

Auburn Montgomery Student Health Services

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

Date: 11/13/18

PATIENT: MUZFFAR, SAAD **DOB:** 08/10/1996 **Gender:** MALE **MRN:** 431 **AGE:** 22 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: Vomiting

Symptoms: Vomiting with a HA since yesterday. Pain in abdominal area. Drinking fluids. Sensitive to motion--dizzy. Pain in right ear and HA is severe. States he feels weak. Patient reports temp of 102 yesterday. Patient reports that he is vomiting due to coughing.

Context: Denies sick contacts. Took Tylenol yesterday. Patient reports eating bread and rice yesterday and was not able to keep it down. Vomited x 3 yesterday and x 2 today.

VITALS: BP: 124/80 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 81; **Temp:** 98.3; **Ht:** 65.3 in.; **Wt:** 180.2 lbs.; **BMI:** 29.71

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Panic attacks

PAST SURGICAL HISTORY: No prior surgical history;

SOCIAL HISTORY: Does not use alcohol; Does not live alone; Single; Does not use recreational drugs; Does not use tobacco;

FAMILY HISTORY: Mother with history of: asthma; Father with history of: diabetes--deceased in 2007 at age 38 or 40

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Patient is positive for: fever, Nausea, Vomiting,

GASTROINTESTINAL: Patient is positive for: abdominal pain, appetite loss,

NEUROLOGIC: Patient is positive for: Headache,

PHYSICAL EXAMINATION:

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

HEENT: Normocephalic; Right eye red; Oropharynx appears normal. Airways patent, no cyanosis of lips or mucosa. membranes moist, gums pink, tongue and uvula midline, good dentation.

EARS: Right TM Serous Fluid; scattered light reflex; Left TM clear with + light reflex External Auditory Canal clear;

NOSE: Septum without Deviation; Nasal mucosa moist and pink; No Turbinate Hypertrophy; Bilateral Frontal Sinus Tenderness; mild nasal congestion Turbinate Hypertrophy on Right; Turbinate Hypertrophy on Left;

THROAT: Throat red; Posterior Nasal Drainage; No Tonsillar Hypertrophy; 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; no chest wall tenderness.

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GASTROINTESTINAL: Overweight Epigastric Abdominal Tenderness; LUQ Abdominal Tenderness; No Organomegaly; No Rebound Rigidity or Guarding; Bowel Sounds Symmetric x4;

NEUROLOGIC: No Focal Deficit;

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

ORDERS:

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

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

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics

CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics

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

RESULTS:

UA:

Appearance: Clear

Color: Yellow

Glucose: Negative

Bill: Negative

Ketones: Negative

Sp: 1.015

Blood: Negative

pH: 8

Protein: Negative

Urobilinogen: Negative

Nitrites: Negative

Leukocytes: Negative

STREP A:

Value: Negative

INFLUENZA:

Value: Negative

ASSESSMENT:

R50.9 - FEVER, UNSPECIFIED (PRIMARY)

H65.01 - ACUTE SEROUS OTITIS MEDIA, RIGHT EAR

K52.9 - NONINFECTIVE GASTROENTERITIS AND COLITIS USP

J06.9 - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED

PLAN:

ondansetron 4 mg disintegrating tablet

Refills: 0 Qty: 10 TABLET(S)

Instructions: TAKE 2 TABLETS (8 MG) AND PLACE ON TOP OF THE TONGUE WHERE THEY WILL DISSOLVE, MAY REPEAT DOSE EVERY 8 HOURS PRN

amoxicillin 875 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET (875 MG) BY ORAL ROUTE EVERY 12 HOURS

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Bland diet + clear liquids x next 24-72 hours.

Avoid greasy or spicy foods.

URI information sheet provided to patient.

RTC prn for worsening or unresolving symptoms.

Electronically signed by Melodye Harvey, CRNP on 11/13/18 4:28 PM