

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 11/17/23

PATIENT: BELL HAYNES, JANEL **DOB:** 08/14/1966 **Gender:** FEMALE **MRN:** 492 **AGE:** 57 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: cough, fatigue, sinus pressure

HISTORY OF PRESENT ILLNESS: Ms. Bell Haynes is a 57 yo female here today for cough, sinus pressure, fever 99.9 today, sore throat, and fatigue since Wednesday. She has not tried any otc meds.

Of note, her BP is elevated. She states she does not have a history of HTN, but she does when she gets sick. She is monitoring her BP and keeping a log at home for her PCP.

VITALS: BP: 153/106 **Pulse:** 110 **BP2:** 164/100; **Temp:** 98.6; **Resp:** 18; **Ht:** 59 in.; **Wt:** 130 lbs.; **BMI:** 26.25; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

atorvastatin 20 mg tablet (1 tablet PO QHS)

PAST MEDICAL HISTORY: HLD

PAST SURGICAL HISTORY: C-section

SOCIAL HISTORY: Works on campus. Drinks wine 2-3 nights per week. Denies smoking 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

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

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:

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

RESULTS:

STREP A:
Value: Negative

INFLUENZA:
Value: Negative

Abbott COVID Rapid Test:
Value: Negative

RSV:
Value: Negative

ASSESSMENT:

J06.9 - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED (PRIMARY)
R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED
R05.9 - COUGH, UNSPECIFIED
J34.89 - OTHER SPECIFIED DISORD OF NOSE AND NASAL SINUSES

PLAN:

Recommended symptomatic support with increased fluids, rest, and otc tylenol cold and sinus or dayquil/nyquil.
Provided reassurance that it can take up to 7-10 days for complete relief.

Continue to monitor BP. Follow up with PCP as scheduled.

Electronically signed by Lindsey Barton, CRNP on 11/17/23 2:16 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.