

**Jaspreet Kaur Sra**  
**Rotation #3 Ambulatory Medicine**

**Identifying Data**

Full Name: Ms. S  
Address: Queens  
Date of Birth: January 3, 2007  
Date & Time: July 5, 2022 (12:10 pm)  
Location: CUC  
Religion: unknown  
Source of Information: Self  
Reliability: Reliable  
Source of Referral: Mother

**Chief Complaint:** "I have pain in both ears" x 2 days.

**History of Present Illness:**

15 year old female with a PMHx of asthma, presents with mother for % bilateral ear pain x2 days. Rates the pain 7/10 and is non radiating and progressively worsening. She describes the pain as a constant dull achy and pressure like. Reports pain worsens when she touches her ear. Denies any alleviating factors. States over the weekend she was at their Aunt's house where she spent time swimming in the pool. Reports similar episode a few years ago where she prescribed drops and felt better. Denies ear discharge, muffled hearing, ear ringing, fever, chills, vision changes, nausea, vomiting, headache, palpitations, abdominal pain, recent sinus infection, recent sick contact.

**Past Medical History:** Asthma

**Past Surgical History:** No significant past surgical history.

**Immunizations:** Up to Date

**Medications:** Albuterol as needed

**Allergies:** No known drug allergies

**Family History:** No pertinent family history

**Social History:**

Ms. S is currently on summer vacation, but otherwise attends school and is starting 8th grade this coming fall. She lives at home with her mother, father and two brothers.

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Review of Systems:

**General** – Denies fever, weight gain/loss, loss of appetite, generalized weakness/fatigue, or night sweats.

**Skin, hair, nails** – Denies changes in texture of legs, discolorations, pigmentations, and changes in hair distribution in the extremities. Denies excessive dryness or sweating, moles/rashes, or pruritus.

**ENMT- Reports ear pain.** Denies deafness, ear itchiness, obstruction, discharge, tinnitus, use of hearing aids or epistaxis, bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes

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

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

**Gastrointestinal system** – Has regular bowel movements daily. Denies nausea, vomiting, dysphagia, change in appetite, diarrhea, constipation or blood in stool.

**Genitourinary system** – Denies dysuria, nocturia, polyuria, flank pain, urinary hesitancy.

**Nervous** – Denies seizures, headache, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status / memory, or weakness.

**Musculoskeletal system** – Denies arthralgia, arthritis, joint swelling, back pain.

**Peripheral vascular system** – Denies peripheral edema, color changes, intermittent claudication, coldness or trophic changes or varicose veins.

**Hematological system** – Denies bruising, DVT, blood transfusion, anemia, bleeding, and lymph node enlargement.

**Psychiatric** – Denies depression/sadness, anxiety, OCD or ever seeing a mental health professional.

Physical Exam

General: Obese, No acute distress, neatly groomed, appears his stated age.

Vital Signs:

BP: Seated, Left arm 105/72

RR: 18/min unlabored

HR: 76, regular

T: 98.7 degrees F (oral)

O2 Sat: 98% Room air

Height: 5 Feet 1 inch

Weight: 110 lbs.

BMI: 20.8

Skin: No pigmentation, lesions, no bruises, no tattoos, no rash, no papules, and no moles noted. Warm & moist, good turgor.

Nails: Capillary refill <2 seconds throughout upper and lower extremity.

Head: Normocephalic, atraumatic, non-tender to palpation.

Eyes: Sclera white, cornea clear, conjunctiva pink. Symmetrical OU. No strabismus, exophthalmos, or ptosis. Visual fields full OU. PERRLA, EOMs intact with no nystagmus.

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Ears:

Right ear: No lesions, masses, or trauma on external ears. **Tenderness on tragus and pinna. External canal erythematous.** No foreign bodies purulent discharge noted in the canal. TM intact. No mastoid tenderness or pain. Whisper test 3:3.

Left Ear: No lesions, masses, or trauma on external ears. No tenderness on tragus and pinna. **External canal erythematous.** No foreign bodies purulent discharge noted in the canal. TM intact. No mastoid tenderness or pain. Whisper test 3:3.

Nose: Symmetrical, no masses, lesions, deformities, trauma, or discharge. Nares patent bilaterally with nasal mucosa pink & well hydrated.

Oropharynx: Well hydrated; no exudate; masses; lesions; foreign bodies visualized

Neck: Trachea midline.

Thyroid: Non-tender; no palpable masses; no thyromegaly noted.

Thorax & Lungs:

Chest: Symmetrical, no deformities, no trauma. Respirations unlabored/no paradoxical respirations or use of accessory muscles noted. No tenderness or edema was noted in bilateral extremities.

Lungs - No consolidations to auscultation bilaterally. No adventitious sounds.

Heart: Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR). S1 and S2 are distinct with no murmur. No friction rubs

Abdominal: Abdomen is flat and symmetric with no scars, striae or pulsations noted. Bowel sounds normoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. Tympanic throughout, no tenderness, guarding or rebound noted.

Mental status exam:

Intact judgment, insight, and cognitive function. Oriented to time, place, and person. Intact memory and attention for recent/remote events. Intact language and speech. No depression, anxiety, or agitation.

Cranial Nerve exam:

**CN I:** Nares patency is intact bilaterally.

**CN II:** Visual fields full OU by confrontation, PERRLA. EOMS intact with no nystagmus

**CN III, IV, VI:** EOMS intact with no nystagmus. Pupils reactive to direct light, consensual light, and accommodation. No ptosis.

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**CN V:** Face sensation intact bilaterally to light touch and pain.

**CN VII:** Facial expressions are symmetric and intact. No difficulty with BMP speech sounds.

**CN VIII:** Auditory acuity intact

**CN IX and X:** Uvula midline with elevation of soft palate, gag reflex intact. No hoarseness.

**CN XI:** Full ROM at neck. Strong shoulder shrug against resistance bilaterally.

**CN XII:** Tongue midline without fasciculations. Strong and symmetric tongue. No difficulty with LTND speech sounds.

Peripheral Nerve Exam:

**Motor/Cerebellar:** Full active/passive ROM of all extremities without rigidity or spasticity. Symmetric muscle bulk with good tone. No atrophy, tics, tremors, or fasciculation. Strength 5/5 throughout.

**Sensory:** Intact to light touch throughout upper and lower extremities.

**Peripheral Vascular Exam:** Pulses are 2+ bilaterally in upper extremities. No bruits noted. No clubbing, cyanosis or edema noted bilaterally. No ulcerations, calf tenderness, palpable cords, and varicose veins bilaterally. Both arms and legs are equal in circumference.

**Musculoskeletal:** No soft tissue swelling/ erythema/ ecchymosis/ atrophy or deformities in bilateral upper and lower extremities. FROM (Full Range of Motion) of all upper and lower extremities bilaterally.

**Assessment/Plan:**

15 year old female with a PMHx of asthma, presents with bilateral ear pain. Patient was recently swimming in the pool for a prolonged time. On physical exam the right ear with tenderness on tragus and pinna bilateral ears have external canal erythema. TM were intact, no fluid or bulging noted. No preceding or current fever or URI symptoms. Based on the history and physical exam findings, the patient has Otitis Externa.

Diagnosis: Otitis Externa.

**Treatment Plan:**

1. Neomycin/Polymyxin B/ Hydrocortisone otic: 3 drops in bilateral ears TID; lie with ear upward x5 min.
2. Ibuprofen 1-2 tablets PO Q4-6hrs PRN for pain
3. Avoid swimming until completion of medicatio course and symptoms have fully resolved
4. Keep ears clean and dry
5. Avoid cotton-tipped swabs or similar objects used to clean the ears

Follow up: Instructed to follow up with PCP or ER if experiencing worsening symptoms, if current treatment is not successful to treat the condition, or new symptoms/side effects develop.

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