Perfecting the Oral Presentation

Sample Case #3

CC: The patient is an 8 year old female with known sickle cell disease who presents with pain in her arms and back.

HPI: This is an 8 year old who began to complain of back pain yesterday. By yesterday evening this had spread to include arm pain. Currently rates pain 8/10. She took Tylenol #3 and ibuprofen for this but was no longer getting relief today. She has no sick contacts and there is no recent travel. No pets. She is eating less but drinking her normal amount. No vomiting or diarrhea.

PMH: Hb SS disease

Hospitalized 3 times, **most recently discharged 3 days ago after a 4-day admission for a pain crisis after which she was discharged on Tylenol #3 and ibuprofen [move to HPI].** Previous hospitalizations included 2 for acute chest syndrome. 3 previous transfusions, no history of exchange transfusions, no ICU stays.

Medicines: Motrin and Tylenol #3

Allergies: NKDA

Birth history: Mom is rubella immune, HepB negative, GBS negative, HIV negative NSVD without complications and baby went to normal newborn nursery. Mom A+. Mom and baby went home together after 2 days. Sickle cell was picked up on her newborn screen.

Family history: Sickle cell trait in mother, father. No sickle cell disease in siblings or other family members. Asthma in father. No diabetes, heart disease, mental illness, cancer in the family

Social history: Lives with her mother, father, 2 younger sibs in Greensboro. No one smokes at home. City water. In the third grade, gets good grades in school.

Developmental history: Mom has no concerns about her development and remembers her meeting milestones on time.

Diet history: Eats some vegetables and fruits but lots of "junk food." Mom feels she does not get enough dairy in her diet.

Primary Care Provider: Bright Futures Pediatrics, Dr. Jones.
Hematologist: University Pediatric Hematology/Oncology, Dr. Smith

ROS:

Skin: No rashes, no hives

Head: No head injury, no headache, no dizziness

Eyes: No conjunctivitis

Nose: No nose bleeds, **no runny nose**, 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: **No chest pain, no wheezing, no cough, no difficulty breathing [move to HPI]**
Heart: No palpitations, no sweating
Gastrointestinal: No bloody stools, no encopresis
Genitourinary: **No pain on voiding [move to HPI]**
Neuromuscular: no convulsion, no coordination problem, no weakness, no spasticity
ID: **fevers at home to 101-102 [move to HPI]**
Behavioral History: No unusual behavior

Physical Exam:

Vitals in ER: T 102.1, HR 118, BP 98/74, RR 24, Pox 99% on 2L Weight 25 kg, Length 125 cm, BMI 16
General: Sitting up in bed, no distress
HEENT: NC/AT, pupils equal & reactive, conjunctiva icteric, nares clear. oropharynx clear without lesions, MMM
Neck: Supple, no lymphadenopathy
Chest: CTA bilaterally
Heart: RRR no murmurs. Cap refill <2 sec
Abdomen: Soft, nontender, nondistended, hyperactive bowel sounds, no hepatosplenomegaly
Genitalia: tanner 1 female
Extremities: No clubbing or cyanosis. No swelling, redness. She is tender over her arms and back. Full ROM of all extremities.
Skin: No rashes, not icteric
Neurological: alert, CN 2-12 intact, reflexes 2+ throughout, nl strength, nl sensation, nl gait and alternating movements

Labs:

CBC: wbc12.6, Hb 8.1, platelets 275, 60% neutrophils, 32% lymphocytes, 6% monos (baseline Hb 7.5 – 8.5)
Retic 5.6%
Chem7: Na 141, K 4, Cl 101, Bicarb 22, BUN 14, Cr 0.6, Glucose 92
Blood culture: pending
CXR: no infiltrates