

Auburn Montgomery Student Health Services

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

Date: 10/11/21

PATIENT: DRINAVALLI, NAVEEN **DOB:** 05/22/1997 **Gender:** MALE **MRN:** 362 **AGE:** 24 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: abscess to buttocks

HISTORY OF PRESENT ILLNESS: Mr. Drinavalli is a 24 yo male here today for eval of abscess to his buttocks area. He reports it has been there since Sept. 29th. He called his doctor from India who advised him to take augmentin and a prescribed pain medication. It did not help. There are two sores that are both draining. He reports they are painful and he can not sit down. Denies fever.

VITALS: BP: 138/91 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 95; **Temp:** 97.6; **Resp:** 16; **Ht:** 72 in.; **Wt:** 198 lbs.;
BMI: 26.85; **Pulse Oximetry:** 100%

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Denies

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Drinks alcohol socially

FAMILY HISTORY:

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: GENERAL: Mild pain distress; Well developed; Pleasant.

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; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, sweating profusely, intact. No lesions or rash noted. + Pilonidal abscess to gluteal cleft with 2 areas drainage. + surrounding fluctuance, tenderness to palpation, and moderate amount of sanguinous, purulent drainage.

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

PSYCHIATRIC: Appropriate mood and affect.

OFFICE PROCEDURE(S):

Procedure 1: Incision and Drainage of Pilonidal abscess

Risk and benefits explained to Mr. Drinavalli for incision and drainage of pilonidal abscess. His friend is present to help with interpretation and for moral support. Verbal consent was given from Mr. Drinavalli to proceed with procedure.

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Area cleansed with alcohol wipes and normal saline. 1% lidocaine with epi approximately 2 ml used between both lesions to numb the area. Small incision made to the lesion on the left buttocks with moderate amount of serosanguinous, purulent drainage expressed. Area cleansed with hibicleanse and normal saline. Packed with 1/4 in iodoform gauze. Lesion on the right side was I&D in same fashion with moderate amount of serosanguinous, purulent drainage expressed. Dressing applied. Aftercare instructions given. Procedure tolerated well. Follow up in 2 days for recheck.

ORDERS:

Incision and Drainage (1 unit(s)): Surgical Procedure
Culture, Wound (1 unit(s)): Quest Diagnostics

ASSESSMENT:

L05.01 - PILONIDAL CYST WITH ABSCESS (PRIMARY)

PLAN:

Take antibiotic as prescribed. Toradol as needed for pain. Follow up in 2 days for recheck.

Bactrim DS 800 mg-160 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS

ketorolac 10 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 6 HOURS AS NEEDED FOR pain UP TO 5 DAYS
TOTAL USE

Electronically signed by Lindsey Barton, CRNP on 10/11/21 4:31 PM

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