**DISCHARGE DIAGNOSIS:**

@DIAGX@

Primary Care Provider: @PCP@

**CHIEF COMPLAINT:** @CHIEFCOMPLAINT@

Notes:

This is a @AGE@ @SEX@ [-\*\*\*-]

Historian: Patient

Associated with: [-No sore throat, is present. No Nasal Congestion, No Cough, No Fevers-]

Associated Symptoms [-none-]

Quality: [-Achy, Fullness-]

Symptoms began [-\*\*\*-] prior to arrival. Patient currently has symptoms. Symptoms are [-worse-].

Severity: Maximum: [-Severe-]. Current: [-Moderate-]

Exacerbated by: [-Nothing-]

Relieved by: [-minimal with OTC medicines-]

**HPI:**

PMH: @HXPMH@

@PROB@

Past Surg: @HXPSH@

Allergies: @ALG@

Meds: @EDPTMEDCONT@

Social: [-@SOCX@-]

**REVIEW OF SYSTEMS:**

CONSTITUTIONAL: No fever.

EYES: No itchy eyes

ENT: As Described.

CARDIOVASCULAR: No Chest Pain.

RESPIRATORY: No Cough, No SOB.

GI: No nausea, No vomiting.

MUSCULOSKELETAL: No arthralgias.

SKIN: No Rash.

NEUROLOGIC: [-No headaches-]

**PHYSICAL EXAM:**

@VITALSMULTIPLE@

GENERAL: Patient is afebrile, Vital signs reviewed, Well appearing, Patient appears comfortable, Alert and lucid.

HEAD:  Atraumatic

EYES: Normal to inspection. Extraocular movements are intact.

ENT: [-External ear with exudate and pain on instrumentation \*\*\* side, opposite side is unremarkable-] [-Tympanic membrane with no erythema or bulging-], Nares patent. Oropharynx is moist. No trismus. Mouth normal to inspection.  No tenderness on palpation of the sinuses

NECK:  Normal ROM, No nuchal rigidity. [-No lymphadenopathy.-]

CARD:  Regular rate and rhythm, heart sounds normal.

RESP:  No respiratory distress, breath sounds normal.

BACK: Normal Inspection

SKIN: Color normal

NEURO: Awake & alert, lucid, no motor/sensory deficit.

PSYCH:  Mood/affect normal.

**MEDICAL DECISION MAKING**:

[-History and exam consistent with otitis externa nonmalignant. No recent URI symptoms to suggest otitis media and no evidence on exam for peritonsilar abscess or cellulitis without radicular pain to the ear. No tap tenderness to teeth to suggest dental infection or pain. Patient has no diabetes or immunocompromise.-]

[-History and exam consistent with otitis media. No evidence on exam for peritonsilar abscess or cellulitis without radicular pain to the ear. No tap tenderness to teeth to suggest dental infection or pain. Patient has no diabetes or immunocompromise. Will discuss symptomatic management, and the equivocal effectiveness of antibiotics.-]

**URGENT CARE COURSE**:

Medications, medical history, allergies, surgical history, hospitalizations, family history, social history, ROS and vitals entered by medical assistant and reviewed by myself.

[-I discussed with the patient the diagnosis, treatment plan, indications for return to the urgent care or emergency department, and for expected follow-up. The patient verbalized an understanding. The patient is asked if there are any questions or concerns. We discuss the case, until all issues are addressed to the patient's satisfaction.-]

Follow up plan per the discharge instructions urgent care or emergency department in the next 12-24hrs if increasing symptoms, significant changes, pain, or concerns.

@MEDADMIN@

**DIAGNOSIS:**

@DIAGX@

@EDPTMEDSTART@

*@MEMD@*

*@NOW@, @TD@*