

+ 83
25

March 20, 2012

S:

CC: "I have a pain in my stomach".

x 5/5

12 year old Caucasian male presents to the outpatient clinic with c/o abdominal pain. Patient states he has been having abdominal pain, fever and chills for the last two days and it continues to get worse. He has some nausea but no vomiting. Patient states he has eaten very little in the last 2 days, food just doesn't sound good. Last bowel movement was yesterday and he describes it as "normal". Further questioning reveals "normal" means daily soft BM without blood, mucus or straining. He denies any epigastric discomfort or GERD symptoms. The pain is described as constant and sharp and has increased from an initial 3/10 to a current 8/10. Patient reports that on the car ride over from home, they went over some bumps in the road and it really made the pain worse. It has interfered with his sleep at night. He points to his RLQ and near the umbilicus as site of pain. Fever has been up to 102^F but Tylenol has helped intermittently the last two days. Mom reports she thought he just had the "flu", but when it got worse instead of better she became worried. Patient states that he is very nervous that something serious is wrong and he is terrified. No other over the counter meds have been given. He is normally healthy without any significant medical or surgical history.

x 5/5

O:

V/S-Ht. 65" Wt. 125 lbs. T-101.0 degrees F P-96 R-24 B/P- 118/70 BMI? General: Caucasian male who appears A&O x 3. Skin color is somewhat pale but warm and dry. Mucous membranes are moist, skin turgor is normal. Skin is free of rashes/lesions. HEENT reveals TMs that are grey with good mobility, canals free of disease, eyes are clear, bilateral nares are pink without discharge, throat is not hyperemic, tonsils are +2 and normal. Lungs are clear bilaterally without rhonchi wheezes or rales, Heart RRR without murmur or rubs, Abdomen is soft, tender and guarded in the RLQ and up near the umbilicus. He also has rebound tenderness when the LLQ is palpated. BS are hypoactive in all 4 quadrants. Urine dip in the office was ordered/interpreted by the MD as having small amount of ketones but all else was negative.

+ 3/5
Hair?
nails?
Peripheral
vascular?

non-erythematous?

A:

Acute pain R/T sharp pain in RLQ AEB patient stating pain level is 8/10. Fear R/T tests performed AEB patient stating that he is "terrified".

- exalburin :)

x 5/5

P:

Patient is placed on an NPO diet until further studies completed as ordered by the MD. Teach the patient what NPO is, and the importance of maintaining this status even when waiting for tests to be completed and the results. MD ordered a stat CBC with differential and a stat abdominal CT Scan to be completed at the local hospital and the patient is to return to the clinic immediately following the tests for further evaluation and instruction. Talked to patient and explain the procedures to help with patients fear and anxiety.

x 5/5

could have patient perform guided imagery & avoid aggravating factors