

Auburn Montgomery Warhawk Health Services

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

Date: 07/13/26

PATIENT: BRADFORD, CHRISTINA **DOB:** 06/01/1985 **Gender:** FEMALE **MRN:** 5664 **AGE:** 41 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: midsternal pressure/reflux for 5 days and UTI symptoms-increased urination, urinary pain/discomfort, vaginal discharge and vaginal itching since Saturday night.

HISTORY OF PRESENT ILLNESS: 41 YO F PTC with c/o midsternal chest pain for past two weeks, states does not typically have any gastric issues including reflux. Also c/o UTI symptoms, burning with urination, frequency. Pt is currently on zpack for unrelated issues and began pyridium last night.

VITALS: BP: 138/91 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 87; **Temp:** 97.2; **Ht:** 66 in.; **Wt:** 259.2 lbs.; **BMI:** 41.83; **Pulse Oximetry:** 98%

ALLERGIES: Penicillin

MEDICATIONS:

No Known Medications

PAST MEDICAL HISTORY: tension headaches, cluster headaches, migraine headaches. Spondylarthritis. Obesity.

PAST SURGICAL HISTORY: Appendectomy, cancerous femur, partial hysterectomy, ovarian cyst,

SOCIAL HISTORY: Married with 3 children. Works in OGI on campus. Denies smoking, drinking, 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.

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.

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

PSYCHIATRIC: Appropriate mood and affect.

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ORDERS:

UA (1 unit(s)): In-House Lab
EKG (1 unit(s)): Office Procedure

RESULTS:

UA:
Glucose: Negative
Bill: 1
Ketones: Negative
Sp: 1.015
Blood: Negative
pH: 5
Protein: Negative
Urobilinogen: 1
Nitrites: Positive
Leukocytes: 500

ASSESSMENT:

R30.0 - DYSURIA (PRIMARY)
R10.13 - EPIGASTRIC PAIN
N39.0 - Urinary tract infection, site not specified
K21.9 - Gastro-esophageal reflux disease without esophagitis

PLAN:

Bactrim DS 800 mg-160 mg tablet
Refills: 0 Qty: 14 TABLET(S)
Instructions: TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS

fluconazole 150 mg tablet
Refills: 0 Qty: 3 TABLET(S)
Instructions: TAKE 1 TABLET (150 MG) BY ORAL ROUTE ONCE, MAY REPEAT IN 72 HOURS IF SYMPTOMS PERSIST.

omeprazole 40 mg capsule, delayed release
Refills: 0 Qty: 30 CAPSULE(S)
Instructions: TAKE 1 CAPSULE (40 MG) BY ORAL ROUTE ONCE DAILY BEFORE A MEAL

Pt to DC zpack, begin bactrim, omeprazole for two weeks, if issues persist notify clinic. EKG in office normal-- Sinus rhythm rate 75 bpm, PR int 182, ARS dur 90 ms

Treatment Antibiotics: o Take exactly as prescribed, even if symptoms improve before the medicine is finished. o Do not skip doses or stop early incomplete treatment may cause recurrence or antibiotic resistance. Pain relief: o Phenazopyridine (Pyridium) may be prescribed to relieve burning (turns urine orange). o Use acetaminophen (Tylenol) or ibuprofen (Motrin) for pain or fever as needed. Hydration: o Drink 810 glasses of water per day (unless restricted) to help flush bacteria from the bladder. Rest: o Get adequate rest until fever and discomfort subside.

Home Care and Prevention Tips Wipe front to back after using the bathroom to prevent bacteria from entering the urethra. Urinate after sexual activity to flush out bacteria. Avoid holding urine for long periods empty your bladder regularly. Avoid irritants: o Skip bubble baths, douches, or perfumed feminine hygiene sprays. o Wear loose cotton underwear and avoid tight clothing. Increase fluids: Water is best avoid caffeine, alcohol, and carbonated drinks which can irritate the bladder. Cranberry juice or tablets may help

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prevent recurrence in some individuals (check with your provider).

Yeast infection:

D/w pt how abx can lead to yeast infections. Recommend beginning probiotics to help offset disruption of ph.

Prevention & Self-Care: Wear cotton underwear and avoid tight pants. Keep the genital area clean and dry, especially after swimming or exercising. Avoid douching, scented pads, and bubble baths. Wipe from front to back.

Sex: Avoid intercourse until treatment is complete.

Electronically signed by Breena Till, CRNP on 07/13/26 11:29 AM

