Lisette Romo
Urgent Care - Rotation #2

Identifying Data:
Full Name:
Address:
Date of Birth:
Date & Time:
Location:
Religion:
Source of Information:
Reliability:
Mode of Transportation:
Race/ Ethnicity:
Marital Status:

CC: "I have been wheezing and coughing" x2 weeks
HPI:
JZ is a 25-year-old female who presents for a follow-up visit regarding persistent coughing and wheezing that has been ongoing for 2 weeks now. She reported that her symptoms started on Friday, 1/30/26, with a sore throat and cough, progressing to a persistent cough and occasional wheezing. At the time, she denied chills, fever, shortness of breath, chest pain, or tightness.

During her initial visit, she reports she was diagnosed with an asthma exacerbation at that visit despite no personal history of asthma. She was prescribed a course of antibiotics, albuterol, and promethazine for her symptoms, and a nebulizer treatment was done. She completed a full course of Z-Pak and used her albuterol inhaler only three times, when she was actively wheezing. She used the promethazine a few times, but found that it only made her drowsy, and there was no improvement in her cough. She reports that she mainly hears the wheezing when lying down at night. Despite medication, her symptoms have remained the same since the onset. She reports a family history of asthma, but she denies having a personal history of asthma. In addition to her persistent cough and wheezing, she now developed clear sputum and nasal congestion. She denies headache, sinus pressure, or nasal discharge.

Past Medical History:
No significant past medical history

Medications:
Patient currently has no chronic conditions, but is actively taking:

- Albuterol HFA 108 (90 Base) MCG/ACT Aerosol Solution (1 puff PRN every 4 hours)

- Promethazine-DM 6.25-15 Mg/5mL Syrup (5mL PRN po every 4 hours)

Recently completed:

- Azithromycin (Z-Pak) - 5-day course

Denies taking any herbal supplements or other medications otc

Allergies:

No known drug allergies (NKDA)
Denies any known food allergy or environmental allergies

Surgical History:

No prior surgical history

Family History:

- Father: Alive, age 56, no significant past medical history
- Mother: Alive, age 54 - Asthma
- Sister: Alive, age 20 - Asthma
- No other significant family history

Social History:

- Lives at home with her family in a house located in Jamaica, NY
- She is currently working part-time at a retail store
- Denies tobacco use, illicit substance use, and alcohol use

Immunizations:

Influenza: Did not receive the annual vaccine.
TDAP: Up to date

Review of Systems:

General: Denies generalized weakness/fatigue, fever, chills, loss of appetite, and night sweats. Denies recent weight loss.

Nose/Sinuses: Admits to nasal congestion. Denies discharge, epistaxis, or sinus pressure.

Throat: Admits to clear productive sputum. Denies sore throat, dysphagia, or hoarseness.

Respiratory: Admits to wheezing, cough with productive sputum. Denies shortness of breath, hemoptysis, chest tightness, or dyspnea on exertion.

Cardiovascular: Denies chest pain, palpitations, or orthopnea.

Gastrointestinal: Denies epigastric pain, nausea/vomiting.

Physical exam:

Vital signs:

Height: 64 in. Weight: 250lbs BMI: 42.91

BP: 126/83 mmHg R arm HR: 79 bpm, RR: 16 breaths/ min, T: 98.6F oral, SpO2: 95% on room air Pain scale: 0 1-10

General: 25-year-old female appears her stated age, alert, well- appearing, and in no acute distress. She was found seated, maintained appropriate eye contact, and was in no respiratory distress.

HEENT: Bilateral turbinate swelling with clear nasal discharge. Oropharynx is clear without erythema or exudates. Sinuses are non-tender to palpation.

Neck: Supple, no cervical lymphadenopathy.

Cardiovascular: Regular rate and rhythm, normal S1 S2, no murmurs, gallops, or friction rubs noted.

Respiratory: Minimal expiratory wheezing heard in the bilateral bases of lungs, right more than left, with mildly decreased airflow. No crackles or rhonchi. No visible accessory muscle use or tachypnea. No respiratory distress. Able to speak in full sentences.

Assessment:

JZ is a 25-year-old female without any significant past medical history, who presents for a follow-up visit for a persistent cough and intermittent wheezing that has been ongoing for 2 weeks without improvement. She was previously evaluated at the office and received a nebulizer treatment, and was sent azithromycin, albuterol, and promethazine. She completed the full course of Z-Pak and used albuterol intermittently and promethazine, without any relief. Given the duration of her symptoms and physical exam, her presentation is most consistent with acute bronchitis. There are no clinical features concerning for pneumonia at this time.

Differential Diagnosis:

1. **Acute Bronchitis -** This is a lower respiratory tract infection that occurs due to viral etiology, and causes inflammation of the bronchi. Symptoms include a cough that persists anywhere from 1 to 3 weeks, wheezing, or dyspnea, and patients can have additional URI symptoms such as a headache, congestion, or sore throat before or during. The diagnosis

is made clinically without concern for pneumonia. Overall, the patient's clinical presentation most aligns with this diagnosis, as her symptoms began with a sore throat and cough, and now had a persistent cough and wheezing.
    a. Plan: Advise supportive care only. Antibiotics are not necessary. Continue albuterol PRN. Strict ER precautions if symptoms worsen.
2. **Pneumonia -** Considered given the patient's symptoms of an ongoing cough and wheezing. However, she is young, and on exam, she has no fever, no dyspnea, chest pain, or any other systemic symptoms. Additionally, there are no clinical signs that would indicate a consolidation at this time. An atypical presentation can occur, such as Mycoplasma pneumonia, also known as walking pneumonia, given the patient's age; however, less likely given her presentation.
    a. Plan: Obtain a chest X-ray if symptoms persist despite supportive treatment. Will give antibiotics if confirmation of infiltrate on imaging. Close follow-up if pneumonia is confirmed.
3. **Asthma -** This condition presents with symptoms such as cough, wheezing, and shortness of breath, chest tightness. The patient does have a family history of asthma, so it is strongly considered. Additionally, symptoms of asthma can be exacerbated during the wintertime. However, her symptom onset is acute rather than a chronic or recurrent pattern.
    a. Plan: Refer to pulmonology for further workup and obtain spirometry to assess for asthma. Continue using albuterol as needed.
4. **Allergic Rhinitis -** This condition can present with various symptoms of pale nasal mucosa, swollen nasal turbinates, rhinorrhea, allergic shiners, the salute sign on the nasal crease, sneezing, and cobblestoning in the eyelids. It is possible this patient can also present with this condition, given her family history of asthma, which can also be associated with this condition, her physical exam demonstrating swollen nasal turbinates with clear nasal discharge, and nasal congestion. Less likely as there was no inciting allergic trigger, and the patient denies any known allergies.
    a. Plan: Provide an intranasal steroid to clear symptoms of congestion, flonase, and an antihistamine. Follow up if there is no improvement with medications.
5. **GERD -** Considered given her body habitus (obese with a BMI of ~42), and worsening respiratory symptoms when lying down. GERD can also present with a cough in patients, and should be considered. However, this is unlikely given that the patient had no complaints of classic symptoms such as heartburn, metallic taste, or epigastric discomfort.
    a. Plan: Advise lifestyle modifications, such as exercise, not eating before bed, and cutting out unhealthy foods. Consider PPI if symptoms persist.

Plan - Acute Bronchitis:

- No further antibiotics are indicated for this patient; she finished a full course of Z-Pak.

- Discontinue promethazine since she had no improvement on this medication, and it only made her drowsy, which is a common side effect.
- Patient education on proper inhaler technique, and advised to use the albuterol inhaler every 4 to 6 hours, instead of using it only when symptoms are severe, as the patient only used it three times.
- Short course of prednisone 50mg PO once a day for 5 days given for wheezing
- Encourage supportive treatment, including starting Mucinex for a productive cough, increasing fluid intake, and rest.
- Provide reassurance that this condition is self-limiting
- Order a chest X-ray to rule out pneumonia
- Follow up in 3 days to reassess