

Auburn Montgomery Student Health Services

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

Date: 09/09/21

PATIENT: ASHMORE, WILLIAM **DOB:** 11/16/1983 **Gender:** **MRN:** 5013 **AGE:** 37 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: blood in urine

HISTORY OF PRESENT ILLNESS: Mr. Ashmore is a 37 yo male here today for blood in his urine for the past week. Associated with increased urinary frequency and urinating small amounts of urine. He went to his PCP and was treated for UTI w/ bactrim. He completed treatment. He states he did not have pain until last Friday. He is now hurting in his left flank area. Denies history of kidney stones in the past. He states he has passed 4-5 stones this week. He had a urology appt this week but it was cancelled because his daughter has COVID. It was rescheduled for 2 weeks w/ Dr. Newman. He has not had a CT scan and denies n/v/d/fever.

VITALS: BP: 128/88 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 70; **Temp:** 96.7; **Resp:** 16; **Ht:** 72 in.; **Wt:** 222 lbs.;
BMI: 30.1; **Pulse Oximetry:** 100%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector (1mg SQ once weekly)
atenolol 50 mg tablet (1 tablet daily)
atorvastatin 40 mg tablet (1 tablet daily)
metformin ER 500 mg 24 hr tablet, extended release (2 tabs PO BID)

PAST MEDICAL HISTORY: T2DM, HLD, HTN

PAST SURGICAL HISTORY: denies

SOCIAL HISTORY: Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY: Mother- diabetes; Father- heart disease, CVA; grandparent- diabetes and CVA.

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.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted. + Left CVA tenderness.

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.

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PSYCHIATRIC: Appropriate mood and affect.

OFFICE PROCEDURE(S):

Procedure 1:

3:15 pm 20 g IV to left AC x 1 attempt. Blood collected and sent to lab. Given 1 L NS bolus infused over 1 hr. Given Zofran 4mg SIVP followed by toradol 30 mg SIVP. IV d/c with canula intact. Pain resolved prior to discharge.

ORDERS:

CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
Toradol 30MG (1 unit(s)): Injection
Ondansetron 4mg/ml (1 unit(s)): Injection
BASIC METABOLIC PANEL (1 unit(s)): Quest Diagnostics
Normal saline 1L Bolus (1 unit(s)): Intervention

RESULTS:

Toradol 30MG:
Site Given: Left Antecubital Fossa
Dosage Given: 30 milligram(s)
Administered By: Barton, Lindsey - CRNP

Ondansetron 4mg/ml:
Site Given: Left Antecubital Fossa
Dosage Given: 4 milligram(s)
Administered By: Barton, Lindsey - CRNP

ASSESSMENT:

N20.0 - CALCULUS OF KIDNEY (PRIMARY)
R31.9 - HEMATURIA, UNSPECIFIED

PLAN:

Flomax 0.4 mg capsule
Refills: 0 Qty: 30 CAPSULE(S)
Instructions: TAKE 1 CAPSULE (0.4 MG) BY ORAL ROUTE ONCE DAILY

ketorolac 10 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 6 HOURS AS NEEDED FOR pain UP TO 5 DAYS
TOTAL USE

ondansetron 4 mg disintegrating tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: 1 tablet on tongue to dissolve every 6 hours as needed for nausea/ vomiting.

Referral for CT abd/pelvis stone protocol to outpatient BMCE.

Follow up with results.

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Electronically signed by Lindsey Barton, CRNP on 09/11/21 3:59 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive style with a large initial "J" and a stylized "B".