Sample: Problem Oriented Note:

4/28/2014
Medical Student Note
6:45am
Hospital Day #2

Interim History: Mother stated that the Princess passed several diarrheal stools last night requiring frequent cleaning all night with wipes and that she hardly drank anything. She felt as though she had fever although one was never documented and she had no further vomiting. She said Princess didn't sleep well which may have been due to lots of interruptions- IV beeping, nursing coming in and out of the room, etc. Mom states that Princess now has a diaper rash. We verified in hand-off that her IV infiltrated and was removed this morning.

Objective:
PE: Wt: 7.1kg (admit weight: 6.8kg)
VS: Tmax: 37.5C BP: 74-90/56-78 RR: 20-40 HR: 90-150
Gen: Awake, alert, active, good skin turgor
HEENT: Soft anterior fontanelle, moist mucous membranes, no conjunctivitis, TM's clear, good light reflex
Chest: clear to auscultation bilaterally, no increased work of breathing
Heart: unable to hear a murmur this morning, normally split S2
Abd: soft, non-tender, no masses, no hepatosplenomegaly, no guarding, no rebound, small umbilical hernia with 0.5cm defect - easily reducible
GU: Tanner 1 female, erythematous macular rash with some desquamation in diaper area
Ext: normal range of motion, no cyanosis, no edema

I&O's 145 cc/kg/day but only 26cc/kg/day oral intake
Urine output: 2cc/kg/hr
Balance: +190

Am BMP: Na: 135 K: 4.0 Cl: 100 HCO: 3:21 BUN: 8 Cr: .4 Glu: 90 Ca: 9.0

Assessment: Princess is a 7mo female infant with acute viral gastroenteritis and mild to moderate dehydration, now improving on IV fluids.

Problem List/Plan:

1. Viral Gastroenteritis and dehydration – She is now well hydrated on IV fluid. She was estimated to have been 5-7% dehydrated and gained 4% of her well weight overnight, gaining 300gm despite continued diarrhea. Her urine output was excellent at 2cc/kg/hr. She had poor oral intake overnight, only 26cc/kg/day, which may have been due to vomiting or presence of IV fluids. Since Princess is now well hydrated and no longer vomiting, will leave IV out to see if she will be able to maintain hydration by herself. If her oral intake does not improve or her diarrhea worsens, we will restart her IV and IV fluids. Continue contact isolation. Currently afebrile.
2. Mild metabolic acidosis probably secondary to dehydration with slightly elevated BUN- now resolved with hydration alone. No need to F/U unless diarrhea persists.
3. Transient heart murmur last night now resolved with hydration- possibly a flow murmur due to dehydration or viremia. Will discuss with PCP to follow after discharge.
4. Diaper dermatitis secondary to diarrhea and excessive cleaning. Will recommend gentle cleaning with soap and warm water rather than scrubbing with wipes. Allow to air dry and then apply zinc oxide barrier cream.
5. Umbilical hernia - no evidence of incarceration and is therefore not a cause of her acute GI issue. If it doesn't resolve before 4-5 y/o, her PCP will refer her to pediatric surgery for repair.

Disposition: If able to tolerate oral intake and maintain hydration, may d/c to home later today or tomorrow morning.

Jane Doe, M3

Example: Traditional SOAP Note

4/28/2014
Medical Student Note
6:45am
Hospital Day #2

Subjective: Mother stated that the Princess passed several diarrheal stools last night requiring frequent cleaning all night with wipes and that she hardly drank anything. She felt as though she had fever but she denied any further vomiting. She said Princess didn't sleep well which may have been due to lots of interruptions - IV beeping, nursing coming in and out of the room, etc. Mom states that Princess now has a diaper rash. She said the IV just fell out this morning.

Objective:
PE: Wt: 7.1kg (admit weight: 6.8kg)
VS: Tmax: 37.5C BP: 74-90/56-78 RR: 20-40 HR: 90-150
Gen: Awake, alert, active, good skin turgor
HEENT: Soft anterior fontanelle, moist mucous membranes, no conjunctivitis, TM's clear, good light reflex
Chest : clear to auscultation bilaterally, no increased work of breathing
Heart: unable to hear a murmur this morning, normally split S2
Abd: supple, non-tender, no masses, no hepatosplenomegaly, no guarding, no rebound, small umbilical hernia-easily reducible
GU: Tanner 1 female, erythematous macular rash with some desquamation in diaper area
Ext: normal range of motion, no cyanosis, no edema

I&O's 145 cc/kg/day but only 26cc/kg/day oral intake
Urine output: 2cc/kg/hr
Balance: +190

Am BMP: Na: 135 K: 4.0 Cl: 100 HCO: 3:21 BUN: 8 Cr: 0.4 Glu: 90 Ca: 9.0

Assessment:
1) 7 mos/o with viral Gastroenteritis and 5-7 % dehydration now well hydrated on IV fluid. Findings consistent with viral illness. No need for further work up unless symptoms change or persist.
2) Mild metabolic acidosis probably secondary to dehydration with slightly elevated BUN- now resolved with hydration alone
3) Poor oral intake - possibly secondary to IV fluids
4) IV infiltrate - not necessary to restart at this time.
5) Heart murmur last night now resolved with hydration - possibly a flow murmur due to dehydration or viremia.
6) Fever- mom thought there was fever but one was never documented
7) Diaper dermatitis secondary to diarrhea and excessive cleaning
8) Umbilical hernia - no evidence of incarceration

Plan:
1) Since baby is now well hydrated and no longer vomiting, will leave IV out to see if she will be able to maintain hydration herself. If able to tolerate oral intake and maintain hydration, may d/c to home today or tomorrow morning. Contact isolation.
2) Mild metabolic acidosis- resolved with hydration. No need to F/U unless diarrhea persists.
3) Poor intake believed to be secondary to IV fluids. Now that IV is out, will see if her appetite improves. If it doesn't pick up by this afternoon and diarrhea persists, will have to restart IV to maintain hydration.
4) Do not reestablish IV unless negative fluid balance occurs.
5) Transient heart murmur- Discuss with PCP to follow after discharge.
6) No documented fever so no need for further evaluation
7) Gentle cleaning with soap and warm water rather than scrubbing with harsh wipes. Allow to air dry and then apply zinc oxide barrier cream.