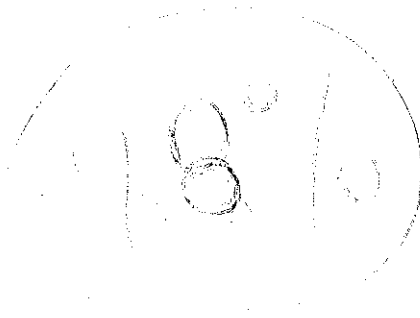


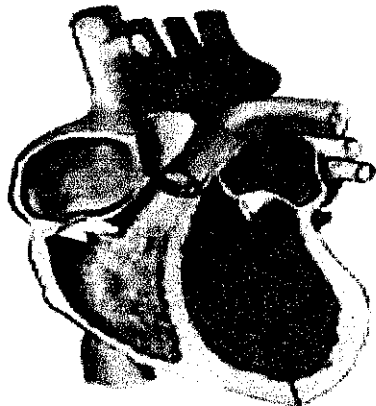
# Hypertension



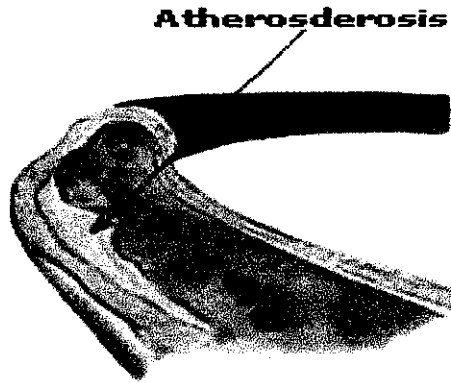
| Racquel Pyrcce | Dec.9, 2013 | Period 7.



Name:	John Frost
Contact information:	123 Court St, Brooklyn, NY 11224
Emergency Contact:	Mary Jane (719-999-4545)
Date of Birth of Patient:	5/12/40
Sex:	M
Age:	73
Height:	5'7
Weight:	200lbs
Allergies:	NKDA (no known Drug allergies)
Family History:	Father Hypertension, Mother Diabetes, Siblings: (2)brothers- Healthy (2) sisters - Healthy
Medical History:	Uncontrolled Hypertension
Medication you take:	Micardis / Hctz 40 / 12.5mg
Symptoms:	Headaches
Cause/Risk factors:	Non-compliant with medication, Risk Factors; Obesity, poor diet.
Diagnosis:	Uncontrolled hypertension
Treatment:	Dietary management (low sodium diet), Medication
Prevention:	Referral for nutrition & monthly blood pressure elevation
Prognosis:	Stable - Continue medication as prescribed

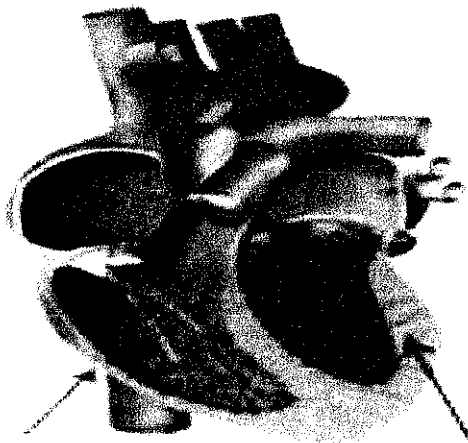


**Enlarged Heart  
(Heart Failure)**



**Atherosclerosis**

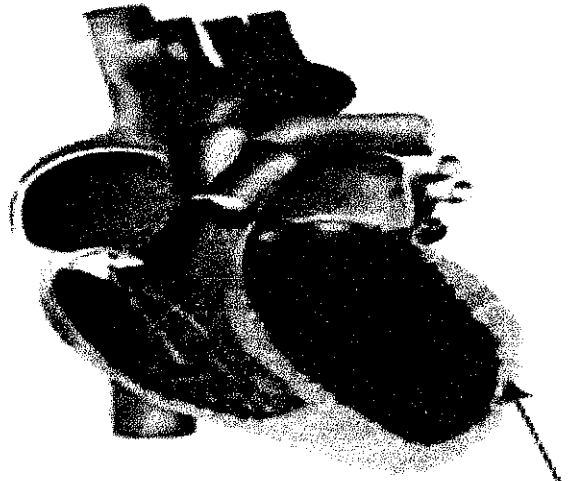
**Normal Heart**



Right ventricle

Left ventricle

**Enlarged Heart**



Thin, weakened left ventricle

I am diagnosing the patient with "Hypertension" because he is a 73 year old male complaining of headaches, dizziness due to obesity and does not take his medication, and no compliant with medical visits.

During my interview, the patient mentioned that his mother has hypertension and is still alive. He also mentioned that his mother has diabetes and is still alive. He has a medical history of uncontrolled hypertension (blood pressure). Medications that the patient could take is Micardis is hydrochloric (Chizz) 40/12-5mg).

Hypertension (high blood pressure) is when your blood pressure is 140/90 mm Hg or above most of the time. It is a condition in which the arteries has persistently elevated blood pressure. Every time the human heart beats, it pumps blood to the whole body through the arteries. Hypertension can lead to damaged organs, as well as several illness, such as renal failure (kidney failure).

Hypertension can be caused, by weight gain and poor diet, for example, Chinese food. Symptoms that the patient has is having headaches for 3 days straight. Also the patient experienced a lot of dizziness. Risk factors for the patient is weight and diet.

In order to treat this disease, you should take your medication, exercise and have a better diet. Examples of different exercise you may do is stretching and aerobic exercises can help decrease you heart rate and blood pressure and improve your breathing. To help prevent this disease, you should make an appointment for monthly check-up to monitor your blood pressure.

If the disease is not treated soon, then it will go on to affect other body systems such as the cardiovascular system. It may be stable at present but being no compliant can cause hospitalization and stroke.

I recommend that the patients gets checkup regularly and get a better diet and exercises regular.

Kacquel Pryce

**Anatomy & Physiology Patient Profile Project Rubric**

	4	3	2	1	0
<b>FOLLOW DIRECTIONS of Pg. 1</b>	<p>Followed all directions:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Cover page with your name, date, and period.</li> <li><input checked="" type="checkbox"/> picture of the patient with disease</li> <li><input checked="" type="checkbox"/> title of disease</li> </ul>	<p>Missing one item</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover page with your name, date, and period.</li> <li><input type="checkbox"/> picture of the patient with disease</li> <li><input type="checkbox"/> title of disease</li> </ul>	<p>Missing two items</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover page with your name, date, and period.</li> <li><input type="checkbox"/> picture of the patient with disease</li> <li><input type="checkbox"/> title of disease</li> </ul>	<p>Missing 3 items:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover page with your name, date, and period.</li> <li><input type="checkbox"/> picture of the patient with disease</li> <li><input type="checkbox"/> title of disease</li> </ul>	<p>Missing more than 3 items</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover page with your name, date, and period.</li> <li><input type="checkbox"/> picture of the patient with disease</li> <li><input type="checkbox"/> title of disease</li> </ul>
<b>FOLLOW DIRECTIONS of Page 2</b>	<p>Followed all directions: Patient chart containing:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Name of Patient</li> <li><input checked="" type="checkbox"/> Contact information (Address &amp; Phone number)</li> <li><input checked="" type="checkbox"/> Emergency contact</li> <li><input checked="" type="checkbox"/> Date of Birth of Patient</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Height</li> <li><input checked="" type="checkbox"/> Weight</li> <li><input checked="" type="checkbox"/> Allergies</li> <li><input checked="" type="checkbox"/> Family History</li> <li><input checked="" type="checkbox"/> Medical History (past diseases you have had)</li> <li><input checked="" type="checkbox"/> Medication you take</li> <li><input checked="" type="checkbox"/> Symptoms</li> <li><input checked="" type="checkbox"/> Causes/Risk Factors</li> <li><input checked="" type="checkbox"/> Diagnosis</li> <li><input checked="" type="checkbox"/> Treatment</li> <li><input checked="" type="checkbox"/> Prevention</li> <li><input checked="" type="checkbox"/> Prognosis</li> </ul>	<p>Missing 3 items for patient chart:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of Patient</li> <li><input type="checkbox"/> Contact information (Address &amp; Phone number)</li> <li><input type="checkbox"/> Emergency contact</li> <li><input type="checkbox"/> Date of Birth of Patient</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Height</li> <li><input type="checkbox"/> Weight</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Family History</li> <li><input type="checkbox"/> Medical History (past diseases you have had)</li> <li><input type="checkbox"/> Medication you take</li> <li><input type="checkbox"/> Symptoms</li> <li><input type="checkbox"/> Causes/Risk Factors</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Prevention</li> <li><input type="checkbox"/> Prognosis</li> </ul>	<p>Missing 6 items for patient chart:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of Patient</li> <li><input type="checkbox"/> Contact information (Address &amp; Phone number)</li> <li><input type="checkbox"/> Emergency contact</li> <li><input type="checkbox"/> Date of Birth of Patient</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Height</li> <li><input type="checkbox"/> Weight</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Family History</li> <li><input type="checkbox"/> Medical History (past diseases you have had)</li> <li><input type="checkbox"/> Medication you take</li> <li><input type="checkbox"/> Symptoms</li> <li><input type="checkbox"/> Causes/Risk Factors</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Prevention</li> <li><input type="checkbox"/> Prognosis</li> </ul>	<p>Missing 9 items for patient chart:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of Patient</li> <li><input type="checkbox"/> Contact information (Address &amp; Phone number)</li> <li><input type="checkbox"/> Emergency contact</li> <li><input type="checkbox"/> Date of Birth of Patient</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Height</li> <li><input type="checkbox"/> Weight</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Family History</li> <li><input type="checkbox"/> Medical History (past diseases you have had)</li> <li><input type="checkbox"/> Medication you take</li> <li><input type="checkbox"/> Symptoms</li> <li><input type="checkbox"/> Causes/Risk Factors</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Prevention</li> <li><input type="checkbox"/> Prognosis</li> </ul>	<p>Missing more than 9 items for patient chart:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of Patient</li> <li><input type="checkbox"/> Contact information (Address &amp; Phone number)</li> <li><input type="checkbox"/> Emergency contact</li> <li><input type="checkbox"/> Date of Birth of Patient</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Height</li> <li><input type="checkbox"/> Weight</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Family History</li> <li><input type="checkbox"/> Medical History (past diseases you have had)</li> <li><input type="checkbox"/> Medication you take</li> <li><input type="checkbox"/> Symptoms</li> <li><input type="checkbox"/> Causes/Risk Factors</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Treatment</li> <li><input type="checkbox"/> Prevention</li> <li><input type="checkbox"/> Prognosis</li> </ul>
<b>FOLLOW DIRECTION S of Page 3</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contains at least 3 pictures of disease clearly labeled</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contains 3 pictures but not clearly labeled</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contains 2 pictures that are labeled</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contains 1 picture that is labeled or 2 unlabeled pictures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contains 1 picture unlabeled or no pictures</li> </ul>

97 + 79 = 176  
 176 / 2 = 88%  
 2

My Score: 31 / 32

97

**FOLLOW DIRECTION of Page 4**

	<input checked="" type="checkbox"/> Paragraph 1: Introduction <input checked="" type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input checked="" type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input checked="" type="checkbox"/> Paragraph 5: Treatment & Prevention <input checked="" type="checkbox"/> Paragraph 6: Prognosis <input checked="" type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 1 of paragraphs or one paragraph does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 2 of paragraphs or two paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 3 of paragraphs or three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing more than 3 paragraphs or more than three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature
<p><b>ACCURACY OF CONTENT</b></p>	<input checked="" type="checkbox"/> Contains all correct information on topic chosen.	<input type="checkbox"/> Contains one wrong piece of information	<input type="checkbox"/> Contains two wrong pieces of information	<input type="checkbox"/> Contains 3 pieces of wrong information	<input type="checkbox"/> Contains more than 3 pieces of wrong info
<p><b>GRAMMAR</b></p>	<input checked="" type="checkbox"/> No major spelling or Grammatical errors.	<input type="checkbox"/> Very few mistakes. It is clear that it was revised and edited. <input type="checkbox"/> Overall meaning and intent are clear.	<input type="checkbox"/> Several mistakes, little or no evidence of revision, sometimes meaning is unclear because of errors.	<input type="checkbox"/> Many mistakes may be difficult to read or understand.	<input type="checkbox"/> Illegible
<p><b>NEATNESS &amp; PRESENTATION</b></p>	<input checked="" type="checkbox"/> Project is very neat and organized	<input type="checkbox"/> Project is overall neat and organized.	<input type="checkbox"/> Project is not very neat and unorganized.	<input type="checkbox"/> Project looks like it was not done with care-very un-neat, and unorganized.	<input type="checkbox"/> Illegible
<p><b>ON TIME</b></p>	<input checked="" type="checkbox"/> Handed in on time	<input type="checkbox"/> Handed in 1 day late	<input type="checkbox"/> Handed in 2 days late	<input type="checkbox"/> Handed in 3 days late	<input type="checkbox"/> Handed in more than 3 days late



# EVALUATIVE WRITING RUBRIC

**NAME:** KACI KACE

**SCORE:** 19/24 = 79

CATEGORY	4	3	2	1
<b>Introduction</b>	Introduce a topic; organize complex ideas, concepts, and information so that each new element builds on that which precedes it to create a unified whole; include formatting (e.g., headings), graphics (e.g., figures, tables), and multimedia when useful to aiding comprehension.	Introduce a topic; <b>organize complex ideas, concepts, and information to make important connections and distinctions</b> ; include formatting (e.g., headings), graphics (e.g., figures, tables), and multimedia when useful to aiding comprehension.	Introduce a topic clearly, previewing what is to follow; <b>organize ideas, concepts, and information into broader categories</b> ; include formatting (e.g., headings), graphics (e.g., charts, tables), and multimedia when useful to aiding comprehension.	Introduce a topic clearly, previewing what is to follow; <b>organize ideas, concepts, and information, using strategies such as definition, classification, comparison/contrast, and cause/effect</b> ; include formatting (e.g., headings), graphics (e.g., charts, tables), and <b>multimedia</b> when useful to aiding comprehension.
<b>Development</b>	Develop the topic <b>thoroughly</b> by selecting the <b>most significant</b> and relevant facts, extended definitions, concrete details, quotations, or other information and examples appropriate to the audience's knowledge of the topic.	Develop the topic with <b>well-chosen</b> , relevant, and sufficient facts, <b>extended definitions</b> , concrete details, quotations, or other information and examples appropriate to the audience's knowledge of the topic.	Develop the topic with <b>relevant, well-chosen</b> facts, definitions, concrete details, quotations, or other information and examples.	Develop the topic with <b>relevant facts, definitions</b> , concrete details, quotations, or other information and examples.
<b>Syntax</b>	Use appropriate and varied transitions and <b>syntax to link the major sections of the text</b> , create cohesion, and clarify the relationships among complex ideas and concepts.	Use appropriate and varied transitions to <b>create cohesion</b> and clarify the relationships among ideas and concepts.	Use <b>appropriate transitions to clarify the relationships</b> among ideas and concepts.	<b>Link ideas</b> within and across categories of information <b>using words, phrases, and clauses</b> (e.g., in contrast, especially).
<b>Words</b>	Use precise language, domain-specific vocabulary, and <b>techniques such as metaphor, simile, and analogy</b> to manage the complexity of the topic.	Use precise language and domain-specific vocabulary to <b>manage the complexity</b> of the topic.	Use <b>precise language</b> and domain-specific vocabulary to inform about or explain the topic.	Use <b>domain-specific vocabulary</b> to inform about or explain the topic.
<b>Tone</b>	Establish and maintain a formal style and objective tone while <b>attending to the norms and conventions of the discipline</b> in which they are writing.	Establish and maintain a formal style and <b>objective tone</b> .	Establish and maintain a <b>formal style</b> .	<b>Establish and maintain a voice</b> .
<b>Conclusion</b>	Provide a concluding statement or section that follows from and supports the information or explanation presented (e.g., <b>articulating implications or the significance of the topic</b> ).	Provide a concluding statement or section that <b>follows from and supports</b> the information or explanation presented.	Provide a concluding statement or section <b>related to the information or explanation</b> presented.	Provide a <b>concluding statement</b> or section.