

Identification:

6/6/2019, 10:40AM

JO, M, Hispanic, DOB: 10/6/2016, Age: 2y9mo

15 Rosewater Drive, Richmond Hill, NY, 31324

PMD: Dr. RosenblumInformant: Self and ParentsChief Complaint: "Worsening pimples in mouth" x 1 weekHistory of Present Illness:

JO is a 2y9mo male, otherwise healthy, presenting with "worsening pimples in mouth" x 1 week. The parents state that JO was complaining of sore throat and was not drinking or eating on Friday, 5/31/2019. At this time, JO was found to have fever with TMax: 103F taken with in-ear thermometer. Parents brought patient to urgent care on Saturday where he was given Amoxicillin 5mL bid x 5d and Motrin 8mL as needed for fever. Endorsed runny nose, decreased urine output, constipation, otalgia. Denied cough, diarrhea, vomiting, abdominal pain, difficulty breathing, wheezing, rashes.

Development: Meeting milestones appropriately. Able to remove garments, walk up steps. Can identify and name several body parts.

Immunizations: UTDDiet/Nutrition: Tolerating solids well. Three meals per day and snacks.Allergies: NKDAMedications: Amoxicillin 5mL bid x 5d, Motril 8mL q8h prn for feverPMH: DeniesPSH: Denies

Social History: Lives with mother and father in apartment. Mother and father are nonsmokers. Attends day care on weekdays.

Family History: DeniesReview of Systems:

General: Admits fever, anorexia. Denies weight loss/gain, change in activity level

Neuro: Denies HA, trauma, LOC, seizure activity, developmental delays

HEENT: Admits runny nose, ear pain, sore throat. Denies change in vision, hearing, photo/phonophobia, neck pain

CV: Denies shortness of breath, sweating, color changes with feeding, chest pain, palpitations, recent history of murmur, fainting, or dizziness with activity

Respiratory: Denies cough, wheezing, shortness of breath (triggers)

GI: Admits constipation. Denies nausea, vomiting (bloody/bilious), diarrhea, hematemesis, hematochezia, or melena; describe stooling habits

GU: Denies dysuria, frequency, urgency, hematuria

Endo: Denies polyuria/polydipsia, heat/cold intolerance, growth pattern abnormalities

MS: Denies myalgias, arthralgias, trauma, limp, weakness

Skin: Denies rashes, bruising, petechiae

Physical Exam:Vital Signs:

BP: 100/60

Pulse: 92bpm

RR: 20 breaths/min

Temp: 37.0C

SpO2: 100%RA

Ht: 37.5 inches

avoid
meal time

W

Wt: 14.0 kg

General Survey: Alert, playful, consolable. Interacting and responsive.

Skin: No petechiae, masses, lesions. No jaundice, cyanosis, mottling. No rashes.

Hair: Average quantity and distribution.

Nails: Capillary refill <2s throughout.

Head: NC/AT. A/P Fontanelles soft. Non-tender to palpation throughout. No plagiocephaly.

Eyes: Red reflex present bilaterally. PERRL. EOMs intact.

Ears: External ear with no masses, lesions. Nontender to palpation. Auditory canal with no injection. B/L TMs pearly gray with cone of light in appropriate position.

Nose: Nares patent. No nasal flaring. Mucosa pink. Septum midline. Turbinates non-boggy, non-hyperemic.

Throat: Good dentition. Gingiva without lesions, masses. Uvula midline. No tonsillar swelling. Scattered ulcerated lesions with erythematous base on posterior pharynx and sublingual.

Neck: Supple. No thyromegaly. No lymphadenopathy.

Cardiovascular: Regular rate and rhythm. S1 and S2. No murmurs, gallops, rubs.

Chest and Pulmonary: Symmetrical rise and fall of chest wall. No labored breathing, accessory muscle use. Clear to auscultation bilaterally.

Abdomen: Nondistended. BS +. Soft, non-tender. No guarding, rebound tenderness. No hepatosplenomegaly.

Assessment/Plan:

JO is a 2y9mo male with fever, sore throat, and ulcerative lesions seen in oropharynx concerning for viral stomatitis.

#Viral Stomatitis

- Parents reassured that this is a self-limited viral infection that should improve in approximately 1 weeks time
- Discontinue Amoxicillin 5mL bid x 5d

#Fever

- Continue Motrin 8mL q8h prn for fever of 100.4F or greater

coxsa

#FEN

- Encouraged PO hydration
- Encouraged soft meals like soup, macaroni, and other foods that may be more tolerable for the patient

Follow-Up: Return to clinic for worsening symptoms like persistent fever, inability to tolerate PO intake, etc.

/s/ Daniel DeMarco, PA-S

Physician Assistant Student