

CHIEF COMPLAINT:

Cough.

HISTORY OF PRESENT ILLNESS:

This is a pleasant 25-year-old male presenting to the ER with complaints of cough. His symptoms have been going on for 4 days. The patient denies a history of tobacco use. He does have a history of asthma. Symptoms began approximately 4 days ago, location in his chest and associated with positive cough, rhinorrhea, sneezing, nonproductive. No fever, chills, myalgias. No wheezing, sore throat, headache. No weakness.

PAST MEDICAL HISTORY:

Positive for asthma, hernia, hypertension, MRSA.

PAST SURGICAL HISTORY:

Positive for tonsillectomy.

SOCIAL HISTORY:

The patient denies any alcohol, tobacco or drugs.

ALLERGIES:

Negative.

REVIEW OF SYSTEMS:

A 10-point review of systems is negative as dictated, otherwise in the HPI.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.9, heart rate 92, respirations 16, blood pressure 117/74. O2 sat is 97% on room air, interpreted as normal by me.

GENERAL: The patient is well developed, well nourished, in no acute respiratory distress and in no apparent pain.

HEENT: Normocephalic, atraumatic. TMs are normal. Oropharynx is normal. Nasal exam is normal. Eyes are PERRL. EOMI. Normal lids. Normal conjunctivae.

RESPIRATORY: Faint bilateral wheezing heard on auscultation.

GASTROINTESTINAL: Normal bowel sounds. Abdomen is soft, benign and nontender.

MUSCULOSKELETAL: Normal range of all joints. Normal strength and tone.

SKIN: Warm and dry. No rash. The patient appears to be well hydrated.

NEUROLOGIC: Normal.

PSYCHIATRIC: Normal.

CARDIOVASCULAR: Normal.

EMERGENCY DEPARTMENT COURSE:

The patient does not appear septic, toxic and in no respiratory distress, no retractions, no accessory muscle use, no nasal flaring. In the Emergency Department, the patient was given prednisone and a DuoNeb treatment, which he tolerated well. I did consider pneumonia or pneumonitis and pneumothorax, considered unlikely. No evidence of pharyngitis or otitis media. No evidence of TB. The patient was reevaluated prior to discharge. The patient is hemodynamically stable, in no acute distress, felt the patient can be discharged home with appropriate therapy.

DISPOSITION:

The patient is being discharged home in good condition.

DIAGNOSES:

1. Bronchitis with bronchospasm.
2. Acute pulse oximetry interpretation.

The patient was discharged home with albuterol inhaler and prednisone. Instructed him to have mandatory follow up with primary doctor within 3 to 5 days and return for worsening symptoms.