

Alena Rakhman
H&P #3
Rotation 2 – Pediatrics

Location: Premier Pediatrics, Staten Island NY 10309

Date: 3/2/19

Time: 1:40PM

Source of Info: Self and mother

CC: “itchy rash x1 day”

HPI

18-year-old male with no significant past medical history, accompanied by mother, presents to the pediatrics outpatient clinic complaining of pruritic rash x1 day. Pt noticed the rash this morning when he woke up but denies waking up due to the rash. He states that the rash is everywhere on his body excluding the face and genitalia. Pt denies history of allergies, consuming new foods or using new products. Pt took Benadryl this morning at 9AM which helped mildly with the itchiness. Pt’s mother also states that the whole family went to Florida 3 weeks ago, where they stayed at a motel. Pt and his brother slept in the same bed, but the brother is not presenting with similar symptoms. Pt also notes that he went to the gym last night where he used several weight machines and a gym mat. Pt is unaware whether or not the rash is more pruritic at night since it only began this morning. Denies any sick contacts with similar symptoms, however attends public high school. Denies fever, chills, generalized weakness and fatigue, shortness of breath, chest pain, nausea, vomiting, diarrhea, constipation, abdominal pain, dysuria, or being sexually active.

Differential Diagnosis

- 1) **Scabies** – pruritic rash throughout body excluding face and genitalia; gym workout last night using a gym mat and several machines; no hx of allergies, consuming new foods or using new products; attending public school and being in close proximity to other students for a lengthy period of time.
- 2) **Bed bug bites** - pruritic rash throughout body excluding face and genitalia; visit to Florida 3 weeks ago and staying at a motel; attending public school.

PMH

No past medical history

Immunizations

Up to date, including flu shot

Past surgical hx

Orchiopexy for cryptorchidism - 2002, 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

No known drug, food or environmental allergies

Family history

Mother	43 years old, alive and well, no significant past medical history
Father	45 years old, alive and well, no significant past medical history
Grandfather (maternal)	70 years old, alive and well, past medical history of controlled HTN
Grandmother (maternal)	70 years old, alive and well, past medical history of breast cancer (in remission)
Grandfather (paternal)	deceased at 73 years old, natural causes
Grandmother (paternal)	75 years old, alive and well, past medical history of controlled HTN
Brother	16 years old, alive and well, no significant past medical history

Social History

Pt is an overall healthy and happy young adult, currently attending 12th grade. He has good school attendance is on the football team. He lives with his parents and his younger brother and does not have any pets at home. Denies smoking cigarettes, drinking alcohol, illicit drug use or being sexually active. He mostly eats homecooked meals and tries to avoid junk food and soda. He attends the gym 5 times a week, with the main focus of using weights. Admits to wearing a seatbelt. Nobody smokes in the household. Last travel was 3 weeks ago to Florida.

ROS

General

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

Skin, hair and nails

- **rash and pruritis**; denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles 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

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- 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 or pain

Pulmonary System

- denies SOB, cough, 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

- denies loss of appetite, 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

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 his stated age. He appears well-developed, well-groomed and well-nourished, and is in no apparent distress.

Vitals

BP → 120/84

HR → 80 bpm, regular
 RR → 16 bpm, unlabored
 Temp → 97.8 F (tympanic)
 SpO2 → 99% (room air)
 Height → 70.8 inches
 Weight → 160 pounds
 BMI → 23.6

Skin	clusters of erythematous papules, vesicles and nodules on the upper arms b/l, legs b/l, especially ankles; linear burrows in the web spaces between fingers; neck/face/genitalia are spared; no scars/masses/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	septum/turbinates WNL, no discharge, no deformities
Mouth/Throat	pharynx/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	N/L external genitalia, no masses/rashes/lesions/discharge
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

Assessment

18-year-old male with no significant past medical history, accompanied by mother, presents to the pediatrics outpatient clinic complaining of pruritic rash throughout body excluding face, neck and genitalia x1 day. Rule out:

- 1) **Scabies** - pruritic rash throughout body excluding face and genitalia; gym workout last night using a gym mat and several machines; attending public school and being in close proximity to other students for a lengthy period of time; on PE, clusters of erythematous papules, vesicles and nodules on the upper arms and legs b/l, especially ankles; linear burrows in the web spaces between fingers.
- 2) **Bed bug bites** - pruritic rash throughout body excluding face and genitalia; visit to Florida 3 weeks ago and staying at a motel; attending public school.
- 3) **Tinea corporis** - pruritic rash throughout body excluding face and genitalia; attending public school and being in close proximity to other students for a lengthy period of time; visit to Florida 3 weeks ago and staying at a motel.

Management/Plan

- Permethrin cream 5% (apply topically from the neck to the soles of the feet at night for 8 hours, then rinse off; repeat in 14 days if live mites persist)
- Hydrocortisone cream 2.5% (apply to pruritic areas bid-qid)
- Follow-up in 24 hours
- Discuss prevention techniques w/ patient and mother

Patient Education/Follow-up care

Today your child was diagnosed with scabies. Scabies is a skin condition that is caused by scabies mites, which are tiny bugs that burrow, lay eggs, and live underneath the skin. Scabies are transmitted through prolonged, close skin to skin contact or through clothing and bedding. Scabies cannot survive off of the human body for more than 4 days and can spread quickly and must be treated as soon as they are found.

Wash all items that your child might have used in the last 3 days before being diagnosed with scabies. All clothing and bedding should be placed in a plastic bag for at least 72 hours and then washed and dried using heat. Take items to be dry cleaned that cannot be washed in a washing machine. Make sure your child does not have close body contact with anyone until the scabies mites are gone. Avoid public places such as the gym.

We are prescribing your child medication called Permethrin cream 5%. Apply this cream before bedtime from the neck to the soles of the feet, including areas under the fingernails and toenails and keep it on for 8 hours. Then, rinse the cream off in a bath or a shower. Do not swallow this medication. Follow-up with your medical provider in 24 hours to assess your child's condition. Treat all known contacts that are presenting with similar symptoms and make sure they are seen by a medical provider as soon as possible.

Your child's skin may continue to itch for 2-3 weeks, even after the scabies mites are gone. We are prescribing you Hydrocortisone cream 2.5% to apply to itchy areas, twice a day, but not exceeding more than four times a day. Over the counter antihistamines can also help relieve itching. Make sure to trim your child's fingernails, so that they don't spread any mites that are still alive after treatment. Make sure they do not scratch their skin, which could lead to a skin infection. A cool bath can also help relieve the itching.

Your child may return to school or work 24 hours after using the Permethrin cream 5% medication. If mites persist despite the first application, repeat the treatment in 14 days after first application.

Contact us right away if the bites become crusty or filled with pus, itching becomes worse or new bites or burrow marks develop after the treatment, or if you have questions or concerns about the condition or care.

If your child develops a fever and red, swollen, and painful areas on their skin, seek care immediately, proceed to the emergency room or call 911.