**CC**: “I have stomach pain since yesterday night”

**HPI:**

A 17 years old male with PMHx of childhood Asthma presents to the Pediatrics ER complaining of right lower quadrant pain for the past one day. Yesterday morning the patient felt an urge to use the bathroom and had one episode of constipation and after the bowel movement patient started to experience pain in the RLQ quadrant. Patient reports he never experienced this type of pain before.He describes the pain as constant cramping sharp, 7/10, non-radiating RLQ pain. The pain is aggravated with movement and alleviated with sitting still. Reports of the last bowel movement earlier today. Reports taking advil today at 8am with mild relief. Patients also admit mild nausea, decrease in appetite and mild dizziness. Denies fever, chills, CP, SOB, cough, V/D, genitourinary complaints, melena, recent trauma, travel, surgeries, new foods or antibiotics, sick contacts, weight change, or family history of colon cancer.

**Past medical History**- childhood asthma but does not take any medication

**Past surgical history**- none

**Allergies**: NKDA

**Medication**:none

**Family History:** Denies family history of cardiovascular diseases, cancer and strokes.

**Social History:**

Mr. R is a high school student who is in 11th grade and attending virtual school. Patient lives with his parents and three other siblings. Patient is not sexally active currently and denies the history of sexually transmitted diseases.

Habits – denies drinking, smoking or illicit drug use

**Review of Systems**

Constitutional: admits of recent loss of appetite for the past one day. Denies fever, chills, diaphoresis, fatigue, and unexpected weight change.

Head –Denies headaches, vertigo or head trauma.

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

Pulmonary system – denies dyspnea, dyspnea on exertion, cough, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, palpitations, irregular heartbeat, edema/swelling of ankles or feet. syncope or known heart murmur

**Abdomen:** admits of RLQ constant abdominal pain and mild nausea. Denies abdominal distention, anal bleeding, blood in stool, constipation, vomiting, diarrhea, dysphagia, flatulence.

**Genitourinary system** – denies urinary frequency, urgency, nocturia, polyuria, oliguria, dysuria,

incontinence, or flank pain.

Musculoskeletal: denies arthralgias, myalgias, neck pain and neck stiffness.

Neurological: admits of mild dizziness but denies tremors, syncope, weakness, numbness and headaches.

**Physical Exam**

General:pt is oriented to person, place, and time. He appears well-developed and well-nourished. Non-toxic appearance. Pt seems to be in moderate distress.

**Vital Signs:**

BP: 130/80 R arm Sitting,

Pulse 103

Temp 98.2 degrees F (Oral)

Resp 18

SpO2 100%

Height 68 Weight BMI:

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 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.

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 – 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 to the right lower quadrant at McBurney's point, guarding. No psoas, obturator, or rovsing sign, no rebound, no distension, no fluid wave or ascites. There is no CVA tenderness.

Genitourinary: Bilateral testes descendants, cremasteric reflex present

Musculoskeletal: Normal range of motion. He exhibits no edema, tenderness or deformity.

Neurological: alert and oriented to person, place, and time.

**Assessment**

A 17 years old male with PMHx of childhood Asthma presents to the Pediatrics ER complaining of right lower quadrant pain for the past one day. Patient's physical exam shows RLQ tenderness at McBurney's point which is a concern for appendicitis.

**Differential Diagnosis:**

1. Appendicitis
2. Constipation
3. Diverticulitis
4. Cystitis
5. Renal colic
6. Pyelonephritis
7. Colon Cancer
8. Inflammatory Bowel Disease

Plan:

1. Labs: CBC (wbc- 8.87 Neutrophil 73.3, H/H 14.0/42.6), CMP (Na 135, lipase 15, lactate 1.2), UA, UA culture, CRP, D-dimer, Troponin, COVID-cephid
2. Imaging:

CT of the abdomen with IV and PO contrast
IMPRESSION:
Impression: Acute appendicitis. No periappendiceal abscess or pneumoperitoneum.
Dilated appendix with enhancing wall and inflammatory fat stranding due to acute appendicitis. No discrete enhancing periappendiceal fluid collection to suggest abscess. No evidence of bowel obstruction. No significant ascites. No pneumoperitoneum. No
significant bowel wall thickening.

1. Fluid
2. Analgesia: Toradol
3. Consult Cohen children hospital surgery

If the patient was under my management I would:

* + NPO.
	+ IVFs.
	+ IV zosyn and flagyl.
	+ OR for urgent laparoscopic appendectomy.
	+ Lovenox for DVT prophylaxis.
	+ Protonix for GI prophylaxis.

**Adolescent 10-19 years age**

Metronidazole- loading dose of 15mg/kg IV over 1 hours followed by 7.5 mg/kg IV over 6 hours

Zosyn- 3.375 Gram IV q6hr

According to Us Pharmacy, A single antibiotic is sufficient for a nonperforated appendicitis. Second- or third-generation cephalosporins such as cefoxitin or cefotetan are used in uncomplicated cases. However, Broader-spectrum coverage is obtained with piperacillin-tazobactam, ampicillin-sulbactam, ticarcillin-clavulanate, or imipenem-cilastatin.

**Piperacillin-tazobactam**, which is useful against gram-positive, gram-negative, and anaerobic bacteria

Metronidazole provides broad gram-negative and anaerobic coverage

