

Patient: Ashley Wilson
Attending: Dr. M. Next
Diagnosis: Asthma

DOB: 06/17/XXXX
Allergies: NKA
Gender: Female

Age: 5 y/o
MR#: 204
Height: 3'6" Weight: 18.2 kg

Patient Chart

#204

Ashley Wilson

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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 SpO₂ >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	<p>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 SpO₂ >92% Allergies NDKA Diet As tolerated, regular Activity As tolerated Studies CXR in AM</p> <p>IV Saline lock</p> <p>Daily Medications</p> <ul style="list-style-type: none">• <i>albuterol</i> 2.5 mg in 3 mL normal saline inhaled via small volume nebulizer (SVN) every 4 hours (Q4H)• <i>methylprednisolone sodium succinate</i> 9mg IV piggyback every 12 hours (Q12H) <p>PRN Medications:</p> <ul style="list-style-type: none">• <i>albuterol</i> 2.5 mg in 3 mL normal saline inhaled, via small volume nebulizer (SVN) every 2 hours (Q2H) PRN dyspnea <p>Call MD if patient experiences increased work of breathing, requires prn albuterol, or increased oxygen requirement to keep SpO₂ > 92%.</p>
PROVIDER SIGNATURE		<i>M. Next, M.D.</i>

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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
<i>albuterol</i> 2.5 mg in 3 mL NS inhaled via small volume nebulizer (SVN) Q4H	0700		1900
	1100		2300
	1500		0300
<i>methylprednisolone sodium succinate</i> 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 <ul style="list-style-type: none"> for dyspnea not relieved by Q4H dose 					
SIGNATURE		INTLS	SIGNATURE		INTLS

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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 10 ³ 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 (CO2)	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