

AUM STUDENT HEALTH CENTER INSTRUCTION SHEET

PHONE: 244-3281

My Name: Amanda mass Today's Date: 5-4-15

The Practitioner I saw today was: Carol Stewart, CRNP Audrey Novchich, CRNP

My Problem:

- ☐ Upper Respiratory Infection
- ☐ Influenza A/B
- ☐ Sinusitis
- ☒ Rhinitis Allergic/Viral
- ☐ Pharyngitis

What Medications do I need to take? _____

For Pain or Fever:

- ☐ Acetaminophen (Tylenol) regular strength (325 mg)-2 tabs every 4 hours
- ☐ Extra Strength Acetaminophen 2 tablets up to 4 times a day
- ☐ Ibuprofen/Advil/Motrin (same active ingredient) 2-4 200mg tabs every 6/8 hours

For Congestion or Cough:

- ☒ Mucinex DM twice a day Extra Strength
- ☐ Nasal Saline rinses; thin mucous, decrease congestion, decrease postnasal drainage
- ☐ Elevate head of bed 15-20 degrees to decrease congestion and promote sinus drainage

For Sore Throat:

- ☐ Warm salt wa
- ☐ Lozenges or s

Other:

- ☐ Get more than
- ☒ Drink plenty of
- ☐ Humidify air:
- ☐ May take 10-15
- ☐ If you are hav

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

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Amanda mass

Date 5-4-15

Address _____

R

Franco

16.57

sig: 11 spray 7 nostrils qd

Label all prescriptions

Refill 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written

M.D. or C.R.N.P.

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5/4/15 TIME: 10⁰⁵ PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Amanda Moss DOB: _____ AGE: _____

PRESENT COMPLAINT: Sinus problems → Ears: H/P head pounding, pressure in face. Started having scratchy throat on Thursday, slight cough. Yellow-clear drainage. Fever.

EDICATIONS: Lyrica 100mg, Prolexin 1mg, Spirapen¹⁰⁰ LMP: NOW

Temp	Pulse	Mid, radial, femoral, axillary	R/P	Ht	WT	Allergies
<u>98.2</u>	<u>88</u>		<u>111/75</u>	<u>5'8.1</u>	<u>151.7</u>	<u>Sulfa</u>

INITIAL VISIT		23.0
Skin	Tylenol sinus not relieving pressure. Daughter	
Sinuses	had & Streep last wk.	
Ears	Ø redness, ⊕ JFD	
Eyes	Clear	
Nose	Congested	
Throat	Ø redness	
Neck/ Back	Ø tender	
Heart	S ₁ S ₂ E (M)	
Lungs	Clear, & cough	
Abdomen	non-tender	
GU/GI		
Extremities		

RETURN VISIT
5-6-15
See ZMR
for F/U

DIAGNOSIS:	TESTS	RESULTS
<u>Acute Otitis Media</u>	<u>Quick strep</u>	<u>(-)</u>

PLAN:
Amoxicillin DM Extra Strength
2) Flonase H Spray
3) Nostris gel

CALL BACK: _____
STAFF SIGNATURE: [Signature]

PRACTITIONER SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____
PHYSICIAN SIGNATURE: _____

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Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Amanda M. [unclear] Date 2-9-15
Address _____

R

max 10 mg
Dose: 18
Sig: 1 po qid as H/A
may repeat in 2" X
[Signature]

Label all prescriptions

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**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/9/15 TIME: 1040 PT. HISTORY REVIEWED / UPDATED _____
 PATIENT NAME: Amunda Moss DOB: _____ AGE: _____

PRESENT COMPLAINT: Ears bothering pt bilaterally, H/A's, $\frac{1}{2}$ nausea.
Nasal drainage started 2 wks ago, then H/A's Friday. Sometime
feels like drainage in ears but nothing is there. (+) dizziness

MEDICATIONS: Lyrica, Protonix, spirolactone LMP: $\approx$ 2 wks ago

Temp	Pulse	Resn	B/P	HT	WT	Allergies
98.7	80		110/72			<u>@ Bactrim</u>

INITIAL VISIT

Skin S. Stated none true that these types
 Slashes H/A's - "yawn", always been
 Ears running nose, frontal H/A
 Eyes disrupted as "blinking". OTC
 Nose meto don't want was for surgery
 Throat except Excedrine Migraine helped
 Neck/Back same. Stated the H/A's occur
 Heart $\approx$ 3 days prior to onset of
 Lungs menstruation. Eyes and feet
 Abdomen $\approx$ 3-4 days, multiple men
 GU/GI in family have similar H/A's
 Extremities period aura, but no nausea
& photophobia at times. Also
never seen a neurologist. (over)

RETURN VISIT

DIAGNOSIS:

migraine H/A

TESTS

RESULTS

PLAN:

- Education provided
- on next 10 days
- onset of H/A
- may repeat X / w
- 2 hrs

CALL BACK:

2/13/15 - Spoke to pt, has not received
meds from Amunda at this time. Scheduled
to arrive on Wed. Also, discussed fatigue
due to v.p. difficulty. Willing to start
supplement & ATE for rev of H/A PER @

PRACTITIONER

SIGNATURE: L. Keeney, CRNP

STAFF

SIGNATURE: Jean

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

(Lent)

Neuro: alert, oriented, speech clear.

PERRA @ 5 mm, $\oplus$ photog^{ic} reflex, ϕ breathing

over post. v~~er~~tebrae, CV II-XII grossly

intact. ϕ v sensation, ϕ strength

Latent, n

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Rx: 0703

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

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

Name

Amanda M...

Date

8-30-12

Address

R

Augmentin 500mg
20

Sig: 1 po BID x 10d

Stewart

Product Selection Permitted

M.D. or C.R.N.P.

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RX: 1501

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(334) 286-3444
DEA #BF-6451520
AL #24127

Name

Amanda M...

Date

8-30-12

Address

R

Prochlorperazine 5mg dosepak

Refill: 21

Sig: Take as directed

Stewart

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/30/12 TIME: 15¹⁰ PT. HISTORY REVIEWED/UPDATED: 1 / 1

PATIENT NAME: Amanda Moss DOB: _____ AGE: _____

PRESENT COMPLAINT: Sinus/Allergy symptoms beginning Friday. Began to sore throat then, coughing, sneezing, nasal congestion, (R) ear pain. Nasal drainage is clear but coughs up yellow sputum. Fever

MEDICATIONS: Flonase, protenix LMP: 8/16/12

Temp	Pulse	Reso	BP	HT	WT	Allergies
98.7	91		101/68			WKM A

INITIAL VISIT

Skin on night sweats. Symptoms seem worse

Sinuses in Afternoon. Loss of voice @ night

Ears (R) ear red, (L) good

Eyes Clear

Nose Longusted

Throat ss red, & inflamed

Neck/ Back (F) Cervical adenopathy (R)

Heart S¹ S² S³ @

Lungs Clear bil, & coarse

Abdomen e. present

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS:	TESTS	RESULTS
<u>Rhino Infection</u>		
<u>(R) sinusitis</u>		
<u>Median</u>		

PLAN: Prednisone 5mg
dose qk #21
Augmentin 500mg
BAD X 10 days
Rtc if not sub viral

CALL BACK: 9/5/12 - Pt states she feels much better. Taking meds as instructed by doc. Will Rtc for ref if necessary. (L)

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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

Name

Amanda Mace

Date

4-17-12

Address

R

16.5

16.5

16.5

16.5

16.5

16.5

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

DATE: 4/17/12 0900 TIME: 0910 PT. HISTORY REVIEWED / UPDATED / /
PATIENT NAME: Amanda Moss DOB: AGE: 33

Medications: Mucinex, Claritin, Retam^(out) for allergies

LMP: 3/30/12

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.3			110/78			

INITIAL VISIT

Skin warm + dry, no generalized rash

Sinus maxillary sinus pressure. & frontal sinus tenderness

Exam (B) Canals patent & ankythemia. (B) TM intact.

Eyes (B) clear. sclera white. nocturnal or excessive tearing/drainage.

Nose congested.

Throat ⊕ erythema, tonsillar edema or exudate

Neck/Back: supple. ~~Ant.~~ cervical lymphadenopathy. ~~Or~~ post. adenopathy

Heart RRR without murmur rub or gallop. S1 S2

lungs (B) clear. & adventitious breath sounds

Abdomen

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS

1. Allergic Rhinitis
2. Pharyngitis

TESTS

RESULTS

'LAN:

Flonase ii squirts per nostril QD
Singulair long 1 tab PO daily (2wks sample)
Continue Mucinex or mucnex D
Continue warm salt water gargles prn

CALL BACK: 4/24/12 @ 10:00 → Pt states she is doing better. Went to regular MD (provided) for treatment of sterhach symptoms and will follow-up w him. bry

'RACTITIONER

SIGNATURE:

STAFF

SIGNATURE:

AUDIT DATE:

COMMENTS:

UM NURSING CARE CENTER
ADOLESCENT/ADULT HEALTH HISTC

Date 4-17-12

Name Amanda Moss

1. What is the reason for your visit today? Sinus
2. Is there anything about you and your health that we need to know? no

3. List medicine, drugs, or food you are allergic to: n/a
4. List any medicines or drugs you take: Naproxen, Flexeril, Claritin D

5. Have YOU or anyone in your family had any of the following: (circle)

heart disease
high blood pressure
stroke

diabetes/sugar
blood problem or disease
cancer

tuberculosis
birth defects
mental retardation

nerve or mental problems
asthma
died before age 50
other "family" disease

6. Have you ever been in the hospital? yes Why? child birth, gall bladder removal, wrist surgery
7. Have you ever had surgery? yes Why? gall bladder, wrist
8. Have you ever had a serious accident? no
9. Have you had serious or recent problems with:

ears or throat NO YES
allergies NO YES
lung infections NO YES

cough NO YES
thyroid NO YES
skin problems NO YES

kidneys NO YES
weight loss NO YES
ulcers NO YES

gallbladder NO YES
liver NO YES
depression NO YES
headaches NO YES

10. Have you ever had a seizure, convulsion, or "falling out" spell? NO YES
11. Have you ever had a blood clot in your lungs, legs or anywhere? NO YES
12. Have you ever smoked cigarettes or used smokeless tobacco? NO YES
If yes, are you an: Ex-smoker? Smoking now? Do you smoke (less) (more) than a pack a day?
How much smokeless tobacco do you use a day?
13. How often do you drink beer, wine, wine coolers, or liquor?
Never Rarely 1-2 times a week 3-4 times a week 5 or more times a week
If you drink beer, wine, wine coolers, or liquor, do you have:
(less) (more) than 5 drinks a day?

14. Have you ever used marijuana, cocaine, crack or other drugs? NO YES
15. Have you ever used I.V. drugs? NO YES
16. Have you ever had a blood transfusion? NO YES
17. Do you have any tattoos? NO YES
18. Have you ever been treated for a venereal disease? NO YES
19. Have you had more than one sex partner in the past 5 years? NO YES
20. Have you ever had sex with a member of your own sex? NO YES
21. Have you had or been around anyone with hepatitis? NO YES
22. Would your sex partner(s) answer Yes to any of the questions 14-22? NO YES

FOR FEMALES ONLY

- A. How old were you when you started your periods? 15 Date of your last period? 3/30
How often do you have your periods? monthly Are they regular? yes
How many days do they last? 6
Do you have: (circle) bad cramps bleeding or spotting between periods unusual discharge
B. Do you have any problems with your breasts (lumps, discharge, or other)? NO YES
Do you check them regularly? YES NO
C. How many times have you ever been pregnant? 2 How many children are living? 2
Have you ever had any children born dead; any stillbirths, miscarriages, or abortions? NO YES
Were any of your children premature? NO YES
How old were you when your first child was born? 21
D. Have you ever used: (circle NO/YES) birth control pills? NO YES; foam? NO YES; condoms? NO YES; IUD? NO YES;
diaphragm? NO YES
E. Did you have problems with any of these methods? NO YES
F. Have you ever had an abortion? NO YES