SAMANTHA BAGGETT

PEDIATRIC SOAP NOTE

SUBJECTIVE DATA:

Intro – DK, 5 year old, Caucasian male. Mother at bedside answering questions.

CC: Patient co sore throat. Mom says pt has had been complaining of sore throat for 4 days and running fever.

HPI: Pt developed cold symptoms (cough, sneezing) about 5 days ago. Sore throat and fever began 4 days ago. Mom states pt has been complaining of headache. Patient states throat hurts when he swallows. Mom states appetite has decreased but he will take small sips of Kool-Aid. Headache and fever seem to be relieved with Tylenol.

PMH:

Current Medications- None

Allergies – NKDA

Prior Illnesses/Injuries – None to date

Previous Operations – None to date

Previous Hospitalizations – None

Immunization Schedule – up to date

FH:

Father – HTN

Mother – no significant med history

Siblings – sister (healthy 8 years old), brother (2 years old healthy, however been running fever yesterday also)

SH:

Pt is clean and dressed appropriately for weather conditions. Lives with both parents and siblings. Appears comfortable and happy with mother in room. Neither parents smoke. Pt began kindergarten this year at local public school.

ROS:

1.Constitutional symptoms- overall healthy, appropriate weight and height for age, usually very active but mostly lying around the past few days.

2. Eyes- does not wear contacts or glasses, denies any vision problems.

3. ENT- denies any hearing problems, no ear pain, co sore throat,

dentist every 6 months.

4. Cardiovascular- denies chest pain or palpitations

5. Respiratory- no respiratory distress, no SOB, no cough.

6. GI- has a bowel movement at least once a day, no abdominal pain

7. GU- no dysuria or penile pain

8. Musculoskeletal- denies any joint or muscle pain

9. Integumentary- skin appearance appropriate for race, no rash or itching, uses sunscreen

10. Neurologic- co of headache occasionally but relieved with Tylenol, no tremors or weakness

11. Psychiatric- denies any nightmares; patient seems happy and answers questions appropriately when asked directly

12. Endocrine- patient is appropriate size and weight for his age

13. Hematologic/lymphatic- fatigue and swollen/tender cervical lymph nodes

14. Allergic/immunologic- usually has “really bad colds especially during season changes” per Mom

OBJECTIVE DATA:

1. Constitutional VS: Temp-99, HR-108, BP-103/67, Ht-47in, Wt-47.6lbs, BMI-15.1, Pt alert and oriented, pt answers questions appropriately when asked directly. Shy otherwise.

2. Eyes - Extra ocular muscles intact, PERRLA.

3. Ear- No discharge, TM’s shiny, EAC clear, hearing intact, mild tympanic membrane bulging. Nose- Bilateral turbs red and swollen, septum midline. Throat – Posterior pharyngeal erythema, white pus pockets noted on swollen tonsils

4. Cardiovascular - Regular rate and rhythm, no murmurs, ectopy or rubs.

5. Respiratory - clear without wheezes, no rales or rhonchi.

6. 7. Gastrointestinal/Genitourinary - Soft, non-tender. No masses or organomegaly. No abd pulsations or bruits. Femoral pulses are intact and equal bilaterally. Normal bowel sounds.

8. Musculoskeletal - FROM all extremities.

9. Integument /lymphatic pertaining to each location - pt skin is fair complected-no sunburn or lesions noted. swollen cervical nodes bilaterally, tenderness on palpation.

10. Neurologic - no weakness, strength equal bialterally, answers questions and follows commands appropriately

11. Psychiatric - pt answers questions appropriately. Appropriate mood/affect.

12. Hematologic/ immunologic - no bruising noted, fatigue.

Diagnostic Testing/ Labs:

Strep Swab – POSITIVE

ASSESSMENT/ANALYSIS

Level of Visit – 99213

Possible Diagnoses:

034.0 Strep Throat – marked erythema and swelling of the throat, tender anterior cervical adenopathy, temperature higher than 101, usually no cough, tachycardia and occurrence between Sept-April

462 Pharyngitis – rapid onset, pain in throat, systemic symptoms, exudate less likely than with strep infections

075 Mono – usually adolescents and young adults, gradual onset, low-grade fever, occasional exudate, enanthem, posterior cervical adenopathy, hepatosplenomegaly.

461 Sinusitis – mild throat soreness, postnasal drip, congestion, headache, sneezing, sinus tenderness when palpated, fever

477 Allergic rhinitis – seasonal allergies common, no fever, intermittent postnasal drip, swollen pharynx

PLAN:

Medications Ordered:

Amoxicillin

•??????Antibiotic tx for streptococcal pharyngitis, penicillin category

•??????MOA-interferes with bacterial cell wall synthesis during active multiplication, causing cell wall death and bactericidal activity susceptible bacteria

•??????400mg/5ml, Suspension for Reconstitution, 5ml BID, Routine, Oral for 10 days. Dispense #100, 0 Refills.

o Willis Pharmacy :

???Amoxil 400/5(Brand) 100ml: $18.09

???Amoxicillin 400/5 (generic) 100ml: $9.82

o Wal-Mart Pharmacy

???Amoxil 400/5(generic): $4.00

o Emerging Home Care Pharmacy

???Amoxil 400/5 (generic): $17.56

Singulair

•??????Reason for tx

•??????MOA

•??????4mg tablet daily

•??????Brand/Generic

o Willis Pharmacy

???Singulair 4mg chewable (brand): $168.21

???Montelukast 4mg (generic):$38.60

o Wal-Mart Pharmacy

???Singulair 10mg #30 $58.54

o Emerging Home Care Pharmacy

???Singulair 10mg #30 (brand): $176.76

???Singulair 10mg #30 (generic): $23.01

INTERVENTION:

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| Discussed contact precautions and good hand hygiene with patient and family. Salt water gargles prn. Tylenol or Ibuprofen as directed for age/weight prn for fever/pain. Rest, increase fluids and soft foods. No school until on antibiotic therapy and fever free for 24 hours. Take antibiotics as directed and until gone, do not stop early. Also discussed use of Singulair daily for seasonal allergies that Mom was also concerned about. |  |

EVALUATION

If symptoms worsen or patient is not better in 48 hours call or return to clinic.