

**Auburn Montgomery Warhawk Health Services**

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

**Date:** 05/08/25

**PATIENT:** KENNEDY, DALTON    **DOB:** 06/26/1998    **Gender:** MALE    **MRN:** 5420    **AGE:** 26 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** Refill of asthma inhaler and irrigate ears

**HISTORY OF PRESENT ILLNESS:** Mr. Dalton is a 26 yo male here today for refill of his albuterol inhaler. He has a history of asthma since he was a child. He states his last flare up was in 2022. He has been on a maintenance inhaler in the past but was several years ago. Here recently he has had to use his albuterol inhaler 1-2 times per day most days of the week for the past 6-8 months. He denies any nighttime awakenings, SOB, or wheezing. He will get chest tightness that is relieved with albuterol. He denies runny nose, sore throat, congestion, cough, or fever.

He would also like to have his ears irrigated.

**VITALS:** BP: 120/84    **Pulse:** 81;    **Temp:** 97.5;    **Resp:** 16;    **Ht:** 64 in.;    **Wt:** 181.6 lbs.;    **BMI:** 31.17;    **Pulse Oximetry:** 97%

**ALLERGIES:** No Known Drug Allergies

**PAST MEDICAL HISTORY:** Asthma

**PAST SURGICAL HISTORY:** Denies

**SOCIAL HISTORY:** Works at AUM. Drinks alcohol occasionally. Smokes rarely. Denies 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.

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:**

J45.21 - Mild intermittent asthma with (acute) exacerbation (PRIMARY)

**Auburn Montgomery Warhawk Health Services**

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

**Date:** 05/08/25

**PATIENT:** KENNEDY, DALTON    **DOB:** 06/26/1998    **Gender:** MALE    **MRN:** 5420    **AGE:** 26 Years

**PLAN:**

He has a very small amount of wax in each ear. His TMs are visible and clear. Wax removed with a straight ear wax removal stick with light by M. Bicknell, RN.

For asthma, Rx as per below. Will restart maintenance inhaler and use albuterol prn. Follow up as needed.

Medrol (Pak) 4 mg tablets in a dose pack

Refills: 0 Qty: 1 UNIT(S)

Instructions: TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

Refills: 2 Qty: 1 UNIT(S)

Instructions: INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED FOR SHORTNESS OF BREATH/WHEEZING.

Qvar ReditHaler 40 mcg/actuation HFA breath activated aerosol

Refills: 2 Qty: 1 UNIT(S)

Instructions: INHALE 2 PUFFS (80 MCG) BY INHALATION ROUTE 2 TIMES PER DAY (disp 1 inhaler)

Electronically signed by Lindsey Barton, CRNP on 05/08/25 4:53 PM

*L. Barton, DNP, CRNP*