Galactorrhea Case Study

Student Name
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Synthesis in Advanced Nursing Practice Care of Patients in Family Care

Settings Walden University

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Date Submitted

Galactorrhea Case Study

Focused SOAP Note

Patient Information:

M.S., 28, F,

Caucasian **S.**

CC: Nipple drainage

HPI: This 28 y/o Caucasian female presents with c/o nipple drainage. Patient reports onset of bilateral nipple discharge in the last 3-4 months. Describes discharge as milky and occurring on the left side more than the right and is daily. Patient admits discharge does soak through her bra but does not leak through her outer clothing. Denies odor to discharge and denies erythema, tenderness or lumps to breasts. Patient expresses concern with having cancer.

Patient reports associated symptoms of fatigue, constipation and changes in menses. Patient reports concern with menstrual periods recently becoming light when they have always been moderately heavy. Patient states onset of menses at age 13 and lasts about 5-7 days with heavy bleeding and moderate cramping for the first 3-4 days. Patient admits to use of 8-10 pads each day during the first 3-4 days of her periods. LMP 6/28/21.

Patient reports increased fatigue over last 3-4 months. Patient does admit has battled with fatigue her whole life and has been told she does become anemic during her menstrual cycles and has been instructed to take iron tablets but she refuses this because it upset her stomach. Patient reports having regular stools at least once other day, with stools being soft and formed; however, she reports recent decrease in stools. Reports pattern has changed to a stool about once a week, but remains soft, formed and easy to pass.

Location: Bilateral breasts

Onset: 3-4 months

Character: Milky

Associated signs and symptoms: Light periods, fatigue and constipation

Timing: daily

Exacerbating/relieving factors: Compression or stimulation of the breasts increases discharge. Nothing relieves the discharge.

Severity: 0/10

Current Medications: No prescription medications. No over-the-counter medications. No vitamins or herbals.

Allergies: No known medication, environmental, food, or latex allergies.

PMHx: Received all immunizations as a child. Influenza vaccine 09/2020. Moderna COVID-19 vaccine #1- 4/21/2021, #2- 5/19/21. Patient reports has never been diagnosed with COVID but has been exposed. No hospitalizations, injuries or trauma. No blood transfusions.

Soc & Substance Hx: M.S. is single with no children. She is the only child to her parents who are still married and have been for 25 years. M.S. lives is an elementary school teacher in a small metropolitan in Missouri. Her parents reside in a neighboring community about 2 hours away. She denies tobacco use or vaping, no recent alcohol or illicit drug use. Does admit to drinking beer during college and has experimented with marijuana while in high school, but did not like the effects so she has not used it since. Drinks caffeine consisting primarily of Starbucks coffee, daily. Admits to not having hearing checked since she was in elementary school. Does get routine vision and dental exams. Last vision exam was a year ago, needed corrective lens, though she prefers contacts over glasses. Last dental exam was 6 months ago with no cavities reported. M.S. reports she cares about her health, follows a healthy, low carbohydrate diet and likes to jog 2-3 miles every morning. Reports has had one sexual partner, who she has recently broke-up with in the last couple months. Admits did use condoms with all intercourse encounters, but has not been on birth control. She admits to being faithful and feels her ex-boyfriend was faithful as well. Has never had a sexually transmitted disease and expresses no concern with having one. Does wear a seatbelt every time she is in a vehicle and does not use the telephone while she is driving.

Fam Hx: Mother has HTN (well controlled with medication), hyperlipidemia, and hypothyroidism; age 50 and still living. Father has HTN (well controlled with medication) and hyperlipidemia; age 52 and still living. Maternal grandfather has HTN (well controlled with medication) and DM2 (moderately controlled with insulin); age 91 and still living. Maternal grandmother has hypertension (somewhat controlled with medication) and hypothyroidism; age 94 and still living. Paternal grandfather had HTN (not controlled) and coronary artery disease; deceased at age 89 from a myocardial infarction. Paternal grandmother has HTN (not well controlled) and hypothyroidism; age 88 and still living. Patient reports no history of any form of cancer.

Surgical Hx: No surgical procedures to date.

Mental Hx: No concerns of anxiety or depression. No history of self-harm and/or suicidal or homicidal ideation.

Violence Hx: Denies safety concerns or violence. Has never been arrested or had legal issues.

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