

Complaint Map

Fall 2013

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Hx:

Prior or preceding trauma, location, pain, character, onset, timing/duration, context, Alleviating/aggravating factors, any allergies, chills/fevers/night sweats, describe habits, cold or flu symptoms, hemoptysis, N/V /sputum production-consistency/color

Hx (cont): Unexplained wt loss ,H/A, Ongoing medical conditions, past surgical history, Medications (rx, OTC, herbal/supp, controlled, ace inhibitor), home/work environment, , recent travel, contact with anyone sick, immunizations to date, last pneumo/influenzae shots, smoking ppd x years

PE: o2 sat%, Inspection:

symmetry/condition of chest mvmt, front&back for thoracic landmarks; Palpation: thoracic expansion, sensation, tactile fremitus/note position of trachea, Percussion on chest: thorax & diaphragmatic expansion, Auscultation- apex to base-intensity, pitch, duration, quality of breath sounds(any adventitious breath sounds?), vocal resonance, ENT PE-inspection-pharynx and tonsils, nares, ear canals, Palpate sinuses, lymph nodes, Heart-Listen for S1 and S2, murmurs, peripheral edema, Special Test- Spirometry, EKG

Vitals: 140/88 T 99.2
P 84 R 28 Pain 3/10

33 yo Male AD USAF

Progressively feeling worse

Coughing for 2 weeks,

Relevant Anatomy:

Lungs-alveoli, bronchioles, bronchi, trachea, larynx, Heart, Ears-TM, ear canals Nose-nares, septum, sinuses, Throat-uvula, pharynx, tonsils

Relevant Pathophys: coughing d/t vagal nerve stimulation or constriction of airways

Differential Dx: Acute Bronchitis Allergic, bacterial, viral
Diagnostics- nasopharyngeal culture (pertussis/influenzae) CBC and differential, chest X-ray
Treatments:
RX: none or broad spectrum abx, antitussive therapy
Supportive: Supportive: drink plenty of fluids and to use antipyretic to control fever and myalgias prn
F/U refer ED if no improvement 24-48 hours or any worsening.

Differential Dx: Pneumonia
Diagnostics- chest X-ray
Labs: CBC and differential, sputum analysis culture, Gram stain, viral culture
Treatments:
RX: none or broad spectrum abx
Supportive: drink plenty of fluids and to use antipyretic to control fever and myalgias prn
F/U : refer ED if no improvement 24-48 hours or any worsening.

Differential Dx: Tuberculosis
Diagnostics- PPD, chest X-ray
Labs- sputum culture for acid fast bacilli, LFTs
Treatments:
RX: INH, rifampin
Supportive: drink plenty of fluids and to use antipyretic to control fever and myalgias prn
F/U : refer ED if no improvement 24-48 hours or any worsening.
If active TB-refer to infectious disease specialist for hospitalization.

References

- Buttaro, T.M., Trybulski, J., Bailey, P.P., & Sandberg-Cook, J. (2013). *Primary Care: A Collaborative Practice* (4th ed.). St. Louis, MO: Elsevier.
- Swartz, M. H. (2010). *Textbook of Physical Diagnosis: History and Examination* (6th ed.). Philadelphia, PA: Saunders/Elsevier.