

Auburn Montgomery Student Health Services:

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 07/24/20

PATIENT: SHEPHERD, BRITTANY

DOB: 12/22/1987

Gender:

MRN: 1117

AGE: 32 Years

Addendum Date: 7/24/2020 8:33:56 PM by Melodye Harvey

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Swollen lips

Symptoms: Patient reports that the left side of her upper lips has been swollen since 0800 this morning. Patient reports taking lisinopril x 3 years but she did not take it this morning. Denies eating any new foods.

Location: Face and upper lip

VITALS: BP: 159/100 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 69 **BP2:** 152/107 **Site2:** LEFT ARM **Position2:** SITTING **Pulse2:** 70; **Temp:** 97.3; **Resp:** 14; **Ht:** 64 in.; **Wt:** 200 lbs.; **BMI:** 34.33; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

levothyroxine 175 mcg tablet

lisinopril 40 mg tablet

meclizine 25 mg tablet (TAKE 1 TABLET (25 MG) BY ORAL ROUTE 3 TIMES PER DAY AS NEEDED)

PAST MEDICAL HISTORY: HTN and hypothyroidism

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Female, heterosexual who does not exercise on a regular basis. Does not use tobacco products. Has had no recent declines in ADLs, mobility or function. Lives with others..

FAMILY HISTORY: Mother and father both have history of HTN

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

HEENT: Normocephalic; Airways patent; No cyanosis of lips or mucosa; Membranes moist;

NOSE: No Septal Perforation; Nasal mucosa moist and pink; mild edema of nose and upper cheeks over maxillary areas

NECK: Neck is supple, FROM, no JVD, no lymphadenopathy.

CARDIOVASCULAR: HRRR, no extra heart sounds, no murmur

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

ASSESSMENT:

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T78.3XXA - ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER (PRIMARY)
I10 - Essential (primary) hypertension

PLAN:

amlodipine 5 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY

hydrochlorothiazide 12.5 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (12.5 MG) BY ORAL ROUTE ONCE DAILY

cetirizine 10 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY. TAKE IN THE EVENING

prednisone 20 mg tablet

Refills: 0 Qty: 5 TABLET(S)

Instructions: TAKE 1 TABLET (20 MG) BY ORAL ROUTE ONCE DAILY

Start oral steroid ONLY if BP is lowered. If it is still high, DO NOT take oral steroid.

Monitor BP and record. Report continued elevated BP. Bring readings to follow up appointment.

Follow up in 3-5 days for recheck OR sooner for worsening symptoms.

Patient requested a 90d supply--called pharmacy to authorize.

amlodipine 5 mg tablet

Refills: 0 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY

hydrochlorothiazide 12.5 mg tablet

Refills: 0 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (12.5 MG) BY ORAL ROUTE ONCE DAILY

Electronically signed by Melodye Harvey, CRNP on 07/24/20 2:04 PM