HPI:
11 y/o male with a PMHx of seasonal allergies brought in by dad for evaluation of nausea, vomiting and tactile fever since last night. Patient reports that since onset he has eaten dinner and breakfast, both consisting of soup, eggs, and tortillas, after which he vomited. Has been able to keep down little sips of water. Reports two episodes of emesis since onset along with decreased appetite. Also reporting a mild sore throat and dry cough over this time. Patient has not taken any medications for his symptoms and did not go to school today secondary to vomiting. Denies any new or unusual food ingestions. Denies abdominal pain, diarrhea, constipation, chills, lightheadedness, dizziness, syncope, weakness, congestion, rhinorrhea, or difficulty swallowing. Per chart, immunizations up to date including influenza.

PMHx: Seasonal allergies
PSHx: Denies
Medications: Zyrtec
Immunizations: Up to date
Social: Lives with both parents and two sisters and goes to school. Family receives government assistance (SNAP)

Review of Systems:
General: Endorses fever (tactile) and decreased appetite. Denies chills and generalized weakness.
EENT: Endorses sore throat. Denies rhinorrhea, congestion, difficulty swallowing.
Respiratory: Endorses dry cough
GI: Endorses nausea and vomiting. Denies abdominal pain, diarrhea, constipation,
Neurological: Denies lightheadedness, dizziness, and syncope.

Physical Examination:
Vitals:

Temperature 100.2 via forehead
Heart rate 86 beats per minute
Blood pressure 110/70 LUE sitting
Respiratory rate 14 breaths per minute with an oxygen saturation of 98%
BMI 16.5 (Height 55inch, Weight 71 pounds)

General: well developed boy who is alert and in no acute distress. Able to speak in full sentences. Well groomed and dressed appropriately for the weather

ENT:
Ears: No erythema or discharge bilaterally. Gray TM with good cone of light and no dullness, erythema, or bulging bilaterally.
Nose: No discharge, congestion, erythema, or lesions noted
Throat: Erythematous posterior pharynx with cobblestoning and without exudates. Uvula midline. Tongue with diffuse white strawberry appearance. Mildly dry mucous membranes.

Cardiovascular: Regular rate and rhythm no murmurs, rubs or gallops. 2+ bilateral and symmetrical radial pulses.

Lungs: Clear to auscultation bilaterally, no adventitious lung sounds, no increased work of breathing or accessory muscle use.

Abdomen: normoactive bowel sounds, soft, nontender, nondistended, non-palpable spleen

Skin: capillary refill <2 seconds and normal skin turgor.

Assessment:

11 y/o male here with nausea, vomiting, subjective fever, cough, and sore throat since yesterday. Here with low grade fever, erythematous posterior pharynx with cobble stoning but without exudates and a tongue with a diffuse strawberry appearance.

DDx:
Early presentation of Scarlet fever
Viral pharyngitis including EBV
Also consider early presentation of Kawasaki disease
Also consider Gastroenteritis with secondary coinciding viral URI
Also consider allergic pharyngitis, although less likely

Plan:

Rapid strep and monospot (EBV testing) and treat accordingly
- If positive for strep start on amoxicillin 500mg twice a day for 10 days
- If positive for EBV start on supportive therapy (hydration, rest)

If negative for strep and EBV, followup in two days to monitor for improvement or worsening of symptoms to evaluate for Kawasaki or other pathology.
CBC and CMP, as patient is due for annual blood work as well
Supportive care with pedialyte and Tylenol (weight based dosing)
Return to our office before 48 hours or report to ED if there is any worsening vomiting, dizziness, syncope, high fever, rash, chest pain, shortness of breath, or difficulty swallowing.