**Identifying Data:**

Full Name: RK

Address: Queens, NY

Date of Birth: October, 2016

Date & Time: October 22,2020

Location: Queens Hospital Center, NY

Religion: sikhs

Nationality: Indian

Source of Information: Self/mother (reliable)

Mode of Transport: by car

**Chief Complaint:** “ My child has been complaining of belly pain and crying while peeing” for the past 2 days.

**History of Present Illness:**

4 year old female with PMHx of urinary tract infection presented to the pediatrics ER complaining of abdominal pain and burning sensation during urination for the past 2 days. Patient’s mother states, 2 days ago the patient suddenly started complaining of suprapubic pain before and after urinating. Patient states she is having a lot of pain in belly and she is going to the bathroom multiple times. Patient’s mother states every time she urinates, she cries because it burns a lot. As per mother, nothing really alleviates or aggravates the pain and she did not give any medication to the child for the pain. As per the mother, the patient had 2 episodes of non bilious non bloody vomiting today and since then the patient refused to take any food. Patient’s mother reported tactile fever X 1 day but did not check with a thermometer. Patient’s mother denies chest pain, SOB, diarrhea, vaginal itching or discharge, cough, recent travel or sick contact.

**Past Medical History:**

Urinary Tract Infection

Immunization: up to date, did not receive flu vaccine

Denies prior hospitalization

**Past Surgical History:**None

**Medications**:None

**Allergies**:NKDA

**Family History**: Denies family history of HTN, Cancer or any Cardiovascular disease

**Social History**:

Rk lives with her mother, father, brother (10y/o) and grandparents in a private house. Patient is attending remote schools as she is in pre-K. As per mother, the patient did not recently travel. Patient follows up with PCP and is up to date with her immunization. TAs permother there are no significant changes in the diet.

**Review of Systems:**

**General** – Admits of fever,fatigue, loss of appetite but denies chills, weight loss, night sweats

**Head** –Denies headaches, vertigo or head trauma.

**Ears** – Denies pain, discharge, tinnitus or use of hearing aids.

**Nose/sinuses** – Admits clear discharge. Denies obstruction or epistaxis.

**Mouth/throat** –Denies bleeding gums, sore tough, sore throat, mouth ulcers, voice change

**Neck** – Denies localized swelling/lumps or stiffness/decreased range of motion

**Pulmonary system** – Denies SOB, wheezing, cough, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

**Cardiovascular system**- Denies irregular heartbeat, chest pain, palpitations, edema/swelling of ankles or feet. syncope

**Gastrointestinal system** –Has regular bowel movements every day. Admits of change in

Appetite, nausea and vomiting and abdominal pain but denies diarrhea, jaundice, hemorrhoids, rectal bleeding, or blood in stool.

**Genitourinary system** – Admits to dysuria, polyuria and increases urinary frequency but denies urgency, nocturia, incontinence, awakening at night to urinate or flank pain.

**Physical Exam**

Vital Signs:

BP: right seated 95/55

Pulse: 110

Temp: 102 °F (rectall)

Resp: 30

SpO2: 99%

Height: 38 inches Weight: 44 Lbs BMI:21.4

**General:** 4 year old female, well-developed and well-nourished. She is active but crying intermittently due to the abdominal pain. She appears to be in moderate distress.

**Nails**: no sign of clubbing, cyanosis, koilonychia, paronychia. capillary refill <2 seconds

throughout.

**Skin**: warm, moist and smooth to touch, good turgor. Nonicteric, no evidence of petechiae, cyanosis, jaundice, hypo or hyper pigmentation, erythema, mass, lesions, scars or tattoos.

**Head**: normocephalic, atraumatic, no specific facies.

**Eyes**: Pupils are equal, round, and reactive to light.

**Ears:** The ear canal is clear without discharge or foreigh body. The tympanic membrane is normal in appearance with a good cone of light. Hearing is intact with good acuity to whispered voice

**Nose** – Nasal mucosa is pink and moist with clear discharge. The nasal septum is midline. Nares are patent bilaterally.

**Throat/Mouth** – Oral mucosa is pink and moist with good dentition. Tongue normal in appearance without lesions and with good symmetrical movement. The pharynx is normal in appearance without tonsillar swelling or exudates. No adenopathy is noted.

**Neck** - Trachea midline. No masses; lesions; scars Normal range of motion. Neck supple.

**Heart**: regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4,

splitting of heart sounds, friction rubs or other extra sounds.

**Lungs**: Effort normal and breath sounds normal. No nasal flaring or stridor. clear to auscultation and no evidence of adventitious sounds.

**Abdomen**: Flat / symmetrical / no evidence of scars or abnormal pulsations. Bowel sound is present in all four quadrants. Soft, tender palpation in a suprapubic area . No psoas or rovsing sign, no rebound, no distension, no fluid wave or ascites. There is no CVA tenderness. There is no hepatosplenomegaly

**Genitourinary:** normal female genitalia, no evidence of discharge, excoriation

**Musculoskeletal:** Normal range of motion. She exhibits no edema, tenderness, deformity or signs of injury.

**Neurological**: She is alert.

**Assessment:**

4 year old female with PMHx of urinary tract infection presented to the ER complaining of abdominal pain and burning sensation during urination for the past 2 days. Patient presentation is most consistent with urinary tract infection.

**Differential Diagnosis:**

1. Urinary Tract Infection
2. Pyelonephritis
3. Bacterial Vaginosis

**Plan :**

1. Order labs:

* CBC with differentials: WBC (14.57), Neutrophil abs 9.54
* CMP - creatinine 0.53, Anion gap 22
* UA - cloudy appearance, nitrate positive, large leukocyte esterase, WBC>50, Bacteria- TNTC
* Blood culture- result pending
* Urine culture- result pending

1. **Initiate medication** 
   * Motrin PO for the fever

## Ceftriaxone (ROCEPHIN) 749 mg in lidocaine 1 %

1. Reassess for patient’s stability, abdominal pain and fever
2. Patient was stabilized in the ER, afraile and discharged home on cephalexin (KEFELX) 250 mg/5mL suspension 3 times daily for 7 days and Ibuprofen 7mL by mouth every six hours as needed for fever

**Patient Education and Follow-Up:**

Patient’s mother was advised to increase fluid intake for the patient, avoid back to front cleaning methods and follow up with the PCP. Patient’s mother was advised to return to the ER if the symptoms worsened.

**Further follow up:**

Patient was called back to return to the ER as the urinary culture shows the patient is resistant to multiple antibiotics and requires IV antibiotic medications.

**Urine Culture:**

Final Abnormal (POS)

>100,000 CFU/ml Morganella morganii

>100,000 CFU/ml Escherichia coli ESBL

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| --- | --- | --- |
|  | Morganella morganii | Escherichia Coli ESBL |
| Amikacin | Sensitive | Sensitive |
| Amoxicillin/Clavulanate | Resistant | Resistant |
| Ampicillin | Resistant | Resistant |
| Ampicillin/Sulbactam | Resistant | Intermediate |
| Aztreonam | Sensitive | Resistant |
| Cefazolin | Resistant | Resistant |
| Cefepime | Sensitive | Resistant |
| Cefoxitin | Resistant | Resistant |
| Ceftriaxone | Resistant | Resistant |
| Ciprofloxacin | Sensitive | Resistant |
| Ertapenem | Sensitive | Sensitive |
| Gentamicin | Sensitive | Sensitive |
| Imipenem | Sensitive | Sensitive |
| Levofloxacin | Sensitive | Resistant |
| Meropenem | Sensitive | Sensitive |
| Nitrofurantoin | Resistant | Sensitive |
| Piperacillin/Tazobactam | Sensitive | Sensitive |
| Tigecycline | Resistant | Sensitive |
| Tobramycin | Sensitive | Sensitive |
| Trimethoprim/Sulfa | Sensitive | Resistant |

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