

Auburn Montgomery Warhawk Health Services

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

Date: 10/25/22

PATIENT: FAIN, EMERSYN **DOB:** 12/05/2017 **Gender:** FEMALE **MRN:** 4985 **AGE:** 4 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Dry cough

HISTORY OF PRESENT ILLNESS: Emersyn is a 4 yo female here today for dry cough intermittently for the past 3 months. In Sept. her mother reports she had a barking dry cough. She treated her with albuterol neb at home and 3 days of oral prednisone. She states she actually had a bronchospasm after receiving the albuterol one of the days, but has not occurred since. It resolved within a few minutes. She had a low-grade fever at this time as well.

October 1st she had the same symptoms of dry cough. She has asthma so she restarted the prednisone for 3 days and albuterol.

She comes in today with persistent dry cough and sore throat. Denies fever, runny nose, congestion, or ear ache. Her mother is concerned because she rarely needs steroids to manage her asthma. Denies shortness of breath or wheezing.

VITALS: Pulse: 84; Temp: 98.4; Resp: 24; Ht: 45 in.; Wt: 43.9 lbs.; BMI: 15.24; Pulse Oximetry: 98%

GROWTH PERCENTILES:

Weight/Age: 76

Height/Age: 93

Weight/Height: 47

BMI/Age: 52

Head Circumference/Age: N/A

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

albuterol sulf 90 mcg/actuation breath activated powder inhaler,sensor (PRN)

PAST MEDICAL HISTORY: asthma; RSV

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Lives with both parents. Attends daycare.

FAMILY HISTORY: Hyperlipidemia- dad and grandparent; heart disease- grandparent; breast cancer- grandparent.

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.

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RESPIRATORY: Breath sounds equal and unlabored. Expiratory wheezes present to posterior and anterior right lobes. Left side clear.

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:

Albuterol Sulfate 0.083mg (1 unit(s)): Surgical Procedure
COVID Rapid Testing (1 unit(s)): In-House Lab
STREP A (1 unit(s)): In-House Lab
INFLUENZA (1 unit(s)): In-House Lab
NEBULIZER BREATHING TREATMENT (1 unit(s)): Office Procedure

RESULTS:

STREP A:
Value: Negative

INFLUENZA:
Value: Negative

COVID Rapid Testing:
Value: Negative

ASSESSMENT:

J45.21 - MILD INTERMITTENT ASTHMA WITH EXACERBATION (PRIMARY)
R05.9 - COUGH, UNSPECIFIED
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED
Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS

PLAN:

Follow up with PCR send out results. Start singulair and budesonide as directed. Albuterol as needed. Follow up with PCP if no improvement.

Singulair 4 mg chewable tablet
Refills: 0 Qty: 90 TABLET(S)
Instructions: take 1 tablet daily PO at bedtime

budesonide 0.5 mg/2 mL suspension for nebulization
Refills: 2 Qty: 60 ML(S)
Instructions: INHALE 2 MILLILITERS (0.5 MG) BY NEBULIZATION ROUTE once daily

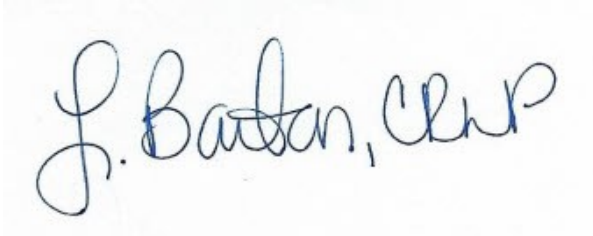
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Electronically signed by Lindsey Barton, CRNP on 10/25/22 3:38 PM

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