

DANIEL DEMARCO

SOAP NOTE #1

PEDIATRICS

S

Litzy is a 4 month old F with PMH late prematurity (ex 34.6 weeker) corrected age approx. 3mos admitted for PCR-confirmed Salmonella Gastroenteritis in the setting of fever and diarrhea x4d. Mother states that patient has been stooling less since beginning antibiotics with only two loose stools overnight. She states that Litzy has been eating more since beginning antibiotics. Mother denies fussiness, overnight fevers, increased rate or work of breathing.

O

V/S

T 36.3C (axillary)

HR 142bpm

RR 39bpm

SpO2 100%RA

BP 89/48

I/Os

Ins: 2.64x MIVF

Outs: 3.79 cc/kg/hr

Labs

CRP 3.55

ESR 16

GI PCR: + salmonella, + EPEC, + rotavirus

PE

General: Smaller for age but well-developed. NAD.

Head: NCAT. Anterior fontanelle open, flat.

Eyes: Conjunctiva and sclerae clear. EOMI.

ENT: Mucous membranes moist. Nose patent.

Neck: Supple.

Chest: CTAB. No rhonchi, crackles, wheezes.

Heart: RRR. Normal S1, S2. No m/g/r.

Abdomen: Nondistended. BS+. Soft, nontender. No organomegaly. No masses.

Back: No masses, lesions, deformities.

Extremities: No clubbing, cyanosis, edema. Full range of motion.

Skin: Clear, warm, dry. Capillary refill <2s throughout.

Neurologic: + Rooting Reflex, + Palmar Grasp Reflex, + Moro Reflex

A

Litzy is a hemodynamically stable 4 month old F with PMH late prematurity admitted for PCR-confirmed Salmonella Gastroenteritis. She is clinically improving.

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#Salmonella Gastroenteritis

- GI PCR: + salmonella, + EPEC (can be normal stool flora), + rotavirus (can be shedding s/p vaccination)
- Cont. IV Ceftriaxone 100mg/kg q24h
- f/u blood cx (6/16) – negative to date

#Fever

- APAP 60mg oral q4h prn for fever >38C

#Diaper Dermatitis

- Cont. A&D Ointment, apply to aa bid

#FEN/GI

- Cont. NeoSure 22kcal as tolerated, per home diet
- D/C D5NS w/ 20 KCl @19cc/h
- Daily Weights
- Strict I/Os
- Contact Precautions

Disposition: Plan to D/C to home tomorrow (6/18/2019) and transition from IV Ceftriaxone to PO Azithromycin if: blood culture remains negative, afebrile x 24h and hemodynamically stable.

/s/ Daniel DeMarco, PA-S
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