

I-Human Zoey Wright 2 y/o Runny Nose, Cough, Fever

Interview Questions:

Reason for Encounter

Start with open-ended patient-centric questions.

● Asked ✗ Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
●	CC Sx	How can I help her today? (witness)	Well, 2 days ago she started with a runny nose and cough. Then yesterday the daycare sent her home for a fever. She has been fussy this morning as well and she had a fever. So now we're on day 3 of her not being well. I was hoping to get some medication for her cough today because I'm not sure what is making her so fussy!	

●	CC Sx	Does she have pain anywhere? If so, where? (witness)	I think she does because she has been fussy. She cannot tell me if she has pain anywhere.	
●	Assoc Sx	Does she have any other symptoms or concerns we should discuss? (witness)	Besides the cough, fever, runny nose and fussiness..she has also not been eating as well. She has been drinking her milk normally, about 18 ounces of whole milk per day. But her appetite for food has been a little decreased. She seems to be a little picky the last couple of days.	
●	Assoc Sx	Does she have a rash? (witness)	Nope.	
●	Assoc Sx	Does she have nausea and/or vomiting? (witness)	No.	

●	Assoc Sx	Does she have discharge or bleeding from her ears? (witness)	No.	
●	Assoc Sx	Have you noticed your child pulling on her ear? (witness)	No.	

OLD-CARTS for the HPI

● Asked ✗ Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
	Onset			
	Location			

	Duration			
●	Characteristics	Is she coughing up any sputum? (witness)	Nope.	
●	Aggravating	Does anything make her cough better or worse? (witness)	Not really.	
	Relieving			
●	Timing/Treatments	What treatments has she had for her fever? (witness)	Tylenol every 4 hours when she has a fever. It goes away with the Tylenol but returns about four hours later.	
●	Timing/Treatments	What treatments has she had for her cough? (witness)	Nothing.	
●	Severity	How high is her fever? (witness)	The highest it has been at home is 101. The daycare sent her home.	
●	HPI	When did she last take her medications? (witness)	Her Tylenol? I gave her a dose just before we came in, about 30 minutes ago.	

PMH, FH, SH as Needed

● Asked ✗ Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
●	PMH	Is she taking any prescription medications? (witness)	Nope.	
●	PMH	How many wet diapers does your child make per day? (witness)	Several, I don't usually count. That's been the same.	
●	PMH	How many stool diapers does your child have per day? (witness)	Usually about one or two. That's been the same.	
●	PMH	Is she taking any over-the-counter or herbal medications? (witness)	Not normally.	
●	PMH	Does she have any allergies? (witness)	No.	

Review of Systems (ROS)

Select the major body systems that have not been touched on during the interview process for the HPI.

● Asked ✗ Not asked

Vitals: Pulse 85, Respirations 20, BP 95/60

Exam Documentation:

Exams Feedback

● Performed Correctly

- inspect ears

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the lungs, ears, nose, and throat. These are the components that are a part of the respiratory system.

- inspect eyes

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the eyes to rule out conjunctivitis as it can frequently accompany upper respiratory infections.

- inspect mouth/pharynx

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the lungs, ears, nose, throat and eyes. These are the components that are a part of the respiratory system.

- inspect skin overall

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the skin and mucous membranes to assess their hydration status. Children can get easily dehydrated with viral and bacterial illnesses if they refuse to eat or are vomiting and having diarrhea.

We would also check the skin for rashes because some viral and bacterial infections in children are accompanied by rashes. Therefore, a rash can sometimes provide a clue to the underlying diagnosis.

In children, we would also examine the diaper area to check for any rashes.

- look in ears with otoscope

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the lungs, ears, nose, throat and eyes. These are the components that are a part of the respiratory system.

Pneumatic otoscopy is used to determine the mobility of the tympanic membrane by applying positive and negative pressure in the auditory canal. The bulb of the pneumatic apparatus is pressed and released and the movement of the ear drum is observed in response to the pressure changes.

- respiration

- You documented rate, rhythm, and effort correctly.

- temperature

- visual inspection - anterior & posterior chest

Any child with non-specific symptoms such as fever and upper respiratory symptoms must have a thorough examination of the lungs, ears, nose, throat and eyes. These are the components that are a part of the respiratory system.

Since this child has had a cough for a few days, we must inspect the chest wall for signs of labored breathing which includes the use of accessory muscles or abnormal chest wall retractions.