

H and P #1

CHIEF COMPLAINT

“Her ears are bothering her” x 2 days

HPI

YZ is a 17 month old female with no PMH presenting to the pediatric clinic with her mother, who complains that the child has been pulling at her right ear x 2 days. The mother states that two days ago the patient began to act irritable and restless. She reports that she took the patient’s temperature rectally which showed a fever of 101.1F. She states that the child continues to eat well, but woke up in the middle of the night last night crying. After a dose of tylenol the patient fell back asleep and slept through the night. This morning, the mother noticed her child pulling at her right ear and was in apparent discomfort. The child was increasingly irritable today and although a second dose of tylenol this morning seemed to have been mildly helpful, the patient continues to cry. The mother reports that her daughter is watched by a nanny at home, although her three older siblings are in daycare/preschool. One of her siblings recently recovered from a cold, while the other siblings are healthy. She denies any history of nasal congestion, cough, cold symptoms, vomiting, chills, diarrhea.

PAST MEDICAL HISTORY

Denies past medical history

Pediatric vaccinations up to date

BIRTH HISTORY

NSVD

PAST SURGICAL HISTORY:

Denies past surgical history

MEDICATIONS

Currently - tylenol for pain

ALLERGIES: NKDA, no food allergies

FAMILY HISTORY:

No known family history of CAD, diabetes, HTN, cancer

SOCIAL HISTORY:

Lives with mother, father and three older brothers. Watched by a nanny at home. No recent travel

REVIEW OF SYSTEMS (Per mother's report)

General: Denies loss of appetite, fatigue, or chills

Skin, hair, and nails: Denies rash

Head: Denies headache

Eyes: Denies vision problems, dryness, tearing

Ears: **Admits presumed ear pain** Denies trouble hearing

Nose/Sinuses: Denies discharge, epistaxis, obstruction

Mouth and throat: Denies sore throat, mouth ulcers

Neck: Denies neck pain, stiffness

Lungs: Denies shortness of breath, cough

Cardiovascular: Denies known murmurs, heart condition

Gastrointestinal System: Denies constipation, vomiting, and epigastric abdominal pain, diarrhea.

Genitourinary System: Denies changes in urinary habits. Denies hematuria.

Nervous System: Denies headache

Musculoskeletal System: Denies changes in crawling or walking, denies pain.

Endocrine System: Denies polyuria, polydipsia

VITALS:

Height: 31.75 inches (75th percentile) Weight: 25 2 oz lbs (55th percentile)

Temperature: 100.0 F

Pulse: 97 bpm regular

Respirations: 22 breaths per minute

PE

General: Patient is sitting on her mother's lap, alert and oriented x3, mildly agitated, well developed, hydrated, appears to be her stated age.

Skin and extremities: No rash noted. Extremities normal in appearance with full range of motion.

HEENT: The head is normocephalic and atraumatic, no visible masses, depressions, or scarring. Hair is normal and evenly distributed. Conjunctivae are clear. Sclera is clear and non-icteric. Eyelids are normal in appearance. Oral mucosa is pink and moist with good dentition. Tongue normal in appearance without

lesions. **External ears are without lesions, right ear canal and TM visualized with erythema noted in the canal and bulging of the TM. Left ear canal and TM visualized and without abnormalities.**

Neck: The neck is supple without adenopathy. Trachea is midline.

Cardiac: Heart rate and rhythm are regular, pulses +2. S1 and S2 are heard and are of normal intensity. No murmurs, gallops, or rubs.

Respiratory: Lungs are clear with symmetrical expansion. Normal work of breathing, No signs of respiratory distress.

Abdominal: Abdomen is soft, symmetric, and mildly tender to the epigastric area, no rebound, no guarding. No masses noted.

Neurological: The patient is awake, alert, and oriented to person, place, and situation, with few words normal for a 17 month old.

Psychiatric: Patient is in no emotional distress.

ASSESSMENT AND PLAN:

17-month-old female with no PMH presents with fever and discomfort in her right ear x2 days. No other systemic symptoms present. Clinical presentation of erythematous right ear canal with bulging tympanic membrane highly suggestive of otitis media. Plan is to begin oral amoxicillin and mother advised to call the office in two - four days and report on the patient's progress.

#Otitis media:

- Amoxil 400mg 2x daily for 10 days
- Tylenol for pain 160mg/5ml q4-6 hours
- Follow up in 2-4 days if symptoms do not improve