

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/24/17 TIME: 1145 PT. HISTORY REVIEWED / UPDATED 1 / 1
 PATIENT NAME: Paul Harb DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt called and stated his housemate had been into clinic earlier today and was diagnosed with Flu(A). Requested that Tamiflu be called in to Costco as a preventative.

EDICATIONS:						LMP:
Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses	Tamiflu 75mg	
Ears	Disp 10	
Eyes	PO BID x 5 days	
Nose	called into Costco @ 270-7459	
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities	7/25/17 @ 1245 Pt called and stated he was out of his valacyclovir and requested it be called into Costco.	

DIAGNOSIS: <u>Valacyclovir 1 GR</u> <u>Disp 30</u> <u>Take 1/2 tablet BID x 3 day</u> <u>PRN called into Costco @ 270-7459. RM</u>	TESTS	RESULTS

PLAN: Continued, CRN

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

7-16-14

Address

Rx

Prednisone 5mg Dose PK.
6 day
Sig: Take as directed

Lauren

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

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Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

7-16-14

Address

Rx

Trazodone 50mg
#30
Sig: 1 tablet tid prn sleep

Lauren

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

3-1-14 7⁰⁰ pm

Vasopressin 16m #30 1/2 tab BID x3c
Prn Refill x16 Called to Look
Renewal.

Lauren CRNP

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/16/14 TIME: 3:30 PT. HISTORY REVIEWED / UPDATED _____

PATIENT NAME: Paul Hard DOB: _____ AGE: _____

PRESENT COMPLAINT: (R)-hand painful radiating down into forearm and into shoulder. Took a left-over antiinflammatory which either helped or businen did. Going on 2-3 days. No known

MEDICATIONS: Symbastatin LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
	<u>90</u>		<u>130/84</u>			<u>Reglan</u>

INITIAL VISIT

Skin <u>injury. Full ROM.</u>	RETURN VISIT
Slhuses <u>(R) acromioclavicular & shoulder</u>	
Ears <u>& injury from contact</u>	
Eyes <u>strongly 5/5</u>	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:

DIAGNOSIS	TESTS	RESULTS
<u>Acromioclavicular joint</u>	<u>1. Acromioclavicular joint</u>	<u>GC / Acromioclavicular joint</u>
<u>3 weeks</u>	<u>GC / Acromioclavicular joint</u>	<u>GC / Acromioclavicular joint</u>
<u>Acromioclavicular joint</u>	<u>GC / Acromioclavicular joint</u>	<u>GC / Acromioclavicular joint</u>

PLAN: Leaving **GALL BACK:**

Prochlorperazine 5 mg
dose q 4h bid
Toradolone 500mg
ip of JHS per 200g

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 4/25/14 TIME: 1345 PT. HISTORY REVIEWED / UPDATED / /

PATIENT NAME: Paul Hand DOB: _____ AGE: _____

PATIENT NAME: Mr. [unclear]

PRESENT COMPLAINT: Sinus problems began ~ 18th. Swollen glands & pain in (L) jaw. Sinus inflammation. Not sure if pain is coming from tooth pain. Fever has resolved. Drainage may mostly clear. Hearing problems &

MEDICATIONS: Simvastatin, Ambian PRN, Flonase, LMP:

MEDICATIONS: Simvastatin, Amlodipine, Lisin, Folic Acid						
Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.6	78		134/87			Reglan

INITIAL VISIT

Skin Bell's Palsey. H... got c... RETURN VISIT

Snus

Ears

Eyes

Nose

Thrust

Neck/ Back

Heart

Lungs

Abdomen

GU/GI

Extremities

DIAGNOSIS:

TESTS

RESULTS

PLAN:

~~CALL BACK:~~

Fly $\bar{c}$ suggest
no nest (was)
as suggested.

CALL BACK:
4/30/04 - spoke to pt., has appt @
regular M.D. this afternoon. Will come
clinic with results after. (in)

PRACTITIONER
SIGNATURE: _____

STAFF

SIGNATURE:

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PHYSICAL EXAMINATION RECORD CONTINUED:

4/21/14 @ 1's Rx for Flonase

Disp 16.5 mg

Sig :: sprays into each nostril qd

Called into Costco @ 270-7459. 1 ref. ll. AM

~~Long~~ ~~Alleviate~~ NP

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/24/13 TIME: 15²⁰ PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paul Haud DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began yesterday, running low-grade fever ~ 100°. Slight congestion, cough minimal but productive. Hot/cold, just feels fatigued. Bells Palsy

MEDICATIONS: Symbisstatin, Flonase prn LMP: _____

Temp	Pulse	Resp	BP	HI	WT	Allergies
99.1	110		127/88	69.6	169.6	Reg lay

INITIAL VISIT: 24.5

INITIAL VISIT	RETURN VISIT
Skin <u>finished steroids. Has been taking</u>	
Sinuses <u>Eprexdrin</u>	
Ears <u>of redness, of good</u>	
Eyes <u>ss red</u>	
Nose <u>Patent</u>	
Throat <u>ss red</u>	
Neck/Back <u>of arched etc</u>	
Heart <u>S' S' S' @</u>	
Lungs <u>Clear lung, of cough</u>	
Abdomen <u>non-tender</u>	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Viral syndrome</u>	<u>CBC</u>	

PLAN: OTC, rest for symptoms.

CALL BACK: 10/25/13 @ 1645 spoke 2 pt regarding lab results. will treat symptoms. DW

PRACTITIONER SIGNATURE: Lawrence, M STAFF SIGNATURE: Gen

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

THIS DOCUMENT CONTAINS VOID OR FRAUDULENT MICROPRINTED SIGNATURE LINE
IF THE PATIENT'S SIGNATURE DOES NOT MATCH THE MICROPRINTED SIGNATURE LINE, THE DOCUMENT IS VOID.

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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Rx: 0703

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paul Hand Date 10-25-12

Address _____

R Bactrim DS
20
q 12h TID BID x 10 days

Label all prescriptions

Refill: 1 2 3 5 PRN NR

L Stewart M.D. or C.R.N.P.
Product Selection Permitted

Dispense As Written M.D. or C.R.N.P.

8-1-13 T.C.
Requesting refill on Varicella
called into Lester Thomas
9^{am} 270-7459
Varicella 16m #30 1/2 tab
BID x 3 days pr
L Stewart, M.D.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/26/12 TIME: 1015 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paul Haid DOB: _____ AGE: _____

PRESENT COMPLAINT: Persistent earache and sore throat for a week on (R) side. (+) HA. No known drainage. & nasal congestion & cough but some sneezing Ear canals seen dry and

MEDICATIONS: Symbastatin, Flonase, Ambien PRN LMP: _____

Temp	Pulse	Resp	BP	HT	WT	Allergies
98.2	97		114/78	69.9	172.0	Regular

INITIAL VISIT

24.6

Skin <u>itchy. Sleep has been off.</u>	RETURN VISIT
Sinuses	
Ears <u>φ redness, φ ggd</u>	
Eyes <u>Clear</u>	
Nose <u>φ Congestion</u>	
Throat <u>φ redness, φ exudate, φ</u>	
Neck/ Back <u>(+) (R) submandibular lesions</u>	
Heart <u>S1S2S3 @ sternum noted</u>	
Lungs <u>Clear, dry, & cough</u>	
Abdomen <u>non tender</u>	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>(R) submandibular</u>		
<u>adenopathy ?</u>		
<u>origin</u>		

PLAN: Cont. Flonase
Bactrim DS
+ P.O. BID X 10d

CALL BACK: _____

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

THIS DOCUMENT CONTAINS VOID ANTI-DUPLICATION PRINTED SIGNATURE LINE
THE PATTERN BACKGROUND, THE SIGNATURE LINE

AUBURN MONTGOMERY

Carol Stewart, C.R.N.P.

Lic. #1-045437

Rx: 1178

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Ramona Lazenby, C.R.N.P.

Lic. #1-039092

Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.

Lic. #1-096551

RX: 2230

Maryluz Fuentes, M.D.

(334) 286-3444

DEA #BF 6451520

AL #24127

Name

Paul Hard

Date

5-23-12

Address

Rx

Vagaryd 16m

30

Sig: 1/2 tab BID x 3 days

Robert

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill:

1 2 3 5

PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5/23/12 TIME: 1630 PT. HISTORY REVIEWED / UPDATED:

PATIENT NAME: Paul Hard DOB: AGE:

PRESENT COMPLAINT: Knot in chest, soreness in throat area and noticed
swollen and tender lymph node. (+) HA, symptoms began
last PM. & drainage.

MEDICATIONS: Ambien, Plavix, Symbiotic, Valium 1/2. LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.5						Reglan

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses <u>Ø pressure</u>	
Ears <u>Ø JFH, Ø redness</u>	
Eyes <u>Clear</u>	
Nose <u>Clear</u>	
Throat <u>Ø redness</u>	
Neck/ Back <u>Ø adenopathy</u>	
Heart <u>S5 3 (M)</u>	
Lungs <u>Clear RLS, Ø cough</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>H/O. onas HSV</u>		
<u>H/O GERD</u>		

PLAN: Vasectomy 1600 CALL BACK:

#30 1/2 Tab BID x 3 days

Cont. Plavix, OTC

EG with sugar 8m.

PRACTITIONER SIGNATURE: STAFF SIGNATURE:

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE:

M.D. ~~OR~~ C.R.N.P.

THIS DOCUMENT CONTAINS VOID PAPERBACK-IMAGED PRINTED SIGNATURE LINE.
BLUE PAPERBACK-IMAGED PRINTED SIGNATURE LINE.
BLUE PAPERBACK-IMAGED PRINTED SIGNATURE LINE.

AUBURN MONTGOMERY

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Rx: 0703

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Pump Hand Date 3-29-12

Address _____

R Prochlorperazine Dose 8K 4mg
1
3-29-12 Take as directed
Stewart

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted M.D. or C.R.N.P.

Dispense As Written M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/29/12 TIME: 1035 PT. HISTORY REVIEWED / UPDATED: /

PATIENT NAME: Paul Hard DOB: AGE:

PRESENT COMPLAINT: light headed, fatigue, long congestion. No fever. slight nasal congestion / drainage. HAS, symptoms began 2 days ago maybe sore throat Sunday. & night sweats, Cough non productive

EDICATIONS: Symbi statin, Ambien prn, flo nose prn LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>98.4</u>	<u>87</u>	<u>9790</u>	<u>120/84</u>			<u>Reclan</u>

INITIAL VISIT	RETURN VISIT
Skin <u> </u> Sinuses <u> </u> Ears <u>Tr's intact, & sudness, ?</u> Eyes <u>Red, & exudate</u> Nose <u>Longest</u> Throat <u>Red, & exudate</u> Neck/Back <u> </u> Heart <u>S S S (R)</u> Lungs <u>Clear, non productive</u> Abdomen <u>non tender</u> GU/GI <u> </u> Extremities <u> </u>	4/11/12 @ 1345 Persistent cough, sore throat over weekend that resolved by Tuesday (except loses voice easily). Cough woke him up. & night sweats. HAS RT cough, T-97.8. O. Ears: Tr's intact & sudness & ? Nose: Longest Throat: Red, & exudate Swallow: Clear & non productive

DIAGNOSIS:	TESTS	RESULTS
<u>Viral upper respiratory</u>		

PLAN: Ent. Zoster
Paracetamol or Zoster
Prokinetic dose prn 4mg

CALL BACK: 4/4/12 @ 1315 - Left message to call SHC. AM
 4/4/12 @ 1335 overall pt states he is better but has a dry persistent cough. Denies any night sweats. Will try to ↑ fluids and will see if this helps. PM
 4/7/12 - Left message on office phone to call SHC. Local number disconnected. @

PRACTITIONER SIGNATURE: STAFF SIGNATURE:

A: Symptoms R/T Allergies

P: 1) Last. Fennel 3d

2) X42 → 5mg 3d C. Redstone
or OTC Zyrtec or Claritin

3) RTC if not seeing
Lastestest, for

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Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paul Hand Date 2-14-12
Address _____

R

meds on dose PK
ring: 1 PK
sig: Three times a day
Lazenby

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

M.D. or C.R.N.P.

Dispense As Written

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RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paul Hand Date 2-14-12
Address _____

R

Finax
Ring: 16.5 mg
sig: 16.5 mg of noshin
Lazenby

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

M.D. or C.R.N.P.

Dispense As Written

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 2/14/12 TIME: 10:10 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paul Hand DOB: _____ AGE: _____

PRESENT COMPLAINT: Ear ache x 1 wk (poss. injury to tip). Scalp sensitive. Then, yesterday began to drainage, slight sore throat, cough. ? fever. (+) HA, (+) body aches (slight)

MEDICATIONS: Allergy med, symbistatin, benadryl LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>98.3</u>			<u>118/50</u>			<u>Reglan</u>

INITIAL VISIT						RETURN VISIT
Skin	<u>warm + dry. & generalized rash</u>					
Sinuses	<u>frontal + maxillary sinuses TTP. "burning" sensation reported</u>					
Ears	<u>(B) canals patent, erythema & edema; (B) TM intact (B) TM peanly gray</u>					
Eyes	<u>clear. sclera white. & jaundice</u>					
Nose	<u>(B) nares patent, (+) boggy turbinates (+) clear drainage</u>					
Throat	<u>mild erythema, edema, uvula midline</u>					
Neck/Back	<u>supple; mild (B) cervical adenopathy TTP. palpable thyroid isthmus.</u>					
Heart	<u>RRR without murmur S₁ S₂ & rub or gallop</u>					
Lungs	<u>(B) vesicular breath sounds. symmetric expansion. ^{& adventitious} breath sounds</u>					
Abdomen	<u>/</u>					
GU/GI						
Extremities						

DIAGNOSIS:	TESTS	RESULTS
<u>1. Acute Rhinitis, allergic</u>		

LAN: 1. Flonase ii squirts per nostril QD
2. Medrol dose PK; PO as dispensed
3. Increase fluids to 8-10 glasses/day
4. RTC if symptoms worsen or persist

CALL BACK: 2/23/12 - left message to call Mrs. @

PRACTITIONER: Verneken, RN UABSONFNP student
 SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 11/2/11 TIME: 1455

PT. HISTORY REVIEWED / UPDATED

PATIENT NAME: Paul Hard

DOB: AGE:

PRESENT COMPLAINT: Sunday had reflux/indigestion that kept him up. Since has had low energy and irregular BM. Some diarrhea, but mainly just loose stools. No known fever. Takes OTC acid reducers

EDICATIONS: Gaviscan, acid reducer, symbiostat, flecevil

LMP:

Temp	Pulse	Resn	C.B.P	HT	WT	Allergies
98.0						Reglan

INITIAL VISIT

Skin Dx = GERD. Didn't eat out over weekend.

Stomach No blood in stools.

Ears O.R.D.

Eyes \$ abd pain (SS cramping)

Nose \$ vomiting

Throat

Neck/Back

Heart

Lungs

Abdomen

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS:

YLP - gastroenteritis

TESTS

RESULTS

PLAN:

Education provided
w/ symptoms
cont. for > 1 wk.
B.T.C.

CALL BACK:

11/7/11 - left message to call still

PRACTITIONER
SIGNATURE:

STAFF

SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/18/11 TIME: 1:40 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paul Hard DOB: _____ AGE: _____

PRESENT COMPLAINT: Fever 101 - Nausea + Vomiting (NO)

MEDICATIONS:						LMP:
Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>101°</u>						

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses <u>(+) tenderness</u>		
Ears <u>TM's WNL</u>		
Eyes		
Nose <u>some mild congestion; report of yellow secretions</u>		
Throat <u>(+) erythema (-) lymphadenopathy</u>		
Neck/Back		
Heart <u>RRR</u>		
Lungs <u>Clear BBS</u>		
Abdomen		
GU/GI <u>Rx for Zpack Disp: 1 pack Sig: Take as</u>		
Extremities <u>directed. 2 refills Phenergen 25mg po q 4-6 hrs</u>		
<u>Max 16 tabs. Refill 1x. Called into Costco @</u>		
<u>270-7460.</u>		
DIAGNOSIS: <u>1. URE C Nausea</u>		TESTS
		RESULTS

PLAN:

1. ZPAC
2. Phenergen 25mg po prn n/v
3. RTC prn

CALL BACK:

2/23/11 - spoke to pt, states he feels much better at this time. will RxC per plan. @

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PROBLEM VISIT RECORD CONTINUED:

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RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

2/18/2011

Address

R

*Phenergan 25mg po q 4-6 prn
for nausea + vomiting #15*

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

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Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

2/10/2011

Address

R

*2 pack
take as dir*

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

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Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

12-1-10

Address

R

azithromycin 500mg

5

sig: 1 qid x 5

Estewart

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hard

Date

12-1-10

Address

R

meds OK

sig: 1

25g. Tarsa directed

Estewart

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 12/1/10 TIME: 940 PT. HISTORY REVIEWED / UPDATED:
 PATIENT NAME: Paul Hard DOB: AGE: non productive

PRESENT COMPLAINT: Symptoms began 60n/mw. Burning in sinus, (+) drainage, (+) cough, same HA, no known fever, (+) body aches, chills. Sinus drainage white & green tinge. (+) lethargy. (+) night sweats

Medications: Synbiotain, Zytac, Tylenol/ASA, LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies
97.8			144/86			Reglan

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses (+) pressure	
Ears TM's intact, (+) fluid	
Eyes clear	
Nose Congested	
Throat 2+ red & exudate	
Neck/Back (+) anterior adenopathy	
Heart 3'5"5" M	
Lungs clear lungs, (+) cough	
Abdomen no tenderness on mass	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Dehydration</u>		
<u>Range Congestion</u>		

PLAN: Medrol Dose pk
0.2 mg myel
500 mg qd x 5
 CALL BACK:

PRACTITIONER SIGNATURE: Leptewort, no STAFF SIGNATURE: Agan
 AUDIT DATE: COMMENTS:

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Rx: 1178

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RX: 2230

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Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Address

Date

Rx

Medication PK
Disp +
Signature as directed
[Signature]

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/5/10 TIME: 1405 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Paul Hard DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began to post-nasal drip, stinging in back of sinuses, malaise, lack of energy. Worsened over weekend. Slight cough. No fever, actually has ↓. HAs (sinus). Drainage is clear so far.

EDICATIONS: Irrigating & saline, simvastatin, Zyrtec LMP: _____

Temp	Pulse	Resp	BP	HR	WT	Allergies
98.1			126/96			<u>Reglan</u>

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses	<u>Pressure</u>	
Ears	<u>TM's intact, no redness, no fluid</u>	
Eyes	<u>Clear</u>	
Nose	<u>Engorged, sneezing</u>	
Throat	<u>SP red, no exudate</u>	
Neck/Back	<u>⊕ posterior cervical</u>	
Heart	<u>adenopathy</u>	
Lungs	<u>Clear bil.</u>	
Abdomen	<u>non-tender</u>	
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Upper resp</u>		
<u>congestion</u>		
<u>fatigue</u>		

PLAN: 1) medrx dose PK
2) CBC: mono
3) Rtc if symptoms not resolved by

CALL BACK: 10/11/10 @ 900 kept message regarding lab results - AM.
10/13/10 Spoke & pt. states he is feeling much better at this time @

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

(51)

**AU Adult Screening and Immunization Documentation Form
2009 H1N1 Influenza Monovalent Vaccination Program**

Patient Information:
 Last Name: Hard First Name: Paul Date of Birth: 11-12-1958
 AU Banner ID Number: _____ E-mail Address: phard@qum.edu Phone #: 244-3240

Please Carefully Read and Answer the Following Questions: (circle your answer)

1	Are you between the ages of 10 and 49 years?	Yes	(No)
2	If you are between the ages of 10 and 17 years, do you take aspirin or aspirin containing medications daily? (Please inform the healthcare provider of any medications you take daily so we can carefully screen for any aspirin containing products)	Yes	No <i>NA</i>
3	Have you received the 2009-2010 seasonal influenza vaccine? If so, did you receive the nasal _____ or injection <u>✓</u> . How long has it been since this vaccination? <u>30</u> (days)	(Yes)	No
4	Do you currently feel sick or have a fever? <u>Sinus</u>	(Yes)	No
5	Are you taking any prescription medications to prevent or treat influenza? (Amantadine, Rimantidine, Tamiflu®, Relenza®) Have you taken any antivirals in the past 48 hours?	Yes	(No)
6	Have you ever had a serious reaction to the flu vaccine? Please describe: _____	Yes	(No)
7	Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde? List any allergies: _____	Yes	(No)
8	Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, diabetes, anemia, or other blood disorder?	Yes	(No)
9	Do you have an active neurological disease (a disease of the brain, nervous system, etc.)?	Yes	(No)
10	Do you have a history of Guillain-Barre Syndrome (GBS)?	Yes	(No)
11	Has your doctor ever told you that you have an immune system disorder? Are you currently taking long-term corticosteroids (prednisone, methylprednisolone, etc.); immunosuppressants; chemotherapy; biologic immune modulating medications such as Remicade®, Enbrel®, Humira®, etc? If you have an inflammatory condition such as arthritis, asthma, psoriasis, inflammatory intestinal disease, etc. Please tell the healthcare provider now.	Yes	(No)
12	Do you have HIV, cancer, or have you received an organ transplant?	Yes	(No)
13	Do you live with, care for, or have close contact with anyone who is severely immunocompromised or someone who has to be in protective environment (such as transplant patients)?	Yes	(No)
14	Have you received any vaccines in the past 30 days or do you plan to receive any vaccines in the next 4 weeks?	Yes	(No)
15	Is there any chance that you are currently pregnant?	Yes	(No)
16	Please list all of the medications that you currently take for any disease state (so the healthcare provider administering the vaccine can conduct a medication screening to ensure you are a candidate)? <u>Simvastatin</u> <u>Statin med - hyperlipidemia</u>		

"I have read (or have had explained to me) the information in the 2009 H1N1 Influenza Monovalent Information Statement (VIS). I have also had an opportunity to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, and I consent to receive the vaccine. I have also been provided a copy of the Auburn University Pharmaceutical Care Center (AUPCC) privacy policy for my review before vaccine administration and offered a copy for my records."

Signature: _____

Date: 11-11-09

ASSESSMENT BY IMMUNIZATION CERTIFIED HEALTHCARE PROVIDER:

☒ Give injectable H1N1 flu vaccine today ☐ Give intranasal Live H1N1 flu vaccine today ☐ Do NOT give either H1N1 vaccine today	Vaccine Information Statement (VIS) Provided: _____ Inactivated, H1N1 Influenza Monovalent Vaccine _____ Live, H1N1 Influenza Monovalent Vaccine Interviewer's Signature: <u>Alison Baldock</u> Date: <u>11-11-09</u>
--	--

DOCUMENTATION OF VACCINE ADMINISTRATION

Live Intranasal H1N1 Influenza (MedImmune) NDC# 66019-200-10 Lot #: 500757 Expiration Date: January 25, 2010 Dose: 0.2 ml Route: Intranasal Administered By: <u>[Signature]</u> Date: <u>November 11, 2009</u>	Inactivated H1N1 Influenza: Manufacturer: (circle) <u>Sanofi-Pasteur</u> Novartis CSL NDC# _____ Lot#: <u>UP02240</u> Exp Date: <u>05 APRIL</u> Dose: 0.5 ml Route: IM Site: <u>(Left)</u> Right Deltoid Preceptor: <u>[Signature]</u>
--	---

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4/24/10 TIME: 10 40 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Paul Hand DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began ~ 1wk ~ sinus drainage/irritation, now cough, drainage in lungs. No known fever, possibly fever last pm. No night sweats. Drainage clear. (+) HAs. Fatigue.

MEDICATIONS: ~~Simvastatin~~ simvastatin, Zyrtec, mouxinex (yesterday). HAT sinus pressure described as pressure not pain depression

Temp	Pulse	Resp	B/P	HT	WT	Allergies
97.6	79	98%	126/84	124/82		Reglan

INITIAL VISIT	RETURN VISIT
Skin <u>W & A</u> Sinuses <u>slight tenderness over maxillary area (pain)</u> Ears <u>TMS intact & dull</u> Eyes Nose <u>clear - turbinates puffy & moist</u> Throat <u>clear</u> Neck/Back <u>lymphadenopathy</u> Heart <u>RRR S1S2</u> Lungs <u>clear BS & congestion & wheezing</u> Abdomen <u>soft (+) BS</u> GU/GI Extremities	

DIAGNOSIS: <u>Serous otitis</u> <u>infective syndrome</u>	TESTS	RESULTS

PLAN: Methyl Dose 10K as directed 1 fls as tolerated (reports smbladder - denio prostate involvement) Discussed exercise to & weight chnl. 4/30/12 - Spoke to pt. States he feels better but still has a cough. Advised to take OTC cough med & etc if necessary

PRACTITIONER SIGNATURE: Ramona B. [Signature] STAFF SIGNATURE: R. [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
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Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hand

Date

8-21-09

Address

R

meds over PK

disp: +

sig: Tarsa as directed

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paul Hand

Date

8-21-09

Address

R

Drop-in 800mg

Disp: 30

sig: + p.o. tid pr

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

9/4/09 @ 4:15 - Pt called stating he is out of Skelaxin and going out of town over weekend. Shoulder/neck area is still bothersome. Requests ref. of Skelaxin 800mg (p.o. tid disp: 30). No refills called into CVS in Wetumpka @ 567-2083. Pt states he will make an appointment to RTC. RM

chip on
Lazenby
NP

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 8/21/09

TIME: 10:00

PATIENT NAME: Paul Hard

PT. HISTORY REVIEWED / UPDATED

PRESENT COMPLAINT: ① Congestion, symptoms continuing from prior visit (L) ear popping,
② strain in neck, shoulders from coughing. Has seen chiropractor.
③ significant improvement. Has not seen any drainage.
MEDICATIONS: Statin, ~~Flonase~~ stopped Flonase 1 week ago

Temp	Pulse	Resp	B/P	HT	WT	LMP:
97.8			120/86			
						Allergies
						Reglan

INITIAL VISIT

Skin	No temp. Symptoms worsened on dose	RETURN VISIT
Sinuses	pack.	
Ears	① 3rd ②, ③ redness	
Eyes	1.25	
Nose	28 Longest	
Throat	③ redness	
Neck/Back	③ adenopathy	
Heart	3' 5" 3 ③	
Lungs	Clear lung, ③ cough	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:

① Sinusitis
medea
muscle strain
(Back)

TESTS

RESULTS

PLAN:

Medea dose OK
800
max tid
RICE if not improving

CALL BACK:

8/25/09 - Spoke to pt. States he is
still having some back pain, will
continue to take medea as instructed
& contact NCC if necessary. (4)

PRACTITIONER

SIGNATURE: Stewart, NP

STAFF

SIGNATURE: [Signature]

AUDIT DATE

COMMENTS:

PHYSICIAN SIGNATURE:

THIS DOCUMENT CONTAINS NO INFORMATION THAT IS UNLAWFUL TO DISCLOSE TO THE PUBLIC. IT IS THE PROPERTY OF THE ALABAMA BOARD OF PHARMACY AND IS TO BE RETURNED TO THE BOARD UPON REQUEST.

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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RX: 2230

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Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paul Hard Date 7-27-09

Address _____

R metronidazole PK

Disp. 1

21 g. Take as directed.

Carsten, M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Dispense As Written, M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/27/09 TIME: 1545 PT. HISTORY REVIEWED / UPDATED _____

PATIENT NAME: Paul Hard DOB: _____ AGE: _____

PRESENT COMPLAINT: Getting ready to take a trip Wed. Last P.M. started having burning in sinuses. Not really congested. "Mild" HA, sore throat, primarily drainage. Felt worse today, slight Body aches.

MEDICATIONS: Flonase - has Rx for LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.3	88		118/80			Reglan

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses <u>25 pressure</u>	
Ears <u>TM's intact, & redness of ETD</u>	
Eyes <u>Clear</u>	
Nose <u>Congested</u>	
Throat <u>Red, & exudate</u>	
Neck/ Back <u>25 adenopathy</u>	
Heart <u>S' 3' 3' 3' 3'</u>	
Lungs <u>Clear Dist, & cough</u>	
Abdomen <u>non tender</u>	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Adenopathy</u>		
<u>YLI - P - Suggestive</u>		

PLAN: _____ CALL BACK: _____

Last. Flonase 11 spray
9 hostid 9 d
Protonix 10-se PK
Monitor on Zyrtec
etc 10 mg 9 d

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

Name Paul Hard Date 4-16-09

Address _____

R medication PK
sig: take as directed
sig: take as directed

Restant

Product Selection Permitted _____, M.D. or C.R.N.P.

Label all prescriptions

1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

Name Paul Hard Date 4-16-09

Address _____

R Fenofibrate
Disp: 16 gm
sig: 1/2 tsp 3 times daily
sig: 1/2 tsp 3 times daily

Restant, M.D. or C.R.N.P.
Product Selection Permitted _____

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4/16/09 TIME: 1435 PT. HISTORY REVIEWED/UPDATED _____

PATIENT NAME: Paul Hard DOB: _____ AGE: _____

PRESENT COMPLAINT: Upper resp that has moved into lungs. Started on Friday. Drainage is white/green. @ HA no chills/fever. @ night sweats. Feeling some SOB. MM

MEDICATIONS: cymbalta LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.0	80	SAT 97%	104/82			Reglan

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses <u>+</u>	
Ears <u>TM's intact, @ eustachian, @</u>	
Eyes <u>Clear</u>	
Nose <u>Congested</u>	
Throat <u>Red @ exudate</u>	
Neck/Back <u>@ adenopathy</u>	
Heart	
Lungs <u>Clear lung, @ crackles</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Sinus Congestion</u>		
<u>ADP angios</u>		

PLAN: 1) Zyntra 1000g @ 0800
2) medrol dose @ 0800
3) Flonase II spray
7 rest

CALL BACK: _____

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____