

Auburn Montgomery Warhawk Health Services

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

Date: 12/13/23

PATIENT: COX, KELLY **DOB:** 01/16/1987 **Gender:** FEMALE **MRN:** 300 **AGE:** 36 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: dry cough without shortness of breath. Patient recently had the flu and completed a prescription of Tamiflu.

HISTORY OF PRESENT ILLNESS: Mrs. Cox is a 36 yo female here today for dry persistent cough. She was diagnosed with the flu last Wednesday and prescribed tamiflu. She was also given a steroid shot and a medrol dose pack. She reports she completed her meds, but the cough is persistent. She has tried several cough medications with no relief. She denies shortness of breath, wheezing, or fever.

VITALS: BP: 136/76 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 115; **Temp:** 97.3; **Resp:** 18; **Ht:** 68 in.; **Wt:** 230.2 lbs.; **BMI:** 35; **Pulse Oximetry:** 94%; **FDLMP:** 11/29/23

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Imitrex 100 mg tablet
Norvasc 10 mg tablet
Tegretol XR 400 mg tablet, extended release
Wellbutrin XL 300 mg 24 hr tablet, extended release
Xanax 1 mg tablet
amitriptyline 150 mg tablet (100mg)
buspirone 30 mg tablet
tetracycline 250 mg capsule

PAST MEDICAL HISTORY: GAD; depression; chronic migraines (Dr. Hamp Greene) gets botox injections every 3 months.

PAST SURGICAL HISTORY: atrial septal defect repaired in 2000, wisdom teeth removal

SOCIAL HISTORY: denies alcohol, tobacco, and illicit drug use

FAMILY HISTORY:

Mother: 71 HTN, arthritis
Father: 69 HTN, arthritis
Older brother: age 43 no known health problems.

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. 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.

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

PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

Albuterol Sulfate 0.083mg (1 unit(s)): Surgical Procedure
NEBULIZER BREATHING TREATMENT (1 unit(s)): Office Procedure

ASSESSMENT:

J45.909 - UNSPECIFIED ASTHMA, UNCOMPLICATED (PRIMARY)
R05.9 - Cough, unspecified

PLAN:

Albuterol nebulizer given in office for dry persistent cough. Referral for CXR was given and CXR results were negative. Will treat for reactive airway disease secondary to recent influenza. Follow up if no improvement or worsening symptoms.

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

Refills: 0 Qty: 15 GRAM(S)

Instructions: INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED for dry cough.

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 (please disp one inhaler)

Electronically signed by Lindsey Barton, CRNP on 12/18/23 9:52 PM

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