many lists that exist for ROS.

Ultimately, it is best to include the “pertinent positives” and “pertinent negatives.”

Review of Systems (ROS)

General: (-) weight loss, (-) fatigue, (-) fevers, (-) chills

Skin: (-) rashes, (-) itching, (-) dryness

Head: (-) headache

Ears: (-) earache, (-) tinnitus, (-) discharge

Eyes: (-) double vision, (-) pain, (-) redness

Nose: (+) runny nose, (-) stuffiness, (-) discharge, (-) bleeding

Throat: (+) sore throat, (-) dry mouth, (-) dentures

Neck: (-) lumps, (-) pain

Respiratory: (-) sputum, (-) hemoptysis, (-) pain with respiration

Cardiovascular: (+) chest tightness, (-) pressure, (-) palpitations, (-) orthopnea

Gastrointestinal: (-) nausea, (-) vomiting, (-) constipation, (+) diarrhea, (-) hematochezia, (-) melena, (-) hematemesis

Genitourinary: (-) dysuria, (-) hematuria

Musculoskeletal: (+) myalgias, (-) joint swelling, (-) joint stiffness

Neurologic: (-) dizziness, (-) fainting, (-) seizures

Hematologic: (-) easy bruising

Psychiatric: (-) memory loss, (-) feeling depressed

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Pertinent (+)
Runny nose
Sore throat
Chest tightness
Diarrhea

Review of Systems (ROS)

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Pertinent (+)
Runny nose
Sore throat
Chest tightness
Diarrhea

Pertinent (-)
Fevers
Chills
Headache
Sputum
Hemoptysis
Orthopnea
Nausea
Dizziness

Review of Systems (ROS)

	Parameter	Rationale for including these items
Pertinent (+)	Runny nose	Can point towards an infection that is leading to dyspnea
	Sore throat	
	Chest tightness	Concerning feature that can indicate primary respiratory or cardiac pathology
	Diarrhea	Can point towards an infection
Pertinent (-)	Fevers	Make an infection less likely
	Chills	Make an infection less likely
	Headache	Makes a meningeal infection less likely
	Sputum	Makes a severe viral pneumonia or bacterial pneumonia less likely
	Hemoptysis	Makes a pulmonary embolism or pulmonary tuberculosis less likely
	Orthopnea	Makes heart failure and volume overload less likely
	Nausea	Reassures that patient may be able to tolerate oral intake and is less likely to be hypovolemic
	Dizziness	

Problem Representation v2

Problem Representation v1

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea.

ROS

Problem Representation v2

Problem Representation v1

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea.

ROS

Problem Representation v2

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Medications

Cetirizine tablets 10mg tablet 1 tab PO daily

Fluticasone nasal spray 1 spray in each nostril daily

Medications

Cetirizine tablets 10mg tablet 1 tab PO daily

Fluticasone nasal spray 1 spray in each nostril daily

This tells you that the patient has allergies.

Problem Representation v3

Problem Representation v2

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Medications →

Problem Representation v3

Problem Representation v2

Arthur Ramirez is a 26 yo M with no past medical history, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Medications →

Problem Representation v3

Arthur Ramirez is a 26 yo M with history of seasonal allergies, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Allergies

Pollen – itchy, watery eyes

Peanuts, oyster – anaphylaxis

Sulfa – shortness of breath, rash

Problem Representation v4

Problem Representation v3

Arthur Ramirez is a 26 yo M with history of seasonal allergies, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Allergies →

Problem Representation v4

Problem Representation v3

Arthur Ramirez is a 26 yo M with history of seasonal allergies, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Allergies →

Problem Representation v4

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Past Medical History (PMH)

Seasonal allergies

Past Surgical History (PSH)

None

Problem Representation v5

Problem Representation v4

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

PMH

PSH

Problem Representation v5

Problem Representation v4

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

PMH

PSH

Problem Representation v5

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Social History

Lives alone in an apartment.

Independently cleans his home, pays his bills, purchases his groceries, and cooks his food.

Started a PhD program in computer engineering 3 months ago.

Had insurance (HMO) that he got through his bachelor's program, however is not insured since starting his PhD program due to a clerical error.

Does not smoke tobacco. Started vaping 3 years ago, consumes various brands via vape pen.

Problem Representation v6

Problem Representation v5

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Social history →

Problem Representation v6

Problem Representation v5

Arthur Ramirez is a 26 yo M with history of atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Social history →

Problem Representation v6

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Vitals

Temperature: 98.6 ^{o}F (axillary)

HR: 110

BP: 118/76

RR: 22

O_2 saturation (on room air): 94%

Exam

Gen: A+O x3 (self, place, time), able to complete sentences but with labored breathing.

CV: Tachycardic with regular rhythm, no murmurs or gallops. No rub heard. No pedal edema, 2+ peripheral DP/PT pulses bilaterally.

ENT: Cobblestoning of oropharynx noted. No tonsillar edema/exudate.

Neck: Posterior auricular lymphadenopathy noted bilaterally.

Resp: Tachypneic, expiratory wheezes in all lung fields noted.

Abdomen: Soft, non-tender, normoactive bowel sounds

Neuro: CN II-XII grossly intact, no issues with transferring from sitting to standing, patient able to ambulate in room with assistance (due to fatigue), 5/5 bilateral upper extremity and lower extremity strength

Exam

Parameter	Rationale for including these items
Temperature: 98.6 ºF (axillary)	Bacterial infections are more likely to cause fevers
HR: 110	Sympathetic response from physiologic stress
BP: 118/76	Reassures listener that they are not hypotensive
RR: 22	This level of tachypnea should concern the listener/reader
O_2 saturation (on room air): 94%	Not particularly low, but should be concerning to the listener/reader
Able to complete sentences but with labored breathing	This level of labored breathing should concern the listener/reader
Tachycardic with regular rhythm	Sympathetic response from physiologic stress
No rub heard	Overt pericarditis is less likely
No pedal edema	Overt heart failure is less likely
Cobblestoning of oropharynx	Represents changes from long-standing post-nasal drip
No tonsillar edema/exudate	Makes tonsillitis less likely
Posterior auricular lymphadenopathy	Reflects inflammatory process (acuity is not necessarily clear)
Tachypneic	This level of tachypnea should concern the listener/reader
Expiratory wheezes in all lung fields	Consistent with obstructive lung disease
Able to ambulate in room with assistance (due to fatigue)	Notifies listener/reader that patient requires more work-up/treatment

2/4 of these criteria are abnormal (they meet what are called “SIRS criteria” and due to concerns for respiratory illness, this patient has concern for sepsis

Problem Representation v7

Problem Representation v6

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

Vitals

Exam

Problem Representation v7

Problem Representation v6

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with worsening exercise tolerance and acute on subacute exertional dyspnea in the setting of upper respiratory infectious symptoms.

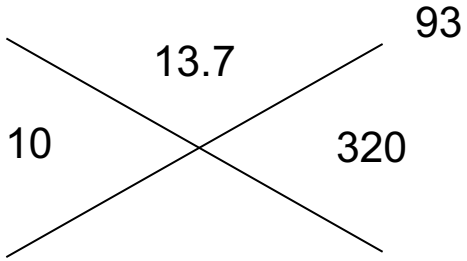
Vitals

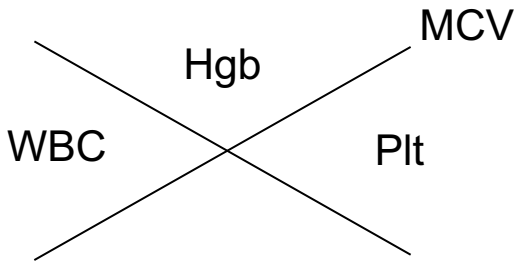
Exam

Problem Representation v7

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with acute on subacute exertional dyspnea and concern for sepsis in the setting of upper respiratory infectious symptoms.

Labs





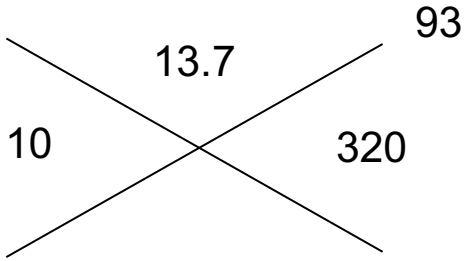
Differential: 8% eosinophils

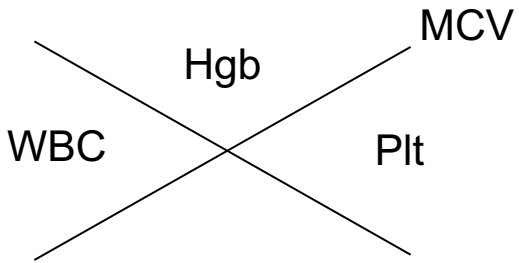
137	104	13	107
4	23	1.0	

Na	Cl	BUN	Glu
K	HCO_3	Cr	

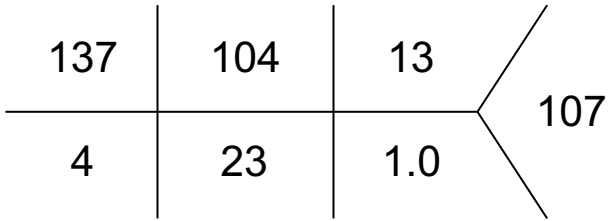
Serum lactate: 1.1 (within normal limits)

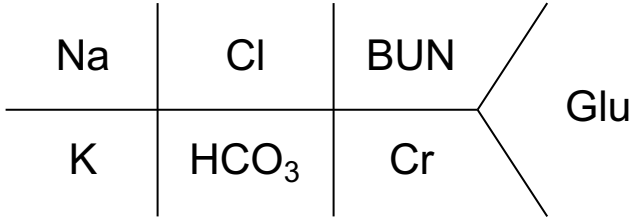
Labs





Differential: **8% eosinophils**





Serum lactate: 1.1 (within normal limits)

Imaging

Chest X-ray PA-Lateral:

Diffuse irregular patchy consolidations noted.

Imaging

Chest X-ray PA-Lateral:

Diffuse irregular patchy consolidations noted.

Studies (EKGs, microbiology, biopsies, etc.)

EKG:

Sinus tachycardia, no axis deviation, normal PR, QRS intervals, no ST segment depressions or elevations

Microbiology:

Blood culture x2 pending

Studies (EKGs, microbiology, biopsies, etc.)

EKG:

Sinus tachycardia, no axis deviation, normal PR, QRS intervals, no ST segment depressions or elevations

Microbiology:

Blood culture x2 pending

Problem Representation v8

Problem Representation v7

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with acute on subacute exertional dyspnea and concern for sepsis in the setting of upper respiratory infectious symptoms.

Labs
Imaging
Studies

Problem Representation v8

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with acute on subacute exertional dyspnea due to viral pneumonia and possible asthma exacerbation leading to sepsis.

Assessment

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with acute on subacute exertional dyspnea due to viral pneumonia and possible asthma exacerbation leading to sepsis.

Problem List (as it appears in the order of presentation)

Acute on subacute exertional dyspnea

Runny nose

Sore throat

Chest tightness

Diarrhea

Seasonal allergies complicated by post-nasal drip

Nicotine use (through vaping)

Sepsis (tachycardia, tachypnea, suspicion for viral pneumonia)

Expiratory wheezing

Mild eosinophilia (absolute eosinophil count of 800)

Asthma exacerbation?

Problem List (redundant items combined)

# Acute on subacute exertional dyspnea	# Possible asthma exacerbation
# Runny nose	# Related to viral pneumonia or seasonal allergies
# Sore throat	# Related to viral pneumonia or seasonal allergies
# Chest tightness	# Related to viral pneumonia or asthma exacerbation
# Diarrhea	# Diarrhea
# Seasonal allergies complicated by post-nasal drip	# Seasonal allergies complicated by post-nasal drip
# Nicotine use (through vaping)	# Nicotine use (through vaping)
# Sepsis (tachycardia, tachypnea, suspicion for viral pneumonia)	# Sepsis (tachycardia, tachypnea, suspicion for viral pneumonia)
# Expiratory wheezing	# Possible asthma exacerbation
# Mild eosinophilia	# Mild eosinophilia
# Possible asthma exacerbation	# Possible asthma exacerbation

Problem List (redundant items combined)

Runny nose, sore throat related to viral pneumonia or seasonal allergies

Diarrhea

Seasonal allergies complicated by post-nasal drip

Nicotine use (through vaping)

Sepsis (tachycardia, tachypnea, suspicion for viral pneumonia)

Mild eosinophilia

Possible asthma exacerbation

Problem List (reorganized by highest to lowest medical acuity)

Sepsis (tachycardia, tachypnea, suspicion for viral pneumonia)

Possible asthma exacerbation

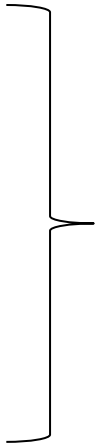
Mild eosinophilia

Diarrhea

Runny nose, sore throat related to viral pneumonia or seasonal allergies

Nicotine use (through vaping)

Seasonal allergies complicated by post-nasal drip



The order for these is debatable.

Problem List (further paring down)

Sepsis due to viral pneumonia

Possible asthma exacerbation

Mild eosinophilia

Diarrhea

~~# Runny nose, sore throat related to viral pneumonia or seasonal allergies~~

Nicotine use (through vaping)

Seasonal allergies complicated by post-nasal drip

The order for these is debatable.

Problem List (further paring down)

Sepsis due to viral pneumonia

Possible asthma exacerbation

Mild eosinophilia

Diarrhea

Nicotine use (through vaping)

Seasonal allergies complicated by post-nasal drip

The order for these is debatable.

Problem List (comment on chronicity, trajectory, presence on admission)

Acute sepsis due to viral pneumonia, worsening, POA

Possible asthma exacerbation, POA

Acute mild eosinophilia, POA

Acute diarrhea, resolved

Chronic nicotine use (through vaping), stable, POA

Chronic seasonal allergies complicated by post-nasal drip, stable, POA

Problem List (add qualifiers and differential diagnoses)

Acute sepsis due to viral pneumonia, worsening, POA: 2/4 SIRS criteria (tachycardia, tachypnea) + high suspicion for pneumonia. Other possible sources include urinary (unlikely given lack of symptoms), gastrointestinal (unlikely as diarrhea has resolved), cellulitis (no evidence of skin infection on exam). Given lack of fever, diffuse appearance on X-ray, and diarrhea, higher likelihood for viral etiology.

Possible asthma exacerbation, POA: Patient with possible underlying undiagnosed asthma (given expiratory wheezing) that has progressed during lack of access to care. Acute exacerbation could be from viral pneumonia.

Problem List (add qualifiers and differential diagnoses)

Acute mild eosinophilia, POA: Differential includes asthma-related, allergic reaction (patient's history inconsistent with recent allergic exposure), neoplasm (unlikely as patient lacks B symptoms).

Acute diarrhea, resolved: Likely related to viral pneumonia.

Chronic nicotine use (through vaping), stable, POA: Unclear motivation for patient's use of nicotine-containing substance.

Chronic seasonal allergies complicated by post-nasal drip, stable, POA: Cobblestoning on exam consistent with long-standing process.

Problem List (add therapeutics then diagnostics)

Acute sepsis due to viral pneumonia, worsening, POA: 2/4 SIRS criteria (tachycardia, tachypnea) + high suspicion for pneumonia. Other possible sources include urinary (unlikely given lack of symptoms), gastrointestinal (unlikely as diarrhea has resolved), cellulitis (no evidence of skin infection on exam). Given lack of fever, diffuse appearance on X-ray, and diarrhea, higher likelihood for viral etiology.

- F/u blood culture x2
- F/u urinalysis with reflex to urine culture
- Intravenous fluid bolus (20cc/kg of Lactated Ringer solution)
- Oseltamivir 75mg PO BID (MM/DD -)
- Admit patient to observation unit (non-monitored bed) to determine response to above interventions
- Manage possible asthma exacerbation as below

*MM/DD = Month/Date so that the reader knows the start date

Problem List (add therapeutics then diagnostics)

Possible asthma exacerbation, POA: Patient with possible underlying undiagnosed asthma (given expiratory wheezing) that has progressed during lack of access to care. Acute exacerbation could be from viral pneumonia.

- Order venous blood gas to assess if patient is retaining CO_2
- Peak flow measurement at bedside to compare to nomogram
- Albuterol nebulizer q15 minutes x3 doses
- Low threshold to start IV steroids
- Manage viral pneumonia as above

Problem List (add therapeutics then diagnostics)

Acute mild eosinophilia, POA: Differential includes asthma-related, allergic reaction (patient's history inconsistent with recent allergic exposure), neoplasm (unlikely as patient lacks B symptoms).

- Repeat CBC to determine if eosinophilia persists

Acute diarrhea, resolved: Likely related to viral pneumonia.

- Manage sepsis secondary to viral pneumonia as above

Problem List (add therapeutics then diagnostics)

Chronic nicotine use (through vaping), stable, POA: Unclear motivation for patient's use of nicotine-containing substance.

- Explore patient's motivation for vaping
- Evaluate patient's willingness to quit
- Provide resources for when patient is ready to quit

Chronic seasonal allergies complicated by post-nasal drip, stable, POA: Cobblestoning on exam consistent with long-standing process.

- Continue cetirizine tablets 10mg 1 tab PO daily
- Continue fluticasone nasal spray 1 spray in each nostril daily

Checklist (hospital-dependent)

FEN/GI: _____

DVT ppx: _____

Stress ulcer ppx: _____

Code status: _____

Disposition: _____

Emergency contact: _____

Checklist (hospital-dependent)

FEN/GI

- “FEN” refers to Fluids/Electrolytes/Nutrition
- “GI” refers to a bowel regimen to prevent constipation

Checklist (hospital-dependent)

DVT ppx

- “DVT” is deep venous thrombosis
- “ppx” is prophylaxis (our intervention to prevent something from happening)
- Refers to prevention of deep venous thrombosis formation in the hospital
- For patients that have low probability of forming a DVT in the first 48 hours, ambulation and use of SCDs (sequential compression devices) is likely sufficient
- Other patients will require pharmacologic DVT prophylaxis in the form of heparin or enoxaparin subcutaneously
- Patients already on anti-coagulation for another reason do not need additional prophylaxis

Checklist (hospital-dependent)

Stress ulcer ppx

- “Stress ulcer” refers to ulcers in the stomach
- Most patients do not require stress ulcer prophylaxis
- Some indications
  - Mechanical ventilation >48 hours
  - INR >1.5, platelet count <50, PTT >2 times normal
  - Trauma, burn injuries
  - On long-standing H_2 blocker or PPI
- If prescribing, give an H_2-blocker (anti-histamine) or PPI (proton pump inhibitor)

Checklist (hospital-dependent)

Code status

- Describe the patient's wishes if they were to lose their pulse (chest compressions, electrical shocking, intubation, etc.)
- In the VA Health System, patients must opt to do EVERYTHING if they are pulseless (FULL code) or NOTHING if they are pulseless (Do Not Attempt Resuscitation)

Checklist (hospital-dependent)

Disposition

- Describe their anticipated discharge location after their hospitalization (some need to go to nursing homes for physical therapy, etc)
- Describe their medical barriers to being discharged from the hospital (is there something that can only be done in the hospital keeping them here?)
- Describe their physical and financial barriers to going to these locations (insurance status)

Emergency contact

- Always have this on file in case the patient ends up in a state where they cannot make their own decisions for themselves

Example Checklist (hospital-dependent)

FEN/GI: NPO except medications as patient may require intubation if retaining excessive CO_2

DVT ppx: SCDs

Stress ulcer ppx: None indicated at this time

Code status: Full

Disposition: Home pending improvement of sepsis and respiratory status

Emergency contact: Samantha Ramirez (mother) 123-456-7890

Assessment and Plan

Arthur Ramirez is a recently uninsured 26 yo M with history of vaping and atopy, presenting to the emergency room with acute on subacute exertional dyspnea due to viral pneumonia and possible asthma exacerbation leading to sepsis.

Acute sepsis due to viral pneumonia, worsening, POA: 2/4 SIRS criteria (tachycardia, tachypnea) + high suspicion for pneumonia. Other possible sources include urinary (unlikely given lack of symptoms), gastrointestinal (unlikely as diarrhea has resolved), cellulitis (no evidence of skin infection on exam). Given lack of fever, diffuse appearance on X-ray, and diarrhea, higher likelihood for viral etiology.

- F/u blood culture x2
- F/u urinalysis with reflex to urine culture
- Intravenous fluid bolus (20cc/kg of Lactated Ringer solution)
- Oseltamivir 75mg PO BID (MM/DD -)
- Admit patient to observation unit (non-monitored bed) to determine response to above interventions
- Manage possible asthma exacerbation as below

Possible asthma exacerbation, POA: Patient with possible underlying undiagnosed asthma (given expiratory wheezing) that has progressed during lack of access to care. Acute exacerbation could be from viral pneumonia.

- Order venous blood gas to assess if patient is retaining CO_2
- Peak flow measurement at bedside to compare to nomogram
- Albuterol nebulizer q15 minutes x3 doses
- Low threshold to start IV steroids
- Manage viral pneumonia as above

Acute mild eosinophilia, POA: Differential includes asthma-related, allergic reaction (patient's history inconsistent with recent allergic exposure), neoplasm (unlikely as patient lacks B symptoms).

- Repeat CBC to determine if eosinophilia persists

Acute diarrhea, resolved: Likely related to viral pneumonia.

- Manage sepsis secondary to viral pneumonia as above

Chronic nicotine use (through vaping), stable, POA: Unclear motivation for patient's use of nicotine-containing substance.

- Explore patient's motivation for vaping
- Evaluate patient's willingness to quit
- Provide resources for when patient is ready to quit

Chronic seasonal allergies complicated by post-nasal drip, stable, POA: Cobblestoning on exam consistent with long-standing process.

- Continue cetirizine tablets 10mg 1 tab PO daily
- Continue fluticasone nasal spray 1 spray in each nostril daily

FEN/GI: NPO except medications as patient may require intubation if retaining excessive CO_2
DVT ppx: SCDs
Stress ulcer ppx: None indicated at this time
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Final Points

- The assessment and plan should be adjusted everyday
- Do not include full differentials on every subsequent note
- Items should move up and down the problem list as acuity changes
- This will get easier with time and practice