

CERTIFICATE FOR RETURN TO WORK / SCHOOL

Auburn University Montgomery
Nursing Care Center
Irma B. Moore Hall, Room 102
(334) 244-3281

Name Heather Adams

was seen on 2/13/14 at 940 am / pm

and is able to return to work / school on 2/17/14

Nature of illness or injury Lower Resp Infection / Bronchitis

☐ Restrictions ☐ Light work

Physical exertion: ☐ Limited ☐ Avoid x _____ Days

☐ Other Please excuse for 2/6/14

CRNP RN [Signature] RN-BC Date 2/17/14

Phone (334) 244-3281

Fax (334) 244-3243

AUBURN MONTGOMERY

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Heather Adams Date 2-13-14

Address _____

R

Ventolin HFA Inhaler

Dose 8 gm
sig: 2 puffs q.i.d. prn
L. Stewart, M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

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Name Heather Adams Date 2-13-14

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Lipiro 500mg
20
sig: 2 p.o. b.i.d. x 10 d

L. Stewart, M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

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R
Prescription to my dose PR

to be taken as directed

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/13/14 TIME: 0940 PT. HISTORY REVIEWED / UPDATED: 1
 PATIENT NAME: Heather Adams DOB: 11/5/87 AGE: 26

PRESENT COMPLAINT: Stated been sick for most of the year. Currently ~~has~~ ^{does not} have
sore throat ^{the first couple of days but not any more} cough ~~and~~ ^{and} coughing up white and yellow mucus.
Bone ear hurts and feeling a little congested. Stated this time with this sickness

MEDICATIONS: Heartburn medicine LMP: Some time in Jan

Temp	Pulse	Reso	B/P	HT	WT	Allergies
99.0	89	20	130/86	65.3	191.4	Benzoin
INITIAL VISIT 31.6						

INITIAL VISIT	RETURN VISIT
Skin <u>the left side hurts when coughing. It hurts in her</u>	<u>2-25-14</u>
Sinuses <u>back to cough and breath. Stated feels like a sharp</u>	<u>976</u>
Ears <u>pain. Still having some nasal congestion but better</u>	<u>Stated</u>
Eyes <u>start since taking mucinex. Stated felt like she is in a</u>	<u>all symptoms</u>
Nose <u>fog and just tired. Stated my have had low grade fever</u>	<u>none</u>
Throat <u>first few days.</u>	<u>was asked</u>
Neck/Back <u>Adams posture</u>	<u>Cont. to</u>
Heart <u>S3 S2 3 (M)</u>	<u>none non</u>
Lungs <u>intermittent wheezing (+)</u>	<u>remains the</u>
Abdomen <u>non-tender</u>	<u>0. Bump:</u>
GI/GU <u>Great: 0 tenderness on</u>	<u>been 0.</u>
Extremities <u>perfusion</u>	<u>wheezing</u>
	<u>P.R.R.</u>
	<u>P. mucinex</u>
	<u>DM OTC</u>
	<u>on Postent</u>

DIAGNOSIS:	TESTS	RESULTS
<u>Bronchitis</u>	<u>Pulse Flow</u>	<u>510</u>
<u>Resp Infection</u>	<u>CBC</u>	

PLAN:
 1) 500mg bid x 10d
 2) 5mg
 3) as directed to be used
 4) as directed to be used
 PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: Brittany Maynor

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____