

Auburn Montgomery Student Health Services

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

Date: 01/31/22

PATIENT: MORRIS, KENDRA **DOB:** 08/02/1978 **Gender:** FEMALE **MRN:** 1412 **AGE:** 43 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: cough/congestion

HISTORY OF PRESENT ILLNESS: productive cough (green), runny nose, nasal congestion, hoarse voice, and chest congestion that has been present since her COVID + diagnosis 2.5 weeks ago. Denies fever. She reports starting to feel better then symptoms became worse last Thursday.

VITALS: BP: 127/83 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 104; **Temp:** 98.1; **Resp:** 16; **Ht:** 69 in.; **Wt:** 152.1 lbs.; **BMI:** 22.46; **Pulse Oximetry:** 100%

ALLERGIES: Biaxin; Cefzil; amoxicillin

MEDICATIONS:

Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension (1 puff each nostril daily)
Nurtec ODT 75 mg disintegrating tablet (once every other day)
Plaquenil 200 mg tablet (daily)
Simponi 50 mg/0.5 mL subcutaneous syringe (monthly)
Vitamin C 500 mg tablet (daily)
Vitamin D3 25 mcg (1,000 unit) capsule (daily)
Zyrtec 10 mg tablet (daily)
folic acid 1 mg tablet (daily)
gabapentin 300 mg capsule (BID)
meloxicam 7.5 mg tablet (daily)
methotrexate 2.5 mg tablet (weekly on Thursday)
prednisone 2.5 mg tablet (1 tablet daily)
prednisone 5 mg tablet (1 tablet daily)
risedronate 150 mg tablet (once monthly)
rizatriptan 10 mg tablet (as needed)
topiramate 50 mg tablet (daily)
tramadol 50 mg tablet (Q4Hours PRN)

PAST MEDICAL HISTORY: RA, migraines and allergies. Takes prednisone for management of RA.

SOCIAL HISTORY: Married. AUM employee. 2 children. Denies smoking, drinking, or illicit drug use.

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. Expiratory wheezes left upper posterior lobe. No rhonchi or rales. All other lung fields clear.

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:

THERAPEUTIC INJECTION ADMIN (1 unit(s)): Injection

Solumedrol 125mg/2ml (1 unit(s)): Injection

RESULTS:

Solumedrol 125mg/2ml:

Site Given: Left Ventral Gluteal

Dosage Given: 125 milliliter(s)

Administered By: Bicknell, Miranda - RN

ASSESSMENT:

J20.9 - ACUTE BRONCHITIS, UNSPECIFIED (PRIMARY)

J04.0 - Acute laryngitis

R05.9 - Cough, unspecified

PLAN:

Bactrim DS 800 mg-160 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS

Electronically signed by Lindsey Barton, CRNP on 02/01/22 6:01 AM

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