

NAME K.N.

BIRTHDATE/AGE

SEX

PATIENT PROGRESS RECORD

UNIT NUMBER

DATE & TIME: 10-19-07 1:00 pm (Friday)

CC: sore throat

HPI: 18 y/o female with hx of recurrent strep pharyngitis (annually) and sinus infections (biannually) presents with painful, swollen sore throat. 3 weeks ago, she was diagnosed with a sinus infection at NEMC and given a 10-day course of Clindamycin, which improved her symptoms. Three days following the 10-day course—the Saturday prior to admission—she began to have a swollen, sore throat and returned to NEMC. An oral swab came back positive for Strep throat, and she was given Doxycycline which caused an upset stomach and vomiting, so the Monday prior to admission she went to Faulkner hospital in Boston where the Doxycycline was changed to liquid Bactrim. The Tuesday prior to admission, she returned to Faulkner Hospital for increasing throat pain described as constant and worse on swallowing. She was given Percocet and discharged. Since that time, the pain has spread bilaterally to her ears and facial area, and her neck has become increasingly swollen. She has been unable to eat solid foods since Saturday.

Pt admits to intermittent fevers and chills that come and go with no predictability, drooling (as she is unable to swallow), productive cough with pink-tinged sputum (pt is unsure if this is from blood or cough medicine), ear pain, runny nose, diaphoresis, decreased appetite, and wakes up during the night due to her sore throat. She is unsure about sick contacts, because she lives, works, and goes to school in Boston. She is currently alert and oriented, but her mother notices decreased mental status when her fever spikes. Her last bowel movement was 4 days ago. She still has her spleen, denies a personal or family history of immunodeficiency disorders. ∅ SOB, ∅ CP, ∅ HA, ∅ changes in vision, ∅ hearing changes, ∅ dizziness.

PMH:

1. Sinus infections and Strep throat every Fall since Elementary School
2. Diagnosed with Mono 2 years ago
3. Adenoids removed and a cyst in sinus drained at 8 y/o
4. Asthma
5. Never been tested for STDs
6. Immunizations up to date, including Meningococcal vaccine

Meds:

1. Bactrim PO BID
2. Percocet PO q4-6hr PRN pain
3. Albuterol

Allergies:

1. ? Rxn to Erythromycin and Penicillin as a child -> rash, upset stomach. Since that time, she's been treated with other macrolides without an allergic rxn
2. Rxn to Ceclor as a 2 y/o -> swollen joints, periorbital edema to the point she couldn't walk

Fam Hx:

1. Mother: recurrent Strep throats 1-2/yr growing up, through high school. No T&A
2. Sister has had recurrent Strep throats, not as often
3. Brother has had 1 strep throat
4. Aunt, cousin have had recurrent strep infections
5. Uncle with hx of sinusitis, bronchitis
6. Mother and aunts treated for hypothyroidism
7. Uncle who died of AIDS

Social Hx:

1. Is a nursing student at Curry College in Boston. Lives on campus
2. Parents divorced. Mother lives with her 16 y/o sister, 12 y/o brother. Father lives in Boston, who she stays with on the weekends.
3. Works in Boston at Dunkin Donuts on weekends
4. ØT/A/D
5. Never been tested for STDs
6. Not currently sexually active. Has had protected sex twice with the same boyfriend.

ROS:

1. Constitutional: Ø weakness, Øunexplained weight loss
2. HEENT: Ø eye pain, Ø diplopia, Ø photophobia
3. CVS: Ø palpitations, Ø syncope, Ø orthopnea, Ø dyspnea on exertion, Ø PND
4. Resp: Ø wheezing, Ø pleurisy
5. GI: Ø N/V/D, Ø abdominal pain, Ø change in bowel habits
6. GU: Ø dysuria, Ø hematuria, Ø increased frequency; Ø vaginal discharge or itching. Last period ended 3 days ago. Normal menstrual cycles.
7. Endocrine: Ø unexplained weight change, Ø thyroid problems
8. MSK: Ø joint pain, Ø joint stiffness
9. Skin: Ø pruritis, Ø bruising
10. Heme: Ø bleeding, Ø anemia
11. Neuro: Ø numbness, paralysis, problems with memory, Δ in hearing or smell, seizures
12. Psychiatric: Ø mood changes, Ø hallucinations

PE:

Vitals: T 38.2 C BP 122/76 HR 129 RR 22 Pulse Ox 95%

Gen: Tired appearing, lying in bed, NAD

HEENT: NC/AT, PERRL, EOMI. Palatine tonsils erythematous and grossly swollen bilaterally (“kissing tonsils”), with a purulent exudate. TMs mildly erythematous. Inflamed nasal mucosa but no purulence.

Neck: Grossly swollen and painful, Ø nuchal rigidity, Ø thyromegaly, Ø bruits.

Lymph nodes: bilateral anterior and posterior cervical lymphadenopathy

Resp: CTAB, no wheezes or stridor

CV: RRR, S1/S2 present, Øm/r/g

Abd: +BS, non-distended, non-tender, Ø masses, Ø hepatosplenomegaly

Ext: Ø edema, negative for Kernig’s or Brudzinski’s sign.

Neuro: AOX3, CN II-XII intact, no focal deficits

Skin: Ø rashes or lesions