

Situation

Chief Complaint / Diagnosis: asthma exacerbation

Allergy: cats, oak trees , bananas **Code status:** Full code

Background

Latest Vital Signs: T 99.6, P 124, R 30, BP 96/42, SaO₂ - 95%

on 2 liters NC, Pain - 1/10, weight 27 kg

Medical History: diagnosed with asthma at age 2. Hospitalized with pneumonia about 6 months ago. Has had persistent wheeze since. Treated with albuterol nebulizer at home. Control has been fair.

Home Medications: albuterol HHN

RECENT History: 3 year old male admitted through emergency department with an acute exacerbation of asthma. Nebulizer treatments at home have not been effective. In ED patient was given 3 nebulizer treatments with some improvement.

However, the oxygen saturation remained 90-91% on room air. The patient was given a loading dose of Solumedrol IV and IV fluids started.

Surgical History: none

Assessment

Assessment: Awake, alert, anxious looking, restless. Lungs clear to auscultation except for wheezing in lower lobes. Heart sounds normal with no murmur. Abdomen soft, active bowel sounds. No edema of extremities with pulse strong, cap refill 2 seconds. Skin warm, dry, good turgor, mucous membranes moist/pink.

IV D5 ½ NS + 20meq KCL/liter @ 70 ml/hr.

O2 sats 94-95% on 2liters NC.

Recommendation

Vital signs q4 hours

Solumedrol dose due.

Last albuterol treatment about 3 hours ago.

He has not received Ibuprofen since admission.

Date/
Time

Note progress of case, complications, change in diagnosis on discharge, instructions to patient.

*3 yr. male admitted through ED with acute exacerbation of Asthma. Parent reports 2-day history of wheezing with noted increase in respiratory difficulty today. Albuterol HHN not effective at home. In ED: albuterol X 3 with improvement in sats remained 90- 91% on RA. Solumedrol IV started PMH: hospitalized with pneumonia 6 months ago. Persistent wheezing since. Treated with albuterol HHN prn. Control has been fair. Immunizations UTD.
PE: T 99.6 F P 126 R 30 BP 96/42, Sats 95% on 2 I/NC
Gen: awake, alert, responsive, smiles at times
Lungs: CTA with mild wheezes in LL bilat.
HEENT: RRR, normal S1 S2, no murmur
ABD: soft, nontender, no masses, + bowel sounds
EXT: no edema, pulses equal in all extremities
Skin: warm, dry, good turgor. Mucous membranes moist, pink.
DX: Acute exacerbation of asthma
PLAN: admit Pedi,
IV fluids, labs, steroids, albuterol HHN,
CXR am, pulse ox - keep sats > 95%*

Dr. H.Harrison

Lab	Patient	Ref. Range (Hockenberry Essentials 8 th ed.)
Glucose	100	60 – 100 mg/dL
Calcium	10.1	8.2 – 10.8 mg/dL
Sodium	142	138 – 146 mEq/L
Potassium	3.4 *	3.5 – 5.0 mEq/L
CO ₂	20*	20 – 28 mEq/L
Chloride	95*	98 – 106 mEq/L
BUN	15	5 – 18 mg/dL
Creatinine	0.7	0.3 – 0.7 mg/dL
Lab	Patient	Ref. Range ((Hockenberry Essentials 8 th ed.)
WBC	18 *	5.5 – 15.5 x 10 ⁹ /L
RBC	4.2	3.9 -5.3 – RBC x 10 ⁶ /μL
Hgb	12.4	11.5 – 15.5 g/dL
Hct	37	35 - 45%
Platelets	274	150 – 400 x 10 ⁹ /L
Neut.	62	54 – 62%
Lymphs	30	25 – 33%
Mono	3.4	3% – 7%
Eos	5	1 – 3%
Baso	0.6	0.0 – 0.75%