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Patient:
Date of Birth: 04/18/2015
Date:
Historian: mother
Visit Type: Office Visit

This 8 year 3 month old female presents for rash.

History of Present Illness

1. rash

Onset: gradual. Duration: 4 Months. Severity is mild-moderate. It occurs intermittently. Location is abdomen, face, both arms and both legs. The describes the rash as itchy. Denies aggravating factors. Associated symptoms include pruritus. Pertinent negatives include chills, fever and lethargy.

Intake Comments: Pinkish small papules were originated from her legs. It is spread to abdomen and both arms as well over four months period. They are invisible but it is getting pinkish when the pt is scratching. Each papule is 1mm. Most papules does not have color(skin color). Her scratching is making worsen her papules.

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
epinephrine 0.15 mg/0.15 mL auto-injector (for 33 to 66 lb patients)	for allergic reaction to bee stings	//			Y
EpiPen Jr 2-Pak 0.15 mg/0.3 mL injection,auto-injector	Inject Epipen Jr IM into anterolateral aspect of thigh prn anaphylaxis from bee sting	03/16/2023			N
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	take 4 milliliter by oral route every 6 hours as needed, not to exceed 30 mL in 24 hours	03/16/2023			N

ibuprofen 100 mg/5 mL oral suspension	take 10 milliliter by oral route every 6 hours as needed for pain or fever with food	03/16/2023	N
ondansetron 4 mg disintegrating tablet	1 ODT po q6 to 8hr prn nausea or vomiting	05/09/2023	N
Pedialyte Advanced Care oral solution	as directed	05/09/2023	N

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Decreased activity, Fever, Fussiness, Irritability, Lethargy, Weight gain and Weight loss.
GI	Negative	Decreased appetite.
Integumentary	Positive	Pruritus, Rash (Location: arms, legs, and abdomen. Status: spreading).

Vital Signs

Height

Time	ft	in	cm	Last Measured	Height Position	%
11:06 AM	4.0	2.00	127.00	07/18/2023	Standing	36.6

Weight/BSA/BMI

Date	Time	lb	oz	kg	Context	Weight %	BMI kg/m2	BMI %	BSA m2
07/18/2023	11:06 AM	55.00		24.948	dressed with shoes	36.6	15.47	40	
05/09/2023	9:53 AM	53.00		24.040	dressed with shoes	33.3	15.21	35	
03/16/2023	4:54 PM	54.00		24.494	dressed with shoes	41.7	15.49	43	
10/04/2022	10:48 AM	49.00		22.226	dressed with shoes	30.8	14.35	19	
06/23/2022	2:57 PM	50.00		22.680	dressed with shoes	43.7	15.26	44	

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
11:06 AM	97/59	sitting	left	arm	automatic	pediatric

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
11:06 AM	98.50	36.94	ear	88		

Comments

Time	Comments
11:06 AM	SPANISH INTERPRETER NEEDED MOM MARIA SALAZAR.

Measured by

Time	Measured by
11:06 AM	Catherine Cerriteno, CMA

Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well nourished. Well developed.
Skin	*	General inspection: rash on abdomen, Location: abdomen, Status: spreading, General inspection: rash on limb, Side: bilateral, Status: spreading

Immunizations Entered by History

Date	Immunization
12/28/2021 12:00:00 AM	SARS-COV-2 (COVID-19) vaccine, mRNA, spike protein, LNP, preservative free, 10 mcg/0.2mL dose, tris-sucrose formulation
6/27/2019 12:00:00 AM	Varicella
3/31/2017 12:00:00 AM	Varicella
6/22/2018 12:00:00 AM	polio, inactive
3/31/2017 12:00:00 AM	polio, inactive
1/5/2016 12:00:00 AM	polio, inactive
11/18/2015 12:00:00 AM	polio, inactive
6/27/2019 12:00:00 AM	MMR
3/31/2017 12:00:00 AM	MMR
6/22/2018 12:00:00 AM	Haemophilus influenzae type b vaccine, conjugate unspecified formulation
3/31/2017 12:00:00 AM	Haemophilus influenzae type b vaccine, conjugate unspecified formulation
1/5/2016 12:00:00 AM	Haemophilus influenzae type b vaccine, conjugate unspecified formulation
11/18/2015 12:00:00 AM	Hib (PRP-T)
1/5/2016 12:00:00 AM	hepatitis B vaccine, unspecified formulation
11/18/2015 12:00:00 AM	hepatitis B vaccine, unspecified formulation
4/18/2015 12:00:00 AM	Hep B (ped/adol, 3 dose)
6/22/2018 12:00:00 AM	hepatitis A vaccine, unspecified formulation
4/13/2017 12:00:00 AM	Hep A (ped/adol, 2 dose)
6/27/2019 12:00:00 AM	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation
6/22/2018 12:00:00 AM	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation
4/13/2017 12:00:00 AM	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation
1/5/2016 12:00:00 AM	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation
11/8/2015 12:00:00 AM	DTaP (younger than 7 yrs)

Assessment/Plan

#	Detail Type	Description

1.	Assessment	Rash (R21).
	Patient Plan	Provided counseling and education. Mom is aware that mom will bring her back if worsen. Prescribed topical cream for itching. wash the area with water only. Do not use soaps that cause dryness or itching use cold, wet cloths to reduce itching. keep in cool area and out of the sun. leave the rash open to the air as much of the time as possible. use a moisturizing lotion, such as Cetaphil, also may help. Calamine lotion may help for rashes caused by contact with something (such as a plant or soap) that irritated the skin. use prescribed cream as directed. Directed Mom to call our facility if she thinks her child is having a problem with her medicine.

Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
	epinephrine 0.15 mg/0.15 mL auto-injector (for 33 to 66 lb patients)	for allergic reaction to bee stings	N	allergic reaction to bee stings		
03/16/2023	EpiPen Jr 2-Pak 0.15 mg/0.3 mL injection,auto-injector	Inject Epipen Jr IM into anterolateral aspect of thigh prn anaphylaxis from bee sting	N			
07/18/2023	hydrocortisone 2.5 % topical ointment	apply 1 gram by topical route 2 times every day a thin layer to the affected area(s) as needed for Itching And Rash	Y	Itching And Rash		
03/16/2023	ibuprofen 100 mg/5 mL oral suspension	take 10 milliliter by oral route every 6 hours as needed for pain or fever with food	N			
05/09/2023	ondansetron 4 mg disintegrating tablet	1 ODT po q6 to 8hr prn nausea or vomiting	N			
05/09/2023	Pedialyte Advanced Care oral solution	as directed	N			
03/16/2023	promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	take 4 milliliter by oral route every 6 hours as needed, not to exceed 30 mL in 24 hours	N			

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty