

12.05/19 cont

Leita Flanagan
Not oblique

Headaches - bilateral; close eyes or unilaterally

Tylenol only taken once

Mint (candy cane) helps headache (but
makes chest pain worse)

Daily. Lasts up to three days mostly
on off. Quality: throbbing or poking.

Occ blurry vision. ϕ vomiting ϕ weakness

ϕ tingling. Not vertigo
From Met acid to migraines, common (works s.d.)
to headache

Shoulder pain - L initially, now both

Has to carry percussion case (backpack)
and has backpack $\pm$ items transferring
between parents' homes

Neck gets stiff. Collar bone 'clicks'

Parents trying to mitigate by carrying
the instrument

Feels like she has a 'lumpy ball' in
throat. No dysphagia

OP

here is mother

Richmond Pediatric and Adolescent Medicine

Pt Name: Lela Flanagan

Pt. DOB: 6/4/09

Date of visit: Dec 5 2019

Reason for Visit: chest pain

Chest pain daily - multiple episodes
sometimes reaching (R anterior chest)
"shoots out 'chest pain'" throughout
the day. Sometimes hard to breathe
because it hurts to breathe or other times
because of congestion. Throat clearing
cough. Fever. Peppid helped chest pain - returned
Oce which is car flushing, hot & highly when stopped
No palpitations (can feel heart more)
rash under arm. (can feel heart more)
Exercises without a problem

O: // VS: Temp: 98.6 P: 70

RR: 16

O2 Sat: 98

Pain: 2

PE:

General appearance:

Skin:

HEENT:

TMs:

OP:

Neck:

Chest/Lungs:

Cardiovascular:

Abdomen:

GU:

Extremities:

Neurologic:

Normal

Abnormal

Explain Abnormal Findings:

very small pink linear plaque @ axilla
intolerant of fundus scope exam

clear throughout. some irritation on
right side of chest wall
rash, non-tender tenderness
Full ROM shoulder, neck. All trochanteric
creased nerves II-XII tested, intact
NE Pharynx, fingers nose, heel-toe walk

Labs/Tests:

Assessment:

1. Prob underlying DCMs from 1 chest pain &
discontinuation of Peppid

2. Mild gastroenteritis

3. Probable migraine

4. Muscular shoulder pain

5. Axillary skin irritation

Plan:

6. Ongoing difficulty between parents, manifesting
in multiple episodes (somatic)

1. Restart Peppid complete but only once/day (5 tabs)

2. Humane

3. Address pain. Keep headache journal to elucidate
potential trigger

4. Modify carrying activities

Signature: [Signature]

5. Enrolled topically
6. Needs to see her
therapist. If unable
to see Rebecca Rand,
will call for other
recommendation

2/11/20 > 60 min

Flu 3-4 when

Discontinued visit & father on the telephone

11/07/09 cont'd

Leslie Hengya

Seeing a therapist - one more
comes in.

This week planning to meet c dad
and therapist

Tummy pain at bedtime
(more at dad's)

'probably because I'm nervous'

Headaches in different spots,
'random' - at school or either
Parents

Every day has some reorganization.

Pepcid Complete only taken once

Thurs helps

Topic ① Anxiety (stress related to conflict between
parents, interaction challenge c step-parent
② MERO

Plan ① Will discuss with each parent
ways to reduce Leslie's stress

② Pepcid Complete 1 pc bid x 2 wks.

Leslie Hengya

RICHMOND PEDIATRIC & ADOLESCENT MEDICINE

PATIENT NAME: Leila Flanagan
PATIENT DOB: 6/4/09
DATE OF VISIT: 11/7/19
REASON FOR VISIT: _____

seen a love (at my request)

He a lot today - had some funny side but
School 'good' 5th grade
Likes Steve - still sees friends from
Hillman

cc: hard going back & forth
between parents

Harder going to dad's - "scary"
"Dad gets mad over 'fry' fry"
of upset that Leila didn't use
her idea for a project

Taken down to basement - hidden
physically by other mother

Smoke detectors not working? Batteries
removed and not replaced - a big concern

Not allowed to stay longer at home -
wanted to be there for Quincy's visit
(mom's boyfriend's daughter)

"yelled" at by Tina about changing
plans

When Quincy comes to visit (just outside)
at dad's told that "it is uncomfortable" by
Doesn't feel she can talk to ^{colleagues to} dad's
dad & Tina "get mad at me"

thy nose - always stuffy. Rols eyes - get red
after swimming. Throat clearing
Clerkin helps. Allergy testing last year all neg

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date: 9/26/19

Elementary school age check-up:

Accompanied by: both parents

Concerns:

Occ chest pain after eating "throw-up" in mouth
? lactose intolerant. Allergic reactions

Medications:

Allergies:

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day?

Teeth: brushing

2 x/day; flossing ☐ dentist ☒

Pain anywhere?

Elimination:

bow daily

Sleep:

10-12 hours/night

Nocturnal enuresis?

Safety:

seat belt / booster until 57" ☒ fire plan ☒ cigarette smoke exposure?

swimming/PFD ☒ helmet (biking/sledding/skiing) ☒ gun access?

Development:

School: grade 5th Happy with grades?

Extracurricular / special skills

Television / screen time per day:

Exercise:

Chores:

Social:

Family

Friends

changes?

Behavior:

Moods:

Objective:

Hearing:

Vision: Rt 20 /

Lt 20 /

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	db	db	db	db	db
Lt	db	db	db	db	db

HEV done 2018
no concerns

Physical Exam:

Pulse:

BP: 100/60

Wt: 91 lb

Ht: 56 1/2 in

75-90 % ile

75-90 % ile

BMI: 20

75-85 % ile

Abnormalities:

Mother does most of talking
Father quiet

Leila buries face into table/covers when discussing trends.

General Appearance

Appears well

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Breast	nipples ☒ Tanner stage: masses?
Lungs	clear throughout ☒
Cardiovascular	RR ☒ S1 ☒ S2 splits ☒ No Murmur ☒ Pulses ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ ND ☒ NT ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: anus ☒
MS/Spine	gait ☒ scoliosis? equal leg lengths ☒
Neuro/ DTR's	UE ☒ /4; LE ☒ /4; symmetric? ☒
Cerebellar	finger -> nose ☒ heel-toe gait ☒ Rhomberg ☒
Integument	hair ☒ nails ☒ skin ☒

Plan cont'd

Encourage elimination /
reintroduction cycle of
lactose, mother encourage
that between two
bottles this would
be viable. Request
definitive test (H2 breath
test)
In interim request
Influenza ☒ Pertussis ☒
Example: bid x 2

Impression:

Growth:

Development:

Fit for full participation:

Plan:

Immunizations: UTD ☒

Follow-up

Stress/anxiety related to discordant
household, ongoing discussion & parents
Agreement to GAD; concern raised re lactose
? undetermined allergy - or not - at the moment

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date of visit: 6/28/19

Here with parents

CC: Sore throat - today

H.P.I.: ↑ thirst today

rigid HA on & off this week, also intermittent sore throat
@ art camp all week (inside & outside) in hot weather

Fever 101.9

Headache

Stiff neck

Cough ⊖

Infectious contacts no known

Sexual activity (adolescents)

Intake

Sore throat pattern

Stomachache ⊕

Swollen Glands

Conjunctivitis

Output ⊕ gassy

all the time + ↓ swallowing - water makes it better

Rash

Vomiting → nausea

Ear pain ⊖

History of strep throat

Diarrhea 4 times

Runny nose ⊖ digger

several years ago

chest ←
pain is
breathing in - mid-sternum

Meds:

Acetaminophen
Ibuprofen

Allergies:

NKDA

Physical Exam: RR: acutemurph 12.5 ml BP: 102/10 Temp: 102.1° F oral

(√ = normal) Wt: lb oz Stated wt = 88 lbs

General Appearance Flushed, nontoxic, irritable

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☐
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ <u>polyp</u>
Oropharynx	mucosa ☒ soft palate ☐ tonsils ☐ <u>Tonsils are 3+</u>
Neck	lymph nodes ☐ thyroid ☐ <u>⊕ submandibular & anterior cervical adenopathy</u>
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☐ <u>mildly tachycardic</u>
Abdomen	bowel sounds ☐ soft ☒ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	skin ☒

Labs/Tests:

Rapid strep ⊖

Assessment:

Acute pharyngitis is fever & adenopathy. Rapid strep negative & is >90% reliable. Staphylococcal infection unlikely. Viral etiology presumed. If she persists in fever for ≥ 5 days would consider EBV eval. Her analgesic/antipyretic dosing is likely sub therapeutic given her weight. No evidence of PNA or other focal bacterial infection on exam.

Plan:

Monitor & treat w/ antipyretics

Acetaminophen (children's liquid - 17.5 ml po q 4 hrs PRN)
(chewable 3.5 tabs po q 4 hr PRN)

PO fluids

Call if fever persists or if worsening

Signature:

Alyssa Parker

② Dry nose. No wet but sneezing a lot

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date of visit: 6/19/19

CC: Red eye / eye discharge
H.P.I.:

Eye discharge
Trauma
Pain
Fever
Runny nose
Swollen Glands

Tearing
Foreign body
Itching
Sore throat
Cough
Vision problems

Photophobia
Pain with eye movement
Ear pain
Headache

Meds: eye drops (both eyes - dots)

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal) Wt: lb oz

General Appearance

Eyes	Conjunctivae clear ☐ sclerae ☐ Discharge? ☐ Eyelids ☐ Puncta ☐ Full EOM ☐ PERRL ☐ Fundoscopic: disc margins ☐ lens ☐ Cornea (fluorescein) ☐ normal
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? ☐
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	hair ☐ nails ☐ skin ☐

Abnormalities:

minimal injection
inner surface @ upper
lid and aspect
white spot - not a
foreign body (creates
lid and used side to
very irritation)

Labs/Tests:

Assessment:

Post foreign object in eye -
no evidence of organic problem (check
Excretion of clear watery component)

Plan:

Reassurance
Tried antibiotic ointment to no avail

Signature:

Paul J. Parker, M.D.
Abby K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
 Pt. DOB: 6/4/09
 Date of visit: Apr 12 2019
 Here is mom & mother's partner

CC: Cough

H.P.I.: Started in Southampton 7 days ago (had chorus concert) → lost voice p that event.

1 day later developed a cough + stuffy nose. Pain in deep breath (sternum). Not lethargic
white on tonsil. Not able to cough anything up Ear pain Left drainage
 Fever ☐ Sore throat Cough Headache a little Activity level okay
 Runny nose a lot of ☐ Cough Swollen Glands
 Stomachache ☐ Stiff neck Intake Output
 Sleep sleeping through night

clear nasal discharge

Med: Airborne for kids
mucibrit; honey; acetaminophen 1x

Allergies: NKDA

"hives" on neck today - bump - now gone
 No history of asthma
 Left heel bump

Physical Exam:

RR: 18

Pulse: 100

BP: 100/60

Temp: 98.6

Grey on vacation in dad

(√ = normal) Wt: 1b oz

General Appearance

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ clear nasal discharge @ turbinates; no maxillary tenderness
Oropharynx	mucosa ☒ tonsils ☒ → right tonsil is single patch of white exudate or stone on medial aspect. Peritonsillar, no petechiae
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒ good aeration throughout. NO ☒ & F/R; initial O ₂ sat 96% RA
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☒
Integument	hair ☒ nails ☒ skin ☒ no papules seen

Scattered mucous plugging squeaks
 & diffuse expiratory wheeze on LEFT
 (inspiratory or posterior). NI on Right

Labs/Tests:

Assessment:

Cough is evidence of bronchoconstriction
vs. a bronchiolitis. Improvement (mild) p
allenting. With w/ energy, & they would hold off
on empiric abx while initiating Albuterol

O₂ sat 97%; Leila reports that it's easier
 to breathe. Mild single squeak
 heard on right & wheeze on left
 though still present

Plan:

Albuterol MDI 2 sprays - demonstrated
→ 2 puffs q 4 hrs PRN
Finney Waterbury

Parent should call if dev. fever,
 if chest pain persists or ↑
 after next 24-48 hrs

Signature:

AParker

Consider Abx treatment for presumed
 bronchiolitis if not spontaneously
 improving in next week.

4/12/19 1415
 Dad updated plan.
 C. M. C. M. C. M.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/2009

Date: Dec 3, 2018 Influenza Vaccine

Accompanied by: Mother

Subjective:

Pt here for flu vaccine # ___ or yearly ☒

Allergies?

None

Physical Exam: (✓ = normal) General Appearance

Other: nervous

☒ 0.5 ml IM Influenza H4 preservative free vaccine given

OR

☐ 0.25ml IM Influenza H4 pediatric preservative free vaccine given

☒ Pt tolerated procedure well. happy, used ethyl chloride spray.
Tolerated actual procedure very well!

☒ Impression: s/p flu vaccine

Follow-up PRN

Christy K. Flanagan
MD

99/24/18 catd — Leila Flanagan
Met c Ed: Nancy separately DOB 06/04/09
Emotional challenges —

At mom's "unloads" — negative
things that are said about mother
@ dad's —

Not hearing that dad says negative
things but that step mother says

Self talk — things

{ Repeats prayers in ~~his~~ mind

{ Licks shirt to get poison out of mouth
(has relapsed)

Seems happier in store — initially wasn't
going well but has improved

Has two of everything — things going back:
At faith an issue
At mom's, ~~plea~~ sleeping in mom's bed — her
mom's boyfriend in Ceile's bed in living room
→ Father wanted to end this

discussion given his perception
that it wasn't productive — He
denied many of things Nancy
stating about Ceile's reports, feeling
"attacked"

Mother threatened to call DCF if
after reports of "spanking" by step
mother

④

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/2009

Date: Sept 24, 2018

Elementary school age check-up:

Accompanied by: both parents

Concerns:

Medications:

Allergies:

Pain anywhere?

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? 2 cups

Teeth: brushing 2 x/ day; flossing ☒ dentist ☒

Elimination:

Sleep: 11 hours/night

Nocturnal enuresis?

Safety:

seat belt / booster until 57" ☐ fire plan ☐ cigarette smoke exposure?

swimming/PFD ☐ helmet (biking/sledding/skiing) ☐ gun access?

Development:

School: grade 4th Happy with grades? yes

Extracurricular / special skills Want to act

Television / screen time per day:

Exercise:

Chores:

Social:

Family

changes?

Friends

Behavior:

Moods:

Objective:

Hearing:

Vision: Rt 20 / 25 Lt 20 / 25

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	25 db	20 db	25 db	20 db	25 db
Lt	25 db	20 db	25 db	20 db	20 db

Physical Exam:

Pulse:

BP: 96/50

Wt: 75 lb

Ht / L: 54 1/4 in

BMI: 19.5

50-75 % ile

50-75 % ile

50-75 % ile

General Appearance

Appears well

15-90

Abnormalities:

Eyes	Conjunctivae clear ☐ PERRL ☐ EOMI ☐ Fundoscopic disc margins sharp ☐ vessels ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ teeth ☐ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐
Breast	nipples ☐ Tanner stage: ☐ masses? ☐
Lungs	clear throughout ☐
Cardiovascular	RR ☐ S1 ☐ S2 splits ☐ No Murmur ☐ Pulses ☐
Abdomen	bowel sounds ☐ absence of bruit ☐ soft ☐ ND ☐ NT ☐ mass? ☐ palpable liver? ☐ spleen? ☐ kidneys? ☐
Inguinal	nodes ☐ <u>not examined</u>
GU	testes ☐ penis ☐ labia ☐ hymen ☐ Tanner: ☐ anus ☐
MS/Spine	gait ☐ scoliosis ☐ equal leg lengths ☐
Neuro/ DTR's	UE ☐ /4; LE ☐ /4; symmetric? ☐
Cerebellar	finger -> nose ☐ heel-toe gait ☐ Romberg ☐
Integument	hair ☐ nails ☐ skin ☐

Small ulcer @ base of lower labial frenulum

decub

Plan: Immunizations: UTD ☐

Follow-up

9 for next

check-up

cont counseling

Aspirations clear
Impression:
Growth:
Development:
Fit for full participation:
Ongoing parental conflict
in Leila
feeling as anxiety

Dr. J. J. J.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
 Pt. DOB: 6/4/09
 Date of visit: Aug 31 2018
 Hx: mom, Michelle, dad, joined

CC: Sore throat

H.P.I.: Throat started hurting 7 days ago. Yesterday stomach hurt.
 ST persistent & red. Intermittent
 Run down all week - last evening

Fever ~~101.7~~ 101.7 - yesterday resolved this am
 Sore throat pattern
 Headache (+) Stomachache (+) Rash (-)
 Stiff neck (-) Swollen Glands Vomiting into mouth Diarrhea some loose stool this morning
 Cough yes - mild Conjunctivitis Ear pain Runny nose slight
 Infectious contacts streptococcus & varicella & vomiting History of strep throat
 Sexual activity (adolescents) remote - last was 2016

Intake drinking okay Output
 ↓ appetite but able to eat

Meds: Acetaminophen + ibuprofen Allergies: NKDA

Physical Exam: RR: 18 Pulse: 98 BP: 100/60 Temp: 98.2 axillary
 (✓ = normal) Wt: 110 lb oz

General Appearance NAD

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ scant clear discharge
Oropharynx	mucosa ☒ soft palate ☒ tonsils ☒ mild posterior soft palate erythema & petechiae 2+ tonsils & some injection & vesicles & exudate
Neck	lymph nodes ☒ thyroid ☒ <u>shredded nodes</u>
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☒
Integument	skin ☒

Labs/Tests: Rapid strep (-)

Assessment: Acute pharyngitis - likely part of a viral process

Plan: R/o Strep & culture confirmation

Reassurance

Analgesia & antipyretics

Signature: APahn

Both parents present for plan

DOB 07/30/18
Gentle

Cele Flanagan
DOB 06/04/98

Plan Gentle

Spoke with both parents Cele suffering
from conflict between them. Advised
that they need to make amends,
keep Cele from being directly
in of conflict between families /

parents
should resume counseling

Family therapy would be advisable
(particularly between Ed & Mary
if possible)

Spent 26 min
counseling & on
telephone

Flanagan

DOS 07/30/18
Cont'd

Leila Flanagan
DOB 06/04/09

Denise's mother - some conflict
between families to which Leila is
going -

Tele. conversation to father - he
states Leila was happy, free
to anxiety when with him
and his family at Lake last
week. He avoids Nancy & Gary in public at
Nancy (mother) learned that Leila
has anxiety or OCD - she
retires fitches (not seen by
father) wonders if she needs
evaluation by psychologist.
(currently seeing therapist but not
a "good fit")

Exam Leila unwilling to discuss. Crying
during his conversation about
situation

① Can't sleep, nightmares, P.T. stress
↑ anorectic motion tenderness

Imp ① obs to extreme

② psychosocial stress caused by parental

Plan ① ^{Conflict} help with parent. Offer support & go to A to do

② suggested ^{cut} family therapy - Leila exclaimed
"not with both my parents in the same room"

Here
mother

*PATIENT NAME:

Leila Flanagan

*PATIENT DOB:

6/4/2009

DATE OF VISIT:

July 30, 2018

REASON FOR VISIT:

CCD CONSULT

① Recently in Adirondacks x 5-6 days
Eye pain (L) - per to pressure over bridge
A lot of swimming
Trapped under raft in lake (only for a few seconds) - rescued by cousin

② Emotional stress - ? CCD
New therapist - bit by "chicken"
Tapped on head by therapist
③ Mom has anxiety - Nancy states in front of Leila that Ed is ^{in control} Time
Feels like a robot according to mother
Very regimented at dad's per mother
Worried about death dangers -
(her or parents)

possessive snakes, spiders
Stresses between households -
"regimented, not allowed to pick out own clothes"

Difficult interactions - step mother

"Sparks me to go up stairs -"
and says "scat scat little girl"

Held by shoulders and shaken
Mother's boyfriend took a picture
Father bought house on same block as

Saturday
Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09
Date of visit: MAR 22 2018 ^{CR} _{Prime}
Reason for Visit: allergic issues
Cough

05/05/18 ←

S:// Cough x 3 days
p fever p stuffy nose
throat hurts & cough
trouble breathing last night - "wheezing"
and hard to talk. Baby red cough
Meds: _____ Allergies: _____
Cold air from
freezer helped
Felt punchy

O:// VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	
Skin:	☐	☐	
HEENT:	☐	☐	
TMs:	☒	☐	
OP:	☒	☐	
Neck:	☒	☐	
Chest/Lungs:	☒	☐	
Cardiovascular:	☒	☐	
Abdomen:	☐	☐	
GU:	☐	☐	
Extremities:	☐	☐	
Neurologic:	☐	☐	

coughing
by means well

Labs/Tests: _____

Assessment: likely UTR
No evidence of bacterial focus
of infection

Plan: Cold air
Cold of cold air not helping
up fever / worsening cough

Signature: Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/4/2009

Date of visit: Jun 16 2018

Reason for Visit: acid reflux + itchy ankle

① "Throw-up in my mouth"
S:// possibly related to overeating
Not painful Happens more at
mom's More common after dinner
Eats acidic foods
Throat clearing No chronic cough

② Ankle - "Wants to knock on it" w/ it
"Itches on inside" No rash
O:// VS: Temp: P: RR: O2Sat: wt: Pain?: Episodic swelling

PE:	Normal	Abnormal
General appearance:	☐	☐
Skin:	☐	☐
HEENT:	☐	☐
TMs:	☐	☐
OP:	☒	☐
Neck:	☒	☐
Chest/Lungs:	☐	☐
Cardiovascular:	☐	☐
Abdomen:	☒	☐
GU:	☐	☐
Extremities:	☐	☐
Neurologic:	☐	☐

Explain Abnormal Findings:

Talkative: cheerful

clear

normal & clear

(L) ankle is tender, swelling or definitely full ROM

small cap-antibit mass
@ flexion crease

Labs/Tests: _____

Assessment:

① Gastroesophageal reflux, discomfort
likely related to overeating

② points to ankle unclear etiology

Plan: ① Encouraged smaller portion size
Chewable antacid if discomfort

② Cool compress to ankle
Monitor for swelling how it

Signature:

Paul J. Parker, M.D.

Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan

Pt. DOB: 6/4/09

Date: 12/19/17

Influenza Vaccine

Accompanied by: Mother

Subjective:

Pt here for flu vaccine # or yearly

Allergies? Ø

→ Also discussed strategies to help
w/ dry skin (hand washes dermatitis)
+ dry/cracked lips.

Physical Exam: (✓ = normal) General Appearance pt well today. Fretful + anxious.
Other:

0.5 ml IM Influenza IV4 preservative free vaccine given

OR

0.25 ml IM Influenza IV4 pediatric preservative free vaccine given

✓ Pt tolerated procedure well. Spent ≈ 30 min w/ patient until she allowed me to proceed without force.
(laughed, stated it was only a tiny pinch + not as big a deal as she thought)

✓ Impression: s/p flu vaccine

Follow-up @ next checkup or earlier PRN


Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Lela Flanagan

Pt. DOB: 6/4/09

Date of visit: 12/5/17

Reason for Visit: Leg pain

S: @ leg behind knee - pain lower hamstring to upper calf. Some cramping

Tummy ache several days in am, no recent
w/ feels wheezy. Vomiting of acid
drop. No fever. Post-head
Meds: no x + 1 month period of feeling better.
Allergies:

O: VS: Temp: P: RR: O2Sat: wt: Pain?:

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	<u>Very cheerful, active</u>
Skin:	☐	☐	<u>NO limp</u>
HEENT:	☐	☐	
TMs:	☒	☐	
OP:	☒	☐	
Neck:	☒	☐	
Chest/Lungs:	☒	☐	
Cardiovascular:	☒	☐	<u>Tender proximal calf</u>
Abdomen:	☐	☐	<u>at anterior over hamstring tendon</u>
GU:	☐	☐	<u>@ popliteal space without</u>
Extremities:	☐	☐	<u>obvious swelling</u>
Neurologic:	☐	☐	<u>ACL, PCL, LCC, JAC all ok</u>

Labs/Tests: (all ant post drawer, x-rays, valgus stress tests)
no joint line

Assessment: Likely muscular strain
or.

Plan: Rest from activities exacerbating pain
Gradual return to regular activity
(basketball)

Signature: [Signature]
Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Leila Fanagan

DOB 06/04/09

DOS 11/24/17

(here = both parents)

C: Ear pain

- ⑤ pain in right ear over past wk. Had on a couple of wks ago that resolved 5 ABX. ⑥ recent swimming → ear hurt to touch
⑦ cold symptoms (sneezing, coughing) NO HA, no facial pain, no vision Δs. ^{swimming & discharging}
- Grandfather (maternal) died last wk, away for funeral. over this past wk mom has noticed eye twitching. Leila has not noticed, denies vision Δs & seems unbothered.
- ⑧ upset stomach in car, one episode diarrhea & large BM

temp oral
99.2

- ⑨ Alert, smiles, muscular contraction above right eyebrow - repetition over visit
- PE: mild injection of sclera, ⑩ thin discharge from nares
no sinus tenderness, ⑪ mucous exudate in throat & bilateral cervical adenopathy
- TMJ & canals clear, no exudate, good reflex bilaterally
mild hyperemia of right TM, no visible fluid; no nasal tenderness
- CTAB, RRR & murmur
- And soft, NT, ND & mass

- ⑫ URI = otalgia
no evidence of AOM or AEO
- Motric - likely related to sinus

- ⑬ Reassurance
analgesic = acetaminophen 10ml PO q4 PRN
PO fluids can try warm dry heat

Discharge = each parent natural progression / resolution of tics. Flu PRN

Paul

Here to both parents

Same registration, please

Richmond Pediatric and Adolescent Medicine

Pt Name: Liah Flanagan
Pt. DOB: 6/14/2009

Date: 9/15/17 Elementary school age check-up:

Accompanied by: both parents

Concerns:

picks at bug bites
rash around mouth

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? fish % fat _____

Medications:

Allergies:

Teeth: brushing 2 x/day; flossing ☒ dentist ☒ Pain anywhere? headache

Elimination: daily Sleep: all night hours/night

Nocturnal enuresis? occ/in frequent

Safety:

seat belt/booster until 57" ☒ fire plan ☒ cigarette smoke exposure? short

swimming/PFD ☒ helmet (biking/sledding/skiing) ☒ gun access?

Development:

School: grade 3 Happy with grades? great!

Extracurricular / special skills

Television / screen time per day:

Exercise: occer, lacrosse, skiing, swimming

Chores:

Social:

Family changes? alternating weeks to parents Friends yes 3 friends

Behavior:

Moods: doing well

Objective:

Hearing:

Vision: Rt 20 /

Lt 20 /

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	db	db	db	db	db
Lt	db	db	db	db	db

hearing and vision to be done @ school

Physical Exam:

Pulse: 80 BP: 100/50
Wt: 65 lb Ht: 51 1/2 in
50-75 % ile 50-75 % ile

BMI: 16.5
50-75 % ile

General Appearance

Excellent

Abnormalities:

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Breast	nipples ☒ Tanner stage: <u>masses</u>
Lungs	clear throughout ☒
Cardiovascular	RR ☒ S1 ☒ S2 splits ☒ No Murmur ☒ Pulses ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ ND ☒ NT ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u>anus</u> ☒
MS/Spine	gait ☒ scoliosis? ☒ equal leg lengths ☒
Neuro/ DTR's	UE <u>2/4</u> ; LE <u>2/4</u> ; symmetric? ☒
Cerebellar	finger -> nose ☒ heel-toe gait ☒ Rhomberg ☒
Integument	hair ☒ nails ☒ skin ☒

Impression:

Growth: nl

Development: nl

Fit for full participation: yes

Plan:

Immunizations: UTD ☒

Follow-up

1-yr

Paul Parker, M.D.
Alyssa Parker, M.D.

ptechic related to suction trauma -> reassurance

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
 Pt. DOB: 6/4/2009
 Date of visit: Aug 29, 2017

CC:
 H.P.I.:

*Ear pain L > R x 3 days
 A lot of mucus this year*

Fever ☒
 Runny nose ☒
 Stomachache
 Sleep

Sore throat
 Cough ☒
 Stiff neck
 Intake

Ear pain ☒ drainage
 Headache
 Swollen Glands
 Output

New freckles

Meds: _____ Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____

(√ = normal) Wt: _____ lb _____ oz

General Appearance

Appear

Abnormalities:

Eyes	Conjunctivae clear ☐ Full EOM ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☒ Lt canal ☐ TM translucent ☐ landmarks ☒
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ tonsils ☒
Neck	lymph nodes ☐ thyroid ☒
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur?
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	hair ☐ nails ☐ skin ☐

*erythema of canal
 very red auricular
 focal tenderness*

Labs/Tests: _____

Assessment:

Mild otitis externa

Plan:

*Insurance co rejected charges cat. 2
 Rx'd Cipro HC & HC bid until pain free +
 2 days beyond symptoms
 Discussed prevention measures*

Signature:

[Signature]
 Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leya Flanagan

Pt. DOB: 6/4/2009

Date of visit: May 22 2017

Reason for Visit: abd pain

1910 Cancelled by mom. pain improving
1720 mom paged, now 110 SIT and has red throat.
abd pains worsening again.

S: // Not well x 4 days. He agitated
Abd pain, nausea yesterday. Soft greenish in
feces overnight. Vomiting. Throat pain
started - worsening. Headache & rash
irritating. He coughs;

② Eye rash

Meds: V.I.E. Elderberry
Tylenol

Allergies: _____

O: // VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____ Pain?: _____

PE: Normal Abnormal

General appearance: ☐ ☐

Skin: ☒ ☐

HEENT: ☐ ☐

TM: ☒ ☐

OP: ☒ ☐

Neck: ☒ ☐

Chest/Lungs: ☒ ☐

Cardiovascular: ☒ ☐

Abdomen: ☒ ☐

GU: ☐ ☐

Extremities: ☐ ☐

Neurologic: ☐ ☐

Explain Abnormal Findings:

swollen
dry red rash plaque (L) & yaws

slight fever
shotty / cervical node

sl tender centrally; soft ptHsu

Labs/Tests:

Rapid Strep negative

Assessment:

① pharyngitis, vomiting

② abdominal pain

Plan

① Likely gastroenteritis

Frequent small amounts of clear liquids
until emesis free. Monitor urine
output

② tepid hydration 1%
b.i.d.

Signature:

[Signature]

Paul J. Parker, M.D.

Alyssa K. Parker, M.D.

5/25/17 - Throat culture ⊖.

② noisy mother.
HSP

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
 Pt. DOB: 6/14/2009
 Date of visit: Jan 17 2017
 Reason for Visit: Breathing Issues

Potential same exposure @ school related to construction

Substernal chest pain x 2 days
 Has belched out of breath. No injury known
 (had been running around; screaming & cursing
 just prior). A pain in my breast
 Bad taste in mouth "knew up in my mouth"

Meds: _____ Allergies: bee & cough
to ur.
 O:// VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____ Pain?: _____

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	<u>Appears well</u>
Skin:	☐	☐	
HEENT:	☐	☐	
TMs:	☐	☐	
OP:	☒	☐	
Neck:	☒	☐	
Chest/Lungs:	☒	☐	<u>clear throat</u>
Cardiovascular:	☒	☐	
Abdomen:	☒	☐	<u>minimally tender epigastrium</u>
GU:	☐	☐	<u>8/10, left: not distended</u>
Extremities:	☐	☐	
Neurologic:	☐	☐	

Labs/Tests: _____

Assessment: GERD

Plan: Tried antacid; if not helpful,
change to Pepcid complete
(to my satisfaction) bid prn

Signature: Paul J. Parker
 Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Liah Flanagan
 Pt. DOB: 6/4/2009
 Date of visit: Dec 30, 2016

CC: Sore throat x several days
 H.P.I.: also accompanied vomiting
 no fever
 other kids @ School = atypical strep throat

Fever ☒ Sore throat pattern
 Headache ☒ Stomachache ☒
 Stiff neck Swollen Glands Rash
 Cough Conjunctivitis Vomiting ☒ Diarrhea
 Infectious contacts (see above) Ear pain pink ear lobe Runny nose
 Sexual activity (adolescents) History of strep throat
 Intake eating some Output

Meds: Allergies: NADA

Physical Exam: RR: Pulse: BP: Temp:

(√ = normal) Wt: lb oz

General Appearance NAD

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ soft palate ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒ ☒ anterior cervical nodes
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☒
Integument	skin ☒

Labs/Tests: Rapid strep -

Assessment: Acute pharyngitis (viral vs bacterial)

Plan: Confirm culture to R/O atypical strep pharyngitis

Signature: [Signature]
 Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Here is mother & father

Pt Name: Leila Flanagan
 Pt. DOB: 6/14/2009
 Date of visit: Oct 25 2016
 Reason for Visit: Gait Issue

S:// RT High pain (occ bilateral)
Intermittent complaints sometimes in morning
No limping No pain No unusual bruising
Aggravated when over time (one bipedal bleed)
No claudication or falling One foot turns
in a little No specific known injury

Meds: _____ Allergies: _____

O:// VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____ Pain?: _____

PE:	Normal	Abnormal
General appearance:	☐	☐
Skin:	☐	☐
HEENT:	☐	☐
TMs:	☐	☐
OP:	☐	☐
Neck:	☐	☐
Chest/Lungs:	☐	☐
Cardiovascular:	☐	☐
Abdomen:	☐	☐
GU:	☐	☐
Extremities:	☐	☐
Neurologic:	☐	☐

Explain Abnormal Findings:

Appears well
Fast - (walking & running) normal
He tenderness diffusely around
RT knee. Tender hamstring
tendon just above popliteal
space. Exacerbating
by stretching force and
the hamstring

Labs/Tests:

Collected by antero test
intact & no varus & valgus
by force
by ant & post drawer tests
by MacHardy & Corbman

Assessment:

Hamstring muscle injury or mild
tendinitis

Plan:

Therapy. Ice Rest
Heat before activity. Stretching as
pain abates

FXIU Intiv administered

Signature:

[Signature]
 Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Lila Flanagan
 Pt. DOB: 6/04/2009
 Date of visit: Aug 17, 2016

CC:
 H.P.I.:

uri yesterday.

Better today (uri) Ear pain worse

Fever low grade Sore throat
 Runny nose Cough
 Stomachache Stiff neck
 Sleep Intake
 (R & L) (also itchy)
 Ear pain drainage
 Headache
 Swollen Glands
 Output

Meds: Ibuprofen Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____

(√ = normal) Wt: lb oz

General Appearance

Alert

Abnormalities:

Eyes	Conjunctivae clear ☐ Full EOM ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? ☐
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	hair ☐ nails ☐ skin ☐

large & fluid, flushed appearing
(at trachea)

Labs/Tests: _____

Assessment: uri & fever R > L
otitis media ? early @ 4am

Plan: Analgesic prn
Call if pain persists or worsens or
if fever - would consider

Signature: Paul J. Parker rx for 4am if worsens
 Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

occ vaginal itching; red. Away on vacation

Mother raised many questions related to dad's household

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/04/2009

Date: Aug 1, 2016

Elementary school age check-up:

Accompanied by: both parents

Concerns: lumped upon by

Medications: Culturelle

Allergies:

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? 10 % fat less

Teeth: brushing 2x/day flossing ☒ dentist ☒

Pain anywhere?

Elimination: lun multiple Sleep: 10 hours/night

Nocturnal enuresis?

Safety: seat belt / booster until 57" ☒ fire plan ☒ cigarette smoke exposure?

swimming/PPD ☒ helmet (biking/sledding/skiing) ☒ gun access?

Development: School: grade 2 Happy with grades? yes

Extracurricular / special skills

Television / screen time per day:

Exercise: shwing, swimming, paddle boarding

Chores:

Family changes? transit was all difficult

Friends

Social:

Behavior:

Moods: 2

Objective:

Hearing:

Vision: Rt 20 / 30 Lt 20 / 30

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	db	db	db	db	db
Lt	db	db	db	db	db

hearing done at school

Physical Exam:

Pulse:

BP: 102/58

Wt: 51 lb

Ht: 48 1/2 in

BMI: 15.5

50-75 % ile

75-90 % ile

50 % ile

General Appearance

Appears well

Abnormalities:

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM-translucent ☒ landmarks ☒ Lt canal ☒ TM-translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Breast	nipples ☒ Tanner stage: <u>2</u> masses? ☒
Lungs	clear throughout ☒
Cardiovascular	RR ☒ S1 ☒ S2 splits ☒ No Murmur ☒ Pulses ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ ND ☒ NT ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u>2</u> anus ☒
MS/Spine	gait ☒ scoliosis? ☒ equal leg lengths ☒
Neuro/ DTR's	UE 2/4; LE 2/4; symmetric? ☒
Cerebellar	finger -> nose ☒ heel-toe gait ☒ Rhomberg ☒
Integument	hair ☒ nails ☒ skin ☒

Parents don't speak directly to one another (speak about other in third person)

Leila clearly uncomfortable during mother's wavy questions & father

boy throws

Impression:

Growth: nl

Development: nl

Fit for full participation:

Plan:

Immunizations: UTD ☒

Follow-up 1 yr

anxiety stress due to parental discord ->

Paul Parker, M.D.
Alyssa Parker, M.D.
encouraged better relations between parents

Here - mother & father

PATIENT NAME:	Leila Flanagan
PATIENT DOB:	6/04/09
DATE OF VISIT:	July 21, 2016
REASON FOR VISIT:	Right arm pain

elbow pain - if pushing or pulling
eg if being helped up.

? improving

once click felt.

past hx nursemaid's elbow
started ~ 2-3 yrs ago

No fever

Gets sensation of needing to stretch - gets
rigid.

Activities - monkey bars

No pain to throwing

Exam hyperextensible @ both elbows

full flexion & supination

Same pain to hyperpronation.

Tender over antecubital fossa & radial
head location.

Imp likely old annular laxity - from
pain to axial traction, history
of radial head subluxation.

Plan Ice, ibuprofen prn

Refrain from monkey bar use or
axial traction -

[Signature]

Richmond Pediatric and Adolescent Medicine

Here is mother's father
 CC: Sore throat Ⓟ ill x 2 days

H.P.I.:

Pt Name: Leah Flanagan
 Pt. DOB: 6/4/2009
 Date of visit: May 2, 2016

Fever 100-101 Sore throat pattern (improved) - periorbit around eye
 Headache Ⓟ Stomachache Ⓟ Rash Ⓟ
 Stiff neck Swollen Glands Vomiting once Diarrhea Ⓟ
 Cough Conjunctivitis Ear pain Runny nose
 Infectious contacts strep in class History of strep throat Ⓟ
 Sexual activity (adolescents)
 Intake Output

Meds: _____ Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____

(√ = normal) Wt: lb oz Quart

General Appearance

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☐
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ soft palate ☒ tonsils ☒ <u>beefy red velvety</u> soft palate
Neck	lymph nodes ☒ thyroid ☒ <u>enlarged jn nodes</u>
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☐
Integument	skin ☐

Labs/Tests: _____

Assessment: obvious group A strep pharyngitis
(... precluded testing)

Plan: Pres Amoxicillin sup 900 mg/5cc
6 a = 480 mg po bid x 10 days

Signature: Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Here to both
parents

Saturday

Richmond Pediatric and Adolescent Medicine

Ill x 24 hr

Pt Name: Ceila Flanagan
Pt. DOB: 06/04/99
Date of visit: 03/26/16

CC: Sore throat
H.P.I.:

100° yesterday, later 101
Fever ☒ Sore throat pattern
Headache ☒ Stomachache yesterday
Stiff neck Swollen Glands
Cough ☒ Conjunctivitis
Infectious contacts classmates in class
Sexual activity (adolescents) ☒
Intake Output
Rash
Vomiting once Diarrhea two nights ago
Ear pain Runny nose ☒
History of strep throat ☒

Meds: Amoxicillin Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____

(√ = normal) Wt: _____ lb _____ oz

General Appearance

Fairly cheerful

Abnormalities:

Eyes	Conjunctivae clear ☐ Full EOM ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☒ Lt canal ☐ TM translucent ☐ landmarks ☒
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ soft palate ☐ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☐
Integument	skin ☒

velocity erythema of posterior soft palate

Labs/Tests: _____

Assessment: obvious gap & strap pharyngitis

Plan: PR Amoxicillin susp 400 mg/5cc
6 cc = 480 mg po bid x 10 d

Signature: Paul J. Parker
Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Lala Flanagan

Pt. DOB: 6/4/09

Date of visit: Feb 12 2016 3/02/16

Reason for Visit: stiff neck

Shortness of breath

Here to both parents

Parents don't speak directly to each other
(speak in "third person")

S: Upset during - improved p. 6m
Felt like she couldn't breathe. Also that
very thing was spiking (was resolved)
has had symptoms of difficulty breathing but no
signs of respiratory difficulty. Recently a seizure -
Once has complained of tightness in wind pipe.
No noisy breathing
8 fever & cough

O: VS: Temp: P: RR: O2Sat: wt. Pain?:

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	<u>Playful, cheerful</u>
Skin:	☐	☐	
HEENT:	☒	☐	<u>8 respiratory</u>
TMs:	☒	☐	
OP:	☒	☐	
Neck:	☐	☐	
Chest/Lungs:	☒	☐	
Cardiovascular:	☐	☐	
Abdomen:	☒	☐	<u>no tenderness</u>
GU:	☐	☐	
Extremities:	☐	☐	
Neurologic:	☐	☐	

Labs/Tests: _____

Assessment: Appears well. Perhaps had mild
episode of laryngitis
Anxiety is likely underlying issue factor

Plan: Revised breathing techniques for
relaxation
Encouraged only pleasant interactions

Signature: [Signature]
Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 06/04/05

Date: 11/11/15 Influenza Vaccine

Accompanied by: mother

Subjective:

Pt here for flu vaccine # or yearly

Allergies? φ

History of asthma or wheezing? φ

Physical Exam: (√ = normal) General Appearance well
Other:

0.5 ml IM Influenza H1N1 or Influenza H1N1 preservative free vaccine given

OR

0.25ml IM Influenza H1N1 pediatric preservative free vaccine given

OR

✓ 0.2ml IN Influenza LAIV4 intranasal vaccine given

✓ Pt tolerated procedure well.

Mom 2 concerns re: child's
vision, eye blurry vision for a period.
Eye exam done @ 20130 @ 20130

✓ Impression: s/p flu vaccine

✓ Follow-up

Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

12/31/15 Here to both parents, step dad, pet dog
(transferring from mother's to father's)

Injury 12/29/15 - related to dog? bite or
stitches placed in mouth lost front incisor
(used conscious sedation)

Vomited yesterday, nausea today
Urinated this morning Was rx'd amoxicillin
not eating much prophylactically

Exam Quiet. Very reluctant to talk

Swelling of lip. - (R) upper lip @ vermilion
border small linear eschar. Lower
lip swelling, coltut return anterior
visible

Injury s/p dog-related injury. Post-traumatic swelling
an expected finding. Transferring related to amoxicillin
as a precaution. Intolerance to amoxicillin. Plan Reassurance

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 6/17/15 Elementary school age check-up:

Accompanied by: both parents

Concerns:

Medications:

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? 1 1/2 % fat 1%

Teeth: brushing 2 x/day; flossing ☒ dentist ☒ Pain anywhere?

Elimination: daily Sleep: all night hours/night
Nocturnal enuresis?

Safety: seat belt / booster until 57" ☐ fire plan ☐ cigarette smoke exposure?

swimming/PFD ☐ helmet (biking/sledding/skiing) ☒ gun access?

Development: School: grade 1st Happy with grades? yes missed school a lot due to illness / fatigue
Extracurricular / special skills
Television / screen time per day:
Exercise: runs around, roller skating
Chores:

Social: Family changes? Schedule same x 3 yrs Friends felt better

Behavior:

Moods: fine Anxiety better, seeing counselor

Objective: Working on accepting / being told "no" first symptoms improved / transition still difficult
Hearing: Working on accepting / being told "no" Vision: Rt 20 / Lt 20 /

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	<u>db</u>	<u>db</u>	<u>db</u>	<u>db</u>	<u>db</u>
Lt	<u>db</u>	<u>db</u>	<u>db</u>	<u>db</u>	<u>db</u>

Physical Exam: Pulse: 122/74 BP: 104/60 Wt: 46 lb Ht: 46 1/2 in

BMI: 15

General Appearance: Seems well % ile 75 % ile 75

2550 % ile Abnormalities:

Eyes	Conjunctivae clear ☒ PERL ☒ EOMI ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Breast	nipples ☒ Tanner stage: <u>2</u> masses? ☒
Lungs	clear throughout ☒
Cardiovascular	RR ☒ S1 ☒ S2 splits ☒ No Murmur ☒ Pulses ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ ND ☒ NT ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u>2</u> anus ☒
MS/Spine	gait ☒ scoliosis? ☒ equal leg lengths ☒
Neuro/ DTR's	UE <u>2/4</u> ; LE <u>2/4</u> ; symmetric? ☒
Cerebellar	finger -> nose ☒ heel-toe gait ☒ Rhomberg ☒
Integument	hair ☒ nails ☒ skin ☒

Impression:

Growth: nl

Development: nl

Fit for full participation: yes

Plan:

Immunizations: UTD ☒

Follow-up

healthy - anxiety-related - encouraged
and pain improved parents - have been in inter-

Paul Parker, M.D.
Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
 Pt. DOB: 06/04/09
 Date of visit: 05/17/15

Here - mother
 Got her called - spoke by telephone
 CC: (ear pain (started last night)
 H.P.I.: Belly pain

Fever 100 Sore throat
 Runny nose stuffy Cough croupy
 Stomachache Stiff neck
 Sleep Intake

Wax this ear Bright
 red & itchy
 drainage
 Swallowing
 several days ago
 Ants in apt.

Meds: _____ Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: 100.6 po.
 (✓ = normal) Wt: _____ lb oz

General Appearance near tears

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒
Oropharynx	mucosa ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
Integument	hair ☒ nails ☒ skin ☒

canal w/ erythematous
 swollen (though
 soft plate no not a
 tenderness)

Labs/Tests: _____

Assessment: _____

Plan: _____

Signature: _____

Paul J. Parker, M.D.
 Alyssa K. Parker, M.D.

Prepped foot & debrided
 w/ 28 g needle & forceps
 able to remove splinter
 from

Discussed role of anxiety during
 transition contributing to
 Leila's discomfort.
 Discussed w/ both parents,
 independently, as well

2 part
 45 min

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date of visit: 3/28/15 Saturday

Reason for Visit: Abd. Pain / Fever

S: Started feeling sick @ school when mom showed up to read in class; went home
 @ mom @ then within 10 min p getting home "looked terrible", complained of periumbilical pain - intense
 as high as 102.6. Did have a fever of 100, slept for several hours, ↑ sleepiness, ↓ appetite (popsicles, drinking) - not hungry
 this am consistently c/o belly. Also c/o back pain & dysuria, small amt of diarrhea
 0.5T 0.5C 0.5A, did have one episode diarrhea just before coming to office - after feeling
 like she has to go & can't
 Feels a little better now (↓ belly pain - all periumbilical)

Meds: acetaminophen 1 1/2 tsp today Allergies: NKDA
 @ 11

O: VS: Temp: 101.9 P: 110 RR: 20 O2Sat: 98 wt: 40 Pain?: 4/10

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	Subdued & mildly diaphoretic - anemic <u>4/10</u>
Skin:	☒	☐	NAD, comfortable appearing <u>low</u>
HEENT:	☐	☐	<u>SG 1020</u>
TMs:	☒	☐	Tonsils are 3+ & white/yellow <u>PH 5</u>
OP:	☐	☐	exudative patches, mild erythema <u>glu</u>
Neck:	☐	☐	a few anterior cervical lymph nodes enlarged <u>nitrate</u>
Chest/Lungs:	☒	☐	
Cardiovascular:	☒	☐	
Abdomen:	☐	☐	Abd is soft, non-tender & non-distended bil/blood
GU:	☐	☐	c 0 barrel sounds. No masses
Extremities:	☐	☐	0 epigastri, RLQ or supra pubic
Neurologic:	☐	☐	no pain - non tender & whole exam

Labs/Tests: Rapid strep

Assessment: fever & abdominal pain
 Low suspicion for appendicitis - it does it seems quite unlikely
 given present abd exam. Given OP, lymph nodes, LTA complaints findings I
 thought it prudent to exclude (Rto) streptococcal disease. A culture
 will be sent. A viral process is most likely the cause
 Plan: of fever & other multisystem symptoms. Advise hydration &
acetaminophen/ibuprofen as needed for antipyretic.
Family (both parents) know to call if there is localizing
abdominal pain; ↓ uop, etc.

Signature: Paul J. Parker
 Paul J. Parker, M.D.
Alyssa K. Parker
 Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/04/09

Date of visit: 3/23/15

Reason for Visit: Chronic belly pain

moves around
"gummy" and gummy
Typically prior to lunch, relieved by lunch

S: Daily abd pain. Complaints throughout the day
Bleeds daily. Going to bathroom a lot (moans (crying))
Diet: fruit, bread, cream cheese, sour cream
? drank after pasta; not clearly related to lactose -
? fever
Allergies: containing foods
Hx: celiac disease
Hx: 46 1/2 inches
Pain?

Med: pan
O: VS: Temp: P: RR: O2Sat: wt: 46 lb

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☒	☐	sl pale but more her
Skin:	☐	☐	dry, exan, palpated
HEENT:	☐	☐	conjunctivae pink
TM:	☐	☐	
OP:	☒	☐	
Neck:	☐	☐	
Chest/Lungs:	☒	☐	
Cardiovascular:	☒	☐	
Abdomen:	☒	☐	DASH, non tender
GU:	☐	☐	
Extremities:	☐	☐	
Neurologic:	☐	☐	

Labs: Tests: Hgb: 9.2/11.4

Assessment:

@ Abd pain, likely related to peristalsis,
pre-digestion, though has
pain @ other times (increasing at
noon's, per both parents' report
Can't R/c celiac disease (borderline
anemia).

Plan:

@ Hand washer's dermatitis

@ V + TTG, total IgG, CBC, Comprehensive
metabolic profile

@ + soap exposure

Signature:

Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

12/24/14 cont'd

Leila Flanagan
DOB 06/04/99

Exam cont'd

Lungs clear throughout

pm - knees full flex. no tender

& evidence of Baker's cyst. effusion

Hips - full tr/ER flex; ext.

Inguinal area nontender. no swelling
(shotty inguinal nodes)

Feet - pes planus evident

(falter also has)

Integ - & rash & nail pitting

Imp ① *Halicia* secondary to pte

② Vague arthralgias. Doubt psoriatic
arthritis.

Pes planus may be contributing to

pain in lower extremities

③ Muscular strain may have played role in earlier
Adjustment difficulties secondary to ^{possibly} _{with} parental conflict / separate households,
apparently improving

Plan ① Analgesic pm

② Monitor for signs of psoriasis
Shoe insert with arch support.

③ Cont supporting Leila - minimize
parental conflict.

Opport 60 min
> 80% of time
counseling

K. Parker, MD

RICHMOND PEDIATRIC & ADOLESCENT MEDICINE

Here to mother

PATIENT NAME: Leila Flanagan
PATIENT DOB: 6/4/9
DATE OF VISIT: 12/24/14
REASON FOR VISIT: _____

CC: aches & pains -

(R) knee, foot

(L) groin pain

Bilateral jaw pain L > R - new teeth one month
(points to mid mandibular area) (incisors) age
Both ears painful ~ 1 month.

Recent ur & cough

No recent swimming

Recent shedding - Limping offwards seemingly
related to groin pain - limping four days

No recent significant fever

No unusual bruising

wouldn't walk
(improved over
night)

Family hx - mother, maternal aunt & uncle - psoriasis
but no arthritis

Also, moving to transition better to dad's -
less crying; anxiety. Interestingly
had difficulty see transitioning to mother

Exam Appears well. Cheerful.

Reports of pain (tenderness in ear are
inconsistent

No joint tenderness of temporomandibular joint,
knees, hips or feet

TMJ's translucent bilaterally (partially obscured
by cerumen on (L) - some retroaural
fluid evident on (R). No reproducible motion
tenderness

← Oropharynx - inflamed posterior pharynx non tender
Noch is unusual adenopathy.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 10/28/14 ^{non-contraindicated} Influenza Vaccine

Accompanied by: Mother

Subjective:

Pt here for flu vaccine # ___ or yearly

Allergies? φ

History of asthma or wheezing? φ

Physical Exam: (v = normal) General Appearance pt well today. Mildly apprehensive.
Other:

0.5 ml IM IIV4 (Fluarix pres. free) given

OR

0.25ml IM IIV4 (Fluzone pres. free) given

OR

0.2ml intranasal LAIV4 (Flumist) given

✓ Pt tolerated procedure well.

✓ Impression: s/p flu vaccine

Follow-up @ next checkup or can be PRN

Paul J. Parker
Paul J. Parker, M.D.
Alyssa K. Parker
Alyssa K. Parker, M.D.

Richmond Pediatric

From: Richmond Pediatric [richmondpediatric@madriver.com]
Sent: Monday, September 15, 2014 11:34 AM
To: 'Nancy duMont'
Subject: RE: Daytime Vs Nighttime Daddy

Hi Nancy

These recordings make it clear how upset Leila is, which is, I am sure, very upsetting for both you and Ed F. as well.

Have you shared these with Ed F.? I think that there is a non threatening way to do that, by making it very clear to him (if true) that you don't want to interfere with his contact with Leila, understanding how important it is to Leila to have good, on-going relationships with both of you.

I don't know what is going on at night there but you seem to have a pretty good idea. Is there a way that you can present to Ed F. your concerns both about his health and implications for his relationship / contact with Leila going forward, encouraging him to seek treatment for whatever condition from which he is suffering? I am sure that this is a very touchy subject, especially given the difficult interactions you have experienced through this ordeal. In order to be successful I think that it would require extensive reassurance on your part that you aren't trying to use whatever problem he is experiencing against him in a legal context. Again, I don't know what your intentions are. For Ed to get help, assuming there is something significant going on, would help both Ed and Leila. If help is needed and he doesn't get it, both Ed and Leila will suffer. You may be able to facilitate that process depending on how you approach it.

Paul

From: Nancy duMont [<mailto:nancyjdumont@gmail.com>]
Sent: Monday, September 08, 2014 5:07 PM
To: Richmond Pediatric
Subject: Daytime Vs Nighttime Daddy

Hi Dr Parker,

This is the recording where Leila finally opens up about her fears regarding her dad. I believe you are aware that Leila's counselor expanded on this with Leila in a counseling session and gathered additional information. I have a recording leading up to this where Leila was sobbing on her way to the transition and another recording at the transition where she was also sobbing and refusing to go. Please let me know if you have any questions or advice to share. Thank you. Nancy

09/05/14

Leila Flanagan
DOB 06/04/85

Email: telephone conversation with Ed
Laurentou, Leila's counsellor. Leila
having great difficulty with transitions to
father - screaming & crying. In explanation,
Leila communicated to her counsellor
that there are times at night when she
can not awaken her father and is worried
that she may need to ^{call} 911 - has a lot
of anxiety surrounding this.

I discussed this with Ed Flanagan,
Leila's father. He denies having a medical
condition such as diabetes that could
result in unconscious episodes. I
brought ~~down~~ ^{up} possibility of use of
alcohol / substances. Ed neither confirmed
or denied this. I advised him that it
would best to not use any substance
that could impair his ability to care for
Leila while she is in his care given
this could jeopardize her well being and
their contact -

Nancy (mother) has moved
to Shelburne. Leila now travelling
two hrs per day to care to
get to school -

Paul Flanagan

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 6/13/14

Five year check-up:

Accompanied by: mother

Concerns: Doesn't like rest time @ daycare - 2 hrs
umbilicus hernia (topical ant biotic)

Pain anywhere?

Medications:

Diet: fruits ☒ vegetables ☒ meats ☒ dairy/milk ☒ How much milk per day? some % fat

Teeth: brushing 2x/day ☒ flossing ☐ dentist ☒ Fluoride? (not by mother)

Elimination: in most days Sleep: all night
Toilet trained? yes Nocturnal enuresis?

Development: Social/Personal:

dresses self including some buttons and zipper use ☒ helped uses toilet by self ☒

takes turns and shares ☐ washes hands and face using soap, dries ☒

knows full name and some demographics ☒ five hours draws 5 part person ☐

Gross Motor: balances one foot 5 seconds ☐ walks on "tippy toes" 15 ft ☒

skips ☒ able to catch a bounced ball (both hands) ☐

able to jump forward 4 feet or more, both feet, from standing position ☒

Fine Motor: able to use scissors ☒ traces line ☒

copies square ☒ copies triangle ☒



writes first name ☐

copies letters ☐ L E I L A

V

H

T

C

A

23 (40+)

Communication/Cognitive: counts to 15 ☒ knows 5 colors ☐ speech understandable ☒

follows sequence of 3 unrelated directions ☐ uses proper verb tenses (eg past tense) ☒

uses comparison words (eg "heavier," "stronger," "shorter") ☒

answers following: A cow is big, and a mouse is small. Ice is cold and fire is hot

We see stars at Night, and we see the sun during the morning

When you throw the ball, it comes down

identifies the following numbers: 3 1 2 ☒

Safety: booster seat ☐ helmet ☒ street crossing ☒ telephone # ☐ address ☐

learning to swim ☒ sunscreen ☐ trampoline use? none

Gun exposure? @ daycare
(?)

Exercise / Activities:

How much screen time? minimal @ mom's

Behavior/Moods:

Discipline methods:

happy? yes anger problems?

Social: Family well?

Changes?

Financial resources adequate?

Cared for by whom?

School preparations

one week to each parent

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/09

Date (cont'd): 6/13/14

Objective:

Vision: Rt 20 30 Lt 20 30

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
R	20 db	20 db	20 db	20 db	20 db
Lt	20 db	20 db	20 db	20 db	20 db

Physical Exam:

Pulse: 102/54 BP: 102/54
(√ = normal) Wt: 61 2/4 lb oz Ht: 44 1/4 in BMI: 15.5
75 % ile 75-90 % ile 50-75 % ile

General Appearance

Friendly. Appears well

Abnormalities:

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ turbinates ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Breast	nipples ☒ Tanner stage: <u>2</u> masses? ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner anus ☒
Musculoskel.	Gait ☒ scoliosis? ☒ equal leg lengths ☒
Neuro: DTR's	UE <u>4</u> ; LE <u>4</u> ; symmetric? ☒
Cerebellar	finger -> nose ☒ heel->toe gait ☒
Strength	distal <u>5</u> ; proximal <u>5</u> ; symmetric? ☒
Integument	hair ☒ nails ☒ skin ☒

*nl Rosenberg
unusually pub @ umbilicus*

Impression:

Development: nl

Growth: nl

Healthy

Plan:

Immunizations: DTaP ☒ IPV ☒
MMR ☒ Varicella ☒
VIS* provided ☒

Tolerated well!

ROR book ☒

Flu - 1-2 yrs

Paul J. Parker
Paul J. Parker, M.D.
Alyssa Parker, M.D.

04/30/14 cont'd
Sleep - 12 hr @ mother's, 11 hr @ father's 03 06/04/09
Diet (cont'd) - per father eats vegetables, fresh,
dairy - Daily fruits

u/A - neg for heme, glucose, prot,
bili, urobilinogen, lactose,
protein, nitrite, leuk est
pH 5 sp gr 1.030

Summary/Plan

Well nourished, growing well
Diet varied & appropriate -
given no history or family history,
sweet consumption not excessive.

Sleeps adequate

Vaccinations - advised deeper cream
when myelomast, daily rocks
to film

Long discussion re differences in
households / parenting styles
& contact schedule

Encouraged to view as different
but not inappropriate and
need to allow other parent
to parent per their style (man)

(Spent time with
> 5% of time
of counselors)

06/04/14 Recd 2.5% by director
travelled back to hotel (D)

Mother: father both have

Various concerns

PATIENT NAME: Leila Flanagan
 PATIENT DOB: 6/4/09
 DATE OF VISIT: 4/30/14
 REASON FOR VISIT: Weight loss

Recent sore throat (today), sleep & fever

Belly button occ. itches, crusty

Urinary frequency - 9-30 min.

B.M.'s - 1-3 x (day) & dysuria (at today)
 Increased body green in diet

No excessive drinking

& Vomiting

Reddish under eyes. Itchy eyes

(mother had anaphylactic reaction to garlic)

Had 2 fall allergy

Dogs at both homes

Doesn't eat a lot at meals (more snacks)

Mother very concerned about sweets consumed @ father's; differences in bed times @ two households

42 lb 44 lb BMI 15.3

75% 90%g

Oropharynx: T.M. clear

No adenopathy

Lungs clear throughout

CVS by stetho

Abd 9/48m, soft; nontender

Get erythema of skin around @ integumentary

CC: Scabies

H.P.I.: Spent time with cousins on Feb 22nd, dx Scabies a couple of
mo ago & they had been treated. Continued to itch after again. Second
itchy then when visiting - cousins symptoms resolved. Over last 2 days

Fever Sore throat Ear pain drainage
Runny nose Cough Headache
Stomachache Stiff neck Swollen Glands
Sleep Intake Output

Meds: Also has dry belly button skin Allergies:

Lila had 2 papules
develop on back, c/o
itching. not itching today
More concerned

about possibility of
contracting scabies

Physical Exam: RR: Pulse: BP: Temp:
(v = normal) Wt: lb oz

General Appearance

Eyes	Conjunctivae clear Full EOM
Ears	Rt canal TM translucent landmarks Lt canal TM translucent landmarks
Nose	patent nares mucosa
Oropharynx	mucosa tonsils
Neck	lymph nodes thyroid
Lungs	clear throughout
Cardiovascular	Rhythm regular S1 S2 splits Murmur?
Abdomen	bowel sounds soft nondistended nontender mass? palpable liver? spleen? kidneys?
Inguinal	nodes
Integument	hair nails skin

Abnormalities:

Hands & wrists clear

2 discrete papules
on middle of back
no burrows

Umbilicus dried skin
@ bottom

Labs/Tests:

Assessment: Rash NDS

No evidence of scabies. With remote
infection of cousins, it is unlikely
that Lila would contract scabies in

Plan:

this way
Umbilicus → dry skin → apply vaseline
or hydrocortisone as needed

Reassurance

Signature:

AParker
Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

have been
told by
dermatol.
2x that
they are
clear

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 06/04/09

Date of visit: 12/10/13

Here is mother. Father called to talk before appt. He states that Leila was with him end of last week; had no coughing

CC: Cough

H.P.I.:

Hes to be propped @ night. Two nights now nasal congestion. Takes deep slow breaths

age 18 months

Chest pain:

Trouble breathing

Wheezing

Fever 99°

Exacerbating factors:

Posttussive vomiting?:

Pain: Abdominal Pain

Sore throat

Infectious contacts

Cigarette smoke exposure

History of RAD

Intake

Meds:

With breathing?

When?

Expectorant

Runny nose

Nocturnal?

Choking history:

Ear pain

Family history

Output

With cough?

Exercise tolerance

Cause ↑ cough

Other:

Headache

Cold on help

mother is perianth, atopic dermatitis

walery cough

Allergies:

Physical Exam:

RR: _____

Pulse: _____

BP: _____

Temp: _____

(√ = normal) Wt: _____ lb

oz

General Appearance

Appears well

Abnormalities:

Eyes	Conjunctivae clear ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☐ mucosa ☐ congested
Oropharynx	mucosa ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒ aeration ☒ wheeze? ☒ crackles? ☒ Mucous-plug squeaks? ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ Pulses ☒
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	skin ☒

dry plaques cheeks, nasolabial fold

Labs/Tests:

Assessment:

① URI superimposed on prolonged cough
No evidence of bacterial focus of infection
No asthma or GERD
Probable recurrent URI
② Atopic / winter dermatitis

Plan:

① Reassurance. Elevate head during sleep
Call if ↑ fever, worsening cough, less difficulty
② Topical emollient daily. Spot treated w/ hydrocortisone 1% bid prn.

Signature:

Paul / Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/04/09

Date: 11/14/13

Influenza Vaccine

Accompanied by: Mother

Subjective:

Pt here for flu vaccine # yearly

Allergies? Ø

History of asthma or wheezing? Ø

Physical Exam: (✓ = normal) General Appearance pt well today.

Other:

~~0.5 ml IM HV3 (Fluzone) / HV4 (Fluarix-pres. free) given~~

OR

~~0.25 ml IM HV3 (Fluzone-pres. free) given~~

OR

✓ 0.2 ml intranasal LAIV given

✓ Pt tolerated procedure well.

✓ Impression: s/p flu vaccine

Follow-up @ 5 years or earlier per

HP Flanagan

Amr

Paul J. Parker, M.D.

Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 06/04/09

Date of visit: 10/16/10

CC: Cough x 1-2 mo

H.P.I.: wet/productive cough c some watery & watery
worse @ night, sleeping propped c pillows

Chest pain:

Trouble breathing no

Wheezing φ

Fever no

Exacerbating factors:

Posttussive vomiting?:

Pain: Abdominal Pain no

Sore throat:

Infectious contacts in daycare

Cigarette smoke exposure

History of RAD no

Intake okay

With breathing?

When?

Expectorant

Runny nose φ green discharge

Nocturnal? φ at night

Choking history:

With cough?

Exercise tolerance

Other:

Ear pain φ

Headache one time

family friend driving & smoking c Leila in the car

Family history

Output ok

Meds: φ

Allergies:

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal) Wt: lb oz

General Appearance

Abnormalities:

Eyes	Conjunctivae clear <u>✓</u>
Ears	Rt canal <u>φ</u> TM translucent <u>✓</u> landmarks <u>✓</u> Lt canal <u>✓</u> TM translucent <u>✓</u> landmarks <u>✓</u>
Nose	patent nares <u>φ</u> mucosa <u>φ</u> <u>Clear discharge @ turbinates</u>
Oropharynx	mucosa <u>φ</u> tonsils <u>φ</u> <u>post nasal exudate in position of</u>
Neck	lymph nodes <u>φ</u> thyroid <u>φ</u>
Lungs	clear throughout <u>✓</u> aeration <u>✓</u> wheeze? <u>φ</u> crackles? <u>φ</u> Mucous-plug squeaks? <u>φ</u>
Cardiovascular	Rhythm regular <u>φ</u> S1 <u>φ</u> S2 splits <u>φ</u> Murmur? <u>φ</u> Pulses <u>✓</u>
Abdomen	bowel sounds <u>φ</u> soft <u>φ</u> nondistended <u>φ</u> nontender <u>✓</u> mass? palpable liver? spleen? kidneys?
Inguinal	nodes <u>φ</u>
Integument	skin <u>φ</u>

Labs/Tests:

Assessment: Cough 2° to post nasal drip

Plan:

leamurax

Elevate head @ night

Provide letter @ mother's request to review what we talked about today

Signature:

Paul / Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 6/11/13

Four year check-up:

Accompanied by: both parents

Concerns:

Medications:

Allergies:

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ fish! How much milk per day? occ % fat once knee pain but less frequent

Teeth: brushing 2x day; flossing ☒ dentist ☒ Pain anywhere? all night

Elimination:

Sleep: occ neck pain @ bedtime

Safety:

booster seat ☒ helmet ☒ street crossing ☒ Gun exposure?

Development:

Gross Motor: descends stairs/alternate feet ☒

Fine Motor: draws person 2-3 parts ☒

balances one foot 5 seconds ☒ hops on one foot ☒ copies circle & cross ☒

Personal/social: dresses with help ☒

Language: knows full name ☒

shares/cooperative games ☒ makes believe ☒

counts 4 ☒ knows 4 colors ☒

Behavior:

Social:

week to each parent 9 wed

Television hours/day

advised 1 hr screen time max / day

Objective:

Hearing:

Vision: Rt 20/30 Lt 20/30

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	db	db	28 db	20 db	25 db
Lt	db	db	25 db	20 db	28 db

parents have questions about hearing

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal)

Wt:

kg

lb

oz

Ht / L:

cm

in

BMI: 50-75 % ile

25 % ile

90 % ile

General Appearance

friendly appears well

Abnormalities:

Eyes	Conjunctivae clear ☒ PERRL ☒ LOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ turbinates ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
CV	RR ☒ S1 ☒ S2 splits ☒ Murmur? pulses ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u>4</u> anus ☒
MS/Spine	Gait ☒ scoliosis? ☒ equal leg lengths ☒
Neuro: DTR's	UE <u>4</u> ; LE <u>4</u> ; symmetric? ☒
Cerebellar	finger -> nose ☒
Strength	distal <u>5</u> ; proximal <u>5</u> ; symmetric? ☒
Integument	hair ☒ nails ☒ skin ☒



Impression:

Growth: nl

Development: nl

Plan:

Immunizations: UTD ☒

Follow-up

@ 5 yrs

Paul J. Parker, M.D.

Alyssa K. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/04/09

Date of visit: 5/9/13

CC: Rash
H.P.I.:

X 24 hr
blotchy - p. pink
seems to be improving.
Cheeks, arms, neck

New exposures

Dietary changes

Known allergies

Infectious contacts

Itch Q

Blistering

Transient

Family history of skin disorders:

(scaly)
Tick bite on cape
Ced - small tick
~ 5 days ago
Cough

U.R.I. symptoms: Fever Q

Sore throat

Runny nose

Diarrhea

Intake

Output

sl headache

Meds: hydrocortisone

Allergies: _____

Physical Exam:

RR: _____

Pulse: _____

BP: _____

Temp: _____

(√ = normal) Wt: lb oz

General Appearance

Abnormalities:

Integument	nails ☐ skin ☐
Eyes	Conjunctivae clear ☐
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☐

red patches under eyes; sl dry; ? plaque
(R) antorbital fossa
Acute - p erythema on
irregularity

full Rom neck

Labs/Tests: _____

Assessment: _____

Non-specific rash - ? acute
atopic dermatitis - not consistent
erythema migrans

Plan: 1% hydrocortisone bid topically
Call if any worsening

Signature: _____

Paul J. Parker, M.D.
Alyssa K. Parker, M.D.

Leila Flanagan
6/4/9
Dox 1/4/13

Vomiting/Abd pain Here 2 both parents

- ⑤ 4 days ago ST, abd pain; bounced back over next 3 days.

~~Today~~ Yesterday. C/o tummy ache, playing. Early to bed, woke @ 2⁴⁵ am & vomited. "Yellow & chunky"; watery.
"mouth hurts"; left side pain & tummy pain

104.9 fever → 99.9 5 tylenol this am

Tylenol 1 tsp 33lbs in June '12

⊕ Chills ⊕ rash
⊖ diarrhea ⊕ vomiting
⊕ drinking ⊖ appetite
popsicles
⊕ myalgias worse → normal

- ⑥ Alert, quiet, subdued

HEENT: PERL. Ths 2 nl light reflex & fluid; Mamm 2 mild OP erythema & mild tonsillar enlargement
neck supple 2 shotty nodes, minimal nasal discharge clear

Chest: CTAB ~~2~~ mild tachycardia, regular & murmur

Abd: soft NT/ND; ⊕ right CVA tenderness. Back is tender from shoulder through left CVA.

Rapid Strip ⊖

(A/R) Fever - suspect influenza like illness

Rapid strip ⊖ will confirm 2 culture

If F through weekend consider U/A, CXR

↑ acet. & ibuprofen (children's) dose to 1 1/2 tsp

with { 253-0955

mom this { 793-1430

weekend {
will call if culture ⊕

A Parker
ALYSSA PARKER

Richmond Pediatric and Adolescent Medicine

Pt. Name: Laila Flanagan
Pt. DOB: 6/4/09

Date: ~~11/9/12~~ ~~11/15/12~~ 12/4/12 Influenza Vaccine

Accompanied by: Both parents

Subjective:

Pt here for flu vaccine # yearly

Allergies? Ø

Physical Exam: (✓ = normal)
Other:

General Appearance pt well today. Accidentally poked in eye yest'd
by mom's finger. No pain, redness or tearing today. Will call
if complains of pain, sensitivity to light etc...

ml IM Fluzone given

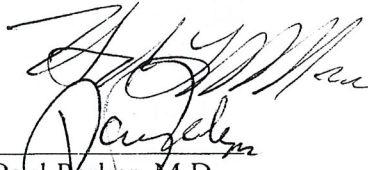
~~OR~~

☒ intranasal LAIV

☒ Pt tolerated procedure well.

Impression: s/p flu vaccine

Follow-up @ 4 years or earlier per


Paul Parker, M.D.
Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Henagan

Pt. DOB: 06/04/09

Date of visit: 08/28/12

Yesterday

red labial area on
off all summer

CC: ? Urinary Tract Infection
H.P.I.:

Dysuria

Fever x3 day

Bubble bath / soap exposure

Family History of U.T.I.

Sore throat +

Sleep

Rash

Meds:

Hematuria

Stomachache +

Skin infection / rash

Intake

pruritic nose

Allergies:

Incontinence

Back Pain left

wght

Output

Urgency

Vomiting

7 drinks

cough - not bark

& it started last

wght

"I sound

like a cow"

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal) Wt: lb oz

General Appearance

Abnormalities:

Eyes	Conjunctivae clear ☒ Full EOM ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ tonsils ☐ <u>minimal erythema</u>
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☐ Murmur? ☐
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? ☐ palpable liver? ☐ spleen? ☐ kidneys? ☐ Flank tenderness ☐ <u>it tender</u>
Inguinal	nodes ☐
Genitourinary	Testes ☐ penis ☐ labia ☐ urethra ☐ <u>circumcised</u>
Integument	skin ☐

Labs/Tests:

Urinalysis:

heme: neg

protein: neg

nitrite: neg

leukocytes: neg

ketones: 1+

glucose: neg

pH: 7

spec grav: 1.025

bilirubin: neg

urobilinogen: neg

Assessment:

LTB (croup)

no evidence of UT:

Plan:

Obd on if recurrence of resp
symptoms tonight. If

unameliorated to call

Signature:

Paul / Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Lella Flanagan
Pt. DOB: 6/4/09

Date: 6/20/12 Three year check-up:

Accompanied by: both parents

Concerns: Cough improved
spiral moxib

Medications:
Allergies (new):

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? yes

Teeth: brushing 2 x/day; Fluoride dosage: not getting Pain anywhere?

Elimination: but 9-12 days Sleep: all night

Safety: booster seat ☐ water safety ☐ matches ☐

Development:

Gross Motor: up stairs/alternate feet ☒ Fine Motor: washes / dries hands ☐
balances 1 foot 1 sec ☐ copies circle & vertical line ☒
pedals tricycle ☒

Personal/social: knows age ☒ knows sex ☒ Language: full sentences ☒
knows full name ☐ uses "I" ☒

Behavior: Discipline methods: Limit setting ☐

Social: Family lots of time Friends yes work together as
Cared for by whom? each parent parents, always for

Objective: Vision: Rt 20 / 30 Lt 20 / 30 Color vision screen passed ☒
Hearing: Binocularity passed ☒

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Rt	20 db	20 db	20 db	20 db	25 db
Lt	20 db	20 db	20 db	20 db	20 db

Physical Exam: RR: 80/42 Pulse: 80/42 BP: 80/42 difficulty
(√ = normal) Wt: 25 lb Ht / L: 81 cm some scars
75 % ile 75-80 % ile (high low pictures) BMI: 16.5

General Appearance: Appears well Talkative Abnormalities:

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒ Fundoscopic disc margins sharp ☒ vessels ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒ mucosa ☒ turbinates ☒
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
Genitourinary / Perineal	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner stage: <u>1</u> anus ☒
Musculoskeletal Spine	Gait ☒ scoliosis? ☒ equal leg lengths ☒
Neurologic DTR's Cerebellar Strength	UE <u>2/4</u> : LE <u>2/4</u> : symmetric? <u>yes</u> finger ☒ nose ☒ heel ☒ toe gait ☒ Rhombberg ☒ distal <u>1/5</u> : proximal <u>1/5</u> : symmetric? <u>yes</u>
Integument	hair ☒ nails ☒ skin ☒

Impression: Plan: Immunizations: UTD ☒

Growth: nl

Development: nl

Healthy
Frequent illness currently Chestable
apparently viral illnesses (rel 1 to 2 days) allergic

Paul Parker, M.D.

Pt Name: Lela Flanagan
 Pt DOB: 06/24/89
 Date of visit: 02/27/12

CC: Cough
 H.P.I.:

Worse x three days - Barking sed this am
Rattly breathing
Coughs to point of gagging

Chest pain: _____
 Trouble breathing: labored With breathing? _____
 Wheezing: stridor @ When? _____
 Fever: warm no Expectorant _____
 Exacerbating factors: _____ Runny nose _____
 Posttussive vomiting: KT Nocturnal? _____
 Pain: Abdominal Pain _____ Choking history _____
 Sore throat _____ Other _____
 Infectious contacts: 2 day @ daycare (since June) Headache _____
 Cigarette smoke exposure _____ Family history _____
 History of RAD _____ Output diarrhea
 Intake _____ Allergies _____
 Meds: _____

Physical Exam RR: _____ Pulse: _____ BP: _____ Temp: _____
 (N = normal) Wt: _____ lb _____ oz _____
 General Appearance irritable Abnormalities: fluorid dyspnea

Eyes	Conjunctivae clear
Ears	Rt canal: TM translucent landmarks ☒ Lt canal: TM translucent landmarks ☒ patent nares mucosa ☒
Nose	mucosa tonsils ☒
Oropharynx	lymph nodes thyroid ☒
Neck	clear throughout aeration ☒
Lungs	wheeze? ☒ crackles? ☒ Mucous plug ☒ Rhythm regular ☒ S1 S2 splits ☒ Murmur ☒
Cardiovascular	Pulses ☒
Abdomen	bowel sounds soft nondistended nontender mass palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
Integument	skin ☒

Labs/Tests:

Assessment:

Croup, by history Recurrent w/ 2
@ home to daycare exposures

Plan:

Cold air ↑ stridor or resp difficulty
Expectant spontaneous resolution (can
for a while.
Call if ear pain

Signature:

Paul J. Parker, MD

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date of visit: 2/18/12

Saturday

CC: Rash

H.P.I.: Ongoing sickness (cough, viral illnesses for 2mo). Yesterday developed rash (red dots - non-blanching) around her eyes & face. Fever to 101. Energy better. Has not been febrile (did not take temp) today. Active. Has developed more dots on chest

New exposures ☒

Dietary changes ☒

Known allergies ☒

Infectious contacts ☒

Itch ☒

Blistering ☒

Transient ☒

Family history of skin disorders: no

Mom does have heavy periods & easy bruising. No clotting disorders known in family

U.R.I. symptoms: Fever ☒

Sore throat ☒

Runny nose ☒

Cough ☒

Diarrhea ☒

Intake new good

Output okay

Meds: _____ Allergies: _____

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____

(√ = normal) Wt: _____ lb oz

General Appearance Comfortable, cheerful, playing around exam normal Abnormalities:

Integument	nails ☐ skin ☐ Multiple petechiae around eyes, forehead Less concentrated on chest. None on abd or extremities
Eyes	Conjunctivae clear ☒
Ears	Rt canal ☐ TM translucent ☒ landmarks ☐ Lt canal ☐ TM translucent ☒ landmarks ☐
Nose	patent nares ☒ mucosa ☐ crusting
Oropharynx	mucosa ☐ tonsils ☐ Palate ☒ petechiae; OP ☒ erythema & exudate
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur?
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐

Labs/Tests: Rapid strep ☒

Assessment: Petechiae
Suspect FTP vs clotting disorder, malignancy
or PIC
Given pharyngitis, obtained strep culture

Plan: Sent strep culture.
Sent to FRHC ED for lab work CBC & diff, PT, a PTT
Blood culture

Signature: Alyssa Parker
Paul/Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Hanagan, Leila
 Pt. DOB: 6/4/09
 Date of visit: 2/15/12

CC: ~~Cough~~ Left otalgia
 H.P.I.: Seen in office last week for ongoing cough. over last 2-3 days of
 left ear pain, rubbing ear a lot (Ø Δ E position, day or night). Waking a little @
 night 2° to cough (not pain)

Chest pain _____ With breathing? _____ With cough? _____
 Trouble breathing ☒ When? _____ Exercise tolerance _____
 Wheezing ☒ Expectoration _____
 Fever to 100.3 this am Runny nose _____
 Exacerbating factors: Nocturnal? ☒ Other: _____
 Posttussive vomiting?: _____ Choking history: _____
 Pain: Abdominal Pain ☒ Ear pain ☒ Headache _____
 Sore throat ☒ Ear drainage _____
 Infectious contacts _____ Family history _____ in daycare 2x 1/2 days / week
 Cigarette smoke exposure _____ Output _____
 History of RAD ☒
 Intake appetite off.

Meds: acetaminophen Allergies: ☒

Physical Exam: RR: _____ Pulse: _____ BP: _____ Temp: _____
 (√ = normal) Wt: _____ lb _____ oz

General Appearance

Eyes	Conjunctivae clear ☐
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mild dullness to right TM Lt canal ☒ TM translucent ☐ landmarks ☐ Left TM E erythematous Rim, light reflex may Ø pus seen behind TM & landmarks visible
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☐ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐ aeration ☐ wheeze? crackles? Mucous-plug squeaks?
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? Pulses ☐
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☐ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐
Integument	skin ☐

Abnormalities:

Labs/Tests: _____

Assessment: Otalgia 2° to viral URI

Plan: Can use acetaminophen for symptomatic relief
↑ PO fluids
Re eval. if fever persistent >101, ↑ ear pain &
disrupted sleep or if ear drainage.

Signature: Alyssa Parker
 Paul / Alyssa Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt Name: Flanagan, Leila
 Pt. DOB: 6/4/9
 Date of visit: 2/6/12

ill x > 2 months

CC: Cough
 H.P.I.:

low energy

Chest pain
 Trouble breathing *+*
 Wheezing
 Fever *100.4*
 Exacerbating factors:
 Posttussive vomiting?:

With breathing?
 When?
 Expectoration
 Runny nose
 Nocturnal?

With cough?
 Exercise tolerance

Other:

Pain: Abdominal Pain *Ⓢ side / periumbilical*
 Sore throat

Choking history:
 Ear pain

Headache

Infectious contacts *daycare to her (started this year)*
 Cigarette smoke exposure
 History of RAD

Family history
 Output

frequent diarrhea

Intake

Meds:

Allergies:

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal) Wt: lb oz

General Appearance

shy. Warm-up and becomes talkative

Abnormalities:

Eyes	Conjunctivae clear ☐
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☐ mucosa ☐
Oropharynx	mucosa ☒ tonsils ☐
Neck	lymph nodes ☐ thyroid ☐
Lungs	clear throughout ☐ aeration ☐ wheeze? ☒ crackles? ☒ Mucous-plug squeaks? ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☐ Murmur? ☒ Pulses ☐
Abdomen	bowel sounds ☐ soft ☐ nondistended ☐ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☐
Integument	skin ☐

partially obscured by cerumen

Labs/Tests:

Assessment:

*viral infection, recurrent (last seen @ daycare)
 no evidence of bacterial focus of infection*

Plan:

Reassurance Monitor for worsening

Signature:

[Signature]
 Paul / Alyssa Parker, M.D.

Flanagan, Leila
DOB 6/4/09

12/15/11 phone call from mom reporting
Cough > 1 month. Much better now. used to wake
3-4 x / noc, now just in am. Eating + drinking gd
energy. (+) Strep in school. Assured mom these Sx
did not sound like strep. & fever, & S.T. reviewed
- Signs resp distress! when to call back - ABZump/

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 11/2/11 Influenza Vaccine + Dtap
Accompanied by: mom

Subjective:

Pt here for flu vaccine # very + Dtap
Allergies?

Physical Exam: (✓ = normal) General Appearance ✓
Other:

___ ml IM Fluzone given.

OR ☒ 0.5 ml Dtap vaccine
and
☒ intranasal LAIV

☒ Pt tolerated procedure well.

CB Zumbado

Impression: s/p fluvaccine + Dtap

Follow-up @ 3 yr ✓ up

AP Parker
Paul Parker, M.D.
Alyssa Parker, M.D.

11/7/11

phone call - stepped on a carpet tack.
washed area; applied neosporin. Enc
family that she is up to date on tetanus
and discussed signs & sx of infection - CB Zumbado

CC: Rash

H.P.I.: 2 weeks of rash on back & under right armItchyNew exposures trial hydrocortisone BID & change
no, no long visits

Dietary changes

Known allergies

Infectious contacts DaycareItch yes Blistering no Transient

Family history of skin disorders:

U.R.I. symptoms: Fever no

Sore throat

Runny nose +Cough +Diarrhea 3 days Intake resolved

Output

3 weeks of cold sxMeds: hydrocortisone topical Allergies: noPhysical Exam: RR: Pulse: BP: Temp: (✓ = normal) Wt: lb oz

General Appearance

Integument	nails ☒ skin ☐
Eyes	Conjunctivae clear ☒
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☒ mucosa ☒ <u>crusts</u>
Oropharynx	mucosa ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☐
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒
Abdomen	bowel sounds ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☐

Abnormalities:

Rough maculopapular
blanching mild erythematous
patches over right axillae
and under arm, sparing
folks.

Labs/Tests:

Assessment: Dermatitis - appears eczematous or atopic
vs a viral/fungal or bacterial infection
No evidence of impetigo
Lip-licking dermatitis present

Plan: Triamcinolone 0.1% cream BID until clear
Quercetin $\bar{p}$ bath
cream

Watch for discharge/oozing, honey crustingSignature: Paul J. Parker, M.D.

Name: Leila Flanagan

Date: 8/17/11

Two year check-up:

DOB: 6/04/09

Accompanied by:

Concerns:

Medications:

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day?

Teeth: brushing x/day; Fluoride dosage:

Elimination: bm q day

Safety: sweet fluids/sippy cup ☒

Development: Gross Motor:

up & down stairs ☒

Personal/social: knows body parts ☒

imitates parent ☒

plays hide and seek ☐

Television: hrs/day

Moods: happy? ☒ anger problems?

Behavior: Limit setting ☐

Social: Home / family fine

Physical Exam:

RR:

Pulse:

BP:

Discipline methods:

Cared for by whom? either parent

Temp:

✓ = normal)

Wt: 29 lb oz Ht / L: 37 1/4 in

HC: 51 1/2 cm in BMI: %

General Appearance

Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile Lt canal ☒ TM translucent ☒ landmarks ☒ mobile
Nose	patent nares ☐ mucosa ☐ turbinates ☐
Oropharynx	mucosa ☒ teeth ☒ tonsils ☒
Neck	lymph nodes ☒ thyroid ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒
Genitourinary / Perineal	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u> </u> anus ☒
Musculoskeletal	Gait ☒
Spine	scoliosis? ☒ equal leg lengths ☒
Neurologic	UE <u>2/4</u> ; LE <u>2/4</u> ; symmetric? ☒
DTR's	finger -> nose ☒ heel -> toe gait ☒ Romberg ☒
Cerebellar	distal /5; proximal /5; symmetric? ☒
Strength	
Integument	hair ☒ nails ☒ skin ☒

Impression: Growth:

Development:

Plan: Immunizations: UTD ☒

Follow-up

@ 3 yrs

Earlier for

influenza

DTAP

follow

2 papilled swelling

not compliant

checks DTAP

but prefers to

Paul V. Parker, M.D.

Healthy

2 Boher's cyst

follow

DTAP

advised to

to not

be done

Pt Name: Leila Flanagan

Pt. DOB: 6/4/09

Date of visit: 7/13/11

Reason for Visit: fever x 3d & abd pain

S://

Ill x 3 days

Fever 101.7 - Initially vomited x 2 (when given Tylenol). Since then mother has been difficult to get her to eat. Developed diarrhea today (soft).

Has had stomachache pain. Mother has had cold virus. Has developed rashes.

Meds:

acetaminophen

Allergies:

O:// VS: Temp: 101.7

RR:

O2Sat:

Wt:

Pain?

PE:

General appearance:

Skin:

HEENT:

TMs:

OP:

Neck:

Chest/Lungs:

Cardiovascular:

Abdomen:

GU:

Extremities:

Neurologic:

Normal

Abnormal

Explain Abnormal Findings:

☒ dry lips

complaints since

lethargic

moist

soft pHd

2 effusion or part tenderness of knees

Labs/Tests:

Assessment:

fever & likely viral etiology. Nocturnal intermittent knee pain without physical findings.

Plan:

Antipyretic per

oral fluids

Watch for c. difficile if diarrhea continues

Signature:

[Signature]

Reevaluate if signs of dehydration, knee pain

S:// Knee pain when put down - (RT)
No recent bump (was sleeping then got
new sneakers) Fell @ pool several
weeks ago - landed on knees
of fever? Swelling noted.
Started ~ several months ago.

Meds: _____ Allergies: _____

O:// VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____ Pain?: _____

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☐	☐	<u>Running & jumping without</u>
Skin:	☐	☐	<u>evidence of discomfort</u>
HEENT:	☐	☐	<u>& effusion</u>
TMs:	☐	☐	<u>& point tenderness.</u>
OP:	☐	☐	<u>Full ROM</u>
Neck:	☐	☐	<u>Neg ant/post drawer</u>
Chest/Lungs:	☐	☐	<u>tests</u>
Cardiovascular:	☐	☐	
Abdomen:	☐	☐	
GU:	☐	☐	
Extremities:	☐	☐	
Neurologic:	☐	☐	

Labs/Tests: _____

Assessment: No evidence of knee pathology

Plan: If recurrence of pain, consider
plain films of knee

Signature: _____

[Handwritten Signature]

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan
Pt DOB: 6/4/09

Date: 1/19/11

18 month check-up:

Accompanied by: both parents

Concerns:

occ chokes when drinking water, not juice (?)
occ chokes when drinking water, not juice (?)

Medications:

Allergies:

Diet: fruits ☒ vegetables ☐ dairy ☒ meats ☒

Teeth: brushed by parent? yes

Elimination:

Behavior:

negativism?

tantrums?

hitting / biting?

30

Development:

walks up steps ☐

throws ball ☒

4-10 words ☒

two-word phrases ☒

indicates wants ☒

uses spoon ☒

scribbles ☒

Safety: pets? ☒

outdoor water safety ☐

Access

Anticipatory Guidance: Television ☐

Toilet training ☒

Reading ☐

Social: Changes at home?

Resources: parent

Physical Exam:

RR:

Pulse:

BP:

Temp:

(% = normal)

Wt:

26 lb 9 oz

Ht / L:

cm 34 in

HC: 51 cm

in

General Appearance

77 %ile

77 %ile

79 %ile

Abnormalities:

Head	shape ☒	<u>Robust. Friendly</u>
Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒	
	Cover/uncover test ☒ Red reflex right ☒ left ☒	
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒	
	Lt canal ☒ TM translucent ☒ landmarks ☒	
Nose	patent nares ☐	
Oropharynx	mucosa ☒ teeth ☒	
Neck	lymph nodes ☒ supple ☒	
Lungs	clear throughout ☒	
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒	
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒	
	nondistended ☒ nontender ☒ mass? ☒	
	palpable liver? ☒ spleen? ☒ kidneys? ☒	
Inguinal	nodes ☒ symmetric skin folds ☒	
Genitourinary	testes ☒ penis ☒ labia ☒ hymen ☒	
Perineal	Tanner: <u>anus</u> ☒	
MSK Hips	fully abduct ☒ equal leg lengths ☒ gait ☒	
Spine	scoliosis? ☒	
Neurologic	Tone ☒ movements symmetric? ☒	
DTR's	UE <u>14</u> ; LE <u>24</u> ; symmetric? ☒	
Integument	hair ☒ nails ☒ skin ☒	

Lots of hugs!

Drinks water okay -
occ cough

Impression: Growth: nl

Development: nl

Healthy

Plan: Immunizations: UTD ☒ ROR book ☒

Follow-up: at 2 years

Paul Parker, M.D.

Advised re risk of nighttime nursing
(dental caries)
School to 7 months

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 06/04/09

Date: 11/22/10 Influenza Vaccine

Accompanied by: Mother

Subjective:

Pt here for flu vaccine # Yearly

Allergies? 0

Physical Exam: (✓ = normal) General Appearance
Other:

pt well today - except for minor cold.
No fever.

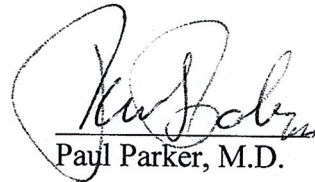
0.25 ml IM Fluzone given.

✓ Pt tolerated procedure well.

Impression: s/p fluvaccine

Follow-up

@ 18 months


Paul Parker, M.D.

Name: Leila FlanaganDOB: 6/4/09Date: 9/29/10 15 month check-up:Accompanied by: 10/13/10 Mom + Dad.Concerns:

- 2 imp new breakers. occasionally coughs when drinking - makes gurgling sounds → discomfort per parents
1/2 hr after drinking sometimes vomens or spit up

Medications:Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? Still Breastfeeding.Teeth: brushed by parent? yes Fluoride? prescribed but not taking.Elimination: bm q every day constipationBehavior: favorite activities: plays, dances,Tantrums? yes danceDevelopment: walks independently ☒ stands alone ☒ 3-5 words ☒ uses cup ☒
understands simple commands ☒ indicates wants ☒ scribbles ☒

Guidance: toilet training readiness

Safety: teach hot & cold ☐ limit fluids with sugar ☒ hazard of plastic bags ☐Social: changes at home? yesWho provides care? Mom + Dad @ homeResources:Day care.Physical Exam:RR: 18Pulse: 100BP: 95/60Temp: 37.5(✓ = normal) Wt: kg 7.5 lb 3 oz Ht / L: cm 33 inHC 50 cm in75 % ile95 % ile95 % ileGeneral Appearance

Head	shape ☒ anterior fontanelle soft ☒ flat ☐ closed ☐
Eyes	Conjunctivae clear ☒ PERRL ☒ EOM ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile Lt canal ☒ TM translucent ☒ landmarks ☒ mobile
Nose	patent nares ☒
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? palpable liver? spleen? kidneys?
Inguinal	nodes ☒ symmetric skin folds ☒
GU	testes ☒ penis ☒ labia ☒ hymen ☒
Perineal	Tanner stage: <u>I</u> anus ☒
MSK Hips	fully abduct ☒ equal leg lengths ☒ gait ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric?
DTR's	UE 4/4; LE 4/4; symmetric?
Integument	hair ☒ nails ☒ skin ☒

Lead:Impression: Growth: NEDevelopment: on targetPlan: Immunizations: Hib ☒ Prevna ☒ Flu.

Follow-up: at 18 months

for DTaP, Var #2, Hep A #2

1 month for

1 fluenza #2

(DtaP) MMR, varicella

Paul J. Parker, M.D.

- ? Reflux - need for medication.

- Recommend to start taking fluoride .25 mg po daily

Leila Flanagan
DOB: 6/4/09

Date: 6/28/10 Twelve month check-up:

Accompanied by: both parents

Concerns:

Diet: fruits ☒ vegetables ☒ grains ☒ meats ☒ whole milk ☒ cup use? ☒
Teeth: fluoride? not yet Pain anywhere? ☒

Elimination: bm q 2-3 days Sleep: up to 11 hours; bedtime routine? ☒

Development: pulls to stand ☒ cruises ☒ waves "bye-bye" ☒ plays "peek-a-boo" ☒
feeds self ☒ holds cup ☒ gets to sitting ☒ "mama" "dada" specifically ☒

Safety: water safety ☒ car seat facing forward ☒ lead exposure risk: ☒

Guidance: minimize sugar exposure/sippy cup ☒ wean bottle/pacifier ☒

Social: changes at home? water resources adequate? yes
Cared for by whom? mother or father

Physical Exam: RR: Pulse: BP: Temp:
(√ = normal) Wt: kg 22 lb 6 oz Ht / L: cm 31 in HC: 48 cm in
75% ile 95% ile 55% ile
General Appearance: robust. Active Abnormalities:

Head	shape ☒ anterior fontanelle soft ☒ flat ☒
Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile ☒ Lt canal ☒ TM translucent ☒ landmarks ☒ mobile ☒
Nose	patent nares ☒
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
Genitourinary	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner
Perineal	stage: anus ☒
MSK Hips	fully abduct ☒ equal leg lengths ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric? ☒
DTR's	UE /4; LE 4/4; symmetric? ☒
Integument	hair ☒ nails ☒ skin ☒

Lead: Cap sample drawn

Hemoglobin: 11.1

Impression: Growth: nl
Development: nl

Plan: Immunizations: MMR ☒ IPV ☒ Varicella ☒
Follow-up: at 15 months

Constipation — encouraged daily pruned product

Paul J. Parker, M.D.

Name: Leila Flanagan

Date: 3/15/10 Nine month check-up:

DOB: 6/4/09

Accompanied by: both parents

Concerns:

- Constipation aided by prunes
- eyes - left eye deviates medially. No double occurrence

Tolerated shots? yes Pain anywhere?

Diet: pureed formula/breast milk until age one ☒

Teeth: fluoride?

Elimination: bm q daily now

Sleep: up to 10 hours

routine?

Development: transfer ☒ pincer grasp ☒ feeds self ☒ sits on own ☒ crawling ☒

looks for dropped toy ☒ "mama" "dada" nonspecifically ☒

Safety: water safety ☒ lead sources ☒ car seat facing forward at 1 yr/ 20 lbs ☒

types of food related to choking ☒ chicken 1888

Social: changes at home?

resources adequate? yes

Cared for by whom? either parent

Stranger anxiety?

Physical Exam:

RR:

Pulse:

BP:

Temp:

(√ = normal) Wt: kg 20lb 1 oz Ht / L: cm 29in 1/4 HC: 78cm in

75 % ile

75 % ile

75 % ile

General Appearance

Head	shape ☒ anterior fontanelle soft ☒ flat ☐
Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile Lt canal ☒ TM translucent ☒ landmarks ☒ mobile
Nose	patent nares ☒
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
Genitourinary	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner
Perineal	stage: ☒ anus ☒
MSK Hips	fully abduct ☒ equal leg lengths ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric? ☒
DTR's	UE /4; LE 2/4; symmetric? ☒
Integument	hair ☒ nails ☒ skin ☒

Impression: Growth: al

Development: 4 wt of

Plan:

Immunizations: UTD ☒

Follow-up: at 12 months

(declined influenza #2)

No strabismus detected
Constipation - continue daily prune products -
counsel on breastfeeding, pediatric ophthalmology

Paul J. Parker, M.D.

Richmond Pediatric and Adolescent Medicine

Pt. Name: Leila Flanagan
Pt. DOB: 6/4/09

Date: 1/26/10 H1N1 #2 Vaccine

Accompanied by: Mother

Subjective:

Pt here for 2nd H1N1 vaccine #

Allergies? NKA - recent URI/Conjunctivitis

Physical Exam: (✓ = normal) General Appearance wnl
Other:

0.25 ml (IM) / SC H1N1 vaccine given
☒ Pt tolerated procedure well.

Impression: s/p H1N1 vaccine #1.

Follow-up @ next sup


Karen Leonard, M.D.

Date: 11/21/10 H1N1 #2 Vaccine

Accompanied by:

Subjective:

Pt here for _____ vaccine # _____

Allergies?

Physical Exam: (✓ = normal) General Appearance

Other:

*declined today
2° to Ori*

_____ ml IM / SC _____ vaccine given

_____ Pt tolerated procedure well.

Impression: s/p _____ vaccine

Follow-up

Paul Parker, M.D.

*Uri - rhinorrhea / barking cough
+ fever*

*Episode of choking while nursing - seemed to
have aspirated secret from nose
Recent episodes of hiccups - or stiff - esp.
thighs & neck. Parents have given
Benadryl*

Ethan drinks readily

wt 19 lb 3oz ↑ 1 lb in one month

TM's gray / translucent

Neck: crepitations clear

Lungs clear throughout

Integ - & lines

*Impression: Uri - no evidence of bacterial focus
field intermittent lines by history*

*Plan: Reassurance. Call if pers, trouble breathing
No contraindication to giving vaccines both secret to doctor.*

+ HINI #1

Name: Leila Flanagan

DOB: 6/4/09

Date: 12/7/09 Six month check-up:

Accompanied by: both parents

Concerns: Pub eyes a bit p photophobic p heavy erythema

Tolerated shots? yes banana, carrot, breast feed Pain anywhere?

Diet: crack, Fe-fortified cereal cup use?

Teeth: fluoride source well H₂O

Elimination: bm q day Sleep: up to 5 hours ; bedtime routine? marked to sleep

Development: eye crossing? no head steady ☒ rolling both ways ☒ sits with support ☒
bears weight ☒ turns to sound ☒ imitating sounds ☒
=> enhance language by reading ☒

Safety: walker ☒ gaits/stairs ☒ electrical cords & outlets ☒ poison control ☒ no Q-tips

Social: changes at home? for resources adequate? yes

Cared for by whom? either parent

Physical Exam: RR: 18 Pulse: 100 BP: 90/60 Temp: 37.5
(√ = normal) Wt: kg 15 lb 3 oz Ht / L: cm 77 in HC: 46 cm in
20 % ile 20 % ile 20 % ile

General Appearance Acute Abnormalities:

Head	shape ☒ anterior fontanelle soft ☒ flat ☒
Eyes	Conjunctivae clear ☒ PERRL ☒ EOMI ☒ Cover/uncover test ☒ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile ☒ Lt canal ☒ TM translucent ☒ landmarks ☒ mobile ☒
Nose	patent nares ☒
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
Genitourinary	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner stage: <u>1</u>
Perineal	anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒ equal leg lengths ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric? ☒
DTR's	UE /4; LE /4; symmetric? ☒
Integument	hair ☒ nails ☒ skin ☒

Areas of mild erythema on skin fold

HINI #1

Impression: Growth: nl
Development: nl

Plan: Immunizations: Pediarix ☒ Hib ☒ Prevnar ☒
Follow-up: at 9 months

Healthy

7 months for HINI #2, Seasonal influenza #2

Paul J. Parker, M.D.

test H₂O for fluoride

Name: Leila Flanagan

DOB: 6/4/09

Date: 10/7/09 Four month check-up:

Accompanied by: both parents

Concerns: dropped from 3-4 feet onto carpet - landed on shoulder
injury w/ - 2 wks of cough/nasal congestion
"chirping" sound esp when lying on back

Tolerated shots? yes Pain anywhere? no

Diet: breast milk Vitamin D supplementation? declined

Elimination: bm q day; cc green Sleep: up to 7-8 hours back-sb

Development: laughs ☒ hands together/open ☒ rolling stomach -> back ☒ tracks 180°
☒ reaching ☒ supports self on arms ☒ responds to parents' voices ☐

Safety: aspiration prevention ☐ no bottle in bed ☐ burn prevention ☐

Social: changes at home? resources adequate?

Plan for returning to work or school?

Cared for by whom? home to parent

both good

Physical Exam: RR: Pulse: BP: Temp:

(√ = normal) Wt: kg 15 lb 4 oz Ht / L: cm 25 in HC: 44 cm in
90 % ile 75 % ile 95 % ile

General Appearance rules! Retracting

Head	shape ☒ anterior fontanelle soft ☒ flat ☐
Eyes	Conjunctivae clear ☒ Red reflex right ☒ %00%8% ☒ (C)
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ mobile Lt canal ☒ TM translucent ☒ landmarks ☒ mobile
Nose	patent nares ☐
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
Genitourinary	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner: <u> </u>
Perineal	anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric? <u>yes</u>
DTR's	UE /4; LE <u>4</u> ; symmetric? <u>yes</u>
Integument	hair ☒ nails ☒ skin ☒

Abnormalities:

Impression: Growth: at 100% Plan: Immunizations: Pediarix ☒ Hib ☒ Prevnar ☒

Development: at 100%

Follow-up: at 6 months

healthy & w/

2 tracheomalacia

intertrigo

No evidence of injury from

Advised w/ D
supplement for
winter

Paul J. Parker MD

Monitor

daily bath attention to cleaning
skin folds thorough drying
zinc ointment application

Richmond Pediatric and Adolescent Medicine

Pt Name: Leila F. Flanagan

Pt. DOB: 6/4/09

Date of visit: 8/3/09

Reason for Visit: Fussy

S:// 3 mo ♀; healthy
 • Rash on neck for awhile - bothering her ^{in skin folds neck} red, irritated.
 • ^{taking a bath QID} Fussy more than usual; rubbing eyes a lot; red on left upper
 • sneezing or coughing; congested esp in AM. → not a lot of ^{bad} sputum
 • obvious ~~etc~~ - fever.
 • eating a lot; not a lot of spit-up. No large sleep problems

Meds: _____ Allergies: _____

O:// VS: Temp: _____ P: _____ RR: _____ O2Sat: _____ wt: _____ Pain?: _____

PE:	Normal	Abnormal	Explain Abnormal Findings:
General appearance:	☒	☐	Happy, smiling NAD
Skin:	☒	☐	Neck folds clear at present, minimal erythema
HEENT:	☒	☐	
TMs:	☒	☐	
OP:	☒	☐	0 teeth
Neck:	☒	☐	
Chest/Lungs:	☒	☐	
Cardiovascular:	☒	☐	
Abdomen:	☒	☐	
GU:	☒	☐	
Extremities:	☒	☐	
Neurologic:	☐	☐	

Labs/Tests: _____

Assessment: Healthy 3mo; normal exam today.
QUR
PT (K)

Plan: - Reassured mother
 - If neck becomes irritated, can apply Aquaphor or ointment as skin protectant
 - discussed signs of URI.
 - FU @ 4 month visit

Time spent = 15 min > 50% in counseling + coord-of-care.

Signature: Karen L. [Signature]

Richmond Pediatric and Adolescent Medicine

Patient Name Leila Flanagan
Patient DOB 6/4/09

Date 8/12/09

Two-Month Check:

Accompanied by: both parents

Concerns: masts now on d. clox cells again; upstet cyst drainage post the days + crying. p. wri dx

Diet: pumped breast milk (w/eeding to pump 5-2-2 Vitamin D?)

Elimination: bm q 1-2

Sleep: up to 1-2 hours

breast weaning: green

Development: smiles responsively ☒ lifts head 45° prone ☐ vocalizes, coos ☒ tracks past midline ☒

Responds to sound ☐ grasps ☐

Safety: fall prevention ☐

discussed burn prevention

Anticipatory Guidance: fever/Tylenol dose ☐ Parent time ☐

Social: changes at home? fine

Plan for returning to work or school? struggling = decision

Discussed pros/cons of daycare

Physical Exam:

RR: 16

Pulse: 110

BP: 90/60

Temp: 37.5

(% = normal) Wt: 11 lb 10 oz Ht/L: cm 23 in 1/2 HC: 41.5 cm in

75 % ile

75 % ile

75 % ile

General Appearance

Robust - appearing

Abnormalities:

Head	shape ☒ anterior fontanelle soft ☐ flat ☐
Eyes	Conjunctivae clear ☐ Red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☐
Oropharynx	mucosa ☒
Neck	lymph nodes ☒ supple ☒
Lungs	clear throughout ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without radial / brachial - femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ nontender ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
Genitourinary /	testes ☒ penis ☒ labia ☒ hymen ☒ Tanner stage: <u>1</u> anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒
Spine	scoliosis? ☒
Neurologic	Tone ☒ movements symmetric? <u>yes</u> DTRs: UE <u>4/4</u> ; LE <u>2/4</u> ; symmetric? <u>yes</u>
Integument	hair ☒ nails ☒ skin ☒

Impression:

Development: al

Growth: excellent

Plan: Immunizations: Pentacel ☐ Hep B ☐ Prevna ☐

Vaccine information sheets provided ☒

Follow-up: at 4 months

Will return in 1 wk for

Paul J. Parker, M.D. Rotavirus (ot parent's request)

Mother c. great difficulty lactating / nursing

08/17/09 Returned for Rotavirus immun
(Note: Plan to be in v. encouraged to do what is best for mother's health - Leila will be breast milk on request)

Richmond Pediatric and Adolescent Medicine

Name: Sofia Flanagan
DOB: 06/04/09

Date: 07/02/09 Weight Check:

Concerns:

Rash under neck

Concern raised by lactation consultant about arm movement bilaterally esp Rt arm

Diet: Breastfeeding Feeding frequency 2-3 hrs Duration 10-15 min vitamin D ☐ Mixing ☐
Formula? Volume 8-10 oz

Elimination: stooling multiple

Sleep: 3-4 hrs
Postpartum: Recuperation

Improving feeding in left arm
Pumped breast with a bottle
Mood happy

Physical Exam:

(√ = normal) Wt: 7 lb 9 oz RR: 16 Pulse: 110 Temp: 98.6
% ile Ht / L: in % ile HC: cm % ile

General Appearance

Alert - robust - appearing

Abnormalities:

Feeds vigorously initially but then less vigorously
Now hearing & swallowing initially

Head	shape ☒ anterior fontanelle soft ☒ flat ☐
Eyes	conjunctivae clear ☐ red reflex right ☐ left ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐
Oropharynx	palate ☒ mucosa ☒
Neck	lymph nodes ☐ supple ☐ Pits? ☐
Lungs	clear throughout ☒ symmetric aeration ☒
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? ☐ pulses without brachial-femoral delay ☒
Abdomen	bowel sounds ☐ absence of bruit ☐ soft ☒ nondistended ☐ mass? ☐ palpable liver? ☐ spleen? ☐ kidneys? ☐
Inguinal	nodes ☐ symmetric skin folds ☐
GU/Perineal	testes ☒ penis ☒ labia ☐ hymen ☐ anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒ 10 fingers ☒ 10 toes ☒ normal creases ☐ feet ☒
Extrem Spine	scoliosis? ☐ sacral defect? ☐
Neurologic	Tone ☒ movements symmetric? ☒ DTRs: UE <u>4+</u> LE <u>4+</u> symmetric? ☒
Integument	hair ☐ nails ☐ skin ☐

sl hyperextension tendency

sl more palmar grip
sl upper extremity tone
neck folds & mild ant desquamation, minimal erythema

Newborn Screen:

Impression: Growth:

Plan:

Follow-up:

adequate at gain

No evidence of upper extremity abnormality

Paul J. Parker, M.D.

Mild irritants - daily bath; clean neck but

Richmond Pediatric and Adolescent Medicine

Name: Leila Flanagan

DOB: 6/4/09

Date: Wed Jan 29
2009

Weight Check: (2) left eye - "line" - comes
in 2 weeks

Concerns:

① mother on debarction for mastitis. Pain in (RT)
breast with feeding - feedy mainly on (LT) sub

Diet: Breastfeeding Feeding frequency 2-3 hrs Duration 20 min vitamin D ☐
Formula? Volume Frequency Mixing

Elimination: stooling q multiple

Sleep: 3 1/2 hrs (6 hrs)

Postpartum: Recuperation

Mood

Physical Exam:

RR: 7 Pulse: 140 Temp: 37.5
(√ = normal) Wt: 7 lb 4 oz % ile Ht / L: in % ile HC: cm % ile
General Appearance ↑ 5.5 in 7 days
pink Appears well

Abnormalities:

Head	shape ☐ anterior fontanelle soft ☐ flat ☐
Eyes	conjunctivae clear ☐ red reflex right ☐ left ☐
Ears	Rt canal ☐ TM translucent ☐ landmarks ☐ Lt canal ☐ TM translucent ☐ landmarks ☐
Nose	patent nares ☐
Oropharynx	palate ☐ mucosa ☐
Neck	lymph nodes ☐ supple ☐ Pits?
Lungs	clear throughout ☐ symmetric aeration ☐
Cardiovascular	Rhythm regular ☐ S1 ☐ S2 splits ☐ Murmur? ☐ pulses without brachial-femoral delay ☐
Abdomen	bowel sounds ☐ absence of bruit ☐ soft ☐ nondistended ☐ mass? ☐ palpable liver? ☐ spleen? ☐ kidneys? ☐
Inguinal	nodes ☐ symmetric skin folds ☐
GU/Perineal	testes ☐ penis ☐ labia ☐ hymen ☐ anus ☐
MSK Hips	fully abduct ☐ Ortolani ☐ Barlowe ☐ 10 fingers ☐ 10 toes ☐ normal creases ☐ feet ☐
Extrem Spine	scoliosis? ☐ sacral defect?
Neurologic	Tone ☐ movements symmetric? ☐ DTRs: UE <u>/4</u> ; LE <u>/4</u> ; symmetric?
Integument	hair ☐ nails ☐ skin ☐

Newborn Screen: al

Impression: Growth:

Plan:

Follow-up: @ 2 mos

Adequate wt gain
(though slow to get
back to birth
weight)

(Earlier print)

Paul J. Parker, M.D.

Mother to have flu & lactation
consultant.

Richmond Pediatric and Adolescent MedicineName: *Sole Flanagan*
DOB: *06/09/09*Date: *06/17/09* 14 day check-up:Concerns: *wt gain/feeding. Wgt feed well from right breast. Blocked duct*Diet: Breastfeeding Feeding frequency *9-23 (97) hrs* Duration *10-15 min* vitamin D ☒
Formula? Volume Frequency Mixing *discussd*
Elimination: stooling q *2-3 x/day - mustardy; occ green*
Sleep: nbn sleep patterns ☐
Temperament: crying/colic ☐ breaks for parents ☐Development: alert ☒ head up ☒ responds to sound ☐Safety: sleeping with parents? fall prevention ☐ water temp < 120 ☐Postpartum: Recuperation *fatigued* MoodPhysical Exam: RR: *20* Pulse: *120* Temp: *36.5*
(√ = normal) Wt: *6 lb 15 oz* % ile Ht/L: *20 in / 27 in* % ile HC: *36 cm* % ile
General Appearance *7.5-8 in 8 days*
*Pinkish vigorous***Abnormalities:**

Head	shape ☐ anterior fontanelle soft ☒ flat ☐
Eyes	conjunctivae clear ☒ red reflex right ☒ left ☒
Ears	Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☐
Oropharynx	palate ☒ mucosa ☒
Neck	lymph nodes ☒ supple ☒ Pits? <i>p</i>
Lungs	clear throughout ☒ symmetric aeration ☒
Cardiovascular	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? <i>p</i> pulses without brachial-femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ mass? <i>p</i> palpable liver? <i>p</i> spleen? <i>p</i> kidneys? <i>p</i>
Inguinal	nodes ☒ symmetric skin folds ☒
GU/Perineal	testes ☒ penis ☒ labia ☒ hymen ☒ anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒ 10 fingers ☒ 10 toes ☒ normal creases ☒ feet ☒
Extrem Spine	scoliosis? <i>p</i> sacral defect? <i>p</i>
Neurologic	Tone ☒ movements symmetric? <i>yes</i> DTRs: UE /4; LE 2/4; symmetric? <i>yes</i>
Integument	hair ☒ nails ☒ skin ☒

Newborn Screen: *if*

Impression: Growth:

Plan:

Follow-up:

*adequate wt gain velocity. Not back to birth weight because of excess weight loss in immediate newborn period.**provided immunization info.*

Paul J. Parker, M.D.

Cont frequent breastfeeding, pumping on right

Richmond Pediatric and Adolescent Medicine

Name: Sela Flanagan
DOB: 06/04/09

Date: 06/09/09 5 day check-up:

Social: mother: Wendy father: Ed Cared for by whom?
Occupations: retailer fish market Resources adequate?
Siblings: Pets: 2 dogs Home
Pregnancy: illnesses / medications EtOH ☒ cigarettes ☒ drugs ☒

Delivery: VBAC - included for pre-eclampsia - MgSO4 Gestational age: Birthwt: 7#6 d/c weight: 6#7
Postpartum: Recuperation Mood

Family History: healthy children (cousin = ADHD)

Concerns: episode of spitting up - blood noted. Mom has had cracked & bleeding nipples

Diet: Breastfeeding Milk in? yes Feeding frequency 3-4 hr Duration 15 min vitamin D ☒ didn't drink
Formula? Volume Frequency Mixing

Elimination: wet diapers 10 per day urinary stream stooling none x 4 day
General Care: cord care ☒ thermometer use ☒ time prone ☒ Sleep:

Temperament: Development: alert ☒ head up ☒ responds to sound ☒

Safety: sleeps on back ☒ no soft items ☒ Parent's bed? Carlee
car seat ☒ fall prevention ☒ smoke detectors ☒ Cigarette smoke exposure? ☒

Physical Exam: RR: Pulse: Temp: 35.5
(√ = normal) Wt: 6 lb 9.5 oz % Ht/L: 20 in 75 % HC: 35 cm 50 %

General Appearance Vigorous & pink

Abnormalities:

Head	shape ☒ anterior fontanelle soft ☒ flat ☒
Eyes	conjunctivae clear ☒ red reflex right ☒ left ☒
Ears	normally set ☒ Rt canal ☒ TM translucent ☒ landmarks ☒ Lt canal ☒ TM translucent ☒ landmarks ☒
Nose	patent nares ☒
Oropharynx	palate ☒ mucosa ☒
Neck	lymph nodes ☒ supple ☒ Pits? ☒ Clavicles ☒
Lungs	clear throughout ☒ symmetric aeration ☒
Cardiovasc	Rhythm regular ☒ S1 ☒ S2 splits ☒ Murmur? ☒ pulses without brachial-femoral delay ☒
Abdomen	bowel sounds ☒ absence of bruit ☒ soft ☒ nondistended ☒ umbilicus ☒ mass? ☒ palpable liver? ☒ spleen? ☒ kidneys? ☒
Inguinal	nodes ☒ symmetric skin folds ☒
GU/Perineal	testes ☒ penis ☒ labia ☒ hymen ☒ anus ☒
MSK Hips	fully abduct ☒ Ortolani ☒ Barlowe ☒
Extrem	10 fingers ☒ 10 toes ☒ normal creases ☒ feet ☒
Spine	scoliosis? ☒ sacral defect? ☒
Neurologic	Tone ☒ movements symmetric? <u>yes</u> DTRs: UE <u>2+</u> /4: LE <u>2+</u> /4: symmetric? <u>yes</u>
Integument	hair ☒ nails ☒ skin ☒

Newborn Screen: pending Hearing Screen: passed
Impression: Growth: Plan: Immunization info given ☒

Excellent at gain

@ 2 wks

Paul J. Parker, M.D.

NEONATAL ASSESSMENT/DISCHARGE SUMMARY

FLANAGAN, NANCY J
0014829279
06/04/2009 F
ATT - PARKER, NO. PAUL J
REF - NANCY J FLANAGAN
PCP - PARKER, NO. PAUL J
ADDRESSOGRAPH

TO BE FILLED OUT BY OB/PEDIATRIC PROVIDERS

BIRTH WEIGHT 7 lb 6 oz	CIRCUMCISION ☐ YES ☒ NO	FEEDING: BREAST ☒ FORMULA TYPE ☒	EGA 38+2	DISCHARGE WEIGHT 6 lb 7 oz
BIRTH LENGTH 21	DELIVERY ROOM		ATTENDING ADMIT ☐ AM	ATTENDING DAY OF DISCHARGE EXAM
BIRTH HEAD CIRCUMFERENCE 36 cm	WNL	DISCUSSION	WNL	DISCUSSION
APPEARANCE & ACTIVITY	X	Vigorous Active	✓	pink vigorous
SKIN CONDITION/COLOR	✓	Turk red rashes, but pink w/ 3 wks	✓	✓
HEENT	X	Polite Infant	✓	no crack, ears,
LUNGS & HEART	X	Clear Bilateral	✓	Reg. S. 1st PC
ABDOMEN / CORD	X	3 v-cut cord	✓	lungs clear
ANUS & GENITALIA	X	Normal anus	✓	throughout
TRUNK / HIPS & SPINE	✓	No clots or pits	✓	PH 8.0
EXTREMITIES	✓	All digits present	✓	hips stable
REFLEXES/TONE	X	Good Tone	✓	no acidosis
ASSESSMENT		Normal Newborn		healthy 7
PLAN		Normal Newborn		Reactive care
DATE & TIME / PHYSICIAN-APRN 06/05/09 11:00 AM T. Stan		DATE & TIME / NEWBORN PCP 06/05/09 08:00 AM		DATE & TIME / NEWBORN PCP 06/07/09 12:00 PM
DATE & TIME / PHYSICIAN-APRN		DATE & TIME / NEWBORN PCP		DATE & TIME / NEWBORN PCP

HOSPITAL COURSE/VARIANCES:

Called to delivery at 30 y/o. G1 P0 with negative serologies, LBSE, on MgSO4 for preeclampsia. MSUD with drying at perineum. Brought to room. Dried/Stimulated. Surface of acrophony. Received Blue Bx at 10:00 AM. Brought to room with good improvement in color. Spontaneous urination/passage of meconium @ 10:00 AM. No further resuscitation. Subtle → going to doctor/mon

DISCHARGE PLANS:

06/06/09 Bx Nursing/feeding well. at 606 10:00 10% from Bx. Vitals & gas all. Urinary well. Skin staining. Exam Vigorous pink. no significant jaundice. 1st. Reg. S. 1st PC. Lungs clear. Abdomen PH 8.0. Poles 7/8 is brachid - personal delay. Hips stable.

DISCHARGE CONCERNS: ☐ LACTATION ☐ PARENTING ☐ Hx DEPRESSION ☐ OTHER:

DISCHARGE CRITERIA

TEMPERATURE STABLE WITHOUT INCUBATOR OR WARMER?	YES	NO	N/A	IF NO, PLAN DETERMINED
NO FEEDING DIFFICULTIES DOCUMENTED / PLAN INITIATED PRN?	✓			Lungs Vigorous infant
STOOL PASSED OR FOLLOW-UP ARRANGED?	✓			Expected at 10:00
URINE OUTPUT AT LEAST ONCE OR PARENTS TOLD TO MONITOR?	✓			Plan Cent. Program feeding
JAUNDICED WITHIN NORMAL LIMITS OF AGE?	✓			1 Lactation hygiene
POST-CIRCUMCISION OBSERVATION FOR 4 HOURS WITH STABLE WOUND?	✓			
NEWBORN SCREEN OBTAINED?	✓			
ABNORMAL RESULTS OF DIAGNOSTIC SERVICES EXPLAINED?	✓			
WELL CHILD FOLLOW-UP DISCUSSED WITH PARENTS?	✓			
NEWBORN PCP SIGNATURE				06/07/09 12:00
NEWBORN FOLLOW-UP WITH (ATTENDING)				FOLLOW-UP APPT. DATE
PARKER				06/09

Department of OB/GYN
OBSTETRIC NEWBORN SUMMARY

NEWBORN INFORMATION

VTX MRN: 0014829279
Delivery Date: 06/04/2009; 1046 Apgars: 8¹, 9⁵
Gestational Age: 38 + 3/7 weeks Weight: 2892 grams Sex: Female
Placental Cord Insertion: Normal; Umbilical Cord Vessels: Three
UA Testing: pH: 7.3; pCO₂: 67; pO₂: 10; Base Deficit: 4; UV pH: 7.38

Pediatricians

Peds NOT Present

Admitting Nursery: Normal Newborn

MATERNAL INFORMATION

Name: Flanagan, Nancy MRN: 0012377255
36 y/o gravida 1 para 0000 at 38+3/7 weeks gestation. Singleton.
Delivery Provider: Elisabeth Wegner

PAST HISTORY: Disorders diagnosed prior to current pregnancy

Medical

No significant history

CURRENT PREGNANCY HISTORY: Disorders diagnosed during current pregnancy

Medical

Substance Abuse: None; Smoking: None; Sexually Transmitted Diseases: None

Obstetrical

Bleeding - Third Trimester: Unknown Source; Mild Preeclampsia

Comments: mild pre-eclampsia with thrombocytopenia. One episode of spotting at 32+2 wks, resolved spontaneously.

Medications during current pregnancy: None

PREGNANCY TESTING

Maternal Labs: A+; Antibody screen: Neg; Rubella titer: Immune; Syphilis Screening: Neg; Gonorrhea Screening: Not Done; Chlamydia Screening: Not Done; Hepatitis B screen: Neg; Hepatitis C screen: Not Done; HIV: Neg; 1hr Glucose: Normal

Serum Screening: Multiple Marker Screening Normal; Cystic Fibrosis Carrier Screening: Neg

Fetal Surveillance: Ultrasound; NST; BPP

LABOR INFORMATION

Labor Onset: Induced; Delivery Indication: Hypertensive disorder of pregnancy; Normal Labor Curve

GBS Status: Negative; GBS Prophylaxis: None

Labor Analgesia: Epidural -Bolus, Epidural -Infusion

Labor & Delivery Medications: Magnesium Sulfate, Post Partum Oxytocin

VTX; OA

Continuous External FHRM; FHR Pattern: Normal

Amniotic Fluid Color: Clear; Duration Rupture of Membranes: <12

Department of OB/GYN

OBSTETRIC NEWBORN SUMMARY

DELIVERY INFORMATION

Spontaneous Vaginal Delivery

Episiotomy: None; Lacerations: Sulcus, Second Degree Perineal; Repair Suture: 4-0 Vicryl

Delivery / Repair Anesthesia: Epidural - Bolus, Epidural - Infusion, Local

EBL: < 500

Placenta: Delivery Method: Other; Configuration: Normal; Comments: Placenta initially appeared to deliver spontaneously although felt sticky and was felt to tear. Membranes were then seen in the vagina, and ring forceps were used to remove the membranes, which led to another lobe of placenta that was removed manually from the vagina. There was no manual exploration of the uterus and therefore no antibiotics indicated.

Labor and Delivery Complications: None

House Staff/CNM Signature: Kelley Burkett Kelley Burkett 06/04/2009 @ 1135

11/20/18

Paul J Parker, MD
12 Burnett Ct
Richmond VT 05477

Re: Leila J Flanagan
Date of Visit: 11/20/2018
Date of Birth: 06/04/2009

Dear Paul J Parker, MD:

I saw Leila J Flanagan today, please see my note below. If you have any questions or concerns please contact me at the phone number above.

11/20/2018

Orthopaedic Surgery Office Visit

SUBJECTIVE: Leila Flanagan is a 9 y.o. female presenting with left knee injury.

- Leila is accompanied by her parents.
- Patient first injured her knee around 9/22/2018. She was playing in a soccer game when she fell onto the anterior aspect of her knee. She had some pain however was able to continue playing. She then had some instances of buckling throughout the next month and had an additional injury near the end of October in soccer. She sustained a twisting type injury. She was able to keep playing soccer however afterward she had increasing levels of pain and difficulty weightbearing. Her father had an appointment with Dr. Slaughterbeck and she was evaluated by him and sent to the emergency department for an MRI. MRI was negative. Was diagnosed with an ACL sprain and a bone contusion likely from the first injury. She was given a knee immobilizer and instructed on rest and weightbearing as tolerated.
- She presents today for a follow-up visit and states that she has had improvements in her pain. She still does not feel ready to run when she is in gym however has been able to wean from the brace and has been able to walk without antalgia. No edema, ecchymosis. No limping. She enjoys playing soccer and would like to ski this winter.
- She also has some pain in the heels as well as some hypermobility of the shoulders.
- No family history pertaining to this issue. No previous issues with the knee.

Past records were reviewed. They can be found in the patient chart.
A pain level of 0 was reported at today's visit for location: KNEE. patient states increased pain with activity

PCP: Paul J Parker

PAST MEDICAL HISTORY: The past medical, surgical, family and social history have

been updated and reviewed in the patient's chart.

REVIEW OF SYSTEMS: A 10-point review of systems was negative unless otherwise noted in the history of present illness above.

-Acid reflux noted on intake form

MEDICATIONS:

No outpatient medications have been marked as taking for the 11/20/18 encounter (Office Visit) with Richard, Lauren B, PA.

ALLERGIES: No Known Allergies

OBJECTIVE:

Physical Exam

Const: She is well-developed, well-nourished, and in no distress.

Head: Normocephalic and atraumatic.

Eyes: EOM are grossly intact. No scleral icterus.

Ears: Hearing intact at conversational levels.

CV: Intact distal pulses.

Pulm: Effort normal. No respiratory distress.

Msk:

Left knee:

- No edema, ecchymosis, erythema. No tenderness to palpation throughout the entire knee. She indicated that diffusely around the anterior aspect of the knee as where her pain is when she does have some. She has full range of motion. Positive for patellofemoral crepitus/clicking bilaterally with passive range of motion. No hip tenderness. Full range of motion of the hips bilaterally. Varus and valgus stress testing were negative for instability or pain. Lachman's with a strong endpoint and without pain today. PCL testing also intact. Hypermobility patella bilaterally. She walks without antalgia. Has moderate hindfoot valgus upon standing today.
- Beighton score: 7/9. Her knees do not hyperextend. She does have very hyperextended elbows bilaterally.

Neuro: No distal motor or sensory deficits.

Skin: Warm, dry, intact. She is not diaphoretic.

Psych: Mood and affect normal.

DIAGNOSTIC DATA: Independent visualization of past and/or today's imaging (not report) was performed by me and with the patient.

- MRI was reviewed from 10/25/2018. No abnormalities. X-rays were also reviewed and were negative for fracture.

Mr Extremity Knee Wo Contrast

Result Date: 10/26/2018

EXAM/TECHNIQUE: Left MR EXTREMITY KNEE WO CONTRAST 10/25/2018 11:12

PM HISTORY: L knee COMPARISON: Knee radiograph 9/22/2018. FINDINGS:

Cruciate Ligaments: ACL: Intact PCL: Intact Medial Compartment: Medial Meniscus:

Intact. Cartilage: Preserved. Medial Supporting Structures: Intact Lateral Compartment:

UVM Medical Center Urgent Care - Fanny Allen Campus
790 College Parkway
Colchester VT 05446
Phone: 802-847-1170
Fax: 802-847-7559

Leila J Flanagan
MRN: 0014829279

Department: UVM Medical Center Urgent
Care - Fanny Allen Campus
Date of Visit: 9/22/2018

Information to Share at your Next Medical Appointment:

Please share this After Visit Summary with your healthcare provider at your next medical appointment.

Diagnoses this visit

Your diagnoses were HAND, FOOT AND MOUTH DISEASE and CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER.

Procedures and tests performed during your visit

Procedure/Test	Number of Times Performed
APPLY ACE WRAP	2
KNEE 4 OR MORE VIEWS	1

You were seen by Howard, Tonya, FNP and Schmitt, Charles, MD.

Follow-up Information

Follow up with Parker, Paul J, MD.

Why: keep appt

Contact information:

12 BURNETT CT
Richmond VT 05477
802-434-5090

Today's Medication Changes. Start Taking

	Disp	Refills	Start	End
prednisoLONE (ORAPRED) 15 mg/5 mL (3 mg/mL) solution	6.8 mL	0	9/22/2018	9/24/2018

Sig: Take 1.7 mL by mouth 2 times daily for 2 days. Drip dose behind lower lip a drop at a time then swallow for topical effect

Pharmacy: HERITAGE DRUGS - STOWE, VT - 1878 MOUNTAIN ROAD Ph #: 802-253-2544

Route: oral

ibuprofen (ADVIL;MOTRIN) 100 mg/5 mL suspension	3 mL	0	9/22/2018	9/24/2018
--	------	---	-----------	-----------

Sig: Take 0.5 mL by mouth 3 times daily for 2 days. Drip dose, a drop at a time behind lower lip for topical effect

Class: OTC

Pharmacy: HERITAGE DRUGS - STOWE, VT - 1878 MOUNTAIN ROAD Ph #: 802-253-2544

Route: oral

ED Current OP Medications

Medication	Sig	Dispense	Doc. Provider
ibuprofen (ADVIL;MOTRIN) 100 mg/5 mL suspension	Take 0.5 mL by mouth 3 times daily for 2 days. Drip dose, a drop at a time behind lower lip for topical effect	3 mL	Schmitt, Charles, MD

Lateral Meniscus: Intact Cartilage: Preserved. Lateral Supporting Structures: Intact Patellofemoral Compartment: Extensor Mechanism: Intact. Cartilage: Preserved. Retinacula: Intact. Bones: Bone marrow signal is unremarkable Joint Space: No joint effusion, No intra-articular bodies. Extra-articular Soft Tissues: Soft tissues about the knee are unremarkable. IMPRESSION: Normal MRI of the left knee. I have personally reviewed the images and the above interpretation and agree with the findings.

ASSESSMENT/PLAN:

1. Injury of left knee, initial encounter
2. Patellofemoral pain syndrome of left knee
3. Benign hypermobility syndrome
4. Congenital hindfoot valgus
5. Overuse syndrome

Other Orders Placed This Visit

Procedures

- Amb Consult/Follow Up Physical Therapy
- Knee Sleeve W/ Hinge/Low Profile (L1810)
- Patient had a left knee injury about 2 months ago with a subsequent injury about 1 month ago. MRI and radiographs are negative for abnormalities. She has been improving, however still has some weakness associated with her knee. I recommended a knee brace for any high risk/physical activities for the next 1-2 months. Also recommended physical therapy with which I provided referral for.
- Recommended some inserts for the moderate hindfoot valgus and heel pain and we discussed super feet inserts, green. I did state that she has some hypermobility and is at a slightly higher risk for injury due to strain on a hyperextended joint. Physical therapy could be helpful to strengthen the surrounding musculature and help prevention of injury with this as well.

Follow up: We discussed our follow-up options and family would like to leave their follow-up open at this time and have her contact me for any persistent or worsening issues in the next couple of months.

I discussed all of the above verbally with patient and caregivers, no barriers to understanding. They indicated understanding and agree to the above plan and will contact us for any questions or concerns.

Dr. David Lisle was the attending physician available in the clinic today if needed. A consultation was not required. This document has been prepared with either speech recognition software or keyboard data entry techniques. Minor irregularities or keyboarding misprints may be present.

Lauren B Richard, PA

CC:

James R Slauterbeck, MD



ED Current OP Medications (continued)

Medication	Sig	Dispense	Doc. Provider
prednisolONE (ORAPRED) 15 mg/5 mL (3 mg/mL) solution	Take 1.7 mL by mouth 2 times daily for 2 days. Drip dose behind lower lip a drop at a time then swallow for topical effect	6.8 mL	Schmitt, Charles, MD

Discharge Instructions

Use wet melting ice on the affected area. Wet melting ice on the area until numb, Then let the area warm back up. Once the skin is warm you can repeat and ice it again. The more cycles you do, Ice 'til numb - rewarm, the better.
Don't use dry frosty ice - it can frostbite as can squishy freezer packs.
Don't use a wet washcloth- it only slows the process down and prevents the ice from working.
Do this especially over the next 4 days.

Both prednisolone and ibuprofen, measure out dose and then use, a drop at a time behind lower lip so that the area that has the sores gets soaked in the medicine, then swallow.

Discharge References/Attachments

BRUISES (ENGLISH)
STOMATITIS (ENGLISH)
HAND-FOOT-AND-MOUTH DISEASE: PEDIATRIC (ENGLISH)

Health Assistance Program

The Health Assistance Program (HAP) at the UVM Medical Center offers patient assistance, financial assistance, advocacy and support for a variety of health care needs. Below are some of the services offered:

- Perform screening for eligibility and financial assistance
- Provide assistance with enrollment in State and Federal benefit and insurance programs
- Connect you to hospital programs that provide health care at a free or reduced cost
- Provide you with resources to help pay for medications and/or medical supplies
- Link you to additional community resources and health information if needed

Please call HAP at 802-847-6984, Monday through Friday between 8:30am and 5:00 pm for more information

THE
University of Vermont
MEDICAL CENTER

UVM Medical Center Sports Medicine Program - Tilley
192 Tilley Dr
So Burlington VT 05403
Dept Phone: 802-847-6000
Dept Fax: 802-847-5819

10/25/2018

Paul J Parker, MD
12 Burnett Ct
Richmond VT 05477

Re: Leila J Flanagan
Date of Visit: 10/25/2018
Date of Birth: 6/4/2009

Dear Paul J Parker, MD:

I saw Leila J Flanagan today, please see my note below. If you have any questions or concerns please contact me at the phone number above.

Leila is a new patient seeing me today. She came in with her mother who is also injured today. She said her daughter got hurt playing soccer last night and has been limping and unable to bear weight since then. She stated about September 22, she was jumping on a trampoline and had pain in her knee. Her mother was concerned about her, took her to the emergency room at the Fanny Allen. X-rays were obtained, were mostly normal, but there was a fusion that was seen anteriorly. She recovered from that mostly, returned to soccer but was favoring that side a little bit since she did not want to kick with that side as much as with the other side. She played in a game yesterday and had a lot more pain. After the game was unable to walk, had a lot of pain in the distal femur and around the knee joint. The more that she uses her knee, the more it is painful. Rest makes it better. Today states her knee is only about 25% of normal. Did not affect his sleep. She has been on crutches and trying to bear more weight.

REVIEW OF SYSTEMS: Please see our intake exam. I have signed off the intake exam.

PAST MEDICAL HISTORY: Good general medical health. No prior surgeries.

FAMILY HISTORY: Negative for DVT and bleeding problems.

SOCIAL HISTORY: She is a student. She is in 4th grade. Does not smoke, does not drink. Plays soccer, skiing and lacrosse. She is 53 inches, 68 pounds.

GENERAL EXAM: Constitutional: Well groomed. Eyes reactive. Respiratory: No labored breathing. Psychiatric: Responsive to exam. Skin: Normal skin color. Neurologic: Sensation to soft touch intact. Cardiovascular: Brisk capillary refill. Musculoskeletal: Observation of her leg. She has a small effusion and some swelling around the distal femur. Palpation shows tenderness at the distal femoral growth plate

Patient: Leila J Flanagan MRN: 301482929 DOB: 6/4/2009

Patient Name: Flanagan, Leila J (MRN 0014829279) DOB: 06/04/2009

ED-GT32

ED Consult and Procedure Notes (continued)

Consults by Caldwell, Ryan, MD at 10/25/2018 22:29 (continued)

Author: Caldwell, Ryan, MD	Service: Orthopedics	Author Type: Resident
Filed: 10/26/2018 0:01	Date of Service: 10/25/2018 22:29	Status: Signed
Editor: Caldwell, Ryan, MD (Resident)		

Orthopaedic Surgery Consultation

HPI: Leila J Flanagan is a 9 y.o. female with no past medical history who has had knee pain for the past several weeks.^[RC1 1] On September 22, she fell on her left knee in a soccer game, and it hurt for the rest of that day but was totally better by the next day. Since that time, she is intermittently had some mild pain in the knee, but nothing that has kept her from walking on it or that has limited her activity. Yesterday, she had another soccer game, where she may have twisted the knee a few times, but was able to finish the game and had no problems until afterward, where suddenly she had fairly severe pain and was unable to walk without a limp.

Her mother happened to have an appointment at Tilley Drive for an unrelated matter, and Dr. Slauterbeck saw Leila on crutches, examined her, and recommended an MRI. They present to the ED for this MRI.

No fever, no systemic symptoms, no history of knee problems, otherwise healthy.

Past Medical Hx: None

Past Surgical Hx: None

Family History: None pertinent

Social History: In fourth grade. Plays lacrosse and soccer.

Medications: None

Allergies: NKDA^[RC1 2]

Objective:

Blood pressure 121/85, pulse (I) 107, temperature (I) 38.0 °C (100.4 °F), temperature source Temporal, resp. rate 15, height 134.6 cm (53"), weight 30.8 kg (68 lb), SpO2 100 %.

General: Awake, alert and pleasantly conversant

Cardio: RRR

Respiratory: NRE

HEENT: EOMI

Psych: Pleasant affect

MSK:^[RC1 1]

L^[RC1 2]LE

^[RC1 1]Small effusion. Skin is intact, nonerythematous. Nontender to palpation throughout the knee, minimal pain with passive range of motion from full extension to 1^[RC1 2]4^[RC1 3]0 degrees of knee flexion. No pain with range of motion of the hip. No pain with axial load.^[RC1 2]

-No instability to varus or valgus stress at full extension or at 20 degrees of flexion. -Negative posterior drawer, Lachman's test showed no excessive anterior translation and a firm endpoint.^[RC1 3]

-Vascular: +2 DP, VWP

-Sensory: Light touch sensation intact to sural, saphenous, superficial peroneal, deep peroneal, tibial nerves distributions.

with significant tenderness on the medial and the lateral side and increased with varus stress. Range of motion of the knee is 0 to about 110 degrees of flexion. Strength is diminished secondary to pain. Her Lachman has a good solid endpoint. Varus I think open slightly. I am concerned about it opening at the growth plate, so it was only tested gently. I reviewed the record. X-rays were reviewed and did show a fusion as well as on the oblique possibly some widening of the distal femoral physis.

PLAN: My plan is I would like to have her go to the ER, get an urgent MRI, should be nonweightbearing, on crutches and a brace. Follow up will be after the x-rays were obtained. I have discussed that I do not want her to weightbear at all until we get the MRI tonight. I have called the resident in the ER and we will discuss what the plan is.

James R Slauterbeck, MD



53 Timber Lane, S. Burlington VT 05403
T: (802) 864-0294 F: (802) 864-3779
www.TLAAA.com



**Allergy and Asthma
Associates**
Breathe Easy

Elizabeth Jaffe MD PhD ABAI

Edward Kent Jr. MD ABAI

Mark Lazarovich MD ABAI

Patient Name: Leila Flanagan **Date of Birth:** 06/04/2009
TLAAA Physician: Dr. Jaffe **Assisted by:** Marybeth
Physician of Record: Paul Parker MD

Visit Date: 03/28/2018

Reason for Visit: Evaluation of: Throat clearing, cough

History of Present Illness: 8 yo girl accompanied by mom, with recurrent throat clearing through the day that used to disappear at night. Has had repetitive behaviors before. Had eye blinking that resolved. Does state she has a lot of mucous in her throat and has heartburn often. Only takes Tums. Sometimes has chest pain. Trying to manage some anxiety, feels like she has some SOB or chest tightness when pain in chest is happening. Feels like she has to take deep breaths at times. Denies nocturnal symptoms or wakings. Also has frequent nose blowing, sniffing and wakes up thirsty. No treatment tried. Occasional snoring.

Environmental History: Significant Exposure to: Cat. Dog. Dad w 1 dog. Mom w 2 cats, 1 dog, home "filled w moisture" and has forced hot air heat. No smoking or wood stove with either home.

Pulmonary Function Test: Spirometry: Normal Reversibility Assessment: not performed
FVC -99% predicted, FEV1-93% predicted, FEF25-75 -84% predicted

Allergy Skin Tests: Negative to common aeroallergens

Assessment Plan: Leila's skin tests were negative to dust mites, tree, grass, weed pollens, cat, dog, mouse, horse, mold, and feathers. She reacted as expected to the positive histamine control. Spirometry was normal. She has habit throat clearing, and possible reflux. She also had a very full appearance of her neck. I ordered a free T4 and TSH. I prescribed a trial of Prevacid 15mg half hour before bed. She can stop if this is not helpful after a month trial. We discussed dietary reflux precautions. She also has habit throat clearing that disappears at night, and other types of cough/clearing that appear throughout the daytime do not generally disappear at night. She has a normal breathing test. She should try taking sips of water when she feels like coughing/clearing. The more she coughs/clears, the more she'll feel like she needs to do this, so it is important to consciously suppress it.

Encounter Diagnosis:

- Pain in throat (Throat Clearing) (ICD10CM - R07.0)
- Cough (Cough) (ICD10CM - R05)
- Gastro-esophageal reflux disease without esophagitis (Gastro-esophageal reflux disease without esophagitis) (ICD10CM - K21.9)

Signed electronically by Elizabeth Jaffe, M.D., Ph.D. on 03/28/2018. **Follow Up for re evaluation:** as needed.

This is a visit summary. Full transcript (SHx, PMHx, ROS, VS, complete PE) available on request to TLAAA PC

Timber Lane Allergy & Asthma Associates Leila Flanagan 06/04/2009

Patient Name: Flanagan, Leila J (MRN 0014829279) DOB:
06/04/2009

ED-GT32

ED Consult and Procedure Notes (continued)**Consults by Caldwell, Ryan, MD at 10/25/2018 22:29 (continued)**

-Motor: 5/5 TA, gastroc, FHL, EHL

Diagnostic Imaging:

AP, lateral and oblique views of the ^[RC1 1] left knee ^[RC1 2] show ^[RC1 1] a small effusion, no fractures and no other abnormalities

MRI of the left knee shows ^[RC1 2] increased signal in the ACL, but the fibers appear intact. No other acute injuries, no fractures, no OCD lesion, otherwise unremarkable ^[RC1 3].

Assessment:

Leila J Flanagan is a 9 y.o. female ^[RC1 1] with a grade 1 ACL sprain. ^[RC1 3]

Plan: ^[RC1 1]

1. WBAT, AAT, knee immobilizer for comfort
2. Pain control per ED provider
3. Follow up with Dr Slauterbeck, the clinic will call her with an appointment ^[RC1 3]

Ryan Caldwell
Orthopedic Surgery
10/25/2018 22:29
p3215 ^[RC1 1]

Electronically signed by Caldwell, Ryan, MD at 10/26/2018 0:01

Revision History

User Key	Date/Time	User	Provider Type	Action
> RC1.3	10/26/2018 0:01	Caldwell, Ryan, MD	Resident	Sign
RC1.2	10/25/2018 22:33	Caldwell, Ryan, MD	Resident	
RC1.1	10/25/2018 22:29	Caldwell, Ryan, MD	Resident	

Last Vital Signs in ED

BP 121/85, Temp 37.9 °C (100.2 °F) (Oral), Pulse (b) 108 , Resp 16, SpO2 100%

Lab Results

None

ED Current OP Medications

None

ED Prescriptions

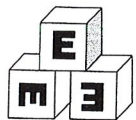
None

Allergies (verified on: 10/25/18)

(No Known Allergies)

Follow-up Information

Follow up With	Details	Comments	Contact Info
UVM Medical Center Emergency Department -		As needed, If symptoms worsen	111 Colchester Ave Burlington Vermont 05401



PediatricEyeCare

Molly M. Hastings, M.D.
Pediatric Ophthalmology

May 17, 2010

Paul Parker, M.D.
12 Burnett Ct.
Richmond, VT 05477

RE: Leila Flanagan
DOB: 6/4/09 DATE OF EXAM: 5/10/10

Dear Paul:

The following is a summary of Leila's recent eye exam.

PEDIATRIC EYE AND VISION EXAM: Leila's parents feel that her eye might be turning in at times. She has noticed this for several months. She otherwise feels she sees well. There is no family history of significant eye disease.

UNCORRECTED NEAR AND DISTANCE ACUTY: OD fix and follows, OS fix and follows.

REFRACTION: Mild hyperopia.

BALANCE: No strabismus. Full extraocular eye muscle movement.

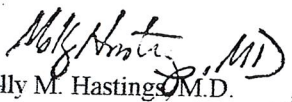
ANTERIOR AND POSTERIOR SEGMENT: Wide flat nasal bridge with asymmetric epicanthal folds. Cornea and lens clear. Optic nerves healthy.

ASSESSMENT: PSEUDOSTRABISMUS. I feel Leila's eyes are straight. She is not very farsighted. She seems to be developing good vision in each eye.

FOLLOW-UP: As needed.

Thank you for referring this patient.

Sincerely,


Molly M. Hastings, M.D.

MMH/kbs

Dictated but not read.



Leila Hagan
DOB: 6/4/09

01/19/14

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.? Yes No
2. Does your child take an interest in other children? Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? Yes No
6. Does your child ever use his/her index finger to point, to ask for something? Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? Yes No
9. Does your child ever bring objects over to you (parent) to show you something? Yes No
10. Does your child look you in the eye for more than a second or two? Yes No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) Yes No
12. Does your child smile in response to your face or your smile? Yes No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes No
14. Does your child respond to his/her name when you call? Yes No
15. If you point at a toy across the room, does your child look at it? Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
18. Does your child make unusual finger movements near his/her face? Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
20. Have you ever wondered if your child is deaf? Yes No
21. Does your child understand what people say? Yes No
22. Does your child sometimes stare at nothing or wander with no purpose? Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

Hand
2/23

D

University of Vermont
MEDICAL CENTER

Flanagan, Leila J

MRN: 0014829279

McDonald, Trevor
Non-Licensed Staff
Pediatric Gastroenterology

Progress Notes
Signed

Encounter Date: 10/23/2019

University of Vermont
Children's Hospital

Pediatric
Gastroenterology
Michael D'Amico, M.D.
Jillian Sullivan, M.D.

Medical Center Campus
111 Colchester Avenue
Burlington, VT 05401
(802) 847-4488

Date of Test: 10/23/2019

Leila J Flanagan
10 y.o. female
0014829279
6/4/2009

Referring Provider: Paul Parker, M.D.

Reason for Test: Abdominal pain

Patient's Preparation for Test:

Last PO intake: 20:00 10/23/19
Antibiotics: None
Other Medications: None
Smoking Exposure: None

Patient Education Topic: Lactose Breath Hydrogen Test

Method: Verbal
Taught to: Family, Patient
Barriers: None
Outcomes: independent

Signature: TREVOR MCDONALD

Patient's ID was verified X2 prior to Procedure Start.

Vital Signs Taken: Ht 145.2 cm (57.17") | Wt 40.7 kg (89 lb 11.6 oz) | BMI 19.30 kg/m²

Lactose Dose: 10ml/kg

Amount of Lactose (20% aqueous solution) given: 250ml

Time	Hydrogen (ppm)	Symptoms
08:50	12	None (Baseline)
09:50	4	None
10:50	5	None
11:50	19	None

Results: Based on the results of today's test, Leila is able to tolerate lactose normally.

TREVOR MCDONALD

I was supervised by Jillian Sullivan, M.D. who was present and immediately available in the office suite.

TREVOR MCDONALD

10/23/2019

11:22

Electronically signed by McDonald, Trevor at 10/23/2019 12:00

Office Visit on

10/23/2019

Today's Date: 10-23-19

Patient name: MRN: 0014829279
Flanagan,
Leila J

DOB:

DOB: 06/04/2009 Female

MRN:



VITALS

Ht: 145.2 cm

Wt: 40.7 kg

Allergies:

Medications:

TEST

	TIME	H2	CH4	CO2	Correction	Symptoms
Baseline	08:50	12	13	3.8	1.44	NONE (Baseline)
Breath 1	09:50	4	10	4.0	1.37	NONE
Breath 2	10:50	5	11	3.5	1.57	NONE
Breath 3	11:50	17	15	4.1	1.34	NONE

Imaging Report

Fanny Allen Campus
790 College Parkway
Colchester, VT 05446

THE
University of Vermont
MEDICAL CENTER

FLANAGAN, LEILA J

MRN: 001482927-9
DOB: 06/04/2009
Accession: 18432158

Sex: F
Patient Location: FAC

Date Completed: 09/22/2018 5:39 PM

Signs & Symptoms: Pain, fall, collision and cleated in the knee, pain, not weightbearing

History: Side: Left; Patient Weight kg (1 lb = 0.4536 kg): 34.5; Clinical History and Rule Out: patellar/sunrise views to rule out possible verticle / sagittal fx of patella; Portable: No; Priority for Discharge: Yes; Referral Priority: Urgent

Requesting Provider: SCHMITT MD, CHARLES
UVMHC-URGENT CARE
790 COLLEGE PARKWAY
COLCHESTER, VT 05446

Attending Provider: SCHMITT MD, CHARLES
UVMHC-URGENT CARE
790 COLLEGE PARKWAY
COLCHESTER, VT 05446

Phone: (802) 847-1170

Phone: (802) 847-1170

FINAL REPORT

Exam: (FAH) XRKNEE4UPLEFT - KNEE 4 OR MORE VIEWS

KNEE 4 OR MORE VIEWS 9/22/2018 5:39 PM

HISTORY:

Pain, fall, collision and cleated in the knee, pain, not weightbearing. patellar/sunrise views to rule out possible vertical / sagittal fx of patella

COMPARISON:

None

TECHNIQUE:

Frontal, crosstable lateral, left and right obliques and axial view of the left knee

FINDINGS:

There is no evidence of acute fracture, subluxation, or dislocation. The patella is normally seated within the trochlea. Bone mineralization is normal in this skeletally immature patient. A trace suprapatellar left knee joint effusion is noted. Mild prepatellar soft tissue swelling seen in the sunrise view.

I have personally reviewed the images and the above interpretation and agree with the findings.

Dictated By: DEHAY MD, PRICE
Signed By: LEMOS MD, DIEGO 9/22/2018
Authenticated By: LEMOS MD, DIEGO 9/22/2018
CC: PARKER MD, PAUL J

Clinician: JAFFE MD, ELIZABETH F

PRINTED @ 03/29/2018

FLANAGAN, LEILA J

MRN: 0014829279

DOB: 06/04/2009

Loc: DAA

Sex: F

DRPD

CLINICAL LAB REPORT*

===== PHYSICIAN COPY FOR DR: PARKER MD, PAUL J =====

Collected: 03/28/2018 14:42

Received: 03/28/2018 16:19

Copy Sent To: PARKER MD, PAUL J

T4, Free	1.2	ng/dl	[0.8-2.0]
TSH	2.12	uIU/ml	[0.50-4.50]



FLANAGAN, LEILA J
Printed @ 08:25

Outpatient Report

MRN: 0014829279

Page: 1

H = HIGH L = LOW * = CRITICAL
MARK K. FUNG, MD, PHD DIRECTOR 111 COLCHESTER AVE. BURLINGTON, VT 05401 802-847-5121

LABORATORY REPORT
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Clinician: PARKER MD, ALYSSA K PRINTED @ 09/03/2018 FLANAGAN, LEILA J
MRN: -0014829279 Loc: DRPD
DOB: 06/04/2009 Sex: F

Pharyngitis Culture Final 09/02/2018
Acc. No.: F14604
COLLECT DATE: 08/31/2018 COLLECT TIME: 1300
RECEIVE DATE: 08/31/2018 RECEIVE TIME: 2313
Specimen Description: Throat

Result

#1.No group A beta streptococci isolated. Usual oro-pharyngeal flora.

AP

FLANAGAN, LEILA J
Printed @ 07:30

MRN: 0014829279
Page: 1

UVMMC H = High L = Low * = Critical
111 Colchester Ave, Burlington, VT 05401 802-847-5121

Clinician: PARKER MD, PAUL J

PRINTED @ 03/30/2015

FLANAGAN, LEILA J

MRN: 0014829279

DOB: 06/04/2009

Loc: DRPD

Sex: F

CLINICAL LAB REPORT*

Pharyngitis Culture

Final 03/30/2015

Acc. No.: S80919

COLLECT DATE: 03/28/2015

COLLECT TIME: 1330

RECEIVE DATE: 03/28/2015

RECEIVE TIME: 1631

Specimen Description: Throat

Result

#1. No group A beta streptococci isolated. Usual oro-pharyngeal flora.

[Handwritten signature]

FLANAGAN, LEILA J
Printed @ 23:00

Outpatient Report

MRN: 0014829279

Page: 1

H = HIGH
RONALD J. BRYANT, M.D DIRECTOR

L = LOW
111 COLCHESTER AVE.

* = CRITICAL
BURLINGTON, VT 05401

802-847-5121

Clinician: PARKER MD, PAUL J

PRINTED @ 03/27/2015

FLANAGAN, LEILA J

MRN: 0014829279

DOB: 06/04/2009

Loc: DRPD

Sex: F

Collected: 03/25/2015 16:03

Received: 03/25/2015 16:23

Amylase	41		U/L	
Comp Metabolic Pnl				
Potassium	4.2		mEq/L	[3.3-4.6]
Sodium	140		mEq/L	[136-145]
Chloride	104		mEq/L	[96-110]
CO2	27		mEq/L	[24-32]
Alkaline Phosphatase	146		U/L	[134-346]
Bilirubin, Total	<0.5		mg/dl	[<1.0]
AST	32		U/L	[15-50]
ALT	27	H	U/L	[<26]
Albumin	4.4		g/dl	[3.5-5.2]
Protein, Total	6.8		g/dl	[5.9-7.8]
Creatinine	0.44		mg/dl	[0.29-0.48]
GFR, calculated	Age <18		ml/min/1.73m2	
BUN	14		mg/dl	[7-17]
Calcium	9.9		mg/dl	[8.8-10.1]
Calculated Calcium	9.9		mg/dl	[8.8-10.1]
Glucose, Serum	114	H	mg/dl	[70-100]
Fasting?	Unknown			
IgA	55		mg/dl	[25-153]
Lipase	80		U/L	[<151]
Hemagram				
WBC	9.91		K/cmm	[5.0-14.5]
RBC	4.51		M/cmm	[3.90-5.30]
HGB	12.2		gm/dl	[11.5-13.5]
HCT	36.3		%	[34.0-40.0]
MCV	80		fl	[75-87]
MCH	27.1		pg	
MCHC	33.7		gm/dl	
RDW-CV	13.9		%	
RDW-SD	40.3		fl	
PLT	325	H	K/cmm	[156-312]
MPV	8.6		fl	

Tissue Transglut Ab

<1.2 U/mL
The use of this assay and normal range (result interpretation) has not been established for pediatric samples.

The following results were obtained with the INOVA QUANTA Lite R h-tTG IgA ELISA assay on the Dynex DSX. A negative result may be due to IgA deficiency and does

Outpatient Report

MRN: 0014829279

Page: 1

FLANAGAN, LEILA J
Printed @ 23:00

Outpatient Report



In alliance with
The University of Vermont

Clinician: PARKER MD, ALYSSA K

PRINTED @ 01/06/2013

FLANAGAN, LEILA J

MRN: 0014829279

DOB: 06/04/2009

Loc: DRPD

Sex: F

CLINICAL LAB REPORT*

Pharyngitis Culture

Final 01/06/2013

Acc. No.: F44489

COLLECT DATE: 01/04/2013

COLLECT TIME: 1400

RECEIVE DATE: 01/04/2013

RECEIVE TIME: 2044

Specimen Description: Throat

Result

#1. No group A beta streptococci isolated. Usual
oro-pharyngeal flora.

FLANAGAN, LEILA J
Printed @ 23:00

Outpatient Report

MRN: 0014829279

Page: 1

H = HIGH L = LOW * = CRITICAL

RONALD J. BRYANT, M.D DIRECTOR

111 COLCHESTER AVE.

BURLINGTON, VT 05401

802-847-5121

In alliance with
The University of Vermont

Clinician: PARKER MD, PAUL J

PRINTED @ 02/20/2012

FLANAGAN, LEILA J

MRN: 0014829279

DOB: 06/04/2009

Loc: DRPD

Sex: F

Pharyngitis Culture

Final 02/20/2012

Acc. No.: S8197

COLLECT DATE: 02/18/2012

COLLECT TIME: 1250

RECEIVE DATE: 02/18/2012

RECEIVE TIME: 1843

Specimen Description: Throat

Result

#1.No group A beta streptococci isolated. Usual
oro-pharyngeal flora.

FLANAGAN, LEILA J
Printed @ 23:00

Outpatient Report

MRN: 0014829279

Page: 1

H = HIGH L = LOW * = CRITICAL

RONALD J. BRYANT, M.D DIRECTOR

111 COLCHESTER AVE.

BURLINGTON, VT 05401

802-847-5121

Copley Hospital
Morrisville, Vermont 05661

L A B R E P O R T

---PATIENT NAME--- SEX AGE BIRTH ADMIT M/R# PATIENT# RM/LOC TYPE
FLANAGAN LEILA J F 2 060409 071411 207125 I38427 O/P
ORD: PARKER PAUL ATT: SEC: PRI:
PAT PHONE: (802)253-6708

---PROCEDURE--- CLOSTRIDIUM TOXIN A/B ORDER # 56977
--ORDERED-- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED--
7/14/11 1339 7/14/11 1338 7/14/11 1338 7/14/11 1515 7/14/11 1515
SGH MOM SGH LBC LBC

CLOSTRIDIUM DIFFICILE TOXIN A/B (ANTIGEN)

{ Source: STOOL
{ Consistency: SOFT
{ C. diff. Toxin A/B NEGATIVE



VERMONT DEPARTMENT OF HEALTH LABORATORY

195 COLCHESTER AVENUE

BURLINGTON, VERMONT 05402-1125

(802) 863-7335 (800) 660-9997 (VT ONLY)

BLOOD LEAD TEST RESULT

LITS Number: 2010019970-001-A

State Health Dept No: 10PB7501

Date Specimen Collected: 06/28/2010

Date/Time Received: 07/01/2010 07:51:00

Submitter: RICHMOND PEDIATRICS

Address: 12 BURNETT COURT

RICHMOND

VT

05477

PAUL PARKER MD

Last Name: FLANAGAN

First Name: LEILA

Date of Birth: 06/04/2009

Sample Type: BLOOD, CAPILLARY

Date of Test 07/01/2010

Date Reported 07/02/2010

Test	Results	Units	Normal Level
Blood Lead	< 5	ug/dL = micrograms per deciliter	There is no safe level of lead in the blood

Comments:

Registry Comments:

Follow-up is recommended for all blood lead levels ≥ 5 $\mu\text{g/dL}$. Confirm all capillary blood lead test results ≥ 10 $\mu\text{g/dL}$ with a venous blood lead test

Confirmation tests and retests should be done with a venous blood lead test.

BLL	Confirming Capillary Results	Retesting
5 – 9 $\mu\text{g/dL}$	Confirmation not recommended	Retest in 6 months
10 – 19 $\mu\text{g/dL}$	Confirm in 2 weeks	Retest in 3 months
20 – 44 $\mu\text{g/dL}$	Confirm in 1 week	Retest in 1 – 3 months
45 – 69 $\mu\text{g/dL}$	Confirm in 24 – 48 hours	Retest according to clinical plan
70+ $\mu\text{g/dL}$	Confirm immediately - emergency test	Retest according to clinical plan

Contact the Childhood Lead Poisoning Prevention Program at 1-800-439-8550 for lead education materials or clinical consultation or go to health.vermont.gov.

If you have questions about this report, please call the laboratory at (802) 863-7335.

Date Printed: 07/02/2010 12:29:20



DEPARTMENT OF HEALTH

Vermont Newborn Screening Program
Children with Special Health Needs

Agency of Human Services

Print Date: 6/12/2009

Baby's Name : FLANAGAN,
Mother's Name : FLANAGAN, NANCY

PAUL PARKER, M.D.
RICHMOND PEDIATRIC & ADOLESCENT MEDICINE
12 BURNETT COURT
RICHMOND, VT 05477

, VT
() -
Physician's Name : PAUL PARKER, M.D.
Baby's Sex : FEMALE
Birth Date : 06/04/09 10:46 (military time)
Specimen Date : 06/07/09 4:00 (military time)
Hospital : FLETCHER ALLEN HEALTH CARE
Lab No : UP06-09-09-0366
Medical Rec. No : 0014829279
Birth Weight : 3345 grams
Current Weight : 2920 grams
Filter Paper No : 403327

Please assure that this report is reviewed by the individual who authorized the request,
and that this laboratory report is inserted into the patient's medical record.

NEWBORN SCREENING TEST REPORT (Initial Blood Filter Paper Specimen)

Targeted Congenital Disorders / Analyte Tested	Results Within Range	Results Out of Range	Reference Range (for newborns)
Adrenal Hyperplasia(CAH) / 17-OH-Progesterone	<13.5 ng/mL		<60 ng/mL(weight dependent)
*Biotinidase Deficiency / Biotinidase	>=30%		>=30%
Cystic Fibrosis / IRT PERCENTILE	33.2%		<95.1%
Galactosemia / Galactose,Total	<=2 mg/dL		<14 mg/dL
Hemoglobinopathies / Hemoglobin Isoelectric Focusing	FA		FA, AF, or A
Homocystinuria / Methionine	<1.5 mg/dL		< 1.5 mg/dL
Hypothyroidism (CH) / Thyroxine	21.7 ug/dL		>5.0 ug/dL
Maple Syrup Urine Disease (MSUD) / Leucine	<=4.5 mg/dL		<= 4.5 mg/dL
MCAD / Octanoylcarnitine	<0.80 uM		<0.80 uM
Phenylketonuria (PKU) / Phenylalanine (PHE)	<=2.3 mg/dL		<= 2.3 mg/dL
^Metabolic / Additional Metabolic Panel A	All in Range		ALL in Range

^Additional Metabolic Panel A

Amino Acid- Tyrosinemia Type I
Urea Cycle- Arginosuccinic Aciduria, Citrullinemia,
FAOD- LCHAD, VLCAD
Organic Acid- B-KT, GA-I, HMG, IVA, MCC, MMA, Propionic Acidemia

B

*This test has not been cleared or approved by the FDA. However, the test was developed and its performance characteristics determined by the New England Newborn Screening Program, and the FDA has determined that its clearance and approval are not required.

Attention Health Care Provider: Newborn screening tests are intended to provide an early opportunity to detect disorders before symptoms appear. These tests are not diagnostic. Regardless of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above.

Tests Performed by New England Newborn Screening Program, 305 South Street, Jamaica Plain, MA 02130 Roger Eaton, Ph.D., Director.

Cynthia L. Ingham, RN, BSN, VT Newborn Screening Program Coordinator

108 Cherry Street ♦ PO Box 70 ♦ Burlington, VT 05402 TEL 802-951-5180 FAX 802-951-1218 TTY 802-863-1325

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VERMONT DEPARTMENT OF HEALTH LABORATORY
195 COLCHESTER AVENUE
BURLINGTON, VERMONT 05402-1125
(802) 863-7335 (800) 660-9997 (VT ONLY)

INORGANIC CHEMISTRY REPORT

LITS Number 2009047223-001-A

State Health Dept No. 10C2030

Kit Type Fluoride

WSID#

Kit Number 9663030

Report To EDWARD FLANAGAN

Address

1241 TABER HILL RD

STOWE

VT 05672

Date/Time Received 01/28/2010 10:04:00

Date/Time of Collection 01/26/2010 13:23:00

Town Stowe

Person Taking Sample NANCY FLANAGAN

Date Analyzed

Sample Location

Report Status Final

Field Sample Number

Date Reported 02/04/2010

Released by JFH

Public Water System Only

Sampler Title

Purpose of Sample

Type of Sample

CHLORINE, TOTAL (mg/L)

CHLORINE, FREE (mg/L)

Field Temp (C)

Anions	Result	Units	Method	Limits
FLUORIDE	< 0.3	mg/L	Lachat 10-109-12-2-A	4.0 mg/L MCL

Comments: child: Reila Flanagan

Registry Comments:

Q
Add Fluoride
now mg per 5 dr

Definitions: mg/L = milligrams per liter, or ppm (parts per million) < = less than

MCL = Maximum Contaminant Level SMCL = Secondary Maximum Contaminant Level VHA = Vermont Health Advisory

Action Level = level at or above which a water treatment action is determined for public water supplies

and should be considered for private supplies. * Total Nitrate and Nitrite = Nitrate-Nitrite, total measured as Nitrogen.

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A 315 - 320). Results relate only to the items tested.

This report shall not be reproduced, except in full, without the written approval of the laboratory.

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If you have questions about this report, please call the Laboratory at (802)863-7335.