

Auburn Montgomery Warhawk Health Services

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

Date: 10/20/23

PATIENT: DAVIS, KARREN **DOB:** 06/27/1971 **Gender:** FEMALE **MRN:** 3741 **AGE:** 52 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: epigastric pain

HISTORY OF PRESENT ILLNESS: Ms. Davis is a 52 yo female here today for epigastric abdominal pain that started around 3 pm today after eating a banana sandwich and chips. She states the pain is a sharp, grabbing pain that is constant. Associated with nausea. She reports the pain has eased up some, but is still present. Denies radiation of pain. Denies vomiting/chest pain/sweating. She currently rates her pain "2/10". Previously was "7-8/10". She states she thinks its her gallbladder because this has happened before a few years back then happened again, but is random. She has been told she needs to be seen when the pain occurs.

VITALS: **BP:** 139/89 **Pulse:** 78; **Temp:** 96.1; **Resp:** 16; **Ht:** 65 in.; **Wt:** 228.9 lbs.; **BMI:** 38.09; **Pulse Oximetry:** 100%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Synthroid 75 mcg tablet (1 TABLET PO ONCE DAILY)
Wellbutrin XL 150 mg 24 hr tablet, extended release (1 tablet daily)
dicyclomine 10 mg capsule (as needed)

PAST MEDICAL HISTORY: hypothyroidism, depression, traumatic pap smear in 1996 as a teenager. She has vaginal pain with the speculums so she is not able to have pap smears. Her last one was in Decemeber 2021 w/ the hysteroscopy.

PAST SURGICAL HISTORY: hysteroscopy w/ polyps removed Jan. 2022, colonoscopy- 2007.

SOCIAL HISTORY: Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY: Mother- Multiple Myeloma.

HEALTH MX HISTORY:

Mammogram- August 9, 2021- negative.

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.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

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GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted. No CVA tenderness. Negative Murphy's sign.

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:

UA (1 unit(s)): In-House Lab

EKG (1 unit(s)): Office Procedure

RESULTS:

UA:

Appearance: clear

Color: yellow

Glucose: Negative

Bill: Negative

Ketones: Positive

Sp: 1.010

Blood: Negative

pH: 7

Protein: Negative

Urobilinogen: Negative

Nitrites: Negative

Leukocytes: Positive

CS: No

Comments: Leuks- 500, Ket-15.

ASSESSMENT:

R10.13 - EPIGASTRIC PAIN (PRIMARY)

R10.9 - UNSPECIFIED ABDOMINAL PAIN

PLAN:

EKG- NSR at 69 bpm with no ischemic changes. UA is normal. She continues to have pain. I explained to her that it could be her gallbladder, but couldn't rule out a heart attack as women present differently than men. I also explained her EKG was normal, but her pain started 1 hr prior and EKG changes take 4 hrs. I recommended that she go to the nearest ER. She is agreeable and felt comfortable driving to BMCE.

Electronically signed by Lindsey Barton, CRNP on 10/23/23 9:21 AM

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A handwritten signature in blue ink that reads "J. Barton, CNP". The signature is written in a cursive style with a large initial "J" and a stylized "B".