

**Auburn Montgomery Student Health Services**

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

**Date:** 10/01/20

**PATIENT:** HAVARD, JYSSICA    **DOB:** 03/18/1992    **Gender:** FEMALE    **MRN:** 1226    **AGE:** 28 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** Possible gout attack

**HISTORY OF PRESENT ILLNESS:** (L) great toe possible gout attack. Started Tuesday. Achy and throbbing in nature. Worse at night when the bed sheets touch it. H/O gout attacks in the past. Happens every 3-4 months. Has started eating more red meat. Normally the corporate cause of the gout attack is pork. No pork eaten lately. Has been taking OTC ibuprofen with no relief.

**VITALS:** BP: 117/76    **Site:** LEFT ARM    **Position:** SITTING    **Pulse:** 112;    **Temp:** 97.9;    **Resp:** 16;    **Ht:** 63.3 in.;    **Wt:** 230 lbs.;    **BMI:** 40.35;    **Pulse Oximetry:** 99%;    **FDLMP:** 09/03/20

**ALLERGIES:** No Known Drug Allergies

**MEDICATIONS:**

Bystolic 10 mg tablet (Daily)

Wellbutrin XL 150 mg 24 hr tablet, extended release (Daily)

**PAST MEDICAL HISTORY:** Depression, pregnancy, Gout

**PAST SURGICAL HISTORY:** (R) meniscus repair Wisdom teeth removal

**SOCIAL HISTORY:** Denies smoking and drug use. Drinks occasionally

**FAMILY HISTORY:** Mother: Alcohol abuse, hypertension, kidney issues Father: Hyperlipidemia, hypertension

**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.

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.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally. Left great toe with erythema, mild soft tissue swelling, and TTP at PIP joint. Decreased ROM left great toe secondary to pain. No warmth noted to site.

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:**

Decadron 4mg/ml (1 unit(s)): Injection

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Depo-Medrol 40mg/ml (1 unit(s)): Injection  
URIC ACID (1 unit(s)): Quest Diagnostics  
Basic Metabolic Panel (1 unit(s)): Quest Diagnostics  
BLOOD DRAW (1 unit(s)): In-House Lab  
THERAPEUTIC INJECTION ADMIN (2 unit(s)): Injection  
Toradal 60mg/2ml (1 unit(s)): Injection

**ASSESSMENT:**

M10.9 - Gout, unspecified (PRIMARY).

**PLAN:**

Decrease intake of red meats.  
Follow up with lab results.  
Repeat uric acid level in 1 month following treatment of gout. If no improvement, discussed medications for preventative since she gets flare ups every 3-4 months.

**PLAN:**

indomethacin 50 mg capsule  
Refills: 1 Qty: 30 CAPSULE(S)  
Instructions: TAKE 1 CAPSULE (50 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD as needed for gout

Electronically signed by Lindsey Barton, CRNP on 10/01/20 3:44 PM

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