Pediatrics – H&P #1

Chief complaint: "Fever x 5 days"

History of Present Illness

An 8-year-old male with no past medical history was brought into the office by both parents for a fever that has persisted for 5 days. The fever has remained around 103.4°F (oral temperature) since onset. The mother reports that the patient has been complaining of burning throat pain, which he rates as 7/10 in intensity and states it is worse with swallowing. The parents have been using Motrin and Tylenol to control the fever and pain, with the last dose of Motrin given at 7 am this morning. The mother has only been able to lower the fever to 99.5°F once, and the medication only provides temporary relief of the throat pain.

The patient visited the office on the first day of the fever and had negative rapid tests for strep and influenza. At that time, they were advised to continue using Motrin and Tylenol. Two days ago, the mother called the office because the symptoms were not improving, and the patient was prescribed Omnicef (cefdinir). The patient returns today after 5 days of fever, as there has been no progress since starting the antibiotic. The patient also reports chills, sneezing, bloody mucus in the nose, constipation, and a canker sore on the top lip. He denies cough, rash, ear pain, shortness of breath, or abdominal pain. There is no recent travel or contact with sick individuals.

Past Medical History

-No past medical history
-UTD with vaccinations

Past Surgical History

-No past surgical history
-Denies blood transfusions and past injuries

Medications

-Cefdinir (Omnicef), 250 mg/5mL, 3 mL BID for 10 days

Allergies

-No allergies
-no environmental or food allergies

Family History

Father - alive and healthy
Mother - alive and healthy
Brother- alive and healthy

Social History

Patient lives at home with parents. Follow up with a local pediatrician regularly.
No smokers at home and has one dog.
Education – Student.
Travel – Denies recent travel.
Diet – Mother admits to following a well-balanced diet.

Review of Systems

General – Mother admits fever x 5 days. Admits fatigue and lack of appetite. Denies headache or recent weight loss.

Skin, hair, nails - Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus,

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

Nose/sinuses – Denies discharge, obstruction or epistaxis.

Mouth/throat – Admits to sore throat and mouth ulcers. Denies bleeding gums or voice changes.

Neck – Denies any pain, stiffness, or decreased range of motion.

Pulmonary System – Denies cough, dyspnea. wheezing, dyspnea on exertion, hemoptysis, cyanosis, orthopnea.

Cardiovascular System – Denies chest pain, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope, or known heart murmur.

Gastrointestinal System – Admits constipation. Denies nausea, vomiting, diarrhea, abdominal pain, or jaundice. No splenomegaly present.

Genitourinary System – Denies urinary frequency, dysuria.

Physical exam

General: Young male, appears stated age, height and weight, awake, neatly groomed, alert and oriented x 4. Patient is lethargic, fatigued, and appears tired. Patient is cooperative during physical exam. Can ambulate without assistance.

Vital signs:
BP: 106/66 mm Hg
R: 18 breaths/min, unlabored
P: 123 beats/min, regular
T: 100.2 degrees F (taken by ear)
Height 3’10’’ Weight: 45 lbs.

Hair: Average quantity and distribution. No signs of lice or dandruff.

Skin: Warm and moist, good turgor. Nonicteric, no lesions, scars, or tattoos noted

Nails: capillary refill <2 seconds, no clubbing, cyanosis, splinter hemorrhages or signs of trauma present.

Eyes: Symmetrical OU. No strabismus, exophthalmos, or ptosis. Sclera white, cornea clear, conjunctiva pink.

Ears: External ears with no masses, lesions, or discharge. No tenderness noted with pulling pinna. No tenderness present with insertion of speculum. No swelling or erythema noted in the ear canal AU. No discharge/foreign bodies in external auditory canals AU. TMs pearly white/intact with light reflex in good position AU.

Nose: No signs of masses, lesions, deformities, or trauma. Nasal mucosa was found to be erythematous and inflamed. Inferior turbinate swollen bilaterally. There was rhinorrhea present.

Mouth: Lips pink and moist, with the presence of a canker sore located on the top lip. White film covers the posterior half of the tongue and coating the upper palate. Otherwise, palate intact with lesions, masses, or scars. Normal dentition, with no signs of dental caries.

Pharynx: Oropharyngeal erythema noted with grade 2 tonsil and tonsillar exudates present.

Neck: bilateral lymphadenopathy present.

Chest: Respirations unlabored / no paradoxical respirations or use of accessory muscles noted. Chest expansion and diaphragmatic excursion symmetrical.

Lungs: Clear to auscultation bilaterally. No adventitious sounds with no evidence of drooling or stridor noted.

Heart: Regular rate and rhythm (RRR). S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

Differential Diagnosis

Group A Streptococcus (GAS) Infection: Group A Streptococcus is the most common cause of bacterial pharyngitis, peaking during the winter and early spring. GAS pharyngitis has an abrupt onset, presenting with fever, headache, abdominal pain, nausea, and vomiting. It may cause poor oral intake. Additional features include exudative tonsillopharyngitis with enlarged tonsils, enlarged tender anterior lymph nodes, palatal petechiae, and an inflamed uvula. Viral features such as rhinorrhea, conjunctivitis, cough, hoarseness, ulcerative lesions or vesicles, and diarrhea are usually absent. Significant fatigue or splenomegaly is not typically observed on examination.

Adenovirus Infection: Adenovirus is one of the most common viruses isolated from young children with febrile respiratory illness. It is frequently co-detected with other viral pathogens, and bacterial superinfections can occur. Common presentations include pharyngitis and coryza. Exudative tonsillitis and cervical adenopathy may be present, making it almost clinically indistinguishable from group A streptococcal infection. Outbreaks are common in summer camps, especially those with swimming pools or lakes. The duration is usually five to seven days. Most adenoviral diseases are self-limiting.

Infectious Mononucleosis: Infectious mononucleosis is characterized by the triad of fever, tonsillar pharyngitis, and lymphadenopathy. The sore throat is accompanied by pharyngeal inflammation and tonsillar exudates. Lymph node involvement may be symmetric and more commonly associated with the posterior cervical than the anterior chains. Nodes may be large and moderately tender. Fatigue may be persistent and severe, typically resolving slowly. Splenomegaly is seen in 50 to 60 percent of patients. A rash can occur with the administration of ampicillin or amoxicillin.

Scarlet Fever: Scarlet fever is a diffuse erythematous eruption that occurs in association with pharyngitis. The development of scarlet fever requires prior exposure to S. pyogenes and results from a delayed skin reactivity to pyrogenic exotoxin. The rash of scarlet fever is a diffuse erythema that blanches with pressure, with numerous papular elevations, giving a sandpaper-like texture to the skin. It usually begins in the groin and armpits and is accompanied by circumoral pallor and a strawberry tongue. The rash then expands to cover the trunk followed by the extremities, sparing the palms and soles.

COVID-19: Sore throat and pharyngeal erythema occur in less than 30 percent of symptomatic children. Fever and cough are other common symptoms that often accompany a sore throat. Fatigue, nasal congestion, diarrhea, and vomiting have also been observed but to a lesser extent.

Assessment

8-year-old male with no PMHx presents to pediatrics office with a 5-day history of high fever (103.4°F), burning throat pain, unresponsive to Motrin, Tylenol. A course of Omnicef started two days ago. Despite negative initial tests for strep and influenza, his persistent symptoms and additional complaints of chills, sneezing, bloody nasal mucus, constipation, and a canker sore warrant further investigation for possible viral vs. bacterial infections.

Plan

CBC
Mono-spot test
Throat culture
Continue Motrin and Tylenol
Finish course of antibiotic
Teaspoon Benadryl and teaspoon Maalox mix for canker sore.