Perfecting the Oral Presentation

Sample Case #1

Underline or highlight the phrases that you would want a third year medical student to present during an oral case presentation on Rounds

CC: The patient is an 18 month old male who presents with "noisy breathing and trouble breathing."

HPI: This is an 18 month old previously well male who began to have loud breathing yesterday morning. Mom says he sounded congested and wheezy and felt warm. His temperature at that time was 100.5 F. He started to have a runny nose at that time. Mom gave him Tylenol. This brought down the fever to 98.9 but within 3 hours the fever returned to 100.8. Today morning he began to have trouble breathing. Mom then brought him into her primary doctor's office where his temperature was 101.4. The doctor was concerned and referred him to the hospital for admission.
There are no sick contacts. He has not been eating well over the past 2 days but is drinking some. He did eat some cereal and a bit of fruit this morning, but nothing else. He is making the normal amount of wet diapers. No vomiting or diarrhea.

PMH: No hospitalizations, no surgeries, no injuries. No history of asthma or wheezing.
Medicines: Tylenol
Allergies: NKDA
Birth history: Mom is rubella immune, HepB negative, GBS negative, HIV negative NSVD without complications. Baby went to normal newborn nursery. Mom O+, Baby O+. Baby stooled on the first day of life. No jaundice was noted. No intubations or respiratory problems. Mom and baby went home together after 2 days.
Immunizations: 3 DTaPs, 3 HepBs, 1 HepA, 1 MMR, 1 varicella, 4 Prevnar, 3 Hib.

Family history: No diabetes, mental illness, asthma, cancer in the family. Paternal grandmother had a stroke last year.

Social history: Lives with his mother and older sister (age 4). Mom smokes but not in the house. City water. Mom works at Target. Dad not involved. In the daytime, he stays with his aunt and two cousins (age 8 months and 3 years).

Developmental history: Sat up at 7 months, walked at 12 months, says about 15 words, understands 1-step commands. Not toilet trained. Mom has no concerns about his development or about his hearing or vision.

Diet history: Eats table foods, vegetables, fruits. Three 8-oz bottles of milk per day, three 6-oz bottles of juice.

Primary Care Provider: Bright Futures Pediatrics, Dr. Jones.

ROS:

Skin: No rashes, no hives.
Head: No head injury, no headache, no dizziness.
Eyes: No conjunctivitis.
Nose: No nose bleeds, no snoring, no mouth breathing.
Ears: No hearing difficulty, no earaches.
Mouth and Throat: No difficulty swallowing, no teeth problems, no hoarseness.
Neck: No pain or stiffness.
Chest: See HPI.
Heart: No palpitations, no sweating.
Gastrointestinal: No bloody stools, no encopresis.
Genitourinary: No pain on voiding, no weak urinary stream.
Neuromuscular: no convulsion, no coordination problem, no weakness, no spasticity.
Behavioral History: No unusual behavior.

Physical Exam:

At PCP's office: T 101.4. RR 60. Pox 86% on RA.
Vitals here: T 101.2. HR 130. BP 94/68. RR 52. Pox 96% on 1 L. Wt 27 pounds. (50 %tile). Ht 31 inches (25 %tile). HC 18 ½ inches (50 %tile).
General: Lying in mom's lap, labored breathing, ill appearing.
HEENT: NC/AT. Pupils equal & reactive. Nares congested. Nasal flaring. Oropharynx clear without lesions. Mucous membranes moist. Normal dentition (10 teeth). Normal cry.
Neck: Supple. No lymphadenopathy. Negative kernig's, negative brudzinski's.
Chest: Supraclavicular and subcostal retractions. Crackles and wheezes throughout. Prolonged expiratory phase.
Heart: RRR no murmurs. CR brisk.
Abdomen: Soft. Nontender. Nondistended. Positive bowel sounds. No hepatosplenomegaly.
Genitalia: Testis down bilaterally. Tanner 1 male.
Extremities: No clubbing or cyanosis. Full ROM of all extremities. No joint swelling, warmth, or redness.
Skin: No rashes. Normal skin turgor.
Neurological: Reflexes 2+ throughout. Moves all extremities.

Labs:

CBC: wbc7.8. Hb 12.1. platelets 312. 70% neutrophils. 26% lymphocytes. MCV 80. MCHC 33.
RSV positive.
CXR: No bony abnormalities. Normal heart size. Portion of abdomen visualized looks normal. Hyperinflated. Diffuse perihilar infiltrates. Peribronchial cuffing.