

Auburn Montgomery Warhawk Health Services

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

Date: 11/05/25

PATIENT: MEADOWS, LESLIE **DOB:** 02/18/1970 **Gender:** FEMALE **MRN:** 276 **AGE:** 55 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: facial pressure, nasal/head congestion, headache, cough since Friday

HISTORY OF PRESENT ILLNESS: Patient is here for facial pressure, nasal/head congestion, headache, cough since Friday. She has a history of recurrent sinusitis and has been slightly better since having sinus surgery.

VITALS: BP: 119/75 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 91; **Temp:** 96.5; **Resp:** 15; **Ht:** 67 in.; **Wt:** 136.7 lbs.;
BMI: 21.41; **Pulse Oximetry:** 97%

ALLERGIES: Amoxicillin (substance); Macrobid; Sulfa (Sulfonamide Antibiotics)

MEDICATIONS:

iron 325 mg (65 mg iron) tablet

PAST MEDICAL HISTORY: Denies

PAST SURGICAL HISTORY: Sinus surgery 2006

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 have serous fluid. Ear canals are patent. Nose- septum- midline; Maxillary and frontal sinus tenderness. Throat- pink without exudates with posterior pharynx drainage. No anterior or posterior cervical nodes palpated.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted.

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

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

Dexamethasone 4mg/ml (1 unit(s)): Injection

Depo-Medrol 40mg/ml (1 unit(s)): Injection

RESULTS:

Dexamethasone 4mg/ml:

Site Given: Right Ventral Gluteal

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

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

ASSESSMENT:

J01.01 - ACUTE RECURRENT MAXILLARY SINUSITIS (PRIMARY)

PLAN:

Patient is here with acute on chronic sinusitis. Prescribed:

doxycycline hyclate 100 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (100 MG) BY ORAL ROUTE 2 TIMES PER DAY for 10 days

Patient Education:

Common Signs and Symptoms
Facial pain or pressure (especially around eyes, cheeks, forehead)
Nasal congestion or blockage
Thick yellow or green nasal discharge
Decreased or loss of smell or taste
Headache that worsens when bending forward
Tooth pain or ear pressure
Fatigue or low-grade fever

Why Antibiotics Were Prescribed

Your symptoms have lasted more than 10 days, or
You began to feel better, then worsened again, or
You have moderate to severe pain or fever 102F (38.9C)
Antibiotics target bacterial sinus infections, helping shorten recovery and prevent complications.
They are not effective for viral infections, so they're used only when bacterial infection is likely.

Medication Instructions

Take antibiotics exactly as prescribed do not skip doses or stop early, even if you feel better.
Take with food to reduce stomach upset (unless directed otherwise).
Do not drink alcohol while taking antibiotics.
Complete the full course to prevent recurrence or resistance.
If you were prescribed amoxicillin/clavulanate (Augmentin): take with food to prevent nausea.
If on doxycycline: avoid lying down for 30 minutes after taking and use sunscreen (may cause sun sensitivity).

Other Medications Your Provider May Recommend

Nasal corticosteroid spray (fluticasone, mometasone) to reduce swelling.
Saline nasal rinses or sprays to help clear mucus.
Decongestants (pseudoephedrine, oxymetazoline) for short-term use no more than 3 days for nasal sprays to prevent rebound congestion.
Pain/fever relievers: Acetaminophen (Tylenol) or ibuprofen (Motrin) as needed.

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Home Care and Comfort Measures

Stay hydrated: Drink plenty of water to thin mucus.
Use a humidifier or inhale steam from a hot shower.
Apply warm compresses to your face for sinus pressure relief.
Rest: Give your body time to recover.
Avoid smoking or secondhand smoke it delays healing.
Elevate your head when lying down to promote sinus drainage.

When to Call the Doctor

Contact your provider if you experience:
Fever >101F (38.3C) that lasts more than 48 hours after starting antibiotics
Worsening headache, swelling around the eyes, or vision changes
Severe facial pain or stiffness in the neck
Persistent vomiting or inability to keep fluids down
No improvement after completing the full antibiotic course

Possible Complications (If Untreated)

Chronic sinusitis (lasting more than 12 weeks)
Middle ear infection (otitis media)
Infection spreading to surrounding tissues (rare but serious)

Electronically signed by Hayley Guthrie, CRNP on 11/05/25 3:58 PM