ADMITTING DIAGNOSES:,1. Fever.,2. Otitis media.,3. Possible sepsis.,HISTORY OF PRESENT ILLNESS: ,The patient is a 10-month-old male who was seen in the office 1 day prior to admission. He has had a 2-day history of fever that has gone up to as high as 103.6 degrees F. He has also had intermittent cough, nasal congestion, and rhinorrhea and no history of rashes. He has been taking Tylenol and Advil to help decrease the fevers, but the fever has continued to rise. He was noted to have some increased workup of breathing and parents returned to the office on the day of admission.,PAST MEDICAL HISTORY: , Significant for being born at 33 weeks' gestation with a birth weight of 5 pounds and 1 ounce.,PHYSICAL EXAMINATION: , On exam, he was moderately ill appearing and lethargic. HEENT: Atraumatic, normocephalic. Pupils are equal, round, and reactive to light. Tympanic membranes were red and yellow, and opaque bilaterally. Nares were patent. Oropharynx was slightly moist and pink. Neck was soft and supple without masses. Heart is regular rate and rhythm without murmurs. Lungs showed increased workup of breathing, moderate tachypnea. No rales, rhonchi or wheezes were noted. Abdomen: Soft, nontender, nondistended. Active bowel sounds. Neurologic exam showed good muscle strength, normal tone. Cranial nerves II through XII are grossly intact.,LABORATORY FINDINGS: , He had electrolytes, BUN and creatinine, and glucose all of which were within normal limits. White blood cell count was 8.6 with 61% neutrophils, 21% lymphocytes, 17% monocytes, suggestive of a viral infection. Urinalysis was

completely unremarkable. Chest x-ray showed a suboptimal inspiration, but no evidence of an acute process in the chest.,HOSPITAL COURSE: , The patient was admitted to the hospital and allowed a clear liquid diet. Activity is as tolerates. CBC with differential, blood culture, electrolytes, BUN, and creatinine, glucose, UA, and urine culture all were ordered. Chest x-ray was ordered as well with 2 views to evaluate for a possible pneumonia. Pulse oximetry checks were ordered every shift and as needed with O2 ordered per nasal cannula if O2 saturations were less that 94%. Gave D5 and quarter of normal saline at 45 mL per hour, which was just slightly above maintenance rate to help with hydration. He was given ceftriaxone 500 mg IV once daily to treat otitis media and possible sepsis, and I will add Tylenol and ibuprofen as needed for fevers. Overnight, he did have his oxygen saturations drop and went into oxygen overnight. His lungs remained clear, but because of the need for O2, we instituted albuterol aerosols every 6 hours to help maintain good lung function. The nurses were instructed to attempt to wean O2 if possible and advance the diet. He was doing clear liquids well and so I saline locked to help to accommodate improve the mobility with the patient. He did well the following evening with no further oxygen requirement. He continued to spike fevers but last fever was around 13:45 on the previous day. At the time of exam, he had 100% oxygen saturations on room air with temperature of 99.3 degrees F. with clear lungs. He was given additional dose of Rocephin when it was felt that it would be appropriate for him to be discharged that

morning.,CONDITION OF THE PATIENT AT DISCHARGE: , He was at 100% oxygen saturations on room air with no further dips at night. He has become afebrile and was having no further increased work of breathing.,DISCHARGE DIAGNOSES:,1. Bilateral otitis media.,2. Fever.,PLAN: ,Recommended discharge. No restrictions in diet or activity. He was continued Omnicef 125 mg/5 mL one teaspoon p.o. once daily and instructed to follow up with Dr. X, his primary doctor, on the following Tuesday. Parents were instructed also to call if new symptoms occurred or he had return if difficulties with breathing or increased lethargy.