

Auburn Montgomery Warhawk Health Services

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

Date: 05/21/24

PATIENT: MARTIN, PEPPER **DOB:** 12/03/1975 **Gender:** FEMALE **MRN:** 136 **AGE:** 48 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: left neck pain that radiates to left shoulder for past week. She also complains of feeling sluggish, loss of appetite, and dyspnea with simple actions like walking to her car.

HISTORY OF PRESENT ILLNESS: Ms. Martin is a 48 yo female here today for neck pain radiating down her left shoulder for the past 1 week. Denies injury. She woke up with the pain one morning. Pain is worse in the mornings. She has been taking naproxyn and occasionally taking meloxicam if the naproxyn doesn't help.

Her other unrelated complaints include fatigue, feeling sluggish, shortness of breath, constipation, bloating, decreased appetite and elevated heart rate for the past week as well. She denies abdominal pain or urinary symptoms. She has taken a laxative and had a BM this morning but the bloating continues. Denies chest pain.

Of note, she does have a history of asthma and uses a rescue inhaler as needed. She reports she has used it for the shortness of breath recently and it helped.

Her PCP is Mrs. Byrd, CRNP. She reports that she recently changed her BP medication from losartan to olmesartan/HCTZ about 3 months ago.

VITALS: BP: 111/85 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 109; **Temp:** 97.4; **Resp:** 16; **Ht:** 68 in.; **Wt:** 307.3 lbs.; **BMI:** 46.72; **Pulse Oximetry:** 98%

ALLERGIES: almond

MEDICATIONS:

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler (INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED (FOR SOB/WHEEZING))
meloxicam 15 mg tablet (TAKE 1 TABLET BY MOUTH EVERY DAY)
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet

PAST MEDICAL HISTORY: HTN, deaf (uses hearing aides). Obese, diverticulosis. carpal tunnel right wrist, asthma.

PAST SURGICAL HISTORY: Right ankle replacement and Reconstructive surgery x 4. Carpal tunnel release left wrist.

SOCIAL HISTORY: Works at AUM. Drinks alcohol socially. Denies smoking or illicit drug use.

FAMILY HISTORY:

HEALTH MX HISTORY:

PCP- Shelly Byrd, CRNP at Jackson Clinic.

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.

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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.

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. No CVA tenderness.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally. + 2+ bilateral radial pulses. No vertebral point tenderness. + FROM C-spine.

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:

UA (1 unit(s)): In-House Lab
THERAPEUTIC INJECTION ADMIN (1 unit(s)): Injection
Dexamethasone 4mg/ml (1 unit(s)): Injection
Depo-Medrol 40mg/ml (1 unit(s)): Injection
EKG (1 unit(s)): Office Procedure
COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
TSH W/REFLEX T4, FREE (QUEST) (1 unit(s)): Quest Diagnostics
MAGNESIUM (1 unit(s)): Quest Diagnostics

RESULTS:

UA:
Appearance: clear
Color: yellow
Glucose: Negative
Bill: Negative
Ketones: Negative
Sp: 1.010
Blood: Negative
pH: 6
Protein: Negative
Urobilinogen: Positive
Nitrites: Negative
Leukocytes: Negative
CS: No
Comments: UBG-4

Dexamethasone 4mg/ml:
Site Given: Right Ventragluteal

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Dosage Given: 4 milligram(s)
Administered By: Bicknell, Miranda - RN

Depo-Medrol 40mg/ml:
Site Given: Right Ventragluteal
Dosage Given: 40 milligram(s)
Administered By: Bicknell, Miranda - RN

ASSESSMENT:

R00.2 - PALPITATIONS (PRIMARY)
R06.00 - DYSPNEA, UNSPECIFIED
E86.0 - DEHYDRATION
S16.1XXA - STRAIN MUSCLE FSC AND TENDON AT NECK LEVEL INIT
K59.00 - CONSTIPATION, UNSPECIFIED
R14.0 - ABDOMINAL DISTENSION (GASEOUS)

PLAN:

EKG- NSR at 97 bpm w/ no ischemic changes.
Orthostatic VS:
Lying 104/72, 99
Sitting 116/84, 98
Standing 118/95, 114

Will treat for GERD/GI protection as she is on NSAIDs on a regular basis and she is having abdominal bloating despite treatment for constipation.

For her neck pain- she is on NSAIDs currently. She is given a steroid shot in office. She can use a heating pad as needed. No heavy lifting overhead more than 5 lbs for the next 2 weeks. If no improvement, then follow up with clinic or PCP.

Her tachycardia could be from dehydration related to recent addition of diuretic to her BP regimen. Follow up with labs. I have asked her to hold her BP medication tomorrow until we have her lab results. Increase water intake. She verbalized understanding.

Intermittent Dyspnea- resolved w/ use of albuterol inhaler. Steroid shot should also help w/ asthma flare up. If dyspnea continues, then will need CXR.

Pepcid 20 mg tablet
Refills: 0 Qty: 60 TABLET(S)
Instructions: TAKE 1 TABLET (20 MG) BY ORAL ROUTE 2 TIMES PER DAY

Electronically signed by Lindsey Barton, CRNP on 05/21/24 4:42 PM

L Barton, CRNP

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