

ADALIMUMAB PA EXAMPLE A (APPROVAL)

Patient MRN: 123456

Patient DOB: 10-19-2014 (10yo)

Patient Sex: F

PROGRESS NOTE

Interval Events:

- Afebrile overnight, VS within normal range for age
- Continued to have hematochezia overnight

Subjective:

- Per patient and Mom, the patient had multiple episodes (x3) of abdominal cramping overnight and bowel movements with visible hematochezia. Did not sleep well
- Patient appears pale, tired but interactive

Review of Systems:

General: Negative for fever. **Positive for fatigue, pallor**

Skin: Negative for rashes

Head, Eyes, Ears, Nose, Throat (HEENT): Negative for headache, vision changes, nasal congestion, rhinorrhea, sore throat.

Cardiovascular: Negative for chest pain, palpitations

Respiratory: negative for cough, shortness of breath, wheezing.

Gastrointestinal: Negative for nausea, vomiting. **Positive for abdominal pain, hematochezia**

Genitourinary: Negative for dysuria, frequency, urgency, hematuria.

Musculoskeletal: Negative for joint pain, stiffness, muscle weakness.

Neurological: Negative for seizures, weakness, numbness. **Positive for dizziness**

Endocrine: Negative for heat/cold intolerance, excessive thirst or urination, changes in appetite.

Hematologic: **Positive for blood loss (by rectum)**

Psychiatric: Negative for depression, anxiety, hallucinations.

Vitals:

HR 110 bpm

BP 110/70 mmHg

RR: 20 bpm

Temp: 98.6°F (37°C)

Physical Exam

General Appearance: No acute distress, laying in bed comfortably

Skin: Pallor present

Head: Normocephalic, atraumatic.

Eyes: Pupils equal, round, reactive to light; conjunctivae clear.

Ears: External ears normal; tympanic membranes intact

Nose: Nasal passages clear; no discharge.

Throat: Oral mucosa moist; tonsils non-enlarged, no erythema.

Cardiovascular: Mild tachycardia present, regular rhythm; no murmurs, gallops, or rubs.

Respiratory: Clear bilaterally, no wheezing or crackles. No use of accessory muscles, unlabored breathing.

Gastrointestinal: Abdomen soft, non-tender, no distension; bowel sounds present. No hepatosplenomegaly.

MSK: No joint pain, normal range of motion.

Neurological: Alert, oriented. At baseline.

Assessment: 10yo F with no PMH presents with abdominal pain and hematochezia and new IBD diagnosis, likely Crohn's disease given colonoscopy results. Patient continues to have frequent blood in stools and anemia as well as abdominal discomfort despite current steroid therapy.

Plan:

#Hematochezia, abdominal pain

#IBD, likely Crohn's disease

- Gastroenterology on consult, appreciate recommendations
- Continue Methylprednisone 40mg daily
- Follow up MRI enterography
- Patient will likely need to initiate biologic therapy given severity of symptoms despite current therapy

#Anemia 2/2 blood loss

- Hgb 9.0 today, given that patient is symptomatic (pallor, dizziness) will transfuse 15mL/kg of pRBC today
- Continue to trend CBC daily

