

Auburn Montgomery Student Health Services:

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

Date: 07/09/20

PATIENT:CARLSON,CHRISTINA **DOB:** 01/08/1965 **Gender:** FEMALE **MRN:** 1189 **AGE:** 55 Years

Addendum Date: 7/16/2020 2:31:06 PM by Lindsey Barton

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: SOB and Cough

Symptoms: Overall not feeling well. Dry cough, SOB, chest tightness, headache, diarrhea, and sore throat.

Timing: Started about 3-4 days ago.

ModFact: Denies fever, sinus drainage, congestion, nausea, vomiting, abdominal pain, chest pain, or loss of taste or smell. No contacts with COVID that she is aware of. She has been wearing her mask when she goes out in public. She reports going out of town last week.

Other: Also takes a multivitamin.

VITALS: BP: 141/84 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 69; **Temp:** 97.2; **Resp:** 14; **Ht:** 72.3 in.; **Wt:** 235 lbs.; **BMI:** 31.6; **Pulse Oximetry:** 97%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Fish Oil 1,000 mg (120 mg-180 mg) capsule

Mobic 7.5 mg tablet

estradiol 1 mg tablet

glucosamine 375 mg-chondroitin-msm no1 500 mg-C 15 mg-mang 0.5 mg tablet

simvastatin 20 mg tablet

PAST MEDICAL HISTORY: Allergies, Anemia, Depression, High Cholesterol and HTN

PAST SURGICAL HISTORY: Hysterectomy

SOCIAL HISTORY: Wears glasses. Does exercise on a regular basis. Is heterosexual. Takes a flu shot yearly. No recent declines in ADLs. Never smoked tobacco 0 packs per day for 0 years (0 Pack Years).

FAMILY HISTORY: Mother=high cholesterol, HTN

Father=cancer, High, cholesterol and HTN

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; No maxillary or frontal sinus tenderness. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: 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.

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GASTROINTESTINAL: Abdomen is soft; + Epigastric tenderness to palpation; 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.

ORDERS:

Rocephin 1G (1 unit(s)): Surgical Procedure
Decadron 4mg/ml (1 unit(s)): Surgical Procedure
Depo-Medrol 40mg/ml (1 unit(s)): Surgical Procedure
Chest XRAY (1 unit(s)): Outside Diagnostic
SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (QUEST) (1 unit(s)): Quest Diagnostics

ASSESSMENT:

Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS (PRIMARY)
J20.9 - ACUTE BRONCHITIS, UNSPECIFIED
R06.00 - DYSPNEA, UNSPECIFIED
R05 - COUGH

PLAN:

F/u with COVID testing results.
Notified patient to self-quarantine for 14 days.
Given excuse for work.
Sent to EMIC for CXR.
Declined cough meds at this time.
F/U if symptoms worsen or no improvement.

Consider antibiotic if no improvement with shots.
Discussed with patient possible COVID vs acute bronchitis. She verbalized understanding. Will follow up with CXR results as well.

Electronically signed by Lindsey Barton, CRNP on 07/09/20 3:59 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.

7/16/2020 1415 Called to check in with Mrs. Carlson. She reports feeling bad today. She reports chest tightness, severe fatigue, numbness in her shoulders, and headache. She woke up this morning and went back to bed for 5 hrs which she

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reports is just not like her. I checked with Quest. Her COVID test has still not resulted as of this afternoon. She was made aware. I recommended she go to ER for eval with her symptoms. We discussed sounds like COVID but could be her heart or another underlying condition. Offered to call the ambulance for her as she lives alone. She declined. Stated she will get up and see how she feels. She appreciated the phone call and ended the conversation by hanging up. --- L. Barton, CRNP