

AUM STUDENT HEALTH CENTER INSTRUCTION SHEET

PHONE 334-244-3281

Name: Mittal Patel

Date: 2/5/18

The practitioner I saw today was:

- ☐ Carol Stewart, CRNP
☒ Melodye M. Harvey, 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)
☐ Extra Strength Acetaminophen - 2
☒ Ibuprofen/Advil/Motrin (same acti
as needed

For Congestion or Cough:

- ☒ Mucinex DM twice daily
☒ Nasal saline rinses; thin mucous, de
drainage
☐ Elevate head off of bed 15-20 degree
drainage
☒ Claritin, zyrtec, or Xyzal

For Sore Throat:

- ☒ Warm salt water (1/2 tsp to 1 cup) garg
☒ Lozenges or sprays

Other:

- ☒ Get more than usual amount of rest. Lin
activities until you are well.
☒ Drink plenty of fluids (2-3 liters a day). Water is best, some juices, Gatorade is ok.
☐ Humidify air: vaporizer, humidifier. Keep filters clean.
☒ May take 10-14 days to get better. If you have a fever over 101 degrees Fahrenheit
for more than 3-7 days, call the clinic. If you are not getting better or are getting
worse, call the clinic.

☐ If you are having trouble breathing call 911 or go to the ER.

☒ Other Notes: Report back to clinic, if symptoms are worse

Certificate For Return to Work/School	
Name: <u>Mittal Patel</u>	
Was seen on <u>2/5/18</u>	at <u>4:15</u> am/pm
and is able to return to work/school on: <u>2/6/18</u>	
Nature of illness or injury: _____	
☐ Restrictions: _____	☐ Restricted Physical Exertion: _____
☐ Light Work: _____	☐ Avoid _____ for _____ number of days
☐ Limited Physical Exertion: _____	☐ Other: _____
CRNP/RN: <u>M. Harvey</u>	Date: _____
Phone (334) 244-3281	Fax (334) 244-3243