

# Electronic Medical Record (EMR) Summary

Patient ID: PID70922171

Name: Varun

Age: 6, Sex: Male

Visit ID: VISIT28015541

Date: 2025-05-17 14:43

## Clinical Reasoning Summary

### **\*\*Definition & Key Concerns\*\***

The patient's history of a fall with an outstretched hand, combined with severe pain, visible deformity, and swelling in the right forearm, suggests a likely forearm fracture. This could involve the radius, ulna, or both bones.

### **\*\*Differential Diagnosis\*\***

1. **\*\*Forearm Fracture (both radius and ulna)\*\***: The mechanism of injury, severe pain, visible deformity, and swelling make this the most likely diagnosis.
2. **\*\*Distal Radius Fracture (Colles' or Smith's fracture)\*\***: These are common fractures that can occur from a fall on an outstretched hand, but they typically present with a deformity at the wrist, not the forearm.
3. **\*\*Ulnar Fracture\*\***: An isolated ulnar fracture is less common but possible.
4. **\*\*Soft Tissue Injury\*\***: This is less likely given the visible deformity, but severe soft tissue injuries can sometimes mimic fractures.

### **\*\*Can't-Miss Diagnosis\*\***

A forearm fracture is the can't-miss diagnosis in this case due to the mechanism of injury and clinical presentation. Complications such as compartment syndrome or neurovascular injury should be ruled out.

### **\*\*Suggested Investigations\*\***

1. **\*\*X-ray of the forearm (AP and lateral views)\*\***: This is the first-line imaging test for suspected forearm fractures. It can confirm the diagnosis and provide information about the location, type, and severity of the fracture.
2. **\*\*Neurovascular examination\*\***: To assess for potential neurovascular injury, which can be a complication

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of forearm fractures.

### **\*\*Management Plan\*\***

1. **\*\*Pain Management\*\***: Administer analgesics as needed. Options include Acetaminophen (1g orally every 6 hours as needed) or Ibuprofen (400-600mg orally every 6 hours as needed).
2. **\*\*Immobilization\*\***: Initially, a splint can be applied to immobilize the forearm and reduce pain. The forearm should be immobilized in a position of function (slight flexion at the wrist and elbow, with the forearm in neutral or slight supination).
3. **\*\*Orthopedic Consultation\*\***: Depending on the severity and type of fracture, the patient may need orthopedic consultation for possible surgical intervention.
4. **\*\*Tetanus Prophylaxis\*\***: If the skin is broken, tetanus prophylaxis should be considered.

### **\*\*Reference Insight\*\***

According to UpToDate, initial management of forearm fractures includes pain control, immobilization, and orthopedic consultation. X-ray is the first-line imaging test for suspected fractures (UpToDate, 2023).

### **Rare Disease Alerts**

None triggered

### **Prescription**

None provided