

## **History & Physical**

### **Identification:**

Mr. AA | Thursday 02/20/2020 | NYPQ - Pediatrics

Informant: Mother and self; Reliable

Source of Referral: Mother

### **Chief Complaint:**

"I'm sick because I'm slow and hot" x 2 days

### **History of Present Illness:**

3.5 YO Jordanian male with no PMHx is brought in by mom % fever and cough for the last 2 days. Mother reports that patient had sudden onset of fever of 102 °F and cough on Tuesday for which she administered Acetaminophen suppository since she felt like he would not tolerate oral medication. She reports her son has been appearing weak and stating he "feels slow" and has had a loss of appetite for the past 2 days but drinking well. Patient had a temperature maximum of 104 °F yesterday and was brought down to 102 °F after another Acetaminophen suppository. Mother reports that her other son was recently diagnosed with strep throat for which he was given a course of antibiotics which he completed yesterday. Patient is up to date on immunizations except for influenza. Admits to fever, chills, fatigue, loss of appetite, generalized fatigue. Admits to cough, congestion, rhinorrhea, headache, and abdominal pain. Denies sore throat, sneezing, or N/V/D.

### **Past Medical History:**

Mother denies any medical conditions or prior hospitalizations.

### **Past Surgical History:**

Neonatal Circumcision

Mother denies any other surgical history.

### **Allergies:**

Mother denies any known drug, food, or environmental allergies.

### **Medications:**

Acetaminophen Suppositories 120 mg for fever

### **Family History:**

Mom denies any significant family hx.

### **Social History:**

Patient lives with mother, father, and five siblings. He is currently not in school yet. Mother states he gets 7-8 hours of sleep per night. Father works full-time owning a restaurant and mother does not work. Denies having pets or recent travel.

### **Review of Systems:**

#### **General**

**Admits: fever, chills, fatigue, loss of appetite, generalized fatigue**

Denies: recent weight loss or gain, night sweats

#### **Skin, Hair, and Nails**

Denies: rashes, eczema, or any skin changes

#### **Eyes**

Denies: discharge or pain, excessive tearing, or itchiness.

**Ears**

Denies: pain, discharge, or tinnitus

**Nose/Sinuses**

**Admits: congestion and rhinorrhea**

Denies: epistaxis and obstruction

**Mouth/Throat**

Denies: sore throat or any voice changes

**Neck**

Denies: pain or decreased range of motion

**Pulmonary System**

**Admits: cough**

Denies: sputum production or wheezing

**Cardiovascular System**

Denies: chest pain, cyanosis, or hx history of murmur

**Gastrointestinal System**

**Admits: abdominal pain, changes in appetite**

Denies: nausea, vomiting, diarrhea, constipation, dysphagia, changes in bowel habits, and blood in stool

**Genitourinary System**

Denies: dysuria or hematuria

**Nervous system**

**Admits: headaches**

Denies: difficulty with gait or balance or loss of consciousness

**Musculoskeletal system**

Denies: back pain, joint pain, any deformities, swelling, and redness

**Endocrine System**

Denies: polyuria or polydipsia

**Physical Examination****General Survey**

3.5 YO Jordanian male is A/O x 3, in no apparent distress, well-nourished/well-developed, good hygiene, appears his stated age and lethargic.

**Vital Signs Stable:**

**Height:** 95.91 cm

**Weight:** 13.61kg

**BMI:** 14.8

**Pulse Oximetry:** 98% - room air

**RR:** 18bpm - unlabored

**Pulse:** 90 bpm - regular

**Temperature:** 102.8 °F - oral

**BP:** 108/70

**Hair, Skin, and Head**

Hair: Unremarkable distribution and quantity, thick and curly

Skin: Warm and moist, good turgor, nonicteric, no rashes or lesions noted

Head: Normocephalic and atraumatic

**Eyes:**

Eyes: extraocular movements muscles intact, pupils equal, round, and reactive to light, sclera clear

**Ear, Nose, Throat, Sinuses:**

Ears: No discharge or foreign bodies in external auditory canals AU. TM's pearly grey AU.

Nose - Symmetrical with no obvious masses, lesions, deformities, or trauma. Appears congested and rhinorrhea present.

Throat- oropharynx clear; no evidence of injection; exudate; masses; lesions; foreign bodies. Tonsils 2+ with no evidence of injection or exudate. Uvula midline, pink, no edema, lesions

Sinuses – Nontender to palpation over bilateral frontal and maxillary sinuses.

**Neck:**

Trachea midline. No masses; lesions; scars; pulsations noted. Supple; non-tender to palpation. FROM. No palpable adenopathy noted.

**Thorax and Lungs**

Chest - Symmetrical, no deformities, no evidence of trauma. Respirations unlabored with no paradoxical respirations or use of accessory muscles noted.

Lungs - Clear to auscultation bilaterally. Chest expansion symmetrical with no adventitious sounds noted.

**Cardiac:**

RRR, S1 and S2 are normal. No murmurs appreciated.

**Abdomen:**

Flat and symmetrical, no evidence of scars or lesions. BS present in all 4 quadrants. Soft, nondistended and non-tender to palpation. No evidence of organomegaly and no masses noted.

**Musculoskeletal:**

No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities. FROM of all upper and lower extremities bilaterally.

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**A**: 3.5 YO Jordanian male with no pmhx is brought in by mom % fever and cough x 2 days. Findings suggestive of the flu. Further work-up is needed to rule out strep throat.

**P**: Acetaminophen 125mg suppository for fever

Flu Test- Swab

Rapid Strep Test and Throat Culture to r/o strep throat

Tamiflu 30mg PO bid x5 days

Provide education to mother to avoid other children getting the flu