



CHILDREN FIRST PEDIATRICS OF TEXAS

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Patient Name: Harris Cairns
Patient DOB: 12-01-2013
Patient Sex: Male
Visit Date: 03-07-2016

Chief Complaints/HPI

cough

Patient presents with cough. This cough started 3 days back. Initially, it was dry and later it was accompanied with yellow colored phlegm. Now, the color has been changed to green. It is associated with fever and nasal congestion. The parents have tried Tylenol for the last two days which lowers down the fever but it spikes back up as the effect subside.

History

MEDICAL HISTORY: Patient has no significant past medical history.

SURGICAL HISTORY: Patient has no significant past surgical history.

FAMILY HISTORY: Patient has no significant family history.

SOCIAL HISTORY: Doing well in school. Safety plan present. Normal sleep pattern. No toxic exposure. No trauma - major. TV daily for 1 hour and Video games daily for 1 hour max.

Allergies

No Known Drug Allergies

ROS

CONSTITUTIONAL: Patient complained of chills and fever.

EYES: Patient complained of no eye symptoms.

EARS: Patient complained of no ear symptoms.

NOSE: Patient complained of no nasal symptoms.

SINUSES: Patient complained of no sinus symptoms.

THROAT: Patient complained of sore throat and hoarseness.

RESPIRATORY: Patient complained of cough.

CV: Patient complained of no CV symptoms.

GI: Patient complained of no GI symptoms.

GU: Patient complained of no GU symptoms.

NEUROLOGICAL: Patient complained of no neurological symptoms.

SKIN: Patient complained of no skin symptoms.

ENDOCRINE: Patient complained of no endocrine symptoms.

PSYCHIATRIC: Patient complained of no psychiatric symptoms.

MUSCULOSKELETAL: Patient complained of no musculoskeletal symptoms.

Vital Signs

Height: 36 in.

Weight: 30 lbs.
BMI: 16.
BP Systolic: 130 mm Hg.
BP Diastolic: 90 mm Hg.
Temperature: 101.8 F

Physical Exam

GENERAL: On examination WNWD, in no absolute distress.

HEENT:

HEAD: On head examination AT/NC.

NOSE: On nasal examination nasal mucosa is pink.

MOUTH: On oral examination tonsils are enlarged and erythematous and pharynx is erythematous.

NECK: On neck examination supple. No gross abnormalities, edema or thyromegaly. No tenderness. No mass. No JVD. No bruits. No C-spine tenderness.

LYMPH NODE: On lymph node examination no lymphadenopathy.

CV: On cardiovascular examination S1, S2, regular rate and rhythm, no murmurs, rubs, clicks or gallops.

RESPIRATORY: On thorax and lung examination normal chest expansion, good air movement, lungs clear to auscultation, no rales, rhonchi or wheezing, no respiratory distress.

GI: On GI examination soft, nontender, nondistended, bowel sounds present. No organomegaly, no masses palpated.

SKIN: On skin examination no gross abnormalities. No grossly abnormal appearing lesions or rash.

NEUROLOGICAL: On neurological examination normal gait. CN II-XII grossly normal. No sensory-motor deficits. No tremors. No nystagmus. DTR 2+ upper and lower extremities.

PSYCHIATRIC: On psychiatric examination well groomed. Appropriately dressed. Normal speech pattern. Normal thought pattern. No gross evidence of depression or abuse.

EXTREMITIES: On extremities examination normal gait. Normal upper and lower extremities, bilaterally. Power 5/5 upper and lower extremities, bilaterally. No nail clubbing or cyanosis. No extremity edema.

MUSCULOSKELETAL: On musculoskeletal examination normal gait. No nail clubbing or cyanosis. No edema.

Assessment

Acute Tonsillitis, Unspecified (J03.90)

Sore Throat (R07.0)

Plan

Today's Medication

Augmentin 125mg/5ml Powder for Suspension is Prescribed, Take 1 tsp twice per day

Procedure

Cerumen Removal 69210

Flu, pediatric 90657

Rapid Strep 87880

Recommendation

Fever: Acetaminophen (e.g. Tylenol) or ibuprofen for muscle aches, headaches or fever more than 100.4°F (38° C) rectally

Sore throat home tips: Feed warm chicken broth to children over 1 year old and hard candy to children over 4 years old.

Follow Up

Patient is advised to follow up in 7 days.

Health Education

ACUTE TONSILLITIS

The visit was electronically signed off by Lisa Reynolds, MD on 03/07/2016 09:25:16 PM