

SOAP Note [Family Medicine]

S (Subjective)

Chief Complaint: "swollen right eye with pain" x 2 days

HPI: Ms. I. S. is a 17-year-old female with no significant past medical history who presents today, along with her mother, complaining of a swollen right eye with pain for the past 2 days. She describes the pain as a dull, achy sensation and sharp when pressing on it, rated 6/10 on palpation and 4/10 when blinking. The swelling is localized to the medial aspect of the right upper eyelid. She states that the pain worsens when she touches her eye and blinks. She has not tried anything for the swelling and pain yet, and denies prior episodes. She also denies morning discharge and/or crustiness, excessive tearing, changes in vision, light sensitivity, trauma, contact lens use, fever, chills, and recent travel and illnesses.

O (Objective)

Vital Signs:

- **BP:** Seated 104/72 mmHg
- **P:** 90 bpm
- **RR:** 18 breaths/min, unlabored breathing with no accessory muscle use
- **T (temporal):** 97.0 °F
- **O2 Sat:** 99% on room air
- **Height:** 59 in | **Weight:** 97 lbs | **BMI:** 19.6

Physical Exam:

- **General:** AxO3, well-appearing in no acute distress, appears well-nourished and of stated age of 17 years old.
- **Skin:** no diaphoresis, cyanosis, jaundice, or rashes noted on exposed skin.
- **HEENT:** Right upper eyelid shows localized swelling and erythema over the medial aspect of the eyelid and is tender to palpation. There is no fluctuance or warmth that extends outside the eyelid. Conjunctiva is pink and the sclera is white without injections. There is no discharge, crustiness, or watery eyes seen. PERRLA bilaterally and EOMs are intact without pain.
- **Neck:** no cervical lymphadenopathy
- **Cardiovascular:** regular rate and rhythm of S1 and S2 without murmurs or gallops
- **Respiratory:** clear to auscultation bilaterally, no wheezes or crackles heard

Labs/Imaging: None done at this visit.

A (Assessment)

Primary Diagnosis: Hordeolum

- **Rationale:** Most likely because of the acute, localized, tender swelling of the medial upper eyelid with pain worsened by palpation without discharge, changes in vision, or pain with EOMs. Physical exam is also classic for a hordeolum (focal tender and erythematous nodule at eyelid margin).

D/Dx

- Dacryoadenitis
 - **Rationale:** Less likely as swelling is typically the outer upper eyelid associated with systemic symptoms, such as fever, which is absent. This is also self-limiting as it's most likely due to viral causes.
- Chalazion
 - **Rationale:** Less likely, as it usually presents with no pain and is usually chronic with a firm nodule on the upper/lower eyelid, but management is similar

- Preseptal Cellulitis
 - Rationale: Less likely, as there is no diffuse eyelid swelling and erythema that extends outside the eyelid, which often makes it difficult to open the eye. There are also systemic symptoms like fever, that is not present. This often follows an URI or sinusitis, and the patient denies any recent illnesses.
- Orbital Cellulitis
 - Rationale: Unlikely as there is no proptosis, vision changes, pain with EOMs, restricted eye movements, and fever. This often follows an URI or sinusitis, and the patient denies any recent illnesses.

P (Plan)

Treatment (Conservative)

- Apply warm compresses to the affected eyelid for 10-15 minutes, 3-5 times a day, to help drain out the infection and reduce swelling
- Take Tylenol or Ibuprofen as needed for pain and discomfort

Patient Education/Instructions

- Advised patient to routinely wash her hands, maintain eyelid hygiene by cleaning the eyelids with mild soap or baby shampoo, avoid touching or squeezing the stye, and avoid applying make-up products & other products near the affected area until it is resolved
- Informed patient that the stye is self-resolving and goes away on its own within 1-2 weeks, and warm compresses will help with the swelling and promote recovery

Follow-up Plan

- Follow up in 1 week for re-evaluation
- Advised patient to return as scheduled or sooner if symptoms do not improve as expected or get worse. Patient is advised to go to the ER for immediate assistance if she starts to develop fevers, pain with eye movement, or swelling spreads beyond the eyelid, or vision changes occur.
- Ophthalmology referral if stye persists >2 weeks despite conservative care.

