

Auburn Montgomery Warhawk Health Services

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

Date: 09/23/24

PATIENT: HICKS, CHANEL **DOB:** 07/23/1990 **Gender:** FEMALE **MRN:** 5645 **AGE:** 34 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: nasal congestion, night sweats, productive cough, nasal congestion

HISTORY OF PRESENT ILLNESS: Ms. Hicks is a 34 yo female here today for nasal congestion, cough with yellow phlegm, chest tightness, shortness of breath, night sweats and fever of 100.6 yesterday. Of note, she has a history of asthma and was recently diagnosed with COVID at urgent care last week. She was prescribed Paxlovid. She reports taking 3 days of it and then stopped because it gave her diarrhea. She states her current symptoms began when she stopped the Paxlovid.

Regarding asthma, she states she has albuterol at home. She was on symbicort in the past, but doesn't have it anymore, but when she did use it, it helped.

VITALS: BP: 141/89 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 79; **Temp:** 96.7; **Resp:** 18; **Ht:** 67.5 in.; **Wt:** 195.2 lbs.; **BMI:** 30.12; **Pulse Oximetry:** 99%; **FDLMP:** 08/31/24

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Allegra-D 24 Hour 180 mg-240 mg tablet, extended release
Nasacort Allergy 55 mcg nasal spray aerosol
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler (PRN)

PAST MEDICAL HISTORY: Asthma, seasonal allergies.

PAST SURGICAL HISTORY: Breast fibroids removed, inguinal hernia,

SOCIAL HISTORY: Denies smoking, ETOH or illicit drug 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. 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.

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PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

THERAPEUTIC INJECTION ADMIN (1 unit(s)): Injection
Dexamethasone 4mg/ml (1 unit(s)): Injection
Depo-Medrol 40mg/ml (1 unit(s)): Injection

RESULTS:

Dexamethasone 4mg/ml:
Site Given: Right Ventral Gluteal
Dosage Given: 4 milligram(s)
Administered By: Bicknell, Miranda - RN

Depo-Medrol 40mg/ml:
Site Given: Right Ventral Gluteal
Dosage Given: 40 milligram(s)
Administered By: Bicknell, Miranda - RN

ASSESSMENT:

J45.21 - MILD INTERMITTENT ASTHMA WITH EXACERBATION (PRIMARY)
U07.1 - COVID-19
R50.9 - Fever, unspecified

PLAN:

Given steroid injection for asthma and recommended she restart symbicort. She can use albuterol as needed for SOB/wheezing. Follow up with CXR results.

Referral: EMIC, East Montgomery Imaging Center (Radiology)
No Special Instructions

Symbicort 80 mcg-4.5 mcg/actuation HFA aerosol inhaler
Refills: 1 Qty: 1 UNIT(S)
Instructions: INHALE 2 PUFFS BY INHALATION ROUTE 2 TIMES PER DAY IN THE MORNING ANDEVENING (disp 1 inhaler)

Electronically signed by Lindsey Barton, CRNP on 09/23/24 2:27 PM

L. Barton, DNP, CRNP