

Autonomous-Decision Making Module - Questions
National Pediatric Nighttime Curriculum
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The Case of Jordan

Jordan is a 14 month old female who started throwing up yesterday. Her mother was trying to get her to eat some food and she just threw it all up. She throws up her food, and it is not bloody. Later that night she started having fever, which her mom says it was up to 105 degrees. The fever went down to 101.2 after the mom gave Jordan some ibuprofen. She has not had any cough, runny nose, trouble breathing, or diarrhea. She has been drinking and has had four wet diapers over the last day.

The mother brought Jordan in today because she threw up her lunch, and she is worried she is going to get dehydrated. Jordan has a history of wheezing and was hospitalized for bronchiolitis when she was 2 months old. No one smokes in the house. She lives with her parents, older brother, and a cousin. They have no pets. No one else is sick.

PE: VS: T 103.1 RR 38 HR 140 BP 98/56 O2 sat 98%RA

GEN: awake, alert, fusses with exam, consolable, good eye contact

HEENT: PERRLA, dry mucous membranes, OP clear, no nasal discharge, eyes clear

NECK: supple, FROM x 4

RESP: CTAB, no WCR

CV: tachycardic, no MRG

ABD: soft belly, mild diffuse tenderness, no rebound or guarding, no HSM, no masses

EXT: WWP, no CCE, 2+DPP, 2s CRT

NEURO: moves all extremities well, normal gait

1. What are the key features of this history?
2. Can you think of adjectives or qualifiers to describe the key features to translate them into defining and discriminating terms?
3. Redesign the history and physical examination given above using the PBAR (Problem Representation, Background, Analysis, Recommendations) method.

The Case of Jacobo

Jacobo is a 13 year-old male who comes to the emergency department because he is having trouble breathing. About 3 days before presentation he started coughing and had some fevers. His grandmother who brought him says his fevers were up to 103 degrees. He also complained of a sore throat and he has not been eating very well because his stomach hurts too much. He does not think he has lost weight. The coughing keeps him up all night and he coughs up yellowish phlegm. Today he felt like he could not get any air. When he told his grandmother before going to school, she got worried so she brought him to the emergency department. Jacobo is otherwise healthy and has never been to the hospital. He lives with his grandparents, an aunt, two uncles, and 3 cousins. All the adults smoke, but only outside.

4. From the choices below, choose the most appropriate problem representation for the case of Jacobo.

- a. *Jacobo is a young boy with trouble breathing, fever, and coughing.*
- b. *Jacobo is a 13 y/o male who started having trouble breathing today, so his grandmother brought him to the emergency department. She was worried because he could not catch his breath. She says that Jacobo also has really high fevers and he can't sleep because he is coughing all night long. His belly also hurts.*
- c. *Jacobo is a previously healthy 13 y/o male with acute onset respiratory distress and shortness of breath preceded by a prodrome of high-grade fever and productive cough.*
- d. *Jacobo is a teenager whose grandmother brought him to the emergency department because he has fevers, and he is coughing a lot, and he can't breathe well. He has never had any problems before, but his whole family smokes.*

Autonomous-Decision Making Module - Answers

1. What are the key features of this history?
 - a. Vomiting
 - b. Fever
2. Can you think of adjectives or qualifiers to describe the key features which translate them into defining and discriminating terms?
 - a. Vomiting
 - i. Acute-onset
 - ii. Non-bilious
 - iii. Non-bloody
 - b. Fever
 - i. Acute-onset
 - ii. High-grade
 - iii. Persistent
3. Redesign the history and physical examination given above using the PBAR (Problem Representation, Background, Analysis, Recommendations) method.
 - a. Problem Representation: *Jordan is a previously healthy 14 m/o female with acute onset non-bilious, non-bloody emesis and high-grade, persistent fever.*
 - b. Background: *ROS is negative for respiratory symptoms or diarrhea and positive for good PO intake and slightly decreased UOP. Her PMH, SH, and FH are unremarkable. On exam, she is febrile, slightly tachypneic and tachycardic, fussy but easily consolable, mild to moderately dry with some mild diffuse abdominal tenderness and good perfusion.*
 - c. Analysis: *Jordan is a 14 m/o female with isolated emesis, mild dehydration and fever with no obvious localizing signs, although this could be due a viral illness. Pyelonephritis is the most likely bacteria etiology, especially with the decreased UOP and mild abdominal tenderness. Increased ICP due to meningitis can cause isolated vomiting but this child does not appear toxic and her neck is supple, so I think this is an unlikely diagnosis.*
 - d. Recommendations: *I would like to rehydrate the child with oral rehydration solution, obtain a urinalysis and culture, and a CBC. (An experienced resident's plan will be more robust than that of a medical student and intern.*
4. From the choices below, choose the most appropriate problem representation for the case of Jacobo.
 - a. *Jacobo is a young boy with trouble breathing, fever, and coughing.*
 - b. *Jacobo is a 13 y/o male who started having trouble breathing today, so his grandmother brought him to the emergency department. She was worried because he could not catch his breath. She says that Jacobo also has really high fevers and he can't sleep because he is coughing all night long. His belly also hurts.*
 - c. ***Jacobo is a previously healthy 13 y/o male with acute onset respiratory distress and shortness of breath preceded by a prodrome of high-grade fever and productive cough.***
 - d. *Jacobo is a teenager whose grandmother brought him to the emergency department because he has fevers, and he is coughing a lot, and he can't breathe well. He has never had any problems before, but his whole family smokes.*