

Auburn Montgomery Student Health Services

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

Date: 09/10/21

PATIENT: GRAY, DEVONNA **DOB:** 03/25/1961 **Gender:** FEMALE **MRN:** 4959 **AGE:** 60 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: pain to left arm and left leg S/P recent COVID infection.

HISTORY OF PRESENT ILLNESS: Went to BMCE ER post last office visit. She reports she was given IVFs and had CXR. She was discharged home with steroids. She is feeling much better today, however she started having left calf pain and left upper arm pain for the past 2 days. The arm pain isn't as bad and seems to be getting better, however the left calf pain continues. She states it's painful to walk.

VITALS: BP: 153/78 **Site:** RIGHT ARM **Position:** SITTING **Pulse:** 82; **Temp:** 97.6; **Resp:** 16; **Ht:** 64 in.; **Wt:** 204 lbs.; **BMI:** 35.01; **Pulse Oximetry:** 97%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup (TAKE 10 MILLILITERS BY ORAL ROUTE EVERY 6-8 HOURS as needed for cough/congestion)

hydrochlorothiazide 25 mg tablet (1 tablet daily)

omeprazole 20 mg tablet, delayed release (1 tablet daily)

PAST MEDICAL HISTORY: HTN, GERD; COVID August 2021.

PAST SURGICAL HISTORY: Cholecystectomy

SOCIAL HISTORY: Recently moved here from New York with family. Works at AUM.

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.

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. + Homan's sign to left leg with left calf tenderness with palpation. 2+ bilateral radial pulses with 5/5 equal and strong hand grasp. Small soft tissue nodule to left anterior upper arm just superior to AC joint.

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:

CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
D-DIMER QUANTITATIVE (1 unit(s)): Quest Diagnostics
PROTHROMBIN TIME-INR (1 unit(s)): Quest Diagnostics

ASSESSMENT:

I82.432 - Acute embolism and thrombosis of left popliteal vein (PRIMARY)
M79.602 - PAIN IN LEFT ARM
M79.605 - PAIN IN LEFT LEG
U07.1 - COVID-19

PLAN:

Referral given for stat LUE and LLE US to r/o DVT. US shows nonocclusive left popliteal DVT. LUE US is negative for DVT. She was transferred to the ER for further work up/treatment.

Electronically signed by Lindsey Barton, CRNP on 09/11/21 3:45 PM

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