

Auburn Montgomery Warhawk Health Services

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

Date: 01/31/25

PATIENT: WITCHER, HEATHER **DOB:** 06/08/1988 **Gender:** FEMALE **MRN:** 1758 **AGE:** 36 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: dry cough for 2 months that is worse at night

HISTORY OF PRESENT ILLNESS: Mrs. Witcher is a 36 yo female here today for dry cough that is worse at night for the past 2 months. She states it started after she had the flu in November. She does also have a history of asthma. She uses her albuterol inhaler sporadically. She is not on a ICS inhaler at this time.

She denies runny nose, fever, or sore throat recently. She does have occasional sinus congestion.

VITALS: BP: 121/88 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 81; **Temp:** 97.5; **Resp:** 16; **Ht:** 62 in.; **Wt:** 159.3 lbs.;
BMI: 29.13; **Pulse Oximetry:** 99%; **FDLMP:** 11/30/25

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension (SPRAY 1 - 2 SPRAYS (50 - 100 MCG) IN EACH NOSTRIL BY INTRANASAL ROUTE ONCE DAILY AS NEEDED)

Medrol (Pak) 4 mg tablets in a dose pack (TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS)
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization (INHALE 3 MILLILITERS (2.5 MG) BY NEBULIZATION ROUTE 3 TIMES PER DAY or every 4-6 hrs as needed for sob/wheezing (Disp 50 vials).)

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler (INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED for cough/sob/wheezing (Disp 1 inhaler).)

nebulizer and compressor (Disp 1 nebulizer/compressor with supplies. Diagnosis- J45.20.)

PAST MEDICAL HISTORY: Asthma

PAST SURGICAL HISTORY: C-sections

SOCIAL HISTORY: Denies smoking, ETOH 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.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

MUSCULOSKELETAL: Normal range of movement x 4 extremities

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

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NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

ASSESSMENT:

J45.21 - Mild intermittent asthma with (acute) exacerbation (PRIMARY)

R05.9 - Cough, unspecified

PLAN:

Will treat for asthma flare up. Her lungs sound clear on exam. Rx as per below. Follow up as needed.

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

Refills: 2 Qty: 6.7 GRAM(S)

Instructions: INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED FOR COUGH/SOB/WHEEZING (DISP 1 INHALER).

Medrol (Pak) 4 mg tablets in a dose pack

Refills: 0 Qty: 1 UNIT(S)

Instructions: TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS

Symbicort 80 mcg-4.5 mcg/actuation HFA aerosol inhaler

Refills: 0 Qty: 1 UNIT(S)

Instructions: INHALE 2 PUFFS BY INHALATION ROUTE 2 TIMES PER DAY IN THE MORNING ANDEVENING

Electronically signed by Lindsey Barton, CRNP on 01/31/25 4:44 PM

L. Barton, DNP, CRNP