Patient Chart #204 Ashley Wilson

Patient: Ashley Wilson	DOB: 06/17/XXXX	Age: 5 y/o	
Attending: Dr. M. Next	Allergies: NKA	MR#: 204	
Diagnosis: Asthma	Gender: Female	Height: 3’6”	Weight: 18.2 kg

EMERGENCY PHYSICIAN’S NOTES

Chief Complaint: Shortness of breath, cough, congestion, and wheezing x 1 day.

HPI: 5-year-old female woke up this morning with a cough and respiratory distress. She is afebrile and has been eating and drinking normally. Two siblings are ill with upper respiratory infections (URI). There are no pets in the home and over-the-counter cough medications have been ineffective in controlling her cough. Ashley used her albuterol metered dose inhaler (MDI) x 2 overnight and once this morning.

PMX: This is a developmentally appropriate well-developed and well-nourished 5-year-old female, who has three prior hospitalizations for asthma in past 3 years. No serious childhood illnesses. Immunizations are up-to-date (UTD).

Social History: She lives at home with mom and two other siblings. Mom is a 13 pack-year cigarette smoker.

Surgical HX: None.

ALLERGIES: No known allergies (NKA).

Review of Systems
Negative, except for respiratory system – wheezes, cough, and asthma.

PHYSICAL ASSESSMENT
VITAL SIGNS: BP- 110/70, P- 110, RR- 26, SpO2- 90% on room air, Temp (oral)- 99.8°F
HEENT: No tonsillar enlargement, nares are pink and moist, postnasal drip, rhinitis, no lymphadenopathy. Ears benign.
HEART: Tachycardia, no murmurs, S1S2.
LUNGS: Wheezes on inspiration and expiration, non-productive cough. Suprasternal/substernal retractions noted on inspiration. Dyspnea at rest.
ABDOMEN: Benign.
MUSCULOSKELETAL: Full range of motion (FROM). Strength 5/5 bilaterally. No deficits noted.
NEUROLOGICAL: Drowsy, agitated, and oriented x 3.

CURRENT MEDICATION:
Montelukast 4 mg chewable tablet by mouth (PO) every night (HS)
Albuterol MDI Inhaler 2 puffs every 4 hours (Q4H) as needed (PRN)

Assessment: Acute exacerbation of asthma.

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Plan:

1. Observation in the ED pediatric unit
2. *albuterol* small volume nebulizer (SVN) treatment x 1 NOW
   a. *albuterol* 2.5 mg in 3 mL normal saline inhaled via small volume nebulizer (SVN) every 4 hours (Q4H)
   b. albuterol 2.5 mg in 3 mL normal saline inhaled, via SVN every 2 hours (Q2H) prn dyspnea
3. *methylprednisolone* sodium succinate 9 mg intravenous (IV) every 12 hours (Q12H)
4. Chest x-ray (CXR) in AM
5. Oxygen: 2 liters per minute (LPM) via nasal cannula (NC), titrate to keep SpO_2 >92%
6. Pulse oximetry monitoring

Dictated: Dr. M. Next

Cigarette Pack Year history:

Ashley Wilson is 5 years old; her mom (28 years old) began smoking at age 15. Mom smokes one pack of cigarettes/day for past 13 years = 13 pack year history.

PACK YEAR definition= "A way to measure the amount a person has smoked over a long period. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked."
PACK YEAR calculation = *"*for example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on.*"* *https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pack-year*

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PHYSICIAN ORDERS

Day	Time	PHYSICIAN ORDER AND SIGNATURE
Today	**Now**	Admit to pediatric unit **Diagnosis** Acute asthma exacerbation **Code Status** Full Code **Vital Signs** Every 4 hours (Q4H) and as needed (PRN) with continuous pulse oximetry monitoring **Oxygen** 2 liters per minute (LPM) via nasal cannula (NC), titrate to keep SpO_2 >92% **Allergies** NDKA **Diet** As tolerated, regular **Activity** As tolerated **Studies** CXR in AM **IV** Saline lock **Daily Medications** • *albuterol* 2.5 mg in 3 mL normal saline inhaled via small volume nebulizer (SVN) every 4 hours (Q4H) • *methylprednisolone sodium succinate* 9mg IV every 12 hours (Q12H) **PRN Medications**: • *albuterol* 2.5 mg in 3 mL normal saline inhaled, via small volume nebulizer (SVN) every 2 hours (Q2H) PRN dyspnea **Call MD if patient experiences increased work of breathing, requires prn *albuterol,* or increased oxygen requirement to keep SpO2 > 92%.**
PROVIDER SIGNATURE		*M. Next, M.D.*

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NURSING FLOW SHEET

DATE:					
VITAL SIGNS	TIME				
	BLOOD PRESSURE				
	PULSE				
	RESP RATE				
	TEMP				
PAIN	SCORE				
	LOCATION				
	CHARACTER				
RESP	OXYGEN				
	OXIMETER				
NUTR	DIET / % EATEN				
	SUPP FEEDING				
INTAKE	PO				
	IV				
OUTPUT	URINE				
	DRAINS				

PROBLEM / EVENT DOCUMENTATION	
DATE / TIME	
SIGNATURE	

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS		
MEDICATION	**0700 - 1859**	**1900 - 0659**
albuterol 2.5 mg in 3 mL NS inhaled via small volume nebulizer (SVN) Q4H	0700 1100 1500	1900 2300 0300
methylprednisolone sodium succinate 9mg in 50 mL NS IVPB x 1 NOW	1400	

SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS		
MEDICATION	**0700 - 1859**	**1900 - 0659**
albuterol 2.5 mg in 3 mL NS inhaled, via small volume nebulizer (SVN) Q2H PRN for dyspnea		

SIGNATURE	INTLS	SIGNATURE	INTLS

LAB STUDIES & DIAGNOSTICS

HEMATOLOGY		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm^3 Females: 4.1-5.1 million/mm^3	4.2
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	37%
Hemoglobin (HGB)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	15
White Blood Cells (WBC)	4,500-11,000/mm^3	10,000
Platelets (Plt)	140-400 X 103 mm^3	250
MCV	80-100	85
MCH	27-33	30
Retic count	0.5-2.5%	1.5%

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Sodium (NA+)	135-145 mEq/L	140
Potassium (K+)	3.5 -5.0 mEq/L	4.0
Chloride (CL-)	100-108 mEq/L	105
Carbon Dioxide (C02)	24-30 mEq/L	28
Magnesium (Mg++)	1.5-2.0 mEq/L	1.7
Glucose	70-110 mg/dL	80
Calcium (Ca++)	8.5-10.5 mg/dL	9
Phosphorous (P04)	2.6-4.5 mg/dL	3.2
Blood Urea Nitrogen (BUN)	8-25 mg/dL	15
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.7
Osmolality	280-295 mOsm/kg	282

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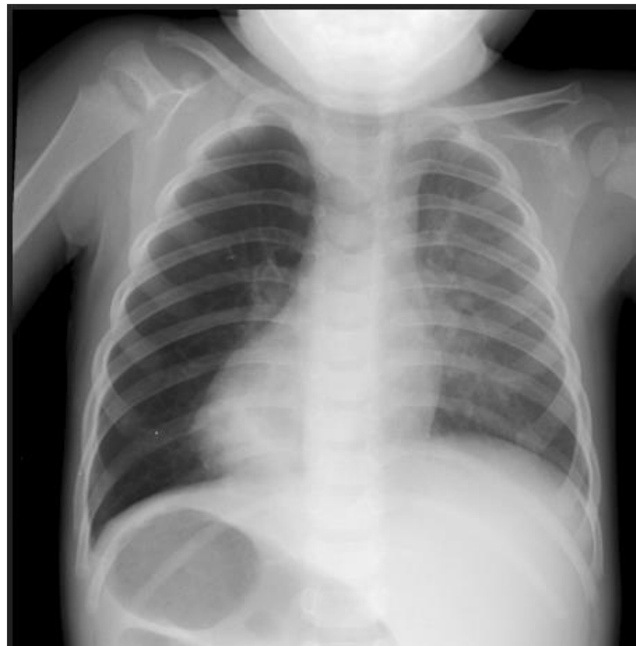
LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
pH	7.35-7.45	7.28(**L**)
$PaCO_2$	35-45 mmHg	60(**H**)
PaO_2	>80 mmHg	55(**L**)
SaO_2	>94%	89% RA (**L**)
HCO_3	22-26 mEq/L	25

IMAGING

XRAY

Chest X-Ray A&P



Impression: Air trapping but no atelectasis, no pneumonia. Consistent with acute asthma exacerbation.

C. McDermott, M