**Health Concern Observation and Health Concern Tracking – Storyboards**

**Storyboard 1 – health concern observations and tracking**

**Health Concern Observations:**

A 48 year-old male patient was seen by a primary care provider (PCP) on 20 June 2012.

*Health concern observation*: presenting signs and symptoms:

He presented to the PCP with complaints of lethargy, polydipsia, polyuria, difficulty in concentration, and recent weight loss. Spot blood glucose level revealed a reading of 11mmol/litre

Patient has no family history of Type 1 or Type 2 Diabetes Mellitus

*Health concern observation*: problem/diagnosis

Patient’s spot blood pressure was 156/90 (hypertensive)

Body weight was 88 kg, height 170cm, BMI = 30.4 (obese)

Based on medical history and physical assessment, the GP made a provisional diagnosis of type 2 diabetes mellitus

The GP requested fasting blood glucose and glucose challenge, HbA1C, serum lipid profile tests

Patient was seen again by his GP on 25 June to discuss the test results. The GP made a diagnosis of Type 2 diabetes taking into consideration clinical history, physical examination and diagnostic test results.

*Health concern observation*: presenting signs and symptoms:

On 30 June, patient presented at the ED of his local hospital with the following presenting signs and symptoms: fever, productive cough, dyspnoea for 3 days, severe thirst, muscle weakness and increasing lethargy since onset of respiratory symptoms, warm dry skin, dry oral mucosa, blurred vision, , and mental confusion.

*Health concern observation*: problem/diagnosis

Diagnostic tests showed: chest x-ray lateral view showed lobar pneumonia left lower lobe, spot blood glucose level 30 mmol/L, serum osmolality = 325 mOsm/kg, serum pH = 7.40. Based on the clinical history, presentation and diagnostic tests

The treating physician diagnosed the patient to be suffering from hyperosmolar hyperglycemic nonketotic syndrome

The patient was treated in the hospital and discharged back to the care of his PCP. An electronic discharge summary was sent to the PCP

**Health Concern Tracking:**

From June 2012, the health concern tracker application of the PCP medical record system continues to track the patient’s diabetes problem and related issues:

* Presenting signs, symptoms, clinical evaluation at each encounter/visit
* Risks for complications: cardiovascular, neurological, renal, ophthalmic, etc
* Prognosis of the condition

**Storyboard 2 – tracking of health risks as concern**

**Health Concern** (Risk Factor) **observation**:

* A male patient has the following health profile:
* High BMI: 31.2
* High blood pressure: 14 days average >157/93
* Smoking: 15 pack year (1.5 pack/day for 10 years)
* Elevated lipid profile (including high LDL and LDL:HDL ratio)
* Cardiovascular risk (based on Framingham Risk Equation) and stroke risk are assessed to be high

**Health Concern Tracking**:

The risk of atherosclerotic heart disease and stroke associated with this patient’s risk factors are considered immediate health risks

The health risk factors as health concerns are continuously tracked by the PCP medical record system health concern tracking application

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**Storyboard 3 – no health concern tracking required**

**Health Concern** (family history related risk factor) **Observation**:

* A 35-year old female patient has a family history of breast cancer in three first degree female relatives.
* The patient is recently diagnosed with aggressive malignant brain tumour.
* Prognosis of brain tumour is assessed by neurologist to be very poor

**Health Concern Tracking**:

The risk of breast cancer as a health concern will not be considered in her case.

Health concern tracking of breast cancer risk will not be initiated