

**Auburn Montgomery Warhawk Health Services**

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

**Date:** 09/01/22

**PATIENT:** ESSEX, LEANDREW    **DOB:** 03/07/2002    **Gender:** FEMALE    **MRN:** 5180    **AGE:** 20 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** possible insect bite

**HISTORY OF PRESENT ILLNESS:** Mr. Essex is a 20 yo male here today for possible bug bite to right side of back just underneath shoulder blade since yesterday. He reports it started draining a little bit this morning. Denies fever.

Of note, he does have a history of HTN. He has been on medication in the past but stopped it secondary to ED. He doesn't remember what it was and really isn't interested in restarting anything.

**VITALS:** BP: 156/99    **Site:** LEFT ARM    **Position:** SITTING    **Pulse:** 100;    **Temp:** 97.9;    **Resp:** 15;    **Ht:** 72 in.;    **Wt:** 296 lbs.;  
**BMI:** 40.14;    **Pulse Oximetry:** 97%

**ALLERGIES:** No Known Drug Allergies

**PAST MEDICAL HISTORY:** HTN

**PAST SURGICAL HISTORY:** Bil. hip surgery as teenager.

**SOCIAL HISTORY:** 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.

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.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No rash noted. Small, round nodule with tenderness to palpation with erythema, but no drainage to right flank area. Small amount of fluctuance.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

**ASSESSMENT:**

L02.91 - Cutaneous abscess, unspecified (PRIMARY)

I10 - Essential (primary) hypertension

**PLAN:**

Rx per below for small abscess to right flank in addition to warm compresses. It is not quiet ready for I&D yet.

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Recommended he follow up with urgent care over the weekend if it gets worse. Wound care provided by M. Bicknell, RN.

In regards to HTN, we talked about risks of not taking BP medication to include heart attacks and strokes. He states he is aware. He is not sure what medication he was on but he has the bottle at his mom's house. He is hesitant but willing to try another medication. Follow up in 1 week for BP recheck. Plan to check labs and EKG at follow up visit in 1 week.

mupirocin 2 % topical ointment

Refills: 0 Qty: 22 GRAM(S)

Instructions: APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY

cephalexin 500 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET (500 MG) BY ORAL ROUTE BID x 10 days

amlodipine 5 mg tablet

Refills: 1 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY for high blood pressure

Electronically signed by Lindsey Barton, CRNP on 09/01/22 3:06 PM



J. Barton, CRNP