

Emily Yeung
Rotation 2: Pediatric ER, QHC
Final Rotation Site Evaluation

Identification:

- Date: 3/21/19
- Time: 9:30 AM
- Name: TP
- Sex: F
- Race: African American
- Age: 16
- Marital status: Single
- Address: Pediatric ER, QHC

Informant:

- Source of history: Patient and mother, reliable

Referral Source: Self

Chief Complaint:

- Right upper eyelid drooping x 1 day

Present Illness:

- 16 year old female, accompanied by mother, with past medical history of iron-deficient anemia presents to pediatric ER today c/o "right upper eyelid drooping" x 1 day. Mother states that patient got both the Menveo and Bexsero vaccinations on March 11 (10 days ago) and is not sure whether the patient is allergic to those vaccinations. Patient also experienced mild muscle aches in bilateral deltoid muscles at the sites of injection but those symptoms have resolved. Yesterday, the teacher noticed some swelling in the right eyelid and sent the patient home. Mother noticed that the eyelid swelling progressed into drooping overnight. She has not tried any treatments yet and denies any alleviating or aggravating factors. Patient admits to mild diplopia when looking to the far left. Denies any blurry vision, erythema, pain, discharge, rashes, slurred speech, fever, weakness, headache, seizures, recent travel, or sick contacts.

Past Medical History:

- Iron deficiency anemia – diagnosed in August 2018.
- Immunizations up to date, including the flu shot.
- Patient denies any childhood illnesses.

Past Surgical History:

- Denies any surgical history or previous hospitalizations.
- Denies past transfusions and injuries.

Medications:

- Ferrous sulfate 325mg PO QD, last dose this morning

- Folic acid 1mg PO QD, last dose this morning

Allergies:

- Denies any drug, food, or environmental allergies.

Family History:

- Mother, alive 39 YO, has pacemaker for bradycardia
- Father, alive, 42 YO, HTN
- Brother, alive and well, 20
- Paternal grandfather, alive, 62 YO, cardiomyopathy
- Paternal grandmother, deceased from old age
- Maternal grandfather, alive, 65 YO, DM
- Maternal grandmother, deceased from old age

Social History:

- Non-smoker. Denies drinking ETOH or caffeine at present.
- Sleeps 8 hours per day, on average.
- Denies exercising regularly.
- Single, lives with parents and brother.
- Occupation: full time student.
- Denies any recent travel.
- Denies being sexually active. Denies any past or current STIs.

ROS

- General
 - Denies any recent weight gain/loss, current fever, chills, night sweats, loss of appetite, weakness, fatigue.
- Skin, hair and nails
 - Denies any discoloration, moles/rashes, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
 - Denies headache, vertigo, head trauma, facial swelling.
- Eyes
 - Admits to diplopia only when looking to the far left. Denies photophobia, pruritus, blurring, lacrimation, other visual disturbances. Does not wear glasses. Last eye exam November 2018.
- Ears
 - Denies any deafness, pain, discharge, use of hearing aids.
- Nose/Sinuses
 - Denies any epistaxis, obstruction, discharge, congestion.
- Mouth and throat
 - Denies any dry mouth/lips, bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, use of dentures. Last dental exam June 2018.
- Neck
 - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast

- Denies any lumps, nipple discharge, pain.
- Pulmonary system
 - Denies any SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND, choking, chest tightness, stridor.
- Cardiovascular system
 - Denies any chest pain, palpitations, irregular heartbeat, syncope, heart murmur, edema.
- Gastrointestinal system
 - Denies any nausea, vomiting, constipation, diarrhea indigestion, pyrosis, flatulence, jaundice, anal bleeding, rectal pain, loss of appetite, bloating.
- Genitourinary system
 - Denies any frequency, polyuria, urgency, nocturia, oliguria, dysuria, incontinence, flank pain.
- Menstrual and Obstetrical
 - Age of menarche = 12
 - LMP 3/4/19, 5 days, 5 pads used QD, regular.
 - GPO. Never went to a GYN before.
 - Denies any menorrhagia, metrorrhagia, menometrorrhagia.
- Nervous system
 - Denies headaches, loss of consciousness, sensory disturbances, ataxia, change in cognition, loss of strength, weakness.
- Musculoskeletal system
 - Denies any muscle/joint pain, deformity, erythema, edema, tenderness, arthritis.
- Peripheral vascular system
 - Denies any peripheral edema, intermittent claudication, varicose veins.
- Hematologic system
 - Denies any easy bruising, bleeding, lymph node enlargement, blood transfusions.
- Endocrine system
 - Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, Hirsutism, heat intolerance.
- Psychiatric
 - Denies any past or current psychiatric illnesses, feelings of depression or anxiety. Has never seen a mental health specialist or therapist.

General Survey:

- Large build female, well developed and well nourished, well groomed, looks her stated age of 16 years, breathing unlabored. A/O x3.

Vital Signs:

- BP: 122/74, bilateral arms, sitting
- HR: 78 beats per minute, regular
- Respiratory rate: 17 breaths per minute, unlabored
- Temperature: 97.9°F, orally
- O2 sat: 99%, room air
- Height: 67 inches
- Weight: 192 lbs.

- BMI: 30.1

Physical Examination:

- Skin: Warm and moist, good turgor. Nonicteric, no lesions, no scars, no tattoos, no lacerations.
- Hair: Average quantity and distribution.
- Nails: No clubbing, capillary refill <2 seconds throughout.
- Head: Normocephalic, atraumatic, no specific facies, nontender to palpation throughout.
- Eyes: Drooping of right upper eyelid. No strabismus, exophthalmos or ptosis; sclera white, conjunctiva & cornea clear. Visual acuity 20/20 OU. Visual fields full OU. PERRLA. EOMs full, no nystagmus. Fundoscopy – red reflex intact OU. Cup to disk ratio <0.5. No evidence of copper wire, AV nicking, papilledema, hemorrhage, cotton wool spots, exudates, neovascularization OU.
- Ears: Symmetrical, normal size. No lesions, masses, trauma on external ears. No discharge, foreign bodies in external auditory canals AU. Tympanic membrane pearly white, cone of light intact in normal position AU. Auditory acuity intact with whispered voice AU. Weber midline and Rinne reveal air conduction > bone conduction AU.
- Nose: Symmetrical with no obvious masses, lesions, deformities, trauma, discharge. Nares patent bilaterally. Nasal mucosa pink and well hydrated. No discharge on anterior rhinoscopy. Septum at midline without any lesions, deformities, infection, perforation. No foreign bodies.
- Sinuses: Non-tender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.
- Lips: Pink, moist, no cyanosis or lesions.
- Mucosa: Pink, hydrated. No masses, lesions, leukoplakia.
- Palate: Pink, hydrated. Palate intact with no lesions, masses, or scars.
- Teeth: Good dentition, no obvious dental caries noted.
- Gingivae: Pink, moist. No masses, lesions, erythema, discharge, hyperplasia.
- Tongue: Pink, well papillated. No masses, lesions, deviation noted.
- Oropharynx: Hydrated. No masses, lesions, foreign bodies, infection, exudate. Tonsils present with no infection or exudate. Uvula pink, no lesions or edema.
- Neck: Trachea midline. No masses, lesions, scars, pulsations, stridor noted. Supple, non-tender to palpation. No thrills, bruits noted bilaterally, no palpable adenopathy.
- Thyroid: Non-tender to palpation, no palpable masses, no thyromegaly, no bruits noted.
- Chest: Symmetrical, no deformities, trauma. Respirations unlabored. No use of accessory muscles noted. Lat to AP diameter 2:1.
- Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout, no adventitious sounds.
- Heart: JVP is 2.5 cm above the sternal angle with head of bed at 30°. PMI in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. S1 and S2 are normal. No murmurs.
- Abdomen: Soft, symmetrical. No scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits over aortic, renal, iliac, femoral arteries. Tympany to percussion throughout. No organomegaly, masses, guarding, rebound tenderness. No CVAT noted bilaterally. Non-tender to percussion, light or deep palpation.
- Breast: patient denied.
- Female genitalia: patient denied.

- Rectal: patient denied.
- Peripheral vascular: Extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities. No bruits noted. No clubbing, cyanosis, edema bilaterally. No stasis changes or ulcerations.
- Mental Status: Alert and oriented to person, place and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.
- Cranial Nerves
 - I – Intact, no anosmia.
 - II – VA 20/20 bilaterally. Visual fields by confrontation full. Fundoscopic + red light reflex OS/OD, discs yellow with sharp margins. No AV nicking, hemorrhages or papilledema noted.
 - III, IV, VI – PERRLA, EOM intact without nystagmus.
 - V – Facial sensation intact, strength good. Corneal reflex intact bilaterally. Mastication normal
 - VII- Facial movements unsymmetrical but without weakness. GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6. Flattening of wrinkle lines observed on right-sided forehead and on right-sided nasolabial fold. Widening of opening between right-sided eyelids.
 - VIII- Hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC>BC.
 - IX-X-XII- Swallowing and gag reflex intact. Uvula elevates midline. Tongue movement intact.
 - XI- Shoulder shrug intact. Sternocleidomastoid and trapezius muscles strong.
- Motor/Cerebellar: Full active/passive ROM of all extremities without rigidity or spasticity. Normal muscle bulk and tone. No atrophy, tics, tremors or fasciculations. Strength equal and appropriate for age bilaterally (5/5 throughout). No Pronator Drift. Gait normal with no ataxia. Tandem walking and hopping show balance intact. Coordination by RAM and point to point intact bilaterally. Romberg negative.
- Sensory: Intact to light touch, sharp/dull, vibratory, proprioception, point localization, extinction, stereognosis and graphesthesia testing bilaterally.
- **Reflexes**

	R	L		R	L
● Brachioradialis	2+	2+	Patellar	2+	2+
● Triceps	2+	2+	Achilles	2+	2+
● Biceps	2+	2+	Babinski	neg	neg
● Abdominal	2+/2+	2+/2+	Clonus	negative	
- Meningeal Signs: No nuchal rigidity noted. Brudzinski's and Kernig's signs negative.
- Musculoskeletal upper: No soft tissue swelling, erythema, ecchymosis, atrophy, deformities in upper extremities. Non-tender to palpation. No crepitus noted throughout. FROM of all upper extremities bilaterally. No spinal deformities.

Lab Results & Radiological Studies

- POC urine pregnancy test
 - Negative
- No other lab work or imaging was warranted at this time.

Assessment: 16 y/o female with PMHx of iron-deficiency anemia presents to pediatrics ER with right upper eyelid drooping x 1 day. Symptoms consistent with Bell's palsy, secondary to receiving Menveo and Bexsero vaccinations at the same time.

1. Bell's palsy, secondary to Menveo and Bexsero vaccinations

- Patient received both Menveo and Bexsero vaccinations at the same time 10 days prior to coming to the ED.
- Literature has shown an association with administering the Menveo vaccine with another vaccine (in this case Bexsero), which causes a 3x-fold risk of developing Bell's palsy for up to 12 weeks after administration of the vaccines.
- Patient developed mild paralysis on one side of the face (the right side) as seen in flattening of the forehead wrinkles and nasolabial fold without any other symptoms.

2. Stroke

- Patient does not experience any symptoms on the extremities of the affected side (right side).
- Patient does not have any trouble walking or moving one side of the body, no loss of coordination.
- Patient does not have difficulty speaking or understanding language, slurred speech, or inability to speak.
- Denies any severe headache, dizziness, or new onset of seizures.

3. Orbital cellulitis

- Although there is some swelling of the right upper eyelid, there is no erythema, decreased ocular motility, pain with eye movements, or decreased visual acuity.
- There are no signs of primary infection such as nasal discharge, periodontal pain, fever, headache, or lethargy.

4. Herpes simplex virus (HSV)

- There is no presence of a rash or sores anywhere on the body.
- Patient denies any tingling, burning, pruritus, flu-like symptoms (fever, swollen lymph nodes), trouble urinating, eye infections.

5. Brain tumor

- Occurs with gradual onset, patient's symptoms only started one day prior.
- Patient does not have any mental status changes or exophthalmos.
- No history of cancer or recent weight loss.

Plan:

1. Bell's palsy, secondary to Menveo and Bexsero vaccinations

- No evidence of vesicles or central process.
- Likely a side effect of receiving Menveo with Bexsero at the same time.
- No acute intervention required at present.
- Will administer prednisone, 2mg/kg daily (60mg maximum daily) x 5 days, followed by a 5-day taper. Valtrex is not indicated at present.

- Educate mother and patient about red flag symptoms such as unilateral facial droop, slurred speech, and unilateral downward drift of the arm to return to the ED.
 - Also educate that this type of Bell's palsy is likely to be self-limited overtime.
- Follow-up with PMD in 1-2 days.
- Patient is to be discharged home with mother.

2. Iron-deficiency anemia

- Continue ferrous sulfate 325mg PO QD.
- Continue folic acid 1mg PO QD.