

## Sample medical record

Date of Admission: 11/1/10

Date of Discharge to Home: 11/2/10

### Admitting Diagnosis:

1. Status Asthmaticus
2. Respiratory distress
3. Hypoxia
4. Allergic rhinitis
5. Obesity

### Discharge Diagnosis:

1. Status Asthmaticus - resolved
2. Respiratory distress - resolved
3. Hypoxia - resolved
4. Allergic rhinitis - treating
5. Obesity
6. Mild persistent asthma

Discharge Condition: Good

### Consults:

Nutrition Procedures: None

Brief History of Present Illness: This is a 4 year old female with history of asthma who presented to the ED for increased work of breathing for 2 days. Associated symptoms included dry cough, rhinorrhea, nasal congestion and tactile fever. Patient initially improved on home nebulizer treatments of albuterol until mother ran out of medication. Hospital Course: Patient required continuous nebulization treatments in the ER and had an oxygen requirement of 6L. Once patient transferred to floor, she tolerated 5mg Q2 hr treatments x 2. Her oxygen requirement decreased to 2 L via nasal cannula. She was weaned to room air within the first 24 hours and her treatments were spaced to 2.5mg q2 hr. She was found to have allergic rhinitis on exam and was prescribed singulair, which she tolerated. We offered a nasal corticosteroid, which Mom refused due to difficulty with patient cooperation. Nutrition evaluated patient and educated parent. The ward team also discussed healthy choices and exercise with mom as well as provided asthma education and action plan.

Physical Examination at Discharge: T: 99.3F BP 105/62 HR 110 RR 24

Weight: 30 kg

General: Awake, alert, no apparent distress

HEENT: Normocephalic, atraumatic. Hyperpigmentation beneath eyes. Mucus membranes moist.

CVS: Regular rate and rhythm. No murmurs appreciated.

Respiratory: No retractions. No accessory muscle use. Prolonged expiratory phase. End expiratory wheeze. Good air entry bilaterally.

Abdomen: Normoactive bowel sounds. Soft. Non-tender, non-distended.

Extremities: Pulses present.

Skin: No rashes. Capillary refill brisk.

Neuro: No focal deficits.

### Medications:

1. Albuterol 5mg SVN q4hr x 2 days then q4hr prn shortness of breath/breathing difficulties.
2. Prednisolone (15mg/5ml) 10ml po BID x 4days
3. Singulair 4mg po Qhs
4. Flovent HFA (44mcg/actuation) 2 puffs inh Qam

Activity: As tolerated

Diet: Low fat

Follow Up: Pediatrician-Dr Smith at Sample Clinic on Nov 5th at 10:30 am. (555- 5555).