

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 4/6/15 TIME: 1320 PT. HISTORY REVIEWED / UPDATED: \_\_\_\_\_

PATIENT NAME: Jan Hagan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: UTI, burning, frequency. Started last wk but was busy & parents' classes. NO back pain. Using AZO. Took AZO this A.M. starting last week & urgency

MEDICATIONS: Zyrtec, HCTZ, triamterene, fexofenadine LMP: \_\_\_\_\_

| Temp        | Pulse     | Resp | BP            | HT           | WT | Allergies   |
|-------------|-----------|------|---------------|--------------|----|-------------|
| <u>98.7</u> | <u>81</u> |      | <u>116/81</u> | <u>178.7</u> |    | <u>NKMA</u> |

**INITIAL VISIT**

| INITIAL VISIT | RETURN VISIT |
|---------------|--------------|
| Skin          |              |
| Slituses      |              |
| Ears          |              |
| Eyes          |              |
| Nose          |              |
| Throat        |              |
| Neck/Back     |              |
| Heart         |              |
| Lungs         |              |
| Abdomen       |              |
| GU/GI         |              |
| Extremities   |              |

| DIAGNOSIS: | TESTS | RESULTS |
|------------|-------|---------|
| <u>UTI</u> |       |         |
|            |       |         |
|            |       |         |

PLAN:  
 ① Cipro 500mg BID x 10 days  
 ② Cont AZO  
 ③ RTC if improvement x 1 week for urinalysis

CALL BACK:  
4/8/15 - left message to call clinic  
4/8/15 - Pt returned call, states she is much better & this time

Ciprofloxacin Tablets, USP 500mg  
20 Tablets  
NDC: 10544-079-20 MFG: 16571-412-50  
Lot # BP17781304 Exp Date: 02/28/2017

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_

PROBLEM VISIT RECORD CONTINUED:

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 1/24/13 TIME: 1425 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Ear ache, woke up yesterday congestion but today ear ache started. Has had symptoms of fluid on for ~1 wk. Both ears hurting but (R) is worse.

MEDICATIONS: HRT LMP: HRT

| Temp        | Pulse | Resp | B/P           | HT           | WT           | Allergies   |
|-------------|-------|------|---------------|--------------|--------------|-------------|
| <u>98.4</u> |       |      | <u>108/70</u> | <u>166.9</u> | <u>163.9</u> | <u>NKMA</u> |

INITIAL VISIT BMI 25.7

| Skin                                 | RETURN VISIT |
|--------------------------------------|--------------|
| Sinuses <u>(+) pressure over max</u> |              |
| Ears <u>TM's intact, (+) fluid</u>   |              |
| Eyes <u>Clear</u>                    |              |
| Nose <u>Longest</u>                  |              |
| Throat <u>Red &amp; exudate</u>      |              |
| Neck/Back <u>adenopathy</u>          |              |
| Heart                                |              |
| Lungs <u>Clear, decreased</u>        |              |
| Abdomen                              |              |
| GU/GI                                |              |
| Extremities                          |              |

| DIAGNOSIS:                | TESTS | RESULTS |
|---------------------------|-------|---------|
| <u>Acute otitis media</u> |       |         |
| <u>Mastoiditis</u>        |       |         |
| <u>Adenopathy</u>         |       |         |

PLAN:  
Amoxicillin 5 mg  
2000 mg  
Bactrim 800-100  
2000 mg 2000  
2000 mg 2000

PRACTITIONER SIGNATURE: [Signature]

CALL BACK:  
1/28/13 - Spoke to pt states she is better but has a cough, will try no antibiotics for now & RHC if necessary.  
2/1/13 - Pt called clinic, stated she still feel bad, had not started 2nd par. advised by CRP to complete 2nd par. & if no improvement RHC on call.

STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

PHYSICAL EXAMINATION RECORD CONTINUED:

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 10/1/12 TIME: 10:15 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: POSS UTI. Symptoms began Sat night. Has taken AZO standard. Burning, urgency, frequency. Gets UTI's 1-2 x per year. No known fever. Back pain unrelated to symptoms.

MEDICATIONS: Q Tia Hctc LMP: \_\_\_\_\_

| Temp | Pulse | Resp | B/P | HT | WT | Allergies |
|------|-------|------|-----|----|----|-----------|
| 99.1 |       |      |     |    |    | NKMA      |

| INITIAL VISIT |                         | RETURN VISIT |
|---------------|-------------------------|--------------|
| Skin          |                         |              |
| Sinuses       |                         |              |
| Ears          |                         |              |
| Eyes          |                         |              |
| Nose          |                         |              |
| Throat        |                         |              |
| Neck/ Back    | <u>Ø CVA tenderness</u> |              |
| Heart         |                         |              |
| Lungs         |                         |              |
| Abdomen       |                         |              |
| GU/GI         |                         |              |
| Extremities   |                         |              |

| DIAGNOSIS: | TESTS                | RESULTS |
|------------|----------------------|---------|
| <u>UTI</u> | <u>UA (dipstick)</u> |         |
|            |                      |         |
|            |                      |         |

PLAN: Cont. AZO (OTC prn) 500mg BID X 10 days  
2000 ptlingo 500mg  
 CALL BACK: 10/22/12 - spoke 2 pt. States she felt better after taking the first 2 pills. Advise to continue med. once she completes course of med. Since PTC is needed.

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_

Adopted/Revised 5/97

Prepared by ALUM MCC

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 2/18/12 TIME: 1600 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Sore throat began last Thursday but has resolved.  
Ears feel full, dull sinus HA, congested (clear drainage).  
Slight cough w/ POSS. fever initially

MEDICATIONS: adul, Tramadol, HCTZ, Benadryl LMP: \_\_\_\_\_

| Temp        | Pulse | Resp | B/P           | HT | WT | Allergies   |
|-------------|-------|------|---------------|----|----|-------------|
| <u>98.6</u> |       |      | <u>112/70</u> |    |    | <u>NKMA</u> |

| INITIAL VISIT |                      | RETURN VISIT |
|---------------|----------------------|--------------|
| Skin          |                      |              |
| Sinuses       | ⊕ pressure over max  |              |
| Ears          | ⊕ full, ⊕ tenderness |              |
| Eyes          | Normal               |              |
| Nose          | Congested            |              |
| Throat        | ⊕ tenderness         |              |
| Neck/Back     | ⊕ adenopathy         |              |
| Heart         |                      |              |
| Lungs         | Clear lung, ⊕ cough  |              |
| Abdomen       |                      |              |
| GU/GI         |                      |              |
| Extremities   |                      |              |

| DIAGNOSIS:       | TESTS | RESULTS |
|------------------|-------|---------|
| <u>Sinusitis</u> |       |         |
|                  |       |         |
|                  |       |         |

LAN: Legon 250mg  
BID x 10 d  
Pushwone dose  
PK (long)  
RTC if not improving

CALL BACK: 2/20/12 - left message to call SHS, ⊕ on  
both home + cell numbers — ⊕

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_



**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 12/1/10 TIME: 1555 PT. HISTORY REVIEWED / UPDATED:                      /                     

PATIENT NAME: Jan Hogan DOB:                      AGE:                     

PRESENT COMPLAINT: Started yesterday but prior to that hadn't had any energy.  
Eyes: ears hurt. ⊕ congestion. Some cough, no sore throat.  
clear yellow sinus drainage. Worst symptom → pressure! NA. Hearing

MEDICATIONS: Tylenol, Allegra D, Flexeril (bot)

| Temp | Pulse | Resp | B/P    | HT | WT | LMP: | Allergies |
|------|-------|------|--------|----|----|------|-----------|
| 97.2 | 80    |      | 102/80 |    |    |      | NKMA      |

**INITIAL VISIT**

|             |                                       |              |
|-------------|---------------------------------------|--------------|
| Skin        | is difficult. ⊕ chills, no body aches | RETURN VISIT |
| Sinuses     | ⊕ pressure                            |              |
| Ears        | TM's intact ⊕ JPD, ⊕ redness          |              |
| Eyes        | Clear                                 |              |
| Nose        | ⊕ congested                           |              |
| Throat      | ⊕ redness                             |              |
| Neck/ Back  | ⊕ adenopathy                          |              |
| Heart       | S3 S2 (m)                             |              |
| Lungs       | Clear, ⊕ cough                        |              |
| Abdomen     |                                       |              |
| GU/GI       |                                       |              |
| Extremities |                                       |              |

| DIAGNOSIS:         | TESTS | RESULTS |
|--------------------|-------|---------|
| <u>Sinusitis</u>   |       |         |
| <u>upper resp.</u> |       |         |
| <u>congestion</u>  |       |         |

PLAN:  
Meds: OTC  
mucinex pm OTC  
⊕ n

CALL BACK:  
12-6-10 T.C.  
States she is no better  
new trace green  
drainage. Back pain  
as to B/D x 10 d  
suppressed into w of 6 mos  
709-50611 Listerworth, MD

PRACTITIONER SIGNATURE: Listerworth, MD

AUDIT DATE:                      COMMENTS:                     

PHYSICIAN SIGNATURE:



**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 4/15/09 TIME: 1300 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Pt fell on metal crate one week ago in house and lacerated area above eye. Has 3 sutures that need to be removed. #4

**MEDICATIONS:**

LMP: \_\_\_\_\_

| Temp | Pulse | Resp | B/P | HT | WT | Allergies |
|------|-------|------|-----|----|----|-----------|
|      |       |      |     |    |    |           |

**INITIAL VISIT**

Skin

Sinuses

Ears

Eyes

Nose

Throat

Neck/ Back

Heart

Lungs

Abdomen

GU/GI

Extremities

**RETURN VISIT**

site clean 3 signs or symptoms of infection.

DIAGNOSIS: Suture removal

**TESTS**

**RESULTS**

**PLAN:**

**CALL BACK:**

Removed 3 sutures w/ tweezers and scissors. Pt tolerated well. AM

PRACTITIONER

SIGNATURE: \_\_\_\_\_

STAFF

SIGNATURE: lg on

AUDIT DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 2/26/07 TIME: 1540 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Started Sat & sore throat, Sunday, fatigued. Today,  
tender around ears, & energy/fatigued. (+) drainage slight  
cough, & fever, Ringing in ears.

MEDICATIONS: Allegra D, Benadryl LMP: 2/13/07

| Temp | Pulse | Resp | BP    | HR | WT | Address |
|------|-------|------|-------|----|----|---------|
| 99.4 | 88    |      | 98/74 |    |    | NKMA    |

| INITIAL VISIT |                       |  |  |  |  | RETURN VISIT |
|---------------|-----------------------|--|--|--|--|--------------|
| Skin          |                       |  |  |  |  |              |
| Sinuses       | Ø                     |  |  |  |  |              |
| Ears          | TM's intact           |  |  |  |  |              |
| Eyes          | 1200                  |  |  |  |  |              |
| Nose          | Largenated            |  |  |  |  |              |
| Throat        | Red, & inflamed       |  |  |  |  |              |
| Neck/Back     | Ø Cervical adenopathy |  |  |  |  |              |
| Heart         | S1 S2 S3 @            |  |  |  |  |              |
| Lungs         | Clear                 |  |  |  |  |              |
| Abdomen       |                       |  |  |  |  |              |
| GU/GI         |                       |  |  |  |  |              |
| Extremities   |                       |  |  |  |  |              |
|               |                       |  |  |  |  |              |
|               |                       |  |  |  |  |              |

| DIAGNOSIS:            | TESTS      | RESULTS        |
|-----------------------|------------|----------------|
| <u>Viral syndrome</u> | <u>CBC</u> | <u>See lab</u> |
|                       |            |                |
|                       |            |                |

PLAN: OTC meds for  
Symptoms

CALL BACK: \_\_\_\_\_

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_



**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 9/29/06 TIME: 1425 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: sinus congestion. sore to the touch around ears,  
in hearing, unable to pinpoint when it started. Tingling in  
mouth, teeth bothersome, sore throat. Dull

MEDICATIONS: ES Tylenol, Benadryl, Advil, @ LMP: Just ended

| Temp        | Pulse | Resp | B/P          | HT | WT | Allergies   |
|-------------|-------|------|--------------|----|----|-------------|
| <u>98.3</u> |       |      | <u>98/72</u> |    |    | <u>NKMA</u> |

| INITIAL VISIT |                                     | RETURN VISIT |
|---------------|-------------------------------------|--------------|
| Skin          | HA. vertigo                         |              |
| Sinuses       | Ø pressure                          |              |
| Ears          | Tm's intact, - retracted Eustachian |              |
| Eyes          | Clear                               |              |
| Nose          | patent                              |              |
| Throat        | Ø redness                           |              |
| Neck/ Back    | Ø Cervical adenopathy               |              |
| Heart         |                                     |              |
| Lungs         | Clear Lungs, Ø cough                |              |
| Abdomen       | non tender                          |              |
| GU/GI         |                                     |              |
| Extremities   |                                     |              |
|               |                                     |              |
|               |                                     |              |

| DIAGNOSIS:            | TESTS | RESULTS |
|-----------------------|-------|---------|
| <u>retracted TM's</u> |       |         |
|                       |       |         |
|                       |       |         |

PLAN:  
Cont. med.  
meds as prescribed  
RTC in 1 wk

CALL BACK:  
10/2/06 - left message to call her. @  
10/5/06 - spoke 2 pt. Stated she took med  
as instructed. but now is starting  
to feel pain again. will etc  
monday for pt. @

PRACTITIONER SIGNATURE: [Signature]

STAFF SIGNATURE: [Signature]

AUDIT DATE: 10-6-06 COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: [Signature]

METHYLPREDNISOLONE  
NDC# 59746-001-03  
LOT# 5M006  
21 TABS TABS Exp 12/2006



AUBURN UNIVERSITY MONTGOMERY

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

NURSING CARE CENTER  
P. O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Vivian Hamlett, M.D.  
(334) 409-2800  
DEA #BH 1075197  
AL #13467

Maryluz Fuentes, M.D.  
(334) 265-5577  
DEA #BF 8451520  
AL #24127

Name

*Jan Hagan*

Date

*7-27-06*

Address

Rx

*Lipso 500mg*  
*Aug # 20*  
*sig:  $\dot{\bar{p}}$  BID x 10d*  
*Jan Stewart* M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN *NR*

Dispense As Written

M.D. or C.R.N.P.

THIS DOCUMENT CONTAINS VOID, PANTOGRAPH, MICROPRINTED SIGNATURE LINE, BLUE PATTERN BACKGROUND, THERMOCHROMIC INK.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUBURN MONTGOMERY  
STUDENT HEALTH CENTER  
P.O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.  
Lic. #1-096551  
RX: 2230

Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name Jan Hogan Date 12-1-10  
Address \_\_\_\_\_

R

med. at D. OK

Disp: i

3191 Taper no directed

Stewart

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted M.D. or C.R.N.P.

Dispense As Written M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUBURN MONTGOMERY  
STUDENT HEALTH CENTER  
P.O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Stacey E. White, C.R.N.P.  
Lic. #1-077155  
RX: 1501

Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name

Date

2-15-12

Address

R

Leptin 250mg  
#20  
sig: 1 po BID x 10d  
Labwork

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN

NR

Dispense As Written

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUBURN MONTGOMERY  
STUDENT HEALTH CENTER  
P.O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Stacey E. White, C.R.N.P.  
Lic. #1-077155  
RX: 1501

Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name

Date

2-15-12

Address

R

Prednisone 5mg PK  
#1  
sig: Take as directed  
Labwork

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN

NR

Dispense As Written

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUBURN MONTGOMERY  
STUDENT HEALTH CENTER  
P. O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Darlene Pierce, C.R.N.P.  
Lic. #1-134315  
RX: 3692

Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name Jan Hogan Date 1-24-13  
Address \_\_\_\_\_

R

Proctus and 5mg d-cep K  
Disp: 21  
Sig: Take as directed  
L. Stewart, M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written \_\_\_\_\_, M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUBURN MONTGOMERY  
STUDENT HEALTH CENTER  
P. O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Darlene Pierce, C.R.N.P.  
Lic. #1-134315  
RX: 3692

Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name Jan Hogan Date 1-24-13  
Address \_\_\_\_\_

R

azithromycin 250mg  
Disp: 2 PK  
Sig: Take as directed  
L. Stewart, M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written \_\_\_\_\_, M.D. or C.R.N.P.

# URINARY TRACT INFECTIONS

My Name: Jan Hagan  
 Date: 7-27-06

The Practitioner I saw today:  
Carol Stewart, CRNP  
Sandra Ivey, CRNP  
Ramona Lazenby, CRNP

## What Is a Urinary Tract Infection?

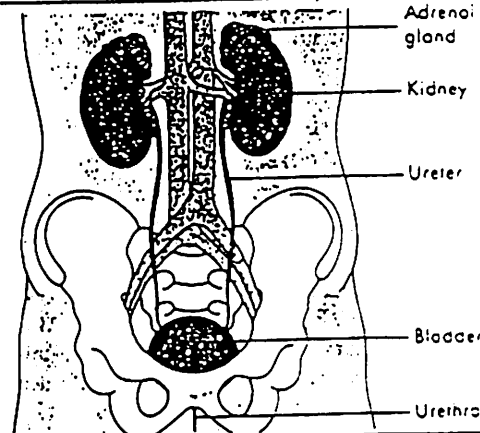
It is an infection in the bladder and/or kidneys caused by bacteria.  
 It is much more common in women than in men.

### Bladder Infection

This is an infection of the lining of the bladder caused by bacteria.

### Kidney Infection

This is an infection of the kidney(s), also caused by bacteria, and is more serious.



| Which Problem Do I Have? | What Antibiotic Do I Need?                                                        | What Other Special Medicines Do I Need? |
|--------------------------|-----------------------------------------------------------------------------------|-----------------------------------------|
| Bladder Infection        | <u>Cipro 500mg</u><br><u>1 pill 2 times</u><br><u>a day for</u><br><u>10 days</u> |                                         |
| Kidney Infection         | <u>10 days</u>                                                                    |                                         |
|                          | TAKE ALL ..... DON'T MISS ANY                                                     | TAKE ONLY AS INSTRUCTED!                |

## What Are the Symptoms?

- Needing to urinate often and in small amounts
- Burns or hurts to urinate
- Hurts below the tummy
- Lower back pain and maybe even fever
- Cloudy, bad-smelling urine

## How Do I Keep From Getting Another Urinary Infection?

- Wipe from front to back each time you go to the bathroom
- Urinate before and after sexual intercourse
- Drink more water and juices

## How Can I Get Well?

### Ibuprofen (Advil, Motrin)

Take 2 - 4 tablets every 6 - 8 hours for relief of pain

Drink 10 - 12 full glasses of water

Take a warm tub bath to help relieve the pain

Don't drink alcohol or coffee and don't eat spicy foods

Avoid douching and use pads instead of tampons

## Remember..

1. Take antibiotic until it is all gone!
2. Drink plenty of fluids
3. Wipe front to back each time you go to the bathroom

Do I need a follow-up appointment? ☐ no ☒ yes, in      days

AUM Nursing Care Center Phone # 244-3281

(Patients seen from 8:15 am to 4:30 pm, Monday - Friday)

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 7/27/06 TIME: 8<sup>30</sup> PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Possible UTI symptoms. Started yesterday afternoon. Burning, ⊕ frequency. ⊕ back pain or fever. ⊕ urgency.

MEDICATIONS: Using AZO standard, Benadryl, LMP: Last week

| Temp | Pulse | Resp | BP | HT | WT | Allergies |
|------|-------|------|----|----|----|-----------|
| 98.7 |       |      |    |    |    | NRMA      |

| INITIAL VISIT | RETURN VISIT |
|---------------|--------------|
| Skin          |              |
| Sinuses       |              |
| Ears          |              |
| Eyes          |              |
| Nose          |              |
| Throat        |              |
| Neck/ Back    |              |
| Heart         |              |
| Lungs         |              |
| Abdomen       |              |
| GU/GI         |              |
| Extremities   |              |
|               |              |
|               |              |
|               |              |

| DIAGNOSIS: | TESTS                | RESULTS    |
|------------|----------------------|------------|
| <u>UTI</u> | <u>UA (dipstick)</u> | <u>See</u> |
|            | <u>Urine Culture</u> | <u>See</u> |
|            |                      |            |
|            |                      |            |

PLAN:  
 1) Lipso 500mg BID x 10  
 2) See at inga street  
 3) RTC in 10 days  
Prn for se

CALL BACK: 8/16/06 @ 900 Pt reports having a "urinary" milky discharge that is milky and that urine has a foul odor. Denies pain. Informed of c/s results. Says genital area feels irritable but doesn't believe it is a yeast infection. Instructed to go to Dr. med / symptoms worsen before Tuesday 8/22/06.

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 10-21-05 TIME: 9:15 AM PT. HISTORY REVIEWED / UPDATED:                      /                      /                     

PATIENT NAME: Jan Hagan DOB:                      AGE:                     

PRESENT COMPLAINT: 100% dizzy spells; ear fullness; popping x 2 days. Began taking Topomax 2 wks ago; no concomitant

EDICATIONS: Topomax 25 mg TID for maybe side effect LMP:                     

| Temp | Pulse | Resp | BP | HR | WT | Allergies |
|------|-------|------|----|----|----|-----------|
| 97.4 |       |      |    |    |    | OK on N   |

| INITIAL VISIT |                                              | RETURN VISIT |
|---------------|----------------------------------------------|--------------|
| Skin          |                                              |              |
| Sinuses       | <u>0 pressure</u>                            |              |
| Ears          | <u>TM's intact, 0 redness, LTM retracted</u> |              |
| Eyes          | <u>Clear</u>                                 |              |
| Nose          | <u>patent</u>                                |              |
| Throat        | <u>0 redness</u>                             |              |
| Neck/Back     | <u>0 Cervical ache/stiffness</u>             |              |
| Heart         |                                              |              |
| Lungs         | <u>Clear</u>                                 |              |
| Abdomen       |                                              |              |
| GU/GI         |                                              |              |
| Extremities   |                                              |              |

| DIAGNOSIS:                | TESTS | RESULTS |
|---------------------------|-------|---------|
| <u>Retracted L TM</u>     |       |         |
| <u>Dizziness ? origin</u> |       |         |

PLAN:

- 1) Methadone Dose Pass
- 2) Cont. Topomax; discussed with Dr. Hagan
- 3) RTC 1g not necessary

CALL BACK: 10/28/05 left message to call per @  
11-2-05 - Dizziness Cont.  
went to ENT. was put on more steroids  
intentional! will  
have a series  
of other tests  
done.

PRACTITIONER SIGNATURE: Leann Stewart STATE SIGNATURE:                     

AUDIT DATE:                      COMMENTS:                     

PHYSICIAN SIGNATURE:                     

PREPARED BY AUM NCS  
REVIEWED BY AUM NCS

**Problem Visit Record Continued:**

Maryluz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name

Date \_\_\_\_\_

**Address**

R

Zmarz

Dr. J. P. ...

5. 1.0 T ~~more~~ as directed

*James Stewart*

Product Selection Permitted \_\_\_\_\_, M.D. or C.R.N.P.

**Dispense As Written**

**Label all prescriptions**

Refill: 1 2 3 5 PRN NR

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 9/19/05 TIME: 1540 PT. HISTORY REVIEWED / UPDATED:                     

PATIENT NAME: Jon Hogan DOB:                      AGE:                     

PRESENT COMPLAINT: Symptoms began Friday, has gotten progressively worse. Throat pain, ears - difficulty hear. (+) congestion (clear). (+) cough. Headache last week. Slight nausea.

EDICATIONS: sudafed, benadryl, advil LMP: 9/5/05

| Temp | Pulse | Resp | B/P    | HT | WT | Allergies |
|------|-------|------|--------|----|----|-----------|
| 99.0 |       |      | 100/70 |    |    | N/A MFA   |

| INITIAL VISIT |                                             | RETURN VISIT |
|---------------|---------------------------------------------|--------------|
| Skin          | <u>w/d</u>                                  |              |
| Swollen       | <u>0 pressure</u>                           |              |
| Ears          | <u>TM's intact, 0 redness</u>               |              |
| Eyes          | <u>Clear</u>                                |              |
| Nose          | <u>Longerated</u>                           |              |
| Throat        | <u>Red</u>                                  |              |
| Neck/Back     | <u>(+) ant. Cervical adenopathy</u>         |              |
| Heart         | <u>S/S</u>                                  |              |
| Lungs         | <u>Clear lung, (+) non-productive cough</u> |              |
| Abdomen       |                                             |              |
| GU/GI         |                                             |              |
| Extremities   |                                             |              |

| DIAGNOSIS                    | TESTS | RESULTS |
|------------------------------|-------|---------|
| <u>Upper Resp. Infection</u> |       |         |
| <u>Cough</u>                 |       |         |

PLAN:  
 1) Z-max 2GM X 1  
 2) Robitussin PM  
    2 tsp Prn  
 3) Cont. Sudafed for  
 CALL BACK: 9/22/05 - Spoke to pt. States she still has a cough but will take Robitussin PM. Breaths is feeling better, less etc

PRACTITIONER SIGNATURE: Carol Stewart STATE SIGNATURE: [Signature]

AUDIT DATE:                      COMMENTS:                     

PHYSICIAN SIGNATURE:

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE 6/14/05 TIME: 3:40 PT. HISTORY REVIEWED / UPDATED 1 / 1  
 PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Slightly feverish, achy today, 3 days of a HA.  
Stomach slightly upset last p.m. Cannot hear. (4) Sore  
throat. (4) drainage, clear.

Medications: Allegra D, ~~ibuprofen~~ Ibuprofen LMR Last week  

|             |       |      |              |    |    |             |
|-------------|-------|------|--------------|----|----|-------------|
| Temp        | Pulse | Resp | BP           | HT | WT | Allergies   |
| <u>98.1</u> |       |      | <u>98/70</u> |    |    | <u>NKMA</u> |

| INITIAL VISIT                          | RETURN VISIT |
|----------------------------------------|--------------|
| Skin                                   |              |
| Sinuses <u>Ø @ pressure</u>            |              |
| Ears <u>TM's intact, Ø redness</u>     |              |
| Eyes <u>Clear</u>                      |              |
| Nose <u>patent</u>                     |              |
| Throat <u>2x red, Ø exudate</u>        |              |
| Neck/Back <u>Ø Cervical adenopathy</u> |              |
| Heart <u>S1 S2 S3 @</u>                |              |
| Lungs <u>Clear Insp. Ø crackles</u>    |              |
| Abdomen <u>non-tender</u>              |              |
| GU/GI                                  |              |
| Extremities                            |              |

| DIAGNOSIS:               | TESTS      | RESULTS        |
|--------------------------|------------|----------------|
| <u>Viral Pharyngitis</u> | <u>CBC</u> | <u>See Lab</u> |
| <u>(Post-infectious)</u> |            |                |
|                          |            |                |

PLAN: 1) OTC Tylenol as  
needed after pm  
2)

CALL BACK: 6/16/05 Pt informed of  
lab results. end

PRACTITIONER SIGNATURE: Carol Stewart STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_



Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUM  
NURSING CARE CENTER  
P. O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3281

Ramona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703

Vivian Hamlett, M.D.  
(334) 409-2800  
DEA #BH 1075197  
AL #13467

uz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name

Address

Rx

Machet Dan  
Ridge: 18K  
Sig: Taper -

Product Selection Per

Dispense As Written

Label all prescriptions

Refill: 1 2 3 5 PRN

NR

Date

1-28-05

OK

directed

Stewart, M.D. or C.R.N.P.

\_\_\_\_\_, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 1/28/05 TIME: 940 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Ear fullness for 21 week. Has been taking Benadryl.  
Drainage is clear. Possible low-grade fever. Chills.  
⊕ HA's ⊕ cough.

INDICATIONS: Benadryl, Sudafed LMP: 12/28/04

| Temp        | Pulse | Resp | B/P           | HT | WT | Allergies   |
|-------------|-------|------|---------------|----|----|-------------|
| <u>97.2</u> |       |      | <u>110/70</u> |    |    | <u>NKMA</u> |

| INITIAL VISIT |                                      | RETURN VISIT |
|---------------|--------------------------------------|--------------|
| Skin          | <u>W: D</u>                          |              |
| Sinuses       | <u>⊕ pressure</u>                    |              |
| Ears          | <u>TM's intact, ⊕ redness, ⊕ RPD</u> |              |
| Eyes          | <u>Clear R/O</u>                     |              |
| Nose          | <u>Patent Clear discharge</u>        |              |
| Throat        | <u>⊕ redness ⊕ exudate</u>           |              |
| Neck/ Back    | <u>⊕ Cervical adenopathy</u>         |              |
| Heart         |                                      |              |
| Lungs         | <u>Clear R/O</u>                     |              |
| Abdomen       |                                      |              |
| GU/GI         |                                      |              |
| Extremities   |                                      |              |

| DIAGNOSIS:                         | TESTS | RESULTS |
|------------------------------------|-------|---------|
| <u>Upper Respiratory Infection</u> |       |         |
| <u>Serous otitis media</u>         |       |         |

PLAN: 1) Cont. Sudafed per  
2) Meds OTC PK  
3) Rtc if symptoms  
not improving

CALL BACK: \_\_\_\_\_

PRACTITIONER SIGNATURE: Carol Stewart RN STAFF SIGNATURE: Byk ON

AUDIT DATE: 2/4/05 COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: Meftun



Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

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P. O. Box 244023  
Montgomery, AL 36124-4023  
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Ramona Lazenby, C.R.N.P.  
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Rx: 0703

Vivian Hamlett, M.D.  
(334) 409-2800  
DEA #BH 1075197  
AL #13467

Maryluz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name

Address

Date

3-18-04

R

Amox 500mg  
sig: #42  
sig: t.p.o tid X 14 days

Product Selection Permitted

Dispense As Written

Label all prescriptions  
Refill: 1 2 3 5 PRN

NR

M.D. or C.R.N.P.

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

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Maryluz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name Jan Hagan Date 3-16-04  
Address \_\_\_\_\_

R Nascent AQ  
Drops: 16.5 gm  
Sig: # spray qd (.5 inst)

Label all prescriptions  
Refill: 1 2 3 5 PRN NR

Carol Stewart, M.D. or C.R.N.P.  
Product Selection Permitted  
Dispense As Written

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

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Rx:0703

Vivian Hamlett, M.D.  
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AL #13467

Maryluz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name Jan Hagan Date 3-16-04  
Address \_\_\_\_\_

R Zyter 10 mg  
Disp # 30  
Sig: 1 p.o. qd

Label all prescriptions  
Refill: 1 2 3 5 PRN NR

Carol Stewart, M.D. or C.R.N.P.  
Product Selection Permitted  
Dispense As Written

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 3/17/04 TIME: 1545 PT. HISTORY REVIEWED / UPDATED:                      AGE:                     

PATIENT NAME: Jan Hogan DOB:                     

PRESENT COMPLAINT: Allergies? Stomach bug over weekend and was unable to take normal meds. Scratchy throat, ears. ⊕ drainage.

LOCATIONS: Benadryl, & other meds ASA LMP: 3/13/04

| Temp | Pulse | Res | BP    | HR | MT | SEEN |
|------|-------|-----|-------|----|----|------|
| 99.4 |       |     | 94/68 |    |    | NKMA |

INITIAL VISIT RETURN VISIT

|                                 |                  |
|---------------------------------|------------------|
| W.D                             | 3-18-04 9am      |
|                                 | T.C. States      |
| Ears TM's intact, & redness     | has → secretions |
| Eyes Watery, red                | now green &      |
| Nose Clear drainage             | pressure         |
| Throat 3rd red, & exudate       | over max         |
| Neck/Back ⊕ Cervical adenopathy | swollen          |
| Heart S1 S2 S3 (m)              | P: Arrhythmia    |
| Lungs Clear 2nd, & 3rd          | 500mg tid        |
| Abdomen Soft, non-tender        | x14 days         |
| GU/GI                           | 2) RTC on        |
| Extremities                     | 14 days:         |
|                                 | pm captopril     |
|                                 | CRP              |

| DIAGNOSIS                 | TESTS | RESULTS |
|---------------------------|-------|---------|
| <u>Drainage - Rinitis</u> |       |         |
|                           |       |         |
|                           |       |         |

PLAN:

- 1) Zyrtec 10mg qd
- 2) Nasacort AQ # spray
- 3) Mometasone PK ad

discontinued

CALL BACK:                     

STAFF SIGNATURE: [Signature]

CRP

METHYLPREDNISOLONE 4MG DO  
NDC# 59746-001-03  
LOT# 3H012  
21 TRB EX 8/06

PRACTITIONER SIGNATURE: [Signature]

COMMENTS:

Problem Visit Record Continued:

Carol Stewart, C.R.N.P.  
Lic. #1-045437  
Rx: 1178

AUM  
NURSING CARE CENTER  
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Rx:0703

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DEA #BH 1075197  
AL #13467

Maryluz Fuentes, M.D.  
(334) 409-2800  
DEA #BF 6451520  
AL #24127

Name Jan Hagan Date 2-23-04  
Address \_\_\_\_\_

R

*Barbit 200mg*  
*Digoxin 30*  
*Sig: 10.0 qd pr*  
*Lump*

Label all prescriptions  
Refill 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written \_\_\_\_\_, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 2-25-04 TIME: 3:30 pm PT. HISTORY REVIEWED/UPDATED:        /        /       

PATIENT NAME: Jan Hagen DOB:        AGE:       

PRESENT COMPLAINT: 90% neck pain: stopped X 2 weeks  
long. Has had similar episodes in past.  
Has never been associated w/ m.o but not

|             |       |
|-------------|-------|
| EDUCATIONS: | LMP:  |
| Temp        | Pulse |
| Resin       | BP    |
| HT          | WT    |
| Allergies   |       |
| OKMA        |       |

| INITIAL VISIT                                                                                     |                                      |
|---------------------------------------------------------------------------------------------------|--------------------------------------|
| Skin                                                                                              | <u>Seen a chingocetia</u>            |
| Sinuses                                                                                           |                                      |
| Ears                                                                                              | <u>Myocardostrotal: unable to</u>    |
| Eyes                                                                                              | <u>rotate head laterally through</u> |
| Nose                                                                                              | <u>FROM. &amp; pain on</u>           |
| Throat                                                                                            | <u>palpation.</u>                    |
| Neck/ Back                                                                                        |                                      |
| Heart                                                                                             |                                      |
| Lungs                                                                                             |                                      |
| Abdomen                                                                                           |                                      |
| GU/GI                                                                                             |                                      |
| Extremities                                                                                       |                                      |
| <p align="center"> <i>Call into clinic<br/>w/ pain<br/>P: 2/25/04<br/>8:12 3:37<br/>3:37</i> </p> |                                      |

RETURN VISIT T.C  
2-25-04 3:30 pm  
Stated pain  
has been  
partially  
relieved  
by Tylenol.  
Requesting  
muscle  
spasm  
meds  
order to see  
orthopedist.  
P: 2/25/04  
8:00mg tid  
pm.  
Cont. ortho  
FLU2 ortho  
CRN

| DIAGNOSIS:               | TESTS | RESULTS |
|--------------------------|-------|---------|
| <u>Chronic neck pain</u> |       |         |
|                          |       |         |
|                          |       |         |

PLAN:  
1) Tylenol 200mg p.o qid  
Refer to orthopedist  
for cont. eval &  
treatment.

CALL BACK:       

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE:        COMMENTS:       

PHYSICIAN SIGNATURE:

Problem Visit Record Continued:

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 12/10/03 TIME: 1545 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Symptoms x 3 days, ↓ in voice, sore throat, cough,  
nasal drainage, mucus discolored, HA, ear fullness  
Initially had chills but that has resolved.

MEDICATIONS: Tylenol, Advil, Benedryl, sudafed. LMP: 11/26/03

| Temp        | Pulse     | Resp | BP | HT | WT | Allergies    |
|-------------|-----------|------|----|----|----|--------------|
| <u>98.2</u> | <u>76</u> |      |    |    |    | <u>NKMTA</u> |

| INITIAL VISIT                           | RETURN VISIT |
|-----------------------------------------|--------------|
| Skin                                    |              |
| Sinuses <u>⊕ pressure over max</u>      |              |
| Ears <u>Tm's intact, &amp; sudafed</u>  |              |
| Eyes <u>Clear</u>                       |              |
| Nose <u>⊕ Congested</u>                 |              |
| Throat <u>29 red, &amp; sore</u>        |              |
| Neck/ Back <u>⊕ Cervical adenopathy</u> |              |
| Heart <u>S5 S3</u>                      |              |
| Lungs <u>Clear bil, &amp; cough</u>     |              |
| Abdomen                                 |              |
| GU/GI                                   |              |
| Extremities                             |              |

| DIAGNOSIS:         | TESTS | RESULTS |
|--------------------|-------|---------|
| <u>Pharyngitis</u> |       |         |
|                    |       |         |
|                    |       |         |

PLAN:

- Amox 500mg tid x 14 days
- Sudafed 10 + p.o.g 1200
- RTCL symptoms not severe

PRACTITIONER SIGNATURE: [Signature]

CALL BACK: \_\_\_\_\_

STAFF SIGNATURE: [Signature]

AMOXICILLIN 500MG  
42 Capsules  
NDC: 51655-157-49  
Lot: 2PP488 3  
Exp: 08/30/2005

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_



**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 10/16 TIME: 1055 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jon Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Cold, ears full, cough & chest soreness. Has had for 1 week. Drainage primarily clear. (+) HA, (+) pressure.

EDICATIONS: Sudafed, Benadryl Nasal Spray LMP: 10/1/03

| Temp        | Pulse     | Resp | BP           | HT | WT | Allergies   |
|-------------|-----------|------|--------------|----|----|-------------|
| <u>77.5</u> | <u>76</u> |      | <u>98/84</u> |    |    | <u>UKMA</u> |

| INITIAL VISIT |                                  | RETURN VISIT           |
|---------------|----------------------------------|------------------------|
| Skin          | <u>W:O</u>                       |                        |
| Sinuses       | <u>(+) pressure - over max</u>   | <u>10-17-03</u>        |
| Ears          | <u>TM's intact; (+) fluid</u>    | <u>states</u>          |
| Eyes          | <u>Clear</u>                     | <u>secretions</u>      |
| Nose          | <u>Congested</u>                 | <u>are turning</u>     |
| Throat        | <u>3/4 red, &amp; exudate</u>    | <u>green:</u>          |
| Neck/Back     | <u>&amp; cervical adenopathy</u> | <u>Aspirin</u>         |
| Heart         |                                  | <u>(+) amoxicillin</u> |
| Lungs         | <u>Clear bil; &amp; cough</u>    | <u>500mg tid</u>       |
| Abdomen       |                                  | <u>X 14 days</u>       |
| GU/GI         |                                  | <u>(+) RTCL</u>        |
| Extremities   |                                  | <u>14 days</u>         |
|               |                                  | <u>prn cough</u>       |
|               |                                  | <u>crackles</u>        |

AMOXICILLIN 500MG  
42 Capsules  
NDC: 51855-157-49  
Lot: BP43511  
Exp: 06/30/2004

| DIAGNOSIS:                          | TESTS | RESULTS |
|-------------------------------------|-------|---------|
| <u>Upper Respiratory Congestion</u> |       |         |
| <u>Viral process</u>                |       |         |

PLAN: 1) Zyrtec 10mg po qd  
2) Mucinex 1200 mg po qd  
3) RTCL 14 days

CALL BACK: 10/21/03 - left message to call  
Nec. @  
10/23/03 - Call Nec, states she is still a  
little congested but overall is better @

BENZONATE 100MG  
9 Capsules  
NDC: 51655-769-85  
Lot: P050631  
Exp: 02/29/2004

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
PHYSICIAN SIGNATURE: \_\_\_\_\_

Problem Visit Record Continued:

Label all prescriptions  
Refill: 1 2 3 5 PRN

Product Selection Permitted

Dispense As Written

# URINARY TRACT INFECTIONS

My Name: Jan Hagan  
 Date: 8-29-02

The Practitioner I saw today:  
Carol Stewart, CRNP  
Saundra Ivey, CRNP  
Ramona Lazenby, CRNP

## What Is a Urinary Tract Infection?

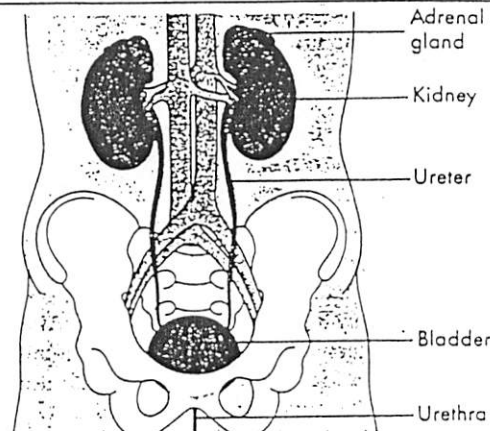
It is an infection in the bladder and/or kidneys caused by bacteria.  
 It is much more common in women than in men.

### Bladder Infection

This is an infection of the lining of the bladder caused by bacteria.

### Kidney Infection

This is an infection of the kidney(s), also caused by bacteria, and is more serious.



Which Problem  
Do I Have?

Bladder Infection

Kidney Infection

What Antibiotic Do  
I Need?

Bactrim DS  
1 pill 2 times  
a day for  
10 days  
 TAKE ALL ..... DON'T MISS ANY!!!

What Other Special  
Medicines Do I Need?

TAKE ONLY AS INSTRUCTED!

## What Are the Symptoms?

- Needing to urinate often and in small amounts
- Burns or hurts to urinate
- Hurts below the tummy
- Lower back pain and maybe even fever
- Cloudy, bad-smelling urine

### How Do I Keep From Getting Another Urinary Infection?

- Wipe from front to back each time you go to the bathroom
- Urinate before and after sexual intercourse
- Drink more water and juices

## How Can I Get Well?

### Ibuprofen (Advil, Motrin)

Take 2 - 4 tablets every 6 - 8 hours for relief of pain

Drink 10 - 12 full glasses of water

Take a warm tub bath to help relieve the pain

Don't drink alcohol or coffee and don't eat spicy foods

Avoid douching and use pads instead of tampons

## Remember...

1. Take antibiotic until it is all gone!
2. Drink plenty of fluids
3. Wipe front to back each time you go to the bathroom

Do I need a follow-up appointment? ☐ no ☐ yes, in \_\_\_\_ days

AUM Nursing Care Center Phone # 244-3281

(Patients seen from 8:15 am to 4:30 pm, Monday - Friday)

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 8/29/03 TIME: 0850 PT. HISTORY REVIEWED/UPDATED 1 1

PATIENT NAME: Jan Hogan DOB: 1/1/1941 AGE: 72

**PRESENT COMPLAINT:** Possible bladder infection, woke up this A.M. c/urgency, pain. Took AZO standard this A.M. (+) frequency & minimal output. (+) nausea

EDUCATIONS: Alegra D. B. S. P. L. M. P. 8/19/05

| Temp | Pulse | Resp | B/P | HR | WT | Allergies |
|------|-------|------|-----|----|----|-----------|
| 97.8 |       |      |     |    |    | W K M A   |

| INITIAL VISIT |
|---------------|
|---------------|

RETURN VISIT

Skin

---

9/15/03 @ 1120 Completed

Sinuses

to experience of  
Also had

twinge. <sup>from</sup> while on the

|      |                   |
|------|-------------------|
| Eyes | hawsen a<br>B. m. |
|------|-------------------|

Nose

Throat

4 TI

Neck/Back P CVA Tendon/nerve P: Urine Cystitis

|       |       |
|-------|-------|
| Heart | today |
|-------|-------|

2)  $\frac{1}{2} \log 5000$

BIOW X 10  $\mu$  m

Abdomen

GU/GI \_\_\_\_\_

Page 4

|             |                        |
|-------------|------------------------|
| Extremities | Left hand & right hand |
|-------------|------------------------|

$(\rho \vee \varepsilon \rho)$

|  |        |
|--|--------|
|  | (over) |
|--|--------|

| TESTS | RESULTS |
|-------|---------|
|-------|---------|

DIAGNOSIS: \_\_\_\_\_

|                 |          |
|-----------------|----------|
| UA (hysteresis) | see salt |
|-----------------|----------|

\_\_\_\_\_

[illegible]

CALL BACK: Sulfamethoxazole and

PLAN: 1) Barium DC

Lot: 481773  
Exp: 09/30/2004

1. The first step is to identify the problem.

2) संज्ञा

BI-100

STAFF

PRACTITIONER: Carol Stewart SIGNATURE: [Signature]

\_\_\_\_\_

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

Sulfamethoxazole and  
Trimethoprim 800mg/160mg  
20 Tablets  
NDC: 51655-112-52  
Lot: 48177 3  
Exp: 09/30/2004

9-26-03

9m

SI: Has completed 1000. add 3:5 of

4TI received.

O: 4A (disputed) (see page)

H: 4TI not of use

I: RTA pm

~~Handwritten text~~

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 2/6/03 TIME: 0950 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Jan Hogan DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: Symptoms since Monday AM, felt like allergy attack -> watery eyes, coughing. Then began body aches, chills. Now feels sore through out chest & back.

MEDICATIONS: Advil, Oxydrol, C LMP: ~ 1 week ago

| Temp        | Pulse | Resp | B/P           | HR | WT | Altitude   |
|-------------|-------|------|---------------|----|----|------------|
| <u>97.2</u> |       |      | <u>105/78</u> |    |    | <u>N/A</u> |

| INITIAL VISIT                              | RETURN VISIT |
|--------------------------------------------|--------------|
| Skin <u>W/D</u>                            |              |
| Sinuses <u>3+ pressure over max</u>        |              |
| Ears <u>TM's intact; &amp; redness</u>     |              |
| Eyes <u>Watery</u>                         |              |
| Nose <u>Congested, clear discharge</u>     |              |
| Throat <u>&amp; redness, &amp; exudate</u> |              |
| Neck/Back <u>&amp; Cervical adenopathy</u> |              |
| Heart                                      |              |
| Lungs <u>Clear D/D, (*) cough (non-</u>    |              |
| Abdomen <u>productive</u>                  |              |
| GU/GI                                      |              |
| Extremities                                |              |

| DIAGNOSIS:                | TESTS | RESULTS |
|---------------------------|-------|---------|
| <u>Viral (rhinovirus)</u> |       |         |
| <u>Cough</u>              |       |         |

PLAN: Zyrtex D 12hr 1 p.o.  
9/12 (Santalex)  
(Dexam)  
Tibocan (P.D.D.)  
1 p.o. tid prn

PRACTITIONER SIGNATURE: Lawrence Stewart S.R.N. STAFF SIGNATURE: [Signature]

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

BENZONATATE 100MG  
9 Capsules  
NDC: 51655-769-85  
Lot: 90418A1  
Exp: 09/30/2003

**Problem Visit Record Continued:**

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 11/8/02 TIME: 1335 PT. HISTORY REVIEWED / UPDATED: 1 AGE: 1

PATIENT NAME: Jan Hogan DOB:   
PRESENT COMPLAINT: Probable sinus infection. Hx of sinus infections. Feels congested in sinus area. HA, pressure. Drainage clear to cloudy. & fever.

MEDICATIONS: Tylenol Sinus, Benadryl, Saline washes. LMP: 10/31/02

| Temp | Pulse | Respir | BP  | HR | WT | Altitude |
|------|-------|--------|-----|----|----|----------|
| 98.1 | 67    |        | 102 | 78 |    |          |

NKMA

| INITIAL VISIT                                       | RETURN VISIT |
|-----------------------------------------------------|--------------|
| Skin                                                |              |
| Sinuses <u>⊕ pressure over max</u>                  |              |
| Ears <u>TM's intact; &amp; redness; &amp; fluid</u> |              |
| Eyes <u>Clear</u>                                   |              |
| Nose <u>Longated</u>                                |              |
| Throat <u>&amp; redness</u>                         |              |
| Neck/Back <u>&amp; adenopathy</u>                   |              |
| Heart                                               |              |
| Lungs <u>Clear</u>                                  |              |
| Abdomen                                             |              |
| GU/GI                                               |              |
| Extremities                                         |              |

DIAGNOSIS:

Sinusitis

TESTS

RESULTS

PLAN:

- 1) Cont. Saline washes
- 2) Decongestant 4x
- 3) Amoxicillin 500mg tid x 14 days
- 4) Return week for re-eval

CALL BACK:

11/18/02 - Left message to nurse to call NCC. @  
11/19/02 Left message to call NCC @

AMOXICILLIN 500MG  
42 Capsules  
NDC: 51655-157-49  
Lot: 1RP4291  
Exp: 01/31/2004

PRACTITIONER

SIGNATURE: Carol Stewart CRNP

STAFF  
SIGNATURE: [Signature]

5) will consider ENT if no improvement.

AUDIT DATE:

COMMENTS:

PREPARED  
REVIEWED

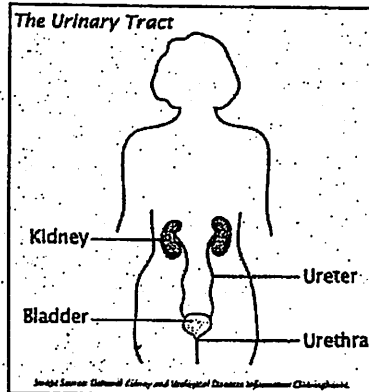
Problem Visit Record Continued:

Name \_\_\_\_\_

*Jan Hagg*  
10-1-72

# URINARY TRACT INFECTION

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| <b>What is a urinary tract infection?</b>                                                                           |
| It is an infection in the bladder and/or kidneys caused by a bacteria. It is much more common in women than in men. |
| <b>Bladder Infection</b><br>This is an infection of the lining of the bladder caused by bacteria.                   |
| <b>Kidney Infection</b><br>This is an infection of the kidney(s), also caused by bacteria, and is more serious.     |



| Which Problem Do I Have? | What Antibiotic Do I Need?                   | What other Medicines Do I Need? |
|--------------------------|----------------------------------------------|---------------------------------|
| Bladder Infection        | <i>Lipso 500mg</i>                           |                                 |
| Kidney Infection         | <i>take 1 pill 2 times a day for 10 days</i> |                                 |
|                          | Take all of the Medicine!!!                  | Take only as Instructed!        |

| What Are The Symptoms?                                                                                                                                                                                                                                                   | How Can I Get Well?                                                                                                                                                                                                                                             | REMEMBER                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>-Needing to urinate often and in small amounts</li> <li>-Burns or hurts to urinate</li> <li>-Lower back pain and maybe even fever</li> <li>-Cloudy, bad-smelling urine</li> </ul>                                                 | <p><b>Ibuprofen (Advil, Motrin)</b><br/>Take 2-4 tablets every 6-8 hours for relief of pain.</p> <p>Drink 10-12 full glasses of water</p> <p>Don't drink alcohol or coffee and don't eat spicy foods</p> <p>Avoid douching and use pads instead of tampons.</p> | <ol style="list-style-type: none"> <li>1. Take antibiotic until it is all gone!</li> <li>2. Drink plenty of fluids.</li> <li>3. Wipe front to back each time you go to the bathroom</li> </ol> |
| <p><b>How Do I Keep From Getting Another Urinary Infection?</b></p> <ul style="list-style-type: none"> <li>-Wipe from front to back each time you go to the bathroom</li> <li>-Urinate before and after sexual activity</li> <li>-Drink more water and juices</li> </ul> |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |

Do I need a follow-up appointment? \_\_\_ no \_\_\_ yes, in \_\_\_ days

Call 244-3281 to schedule an appointment.

Revised by AUM-  
NCC 2/26/08

# AUM NURSING CARE CENTER

## URINE DIPSTICK RESULTS

NAME Jan Hogan DATE 10/1/12

BIRTHDATE \_\_\_\_\_ LMP \_\_\_\_\_

PT took AZO last P.M. Urine looked

|                  |        |         |         |         |         |         |         |
|------------------|--------|---------|---------|---------|---------|---------|---------|
| Specific Gravity | 1.000  | 1.005   | 1.010   | 1.015   | 1.020   | 1.025   | 1.030   |
| pH               | 5      | 6       | 7       | 8       | 9       |         |         |
| Leukocytes       | Neg.   | Trace   | +1      | +2      |         |         |         |
| Nitrite          | Neg.   | Pos.    |         |         |         |         |         |
| Protein          | Neg.   | Trace   | +1(30)  | +2(100) | +3(500) | (mg/dl) |         |
| Glucose          | Normal | 50      | 100     | 250     | 500     | 1000    | (mg/dl) |
| Ketones          | Neg.   | +1(sml) | +2(mod) | +3(lg)  |         |         |         |
| Urobilinogen     | Normal | 1       | 4       | 8       | 12      | (mg/dl) |         |
| Bilirubin        | Neg.   | +1      | +2      | +3      |         |         |         |
| Blood            | Neg.   | 5-10    | 50      | 250     | ery/l   |         |         |

Staff Signature \_\_\_\_\_

Orange bit dipstick does not appear stained. Urine malodorous.

Prepared by AUM-NCC  
Adopted/Revised 12/06

# DOCTORS LABORATORY, INC.

2906 JULIA DRIVE  
VALDOSTA, GEORGIA 31602  
PHONE 800-342-7552



Medicare No. 65016769LA  
AP No. 28485-01  
CLIA No. 11D0646134

PATIENT HOGAN, JAN  
PHYSICIAN FUENTES  
AUM NURSING CARE CENTER  
7461 EAST DRIVE  
MONTGOMERY, AL 36117

|                                    |          |                                   |  |                                      |           |
|------------------------------------|----------|-----------------------------------|--|--------------------------------------|-----------|
| COLLECTED<br>02/26/2007<br>4:00 PM |          | RECEIVED<br>02/26/2007<br>6:10 PM |  | REPORT DATE<br>02/27/2007<br>6:00 AM |           |
| ROOM #                             |          | ACCOUNT NUMBER<br>436099          |  | ORDER NUMBER<br>K6027567             |           |
| AGE<br>44<br>12/07/1962            | SEX<br>F | FASTING<br>NO                     |  | ROUTE<br>9501                        | PAGE<br>1 |

Pt Ph: MRN: PT ID#: REQ#:

| TEST NAME      | WITHIN RANGE | OUTSIDE RANGE | REFERENCE RANGE | UNITS     |
|----------------|--------------|---------------|-----------------|-----------|
| CBC            |              |               |                 |           |
| WBC            | 8.60         |               | 4.0-11.7        | THOU/CUMM |
| RBC            | 4.33         |               | 4.2-5.4         | MILL/CUMM |
| HEMOGLOBIN     | 13.3         |               | 12.5-16.0       | GMS       |
| HEMATOCRIT     | 38.3         |               | 37.0-47.0       | %         |
| MCV            | 88.6         |               | 78-99           | FL        |
| MCH            | 30.7         |               | 27-31           | PG        |
| MCHC           | 34.7         |               | 32.0-36.0       | G/DL      |
| RDW            | 12.0         |               | 11.5-14.0       | %         |
| PLATELET COUNT | 217          |               | 140-440         | THOU/CUMM |
| NEUTROPHILS    | 74.3         |               | 40-75           | %         |
| LYMPHOCYTES    | 18.7         |               | 15-45           | %         |
| MONOCYTES      | 6.1          |               | 4.0-12.0        | %         |
| EOSINOPHILS    | 0.9          |               | 0-6             | %         |
| BASOPHILS      | 0.0          |               | 0-2             | %         |

\*\*\* FINAL REPORT \*\*\*

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA  
DIRECTOR: JACKSON L. GATES, M.D.

# DOCTORS LABORATORY, INC.

P.O. BOX 4750 2906 JULIA DRIVE  
VALDOSTA, GEORGIA 31604-4750  
PHONE 800-342-7552



Medicare No. 65016769LA  
AP No. 28485-01  
CLIA No. 11D0646134

PATIENT HOGAN, JAN S.  
PHYSICIAN DR. FUENTES  
AUM NURSING CARE CENTER  
7461 EAST DRIVE  
MONTGOMERY, AL 36117

|                                    |          |                                   |  |                                      |           |
|------------------------------------|----------|-----------------------------------|--|--------------------------------------|-----------|
| COLLECTED<br>07/27/2006<br>8:30 AM |          | RECEIVED<br>07/28/2006<br>4:42 AM |  | REPORT DATE<br>07/31/2006<br>6:01 AM |           |
| ROOM #                             |          | ACCOUNT NUMBER<br>436099          |  | ORDER NUMBER<br>M6208360             |           |
| AGE<br>43<br>12/07/1962            | SEX<br>F | FASTING<br>UNKNOWN                |  | ROUTE<br>9501                        | PAGE<br>1 |

Pt Ph: MRN: PT ID#:421884456 REQ#:

| TEST NAME | WITHIN RANGE | OUTSIDE RANGE | REFERENCE RANGE | UNITS |
|-----------|--------------|---------------|-----------------|-------|
|-----------|--------------|---------------|-----------------|-------|

CULTURE, URINE  
STATUS FINAL

RESULTS  
GREATER THAN 100,000 COLONIES/MILLILITER OF ISOLATE 1.

SUSCEPTIBILITY REPORT:  
ISOLATE NO: 1 ESCHERICHIA COLI

INTERPRETATION: (S=SUSCEPTIBLE M=MOD.SUSCEPT. I=INTERMEDIATE R=RESISTANT)

| ISOLATE NO:  | 1 | 2 | 3 | 4 |              | 1 | 2 | 3 | 4 |                | 1 | 2 | 3 | 4 |
|--------------|---|---|---|---|--------------|---|---|---|---|----------------|---|---|---|---|
| AMOX/CLAVUL  | S |   |   |   | AMPICILLIN   | S |   |   |   | CEPHALOTHIN    | S |   |   |   |
| CEFAZOLIN    | S |   |   |   | CEFOXITIN    | S |   |   |   | CEFTAZIDIME    | S |   |   |   |
| CEFTRIAZONE  | S |   |   |   | CEFUROXIME   | S |   |   |   | CIPROFLOXACIN  | S |   |   |   |
| GENTAMICIN   | S |   |   |   | LEVOFLOXACIN | S |   |   |   | NITROFURANTOIN | S |   |   |   |
| NORFLOXACIN  | S |   |   |   | TETRACYCLINE | S |   |   |   | TICARCILLIN    | S |   |   |   |
| TICAR/CLAVUL | S |   |   |   | TOBRAMYCIN   | S |   |   |   | TRIMETH/SULFA  | S |   |   |   |

\*\*\* FINAL REPORT \*\*\*

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA  
DIRECTOR: JACKSON L. GATES, M.D.

# AUM NURSING CARE CENTER

## URINE DIPSTICK RESULTS

NAME Jan Hogan DATE 3/27/06

BIRTHDATE \_\_\_\_\_

| Specific Gravity | 1.000  | 1.005    | 1.010   | 1.015    | 1.020    | 1.025   | 1.030   |
|------------------|--------|----------|---------|----------|----------|---------|---------|
| pH               | 5      | 6        | 7       | 8        | 9        |         |         |
| Leukocytes       | neg.   | trace    | +1      | +2       |          |         |         |
| Nitrite          | neg.   | pos.     |         |          |          |         |         |
| Protein          | neg.   | trace    | +1 (30) | +2 (100) | +3 (500) | (mg/dl) |         |
| Glucose          | normal | 50       | 100     | 250      | 500      | 1000    | (mg/dl) |
| Ketones          | neg.   | +1 (sml) | +2(mod) | +3 (lg)  |          |         |         |
| Urobilinogen     | normal | 1        | 4       | 8        | 12       | mg/dl   |         |
| Bilirubin        | neg.   | +1       | +2      | +3       |          |         |         |
| Blood            | neg.   | 5 - 10   | 50      | 250      | ery/ l   |         |         |

A 70 standard

Staff Signature: \_\_\_\_\_

# DOCTORS LABORATORY, INC.

P.O. BOX 4750 2906 JULIA D. WYATT  
VALDOSTA, GEORGIA 31604-4750  
PHONE 800-342-7552



James H. Hudson Jr., M.D., Director  
Medicare No. 65016769LA  
P No. 28485-01  
CLIA No. 11D0646134

PATIENT HOGAN, JAN  
ph  
MRN:  
PHYSICIAN FUENTES  
AUM NURSING CARE CENTER  
7461 EAST DRIVE  
MONTGOMERY, AL 36117

| COLLECTED             |     | RECEIVED              | REPORT DATE           |      |
|-----------------------|-----|-----------------------|-----------------------|------|
| 06/14/2005<br>3:40 PM |     | 06/14/2005<br>6:16 PM | 06/15/2005<br>6:01 AM |      |
| ROOM #                |     | ACCOUNT NUMBER        | ORDER NUMBER          |      |
|                       |     | 436099                | K5395353              |      |
| AGE                   | SEX | FASTING               | ROUTE                 | PAGE |
| 42<br>12/07/1962      | F   | NO                    | 9501                  | 1    |

PT ID#:

REQ#:

| TEST NAME      | WITHIN RANGE | OUTSIDE RANGE | REFERENCE RANGE | UNITS     |
|----------------|--------------|---------------|-----------------|-----------|
| CBC            |              |               |                 |           |
| WBC            | 8.60         |               | 4.49-11.69      | THOU/CUMM |
| RBC            |              | 4.10 (L)      | 4.11-5.13       | MILL/CUMM |
| HEMOGLOBIN     | 12.8         |               | 11.7-15.5       | GMS       |
| HEMATOCRIT     | 36.3         |               | 35.6-44.9       | %         |
| MCV            | 88.5         |               | 80.6-93.6       | FL        |
| MCH            | 31.2         |               | 26.7-32.3       | PG        |
| MCHC           | 35.3         |               | 32.6-36.0       | G/DL      |
| RDW            | 12.7         |               | 12.0-13.8       | %         |
| PLATELET COUNT | 163          |               | 159-373         | THOU/CUMM |
| NEUTROPHILS    | 73.0         |               | 44.8-74.2       | %         |
| LYMPHOCYTES    | 20.1         |               | 16.8-44.2       | %         |
| MONOCYTES      | 5.4          |               | 2.0-13.0        | %         |
| EOSINOPHILS    | 1.2          |               | 0-5.1           | %         |
| BASOPHILS      | 0.3          |               | 0-1.2           | %         |

\*\*\* FINAL REPORT \*\*\*

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA

# AUM NURSING CARE CENTER

## URINE DIPSTICK RESULTS

NAME Jan Hogan DATE 9/26/03  
BIRTHDATE 12/7/62

| Specific Gravity | 1.000  | 1.005    | 1.010   | 1.015    | 1.020    | 1.025   | 1.030   |
|------------------|--------|----------|---------|----------|----------|---------|---------|
| pH               | 5      | 6        | 7       | 8        | 9        |         |         |
| Leukocytes       | neg.   | trace    | +1      | +2       |          |         |         |
| Nitrite          | neg.   | pos.     |         |          |          |         |         |
| Protein          | neg.   | trace    | +1 (30) | +2 (100) | +3 (500) | (mg/dl) |         |
| Glucose          | normal | 50       | 100     | 250      | 500      | 1000    | (mg/dl) |
| Ketones          | neg.   | +1 (sml) | +2(mod) | +3 (lg)  |          |         |         |
| Urobilinogen     | normal | 1        | 4       | 8        | 12       | mg/dl   |         |
| Bilirubin        | neg.   | +1       | +2      | +3       |          |         |         |
| Blood            | neg.   | 5 - 10   | 50      | 250      | ery/ l   |         |         |

Staff Signature: 

# DYNACARE LABORATORIES

Wholly Owned Subsidiary of Laboratory Corporation of America®

543 South Hull Street  
Montgomery, Alabama 36104  
334-263-5745 • 1-800-541-4931

3221 Third Avenue South  
Birmingham, Alabama 35222-1709  
205-251-4191 • 1-800-828-7749

|                  |                             |                             |
|------------------|-----------------------------|-----------------------------|
| Name: HOGAN, JAN | Collected: 09/15/2003 11:20 | Route/Bin: 10               |
| Sex: F Age: 40   | Received: 09/15/2003 15:19  | AUM NURSING CARE CENTER     |
| DOB: 12/07/1962  | Reported: 09/18/2003 06:07  | 7461 EAST DRIVE             |
| SS#:             | Specimen: 1UP               | MONTGOMERY, AL 36117-3596   |
| I.D.:            | Client Name:                |                             |
| Room:            | #: 10760                    |                             |
| Req#: 10113936   | AUM NURSING CARE CENTER     |                             |
| Acc#: E505735    | 244-3281                    | Physician: .FUENTES, MARYLU |

## TEST

## RESULTS

## REFERENCE RANGE

## SITE

E505735: CULTURE: URINE

CULTURE: URINE

SOURCE

STATUS:

CULTURE:

ISOLATE #1:

ISOLATE #2:

URINE

FINAL

GROWTH OF

50,000-100,000 colonies/ml

VIRIDANS STREPTOCOCCI

(predictably susceptible to penicillin)

1000-10,000 colonies/ml

NORMAL URETHRAL FLORA

(MAY INCLUDE STREP VIRIDANS, LACTOBACILLI, DIPHTHEROIDS,  
AND NONPREDOMINATING COAGULASE NEGATIVE STAPHYLOCOCCI)

1

\*\*\* END OF FINAL \*\*\*

# LABORATORY REPORT

## SITE LOCATIONS

**ANNISTON** Collection: Mon-Fri 7:30 am-4:30 pm  
Suite C  
818 Leighton Avenue  
Anniston, AL 36207  
(256) 236-3119 / Telephone  
(256) 236-3681 / Fax

Janice Hankins, Contact  
CLIA: Collection Site Only

Test Site 2  
**BIRMINGHAM** Collection: Mon-Fri 8:00 am-5:00 pm  
3221 - 3rd Avenue South Sat 9:00 am-1:00 pm  
Birmingham, AL 35222  
(205) 251-4191 / Main Telephone  
(800) 828-7749 / Toll Free Telephone  
(205) 226-0555 / Back Telephone  
(205) 251-4250 / Fax

Lynn Metcalf, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0641525

Test Site 4  
**CULLMAN** Collection: Mon-Fri 8:00 am-5:00 pm  
POB II, Suite 300  
1890 Alabama Highway 157  
Cullman, AL 35055  
(256) 737-8031 / Telephone  
(256) 737-8061 / Fax

Charlotte Whaley, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0888226

**DAPHNE\*** Collection: Mon-Fri 8:00 am-5:00 pm  
Suite 15  
27961 U.S. Highway 98  
Daphne, AL 36526  
(334) 621-0982 / Main Telephone  
(800) 442-2750 / Toll-Free Telephone  
(334) 621-0458 / Fax

Richard McRae, Laboratory Manager  
Lemuel D. Gorden III, M.D.  
CLIA: 01D0304021

Test Site 7  
**DOTHAN** Collection: Mon-Fri 8:00 am-4:30 pm  
1914 Fairview Avenue  
Dothan, AL 36301  
(334) 793-1664 / Main Telephone  
(800) 344-0992 / Toll-Free Telephone  
(334) 793-0070 / Fax

Rabon Harrison, Laboratory Manager  
Edward J. Benak, M.D.  
CLIA: 01D0304728

Test Site 3  
**FLORENCE\*** Collection: Mon-Fri 8:00 am-5:00 pm  
1122 Bradshaw Drive  
Florence, AL 35630  
(256) 766-1395 / Main Telephone  
(866) 780-9270 / Toll-Free Telephone  
(256) 766-1901 / Fax

Nancy Kirby, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0881357

**GADSDEN** Collection: Mon-Fri 8:00 am-4:30 pm  
601 South 4th Street  
Gadsden, AL 35901  
(256) 547-9911 / Telephone  
(256) 547-9940 / Fax  
(888) 498-9940 / Toll-Free Telephone

Nichole Dickson, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: Collection Site Only

**HUNTSVILLE** Collection: Mon-Fri 8:00 am-5:00 pm  
600 Madison Street  
Huntsville, AL 35801  
(256) 534-3015 / Main Telephone  
(256) 534-3164 / Fax Telephone  
(866) 816-9013 / Toll-Free Telephone

Anita Myers, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0957222

**MOBILE** Collection: Mon-Fri 8:00 am-5:00 pm  
Suite 105  
576 Azalea Road  
Mobile, AL 36609  
(334) 666-4732 / Main Telephone  
(800) 404-4948 / Toll-Free Telephone  
(334) 661-2744 / Fax

Richard McRae, Laboratory Manager  
Lemuel D. Gorden III, M.D.  
CLIA: Collection Site Only

**MOBILE** Collection: Mon-Fri 8:00 am-5:00 pm  
6701 Airport Boulevard  
Mobile, AL 36608  
(334) 634-9460 / Main Telephone

Richard McRae, Laboratory Manager  
Lemuel D. Gorden III, M.D.  
CLIA: Collection Site Only

Test Site 1  
**MONTGOMERY** Collection: Mon-Fri 7:30 am-5:30 pm  
543 South Hull Street Sat 8:30 am-4:30 pm  
Montgomery, AL 36103  
(334) 263-5745 / Main Telephone  
(800) 541-4931 / Toll-Free Telephone  
(888) 777-9497 / Tox Toll-Free Telephone  
(334) 241-0555 / Back Telephone  
(334) 241-0513 / Fax

Ricky Messick, Laboratory Manager  
Robert B. Adams, M.D.  
Lemuel D. Gorden III, M.D.  
CLIA: 01D0641677

**MONTGOMERY** Collection: Mon-Fri 8:00 am-5:00 pm  
316 St. Luke's Drive  
Montgomery, AL 36117  
(334) 272-9604 / Main Telephone  
(334) 409-2385 / Fax

Lynn Taylor, Contact  
CLIA: Collection Site Only

Test Site 9  
**SELMA** Collection: Mon-Fri 8:00 am-5:00 pm  
Suite 101  
1107 Voeglin Avenue  
Selma, AL 36701  
(334) 874-9051 / Main Telephone  
(800) 451-6934 / Toll-Free Telephone  
(334) 874-8786 / Fax

Lefloris Jemison, Laboratory Manager  
Lemuel D. Gorden III, M.D.  
CLIA: Collection Site Only

Test Site 10  
**PANAMA CITY** Collection: Mon-Fri 7:30 am-5:00 pm  
738 Harrison Avenue  
Panama City, FL 32401  
(850) 784-2505 / Main Telephone  
(850) 784-0128 / Fax

Richard Johnson, Laboratory Manager  
Chris L. Olsen, M.D.  
CLIA: 10D0903774

**PENSACOLA** Collection: Mon-Fri 8:00 am-5:00 pm  
Jefferson Park Complex, #33  
3298 Summit Boulevard  
Pensacola, FL 32503  
(850) 434-6168 / Main Telephone  
(800) 226-6168 / Toll-Free Telephone  
(850) 434-3145 / Fax

Vivian Krumel or Debbie Dufour, Contact  
CLIA: Collection Site Only

Test Site 5  
**TUSCALOOSA** Collection: Mon-Fri 7:30 am-5:00 pm  
Suite E 3  
535 Jack Warner Parkway NE  
Tuscaloosa, AL 35404  
(205) 553-6001 / Main Telephone  
(205) 553-4693 / Fax

Gloria Shows, Laboratory Manager  
Christopher S. Frings, Ph.D.  
CLIA: 01D0891296

\*BAT Available

# DYNACARE LABORATORIES

Wholly Owned Subsidiary of Laboratory Corporation of America®

543 South Hunt Street  
Montgomery, Alabama 36104  
334-263-5745 • 1-800-541-4931

3221 Third Avenue South  
Birmingham, Alabama 35222-1709  
205-251-4191 • 1-800-828-7749

|                  |                             |                             |
|------------------|-----------------------------|-----------------------------|
| Name: HOGAN, JAN | Collected: 09/15/2003 11:20 | Route/Bin: 10               |
| Sex : F Age: 40  | Received : 09/15/2003 15:19 | AUM NURSING CARE CENTER     |
| DOB : 12/07/1962 | Reported : 09/18/2003 06:07 | 7461 EAST DRIVE             |
| SS# :            | Specimen : 1UP              | MONTGOMERY, AL 36117-3596   |
| I.D. :           | Client Name:                |                             |
| Room:            | #: 10760                    |                             |
| Req#: 10113936   | AUM NURSING CARE CENTER     |                             |
| Acc#: E505735    | 244-3281                    | Physician: .FUENTES, MARYLU |

## TEST

## RESULTS

## REFERENCE RANGE

## SITE

E505735: CULTURE: URINE

CULTURE: URINE

SOURCE

STATUS:

CULTURE:

ISOLATE #1:

ISOLATE #2:

URINE

FINAL

GROWTH OF

50,000-100,000 colonies/ml

VIRIDANS STREPTOCOCCI

(predictably susceptible to penicillin)

1000-10,000 colonies/ml

NORMAL URETHRAL FLORA

(MAY INCLUDE STREP VIRIDANS, LACTOBACILLI, DIPHTHEROIDS,  
AND NONPREDOMINATING COAGULASE NEGATIVE STAPHYLOCOCCI)

1

\*\*\* END OF FINAL \*\*\*

# LABORATORY REPORT

# SITE LOCATIONS

**ANNISTON** Collection: Mon-Fri 7:30 am-4:30 pm  
Suite C  
818 Leighton Avenue  
Anniston, AL 36207  
(256) 236-3119 / Telephone  
(256) 236-3681 / Fax

Janice Hankins, Contact  
CLIA: Collection Site Only

Test Site 2  
**BIRMINGHAM** Collection: Mon-Fri 8:00 am-5:00 pm  
3221 - 3rd Avenue South Sat 9:00 am-1:00 pm  
Birmingham, AL 35222  
(205) 251-4191 / Main Telephone  
(800) 828-7749 / Toll Free Telephone  
(205) 226-0555 / Back Telephone  
(205) 251-4250 / Fax

Lynn Metcalf, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0641525

Test Site 4  
**CULLMAN** Collection: Mon-Fri 8:00 am-5:00 pm  
POB II, Suite 300  
1890 Alabama Highway 157  
Cullman, AL 35055  
(256) 737-8031 / Telephone  
(256) 737-8061 / Fax

Charlotte Whaley, Laboratory Manager  
Alton B. Sturtevant, Ph.D.  
CLIA: 01D0888226

**DAPHNE\*** Collection: Mon-Fri 8:00 am-5:00 pm  
Suite 15  
27961 U.S. Highway 98  
Daphne, AL 36526  
(334) 621-0982 / Main Telephone  
(800) 442-2750 / Toll-Free Telephone  
(334) 621-0458 / Fax

Richard McRae, Laboratory Manager  
Lemuel D. Gorden III, M.D.  
CLIA: 01D0304021

Test Site 7  
**DOTHAN** Collection: Mon-Fri 8:00 am-4:30 pm  
1914 Fairview Avenue  
Dothan, AL 36301  
(334) 793-1664 / Main Telephone  
(800) 344-0992 / Toll-Free Telephone  
(334) 793-0070 / Fax

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**MOBILE** Collection: Mon-Fri 8:00 am-5:00 pm  
Suite 105  
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Mobile, AL 36609  
(334) 666-4732 / Main Telephone  
(800) 404-4948 / Toll-Free Telephone  
(334) 661-2744 / Fax

Richard McRae, Laboratory Manager  
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Mobile, AL 36608  
(334) 634-9460 / Main Telephone

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Montgomery, AL 36103  
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(334) 241-0555 / Back Telephone  
(334) 241-0513 / Fax

Ricky Messick, Laboratory Manager  
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CLIA: 01D0641677

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316 St. Luke's Drive  
Montgomery, AL 36117  
(334) 272-9604 / Main Telephone  
(334) 409-2385 / Fax

Lynn Taylor, Contact  
CLIA: Collection Site Only

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1107 Voeglin Avenue  
Selma, AL 36701  
(334) 874-9051 / Main Telephone  
(800) 451-6934 / Toll-Free Telephone  
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Lefloris Jemison, Laboratory Manager  
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Richard Johnson, Laboratory Manager  
Chris I. Olsen, M.D.  
CLIA: 10D0903774

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3298 Summit Boulevard  
Pensacola, FL 32503  
(850) 434-6168 / Main Telephone  
(800) 226-6168 / Toll-Free Telephone  
(850) 434-3145 / Fax

Vivian Krumel or Debbie Dufour, Contact  
CLIA: Collection Site Only

Test Site 5  
**TUSCALOOSA** Collection: Mon-Fri 7:30 am-5:00 pm  
Suite E 3  
535 Jack Warner Parkway NE  
Tuscaloosa, AL 35404  
(205) 553-6001 / Main Telephone  
(205) 553-4693 / Fax

Gloria Shows, Laboratory Manager  
Christopher S. Frings, Ph.D.  
CLIA: 01D0891296

\*BAT Available

# AUM NURSING CARE CENTER

## URINE DIPSTICK RESULTS

NAME Jan Hogan

DATE 9/15/03

BIRTHDATE \_\_\_\_\_

| Specific Gravity | 1.000  | 1.005    | 1.010   | 1.015    | 1.020    | 1.025   | 1.030   |
|------------------|--------|----------|---------|----------|----------|---------|---------|
| pH               | 5      | 6        | 7       | 8        | 9        |         |         |
| Leukocytes       | neg.   | trace    | +1      | +2       |          |         |         |
| Nitrite          | neg.   | pos.     |         |          |          |         |         |
| Protein          | neg.   | trace    | +1 (30) | +2 (100) | +3 (500) | (mg/dl) |         |
| Glucose          | normal | 50       | 100     | 250      | 500      | 1000    | (mg/dl) |
| Ketones          | neg.   | +1 (sml) | +2(mod) | +3 (lg)  |          |         |         |
| Urobilinogen     | normal | 1        | 4       | 8        | 12       | mg/dl   |         |
| Bilirubin        | neg.   | +1       | +2      | +3       |          |         |         |
| Blood            | neg.   | 5 - 10   | 50      | 250      | ery/ l   |         |         |

74 took A 20

Staff Signature: \_\_\_\_\_

*[Handwritten Signature]*

# AUM NURSING CARE CENTER

## URINE DIPSTICK RESULTS

NAME Jan Hogan DATE 8/29/03  
BIRTHDATE \_\_\_\_\_

|                  |        |          |         |          |          |         |         |
|------------------|--------|----------|---------|----------|----------|---------|---------|
| Specific Gravity | 1.000  | 1.005    | 1.010   | 1.015    | 1.020    | 1.025   | 1.030   |
| pH               | 5      | 6        | 7       | 8        | 9        |         |         |
| Leukocytes       | neg.   | trace    | +1      | +2       |          |         |         |
| Nitrite          | neg.   | pos.     |         |          |          |         |         |
| Protein          | neg.   | trace    | +1 (30) | +2 (100) | +3 (500) | (mg/dl) |         |
| Glucose          | normal | 50       | 100     | 250      | 500      | 1000    | (mg/dl) |
| Ketones          | neg.   | +1 (sml) | +2(mod) | +3 (lg)  |          |         |         |
| Urobilinogen     | normal | 1        | 4       | 8        | 12       | mg/dl   |         |
| Bilirubin        | neg.   | +1       | +2      | +3       |          |         |         |
| Blood            | neg.   | 5 - 10   | 50      | 250      | ery/ l   |         |         |

Pt took AZO standard prior to appointment.

Staff Signature: [Signature]