

Auburn Montgomery Warhawk Health Services

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

Date: 10/02/24

PATIENT: BRONSON, DARRYL **DOB:** 05/02/1981 **Gender:** MALE **MRN:** 4961 **AGE:** 43 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Dizziness

HISTORY OF PRESENT ILLNESS: Mr. Bronson is a 43 yo male here today for dizziness since starting the steroids for his anaphylactic reaction to ant bites. He states he has dry mouth and slight headache as well and he has been constipated the last few days. Denies blurred vision, chest pain, SOB, or palpitations.

He has diabetes. He thinks it could be related to his blood sugar. He has not been on meds for his diabetes in over a year. He also reports a history of HTN. He states his doctor in New York had him on lisinopril at one point then took him off and he hasn't been on anything since then. His BP was elevated at his follow up visit the other day and today as well.

VITALS: BP: 202/94 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 94; **Temp:** 98.8; **Resp:** 18; **Ht:** 71 in.; **Wt:** 359.8 lbs.;
BMI: 50.18; **Pulse Oximetry:** 97%

ALLERGIES: Ant venom (Anaphylaxis); No Known Drug Allergies

MEDICATIONS:

EpiPen 2-Pak 0.3 mg/0.3 mL injection, auto-injector (as needed for allergic reaction)
ibuprofen 800 mg tablet (TAKE 1 TABLET (800 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD AS NEEDED FOR PAIN.)

PAST MEDICAL HISTORY: T2DM, asthma, chronic low back pain, varicose veins left leg, HTN. Anaphylactic reaction to ant bites in September 2024.

PAST SURGICAL HISTORY:

SOCIAL HISTORY: Married. Works at AUM. + smokes cigarettes for past 4 years. Drinks alcohol socially. Denies illicit drug use.

FAMILY HISTORY: Mother- DM, Sister- DM, Brother- DM, Grandparent- DM

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

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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:

TSH (QUEST) (1 unit(s)): Quest Diagnostics
UA (1 unit(s)): In-House Lab
COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
T4 FREE (QUEST) (1 unit(s)): Quest Diagnostics
EKG (1 unit(s)): Office Procedure
Glucose (1 unit(s)): In-House Lab
HEMOGLOBIN A1c (1 unit(s)): Quest Diagnostics
ALBUMIN RANDOM URINE W/CREATININE (1 unit(s)): Quest Diagnostics

RESULTS:

UA:
 Appearance: clear
 Color: yellow
 Glucose: Negative
 Bill: Negative
 Ketones: Negative
 Sp: 1.010
 Blood: Negative
 pH: 7
 Protein: Negative
 Urobilinogen: Negative
 Nitrites: Negative
 Leukocytes: Positive
 CS: No
 Comments: Leuks- 25

Glucose:
 Value: 262

ASSESSMENT:

E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (PRIMARY)
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
R42 - DIZZINESS AND GIDDINESS
R51.9 - HEADACHE, UNSPECIFIED

PLAN:

Glucose is 262 today. BP is elevated. EKG- NSR at 89 bpm with no ischemic changes. He has 2 more days of his steroid dose pack left. I recommended that he take 1 dose tomorrow then stop the steroids as it could be contributing to his hyperglycemia, dizziness, and HTN. Start lisinopril for BP. Recommended he keep a BP log twice daily and return to clinic at his next scheduled appt in 2 weeks.

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Diabetes- he reports metformin makes him dizzy and makes him go to the bathroom more frequently. Will restart antidiabetic meds pending his lab results. We discussed Januvia, but he wants to try ozempic or similar.

Follow up with lab results. He is nonfasting today.

lisinopril 10 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY

Electronically signed by Lindsey Barton, CRNP on 10/02/24 1:57 PM

L. Barton, DNP, CRNP