

Auburn Montgomery Warhawk Health Services

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

Date: 04/16/25

PATIENT: OWENS, MICKEY **DOB:** 01/23/1968 **Gender:** MALE **MRN:** 5447 **AGE:** 57 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: sinus issues for 3 weeks with sore throat, bilateral ear pain/ ear fullness.

HISTORY OF PRESENT ILLNESS: Mr. Owens is a 57 yo male here today for sinus issues for the past 3 weeks. He reports sinus drainage, congestion, sore throat, and bilateral ear fullness. Denies fever. He has been taking mucinex otc with no relief.

Of note, he has T2DM managed by Dr. Kirby Parker. He reports his last A1C was in the 7% range about 6 months ago. He is requesting a steroid shot if possible due to his ear fullness.

VITALS: BP: 132/77 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 78; **Temp:** 97.4; **Resp:** 17; **Ht:** 68 in.; **Wt:** 200.1 lbs.;
BMI: 30.42; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Januvia 100 mg tablet (daily)
Jardiance 25 mg tablet (daily)
Protonix 40 mg tablet, delayed release (daily)
Toujeo Max U-300 SoloStar 300 unit/mL (3 mL) subcutaneous insulin pen
aspirin 80 mg tablet (daily)
metoprolol succinate ER 100 mg tablet, extended release 24 hr (daily)
rosuvastatin 40 mg tablet (daily)

PAST MEDICAL HISTORY: T2DM, HLD, HTN, CAD, diverticulitis, GERD, GAD. Kidney stones. Gastroparesis.

PAST SURGICAL HISTORY: Triple bypass in 2012 by Dr. Kwan. Bilateral shoulder surgery and bilateral elbow surgery.

SOCIAL HISTORY: Works at AUM in maintenance department. Married.

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 with serous fluid bilaterally. Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- erythematous 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.

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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:

STREP A (1 unit(s)): In-House Lab
Glucose (1 unit(s)): In-House Lab
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

RESULTS:

STREP A:
Value: Negative

Glucose:
Value: 210

ASSESSMENT:

J01.90 - ACUTE SINUSITIS, UNSPECIFIED (PRIMARY)
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED
E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
I10 - Essential (primary) hypertension
E78.5 - Hyperlipidemia, unspecified
Z86.79 - Personal history of other diseases of the circulatory system

PLAN:

Rx as per below. He was instructed to decrease his carbohydrate intake over the next 3 days and to monitor his glucose more closely due to the steroid injection and him having T2DM. He verbalized understanding.

amoxicillin 875 mg-potassium clavulanate 125 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS

Electronically signed by Lindsey Barton, CRNP on 04/16/25 3:35 PM

L. Barton, DNP, CRNP

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