

Auburn Montgomery Warhawk Health Services

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

Date: 02/13/23

PATIENT: KELLEY, JOYCE **DOB:** 08/18/1976 **Gender:** FEMALE **MRN:** 1250 **AGE:** 46 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Sore throat

HISTORY OF PRESENT ILLNESS: Ms. Kelley presents to the clinic with complaints of sore throat and nasal congestion that started yesterday. She reports she recently had a stomach virus x 30 hours on Thursday last week and was better on Saturday. She is currently taking Bactrim from her previous visit at our clinic. She states she didn't get much sleep last night and is asking about ways to improve her sleep. She denies eating chocolate, but will at times eat red based foods. She denies having heartburn, but reports she has been treated for heartburn in the past and was prescribed Pepcid. She states she sits up 30-60 min after she eats.

Of note- She has a menstrual cycle every 3 months.

VITALS: BP: 134/87 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 101; **Temp:** 98.9; **Resp:** 16; **Ht:** 66 in.; **Wt:** 115.9 lbs.; **BMI:** 18.7; **Pulse Oximetry:** 97%; **FDLMP:** 01/09/23

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Apri 0.15 mg-0.03 mg tablet
Bactrim DS 800 mg-160 mg tablet (TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS)
Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup (TAKE 10 MILLILITERS BY ORAL ROUTE EVERY 8 hrs as needed for cough/congestion)
Medrol (Pak) 4 mg tablets in a dose pack (TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS)
Synthroid 75 mcg tablet (once daily in the AM)
metoprolol succinate ER 25 mg tablet, extended release 24 hr

PAST MEDICAL HISTORY: hypothyroidism. Ovarian cyst. SVT

PAST SURGICAL HISTORY: cardiac stent, endometrial growth removed from ovary in 2008.

SOCIAL HISTORY: denies alcohol, tobacco, and illicit drug use.

FAMILY HISTORY:

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. Throat- pink 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.

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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.

ORDERS:

Abbott COVID Rapid Test (1 unit(s)): In-House Lab
CULTURE, THROAT (QUEST) (1 unit(s)): Quest Diagnostics
STREP A (1 unit(s)): In-House Lab

RESULTS:

STREP A:
Value: Negative

ASSESSMENT:

J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED (PRIMARY)
Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS
R09.81 - Nasal congestion

PLAN:

Pending throat culture. Patient states she has Flonase and Pepcid at home she will start taking. Continue Bactrim as directed. We discussed better sleeping techniques and habits along with Melatonin OTC. She was encouraged to notify her PCP prior to taking Melatonin for approval. Follow up as needed.

Electronically signed by Robin Blackwell, CRNP on 02/13/23 4:46 PM

Robin Blackwell CNP