

PRESENTING PROBLEM: Fever for two days

Initial considerations based on chief complaint include but are not limited to: Sepsis, meningitis, otitis media, viral syndrome, urinary tract infection.

HISTORY OF PRESENT ILLNESS: RW is an 11-year-old female whose caretaker reports that the child has had fever for two days with a history of a cough for one week. The child vomited today and had red substance in it. However, the child usually does not want to go to doctor but was feeling so bad that the child requested she be taken to the hospital. The child is usually social and today the child was laying around and not playing although responding to questions appropriately. The child has hyperthyroidism and is on Levoxyl for hyperthyroidism. The child had been on tapazole and due to low neutrophil count was changed. The child has been getting one treatment a day for asthma. She had a treatment this am which does not seem to be helping the child. The child is being followed by her for hyperthyroidism and neutropenia.

REVIEW OF SYSTEMS: Unremarkable except for cough in the past.

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

Hospitalizations: The child has had pneumonia twice in the past at before 12 months and at 15 months.

Had a T & A done

Medical problems:

Myopia: She has glasses which she refuses to wear them.

Recurrent ear infections: The child has had recurrent ear infections requiring tubes but no recent hearing test.

Down Syndrome: Was identified at birth as having Down Syndrome.

Asthma: Child has mild intermittent asthma and has not used any medication for the past year.

FAMILY/SOCIAL HISTORY: (-) inherited disease. The child was referred during the first year of life for cardiac evaluation which was negative. The child was in early intervention and then PSH. At present is a AA School for MR classified children. Not getting individual speech therapy She is the last of 9 children born after 14 years. The older children in the twenties

MEDICATIONS: On Loxygel, tylenol proventil. The mother also uses cardec for URI and has been using it without relief of symptoms.

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

PHYSICAL EXAMINATION:

APPEARANCE: Alert, but quiet child, in no distress.

VITAL SIGNS: Per nurse's note, reviewed by me T 104.1 AR 126 RR 36 BP 112/70 weight 50.6 kg Pulse ox: 88 to 90%

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

EYES: (-) conjunctival pallor, (-) icterus. Antimongoloid slants

ENMT: TMs (-) erythema. Pharynx: Non erythematous. No tonsils seen. Airway patent, (-) stridor.

Mucous membranes moist.

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

CHEST/RESPIRATORY: (-) retractions, (?) rales on the left posteriorly, (-) rhonchi, (-) wheezes;

Decreased breath sounds greater on the left bilaterally.

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

ABDOMEN/GI: Soft; (-) tenderness; (-) distention, (-) guarding; (-) palpable mass.

EXTREMITIES: (-) deformity.

NEURO/PSYCH: Strength and tone good. Child answers simple questions and is able to ask for what she wants.

What do you want to do initially.

What tests do you want to order?

What medication would you start? Give rationale.