

HISTORY OF PRESENT ILLNESS: HS is a 6-year-old female whose caretaker reports that the child has had nonbloody vomiting at least 25 times since she woke up at 7 am. It is now 11: 30 am. The child also had at least one episode of loose stool. The child was in her usual state of good health until she had chinese food last night. The child's father also vomited once but thought it was related to drinking.. Otherwise: (-) apparent abdominal pain, (+) decreased activity, (-) decreased alertness, (+) decreased urine output, (-) fever, (-) rash.

PAST MEDICAL HISTORY: (-) DM, (-) lung disease, (-) heart disease. The child is well otherwise

FAMILY/SOCIAL HISTORY: (-) inherited disease. The child lives with the mother and father and three other children

MEDICATIONS: No medication except peptobismol

ALLERGIES: No allergies.

IMMUNIZATIONS: Up to date

PHYSICAL EXAMINATION:

APPEARANCE: Alert, vomiting child, in moderate GI distress despite by NPO

VITAL SIGNS: Per nurse's note, reviewed by me. T 97.3 AR 106 RR 20 weight 24.4kg

SKIN: Warm, dry; (-) decreased turgor; (-) cyanosis; (-) rash

EYES: (-) conjunctival pallor, (-) icterus, (-) decreased tearing.

ENMT: TMs (-) erythema. (-) nasal flaring. Pharynx: (-) tonsillar erythema, (-) tonsillar exudate. Airway patent, (-) stridor. Mucous membranes moist.

NECK: (-) stiffness, (-) meningismus, (-) lymphadenopathy.

CHEST/RESPIRATORY: (-) retractions, (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.

HEART/CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.

ABDOMEN/GI: Soft; (-) distention; (-) abnormal bowel sounds; diffuse tenderness, (-) guarding, (-) rebound, (-) rigidity; (-) palpable mass.

EXTREMITIES: (-) deformity.

NEURO/PSYCH: Mental status as above; interacts appropriately for age. Strength and tone good.

What are some initial considerations for this patient?

Do you want to do any diagnostic tests?