

NURS 7446/7556

Clinical SOAP Note Pediatric

Heather Curtis

Subjective Data

Patient Demographics:

- SNP, 11-year old Caucasian male
- Pts. Biological mother is informant, pt. present at visit

Chief Complaint (CC):

- Patient C/O sore throat, headache, fever 104.1

History of Present Illness (HPI):

- Patient C/O sore throat, headache, fever 104.1
 - **Location:** throat and head
 - **Quality:** sore, achy, burning
 - **Severity:** acute condition, “8 out of 10”
 - **Timing:** started yesterday, constant pain
 - **Setting:** all the time
 - **Alleviating and aggravating factors:** have sipped on cold/warm liquids, and taken tepid baths with no relief of symptoms
 - **Associated signs and symptoms:** Redness of throat, swollen glands, headache, painful swallowing,

Past Medical History (PMH):

- **Current Meds:** Ibuprofen, Acetaminophen, Pushing flds.
- **Health Status:** Pt appears ill but no respiratory distress. Pt sees physician when needed. Last well check was 3 months ago and pt. received vaccinations. Pt. was diagnosed with Acute Sinusitis approximately 3 weeks ago and took amoxicillin BID x10days.
- **Allergies:** NKDA
- **Previous issues and injuries:** see Family History
- **Previous operations:** None
- **Childhood illnesses:** None
- **Current Meds:** Zyrtec daily
- **Immunization status:** Pt. mother states that he is up-to-date on all vaccines (MMR, Varicella, DTaP, Meningococcal) as they have to be to enter middle school. Pt. educated on HPV vaccine and the age range it is given. Pt. and mother stated that as soon as flu vaccines become available for the county they plan to get one for everyone in the family.
- **Screening/Diagnostic test:** Pt. has annual eye exams and dental exams every 6 months. Pt. has wellness checkups as recommended by PCP.

Family History (FH):

- Paternal grandmother (65 yrs old) alive and in good health. Paternal grandfather died of liver failure due to ETOH abuse (63 yrs old). Maternal grandmother (58 yrs old) alive and in good health. Maternal grandfather died of MI (52 yrs old).

Mother and father are both alive and in good health. Has four siblings (ages 4-15) that are in good health and live in same home.

- Pts. Mother denies any history asthma, glaucoma, HF, MI (other than maternal father), HTN, CA, TB, diabetes, kidney disease, GI disease, pulmonary disease, CV disease, CA, TB, STIs, HIV/AIDs, urological problems, drug/ETOH abuse (other than paternal grandfather who is deceased), family violence, mental retardation, epilepsy, congenital abnormalities, or psychiatric illness

Social History (SH):

- Marital status: Single
- Occupation: Student
- Education: sixth grader at middle school
- Lifestyle: lives with parents, enjoys hanging out with friends and playing outside. Has 3 dogs and a bearded dragon named Spike. Played football for one year but decided he didn't like it so didn't want to sign up again.
- Religion: Methodist
- Habits: does not smoke, no ETOH, no illicit drugs
- Resources: Medicaid

Review of Systems (ROS):

- **Constitutional symptoms:** Patient C/O sore throat and fever. Admits to headaches, fatigue, and chills. Denies unintentional wt. loss or wt. gain, admits to decrease appetite.
- **Eyes:** denies use of glasses or contact lenses, denies pain. Last eye exam 1 year ago this November (encouraged to continue having yearly eye screenings), denies vision changes, and denies poor eyesight.
- **Ears, nose, mouth, and throat:**
 - **Ears:** Denies hearing loss or changes in hearing, denies pain.
 - **Nose:** Denies sense of smell, denies drainage, denies congestion, denies pain. Pt. and pts. Mother admit that pt. was treated for sinusitis 2-3 weeks ago with antibiotics and antibiotics were taken as directed.
 - **Mouth:** denies cigarette usage or being around second hand smoke, last dental exam ~5 months ago, denies pain, brushes 2-3 times daily, flosses weekly, denies gum bleeding or ulcers.
 - **Throat:** Admits to throat pain that burns and aches, dysphagia, no hoarseness
- **Cardiovascular:** Denies chest pain, denies palpitations, denies SOB, denies swelling, no recent diagnostic test or studies performed, denies hypertension
- **Respiratory:** Denies cough, denies difficulty breathing, denies phylum, denies history of URI
- **GI:** c/o no tenderness, admits to loss of appetite, denies nausea, denies vomiting, denies constipation or diarrhea
- **GU:** denies dysuria, denies sexual practices, denies kidney stone history
- **Musculoskeletal:** walks daily to school bus stop (approx. 1 mile), wears safety belt, denies neck pain and stiffness, denies signs of joint pain/swelling, denies back pain, denies changes in ROM

- **Integumentary:** denies any changes in skin and hair
- **Neuro:** denies weakness or pain, denies syncope, denies numbness or tremors, denies loss of memory, admits to having dull achy headaches since yesterday
- **Psych:** denies mood changes, denies depression, denies nightmares, denies insomnia
- **Endocrine:** denies any problems with temperature intolerance, denies polydipsia, polyphagia, polyuria, and/or changes in skin, hair, or nails
- **Hematologic/lymphatic:** denies anemia, denies bruising, admits to being fatigued x2 days, denies history of blood transfusions, and denies swollen or tender glands. Unknown family history of anemia
- **Allergic/immunologic:** no allergies noted, denies allergy testing, denies use of steroids. Pt. mother stated that they all take Zyrtec during farming season and when allergens are at a peak as a preventative.

Objective Data:

- **Constitutional symptoms:**
 - Alert with normal affect, no acute distress, no respiratory distress. Well hydrated and appears ill. Appearance, behavior and speech are appropriate.
 - Temp: 103.1, 110/64 sitting left arm, Pulse 96, Wt. 78 lbs, Ht. 55.5 inches, BMI 17.94, O2 sat 99%
- **Eyes:** EOMs intact, conjunctivae clear, sclera white, no lesions, PERRLA noted, suborbital venous congestion noted.
- **Ears, nose, mouth, and throat:**
 - **Ears:** No masses, lesions or tenderness. TMs pearly gray with landmarks intact.
 - **Nose:** No deformity of the nose noted, mucosa pink, nasal cavity clear, turbinates clear, no sinus tenderness.
 - **Throat:** Neck is supple with good ROM, thyroid normal, mild cervical adenopathy noted. Mouth mucous membranes pink and moist, no masses, tongue midline. Erythema noted, Tonsillar size +2, red based white ulceration noted to right Tonsillar column and soft palate. No exudate. No halitosis. Posterior soft palate normal Throat is pink, uvula midline.
 - No sign of enlarged thyroid upon inspection/palpation
- **Cardiovascular:**
 - Apical pulse noted at 100 per minute, regular rate and rhythm, no murmur, S1 and S2 noted
 - Negative JVD, neck is supple, no bruits heard over carotids, no peripheral edema, radial and pedal pulses +2 bilaterally
- **Respiratory:**
 - Respirations 14, no distress noted
 - Auscultation - clear breath sounds anterior and posterior, no rhonchi, rales/crackles, wheezing, retractions or distress.
 - Inspection and palpation – chest is symmetric with good expansion, equal wall expansion, no tenderness present upon palpation, appropriate fremitus vibrations throughout, resonance on percussion.

- **GI:**
 - Inspection - No evidence of mass or hernia.
 - Auscultation - Bowel sounds are normal in all four quads.
 - Percussion & Palpation: No tenderness noted. No CVA tenderness, non distended, not enlarged and no guarding or rebound tenderness.
- **GU:** Bladder is non-distended, no suprapubic tenderness noted. Pt. states that he has no problems urinating or having a bowel movement.
- **Musculoskeletal:** No somatic dysfunction, pain or masses noted. No swelling. Full ROM displayed, no curvature in spine seen.
- **Integumentary:** No rash, no lesions, no abnormal moles noted. M/M moist, skin turgor good. Warm and dry to touch, no swelling noted. Pulses present +2 equal bilaterally.
- **Neuro:** A&Ox3 responds appropriately, normal affect, no atrophy, no weakness, no tremors noted, normal gait. Cranial Nerves (I-XII) intact.
- **Psych:** General appearance appropriate, providing appropriate responses, alert, equal, and appropriate speech sounds/using small words appropriately, no signs of depression.
- **Hematologic/lymphatic:** no bruising or swelling noted, no acute bleeding or trauma to skin. Fever was noted at 103.1.
- **Growth and Development:** Pt. converses independently and notes that his academics in school are A's and B's. When pt was asked about noticing any changes with his body (i.e. armpit hair, voice changes, etc.) he very proudly stated "I have hair on my pits and my penis too!" Pt. mother stated she doesn't think he has hit a growth spurt lately however he has had many mood swings especially over doing chores. Mother stated that pt. will do them he just has to be told multiple times and sometimes is stubborn about when they will get done. It was explained to both mother and pt. that puberty is/will be a time where our body will change and he may experience feelings that are different from normal. Both the pt. and his mother were encouraged to be patient, supportive and continue working towards good health. Should the pt. have any questions, he could talk to his parents, a trusting teaching or even his PCP. Pt. verbalized he understood and said they have talked about changes in his health class.

Diagnostic Testing:

1. Rapid Strep test - Negative

Assessment (A):

- **Level of visit:** 99214
- **Differential Diagnoses list:**
 - a. Viral Pharyngitis
 - Moderate symptoms to include: HA/high fever, red sore swollen tonsils, mild cervical adenopathy, white ulcerations noted on Tonsillar column and soft palate. Recent sinusitis/URI
 - b. Streptococcal Pharyngitis
 - Moderate symptoms to include: HA/Fever, mild cervical adenopathy, absence of cough, no Tonsillar exudate noted

- c. Mononucleosis
 - Moderate symptoms to include: HA/fever, mild cervical adenopathy, fatigue. No exudative tonsillitis, no palatal petechiae.
- d. Peritonsillar Abscess
 - Moderate symptoms to include: HA/fever, red swollen tonsils, mild cervical adenopathy. No ear pain, no drooling, no muffled voice, no fluctuance noted.
- **ICD-9 code:** 074.0
- **Definitive Diagnosis**
 - Herpangina
- **Justification of ordering additional data:**
 - S/S warranted to rule out strep throat
 - High fever
 - Headache
 - Age
 - Increase in strep throat cases in school aged children
- **Diagnosis list**
 - **1. Acute self-limited problems:**
 - Herpangina
 - **2. Chronic health problems:**
 - None at this time have been identified for pt.
 - **3. Health maintenance:**
 - Yearly health checkups
 - Is up to date on all vaccinations at this point, will be eligible for annual flu vaccine this fall as soon as they become available in the county of residence. Gardasil shot series were discussed and location of where to receive vaccine were given.
 - Importance of maintaining a healthy lifestyle (adequate sleep (8-10hrs), healthy diet, oral health, and exercise)
 - Annual eye and continue every 6 months dental exams
 - Encourage good hygiene (wash hands with warm soapy water, do not share food, glasses, silverware or toothbrushes)
 - Do not return to school until 24-hours fever free

Plan (P):

POC discussed included: Explained that Herpangina is viral in cause. Symptomatic treatment to include Acetaminophen and Ibuprofen PRN, Benadryl/Maalox swish and swallow 2-3x daily (mix 1/2 tsp Benadryl and 1/2 tsp Maalox), can even gargle with warm salt rinse (1/4 tsp salt in 8oz of warm water) push fluids (eat popsicles) to avoid dehydration. Pt. cannot return to school until 24hrs fever free. If no significant improvement in one week, pt should return for re-evaluation. If symptoms worsen, fever increases and not decreasing with OTC meds, throat begins to feel like it is closing, or pt. experiences difficulty breathing go to ED. Pt. and pt. mother voiced understanding of POC.

Medication prescribed: Symptomatic OTCs to include: Ibuprofen and Tylenol for fever and pain, Benadryl and Maalox mouth rinse will help coat and soothe the throat and help neutralize gastric acid.

Indication: used to treat symptoms associated with viral pharyngitis (non-Strep).

Ibuprofen:

MOA: inhibits synthesis of prostaglandins in body tissues by inhibiting at least 2 COX isoenzymes, COX-1 and COX-2.

Usual dosage:

For fever <102.5 degrees F: 5-10 mg/kg/dose PO Q 6-8hr not to exceed 40 mg/kg/day

For fever >102.5 degrees F: 10 mg/kg/dose Q 6-8hr not to exceed 40 mg/kg/day

This pt. is 35.65 kg x 10 mg/kg = 356.5mg per dose

Available as name brand, generic or both: Both

Cost of med: CVS – one bottle Jr. Strength Advil 100mg tablets x24 tabs – \$5.99/generic \$5.79

Wal-Mart – one bottle Jr. Strength Advil 100mg tablets x24 tabs– \$4.96/generic \$3.88

Target – one bottle Jr. Strength Advil 100mg tablets x24 tabs - \$4.99/generic \$3.94