SISLER, 2013

CONDITION	SYSTEM	SUBJECTIVE	OBJECTIVE	LABS/DX	PT ED -- Find a slew of pt ed handouts at http://www.cpnonline.org/CRS/CRS/pa_index.htm
AOM	HEENT	decreased hearing, otalgia, fever, aural pressure, vertigo, N/V	erythematous TMs w/ immobility, purulent exudate	clinical dx -- can do tympanometry or culture in complex circumstances	Pain mgmt with acetaminophen/ibuprofen. Benzocaine otic drops > 5y. Watchful waiting for 48-72 hours for healthy children > 2y. Rx Amox 80-90 mg/kg/day PO BID x 10d (if >6 y with mild-mod dz, can go 5-7d course).If allergic, use Cefdinir, cefpodoxime or cefuromine.
Cataracts	HEENT	painless, decreased visual acuity, clouded/blurred/dim vision, photophobia	white fundus reflex, poor visual fixation	None	Refer for surgical removal.
Chalazion	HEENT	symptomatic, red conjuctiva, pruritis, eye lid swelling, light sensitivity, increased tearing, visual distortion if large enough and can cause astigmatism (blurred vision) with pressure on cornea	beady nodule on eyelid		Warm compress. Referral for surgical removal.
Common Cold	HEENT	HA, rhinorrhea, sneezing, cough, sore throat, malaise	edematous/erythematous nasal mucosa, erythematous pharynx, watery eyes, lungs CTAB	Clinical dx -- r/o sinusitis, flu, AR, strep throat (Rapid Strep)	Continue symptomatic care. Increase fluids and hydration. OTC analgesics, cough mgmt, nasal saline drops. No OTC cold preparation (ie. no decongestants).
Conjuctivitis	HEENT	inflammed red, irritated. Itchy, burning. Increased tears. +/- blurred vision, eyelid swelling, foreign body sensation	Inflammed, red eyes. +/- swelling. +/- sticky/crusty with mucopurulent d/c	Clinical dx -- can gram stain and culture if gonococcal is suspected	Chemical -- self-limiting, no tx required; Bacterial (purulent) -- Erthyromycin 0.5% opthal. ointment or tetracycline 1% or polymyxin B opth soln/ointment. Gonococcal -- Ceftriaxone 250 mg IM. Chylmydial -- erythromycin opthal ointment (oral: tetracycline, erthro, claritho, azithro, doxy). Alleric -- oral antihistamines, +/-refer to allergist/opthal, made need steroids. Viral -- symptomatic care with sale gtts/artifical tears (refrigerate, cool is best), if mod-severe can use decongestants, antihistamines, mast cell stabilizers or NSAIDS
Constipation	GI	stool frequency, +/- straining, pain. quality of stool with +/- blood. Eating habits, water intake, activity level. Current medications or OTCs.			CONSTIPATION, functional (improving) - Continue increased water intake, prunes/juice, and leg movements/exercises. - Tx mild fissure on anus with Desodyn OTC to aid healing/moisture. - Consider switching from current 1% milk back to whole milk, or lactose-free if unresolved.
Cough (high risk): <3 mo, <6 m w/ no IZ	HEENT	Cough x __ days +/- apnea, cyanosis, respiratory distress. staccoco cough, +/- whoop. post-tussive vomit. IZ to date include #DtaP, etc, last dose on _____ Sick contacts at home Supportive care given has included			

Cough (low risk): >3m w/ IZ, >6 mo	HEENT	Cough x __ days +/- apnea, staccato, whoop, post-tussive vomiting, dry/wet, productive Sick contacts include Supportive care given has included			- Can use cough drops (> 6 y), honey thins, or hard candy to sooth throat. - Warm liquids for coughing spasms (warm lemonade, apple juice, or herbal tea) for children > 4m - Increase fluids - Discussed humidifiers - RTC if breathing patterns worsen or become more labored or if new sx occur, specifically if fever lasts more than 3 days, cough lasts more than 3 weeks.
Coxsackie	Derm	fever, malaise, vomit, drool, rash	papulovesicular exanthem on feet/hands, ulceration and inflammation of soft palate	Clinical dx	Reassure. Resolves over a week. Acetominophen. Topical applications for comfort.
Cradle Cap	Derm				Wash your child’s hair once a day with a gentle baby shampoo making sure to fully rinse out all shampoo. Brush the scalp with a soft brush. Lightly massage the scalp with your fingers. Gently rub olive oil, mineral oil or petroleum jelly into your baby’s scalp before washing the hair. Once the cradle cap has improved, continue to shampoo every few days and comb or brush the scalp daily. In severe circumstance, you can use an anti-dandruff shampoo (Head + Shoulder, Selsten Blue, etc.) for a week to take the bulk out. However, be careful to avoid child's eyes. Return to maintanence tx after improvement.
CRAFFT	WCC	Ridden in car with user? Use drugs/etoh to relax? alone? People telling you to cut back? Gotten in trouble?			
Croup	HEENT	URI sx, bark-like cough, fever	low grade fever, vital signs consistent with infxn, dyspnea, stridor, lungs usually CTAB		
Diaper Rash	Derm				- Continue use of Nystatin for 5 days after rash resolves. - Pt ed re: signs of yeast component, trajectory of healing. - RTC if rash does not respond to treatment or if sx worsen.

Diarrhea	GI	dry, sticky mouth. +/- tears, urine output and color			< 1 y + bottle-fed: - Give more formula than you would normally and as much as he wants. Fluids prevent dehydration. - Give your baby Pedialyte instead of formula for 4 to 6 hours. After 4 to 6 hours, give your baby formula again. Offer Pedialyte in addition to the formula feeding only if the urine becomes dark colored or passed infrequently. Switch to a soy formula if the diarrhea is severe and doesn't improve in 3 days. If your baby is over 4 months old, continue rice cereal, and strained bananas. If your baby is less than 1 year old and breast-fed: Breast-feed more often. If your baby is over 4 months old, continue rice cereal, and strained bananas. Offer Pedialyte between breast-feedings only if your baby does not urinate as often as usual or has dark-colored urine. If your child is over 1 year old: Give dried cereals, grains, bread, crackers, rice, pasta, and mashed potatoes. Yogurt is also good for diarrhea. Give water or half-strength Gatorade as the main fluids for 6 hours. Caution: If your child does not want to eat solid food, give your child milk or formula rather than water.
Epiglottis	HEENT	sudden onset high fever, drooling, choking sensation, restless, fearful, hyperextension of neck, rapidly progression signs of resp distress	ER ASAP	ER ASAP... Hospital will blood and tracheal cultures, "thumb sign" on radiograph	ER ASAP. Do not perform tracheal exam. Keep child calm. Intubate in ER with IV of 3rd gen cephalosporin until pathogen ID'ed
Fifth Disease/ Erythema Infectiosum	Derm	"slapped cheek" appearance,	lacey reticulur exanthema on b/t cheeks and +/- arms, legs, trunk, dorsum of hands/feet.	Clinical dx -- can perform Parvovirus B19 IgM, IgG	No Rx or tx needed. Anticipatory guidance re: rash can last up to 40 d, avg 1.5 weeks; intubation 4-14 d; can cause aplastic crisis.
FTT					Failure to thrive (783.41), Improved/Chronic/Acute - Current BMI (%), Change since last visit (mm/yy) - Pt advised to .... No worrisome consitutional sx or bx concerns on exam. Continued monitoring of weight advised. - Supplement suggested 400 IU Vit D, iron, MV - Healthy Fats flyer given to mother, with explanation, specifically suggested incorporation of olive oil to food. - Reviewed sx to watch for that may suggest underlying medical condition, ie. fever, N/V/D, etc. Reassess at next WCC or RTC PRN.
Hordeolum/Stye	HEENT	abrupt onset, localized pain (acutely tender), edema (pain proportional to amt of edema)	stye		Warm compress. +/- topical bacitracin or erythromycin ophtalmic ointment. Refer to opthalmologiy for possible I&D if no resolution >48hrs.

Impetigo	Derm	red sores +/- rupture or ooze, +/- yellowish-brown crust. Location. #days. Bullous? (larger blisters that occur on the trunk or diaper area of infants and young children). Ecthyma? (penetrates deeper into the skin w/ painful fluid- or pus-filled sores that turn into deep ulcers). What did the scars look like when they started? What's made it better/worse?			Handwashing education. Gently wash the affected areas with mild soap and running water and then cover lightly with gauze. Treat cuts/scrapes/bites immediately by washing. Wash an infected person's clothes, linens and towels every day and don't share them with anyone else in your family. Wear gloves when applying any antibiotic ointment and wash your hands thoroughly afterward. Cut an infected child's nails short to prevent damage from scratching. Keep your child home until your doctor says he or she isn't contagious.
IZs	WCC				- IZ given: HepA#1, MMR#1, Varciella#. VIS given to guardian. - No immediate rxn noted upon injection. - Discussed SE (rash, fever, fussiness) and when to RTC.
Mono	HEENT	fever, pharyngitis (most severe), malaise, anorexia, myalgia	cervical adenopathy, posterior cervical lymphadenopathy, white exudate on tonsils, spenomegaly, maculopapular or petechial rash.	MonoSpot, culture, CBC with titers -- early rise in IgM, permanent rise in IgG. Expect lymphocytic leukocytosis, neutropenia.	Supportive care (non-steroidals, warm saline gargles), Corticosteriods when enlarged lymph tissue threatens airway obstruction. Avoid contact sports (3 weeks to several months) to avoid splenic rupture (even w/o clinically detectable spenomegaly)
OE	HEENT	otalgia, pruritis, purulent d/c	erythema/edema of ear canal, purulent exudate, pain with manipulation of auricle, TM normal	clinical dx -- pneumatic otoscopy to demonstrate motility	Rx (bacterial) acetic acid w/ or w/o hctz, Cortisporin (Neomycin), Cirpo or Ofloacin for severe cases. Rx (fungal) Antifungal drops (Clotrimazole 1%). Pt ed re: remove purulent debris, protect ear from moisture or injury.
OME	HEENT	hearing loss, popping sensation with pressure alterations, fullness in eye	air bubbles behind TM, decreased TM mobility, + Rinne, + Weber	Audiometry	Watchful monitoring x 3mo. No ABX, antihistamines or decongestants needed. Re-eval in 3-6 mo.
Overweight/Obese	WCC	Obesity, Overweight - Interval hx: - PMH/FH: HTN, acanthosis, PCOS, Blount's dz (bow legs) - Current health habits: food, activity, screen time, sleep habits - Last appt goal progress, major road blocks			Obesity, Overweight (BMI = XX) - Calculate/plotted BMI, linear growth suggests.... .... If poor, consider hypothyroidism; w/ hirsuitism, moon face, HTN, consider Cushing's; w/ DD + abnormal genitalia: Prader-Willi, Turner, Laurence-Moon_badet-Biedle; w/ Oliomenorrhea + hirsuitism: PCOS. - Labs ordered: fasting lipids, fasting glucose, ALT, AST, +/- A1c, +/- fasting insulin - Assessed for change: food, activity, screen time. - Pt ed re: 5-2-1 recommendations - Pt goals at this time include: - Referrals given: health educator, CHO Nutrition, Healthy Hearts, WATCH clinic, Way to Go Kids at NCH - RTC for weight check q 3 mo (overweight), maintanence/reinforcement q 6-12 mo - RTC for weight check q 3xmo (obese), check BMI/reinforce plan q 3-4 mo.
Pharyngitis	HEENT	cough, dysphagia, malaise, rhinorrhea, +/-fever, painful throat	erythematous pharynx, fever, anterior cervical adenopathy, exudate; For GAS, use FLEA (fever > 98, lack of cough, exudate, anterior lymph)	clinical dx -- can do throat culture, +/-CBC would show increased WBC. r/o epiglottis, abscess	For bacterial, Rx PCN 250 mg TID x 10 days (allergic Erythromycin). Increase fluids/hydration. Warm salt water gargles. Antipyretics PRN.

Retinoblastoma	HEENT	squinting, eyes turned inward/outward, painful red eye	leukocroia (yellow-white papillary reflex), hyphema, strabismus, creamy pink mass on fundoscopic exam	CT or MRI of orbits to eval extent of optic never or bony involvement	Refer for surgical resection or enucleating. Anticipate radiation/chemo.
Sick visit (general)					Dx: Rx: - Reviewed sx to monitor: - Pt ed re: RTC if sx fail to resolve or if new sx emerge.
Sinusitis	HEENT	HA, pain/pressure over cheek, discolored nasal d/c, halatosis, PND and cough, dull/trobbing pain	Clinical dx. Check teeth for abscesses, cheeks for pressure		Rx: Amox x 14 day (amox-clavulanate for unresponsive after 4 days). Avoid decongestants and antihistamines for acute cases. Pain mgmt w/ acetaminophen or ibuprofen. Nighttime humidifiers can help mucosal drying. Continue to increase fluids for hydration. If chronic or recurrent, refer to otolaryngolist.
Strabismus	HEENT	squinting, decreased visual acuity, face turning	esotropia (inward eyes), exotropia (outward), hypertropia (up), hypotropia (down), Unequal light reflex		Refer to opthalmalogy if fixed or continuous at >6mo. Immediate referral for hypertropia or hypotropia. Anticipate patching, orthoptic exercises or surgical correction.
URI	HEENT	rhinorrhea, sore throat, mylagia, hoarseness, HA, otalgia, cough, postnasal drip, watery eyes, decreased appetite, fatigue/malaise, fever			Increase fluids, rest. Stop smoking. Can use steam in the form of hot showers, a wet towel hung in the room, a pan of water on the radiator, or best yet, a vaporizer/humidifier in the room can help congestion symptoms.
Rubella	Derm	joint pain, inadequate IZ, rash that began on face and went full body (gone w/in 72 hrs), malaise	fine maculopapular rash on face/body, post-auricular and suboccipital lymphadenopathy,	Assays available	Supportive care. Can tx fever w/ acetominophen. Pt ed re: danger to pregnant women. IZ status?