

## H and P #2

### **CHIEF COMPLAINT**

“He has a bug bite that’s infected on his arm” x 1 day

### **HPI**

AS is a 2 year old male with no significant PMH presenting to the pediatric clinic with his mother, who complains of an “infected bug bite” on the child’s right upper arm. The mother reports that she first noticed the bug bite last night around 8pm. She gave her son Benadryl and drew a circle around the bite. She reports that the bug bite began as a small red bump on the child’s arm and began to spread throughout the night. She took pictures of the bite throughout the night and states that the inflammation spread about 2 centimeters. She reports that her son’s arm has become swollen and feels “hard” in the area surrounding the bite. This happened previously last summer and brought her son to the emergency room where they treated him with IV antibiotics and monitored him for 24 hours. She does not recall which antibiotics he was treated with. She states she hopes to not have to go to the ER again and therefore presented early this morning. She denies fever, but states that the patient’s arm feels hot. The child does not have any other known allergies. She states her child continues to be playful and does not seem to be itching the bite. He does not complain that it is painful. He slept through the night without interruption. She denies nausea, vomit, abdominal pain, headache.

### **PAST MEDICAL HISTORY**

Denies past medical history

Pediatric vaccinations up to date

### **BIRTH HISTORY**

NSVD

### **PAST SURGICAL HISTORY:**

Denies past surgical history

### **MEDICATIONS**

Currently - Benadryl

**ALLERGIES:** NKDA, no food allergies

**FAMILY HISTORY:**

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

**SOCIAL HISTORY:**

Lives with mother, father and one younger brother. Attends a daycare. No recent travel.

**REVIEW OF SYSTEMS** (Per mother's report)

**General:** Denies loss of appetite, fatigue, or chills

**Skin, hair, and nails:** Admits erythema and inflammation on the child's right arm surrounding the bug bite.

**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 walking, denies pain.

**Endocrine System:** Denies polyuria, polydipsia

**VITALS:**

Height: 34 inches (50<sup>th</sup> percentile) Weight: 32 lbs (90<sup>th</sup> percentile)

Temperature: 98.8 F

Pulse: 92 bpm regular

Respirations: 22 breaths per minute

**PE**

**General:** Patient is sitting on the examining table, alert and oriented x3, in no apparent discomfort, playful, engaging, well developed, hydrated, appears to be his stated age.

**Skin and extremities:** Erythema and inflammation noted surrounding a single bug bite on the patient's right arm. The bug bite is marked by a small scab in the center. Erythema and inflammation spreads approximately 1.5 cm around the bite. Arm is warm upon palpation, nontender. Extremities otherwise 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 and 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, engaging with the provider.

**Psychiatric:** Patient is in no emotional distress.

#### **ASSESSMENT AND PLAN:**

2 year old male with no significant PMH presenting to the pediatric clinic with his mother with cellulitis of the right arm secondary to a bug bite. The patient has been treated for the same complaint in the past. Plan is to begin oral Amoxicillin and Pediapred and mother is advised to call the office tomorrow morning and report on the patient's progress.

#Cellulitis:

- Amoxil 400mg/5ml 2x daily for 10 days
- Pediapred ½ tsp of 6.7mg 3x daily for 5 days
- Continue Benadryl as needed, 1 tsp of 12.5mg every 6-8 hours as needed
- Follow up in 1 day or sooner if symptoms worsen