

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

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:

T78.3XXA - ANGIONEUROTIC EDEMA, INITIAL ENCOUNTER (PRIMARY)

I10 - Essential (primary) hypertension

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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.

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