

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/18/13 TIME: 1355 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Lori Rogers DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt traveling to Haiti in April. Is up to date on other vaccines except typhoid and Hep A.

MEDICATIONS:						LMP: _____
Temp	Pulse	Resp	B/P	HT	WT	Allergies
						<u>1 KMA</u>

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	
Sliters	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P.O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Lori Rogers Date 10/18/13

Address _____

R

Doxycycline 100mg

Disp: 35

Sig: One pill a day; begin 2 days before
departure, continue through stay and
for four weeks after return.

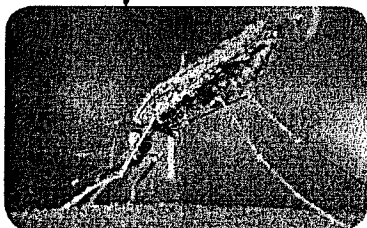
Label all prescriptions

Refill: 1 2 3 5 PRN NR

Carol Stewart C.R.N.P. M.D. or C.R.N.P.
Product Selection Permitted

Dispense As Written M.D. or C.R.N.P.

for the prevention of malaria infection associated
with travel.



Who can take doxycycline?

Doxycycline can be prescribed to adults and children who are at least 8 years old.

Who should not take doxycycline?

It should not be used by pregnant women. It should not be given to children under the age of 8 years.

How should I take doxycycline?

Both adults and children should take one dose of doxycycline per day starting a day or two before traveling to the area where malaria transmission occurs. They should take one dose per day while there, and for 28 consecutive days after leaving.

The daily dosage for adults is 100mg per day.

Your doctor will have calculated the correct daily dose for your child based on the child's weight. The child's dose should not exceed the adult dose of 100mg per day.

Traveling

Take on a full stomach with a full
milk and other dairy products
avoid taking your doxycycline
for 1 hour after taking
irritation in your throat.

doxycycline?

When available in the United States
medicines should be obtained
travel rather than in the
traveling medications abroad
could be of poor quality,
counterfeit and not protect you

Will doxycycline interact with my other medications?

Some other drugs can interact with doxycycline and cause you problems. Your doctor is responsible for evaluating the other medicines you are taking to ensure that there are no interactions between them and doxycycline. In some instances, medicines can be adjusted to minimize the interaction. You can also ask your pharmacist to check for drug interactions.

For example, people taking the common blood-thinning medicine called Coumadin (warfarin) may be at an increased risk for bleeding if they take doxycycline. If there are no alternatives, the Coumadin dose can be adjusted allowing you to take both medicines safely. Certain antacids (containing calcium or magnesium) should also be avoided while taking doxycycline.

Malaria is a serious disease that can cause death if not treated right away. It is caused by a parasite that can infect a certain type of mosquito which feeds on humans.

About 1,500 cases of malaria are diagnosed in the United States each year, almost all in travelers arriving from parts of the world where malaria occurs.

Center for Global Health
Division of Parasitic Diseases and Malaria



Auburn University Montgomery
School of Nursing
ANNUAL HEALTH ASSESSMENT

Health Assessment must be recorded on this form and mailed directly from the health care provider's office to the School of Nursing.

Name Lori D. Rogers Birth date 3-14-64

Weight 176 Height 68"

Temp 98.5 Pulse 64 Resp 18 BP 114 / 76

Significant Medical History Allergic Rhinitis
766d

Medications _____

Allergies NKA

Skin _____

Eyes _____

Vision : Right 20/100 Left 20/200 Corrected: Right 20/15 Left 20/15

Ears nl Hearing nl

Nose nl

Mouth nl

Throat nl

Neck nl

Breasts nl

Lungs nl

Heart nl

Abdomen nl

Musculo-Skeletal nl

Neurological nl

Genitalia (male) N/A

Pelvic (female) dependent

Required Immunizations:

1. Tetanus-Diphtheria (Td), Adult-Type /
(completed series, booster every 10 years)
2. MMR Vaccine (if Rubella titer is less than 1.8)
3. Hepatitis B Vaccine (Initial Dose)

Date 4/13/00 Dosage 0.5 ml.
Date 6/64 Dosage 0.5 ml
Date 7-14-95 Dosage _____
8-22-95
1-22-96

Required Diagnostic Studies:

1. Rubella Antibody Test 6/13/00
2. Tuberculin Skin Test (Mantoux, 5 TU PPD)
Use the two-step (test-retest) method
3. VDRL: Date 6/13/00

Date 6/13/00 Dosage _____
Date: Step 1 4/13/00
Date Read 6/20/00
Results neg
Date: Step 2 6/27/00
Date Read 6/29/00
Results neg
Results neg

NOTE: Students must possess the functional ability to perform the skills and demonstrate the behaviors required of a professional nurse. These abilities include but are not limited to (a) adequate vision, such as that required to observe changes in physical conditions, to read small print on labels and reports, and to discern subtle changes in color; (b) adequate hearing, such as that required to distinguish muted sounds through a stethoscope; (c) fine motor skills and manual dexterity, such as required to handle small, delicate equipment; (d) strength to turn and assist with lifting adults, and to lift and carry children; (e) the mobility to perform skills and respond quickly in emergency situations; (f) the ability to communicate and interact effectively with others, verbally and in writing; and (g) the ability to detect odors.

Are there any conditions, concerns, or treatments that may effect the ability of this student to meet these program requirements? () YES (X) NO

Comments: _____

DATE OF EXAM 6/13/00

Cumprace MD
Health Care Provider's Signature

Mont. Family Practice, 8190 Seaton Place, 36116
Address

Montgomery, AL 36116
City, State/Zip Code

When all results have been documented, please mail directly to: (Do not give to student)

Auburn University Montgomery
School of Nursing
ATTENTION: PHYSICALS
P.O. Box 244023
Montgomery, AL 36124-4023

Auburn University Montgomery
School of Nursing
ANNUAL HEALTH ASSESSMENT

Health Assessment must be recorded on this form and mailed directly from the health care provider's office to the School of Nursing.

Name Lori DuVal Rogers Birthdate 03/31/64

Weight 181 Height 5'8" Allergies NKDA

Temp 98.6 Pulse 60 Resp 16 BP 110 180

History of physician-diagnosed illness with varicella _____ Date 7-11-01

Significant Medical History NKDA

Medications Cipita 10/52

Skin l

Eyes l Vision : _____

Right -1.75 Left -2.00 Corrected: Right 20/30 Left 20/30 2/10/01 Dr. Raleshi Nix

Ears l Hearing l

Nose l

Mouth l

Throat l

Neck l

Breasts l (Due 1/02) (Last 11/00 - dx)

Lungs l

Heart l

Abdomen l

Musculo-Skeletal l

Neurological l

Genitalia (male) _____

Pelvic (female, optional) Due 1/02 (Last 11/00 - dx)

Please see reverse side.

Required Immunizations:

1. Tetanus-Diphtheria (Td), Adult-Type
(completed series, booster every 10 years)

Date 6-9-02 Dosage _____

2. MMR Vaccine (if Rubella titer is less than 1:8)

Date 6-20-00 Dosage _____

3. Hepatitis B Vaccine: Initial Dose

Date 6-13-00 Dosage Titer Manual

Second Dose

Date _____ Dosage _____

Third Dose

Date _____ Dosage _____

****Recommended: The varicella vaccine for chickenpox is recommended if there is no prior history of the disease or antibody levels are >1:8.**

Varicella Vaccine: Initial Dose

Date 6-13-00 Dosage 4A 7/22

Second Dose

Date _____ Dosage _____

Required Diagnostic Studies:

1. Rubella Antibody Test

Date 6-20-00 Results _____

2. Tuberculin Skin Test (Mantoux, 5 TU PPD)

Date: Step 1 7-11-01

Date Read 7-18-01

Results Negative

**** Juniors: Use the two-step (test-retest) method. Senior and RN mobility students use the one-step method.**

Date: Step 2 7-18-01

Date Read 7-20-01

Results Negative

3. Varicella Titer (If no prior history of the disease or vaccine.)

Date N/A Results _____

4. Hepatitis B Titer (If no available documentation of the vaccine.)

Date N/A Results 7/22 OK

NOTE: Students must possess the functional ability to perform the skills and demonstrate the behaviors required of a professional nurse. These abilities include but are not limited to (a) adequate vision, such as that required to observe changes in physical conditions, to read small print on labels and reports, and to discern subtle changes in color; (b) adequate hearing, such as that required to distinguish muted sounds through a stethoscope; (c) fine motor skills and manual dexterity, such as required to handle small, delicate equipment; (d) strength to turn and assist with lifting adults, and to lift and carry children; (e) the mobility to perform skills and respond quickly in emergency situations; (f) the ability to communicate and interact effectively with others, verbally and in writing; and (g) the ability to detect odors.

Are there any conditions, concerns, or treatments that may effect the ability of this student to meet these program requirements? () YES (X) NO

Comments: _____

DATE OF EXAM 7-11-01

[Signature]
Health Care Provider's Signature

Address _____

City, State, Zip Code _____

When all results have been documented, please mail directly to: (Do not give to student)

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