

Alena Rakhman
H&P #1
Rotation 2 – Pediatrics

Location: Premier Pediatrics, Staten Island NY 10309

Date: 2/22/19

Time: 11:30AM

Source of Info: Self and babysitter

CC: “fatigue and nasal congestion x3 days”

HPI

16 y/o female with history of seasonal allergies, accompanied by babysitter with parents’ permission, presents to the pediatrics outpatient clinic complaining of fatigue, nasal congestion and cough for the past 3 days. The cough is persistent, productive of yellow phlegm and is worse at night when she is lying down. She also states that she is having generalized weakness, loss appetite and rhinorrhea for the past 3 days as well. She denies having a fever, states that her mother measures it daily with a thermometer orally. Patient has been taking Mucinex D over the counter, with no relief, last dose was at 7PM last night. As per babysitter, patient’s mother is concerned that the symptoms are not getting better and wants her daughter to be evaluated. Patient states that several students at her school have been diagnosed with influenza and have been having similar symptoms. Her immunizations are up to date, and she received a flu shot this year.

Denies hemoptysis, dyspnea, wheezing, chest pain, palpitations, syncope, recent weight loss or gain, fever or chills, night sweats, headache, loss of consciousness, ear pain, sore throat, nausea, vomiting, diarrhea, constipation, abdominal pain, dysuria, flank pain, or recent travel.

Differential Diagnosis

- 1) **Influenza** – general weakness/fatigue, loss of appetite, productive cough, nasal congestion, rhinorrhea, sick contacts at school
- 2) **Viral URI** – nasal congestion, productive cough, rhinorrhea, sick contacts at school, afebrile, flu shot this year

PMH

enlarged adenoids x5 years
temporomandibular joint syndrome x3 years

Immunizations

up to date, including flu shot

Past surgical hx

adenoidectomy - 2013, Staten Island University Hospital North Campus, no complications
denies past injuries or blood transfusions

Past hospitalizations

see surgical hx

Medications

No known current medications

Allergies

Seasonal allergies
No known drug or food allergies

Family history

Mother	45 years old, alive and well, no significant past medical history
Father	48 years old, alive and well, past medical history of controlled HTN
Grandfather (maternal)	74 years old, alive and well, past medical history of controlled HTN and BPH
Grandmother (maternal)	70 years old, alive and well, no significant past medical history
Grandfather (paternal)	80 years old, alive and well, past medical history of controlled HTN and hypercholesterolemia
Grandmother (paternal)	79 years old, alive and well, past medical history of controlled osteoporosis
Sister	9 years old, alive and well, no significant past medical history

Sister	12 years old, alive and well, no significant past medical history
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Social History

Pt is an overall healthy and happy adolescent female. She is in 11th grade, has perfect school attendance, and attends afterschool activities, dance and soccer. She has a dog at home and lives with her parents and 2 younger sisters. Pt is not sexually active, and denies drinking alcohol, illicit drug use or smoking cigarettes. She denies any recent travel and admits to wearing a seat belt. She usually eats homecooked meals and tries to avoid junk food and soda. She sleeps about 9 hours each night, and her exercise consists of afterschool activities. Nobody smokes in the household.

ROS

General

- **generalized weakness/fatigue and loss of appetite;** denies recent weight loss or gain, fever or chills, or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo, or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia, or pruritus; does not wear glasses or contacts

Ears

- denies deafness, pain, discharge, or tinnitus

Nose/Sinuses

- **congestion and rhinorrhea;** denies epistaxis or obstruction

Mouth and throat

- **wears metal braces;** denies sore tongue, sore throat, mouth ulcers, voice changes, or bleeding gums

Neck

- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- **cough;** denies SOB, DOE, orthopnea, wheezing, hemoptysis, cyanosis, or PND

Cardiovascular System

- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- **loss of appetite;** denies intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Menstrual and Obstetrical

- LMP 2/08/19 regular; denies menorrhagia, metrorrhagia, dysmenorrhea, premenstrual symptoms, vaginal d/c; not sexually active

Nervous System

- denies HA, seizures, loss of consciousness, weakness, sensory disturbances, ataxia, loss of strength, or change in cognition/mental status/memory

Musculoskeletal System

- denies muscle/joint pain, deformity/swelling, redness, or arthritis

Peripheral Vascular System

- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System

- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric

- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

General appearance

Pt is AOx3, looks her stated age. She appears well-developed, well-groomed and well-nourished. She is sniffing and coughing but appears to be in no apparent distress.

Vitals

- BP → 112/72
- HR → 78 bpm, regular
- RR → 16 bpm, unlabored
- Temp → 98.2 F (tympanic)
- SpO2 → 98% (room air)
- Height → 62.4 inches
- Weight → 115 pounds
- BMI → 21.0

Skin	pink, no rashes/pigmentations/petechiae/infections
Head	normocephalic, no trauma, N/L hair texture & distribution
Eyes	PERRL, extraocular movements intact, conjunctivae clear, red reflex WNL
Ears	canal clear, TM WNL, pinna WNL AU
Nose/Sinuses	congestion, turbinates red, clear rhinorrhea b/l, tenderness to palpation over maxillary sinuses b/l; no deformities, no tenderness to palpation over frontal or ethmoid sinuses
Mouth/Throat	tonsils absent b/l, post nasal drip; pharynx/uvula/soft palate/tongue/gums WNL
Neck	supple, trachea midline, thyroid WNL
Nodes	cervical/epitrochlear/axillary/femoral WNL
Thorax	lungs clear to auscultation, no retractions/abdominal breathing
Heart	RR, no murmurs, N/L S1/S2, pulses WNL
Breasts	not assessed (not pertinent to complaint)
Abdomen	soft, NT, ND, N/L BS, no hepatosplenomegaly/hernias/CVA tenderness
Extremities	FROM, N/L muscle tone & strength, no clubbing/cyanosis
Back/Spine	straight, FROM, no tenderness
Genitalia	not assessed (not pertinent to complaint)
Rectal	not assessed (not pertinent to complaint)
Neuro	A&O, CN II-XII intact, N/L reflexes, sensory WNL
Psych	mood/affect/memory/judgement WNL

Labs

Rapid Influenza Test

- influenza A (negative)
- influenza B (negative)

CBC

WBC	6.2	x10 ³ /uL		4.4 – 13.5
LY	26.9	%		20.5 – 51.1
MO	22.6	%	↑	1.7 – 9.3
GR	50.5	%		42.2 – 75.2
LY#	1.7	x10 ³ /uL		1.7 – 4.9
MO#	1.4	x10³/uL	↑	0.1 – 0.6
GR#	3.1	x10 ³ /uL		1.8 – 7.2
RBC	4.70	x10 ⁶ /uL		4.00 – 6.00
Hgb	13.7	g/dL		11.7 – 15.0
Hct	41.6	%		35 – 45
MCV	88.6	fL		80 – 99.9
MCH	29.2	pg		27.0 – 31.0
MCHC	33.0	g/dL		33.0 – 37.0
RDW	14.1	%	↑	11.6 – 13.7
Plt	207.	x10 ³ /uL		150. – 450.
MPV	8.4	fL		7.8 – 11.0

Assessment

16 y/o female with history of seasonal allergies, accompanied by babysitter with parents' permission, presents to the pediatrics outpatient clinic complaining of fatigue, generalized weakness, nasal congestion, productive constant cough, and loss of appetite for the past 3 days. Rule out:

- 1) **viral URI** - nasal congestion, productive cough, rhinorrhea, sick contacts at school, afebrile, flu shot this year, post nasal drip on PE, elevated monocytes on CBC, negative rapid influenza test
- 2) **acute sinusitis** - tenderness to palpation over maxillary sinuses b/l on PE, nasal congestion, rhinorrhea, productive cough, hx of adenoidectomy
- 3) **allergic rhinitis** – nasal congestion, productive cough, rhinorrhea, clear rhinorrhea b/l on PE, post nasal drip, hx of seasonal allergies, cold dry weather

Management/Plan

- discharge home with advised use of rest and fluid hydration
- advise use of a cool-mist humidifier
- adherence to proper handwashing technique
- Bromfed DM 10 mL PO q4h prn
- Tylenol or Motrin OTC, as directed if onset of fever or pain
- f/u if symptoms do not resolve in about a week, or if fever over 100F develops for over 24 hours

Patient Education/Follow-up care

Today your child was diagnosed with a viral upper respiratory infection, otherwise known as a cold. It can affect your child's nose, throat, ears and sinuses. The common cold is usually not serious and does not need special treatment. Since the cold is caused by a virus, it will not get better with antibiotics because they only work on bacteria and not viruses. Your child's symptoms might be worse for the first 3-5 days but should resolve in 7-14 days.

There are some things you can do at home to improve your child's symptoms. Make sure that your child gets plenty of rest, is being hydrated with water, Pedialyte, soups, Gatorade, and juice. Use a cool-mist humidifier, which will add moisture to the air and help your child breathe easier. Make sure your child adheres to a proper handwashing routine.

We are prescribing medication called Bromfed DM for your child. According to your child's age, they should be taking 10 mL by mouth every 4 hours as needed. Do not exceed more than 40 mL per day. Bromfed DM is a cough suppressant, decongestant and an antihistamine, and should help resolve your child's symptoms. The medication was sent electronically to the pharmacy that you indicated, you may pick it up there.

Contact us if your child develops a fever over 100F for over 24 hours. If your child's symptoms do not resolve after about a week, come back for a follow-up appointment. If your child's symptoms get worse, they develop a high fever, start experiencing shortness of breath, losing consciousness, etc. proceed to the emergency room immediately or call 911.