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Park Nicollet®

Preferred name: Mae F Egeland (Legal name: Mae F Egeland) | DOB: 5/24/2017 | MRN: 94129830

PCP: Laura L Conger, MD

Office Visit - Apr 30, 2025 (Mae)

with Kelsey L Lien at Wayzata Family Medicine

Notes from care team

Progress Notes

Kelsey L Lien at 4/30/2025 2:10 PM

Office Visit

Date of visit: 4/30/2025

PCP: Laura L Conger, MD

SUBJECTIVE:

Chief Complaint

Patient presents with

- Pharyngitis
Onset last Saturday.
- EYE DISCHARGE
This am in both eyes. Both eyes have redness.
- Ear Pain
Both ear had pain
- Cough

Mae F Egeland is a 7 y.o. female with PMH notable for chronic cough who presents for above sx.

Here with grandma.

On Saturday evening developed a sore throat which progressed the following day to ear pain, cough, nasal congestion. This morning had eye mattering, which cleared with a wet rag. She has had a temperature up to 100 deg F.

No one at home has been sick. She has a sister. She has missed this whole week of school.

Has been using her Symbicort 1-2 times per day. She only takes this with colds. She feels like that does help with her cough.

Alternating Tylenol and Ibuprofen to keep temperature down.

She has not been eating or drinking much. She has not urinated yet today.

Patient Active Problem List

Diagnosis

- Impaired speech articulation
- Chronic cough

Current Outpatient Medications

Medication

Instructions

Exhibit J

Conf. Ex. 2

• amoxicillin (AMOXIL)	90 mg/kg/day, Oral, BID
• budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT inhaler	1 Puff, Inhalation, DAILY, 1 puff twice per day and every 4 hours as needed. Rinse mouth/gargle after use.
• Pediatric Multiple Vit-C-FA (PEDIATRIC MULTIVITAMIN) chewable tablet	1 Tablet, DAILY
• Spacer/Aero-Hold Chamber Mask	1 Each, PRN

OBJECTIVE:

BP 98/58 (BP Location: Left Arm, BP Cuff Size: Small Adult/Large Pediatrics) | Pulse 99 | Temp 98.8 °F (37.1 °C) (Oral) | Resp 20 | Ht 4' 2.5" (1.283 m) | Wt 56 lb 1.6 oz (25.4 kg) | SpO2 97% | BMI 15.47 kg/m²

General: Well appearing, no acute distress.

ENT: Bilateral TMs are injected and bulging. Throat is non erythematous, tonsils are 1+ without exudate, she has dry lips but moist mucous membranes.

Neck: Supple, she is tender bilateral anterior cervical lymphadenopathy

Respiratory: Normal respiratory effort. Lungs are clear with good breath sounds bilaterally.

Cardiovascular: Regular rate and rhythm. No murmur.

Abdomen: Soft and nontender

Skin: No visible rash on exposed skin.

Data relevant to this visit:

5/9/23 Strep PCR +

ASSESSMENT/PLAN:

Mae was seen today for pharyngitis, eye discharge, ear pain and cough.

Diagnoses and all orders for this visit:

Acute otitis media, bilateral

- amoxicillin (AMOXIL) 400 MG/5ML suspension; Take 14.3 mL (1,144 mg) by mouth two times a day for 7 days.

Chronic cough**Anterior cervical lymphadenopathy**

7-year-old female here with viral URI symptoms with sore throat and ear pain who does have bilateral acute otitis media on her exam today. She has some anterior cervical lymphadenopathy. She has no pharyngeal exudates. Her lung sounds are clear. She does have a cough. We will treat her with a course of amoxicillin for the ear infection. I recommended that she take her Symbicort every 4 hours while awake for the next few days and then taper that to help with her cough. We discussed the importance of hydration and I told her that if she has not urinated by 6:00 p.m. tonight they should go in for IV fluids. We reviewed symptomatic and supportive cares and reasons in which to be seen acutely.

Kelsey L Lien, MD

04/30/2025

Park Nicollet Wayzata Family Medicine

AFTER VISIT SUMMARY

Mae F. Egeland MRN: 94129830

4/30/2025 2:10 PM Wayzata Family Medicine 952-993-8250



Instructions from Kelsey L Lien



Your medications have changed today
See your updated medication list for details.



Read the attached information

1. Rehydration: Oral: Pediatric (English)
2. Otitis Media: Acute: Pediatric: General Info (English)



Pick up these medications at Hy-Vee Pharmacy #1531
- Plymouth, MN - 16705 County Rd. 24

amoxicillin

Address: 16705 County Rd. 24, Plymouth MN 55447-1287
Phone: 763-383-7061



Patient would like to receive their results via: ONLINE PATIENT SERVICES

Today's Visit

You saw Kelsey L Lien on Wednesday April 30, 2025. The following issue was addressed: Acute otitis media, bilateral.



Blood Pressure
98/58



BMI
15.47 (43rd percentile)



Weight
56 lb 1.6 oz (50th percentile)



Height
4' 2.5" (57th percentile)



Temperature (Oral)
98.8 °F



Pulse
99



Respiration
20



Oxygen Saturation
97%

Percentiles calculated using: CDC (Girls, 2-20 Years)

What's Next

MAY
7
2025

Well Child with Laura L Conger

Wednesday May 7 11:15 AM

If you or anyone accompanying you is experiencing respiratory symptoms or have been exposed to COVID in the past 10 days, we will ask you to wear a medical-grade face mask. If you have tested positive for COVID in the past 10 days, please postpone any non-urgent visits.

Please bring your insurance ID card, a current list of your medications, a picture ID, and remember we will collect copays, outstanding balances or down payments on your account at check-in if these situations apply.

For more information on what a preventive care visit includes and how we bill for services, see this handout: <https://healthpartnersfiles.com/24667.pdf>

Carlson Pediatrics
15111 Twelve Oaks Center Drive
Minnetonka MN 55305
952-993-4500

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Make your next appointment online:

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Did you know that a secure copy of your visit summary, your test results and more is available online? It looks like your account is already set up on www.healthpartners.com!

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For any tests ordered or completed today, you'll see results in your HealthPartners online account as soon as they're available. You may see your test results before your doctor or clinician does – we'll contact you if we need to discuss your results or any next steps in your care.

Your Medication List as of April 30, 2025 2:34 PM

ⓘ Always use your most recent med list. Please let us know if anything is missing or incorrect including supplements or other medications. Please call your pharmacy at least 5 days before you need a refill to allow time for them to contact us.

 START	amoxicillin 400 MG/5ML suspension Commonly known as: AMOXIL Started by: Kelsey L Lien	Take 14.3 mL (1,144 mg) by mouth two times a day for 7 days.
	budesonide-formoterol 160-4.5 MCG/ACT inhaler Commonly known as: SYMBICORT	Inhale 1 Puff daily. 1 puff twice per day and every 4 hours as needed. Rinse mouth/gargle after use.
	pediatric multivitamin chewable tablet	Chew and swallow 1 Tablet by mouth daily.
	Spacer/Aero-Hold Chamber Mask	1 Each as needed.

Oral Rehydration for Children: Care Instructions

Overview



Your child can get dehydrated when their body has lost too much water. This can happen because of vomiting, sweating, diarrhea, or fever. Dehydration can happen quickly in babies and young children. Severe dehydration can be life-threatening. You can give your child an oral rehydration drink to replace water and minerals. Several brands can be found in grocery stores and drugstores. These include Pedialyte, Infalyte, or Rehydralyte.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Do not give just water to your child. Use rehydration fluids as instructed. Give your child small sips every few minutes as soon as vomiting, diarrhea, or a fever starts. Give more fluids slowly when your child can keep them down.
- Be safe with medicines. Have your child take medicines exactly as prescribed. Call your doctor if you think your child is having a problem with a medicine.
- Start to offer small amounts of food when your child feels like eating again.

When should you call for help?



Call 911 anytime you think your child may need emergency care. For example, call if:

- Your child passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- Your child has symptoms of dehydration that are getting worse, such as:
 - Dry eyes and a dry mouth.
 - Passing only a little urine.
 - Feeling thirstier than usual.
- Your child cannot keep down fluids.

- Your child is becoming less alert or aware.

Watch closely for changes in your child's health, and be sure to contact your doctor if your child does not get better as expected.

Where can you learn more?

1. Go to <https://www.healthpartners.com/healthlibrary>.
2. Enter **X510** in the search box.

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Learning About Ear Infections (Otitis Media) in Children

What is an ear infection?



An ear infection is an infection behind the eardrum, in the middle ear. This type of infection is called otitis media. It can be caused by a virus or bacteria.

An ear infection usually starts with a cold. A cold can cause swelling in the small tube that connects each ear to the throat. These two tubes are called eustachian (say "yoo-STAY-shun") tubes. Swelling can block the tube and trap fluid inside the ear. This makes it a perfect place for bacteria or viruses to grow and cause an infection.

Ear infections happen mostly to young children. This is because their eustachian tubes are smaller and get blocked more easily.

An ear infection can be painful. Children with ear infections often fuss and cry, pull at their ears, and sleep poorly. Older children will often tell you that their ear hurts.

How are ear infections treated?

Your doctor will discuss treatment with you based on your child's age and symptoms. Many children just need rest and home care.

Regular doses of pain medicine are the best way to reduce fever and help your child feel better.

- You can give your child acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for fever or pain. Do not use ibuprofen if your child is less than 6 months old unless the doctor gave you instructions to use it. Be safe with medicines. For children 6 months and older, read and follow all instructions on the label.
- Your doctor may also give you eardrops to help your child's pain.
- Do not give aspirin to anyone younger than 20. It has been linked to Reye syndrome, a serious illness.

Doctors often take a wait-and-see approach to treating ear infections, especially in children older than 6 months who aren't very sick. A doctor may wait for 2 or 3 days to see if the ear infection improves on its own. If the child doesn't get better with home care, including pain medicine, the doctor may prescribe antibiotics then.

Why don't doctors always prescribe antibiotics for ear infections?

Antibiotics often are not needed to treat an ear infection.

- Most ear infections will clear up on their own. This is true whether they are caused by bacteria or a virus.
- Antibiotics kill only bacteria. They won't help with an infection caused by a virus.
- Antibiotics won't help much with pain.

There are good reasons not to give antibiotics if they are not needed.

- Overuse of antibiotics can be harmful. If antibiotics are taken when they aren't needed, they may not work later when they're really needed. This is because bacteria can become resistant to antibiotics.
- Antibiotics can cause side effects, such as stomach cramps, nausea, rash, and diarrhea. They can also lead to vaginal yeast infections.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

Where can you learn more?

1. Go to <https://www.healthpartners.com/healthlibrary>.

2. Enter **P771** in the search box.

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