

Auburn Montgomery Student Health Services

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

Date: 02/26/18

PATIENT: SHETA, HENILKUMAR **DOB:** 06/17/1999 **Gender:** **MRN:** 410 **AGE:** 18 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: URI

Symptoms: overall body aches, weakness, unable to sleep, cough (unproductive), sore throat, not eating and drinking, cold and hot.

Duration: 2-3 days

ModFact: 1 diabetic on insulin pens and oral insulin. Sugar has been running 112 without eating.

Other: Random BS 134

VITALS: BP: 113/75 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 100; **Temp:** 98.1; **Ht:** 70 in.; **Wt:** 153.3 lbs.; **BMI:** 21.99

PAST MEDICAL HISTORY: type 1 diabetes Diagnosed at age 15. Has had poor management. Was hospitalized in India with DKA about 6 weeks ago. After discharge, came to the US two days later with 6 months Rx of insulin and oral medicatio. Has no plan for medical follow-up to manage health issues,

PAST SURGICAL HISTORY: Denies any surgeries

SOCIAL HISTORY: Denies use of alcohol or recreational drugs. Denies exercising regularly. Smokes 2 cigarettes/day.

FAMILY HISTORY: Denies any family health history.

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Patient is positive for: Fever, Chills, Fatigue, Malaise,

ENMT: Patient is positive for: cough, sore throat, Patient denies: runny nose,

HEENT: All negative for runny nose, congestion, sinus pain, earache, bleeding gums, dysphagia, hearing loss, hoarseness, nose bleeds, tinnitus, & rhinorrhea.

All negative for blurred vision, cataracts, diplopia, dry eyes, drainage, glaucoma, headache, itching, pain, photophobia, and visual loss.

CARDIOLOGIC: All negative for: pain, murmur, palpitations, numbness, cardiovascular, dizziness, diaphoresis, exertional SOB, syncope.

RESPIRATORY: Patient is positive for: Cough, Patient denies: SOB, Sputum, Wheeze. Reports chest wall pain.

GASTROINTESTINAL: All negative for abdominal pain, appetite loss, anorexia, belching, constipation, diarrhea, flatulence, heartburn, hematchezia, hematemesis, indigestion, mass, swelling and ulcers.

MUSCULOSKELETAL: All negative for extremity pain, trouble with ambulation, joint pain and varicose veins.

NEUROLOGIC: All negative for headache, difficulty with vision, numbness in hands and feet, hot flashes, and night sweats.

PHYSICAL EXAMINATION:

GENERAL: Patient appears consistent with age, well developed/nourished, NAD, and alert and oriented x 3.

HEENT: EOMI, PERRLA, lids and conjunctivae appear normal, sclera white. Oropharynx appears normal. Airways patent,

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no cyanosis of lips or mucosa. membranes moist, gums pink, tongue and uvula midline, good dentation.

EARS: Ears appear normal. TM's intact and reflect NL. External auditory canal clear. Ears appear normal. TM's intact and reflect NL. External auditory canal clear.

NOSE: Nose appears normal. Septum without deviation, nasal mucosa moist and pink, no turbinate hypertrophy, sinus nontender

THROAT: Throat is red, grade 1 tonsillar hypertrophy, and no exudates.

NECK: Neck is supple, FROM, no JVD, no lymphadenopathy.

CARDIOVASCULAR: HRRR , no extra heart sounds, no murmur

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; Chest wall tenderness noted at superior sternum and upper costo-sternal borders. Pain produced with deep breaths and movement.

DERMATOLOGIC: Temperature: warm dry; normal turgor, no jaundice, no signs of infection, no rash or lesions noted.

LYMPHATIC: No adenopathy.

PSYCHIATRIC: Alert and oriented x3; Mood and affect appropriate.

ORDERS:

STREP A (1 unit(s)): In-House Lab

RESULTS:

STREP A:
Value: Negative

ASSESSMENT:

M94.0 - CHONDROSTAL JUNCTION SYNDROME [TIETZE] (PRIMARY)
J06.9 - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED
E10.9 - TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS

PLAN:

Pt. instructed to take 800 mg Motrin every 8 hours x 2 days for chest wall pain. TAKE WITH FOOD>

Follow up scheduled for Wednesday to assess need for further treatment.

Monitor BS as usual and treat according to directions from managing physician.

Increase fluid intake.

Resume usual diabetic diet.

Electronically signed by Carol Stewart, NP on 02/26/18 2:20 PM

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