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Children/OB

GNRS 5669 - Summer 2013

Clinical SOAP Note 5

5 year old African America female brought to clinic by mother for a well child check up.

**Subjective Information**

*Demographic:* Patient is a 5 yr. African American female who resides in Galveston County. She is a student in Kindergarten at the local elementary school. Patient has been coming to this clinic for well child check up and sick visits as needed since she was born. Patient appears happy, well groomed and is a reliable source of information.

*Chief Complaint:* “It’s time for my check up!”

*History of Present Illness:* Patient presents with no complaints. She is excited about coming to the doctor and states that “Doc McStuffins is my favorite show. You are like Doc McStuffins and I will be a good patient for you cause you will make me better”.

*Current Health Status:* Patient has no known allergies and her immunizations are up to date with the flu vaccine received this past season. She is currently not taking any medications and takes two Disney Princess children’s gummy vitamins daily. Patient is not exposed to smoke inside or outside the house. Patient’s mother states that they keep wine in the house for special occasions but that she only drinks socially approximately one or two times per month. Based on clinic records, the patient has not missed any annual well child visits and was last seen at the clinic 4 months ago for a mild case of self resolving otitis media. Mom states that the child eats a well balanced diet and plays outside regularly at home and at school.

*Relevant Past Medical History:* Patient and her mother state that she is generally in good health with not diagnosis of disease or hospitalizations. Denies surgeries, blood transfusions, injuries, illnesses, limitations of daily activities and/or treatment for depression or anxiety.

*Social History:* Patient lives in a house with her 9 year old brother and both her mother and father. Her parents have been married for 10 years. Patient’s mother is a stay at home mom and her father works construction. The family has health insurance through the company the father works for. Patient states she enjoys going to school and playing dolls with her friends .Mother denies an religious or cultural considerations that may affect her care.

*Family History:*

Father –alive and well

Mother- alive and well

Brother- alive and well

Maternal grandmother – alive with DM II, controlled with diet

Maternal aunt – alive with of DM II, controlled with diet

*Medications:*

none

*ROS of Relevant Systems:*

General: Overall healthy

Head: normocephalic

Eyes: denies any eye pain or headache

ENT: Denies any pain, sore throat, rhinorrhea or vertigo, or loss of balance

Cardiovascular: Denies chest pain, pressure or palpitations

Respiratory: Denies cough or shortness of breath

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, heartburn or abdominal pain

Genitourinary: Denies dysuria

Musculoskeletal: Denies back pain or any recent trauma; Denies muscle weakness, tingling, numbness or pain in any other joints

Integumentary: Denies any lacerations, pruritus, rashes, wounds, lesion or excessive dryness

Neurological: Denies any changes in sight, smell, hearing or taste

Psychiatric: No history of depression, anxiety or difficulty concentrating

Endocrine: denies cold/heat intolerance or excessive drinking or urinating

Hematologic: Denies anemia, easy bruising or bleeding

Allergic/Immunologic: Denies any allergies or allergic responses

**Objective Information**

*Physical Exam:* BP: 107/62 T: 98.1 F P: 66 R: 20 O2 Sat: 100% on RA Ht: 4’7’’ Wt: 97lbs BMI: 22.54

93.52%ile based on CDC 2-20 Years stature-for-age data.

98.3%ile based on CDC 2-20 Years weight-for-age data.

97%ile based on CDC 2-20 Years BMI-for-age data.

93.4% systolic and 79.7% diastolic of BP percentile by age, sex, and height. 107/62 is approximately the 75th BP percentile reading

General: alert, active, in no acute distress

Head: normocephalic

Eyes: Positive red reflex bilaterally, pupils equal, round, reactive to light, conjunctiva clear and conjugate gaze

Ears: TM's normal, external auditory canals normal

Nose: clear, no discharge

Oral Pharynx: moist mucous membranes without erythema, exudates or petechiae, dentention normal, normal for age

Neck: supple and no lymphadenopathy

Lungs: clear to auscultation

Heart: regular rate and rhythm, no murmur, sitting, supine, standing, peripheral pulses palpable and normal

Abdomen: normal bowel sounds, soft, non-distended, no hepatosplenomegaly or masses

Neuro: cranial nerves 2-12 intact, deep tendon reflexes symmetrical and physiologic

Back/Spine: back straight, no defects

Musculoskeletal: back straight, no scoliosis, full range of motion, muscle strength 5/5 through out, no joint instability

Genitalia: Normal female, Tanner stage, I

Rectal: anus normal to inspection

Skin: warm, no rashes, no ecchymosis

*Labs:*

None at this visit

*DEVELOPMENTAL ASSESSMENT:*

This child is accomplishing the following milestones appropriate for her age.

Gross Motor: Enjoys swimming and playing outside

Fine Motor: able to complete age-specific tasks

Language: school performance acceptable (passed to 3rd grade)

Personal Social: enjoys school, positive interaction with peers

Additional milestone assessment includes:

not indicated, ASQ results: communication 55, gross motor 45, fine motor 45, problem solving 50, personal-social 50

*SCREENING*

Vision: right 20/50, left 20/70 - referred to optometrist

Hearing Screen: pass - 3 tones

Hgb/Hct Testing: Not medically indicated

Lead Screen: screening not appropriate for age

TB Screen: negative questionnaire

*Medical Diagnosis:* Well 5 year old female with normal growth & development.

**Well Child Exam**

Some authorities have questioned the value of screening tests and the physical examination because few physical problems are identified in school-age children and the parents may experience some overconfidence when a child “passes” the physical examination (Hoekelman, 2001). The real value of the preventive health visits may be in the monitoring, screening and anticipatory guidance related to developmental, behavioral, and emotional issues. It is by reviewing the child’s progress, offering suggestions, and validating parent’s efforts that providers can best assist families as they move through the school-age years (Burns et al, 2009).

**Plan:**

1. Questions raised by patient/family were answered.
2. Age appropriate handouts provided
3. Injury prevention, swimming/water safety, sun exposure, guns, helmets, and strangers discussed
4. Parent/caregiver expressed understanding and is in agreement with plan of care
5. See Optometrist for vision evaluation
6. RTC for 6 year WCC or prn

References

Burns, C.E., Dunn, A.M., Brady, A.M., Starr, N.B., Blosser, C.G. (2009) *Pediatric Primary Care (4th ed).* St. Louis, MO: Elsevier

Hoekelman, R.A. *Primary pediatric care*, ed 4, St. Louis, 2001 Mosby