MedStar Health Urgent Care at Chevy Chase
5454 Wisconsin Ave
STE 401
Chevy Chase, MD 20815-
(855) 910-3278

Patient: **LEE, JONG HYUN HYUN HYUN**
MRN: MPP-000007754126
FIN: MPP-60005560184
DOB/Age/Sex: 6/1/1993 32 years Male

Date of Service: 5/24/2024
Attending Provider: Agudosi,CRNP,Ginikachukwu M.

Patient Viewable Documents

DOCUMENT NAME:	Urgent Care Office/Clinic Note
PERFORM INFORMATION:	Agudosi,CRNP,Ginikachukwu M.(5/24/2024 17:08 EDT)
RESULT STATUS:	Auth (Verified)
SERVICE DATE/TIME:	5/24/2024 15:24 EDT
SIGN INFORMATION:	Agudosi,CRNP,Ginikachukwu M.(5/26/2024 14:55 EDT)

Chief Complaint

As per Intake and History:
sore throat

Allergies
No Known Medication Allergies

Family History

History of Present Illness
30-year-old male patient presenting reporting 1 week of sore throat that seems to have worsened severely in the past 2 days. Denies any recent antibiotic use. Reports malaise, chills, reports pain with swallowing, voice change, drooling and pooling oral secretions. Reports pain has made swallowing and speaking difficult. Describes throat as sore, achy, severe intensity, constant.

Review of Systems
General- reports chills, fatigue
Eyes- denies eye discharge or eye pain
ENT- positive sore throat. See HPI. Denies earache, nasal congestion
CV- denies chest pain, palpitations, syncope
Resp- denies cough or sputum production, wheezing, SOB
GI- denies abd pain, diarrhea, nausea, vomiting
GU- denies urinary complaints
MS- denies back pain, Reports generalized body aches. See HPI.
Derm- denies rash
Neuro- reports HA, denies dizziness, numbness, +weakness
Please see HPI. Except as noted, all other systems within patient's subjective established baseline and negative.

Physical Exam

Initial Vitals
T: 37 degC (Oral) **HR:** 98 (Peripheral) **RR:** 16 **BP:** 120/75 (Automated) **SpO2:** 100%
Height/Length Dosing: 167 cm (05/24/24 13:03:00)
Weight Dosing: 65 kg (05/24/24 13:03:00)
Menstrual History
Pregnancy Status: N/A

Recent Vitals

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T: 37 degC (Oral) (13:03) **HR:** 98 (Peripheral) (13:03) **RR:** 16 (13:03)
BP: 120/75 (Automated) (13:03) **SpO2:** 100% (13:03)
Gen - WN/WD, no acute distress, AOx3
Eyes - no conjunctivitis, anicteric sclerae
HENT - nares clear, MMM, uvula slightly deviated to the left, marked right tonsillar erythema, bulging of the soft palate is visible in the pharynx on the right, 2+ tonsil enlargement w/o exudate, no tenderness noted on auricle pull right ear, bilat TM with erythema, bulging and cloudy effusions
Neck - AROM normal, + marked ant cerv LAN tender
CV - S1S2 nl, RRR
Pulm - no resp distress, CTAB
MSK - nl gait
Skin - no rash or lesions
Immune - no petechiae/purpura

Pain Assessment
No qualifying data available.

No qualifying data available.

EKG Interpretation
EKG Order
No qualifying data available.

Lab Results
Point of Care Labs
POC Rapid Strep A Screen PCR: Negative (05/24/24 13:19:00)

Assessment and Plan
Patient presents with a/an Problem of complexity per HPI and Medical Decision Making
Medical Decision Making/DDx (including but not limited to the following):

Findings today concerning for possible right peritonsillar abscess.
Recommended patient go to the emergency room immediately for evaluation and management, and possible drainage.
Patient is noted to have capacity, verbalized understanding and agreement, states he will self transport to Georgetown ED for further management.
Patient is VSS at this time for POV transport. Patient pre-arrived

- All vital signs were reviewed and incorporated into medical decision making.
- Any radiographs listed above were interpreted by a Radiologist outside of Urgent Care. I viewed any images and agree with findings unless otherwise specified.
- Medication Management: Medication list reviewed and advised to continue any chronic medications as managed by primary care or specialists.
Other prescription medication discussion: Per chart.

Historian other than patient contributed: Per chart
External (non-MedStar Urgent Care) notes reviewed: Per chart
Past labs, tests, and imaging studies reviewed: Per chart

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Management discussion with external clinician / Teleconsult occurred if consultation documented: Per chart.
Procedure: Per chart
Social determinants impacting health identified: Per chart
ER Referral: Per chart

Education
Peritonsillar Abscess - 05/24/2024 15:24

Urgent Care Diagnosis:
1. Peritonsillar abscess| (J36)
No qualifying data available.

Discharge Prescriptions:
No documented discharge medications

Discharge Order
Patient Disposition
Discharge Patient (Discharge Patient Urgent Care) - Ordered
-- 05/24/24 15:23:00 EDT, ED by private vehicle

Patient Instructions

Thanks for choosing us. It was a pleasure seeing you today!

We are sending you to the emergency room to rule out and manage potentially more serious problems. Due to your history and symptoms, and our findings on exam this makes the most sense. The ER can do far more for you that we can. Please follow-up with your primary care provider once you are released as recommended.

Electronically signed by:

Agudosi, CRNP, Ginikachukwu M. on: 05.26.2024 14:55 EDT