

Auburn Montgomery Warhawk Health Services

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

Date: 04/18/23

PATIENT: BRONSON, PORTIA **DOB:** 06/16/1983 **Gender:** FEMALE **MRN:** 4969 **AGE:** 39 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Diabetes 3 month follow up

HISTORY OF PRESENT ILLNESS: Mrs. Bronson is a 39 yo female here today for 3 month diabetes follow up. She has been checking her blood sugars in the mornings before eating and states they are typically in the 200s and sometimes the 300s. She reports compliance with Ozempic, metformin, and glipizide. She needs refills. She states she has been on Jardiance about 4 years ago. She took it for a couple of days and got a yeast infection so she stopped taking it.

She would also like to discuss a birth control prescription for an upcoming cruise. She is scheduled to be on her menses during that time. She is allergic to Yaz (it made her lips swell in the past). She states her former PCP prescribed a birth control pill for one month to keep her from starting her cycle on her trip. She also reports heavy menstrual cycles and irregular cycles.

VITALS: BP: 142/66 **Pulse:** 75; **Temp:** 99.8; **Resp:** 16; **Ht:** 65 in.; **Wt:** 358.4 lbs.; **BMI:** 59.64; **Pulse Oximetry:** 98%;
FDLMP: 03/11/23

ALLERGIES: YAZ (28)

MEDICATIONS:

Dexcom G6 Receiver (Dispense Dexcom CGM with supplies for 90 day supply)
Dexcom G6 Sensor device (Please dispense enough sensors for 90 day supply for Dexcom)
Dexcom G6 Transmitter device (Please disp transmitter for Dexcom)
Diflucan 150 mg tablet (TAKE 1 TABLET (150 MG) BY ORAL ROUTE ONCE; may repeat dose in 72 hrs if needed.)
FreeStyle Libre 14 Day Sensor kit (Dispense quantity sufficient for 90 day supply.)
FreeStyle Lite Meter kit (checks glucose once daily for type 2 diabetes.)
Lancets,Ultra Thin (check blood sugar once daily)
Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector (INJECT 0.25 MG BY SUBCUTANEOUS ROUTE ONCE WEEKLY FOR 4 WEEKS , THEN INJECT 0.5 MG SUBCUTANEOUSLY ONCE WEEKLY FOR next 8 weeks until follow up. Disp 90 day supply please.)
blood sugar diagnostic strips (check blood sugar once daily and as needed for low blood sugar symptoms.)
glipizide ER 5 mg tablet, extended release 24 hr (TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY WITH BREAKFAST)
lisinopril 20 mg tablet (TAKE 1 TABLET (20 MG) BY ORAL ROUTE ONCE DAILY)
metformin ER 500 mg 24 hr tablet,extended release (TAKE 1 TABLET (500 MG) BY ORAL ROUTE ONCE DAILY WITH THE EVENING MEAL)
multivitamin with iron tablet (1 tablet PO once daily)
omeprazole 20 mg capsule,delayed release

PAST MEDICAL HISTORY: T2DM, HTN, GERD

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Married. Her husband works on campus. They recently moved here from New York. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

HEALTH MX HISTORY:

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DM Foot Exam- January 2023
Wellness- Jan. 2023
Microalbumin- Jan. 2023
Last eye exam- Dec. 2022
Pap smear- March 2021- reportedly normal.

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

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:

BASIC METABOLIC PANEL (1 unit(s)): Quest Diagnostics
HEMOGLOBIN A1c (1 unit(s)): Quest Diagnostics

ASSESSMENT:

E11.65 - Type 2 diabetes mellitus with hyperglycemia (PRIMARY)
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
Z30.09 - ECT FOR OTH GEN CNSL AND ADVICE ON CONTRACEPTION

PLAN:

Follow up with labs. Hgb A1C down from 12% to 10% now. Increase Ozempic to 1mg/week. D/C glipizide and start Jardiance. I explained to her yeast infections are common when initially starting Jardiance and to drink it with a full glass of water. She was given a prescription for diflucan if needed. If she has recurring yeast infections or UTIs then we can stop the medication. She is agreeable. Follow up in 3 months for recheck.

Rx for birth control for her menses. Referral for mammogram to be scheduled after June 20th due to being out of town. Recommended she contact a local GYN to discuss an ablation vs. hysterectomy for her heavy, irregular menses as she is interested in one of those procedures.

Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector
Refills: 0 Qty: 9 ML(S)
Instructions: INJECT 1 MG BY SUBCUTANEOUS ROUTE ONCE WEEKLY ON THE SAME DAY OF EACH WEEK-
DISP ENOUGH FOR 3 MONTH SUPPLY PLEASE

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Jardiance 10 mg tablet

Refills: 2 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING- stop glipizide

Diflucan 150 mg tablet

Refills: 1 Qty: 2 TABLET(S)

Instructions: TAKE 1 TABLET (150 MG) BY ORAL ROUTE ONCE; MAY REPEAT DOSE IN 72 HRS IF NEEDED.

lisinopril 20 mg tablet

Refills: 1 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (20 MG) BY ORAL ROUTE ONCE DAILY

metformin ER 500 mg 24 hr tablet,extended release

Refills: 0 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (500 MG) BY ORAL ROUTE ONCE DAILY WITH THE EVENING MEAL

Tri-Sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet

Refills: 0 Qty: 28 TABLET(S)

Instructions: TAKE 1 TABLET BY ORAL ROUTE ONCE DAILY

Dexcom G6 Receiver

Refills: 0 Qty: 1 UNIT(S)

Instructions: DISPENSE DEXCOM CGM WITH SUPPLIES FOR 90 DAY SUPPLY

Dexcom G6 Sensor device

Refills: 0 Qty: 1 UNIT(S)

Instructions: PLEASE DISPENSE ENOUGH SENSORS FOR 90 DAY SUPPLY FOR DEXCOM

Dexcom G6 Transmitter device

Refills: 0 Qty: 1 UNIT(S)

Instructions: PLEASE DISP TRANSMITTER FOR DEXCOM

Electronically signed by Lindsey Barton, CRNP on 04/19/23 4:57 PM



J. Barton, CRNP