

Auburn Montgomery Student Health Services

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

Date: 09/09/21

PATIENT: ROBBINS, BRADLEY **DOB:** 11/12/1975 **Gender:** MALE **MRN:** 539 **AGE:** 45 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: C/O sinus and COVID type symptoms, wife positive for COVID (but she is currently in England)

HISTORY OF PRESENT ILLNESS: 45 YOM c/o HA, sinus pressure, nasal congestion for the past 3 days. Mild cough, not bothersome. He has not had any loss of taste or smell, N/V/D, fever, sore throat, body aches. Long history of sinus infections.

VITALS: BP: 140/90 **Pulse:** 83; **Temp:** 97.7; **Resp:** 16; **Ht:** 67 in.; **Wt:** 233.1 lbs.; **BMI:** 36.5; **Pulse Oximetry:** 97%

ALLERGIES: codeine ((Disturbance of consciousness) or (faint/syncope/vasovagal symptom))

MEDICATIONS:

Nexium 20 mg capsule, delayed release (1 capsule by mouth daily)
levothyroxine 100 mcg tablet (188 mcg po daily)

PAST MEDICAL HISTORY: thyroid cancer; hypothyroidism, GERD

PAST SURGICAL HISTORY: thyroidectomy 2016, inguinal hernia repair--2009; omenectomy--2008

FAMILY HISTORY: Father with history of: diabetes, heart disease; Maternal Grandmother with history of: diabetes and stroke--deceased at age 71; Maternal Grandfather with history of: cancer--deceased; PGF with history of cancer--deceased

HEALTH MX HISTORY:

PCP: Dr. Danny Ingram

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.

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

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

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

PSYCHIATRIC: Appropriate mood and affect.

Frontal: are tender to palpation bilaterally.

ORDERS:

THERAPEUTIC INJECTION ADMIN (2 unit(s)): Injection
Rocephin 1G (1 unit(s)): Injection
Dexamethasone 4mg/ml (1 unit(s)): Injection
Depo-Medrol 40mg/ml (1 unit(s)): Injection
Abbott Binax Now Rapid COVID (1 unit(s)): In-House Lab

RESULTS:

Abbott Binax Now Rapid COVID :
Value: Negative

Rocephin 1G:
Site Given: Left Ventral Gluteal
Dosage Given: 1 gram(s)
Administered By: Fain, Maranda - CRNP

Dexamethasone 4mg/ml:
Site Given: Right Ventral Gluteal
Dosage Given: 4 milligram(s)
Administered By: Fain, Maranda - CRNP

Depo-Medrol 40mg/ml:
Site Given: Right Ventral Gluteal
Dosage Given: 40 milligram(s)
Administered By: Fain, Maranda - CRNP

ASSESSMENT:

J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED (PRIMARY)
R09.81 - NASAL CONGESTION
R51.9 - HEADACHE, UNSPECIFIED
R05 - COUGH
J01.90 - ACUTE SINUSITIS, UNSPECIFIED

PLAN:

Pt comes in with HA, sinus congestions, mild cough. Wife is positive for COVID as of Friday, but she has been away in England. No exposure since her positive COVID test. He reports being Vaccinated. He is on Flonase year round. COVID test negative. Appears to have sinusitis. Will call in antibiotics. Given steroid and Rocephin injection during visit. Will call if not better in 1 week.

Augmentin 875 mg-125 mg tablet
Refills: 0 Qty: 14 TABLET(S)
Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS For 7 days

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Electronically signed by Maranda Fain, CRNP on 09/09/21 3:20 PM

M. Fain, CRNP