Week 4: Signature Assignment: Pediatric Comprehensive SOAP Note Pt. 2: B.P.

Student Name:

The program, Institution:

Course Title:

Instructor's Name:

Month, Date, Year:

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SOAP notes enable healthcare providers to gather and document patient's objective and subjective data required for diagnosis and treatment processes. In the first part of this assignment, a SOAP note was used to gather the necessary information of the patient presented with a chief complaint of short stature. This discussion will cover a reflection of the completed SOAP note.

Open-Ended Questions to be asked to the Patient during the HPI Exam

More questions based on the chief complaint would be asked to the patient during the HPI/ROS to gather more information, which would guide the clinician in diagnosis and treatment processes. The first question is, "Do you have a chronic disease? The presence of the chronic condition, including diabetes or sickle cell anemia indicates the possibility of short stature. This question is relevant since short stature is associated with chronic illnesses. The second question is that "Was child's height below the third percentile on standard pediatric growth charts?" A height that was below the third percentile on the growth chart indicates the possibility of short stature. This question aligns with the chief complaint since height below the third percentile is attributed to short stature. The third question is that "Does the child demonstrate a growth rate that is relatively slow than her agemates? Portraying a slower growth rate than his age demonstrates the possibility of short stature. This question is relevant since short stature is associated with a slower growth rate than normal. The next question is, "Does the child has poor nutrition?" Poor nutrition increases the possibility of short stature in children. This question aligns with the chief complaint since poor nutrition leads to short stature. The last question is that "Did the child experience any delays in the development of motor skills, including sitting, crawling, and walking. Normal motor development rules out the possibility of short stature. This

question aligns with the chief complaint since delaying motor development in children increases the chances of short stature.

The Physical Exam Components Performed

The patient's physical examinations included various components. The first component was the general information, which was performed to gather the patient's vitals, including height, age, birth height, and general appearance. Performing this exam is significant since it provides the basis for further assessment. The second physical exam involved HEENT. This examination was significant to assess the stability of the neck bones and the height of the neck. The instability of neck bones and a short neck indicates the possibility of short stature in a child. According to Andradea et al. (2017), short stature is characterized by a short and unstable neck. Additionally, this physical examination is used to evaluate hearing and vision problems. The last physical examination involves the chest. This exam is important to assess if the chest is broad and rounded, which is a key feature of short stature.

Current Evidence Supporting each Diagnosis

Conducted diagnosis included idiopathic short stature and Familial short stature. Idiopathic short stature is characterized by short height relative to one's genetic potential with no identifiable causes. According to Gómez Tarazona and Mendoza Rojas (2017), this condition is characterized by a height under two standard deviations. In other words, a child's height is below the third percentile for gender, age, or normal growth. Additionally, Familial short stature was diagnosed in this patient. According to Hasan (2017), a child with this condition is shorter than younger siblings or agemates.

Potential Barriers

The information provided during the interview indicates that some barriers are likely to hinder the provision of quality health care to the patient. First, the quality of care will be compromised by the patient's cultural beliefs. Being a Caucasian, the client's cultural beliefs might differ from those of the healthcare provider, thereby compromising the quality of care provided. Additionally, the quality of care will be compromised by linguistic barriers. The quality of care is compromised by the language barrier between the care provider and the patient. According to Shamsi et al. (2020), the language barrier between the care provider and patients from other ethnic groups compromise high-quality healthcare and patient safety.

Addressing these Barriers

As the FNP, I should strive to address these barriers to improve the quality of patient care. These barriers will be resolved by becoming a culturally competent practitioner. A culturally competent healthcare provider understands the language and cultural beliefs of various ethnic groups. Embracing one's cultural beliefs and values during care delivery enhances the quality and safe patient care. Additionally, cultural competence enables a care provider to communicate with patients from other ethnicities using their languages, eliminating miscommunication. According to Meuter et al. (2015), effective communication enhances the provision of quality care to patients using a second language.

References

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