

HISTORY OF PRESENT ILLNESS: PI is a 24-month-old male whose caretaker reports that the child had tubes put in four days ago at General Hospital. The first day after the tubes were put in blood and mucus were coming from the ear. The drainage has increased over the last two days despite the use of floxin otic. The child had become increasingly irritable over the last day and has been vomiting for two days without any diarrhea.

PAST MEDICAL HISTORY: (-) lung disease, (-) heart disease.

Neonatal History: Patient was born via NSVD, FT, BW; 8 lbs, clinical course with: The child was born full term at 8 pounds and 4 ounces but at birth, the child has an aspiration of meconium and wound up on ECMO for four days and on a respirator for one month and one week. The child was discharged after one month and two weeks.

1.- Respiratory Distress and Sepsis, NICU for 6 weeks, (+) ECMO, (+) Intubation.

2.- PDA which requires Indometazine obtaining a complete resolution Hospitalizations.

The child has had a total of 9 admissions by history of the mother. .

The child had three hospitalizations in the past year--one for pneumonia, one for PDA closure and one for a seizure in February.

Shunt: Hydrocephalus diagnosed at 5 months of age which required VP shunt, (+) seizure disorder, (-) H/O VP-Shunt infection or obstruction in the past.

Other medical problems

3.- RAD; On Albuterol nebulizer prn wheezing.

FAMILY/SOCIAL HISTORY: (-) inherited disease. Lives with the mother and father who speaks spanish.

MEDICATIONS: On Tegretol, albuterol, serevent and flovent. Floxin drops.

ALLERGIES: Per nurse's note, reviewed by me. No allergies.

PHYSICAL EXAMINATION: PHYSICAL EXAMINATION:

APPEARANCE: Alert, but very cranky child child, in no distress.

VITAL SIGNS: Per nurse's note, reviewed by me T 99.7 AR 148 RR 44 BP 121/60 oxygenation 100% weight 11.57kg

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

EYES: (-) conjunctival pallor. PERLA. 5mm, unable to visualize fundi

ENMT: TMs on right with tube in place, distorted drum. On left, there is pus around the drum which is blocking any view of the tube. 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; (-) tenderness. 1 inch scar on the right side of the abd. There is no sign of any swelling around the shunt. VP tubing is identified and without any swelling around it.

EXTREMITIES: (-) deformity.

NEURO/PSYCH: Mental status as above. Strength and tone good.

INITIAL CONSIDERATIONS BASED ON PRESENTING PROBLEM INCLUDED BUT WERE NOT LIMITED TO: Suspected bacteremia, shunt infection, blocked shunt, draining otitis media, cerebritis, slit ventricle syndrome

What are your initial management plans?

What diagnostics do you want to order?

