

Auburn Montgomery Student Health Services

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

Date: 04/21/20

PATIENT: JENKINS, BRITTANEY **DOB:** 09/15/1989 **Gender:** FEMALE **MRN:** 370 **AGE:** 30 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Chest Pain

Symptoms: Has been occurring for a while, about 7-10 days and is not subsiding. No pain on inspiration. Did some lifting around the house about 10 days ago.

Location: Chest and down her (L) arm. Patient reports soreness in her left scapula and numbness in her 4th and 5th digit of her left hand.

ModFact: History of MVP but this pain is not the same.

VITALS: BP: 122/75 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 98

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Cipro 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE EVERY 12 HOURS)

Singulair 10 mg tablet

Tessalon Perles 100 mg capsule (TAKE 1-2 CAPSULES (100 MG-200 MG) BY ORAL ROUTE EVERY 8 HOURS AS NEEDED FOR COUGH)

amlodipine 10 mg-benazepril 20 mg capsule

amoxicillin 875 mg-potassium clavulanate 125 mg tablet (TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS)

cetirizine 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY. TAKE IN THE EVENING)

ciprofloxacin 0.2 % ear drops in a dropperette (INSTILL 0.25 MILLILITER (0.5 MG) INTO AFFECTED EAR(S) BY OTIC ROUTE EVERY 4 HOURS FOR 7 DAYS.)

ciprofloxacin 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE EVERY 12 HOURS)

fluconazole 150 mg tablet (TAKE 1 TABLET (150 MG) BY ORAL ROUTE ONCE, MAY REPEAT DOSE IN 3 DAYS FOR PERSISTING SYMPTOMS.)

ketorolac 30 mg/mL injection solution (INJECT 1 MILLILITER (30 MG) INJECTED IN RIGHT GLUT/MAX NOW)

PAST MEDICAL HISTORY: MVP, rhinitis, lateral epicondylitis

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: Does not exercise regularly; Is experiencing unusual stress. Does not live alone; Single; Does not use recreational drugs; Does not use tobacco; Consumes alcohol. Frequency: occasionally, socially Type: wine

FAMILY HISTORY: Brother with history of: asthma. Mother with history of: Asthma, MVP, Migraines. Father with history of: Deceased in late 40's of MI. Maternal Grandfather with history of: DMII, cataracts. Maternal Grandmother with history of: DMII, CHF. Paternal Grandmother with history of: Unknown. Paternal Grandfather with history of: unknown

REVIEW OF SYSTEMS:

CARDIOLOGIC: Patient is positive for: pain, numbness; Patient denies: palpitations, dizziness, exertional SOB,

MUSCULOSKELETAL: Patient is positive for: Extremity Pain--left arm, pain in left side--soreness

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

CARDIOVASCULAR: HRRR; tachycardic

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RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

MUSCULOSKELETAL: Extremities Symmetrical; Limitation of Motion of left arm and shoulder; muscle tenderness noted-
-left side of torso, tenderness with palpation of left shoulder and scapula

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
SED RATE BY MOD WEST (QUEST) (1 unit(s)): Quest Diagnostics
TSH W/REFLEX T4, FREE (QUEST) (1 unit(s)): Quest Diagnostics
VITAMIN B12 (QUEST) (1 unit(s)): Quest Diagnostics
VITAMIN D 25 - HYDROXY, TOTAL (QUEST) (1 unit(s)): Quest Diagnostics
KETOROLAC 30MG (1 unit(s)): Injection

RESULTS:

KETOROLAC 30MG:
Site Given: Right Gluteus Medius
Dosage Given: 1 milliliter(s)
Administered By: Harvey, Melodye - CRNP

ASSESSMENT:

I34.1 - NONRHEUMATIC MITRAL (VALVE) PROLAPSE (PRIMARY)
M25.512 - PAIN IN LEFT SHOULDER
M62.838 - OTHER MUSCLE SPASM
R07.9 - CHEST PAIN, UNSPECIFIED
R20.2 - PARESTHESIA OF SKIN
I10 - ESSENTIAL (PRIMARY) HYPERTENSION

PLAN:

ketorolac 30 mg/mL injection solution
Refills: 0 Qty: 1 AMPULE(S)
Instructions: INJECT 1 MILLILITER (30 MG)INJECTED IN RIGHT GLUT/MAX NOW (Dispensed)

ketorolac 10 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 6 HOURS AS NEEDED

cyclobenzaprine 5 mg tablet
Refills: 0 Qty: 15 TABLET(S)
Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE EVERY 8 HOURS AS NEEDED. TAKE IN THE EVENING.
DO NOT DRIVE WHILE TAKING MEDICATION.

Continue with heating pad to left shoulder/back as as needed.

EKG--sinus tachycardia

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Referral to Cardiology

KETOROLAC 30MG (1 UN)--IM x 1 dose now.

Follow up pm

Electronically signed by Melodye Harvey, CRNP on 04/21/20 3:18 PM