

Auburn Montgomery Warhawk Health Services

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

Date: 10/27/22

PATIENT: POOLE, TAMIA **DOB:** 04/10/2019 **Gender:** FEMALE **MRN:** 1466 **AGE:** 3 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: runny nose, fever

HISTORY OF PRESENT ILLNESS: Tamia is a 3 yo female accompanied by her mother. She was diagnosed with flu A and strep on Saturday. Started on cefdinir. She was given albuterol and budesonide nebs for cough as she has a history of reactive airway disease. Fever resolved on Monday morning. Tuesday night fever returned along with green, runny nose. She has been given tylenol or motrin as needed for fever. She is still taking cefdinir (day 5) with no improvement in symptoms. Decreased appetite.

VITALS: **Pulse:** 118; **Temp:** 100.1; **Resp:** 16; **Wt:** 33 lbs.; **Pulse Oximetry:** 99%

GROWTH PERCENTILES:

Weight/Age: 48

Height/Age: N/A

Weight/Height: N/A

BMI/Age: N/A

Head Circumference/Age: N/A

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization (every 4-6 hrs as needed.)

budesonide 0.5 mg/2 mL suspension for nebulization (once daily as needed.)

cefdinir 250 mg/5 mL oral suspension (4ml PO once daily x 10 days)

PAST MEDICAL HISTORY: Reactive airway disease, PTSD.

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: Lives with foster parents. Attends Pre-K.

FAMILY HISTORY: Biological mother- schizophrenia.

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; Thick, clear rhinorrhea present. No maxillary or frontal sinus tenderness. Throat- pink without exudates. No anterior or posterior cervical nodes palpated

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.

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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

RESULTS:

Abbott COVID Rapid Test:
Value: Negative

ASSESSMENT:

J01.90 - ACUTE SINUSITIS, UNSPECIFIED (PRIMARY)
R50.9 - FEVER, UNSPECIFIED
R05.9 - COUGH, UNSPECIFIED

PLAN:

Sulfatrim 200 mg-40 mg/5 mL oral suspension
Refills: 0 Qty: 150 ML(S)
Instructions: 7.5 ml PO BID x 10 days

Electronically signed by Robin Blackwell, CRNP on 10/27/22 10:08 AM

Robin Blackwell CNP