

Problem-Focused SOAP Note Week 6

West Coast University

NURS 668L-A Advanced Health Care Residency

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Demographic Data: A, 11 y/o, Female. Mother present with patient.

Subjective

Chief Complaint: "I have a sore throat for 2 days and fever for 1 day."

HPI: 11 y/o female is brought to clinic by mother with complaints of sore throat for 2 days and a fever for 1 day. Onset of sore throat was 2 days ago but the fever started 1 day ago. Location of pain is to the back of the throat. Duration of pain has been continuous for the last 2 days, especially when trying to swallow. Characteristics of pain are aching and patient states it feels like something sharp is hurting her when she tries to swallow solid foods. Aggravating factors includes swallowing food. Patient states that there are no relieving factors. Mother has given treatment for fever with Children's Tylenol. Max temperature of 102F was last night. Last Tylenol was given 2 hours prior to coming to clinic for temperature of 101F. Mother denies any ill contact at home or school and denies anyone in the household with similar symptoms.

Past Medical History:

- **Past Medical History:** Denies past medical history
- **Surgeries:** Denies past surgeries
- **Hospitalization:** Denies past hospitalizations
- **Medications:** Children's Tylenol Suspension 160mg/5mL 15 mL PO Q4H PRN fever/pain
- **Allergies:** Denies any known drug, food, latex or environmental allergies
- **Immunizations:** DTaP #5- 11/2011, IPV #4- 11/2011, MMR #2- 11/2011, Varicella #2- 11/2011 (Due for next immunizations in November 2018).
- **Health Maintenance:** Last well child physical- 11/2017, Last dental exam- 5/2018

Family History:

- Paternal grandfather, living, age 83, history of diabetes and high cholesterol
- Paternal grandmother, living, age 64, history of hypothyroidism and psoriasis
- Maternal grandfather, living, age 60, history of diabetes, hypertension and high cholesterol
- Maternal grandmother, living, age 59, history of hypothyroidism
- Father, living, age 35, history of gout
- Mother, living, age 34, history of hypothyroidism and diabetes
- Older brother, living, age 13, no past medical history

Social History:

Patient is in 6th grade and living with her paternal grandparents, parents and her older brother in a 4-bedroom house. She loves to play the violin in her school band and also sing in her church. Both her parents work full time as registered nurses and her grandparents are both retired and stay home to take care of her and her older brother. She has a regular diet, which consists of Filipino food that her grandmother prepares but she usually buys lunch at school. Her favorite subject is math but says she likes all her classes. She has many friends at school and at church. She attends a Christian church with her parents and grandparents and sings in the children's

praise and worship group. She is independent with her personal needs and schoolwork. She gets along with her older brother.

Review of Symptoms:

- **Constitutional:** (+) fever, (+) fatigue, (-) weight loss/gain, night sweats, chills, and changes in sleep.
- **HEENT:** (+) sore throat, difficulty swallowing, (-) headache, dizziness, vision changes, hearing changes, nasal congestion, sinus pain or rhinorrhea.
- **Lungs:** (-) SOB, (-) pain, cough or wheezing.
- **Heart:** (-) chest pain, (-) dyspnea, edema, palpitations or syncope.
- **Abdomen:** (-) pain, (-) nausea/vomiting, (-) diarrhea or constipation

Objective

- **Height:** 56" **Weight:** 82 lbs. **BMI:** 18.5 (Normal)
- **Temperature:** 99.0 F, **Blood Pressure:** 101/70, **Pulse:** 82, **Respiration:** 18
- **General:** 11 y/o female, AAOx3, slightly fatigue, interactive and answers appropriately
- **HEENT:** NC/AT, PERRL, EOMI, good conjugate gaze, TMs normal bilaterally; Nares patent bilaterally, no sinus pain or pressure, MMM, oropharynx with erythema. (-) exudate from throat, Tonsils 1+
- **Neck:** Supple, Normal ROM, bilateral tenderness and lymphadenopathy to anterior cervical nodes, no masses noted.
- **Lungs:** Normal respiratory effort, even and unlabored, CTAB, no cough
- **Heart:** RRR, normal s1/s2, no m/r/g, no edema
- **Abdomen:** soft, non-distended, (+) normal BS x 4, (-) masses, hernia, rebound tenderness or guarding.
- **Rapid Strep Antigen Test:** (+) positive

Assessment**Differential Diagnosis:**

1. Influenza- ICD-10: J11: Influenza is a highly contagious, acute viral illness of the respiratory tract that involves the nasal mucosa, pharynx, respiratory tract and the conjunctiva (Hollier, 2016). The clinical manifestations include high fever, sore throat, cough, rhinorrhea, pharyngitis, headache, malaise, irritated mucous membranes, cervical lymphadenopathy and GI complaints in children (Hollier, 2016). Pertinent positives are fever, sore throat, and cervical lymphadenopathy. Pertinent negatives include no cough, rhinorrhea, headache or malaise.
2. Acute upper respiratory infection- ICD-10: J06.9: Acute upper respiratory infection or illness is an infection of the upper respiratory tract caused by a virus (Hollier, 2016). Clinical manifestations include nasal stuffiness, sneezing, scratchy throat, irritated or sore throat, hoarseness, red and irritated nasal mucosa, clear or yellow mucus discharge, malaise, headache, cough, and occasional low grade fever (Hollier, 2016). Pertinent positives are fever and sore throat. Pertinent negatives include no nasal stuffiness,

sneezing, red or irritated nasal mucosa, clear or yellow mucus discharge, malaise, headache or cough.

Final Diagnosis:

- Streptococcal Pharyngitis- ICD-10: J02.0
Due to the patient's chief complaints, the presenting symptoms, physical examination and in office rapid strep antigen test results being positive, Streptococcal Pharyngitis is diagnosed. Pertinent positives include fever, sore throat, difficulty swallowing, fatigue, oropharynx with erythema, bilateral tenderness and lymphadenopathy to anterior cervical nodes.
Streptococcal pharyngitis is an infection of the oropharynx caused by *S. pyogenes* (CDC, 2016). It is commonly spread through direct person-to-person transmission, typically through saliva or nasal secretions from an infected person (CDC, 2016). The incubation period for group A strep pharyngitis is approximately two to five days (CDC, 2016). The clinical manifestations include sudden onset of sore throat, odynophagia, fever, headache, abdominal pain, nausea, vomiting, pharyngeal and tonsillar erythema, tonsillar hypertrophy with or without exudates, palatal petechiae and anterior cervical lymphadenopathy (CDC, 2016).

Plan

- **Diagnostics:**
 - Rapid Strep Antigen Test (Rapid antigen detection test-RADT) done in clinic.
 - Swabbing the throat and testing for GAS pharyngitis by RADT or culture should be performed because the clinical features alone do not reliably discriminate between GAS and viral pharyngitis (Shulman, Bisno, Clegg, Gerber, Kaplan, Lee, Martin & Van Beneden, 2012).
- **Pharmacological:**
 - Amoxicillin suspension 250mg/5mL 7.5mL PO TID x 10 days
 - Patients with acute GAS pharyngitis should be treated with an appropriate antibiotic for duration of usually 10 days, with the drug of choice being penicillin or amoxicillin for those non-allergic to these agents (Ferri, 2018).
 - Children's Tylenol Suspension 160mg/5mL 15 mL PO Q4H PRN fever/pain
 - Use an analgesic/antipyretic agent such as acetaminophen or an NSAID for treatment of moderate to severe symptoms or control of high fever (Shulman, Bisno, Clegg, Gerber, Kaplan, Lee, Martin & Van Beneden, 2012).
- **Non-pharmacological:**
 - Encourage fluids to prevent dehydration (Ferri, 2018).
 - Encourage salt-water gargles for cleansing and pain (Ferri, 2018).
 - Encourage to change the patient's toothbrush after treatment (Hollier, 2016)
- **Education:**

- Educate patient about diagnosis of acute pharyngitis, including the spread of infection and that it may take 3-4 days after treatment is started for the symptoms to subside (Weinstock, Neides & Chan, 2015).
- Educate patient about medications, including how to properly take the medications, the importance of finishing the course of treatment even after the patient is feeling better, and possible side effects, including nausea, vomiting, diarrhea, and stomach pain (Hollier, 2016).
- Educate patient about proper hand hygiene to prevent the spread of infection (Hollier, 2016).
- Educate the patient not to share drinking glasses, eating utensils or anything else that goes into the mouth (Hollier, 2016).
- Educate patient about avoiding Aspirin in children (Shulman, Bisno, Clegg, Gerber, Kaplan, Lee, Martin & Van Beneden, 2012).
- **Follow Up:**
 - Follow up as needed/RTC if symptoms persist or worsen
 - Go to ER if persistence of symptoms longer than 1 week without improvement, respiratory difficulty, particularly stridor, difficulty in handling secretions, difficulty swallowing, severe pain in the absence of erythema, a palpable mass, or blood, even in small amounts in the pharynx or ear (Ferri, 2018).
- **Health Maintenance:**
 - Well child exam due in November 2018.
 - Meningitis A #1, Tdap, HPV #1 and Influenza vaccine to be given in November with next well child exam.
 - Dental exam due in November 2018.

National Standards of Care/ National Guidelines

- For this patient with streptococcal pharyngitis, the standards of care and national guidelines were followed according to the Centers for Disease Control and Prevention (2016) and the reference of the clinical practice guidelines by using the Rapid Strep Antigen Test for diagnosis in the clinic. The guidelines were also followed with the antibiotic treatment of Amoxicillin dosage and use of Tylenol for fever (Shulman, Bisno, Clegg, Gerber, Kaplan, Lee, Martin & Van Beneden, 2012).

References

- Center for Disease Control and Prevention. (2016). *Pharyngitis (Strep throat)*. Retrieved on October 14, 2018 from <https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html>
- Ferri, F. (2018). *2018 Ferri's clinical advisor: 5 books in 1*. Philadelphia: PA. Elsevier.
- Hollier, A. (2016). *Clinical guidelines in primary care (2nd ed)*. Scott, LA: Advanced Practice Education Associates, Inc.
- Shulman, S.T., Bisno, A.L., Clegg, H.W., Gerber, M.A., Kaplan, E.L., Lee, G., Martin, J.M. & Van Beneden, C. (2012). Clinical practice guideline for diagnosis and management of Group A Streptococcal Pharyngitis: 2012 Update by the infectious diseases society of America. *Clinical Infectious Diseases*, 55(10) e86-e102.
<https://doi.org/10.1093/cid/cis629>. Retrieved on October 14, 2018 from <https://academic.oup.com/cid/article/55/10/e86/321183>
- Weinstock, M.B, Neides, D.M., & Chan, M. (2015). *The resident's guide to ambulatory care (7th ed.)*. Columbus, OH: Anadem