

Auburn Montgomery Student Health Services

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

Date: 01/21/22

PATIENT: GODWIN, ASHLEY **DOB:** 06/18/1982 **Gender:** FEMALE **MRN:** 459 **AGE:** 39 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: cough and rash

HISTORY OF PRESENT ILLNESS: Mrs. Godwin is a 39 yo female here today with cough and sore throat for the past 2 days. She denies fever or runny nose. States she just feels bad. She also reports a slight headache at times. She has had the covid vaccine.

She is 7 mo postpartum. Not breastfeeding at this time.

She also c/o rash to her right ring finger. She thinks its a fungal infection. She has tried otc steroid and antifungal creams with no relief.

VITALS: BP: 173/102 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 103 **BP2:** 177/102 **Site2:** LEFT ARM **Position2:** SITTING; **Temp:** 98.1; **Resp:** 16; **Ht:** 64.5 in.; **Wt:** 158 lbs.; **BMI:** 26.7; **Pulse Oximetry:** 97%; **FDLMP:** 11/24/21

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: preeclampsia with first child.

PAST SURGICAL HISTORY:

SOCIAL HISTORY: Works at AUM. Married. 2 children. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

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.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions noted. Right ring finger and middle finger she has dry erythematous, scaly rash with well demarcated borders.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

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ORDERS:

STREP A (1 unit(s)): In-House Lab
INFLUENZA (1 unit(s)): In-House Lab
Abbott Binax Now Rapid COVID (1 unit(s)): In-House Lab

RESULTS:

STREP A:
Value: Negative

INFLUENZA:
Value: Negative

Abbott Binax Now Rapid COVID :
Value: Negative

ASSESSMENT:

R05.9 - COUGH, UNSPECIFIED (PRIMARY)
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED
Z20.822 - CONTACT WITH AND (SUSPECTED) EXPOSURE TO COVID-19
R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension
B35.9 - Dermatophytosis, unspecified

PLAN:

Given cough medicine. Recommend tylenol or motrin for pain or fever. PCR sent out for COVID. Will need to self isolate pending results.

Her BP is elevated on 2 different occasions 15 min apart in office. She has a history of pre eclampsia with her daughter (first child). Her BP was elevated with her second child but she was not on any treatment for this. Her son is 7 months old. He wakes up every 30 min to 1 hr and she has not had any sleep in several months. She will check her BP at home over the weekend and return a log next week for me to review. We discussed starting antihtn if her BP remains elevated. We also discussed risk for stroke if her BP remains elevated. She verbalized understanding.

Ninjacof 12.5 mg-12.5 mg/5 mL oral liquid
Refills: 0 Qty: 120 ML(S)
Instructions: 10 ml PO every 8 hrs as needed for cough/congestion (Dispensed)

clotrimazole-betamethasone 1 %-0.05 % topical cream
Refills: 1 Qty: 30 GRAM(S)
Instructions: APPLY TO THE AFFECTED AND SURROUNDING AREAS OF SKIN BY TOPICAL ROUTE 2 TIMES PER DAY IN THE MORNING AND EVENING FOR 2 WEEKS

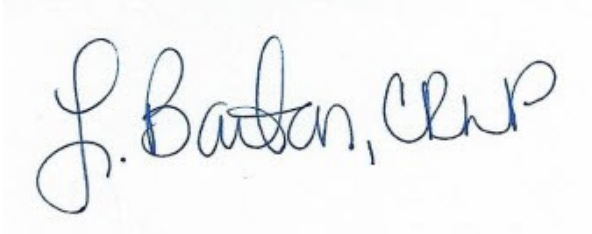
Electronically signed by Lindsey Barton, CRNP on 01/21/22 10:49 AM

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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".