

Roberts Jr., Michael Anthony Acct #: 234 007 2 DOB: 4/26/2000 Age: 21 yrs Sex: Male
 10/28/2021 9:15 AM with WALKER, DIONNE M NP for COVID-19 Evaluation
 Encounter #: A574261-86

Vitals

BP=112/79 Right Arm, Sitting, Regular Cuff; Temp=97.4 F Temporal; Pulse=91; Resp=12

Vitals Comment: Laying: 112/70 HR79; Standing: 116/69 HR 102

10/28/2021 9:51 am by DAVID, TASHINA J RN

INITIAL ASSESSMENT

Chief Complaint: dizzy, light headed and headache 3/10 pain scale x3days

Tobacco Smoker: No

Have you gotten your flu shot this season (Sept 2021 - Mar 2022): No
 did not seem interested in getting the flu shot

IMMUNIZATION COMPLIANCE ASSESSMENT

Specify Status of REQUIRED Immunizations:
 FULL

COVID & TRAVEL SCREENING (EHC & CDC GUIDELINES)

1. Do you have ANY of the following that started in the past 2 weeks: fever greater than 100 F, shaking/chills, loss of taste/smell OR new, worsened or unexplained cough, shortness of breath, sore throat/Congestion, muscle aches, headache, diarrhea, nausea, vomiting or rash?

- Headache

If yes, place a surgical/procedural mask on the patient.

no

3. What were the results of the test?

other or n/a

4. If the answer to #1 is YES, or testing is positive/pending (#3); N/A

I verify Isolation Precautions have been implemented as identified below. *Otherwise choose N/A.*

5. Have you recently had, or planning to have the COVID-19 Vaccine?

Other or n/a

fully vax Pfizer

Pulse Oximetry

O2 Sat (%): 96

Heart Rate: 95

Time: Thu 10/28/2021 9:54 AM

Undersignature: Signed by Tashina J. David, RN on 10/28/2021 9:54:30 AM

SUBJECTIVE

I reviewed the patient's self-recorded history above. and I reviewed the patient's self-recorded COVID assessment on secure message.

Patient came in complaining of nausea, dizziness, headaches (3/10), muscle aches, and decreased appetite.

-He denied any fever, abdominal pain or vomiting.

-He denied any chest pain, shortness of breath, fever or diarrhea.

-Off campus, fully vaccinated.

Onset of symptoms: Sun 10/24/2021

No fever (documented or subjective).

+ sore throat; + runny nose or nasal congestion; + myalgias; + headache; + fatigue; + nausea. No cough, No shortness of breath, No pain or pressure in chest, No chills or sweats, No anosmia (loss of sense of smell), No rash, No history of pneumonia, No diarrhea (3 or more loose/watery stools in 24 hours), No vomiting, and No abdominal pain.

Contacts: + Other contact.

Travel:

- No Travel

Medications

Reviewed by DIONNE WALKER, NP on 10/28/2021 10:02 AM

NO ACTIVE MEDS

Allergies

Reviewed by DIONNE WALKER, NP on 10/28/2021 10:02 AM

NO KNOWN DRUG ALLERGY

I have personally reviewed patient's allergies, sensitivities, and other reactions to drugs (including OTC and supplements), materials, food, and environmental factors.

OBJECTIVE

General:

- in no acute distress
- alert and appropriate

Eyes:

No conjunctival injection or erythema, No discharge present, No lid swelling, and No scleral icterus present.

Ears:

TMs benign bilaterally, EACs normal bilaterally, and no pinna abnormalities bilaterally

Nose:

No nares obstruction, No turbinates abnormal, No mucosa abnormal, and No abnormal nasal discharge present.

Sinuses:

non-tender to percussion bilaterally

No tender frontal sinuses to percussion and No tender maxillary sinuses to percussion.

Oropharynx:

+ mucosa not moist + pharyngeal erythema. No tonsillar enlargement and No tonsillar exudate.

Neck:

no lymphadenopathy, no thyromegaly, no masses, supple, no muscular or bony tenderness, and range of motion full

Cardiac:

regular rate and rhythm without murmurs or gallops

orthostatic completed

Lungs:

clear without wheezes, rales or rhonchi

Abdomen:

active bowel sounds, soft, non-tender, no hepatosplenomegaly, no masses, and no rebound tenderness

Skin:

no rash

COVID-19 In House PCR: Negative

Other lab tests or radiology studies:

Flu negative

Fingerstick Glucose (mg/dl): 101

Undersignature: Signed by Tashina J. David, RN on 10/28/2021 9:50:39 AM

Vitals

Time: Thu 10/28/2021 10:58 AM T: 99.0 P: 92 R: 18 Left BP: 116/80 Right BP: 115/78

Undersignature: Signed by Christopher Ibarra, MA on 10/28/2021 10:58:15 AM

ASSESSMENT

COVID vs Viral Illness

Mild dehydration

Diagnoses

Dizziness (R42)

Mild dehydration (E86.0)

Viral illness (B34.9)

Syncope (R55)

Supervising Physician: Mario Majette, MD

Encounter Code

Professional: EST. PATIENT LEVEL 3 (LOW MDM, 20-29 MIN) (99213)

PLAN

COVID negative, flu negative most likely mild dehydration and viral illness.

Management of mild dehydration:

Tylenol 650mg to 1000mg for pain and fever every 8 hours. Ibuprofen 200mg to 400mg for pain and fever (take with food).

Keep hydrated with water, popsicles and gatorade. Drink up to 4 (16 oz) of bottle of water and gatorade to help with mild dehydration.

Get up slowly, shake legs out and then stand up slowly if experiencing dizziness.

Notify Student Health or go to the emergency room if dizziness persist or worsen, if you develop any chest pain or shortness of breath.

If symptoms persist or worsen, please go to the emergency room or call Emory student health clinic at 4047277551.

Will keep patient on surveillance.

9:48 am- Orthostatic completed and patient started to complain of feeling like he was going to passed out.

-Provider called out for help to Christopher, MA and tried to lower patient to supine position.

-Patient passed out for less than 1 minutes (he had eyes wide opened, not respond to name or sternum rub immediately).

-Team responded to emergency. Patient responded within 1 minutes without CPR or emergency measures initiated. Patient responded by sitting up on the table by himself but appears disoriented.

-He was oriented to place by staff and he was able tell his name.

- Blood sugar completed and measured 101, offered patient something to drink.

9:51- Dr. Majette came in the room to assess patient health status. He appears oriented x 4. He gave history of passing out once at Kaiser Permanente about 2 years ago.

He was placed in supine position, wet cloth applied to forehead and observed in the room by Dr. Majette and Walker, NP for few more minutes.

10:05- He was able to stand at the side of the bed without any complains of feeling dizzy or fainting spell.

10:10- He was given more oral hydration with water and kept for observation inside the room.

10:30am- He was given cracker and another bottle of water to see if he would tolerate food since he was originally complaining of nausea.

10:48- Vital signs obtained and patient tolerated ambulation up and down the hallway.

Triage Level & Next Steps: + Low Risk Patient needs close follow up; + Recommend for COVID testing; + Off Campus Student, needs to be added to Surveillance list on REDCap. .

DISPOSITION:

- Contact Student Health if worsening, high fever, shortness of breath or severe cough

ORDERS

LAB ORDERS

Laboratory Order by: WALKER, DIONNE M NP (Dizziness R42)

RAPID INFLUENZA IN-HOUSE

Disposition

PATIENT INSTRUCTIONS:

COVID negative, flu negative, most likely from mild dehydration and viral illness.

Syncope episode most likely from mild dehydration.

RESULTS WILL BE SENT BY SECURE MESSAGE. FIRST AN EMAIL NOTIFICATION IS SENT, THEN LOG ONTO THE PATIENT PORTAL TO ACCESS THE MESSAGE WITH YOUR RESULTS

RETURN VISIT

FOLLOW-UP IF NO IMPROVEMENT OR WORSENING SYMPTOMS

DISCUSSED INDICATIONS FOR IMMEDIATE TRIP TO EMERGENCY DEPARTMENT, INCLUDING SIGNIFICANT WORSENING OF CURRENT SYMPTOMS.

FOLLOW-UP AS NEEDED

PHONE OR SECURE MESSAGE FOLLOW-UP

Handouts

Dizziness (System)

DISPOSITION:

- Follow up as needed
- Follow up if no improvement
- Follow up if problem persists or worsens
- Secure message or phone follow-up with lab results.
- Discussed with patient the indications for immediate trip to Emergency Department, including significant worsening of current symptoms.

COVID-19 Exposure/Symptom Management Plan

- Cover nose and mouth with tissue or elbow when coughing or sneezing
- Hand washing precautions
- Increase fluid intake
- OTC symptomatic treatment (avoiding aspirin-containing products)
- Contact EUSHS immediately for difficulty breathing/shortness of breath or worsening; go to the ED if emergent

Signed by Dionne M. Walker, NP on 10/28/2021 4:03:31 PM