

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 02/22/23

PATIENT: HOGAN, JAN **DOB:** 12/07/1962 **Gender:** FEMALE **MRN:** 1156 **AGE:** 60 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Upper Respiratory symptoms

HISTORY OF PRESENT ILLNESS: Ms. Hogan presents to the clinic with complaints of productive cough with yellow sputum, sore throat, headache, sinus pressure and fatigue x 5 days. She reports symptoms are not improving.

VITALS: BP: 136/86 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 91; **Temp:** 98.7; **Resp:** 17; **Ht:** 65.5 in.; **Wt:** 195.5 lbs.; **BMI:** 32.03; **Pulse Oximetry:** 97%

ALLERGIES: Flagyl

MEDICATIONS:

Benadryl 25 mg capsule
Imitrex 50 mg tablet
cyclobenzaprine 5 mg tablet
hydrochlorothiazide 25 mg tablet

PAST MEDICAL HISTORY: Right ruptured eardrum. meniere's disease

PAST SURGICAL HISTORY: Gallbladder removed, partial thyroidectomy Dec 2022 due to thyroid cancer

SOCIAL HISTORY: Denies smoking or illicit drug use. Admits to ETOH on occasion.

REVIEW OF SYSTEMS:

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

PHYSICAL EXAMINATION:

GENERAL: GENERAL: No apparent distress noted; Well developed; Pleasant.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- tympanic membranes clear. Ear canals are patent. Nose- septum- midline; Maxillary sinus tenderness. No frontal sinus tenderness. Throat- erythema without exudates. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

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ORDERS:

STREP A (1 unit(s)): In-House Lab
Abbott COVID Rapid Test (1 unit(s)): In-House Lab
INFLUENZA (1 unit(s)): In-House Lab
Dexamethasone 4mg/ml (2 unit(s)): Injection

RESULTS:

STREP A:
Value: Negative

INFLUENZA:
Value: Negative

Abbott COVID Rapid Test:
Value: Negative

Dexamethasone 4mg/ml:
Site Given: Right Ventragluteal
Dosage Given: 4 milligram(s)
Administered By: Blackwell, Robin - CRNP

ASSESSMENT:

J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED (PRIMARY)
J01.00 - Acute maxillary sinusitis, unspecified
Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS
R05.9 - Cough, unspecified
R51.9 - Headache, unspecified
R09.81 - Nasal congestion

PLAN:

Take RX as directed. Patient has Nasonex at home. Followup as needed.

Dexamethasone 8mg given IM.

Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup
Refills: 0 Qty: 280 ML(S)
Instructions: TAKE 10 MILLILITERS BY ORAL ROUTE EVERY 4 HOURS AS NEEDED FOR
COUGH/CONGESTION. DO NOT EXCEED 40 ML/DAY

amoxicillin 875 mg-potassium clavulanate 125 mg tablet
Refills: 0 Qty: 14 TABLET(S)
Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS

Electronically signed by Robin Blackwell, CRNP on 02/22/23 10:59 AM

Robin Blackwell CNP

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