

Chaya Newfield  
Pediatrics – Site Evaluation  
History and Physical #3

Chief Complaint: “barking cough” x 2 days

History of Present Illness:

B.R. is a 2.5 y/o F with no significant past medical history who presents to the office today with her mother c/o cough, rhinorrhea, nasal congestion x 2 days. Mother states that for the past few days, the patient has had a non-productive cough that “sounds like a dog barking.” The cough is worst at night. Patient has difficulty sleeping at night due to coughing. Mother states patient had low grade fever at night, Tmax 100.0. Mother administered Dimetapp and Tylenol, with moderate relief. Mother states patient has mild loss of appetite and is irritable/ cranky. Denies any current fever, SOB, abdominal pain, rash, diarrhea, dizziness, recent travel, or any sick contacts.

DDx:

- Croup (laryngotracheobronchitis)
- Viral URI: Adenovirus, Rhinovirus
- Covid-19
- Bacterial pharyngitis
- Influenza
- Bronchitis

Past Medical History:

No significant PMHX.

Immunizations – All vaccinations up to date.

Past Surgical History: Denies previous surgeries or blood transfusions

Medications: None

Allergies: none

Family History:

Mother – 33, alive and well

Father – 32, alive and well

Sister - 1, alive and well

Social History:

BR attends daycare but has not gone for the past two days due to cough.

Mother works as a secretary, father is in graduate school

Habits – Mother denies any smoking in the household.

Travel – Mother denies any recent travel.

Diet – Mother states that for the past few days she had decreased appetite, but usually eats a well-balanced diet with fruits and vegetables.

Review of Systems:

General – Mother admits to recent loss of appetite. Denies recent weight loss, fever and chills, generalized weakness/fatigue, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus or changes in hair distribution.

Head – Denies head trauma.

Eyes – Denies itching, other visual disturbances, last eye doctor visit was 6 months ago, results within normal limits

Ears – Denies any changes in hearing.

Nose/sinuses –Mother admits to clear nasal discharge x 2 days. Denies obstruction, or nose bleeds.

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcers.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion

Pulmonary system – Admits to barking nonproductive cough x 2 days. Denies wheezing, difficulty breathing, coughing up blood, blue coloration, sudden difficulty breathing at night.

Cardiovascular system – Denies loss of consciousness.

Gastrointestinal system – Has regular bowel movements daily. Pt has been eating less in the past 2 days. Denies intolerance to specific foods, nausea, vomiting, difficulty swallowing, heartburn, unusual abdominal pain, diarrhea, jaundice, constipation, or blood in stool.

Genitourinary system – Denies urinary frequency or urgency, decreased or increased urination, patient is not toilet trained.

Nervous – Denies seizures, headache, loss of consciousness, sensory disturbances, imbalance, loss of

strength change in cognition / mental status / memory, or weakness.

Musculoskeletal system – Denies muscle/joint pain, deformity or swelling, redness or arthritis.

Peripheral vascular system – Denies swelling of lower legs or hands, or color changes.

Hematological system – Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions.

Endocrine system – Denies increased drinking, eating, or urination, heat or cold intolerance, excessive

Sweating.

## Physical

General: Well-appearing, well-nourished, appears tired, resting in mother's arms

## Vital Signs:

R: 20, unlabored P: 88, regular

T: 99.5 degrees F (tympanic)

Height: 33.5 inches Weight: 26 lbs. BMI 19.0

Skin: Warm and moist, without tenting and normal turgor.

Hair: Average quantity, even distribution, smooth texture. No signs of seborrhea, lice, or nits.

Nails: No clubbing, capillary refill < 2 seconds throughout.

Head: Normocephalic, atraumatic, nontender to palpation.

Eyes: Symmetrical OU, No evidence of strabismus, exophthalmos, or ptosis. Sclera is white, conjunctiva pink, and clear. Full visual fields, PERRLA, Cup: Disc Ratio  $<0.5$  OU. No evidence of AV nicking, papilledema, hemorrhage, cotton wool spots, or neovascularization.

Ears: Symmetrical and normal size. No evidence of lesions, masses, or trauma to external ears. No discharge or foreign bodies in external auditory canals AU. Tympanic membranes pearly gray with cone of light well seen. Auditory acuity intact.

Nose: Nasal mucosa is moist. Clear mucoid discharge from bilateral nares. Symmetrical, no obvious masses, lesions, deformities, trauma. Septum midline without lesions, deformities, injection, or perforation. No evidence of foreign bodies.

Mouth and Pharynx: Pharynx is slightly red and moist. Uvula pink, no erythema, lesions, Tonsils present, 1+. Lips pink and moist without cyanosis or lesions. Non-tender to palpation. Palate pink and well-hydrated, without lesions, masses, scars. Non-tender to palpations, continuity intact. Palate rises symmetrically. Postnasal drip noted in posterior pharynx. Gingivae pink and moist. Tongue pink, well-papillated

Neck: Thyroid nontender to palpation, no thyromegaly or bruits noted. No palpable lymph nodes.

Lungs: CTAB, no audible wheezing, rhonchi, or stridor. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout.

Heart: Normal heart rate. S1 and S2 noted. No murmurs, S3, S4, splitting of heart sounds, friction rubs or extra sounds.

Abdomen: Symmetrical; soft, non-tender, no palpable masses

Rectal: Deferred

Extremities: No evidence of clubbing, cyanosis or edema. DP and TP pulses 2+ B/L and equal.

Assessment:

B.R. is a 2.5 y/o F with no significant pmhx who presents to the office today with her mother c/o cough, rhinorrhea, nasal congestion, loss of appetite x 2 days. Findings are consistent with croup.

Plan:

- Pediapred 1 tsp QD at bedtime
- Use cool mist humidifier as needed, or shower vapors.
- Motrin/Tylenol PRN.
- Encourage hydration with Pedialyte, soup, ices, etc.
- Return if worsening symptoms in 1-2 days.