**H&P 3 for Pediatrics**

**Identifying Data:**

Full Name: S.A.

Date of Birth: xx/xx/2019

Age: 7 weeks

Sex: Female

Date & Time: 09/13/2019, 12:00 pm

Location: QHC, Jamaica, NY

Religion: N/A

Source of Information: Mother

Reliability: reliable

Source of Referral: Mother

**Chief Complaint:** “fresh blood in stool” for 2 days.

**History of Present Illness:**

7 weeks old female without significant PMHx was brought to ED by mother for “blood in stool” for 2 days. Mother found little bright red blood in her stool, two times a day. Mother denies fever, chill, vomiting, abdominal pain, constipation or diarrhea. Feeding and sleeping well.

**Past Medical History:** None

**Past Surgery History:** None

**Past Hospitalization History:** None

**Immunizations** – Up to date

**Medications:** None

**Allergies:** Denies any drug, environmental or food allergies.

**Family History:** non-contributory.

**Social History:** Single, living with mother and father. Denies smoking/drinking alcohol/caffeine, or illicit drug use. Denies recent travelling. Regular diet. Denies sleeping problem.

**Review of Systems:**

General –Denies recent weight loss or gain, loss of appetite, generalized weakness/fatigue, fever, chill or night sweats.

Skin, hair, nails –Denies excessive sweating, moles or changes in hair distribution.

Head – Denies headaches or head trauma.

Eyes – Denies pain, redness, swelling, visual disturbances, or photophobia. No glasses.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses – Denies discharge, obstruction or nose bleeding

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes or use dentures.

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

Pulmonary system – Denies shortness of breath, cough, wheezing, coughing blood, or blue skin.

Cardiovascular system – Denies palpitation, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur.

Gastrointestinal system – Admits blood in stool. Denies change in appetite, intolerance to specific foods, difficulty swallowing, nausea, vomiting, constipation, diarrhea, abdominal pain or jaundice.

Genitourinary system – Denies urinary frequency or urgency, nocturia, oliguria, polyuria, urinary pain, incontinence, awakening at night to urinate or flank pain.

Nervous –Denies seizures, headache, loss of consciousness, ataxia, 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 intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema or color changes.

Hematological system – Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.

Endocrine system – Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, or goiter

Psychiatric – Denies depression/sadness, anxiety, or ever seeing a mental health professional.

**Physical Exam:**

General: Well developed, well nourished female, crying, in no acute distress. Alert. Looks just like her age.

Vital signs: BP: R L

Seated 64/31 68/34

R: 38 breaths/min, unlabored

P: 140 beats/min, regular

T: 36.7 degrees C (axillary)

O2 Sat: 98% Room air

Height 20.5 inches Weight 7.8 lbs. BMI: 14

Skin: warm, good turgor. Nonicteric, no tattoos/lesions.

Hair: black color, average quantity and distribution.

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

Head: normocephalic, atraumatic, non tender to palpation throughout

Eyes: symmetrical OU; no evidence of strabismus, exophthalmos or ptosis; sclera white; conjunctiva & cornea clear. Visual fields full OU. PERRLA. EOMs full with no nystagmus.

Ears: Symmetrical and normal size. No evidence of lesions/masses / trauma on external ears. No discharge / foreign bodies in external auditory canals AU. TM's pearly white / intact with light reflex in normal position AU.

Nose: Symmetrical / no obvious masses / lesions / deformities / trauma / discharge. Nares patent bilaterally / Nasal mucosa pink & well hydrated. No discharge noted on anterior rhinoscopy. Septum midline without lesions / deformities / injection / perforation. No evidence of foreign bodies.

Lips: Pink, moist; no evidence of cyanosis or lesions. Non-tender to palpation.

Mucosa: Pink; well hydrated. No masses; lesions noted. Non-tender to palpation. No evidence of leukoplakia.

Palate: Pink; well hydrated. Palate intact with no lesions; masses; scars. Non-tender to palpation.

Teeth: no obvious dental caries noted.

Gingivae: Pink; moist. No evidence of hyperplasia; masses; lesions; erythema or discharge. Non-tender to palpation.

Tongue: Pink; well papillated; no masses, lesions or deviation noted. Non-tender to palpation.

Oropharynx: Well hydrated; no evidence of injection; exudate; masses; lesions; foreign bodies. Tonsils present with no evidence of injection or exudate. Uvula pink, no edema, lesions

Neck: Trachea midline. No masses; lesions; scars; pulsations noted. Supple; non-tender to palpation. FROM; no stridor noted. 2+ Carotid pulses, no thrills; bruits noted bilaterally, no palpable adenopathy noted.

Thyroid: Non-tender; no palpable masses; no thyromegaly; no bruits noted.

Chest: Symmetrical, no deformities, no evidence trauma. Respirations unlabored / no paradoxic respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation.

Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout. No adventitious sounds.

Heart: Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds.

Abdomen: Flat/ symmetrical / no evidence of scars, striae, caput medusae or abnormal pulsations. BS present. No bruits noted over aortic/renal/iliac/femoral arteries. Tympany to percussion throughout. Soft. No evidence of organomegaly. No masses noted. No evidence of tenderness, guarding or rebound tenderness. No CVAT noted bilaterally.

Rectal: Mild anal fissures visualized.

Peripheral Vascular: Skin normal in color and warm to touch upper and lower extremities bilaterally. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No cyanosis, clubbing / noted bilaterally.

Neurological:

Alert, cranial nerves/sensory/reflexes unremarkable. Motor/Cerebellar: Full active/passive ROM of all extremities without rigidity or spasticity. Normal muscle bulk and tone. No atrophy, tics, tremors or fasciculations. Strength equal and appropriate for age bilaterally (5/5 throughout).

Musculoskeletal: No soft tissue erythema / ecchymosis / atrophy /edema or deformities in bilateral upper and lower extremities. Non-tender to palpation / no crepitus noted throughout. FROM (Full Range of Motion) of all upper and lower extremities bilaterally. No evidence of spinal deformities.

**Assessment:** 7 weeks old female without significant PMHx was brought to ED by mother for “fresh blood in stool” for 2 days, along with PE findings, compatible with anal fissure.

**Plan:**

#Vaseline Applications

#Take Rectal Temp w/ Vaseline

#Baby Oil, Warm Water & Eucaly Soaks

#Follow Up w/ Pediatrician

#Conservative Supportive Care

Work up: After education, the patient was discharged. Follow up with PCP within 3 days.

Differential diagnosis based on the chief complaint: Anal fissure, Anorectal Abscess, Colitis, Colonic Polyps, Crohn Disease, Diverticulitis, Inflammatory Bowel Disease, Intussusception, Meckel Diverticulum

Differential diagnosis after H&P: Anal fissure.

Patient education:

An anal fissure is a break or tear in the skin of the anal canal. Anal fissures may be noticed by bright red anal bleeding on toilet paper and undergarments, or sometimes in the toilet. If acute they are painful after defecation, but with chronic fissures, pain intensity often reduces. Anal fissures usually extend from the anal opening and are usually located posteriorly in the midline, probably because of the relatively unsupported nature and poor perfusion of the anal wall in that location. Fissure depth may be superficial or sometimes down to the underlying sphincter muscle. Untreated fissures develop a hood like skin tag (sentinel piles) which cover the fissure and cause discomfort and pain. Treatments include medication such as nitroglycerine ointment, and operation surgery such as lateral internal sphincterotomy and anal dilation. Call your doctor or go to ER if you develop fever, chill, dizziness, large amount of bleeding, or severe pain.