

Auburn Montgomery Warhawk Health Services

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

Date: 07/25/24

PATIENT: RAYBORN, MEREDITH **DOB:** 06/27/1974 **Gender:** FEMALE **MRN:** 5286 **AGE:** 50 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: left ankle pain s/p fall from syncope

HISTORY OF PRESENT ILLNESS: Ms. Rayborn is a 50 yo female here today for syncopal episode and left ankle pain. She has a history of POTS. She was on campus today and passed out while walking to the bus. She states she had no symptoms prior. She states she is very sensitive to the heat and she had been trying to stay hydrated. She reports she typically gets dizzy or has other symptoms prior to passing out, but this time, no warning. She was brought over to Warhawk Health by someone with a golf cart on campus. She is complaining of left ankle pain and swelling. She doesn't think she hit her head, but she is not sure. She denies headache, chest pain, or dizziness.

VITALS: BP: 143/85 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 106; **Temp:** 99.3; **Resp:** 16; **Ht:** 70 in.; **Wt:** 249.6 lbs.; **BMI:** 35.81; **Pulse Oximetry:** 96%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension
Zyrtec 10 mg tablet

PAST MEDICAL HISTORY: Allergies, Eczema, POTS, Kidney stones

PAST SURGICAL HISTORY: Wisdom teeth removal, Nephrostomy 1997 2nd to kidney stones, Hysterectomy 2023

SOCIAL HISTORY: Married. Works at AUM. Denies smoking or illicit drug use. Admits to occasional ETOH use

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. 1+ pitting 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. + TTP left lateral ankle. She is unable to bear full weight on left ankle. + FROM but pain illicit with internal rotation.

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear.

PSYCHIATRIC: Appropriate mood and affect.

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ORDERS:

Glucose (1 unit(s)): In-House Lab
EKG (1 unit(s)): Office Procedure

RESULTS:

Glucose:
Value: 110

ASSESSMENT:

R55 - SYNCOPE AND COLLAPSE (PRIMARY)
M25.572 - Pain in left ankle and joints of left foot
G90.A - Postural orthostatic tachycardia syndrome [POTS]

PLAN:

She initially refused to go to the ER for evaluation, but got dizzy again in the office when ambulating from the lab to the exam room. EKG- sinus tach at 101 bpm with no ischemic changes. Dizziness resolved once she laid on the exam table. EMS was called. AUM HR and campus police were present. She refused EMS transport after they walked her around the office with an ambulatory EKG and reported her heart rate stayed around 96 and no dizziness. She was then wheeled out to her friends car at her request, for transport to BMCE ER.

Electronically signed by Lindsey Barton, CRNP on 07/26/24 10:15 AM

L. Barton, DNP, CRNP