

Alena Rakhman
H&P #2
Rotation 2 – Pediatrics

Location: Premier Pediatrics, Staten Island NY 10309

Date: 2/21/19

Time: 4:00 PM

Source of Info: Self and mother

CC: “fever, nausea and vomiting x1 day”

HPI

7 y/o female with no significant medical history, accompanied by mother, presents to the pediatrics outpatient clinic complaining of fever and vomiting since this morning. Mother states that pt’s fever was 103F this morning, which went down after 10 mL of Motrin administered today at 8AM. Pt also vomited twice this morning, consistency of which was nonbilious and there was no hematemesis. Additionally, pt is complaining of fatigue, chills, abdominal pain, sore throat, congestion and rhinorrhea. Abdominal pain is 4/10, cramping and diffuses throughout abdomen, without radiation. Pt’s mother denies recent travel and sick contacts, but states that her daughter does attend public school daily. Pt did not get her flu shot this year, but otherwise her immunizations are up to date. Denies hemoptysis, cough, dyspnea, wheezing, chest pain, palpitations, recent weight loss or gain, loss of appetite, night sweats, headache, loss of consciousness, visual disturbance, bizarre behavioral disturbances, ear pain, diarrhea, constipation, dysuria, or flank pain.

Differential Diagnosis

- 1) **Influenza** – sudden onset of fever, nausea, vomiting, abdominal pain, fever, chills, no flu shot this year
- 2) **Streptococcal pharyngitis** – sore throat, fever, chills

PMH

no past medical history

Immunizations

no flu shot this year, otherwise up to date

Past surgical hx

denies past surgeries, injuries or blood transfusions

Past hospitalizations

denies past hospitalizations

Medications

no known current medications

Allergies

no known seasonal, drug or food allergies

Family history

Mother	31 years old, alive and well, no significant past medical history
Father	33 years old, alive and well, no significant past medical history
Grandfather (maternal)	65 years old, alive and well, past medical history of controlled HTN
Grandmother (maternal)	62 years old, alive and well, past medical history of smoking
Grandfather (paternal)	deceased at 70 years old, natural causes
Grandmother (paternal)	62 years old, alive and well, past medical history of controlled HTN

Social History

Pt is an overall healthy and happy young female who has been meeting her developmental milestones. She is in 2nd grade, maintains good grades and attends gymnastics and dance as her afterschool activities. She lives at home with her 2 parents and frequently spends time with her grandparents, as they do majority of babysitting. She denies any recent travel and admits to wearing a seat belt. She usually eats homecooked meals and is allowed an occasional sugary treat. She sleeps about 10 hours each night and her main exercise consists of afterschool activities. No one smokes in the household and there are no pets.

ROS

General

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

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

Neck

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

Breast

- denies lumps, pain or swelling

Pulmonary System

- denies cough, 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

- **nausea, vomiting and abdominal pain;** denies intolerance to specific foods, loss of appetite, dysphagia, pyrosis, flatulence, eructations, 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

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 looks fatigued but appears to be in no apparent distress.

Vitals

BP → 98/56

HR → 98 bpm, regular

RR → 18 bpm, unlabored

Temp → 100.6 F (tympanic)

SpO2 → 98% (room air)

Height → 47.6 inches

Weight → 48.25 pounds

BMI → 15, 38th percentile

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	congestion, turbinates red, clear rhinorrhea b/l , no deformities
Mouth/Throat	injected posterior pharynx with post nasal drip , tonsils/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 (positive)**

- influenza B (negative)

Rapid Strep Test (negative)

Assessment

7 y/o female with no significant medical history, accompanied by mother, presents to the pediatrics outpatient clinic complaining of 103F fever, nonbilious and non-bloody vomiting x2 since this morning, along with fatigue, chills, crampy, non-radiating, 4/10 abdominal pain, sore throat, congestion and rhinorrhea. Rule-out:

- 1) **Influenza A** - sudden onset of fever, nausea, vomiting, abdominal pain, fever, chills, no flu shot this year, positive rapid influenza test for influenza A
- 2) **Viral pharyngitis (adenovirus)** – fever, sore throat, negative rapid strep test
- 3) **Viral gastroenteritis (norovirus)** – nausea, vomiting, fever, abdominal pain

Management/Plan

- antipyretics to bring the fever down before discharge (Children's Motrin 10 mL PO q6-8h prn; can alternate with Children's Tylenol 10 mL PO q4h prn)
- antipyretics at home for fever, same dose
- Tamiflu 45mg PO bid x5 days (start within 48h of sxs onset)
- discharge home with advised use of rest and fluid hydration
- cold mist humidifier to increase air moisture in the house
- advise to stay home until 24 hours without a fever without use of antipyretics
- f/u if fever does not subside in the next 24 hours

Patient Education/Follow-up care

Today your child was diagnosed with Influenza A, or the flu, which is an infection caused by the influenza virus. The flu is easily spread when an infected person coughs, sneezes, or has close contact with others. Your child may be able to spread the flu to others for 1 week or longer after signs or symptoms appear.

In order to manage your child's symptoms, there are some steps that you can take. Help your child rest and sleep as much as possible. Give your child liquids to help prevent dehydration such as water, Pedialyte, Gatorade, juice and broth. Use a cool mist humidifier to increase air moisture in your home, which can make it easier for your child to breath and help alleviate their symptoms. Have your child wash their hands often using soap and water. Use gel hand cleanser that contains 60% alcohol, when soap and water are not available. Clean shared items with a germ-killing cleaner. Keep your child home if they are sick until their fever and symptoms are gone for 24 hours. Get your child vaccinated, everyone older than 6 months should get a yearly influenza vaccine.

We administered 10 mL of Children's Motrin in the office in order to bring your child's fever down. You may administer Children's Motrin 10 mL by mouth every 6-8 hours as needed to bring down the fever at home. You may alternate Children's Motrin with Children's Tylenol 10 mL by mouth every 4 hours as needed. Do not exceed 40 mL in 24 hours of Children's Motrin or 50 mL in 24 hours of Children's Tylenol. Administer medication as directed. Do not give aspirin to children under 18 years of age, which can lead to Rey's syndrome, and can lead to life-threatening brain and liver damage. We are prescribing medication called Tamiflu, an antiviral for influenza A, 45 mg by mouth twice a day for 5 days. Start within 48 hours of symptom onset and take as instructed. Make sure your child takes it after meal as it can upset their stomach. We are not prescribing antibiotics since influenza is caused by a virus and not bacteria, and antibiotics will have no effect.

Contact us if your child's symptoms do not improve or if the fever does not subside in the next 24 hours. If your child starts experiencing significant symptoms such as chest pain, trouble breathing, seizure, unconsciousness, etc. proceed to the emergency room or call 911.