

Auburn Montgomery Warhawk Health Services

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

Date: 03/28/23

PATIENT: ROGERS, JOY **DOB:** 12/19/2008 **Gender:** FEMALE **MRN:** 5121 **AGE:** 14 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: persistent cough x 1year with sinus drainage

HISTORY OF PRESENT ILLNESS: Ms. Rogers is a 14 yo female here today for sinus drainage in back of throat causing her to have a cough that is worse at night. She states her symptoms started about a year ago. She saw Dr. Brannon at Partners in Pediatrics in the Fall of 2022 and was prescribed zyrtec with no relief. She is no longer taking it. She has also tried claritin and benadryl with no relief. Denies sinus drainage from her nose or congestion. She states she will have a tickle in her throat and feel like she has to clear her throat at times. She reports occasional acid reflux but rarely.

VITALS: BP: 117/71 **Position:** SITTING **Pulse:** 103; **Temp:** 97.8; **Resp:** 16; **Ht:** 65 in.; **Wt:** 122.4 lbs.; **BMI:** 20.36; **Pulse Oximetry:** 99%; **FDLMP:** 02/28/23

GROWTH PERCENTILES:

Weight/Age: 67
Height/Age: 74
Weight/Height: N/A
BMI/Age: 59
Head Circumference/Age: N/A

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Seasonal allergies

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Lives at home with both parents. Attends school. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

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.

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. No CVA tenderness.

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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.

ASSESSMENT:

R05.9 - Cough, unspecified (PRIMARY)

J30.2 - Other seasonal allergic rhinitis

PLAN:

We discussed that the most common causes are nocturnal reflux vs cough related to postnasal gtt/allergies. She thinks its related to drainage down her throat and is worse at night. Trial of singulair. Restart antihistamine. Rx for xyzal. We discussed risk and benefits. If no relief, then we can treat for GERD. She and her father are agreeable. All questions were answered. Encouraged her to continue to follow up with her pediatrician.

Singulair 5 mg chewable tablet

Refills: 0 Qty: 90 TABLET(S)

Instructions: Chew 1 tablet daily at bedtime

Xyzal 5 mg tablet

Refills: 0 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY IN THE EVENING

Electronically signed by Lindsey Barton, CRNP on 03/28/23 4:46 PM

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