Pediatric SOAP Note

Date: 10/4/2012
Name: NB
Race: African American
Sex: Male
Age: 1-year-old (20 months)
(full-term)
Birth weight: 5lbs5oz
Allergies: NKDA
Insurance: Medicaid

Chief Complaint
NB is a 20-month-old male with a new onset of low-grade temperature (99.1), cough, runny nose, and sneezing. He is brought to office by his foster mother. Foster mother states that child started to cough last night but no other symptoms at that time. Child was given albuterol treatment last night "about 8pm and this morning about 6 am, and breathing treatment seemed to help with coughing". Mother states that the child's daycare called her regarding the other symptoms (low-grade temperature (99.1), runny nose, and sneezing) at "2pm". States that she gave child Motrin 1.8mL at about 4pm and wanted to bring child in to prevent further resp. issues such as PN

Patient was treated for similar symptoms in this spring x2, during the summer x1 and August x1 with abx, steroid, and albuterol per mother. Child recovered without any issues.

Past Medical History
Partial agenesis of cerebellar vermis with partial Danny Walker malformation and periventricular leukomalacia (PVL) {at birth}Down's Syndrome {at birth}, Asthma {at 13 months-at least 4 exacerbation in the last 6 months}, Strabismus {at 3 months}, myopia {at 3 months}, Amblyopia (rt eye {at 3 months},), Developmental Delay (presents as a 7 mth old), hypotonia, PN {at 12 months}, Croup {at 6 months}, OM (x3 within the past 12 months), and Allergic Rhinitis { within the past 12 months}.

Hospitalization: On 2/15/2012 taken to Children's in Birmingham for PN. He stayed 7 days.
No injuries or operations

Immunization: All up-to-date per Imprint, Patient to return to clinic for influenza vaccine on October 6, 2012

Medication: Albuterol 0.083% tid as needed, Singulair 4 mg daily, Proair 1 puff bid as needed, Nasonex 1 spray to both nostril at night, Motrin per weight as needed (current dosage 1.8mL), Children MVI daily. No issues with medication compliance noted

Diet: soft table/finger foods and whole milk

Family History: Child has been living with a foster family since 5 months of age. Child's biological family history unknown by foster parent. States she just knows that the child's birth mother did not seek prenatal care until she was 8 months pregnant with NB. Current foster mother adoption of child will be finalized in Dec 2012. Child full name will be changed after adoption .

ROS:
Constitutional Symptoms: low-grade temp x4 hours, no weight loss or fatigue
HEENMT: runny nose, last dental exam 6-7 months ago, mother states she brushes child teeth daily with fluoride toothpaste. Past hearing and vision test at birth. Last vision and hearing exam 6 months ago. Child has glasses but child will not wear them per mother.

CV: no known issues per mother

Resp: coughing, mother denies air hunger noted, no cyanosis, last CXR was February 2012 (results not available)

GI/GU: mother denies N/V or diarrhea, states that child urinates without difficulty and has normal bowel movements (approx. 8+ wet diapers daily), eats three meals and mid-day and afternoon snack. no changes of appetite noted

MS: unable to stand but will scoot on stomach, has car seat and uses it always. States that she is being educated through the Early Intervention program on how to assist child with physical and occupational therapy

Integ: no issues

Neuro: mother states child can only say 6-8 simple words such as hi and bye. He use sign language mostly to communicate when he is hungry or want something.

Psyc: Interacts well with other children around him. Have both foster mother and father in home. Immediate foster family also plays a big role in child's life

Endo: no issues
Hema/lymphatic: no issues
Allergic/Immuno: no issues

Objective

Constitutional Symptoms: 20 mth old AA male sitting in mothers lap. Child has noted developmental delays. He presents as a 7 month old infant. Child appears to be well nourished. V/S 98, 111, 22, no b/p obtain per office policy Wt: 21lb 10 oz, ht 28 ½ cm, HC 19 cm

HEENMT: atypical head shape (microcephaly), Eyes slant upward toward the edge of the face, eyes free from exudate, sclera clear, strabismus noted, flat nasal bridge; TM intact and atraumatic; clear nasal discharge, turbinates redden and slightly edematous, throat has no redness or exudate noted, small mouth, protruding tongue, m/m pink and moist, no oral lesions noted, no enlarge tonsils intact. Child has 3 teeth noted (Central incisor, lateral incisor, and first molar). Hx of repeated URI/ asthma exacerbation and OM.

CV: Regular rate and rhythm; normal S1 and S2; no murmurs, gallops, or rubs. No clubbing, cyanosis, or edema noted; extremities are warm and well perfused and capillary refill is less than two seconds. Peripheral pulses 2+. No recent cardiac testing

Resp: resp. reg. and unlabored, symmetric chest expansion, coarse wheezing noted in all lung fields upon expiration and inspiration, harsh cough. No recent CXR performed

GI/GU: BS positive, abdomen soft, nontender and nondistended without organomegaly. No masses palpable; Normal circumcised male external genitalia; testes descended bilaterally; no hernia

MS: short stature, short and broad hands; short fingers; only one joint in 5th digit of bilateral hands, unable to bear weight; sits in a tripod position, decreased overall muscle tone. No pain/discomfort noted with passive ROM of joints.

Integ: skin warm and dry, normal turgor and no lesions noted; no clubbing, cyanosis, or edema noted

Neuro: Alert and active, no s/s of distress. Delayed motor and language development, decreased over all muscle tone, follows objects with eyes, and reaches out. No words spoken during visit communicated via sign language. Able to sign the words hello, mother, and eat in office.

Psyc: neg
Endo: neg
Hema/lymphatic: neg
Allergic/Immuno: neg

Assessment:

1. Asthma exacerbation:
    a. chronic
    b. inadequately controlled

   Possible etiology: When irritants enter into the airway of a person with asthma, the airway constricts which make the area prone to infection, which causes inflammation. Children with Down's syndrome already are prone to having small lower airway volume and irritants to their airway increase their risk of having asthma attacks.
   Differential Diagnosis: foreign body in the airways, bronchiolitis, Bronchiectasis, Gastroesophageal Reflux
   Textbook s/s: breathlessness, cough, allergic shiners, wheezing, nasal discharge, mucosal swelling, frontal tenderness
   Child s/s: cough, clear nasal discharge, coarse wheezing, turbinates slightly swollen

2. Allergic Rhinitis:
    a. chronic

   Differential Diagnosis: sinusitis, nasal polyps
   Textbook s/s: watery rhinorrhea, nasal congestion, epistaxis, anosmia, allergic shiners, conjunctivitis, crease across nose, swollen turbinates, excessive wrinkles under lower eyelid, friable nasal mucosa
   Child s/s: slightly red swollen turbinates and clear nasal discharge

Plan:

1&2. Orapred 15mg/15ml give 4 ml daily
    a. medication dosage, usage, and side effects explained to mother
1. Continue using albuterol nebulized 0.083% tid as needed for coughing

2. Continue Nasonex 1 spray at night

1&2. Common Trigger Pamphlet given and explained (Avoid triggers such cigarette smoke, dust mites, pollen, pets, mold, breathing in cold, dry air, etc)

1&2. educated mother on s/s to RTC or ER such as difficulty breathing (air hunger), constant wheezing, changes in your child's color, like bluish or gray lips and fingernails, if your child is having trouble talking, constant wheezing, no relief from rescue inhaler, etc. Also reminded mother to use spacer with inhaler

Follow up

Follow up 10/6/2012 or for s/s as instructed above