

Auburn Montgomery Warhawk Health Services:

7461 East Dr STE 102
Montgomery AL, 361178092
(334) 244-3281

Date: 12/11/24

PATIENT: GRAY,DEVONNA **DOB:** 03/25/1961 **Gender:** FEMALE **MRN:** 4959 **AGE:** 63 Years

Addendum Date: 12/12/2024 4:22:12 PM by Lindsey Barton

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: ER follow up- exhaustion/fatigue with elevated blood pressure and headache

HISTORY OF PRESENT ILLNESS: Ms. Gray is a 63 yo female here today for ER follow up. She reports intermittent midsternal chest pain since the week of Thanksgiving. Associated with fatigue and shortness of breath. She was seen at BMCE ER Sunday. Troponin was negative and labs were normal except anemia. She was discharged home with a referral to cardiology. She does not have that appt yet.

She comes in today with elevated BP. She reports the ER took her off the lisinopril and restarted HCTZ because it was not working for her. Her last dose of HCTZ was last night. Associated with headache.

She also c/o midsternal intermittent chest pain, fatigue and shortness of breath. Associated with nausea and dizziness. Her daughter is present and she reports she was having jaw pain last night and her heart rate has been low.

VITALS: BP: 194/78 **Position:** SITTING **Pulse:** 45 **BP2:** 191/90 **Position2:** SITTING **Pulse2:** 45 **BP3:** 182/78
Position3: LAYING **Pulse3:** 57; **Temp:** 97.2; **Resp:** 16; **Wt:** 205.6 lbs.; **Pulse Oximetry:** 99%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

cyclobenzaprine 5 mg tablet (TAKE 1 TABLET (5 MG) BY ORAL ROUTE 3 TIMES PER DAY AS NEEDED FOR MUSCLE SPASMS.)
hydrochlorothiazide 25 mg tablet (1 TABLET PO ONCE DAILY FOR HTN)
ibuprofen 800 mg tablet (1 TABLET EVERY 8 HRS AS NEEDED FOR PAIN.)
meclizine 25 mg tablet (TAKE 1 TABLET (25 MG) BY ORAL ROUTE 3 TIMES PER DAY AS NEEDED for dizziness.)
omeprazole 40 mg capsule, delayed release (1 TABLET DAILY for GERD)
ondansetron HCl 4 mg tablet (TAKE 1 tablet PO every 8 hrs as needed for nausea.)
valacyclovir 1 gram tablet (1 TABLET PO DAILY)

PAST MEDICAL HISTORY: HTN, GERD; COVID August 2021. LLE DVT Sept. 2021. Chronic low back pain with left sciatica. Chronic neck pain w/ Cervical disc disease. Iron def. anemia.

PAST SURGICAL HISTORY: Cholecystectomy

SOCIAL HISTORY: Moved here from New York with family. Works at AUM. Denies tobacco and illicit drug use. Admits to occasional alcohol intake.

FAMILY HISTORY:

HEALTH MX HISTORY:

Colonoscopy 2012 reportedly normal. Hemoccult cards normal in 2019.
Mammogram- 3/25/2022- Negative.
Pap smear- 2020- reportedly normal.

REVIEW OF SYSTEMS:

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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; sinus brady w/ frequent PVCs; 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 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.

ORDERS:

EKG (1 unit(s)): Office Procedure

ASSESSMENT:

R07.9 - CHEST PAIN, UNSPECIFIED (PRIMARY)

R00.1 - Bradycardia, unspecified

R06.00 - Dyspnea, unspecified

I10 - Essential (primary) hypertension

PLAN:

EKG- sinus brady at 58 bpm w/ frequent PVCs, but no ischemic changes. Requested records from BMCE from Sunday's visit. Her BP is elevated today. She was given clonidine 0.2mg PO once in office. Recheck BP one hour later was 187/78. She became dizzy in the office and was having nausea. EMS was called. When EMS arrived, she declined transport due to not having any insurance. Her daughter chose to drive her despite my recommendation to have EMS transport. She was assisted out to her car by wheelchair.

Of note, I spoke with Darbi, NP at MCA. They will call her to schedule a follow up.

Advised Mrs. Gray on the importance of scheduling a colonoscopy (anemia) and updated mammogram (she reports breast pain intermittently) as well once she is cleared from cardiology standpoint and her insurance is reinstated. She agreed.

Referral: MCA, Montgomery Cardiovascular Associates (Cardiology)

No Special Instructions

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Electronically signed by Lindsey Barton, CRNP on 12/11/24 3:01 PM

L. Barton, DNP, CRNP