

H&P #3 - Family Practice

Chief Complaint: “Both hands itchy and swollen since morning”

A 11-year-old boy with no significant past medical history presents with acute onset swelling and pruritus of the bilateral fingers and palms that began this morning while watching TV. Symptoms were sudden in onset and associated with itchiness, without pain. The patient reports partial relief of itchiness after washing his hands with water and soap. He also notes a single localized erythematous, pruritic patch on the right forearm. Since onset, pruritus has improved, though swelling of the fingers and palms persists with mild residual pruritus.

He denies pain, skin trauma, known insect bites, new soaps, lotions, foods, medications, or environmental exposures, and recent outdoor activity. He also denies fever, chill, shortness of breath, throat tightness, lip or facial swelling, localized warmth, rapidly spreading erythema, nausea, vomiting, or abdominal pain or prior similar episodes.

Past Medical History

None

Past Surgical History:

None

Immunizations:

COVID-19 Pfizer – completed

Influenza – Completed (11/04/2024)

Hep B – Completed (01/11/2015, 02/11/2015, 07/11/2015)

Rotavirus – Completed (03/11/2015, 05/11/2015)

DTaP – Completed (03/11/2015, 05/11/2015, 07/11/2015, 01/11/2017, 01/11/2020)

Hib – Completed (03/11/2015, 05/11/2015, 07/11/2015, 01/11/2017)

PCV13 – Completed (03/11/2015, 05/11/2015, 07/11/2015, 01/11/2017)

IPV – Completed (03/11/2015, 05/11/2015, 07/11/2015, 01/11/2020)

MMRV – Completed (01/11/2016, 01/11/2020)

Hep A – Completed (01/11/2016, 07/11/2016)

HPV – Dose 1: 01/11/2025, Dose 2 due 07/11/2025

Screening/ preventive care:

Annual physical up to date (08/12/2025)

Vision and hearing screening was passed (08/12/2025)

Dental - 3 months ago (no issues reported)

Medications:

None

Denies OTC medications or herbs.

Allergies:

Denies any known drug, environmental, or food allergies.

Family History:

Mother- Alive at 35 in good health.

Father - Alive at 38 in good health.

Paternal grandfather – deceased (unknown medical history and age).

Paternal grandmother- deceased (unknown medical history and age).

Maternal grandfather- deceased (car accident at age 58).

Maternal grandmother- deceased (heart attack at 69).

Siblings- two siblings, one sister at 4 years old, another brother at 8 years old, in good health.

Social History:

Lives at home with his family.

Attends school (5th grade). Denies using sunscreen daily.

Denies tobacco, alcohol, or drug use.

Active, pt plays sports such as basketball with friends, no pets at home

Habits - P.K. maintains a consistent routine. He wakes up around 7 AM and goes to school and comes home around 2-3 pm, does his homework, and goes out to play in the park with his family/friends sometimes. Then has dinner and plays video games for entertainment.

Cigarettes: never

Alcohol: never

Travel - Denies recent travel.

Transfusions- Pt denies any history of transfusions

Diet - Consumes 3/4 meals per day, with meals typically consisting of breakfast with bread, eggs, cereal, and lunch/dinner with curry, roti, soups, omelets, vegetables, chicken, fish, pasta, and rice.

Exercise – He is moderately active. He likes to play sports such as basketball.

Safety measures – He states he wears a seatbelt while in a car.

Sexual Hx – Denies previous history of STDs/STIs.

Review of Systems:

General: Denies fever, chills, fatigue, or weight changes.

Skin: Reports pruritus and swelling of bilateral fingers and palms with a localized erythematous, pruritic patch on the forearm. Denies additional rashes, hives, wounds, infections, purulent drainage or skin changes elsewhere.

HEENT: Denies facial, lip, or tongue swelling; denies throat tightness or difficulty swallowing.

Respiratory: Denies cough, wheezing, shortness of breath, or difficulty breathing.

Cardiovascular: Denies chest pain or palpitations.

Musculoskeletal: Denies joint pain, joint stiffness, muscle aches, or weakness.

Neurologic: Denies numbness, tingling, dizziness, or weakness.

Hematologic: Denies easy bruising or bleeding.

Psychiatric: Denies anxiety, behavioral changes, or recent emotional stress.

Physical exam:

Vital Signs:

T: 98.5°F | HR: 70 bpm | BP: 100/60 mmHg | SpO2: 100% on RA | Wt: 120 lbs | Ht: 60 in. | BMI: 23.4

General: A & O x3, cooperative child in no acute distress. Well-nourished, dressed appropriately and appropriately interactive, appears to be stated age.

Cardiovascular: Regular rate and rhythm (RRR). No murmurs. No gallops

Respiratory: Lungs are clear to auscultation bilaterally. No wheezing or rales.

HEENT: Normocephalic, atraumatic. PERRLA, EOMI. Oral mucosa is moist, no oropharyngeal lesions

Neck: Supple, no cervical lymphadenopathy or thyromegaly

GI: Soft, non-tender, non-distended. No organomegaly

MSK: Full ROM of all extremities. No joint swelling or deformities.

Neuro: CN II-XII intact. Strength 5/5 bilaterally in upper and lower extremities. Normal gait.

Skin: warm, intact, and notably dry, particularly over the hands. Mild edema of the bilateral fingers and palms is present without tenderness. Faint erythema noted over the palms. A single localized erythematous patch is present on the forearm, non-tender and mildly pruritic, without vesicles, pustules, scaling, crusting, or drainage. No urticaria, wheals, excoriations, or signs of infection including warmth, fluctuance, or lymphangitic streaking.

Assessment:

11-year-old male with no significant past medical history presenting with acute pruritus and mild edema of the bilateral hands, with an associated localized erythematous patch on the right forearm. On examination, bilateral hand is notably moderately swollen, dry without pain, tenderness, fever, or signs of infection or anaphylaxis. Presentation is most consistent with a localized allergic reaction / acute urticaria, given the sudden onset, itch-predominant symptoms, bilateral involvement, and partial relief with handwashing. There is low concern for infection or systemic allergic reaction at this time given stable vital signs and absence of airway involvement.

Differential Diagnoses:

1. Acute Urticaria / Localized Allergic Reaction – Most likely

The patient presents with sudden onset pruritus and swelling of the bilateral hands with an associated erythematous pruritic forearm patch, consistent with acute urticaria or localized allergic reaction. The abrupt onset while at rest indoors, predominance of itching, and partial improvement with washing support an allergic mechanism, even in the absence of a clearly identified trigger. The lack of systemic or respiratory symptoms further supports a benign allergic process.

2. Contact Dermatitis

Contact dermatitis remains a consideration given the localized pruritus and erythema, possibly from unrecognized contact with household surfaces or objects (e.g., furniture, remote control). However, the presence of swelling rather than a sharply demarcated rash and the acute onset make this less likely than urticaria.

3. Insect Bite Reaction

Localized allergic reactions to insect bites may present with pruritus and swelling even without recall of exposure. However, bilateral hand involvement, absence of a visible puncture site, and lack of outdoor exposure make this less likely.

4. Angioedema

Angioedema is considered due to the hand swelling, but is less likely given the associated pruritus, erythema, and absence of facial, lip, or airway involvement.

5. Cellulitis

Cellulitis is unlikely given the absence of pain, warmth, fever, unilateral involvement, or progressive erythema, and the presence of itching rather than tenderness.

Plan:

Allergic Reaction / Acute Urticaria

- Start oral antihistamine - cetirizine 10 mg PO daily one at night for 5 days as needed
- hydrocortisone 1% cream to affected areas twice daily for up to 5–7 days as needed for itching.
- Use emollient moisturizer such as petroleum jelly or fragrance-free cream to hands multiple times daily to address xerosis. .

Supportive Care

- Apply cool compresses to hands as needed for swelling or discomfort.
- Avoid scratching and avoid potential irritants (harsh soaps, fragrances, hot water).
- Recommend gentle, fragrance-free cleansers and lukewarm water for handwashing.
- Educated parent and patient on signs of worsening or systemic allergic reaction:
 - Increasing swelling or spreading rash
 - Facial, lip, or tongue swelling
 - Difficulty breathing, throat tightness, or wheezing
- Advised to seek emergency care immediately if any airway symptoms develop.

Follow-Up

- Return sooner if no improvement within 48 hours or if new symptoms develop.
- Continue to monitor for recurrence; if symptoms recur, advised to assess for potential triggers or exposures.

Anjana Thomas PA-S