

Auburn Montgomery Student Health Services

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

Date: 05/16/22

PATIENT: SPEIR, WYETH **DOB:** 10/06/2005 **Gender:** MALE **MRN:** 5086 **AGE:** 16 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Travel vaccine consult

Symptoms: Hiking Mt Killamanjaro- request prescription for altitude sickness as well. His mother is present with him to the appt.

GROWTH PERCENTILES:

Weight/Age: N/A

Height/Age: N/A

Weight/Height: N/A

BMI/Age: N/A

Head Circumference/Age: N/A

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Short stature

REVIEW OF SYSTEMS:

ORDERS:

Typhoid (1 unit(s)): Immunizations

RESULTS:

Typhoid:

Site Given: Left Deltoid

Dosage Given: 0.5 milliliter(s)

Administered By: Barton, Lindsey - CRNP

ASSESSMENT:

Z71.84 - Encounter for health counseling related to travel (PRIMARY)

Z23 - ENCOUNTER FOR IMMUNIZATION

PLAN:

CDC recommends rabies vaccine. Pt mother declines at this time. They are aware it is not offered at our facility and verbalized understanding. Follow up as needed.

doxycycline hyclate 100 mg tablet

Refills: 0 Qty: 60 TABLET(S)

Instructions: TAKE 1 TABLET (100 MG) BY ORAL ROUTE once daily. Start 2 days prior to travel and continue 4 weeks after return to U.S.

acetazolamide 125 mg tablet

Refills: 0 Qty: 60 TABLET(S)

Instructions: TAKE 1 TABLET (125 MG) BY ORAL ROUTE 2 TIMES PER DAY beginning on day of ascent.

Discontinue 2-3 days after peak arrival or upon descent.

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Electronically signed by Lindsey Barton, CRNP on 05/16/22 7:28 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".