

Auburn Montgomery Warhawk Health Services

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

Date: 11/09/23

PATIENT: TAYLOR, SHRIEKA CHARLETTE **DOB:** 03/12/1991 **Gender:** FEMALE **MRN:** 5324 **AGE:** 32 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: asthma exacerbation

HISTORY OF PRESENT ILLNESS: 32 year old female presents to clinic with an asthma exacerbation. She reports that she was looking for her inhaler to administer but she could not find it so she came over to the clinic asking for a nebulizer treatment. She reports that she uses her albuterol inhaler three times daily on a regular basis. She does have a PCP that is located on Mobile Highway but is unable to provide the MD name or practice name. She also reports that she sees an asthma specialist but she can not recall their name or practice name (located in Montgomery also).

VITALS: BP: 139/103 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 101; **Temp:** 97; **Resp:** 23; **Pulse Oximetry:** 96%

ALLERGIES: Penicillin -class of antibiotic- (product)

MEDICATIONS:

Advair Diskus 100 mcg-50 mcg/dose powder for inhalation
Biktarvy 50 mg-200 mg-25 mg tablet
Proventil HFA 90 mcg/actuation aerosol inhaler
Wixela Inhub 100 mcg-50 mcg/dose powder for inhalation
albuterol sulfate 1.25 mg/3 mL solution for nebulization (USE ONE VIAL IN NEBULIZER EVERY 4 HOURS AS NEEDED FOR SHORTNESS OF BREATH OR WHEEZING)
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization (USE 3 ML VIA NEBULIZER THREE TIMES DAILY AS NEEDED)
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler (INHALE 2 PUFFS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED)
metformin 1,000 mg tablet
pantoprazole 40 mg tablet, delayed release

PAST MEDICAL HISTORY: HIV diagnosed 15 years ago managed by Infectious Disease at Jackson in Montgomery. Asthma managed by asthma specialist.

PAST SURGICAL HISTORY:

SOCIAL HISTORY:

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.

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RESPIRATORY: Breath sounds equal and mildly labored. Expiratory wheezes present anterior and posterior bilateral lung fields.

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.

ORDERS:

Albuterol Sulfate 0.083mg (1 unit(s)): Surgical Procedure
NEBULIZER BREATHING TREATMENT (1 unit(s)): Office Procedure

ASSESSMENT:

J45.41 - Moderate persistent asthma with (acute) exacerbation (PRIMARY).

PLAN:

Post nebulizer albuterol treatment (at 1416) O2sat is 99% with heart rate of 80. Wheezes have improved post nebulizer. Recommended she follow up with her asthma specialist and PCP.

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

Refills: 0 Qty: 1 UNIT(S)

Instructions: INHALE 2 PUFFS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED for sob/wheezing

Electronically signed by Lindsey Barton, CRNP on 11/09/23 3:40 PM

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