

ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS)

4-22-15

INSTRUCTIONS FOR STARTING ORAL CONTRACEPTIVES

- ♦ Oral contraceptives are available in 21- or 28-day packs. Active pills (pills with hormones) are taken for 21 days; 28-day pills contain 7 "spacer" pills (contain no hormones).
- ♦ Start pills on first Sunday after period begins (if period begins on Sunday, you should take the first pill on that day).
- ♦ Take one pill a day until pack is finished; if 28-day pack—begin a new pack immediately; if 21-day pack—skip 7 days and then begin a new pack.
- ♦ Take pill at the same time each day; associate with something that is done at the same time of day (going to bed, brushing teeth, etc.)
- ♦ A backup method such as condom or foam should be used during the first cycle.
- ♦ Antibiotics may decrease the effectiveness of oral contraceptives; if you are taking antibiotics, you must use a back-up method of contraception.

INSTRUCTIONS ABOUT EARLY SIDE EFFECTS

- ♦ Some side effects are common during the first few cycles of use, but should disappear after that time.
- ♦ Side effects to expect include the following:
Breakthrough bleeding and spotting
Symptoms associated with early pregnancy, especially nausea
- ♦ Try not to make a decision about discontinuing the pill until after the 3rd cycle so that side effects will have a chance to resolve

INSTRUCTIONS FOR DEALING WITH MISSED PILLS

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

return to the
the next pill is

your's pill at the

mediately; take
other missed
in schedule.

LEAST 7 DAYS

Carried into
Lumpsum
Gainesville,

272-2043
by AUM/NCC 5/00
4/24/15
4:10 pm

Name Arantia Nieto Date 4-22-15

Address _____

R

Primera 1/35
1 of 35

These are according to
product selection

Label all prescriptions X1

Refill: 1 2 3 5 (PRN) NR

Product Selection Permitted

Dispense As Written

M.D. or C.R.N.P.

M.D. or C.R.N.P.

5/20/15 @ 8:05 pt sent Mrs. Stewart an email regarding a question about her BOPs. Message left to call STC. on

5/20/15 @ 10:30 pt states her period began on

4/20/15 and she has been bleeding ever since. Uses her pad 2-3 times a day. Takes the pill

regularly (on time ~~and~~ daily). Explained body

is adjusting to hormone levels and it will level off. Will notify CRNP. on ~~contact~~, and

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4-22-15 TIME: 10 PT. HISTORY REVIEWED / UPDATED: 1

PATIENT NAME: Asuntine Nettie DOB: 19 AGE: 19

PRESENT COMPLAINT: Requesting Vit D and
test: wanted to go on BCP. Had
become sexually active.

MEDICATIONS: Vit D 2000u/day LMP: 4-9-15

Temp	Pulse	Resn	B/P	HT	WT	Allergies
	<u>88</u>		<u>135/87</u>			<u>NHMA</u>

INITIAL VISIT		RETURN VISIT
Skin		
Slashes		
Ears		
Eyes		
Nose		
Throat		
Neck/Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>H/O + Vit D.</u>	<u>CBC, Vit D.</u>	
<u>needs Contraception</u>	<u>urine Hcg</u>	<u>(-)</u>

PLAN: 1) Vit D 2000u, CBC
2) Plan B 135 X 1 yr.

CALL BACK: 4-28-15 +
Vit D (long-acting)
50,000 + 5000 X 12WK
4 regular checks
into warmest person
272-2043
Contraception

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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DEA #BF 6451520
AL #24127

Name

Quarantia

nettle

Address

Date

1-29-15

Rx

20 mg + 50mg
30
20 mg + 50 mg

Stewart

Label all prescriptions

Product Selection Permitted

M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 1/29/15 TIME: 10:50 PT. HISTORY REVIEWED / UPDATED: 1

PATIENT NAME: Ashantis Nettles DOB: AGE: 18

PRESENT COMPLAINT: Finished Vit. D sometime last semester. Cycle is irregular and wants BC. Continuing to sleep "too much" Not seeing a difference in antidepressant.

MEDICATIONS: Prozac LMP: 3 days ago

Tcmn	Pulse	Resp	BP	HT	WT	Allergies
<u>97.5</u>	<u>96</u>		<u>134/83</u>	<u>70.6</u>	<u>291.1</u>	

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
<u>Skln</u> <u>Stated she does not</u>	
<u>Slituses</u> <u>bring her Prozac in</u>	
<u>Ears</u> <u>Waxing</u>	
<u>Eyes</u> <u>Change of medication</u>	
<u>Nose</u> <u>Seems to be blocked</u>	
<u>Throat</u>	
<u>Neck/ Back</u>	
<u>Heart</u>	
<u>Lungs</u>	
<u>Abdomen</u>	
<u>GU/GI</u>	
<u>Extremities</u>	

DIAGNOSIS:

Depression - not
Controlled
Vit D deficiency

TESTS

RESULTS

CALL BACK:

PLAN:

- 1) DIC Prozac
- 2) Begin Zolpidem 50mg
- 3) Begin Vit D 2000u
- 4) P.O.C in 2 wks

PRACTITIONER

SIGNATURE:

STAFF

SIGNATURE: Jaw

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

PROBLEM VISIT RECORD CONTINUED: _____

11-20-14.

Ding was on ~~Prescription~~ ~~in~~ ~~water~~,
see ~~Prescription~~ ~~it~~ ~~is~~ ~~causing~~
~~symptoms~~. Taken in A.M.

Advised to Δ to evening dosing
RTC in ~ 10 days - 2 wk

Prescription, CRN

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Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Osorio # netter Date 11-6-14
Address _____

R fluoxetine 20mg
30
sig: po qd

[Signature] M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

Carol Stewart, C.R.N.P.
Lic. #1-045437
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Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Quentin Nettles Date 10-23-14
Address _____

Rx

Vitamin D₂ (ergocalciferol) 50,000 U
Rxn: 12
33 g + 8 g wk X 12 wks
Lester

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

M.D. or C.R.N.P.

Dispense As Written

M.D. or C.R.N.P.

CERTIFICATE FOR RETURN TO WORK / SCHOOL

Auburn University Montgomery
Nursing Care Center
Irma B. Moore Hall, Room 102
(334) 244-3281

Name Ashantis Nettles

was seen on 10/14/14 at 2:30 am / (pm)

and is able to return to work / school on 10/16/14

Nature of illness or injury: Confidential

☐ Restrictions ☐ Light work

Physical exertion: ☐ Limited ☐ Avoid x _____ Days

☐ Other _____

CRNP (RN) Ryan Date 10/17/14

Phone (334) 244-3281

Fax (334) 244-3243

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Auburn University Montgomery
Nursing Care Center
Irma B. Moore Hall, Room 102
(334) 244-3281

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CRNP (RN) Ryan Date 10/17/14

Phone (334) 244-3281

Fax (334) 244-3243

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Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Alexandra Nolasco Date 10-14-14
Address _____

R

Prescription for
#30
St. John's Wort

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

M.D. or C.R.N.P.

Dispense As Written

M.D. or C.R.N.P.

Appt 10/23 @ 9:30

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/14/14 TIME: 1445 PT. HISTORY REVIEWED / UPDATED 1 / 1
 PATIENT NAME: Ashantis Nettles DOB: _____ AGE: 18
 PRESENT COMPLAINT: 9/0 depression, hyper somnolence,
inequivalent periods. Began in 2011 month
December. Limitations, wt 50.25, 4 crying

MEDICATIONS: 0 LMP: Spotted 2
1 wk

Temp	Pulse	Resp	BP	HT	WT	Allergies
<u>98.4</u>	<u>82</u>		<u>139/80</u>	<u>70.2</u>	<u>255.1</u>	<u>NK mA</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>4 bintest in usual activities</u>	<u>10-23-14</u>
Slit	<u>Harmon digger, with</u>	<u>Slit see</u>
Ears	<u>Acidemic, with to</u>	<u>see not</u>
Eyes	<u>Long anti depressant 1/2</u>	<u>Begin today</u>
Nose	<u>Laurelberry</u>	<u>Vit D Piroxetine</u>
Throat	<u>4 redness</u>	<u>yet. 0.250</u>
Neck/Back	<u>swayed thyroid, 4 massed</u>	<u>Slit see</u>
Heart	<u>5'5" 5 (M)</u>	<u>Slit see</u>
Lungs	<u>Lean ribs, 4 low</u>	<u>discharge</u>
Abdomen	<u>normal</u>	<u>with 4</u>
GU/GI		<u>Discharge</u>
Extremities		<u>gase? Vit D</u>
		<u>Pones (OVER)</u>

DIAGNOSIS:	TESTS	RESULTS
<u>1) Depression</u>	<u>CBC, Thyroid</u>	<u>gase?</u>
	<u>Vit D.</u>	

PLAN: 1) CBC, thyroid, Vit D
2) Piroxetine 20mg
3) 4 in 1 wk for
 CALL BACK: _____

PRACTITIONER SIGNATURE: Nettles, CMC STAFF SIGNATURE: Hyron

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

PROBLEM VISIT RECORD CONTINUED:

0:64:11) ~~external~~ reactions on discharge
noted. no noticeable odor

~~LABE~~ 2) KOH + ~~yeast~~

2) Wet Prep ~~Leuc. cells~~

3) GC; ~~Leishmania~~

A: 1) Vit D. Deficiency

2) Depression

3) Vaginal symptoms? ~~sign~~

P: 1) Vit D₂ (ergocalciferol) 50,000 U

9 WK X 12 WKS

2) Begin taking Zoloxetone

3) A/C of vaginal symptoms
not improving

4) P/C in 2 WKS. ~~Recheck~~, CMT

11-6-14

Mr. Jones rev. Tolerating med.
well. States she cont. to notice

vaginal odor but does not

want antibiotic ~~exam~~ today

GC/ ~~Leishmania~~ pending

will rev in 2 WKS. ~~Recheck~~