

## **History**

### Identifying Data:

Full Name: LDG

Address: Queens, NY

Date & Time: December 4, 2020 at 10:20 pm

Location: NYC Health + Hospitals/Queens: Pediatric Emergency Room

Source of Information: Self and mother, Reliability Good

Source of Referral: Self

Chief Complaint: “My baby is bleeding in the mouth” x 30 minutes

### History of Present Illness:

13-month-old male with history of Hemophilia A, accompanied by mother to the emergency department c/o moderate bleeding from the mouth. As per mom, patient started to bleed from the mouth spontaneously 30 minutes prior to coming to the ED. Patient was recently diagnosed with Hemophilia A stage 4 and follows up with a hematologist. Mom reports that the child bleeds once in a while and was informed to go to the ED for medication administration. She denies any trauma to the baby or LOC. She reports that she used about three napkins that were partially soaked with blood and a baby bib. She denies giving him any medications and states that he has been eating well and using about 5-8 diapers a day. She denies fever, cough, rhinorrhea, sore throat, nausea, vomiting, diarrhea, difficulty breathing or urinary issues. She also denies any recent travel, sick/COVID – 19 exposure.

### Past Medical History:

Hemophilia Factor 8, Stage 4

Immunizations – Up to date.

### Past Surgical History:

Denies Past Surgeries.

### Medications:

Advate (Antihemophilic Factor recombinant)

ACETAMINOPHEN (TYLENOL) 160 MG/5ML ELIXIR

VITAMIN A-C-D (TRI-VI-SOL) 1500-400-35 SOLUTION

ZINC OXIDE 20 % OINTMENT

Denies past/ present herbal or vitamin use.

### Allergies:

Denies any known drug, environmental or food allergies.

### Family History:

Father- 36 years old. Alive and well.

Mother- 34 years old. Alive and well.

Denies family history of cardiovascular diseases or cancer.

## Review of Systems:

General – Positive for crying. Denies any fever, chills, night sweats, generalized weakness or weight loss.

Skin, hair, nails – Denies dry skin, changes in texture, oiliness, or sweating, discolorations, pigmentations, moles/rashes, pruritus, lesions, easy bruising, or changes in hair distribution.

Head – Denies head trauma, loss of consciousness, coma, and fainting.

Eyes – Denies any discharge, excessive tearing, or itchiness.

Ears – Denies any pain discharge, or decrease hearing.

Nose/sinuses – Denies pain, nasal discharge, obstruction or epistaxis.

Mouth/throat – Admits to bleeding. Denies sore throat, excessive salivation or dryness, discharge, lesions, dysphagia, voice changes, loss of/trouble speaking.

Neck – Denies localized swelling/lumps, goiter and stiffness/decreased range of motion or pain.

Chest – Denies any lumps, tenderness, masses, changes in nipple or skin, or pain.

Pulmonary system – Denies dyspnea and dyspnea on exertion, cough, wheezing, hemoptysis, or cyanosis.

Cardiovascular system – Denies edema/swelling of ankles or feet, palpitations, irregular heartbeat, syncope or known heart murmur.

Gastrointestinal system – He has good appetite and formed bowel movements daily. Denies heartburn/reflux, nausea, vomiting, hemoptysis, abdominal pain, diarrhea, jaundice, constipation, rectal bleeding, or blood in stool.

Genitourinary system – Denies urinary frequency or urgency, nocturia, polyuria, dysuria, incontinence. No hernias, no discharge or sores on genitalia.

Nervous system – Denies any seizures, sensory disturbances, ataxia, loss of strength, tremors, involuntary movements, difficulty with gait or balance.

Musculoskeletal system – Denies pain, deformities, swelling, and redness of joints.

Peripheral vascular system – Denies coldness or trophic changes, peripheral edema, and color change.

Hematological system – Admits to bleeding disorder. Denies lymph node enlargement.

## Physical

### Vital Signs:

Tc: 98.6 degrees F (37 degrees C)

HR: 120

BP: 104/72 (BP Location: Right arm, Patient Position: Sitting on mom)

SpO2: 98%

RR: 24

Weight: 20.2 lb (9.1 kg)

Height: 30.3 inches

General: 13-month-old boy, well nourished/well developed, crying, being held by mom, actively bleeding from mouth in mild distress. Shirt with dried up blood and baby bib with blood stains. Alert and cooperative, looks stated age.

Skin: warm & dry. Nonicteric, no lesions noted, no scars, tattoos, erythema, swelling, or masses.

Hair: Normal hair pattern with even distribution. No signs of seborrhea, lice or nits.

Head: Head is normocephalic, atraumatic. Non-tender on palpation.

Nails: Capillary refill <2 seconds throughout.

Eyes: symmetrical OU; no evidence of strabismus, exophthalmos or ptosis; sclera white; conjunctiva & cornea clear.

Ears: Symmetrical and normal size. No evidence of lesions/masses / trauma on external ears. No discharge / foreign bodies in external auditory canals AU. No perforation of TM present.

Nose: Symmetrical / no obvious masses / lesions / deformities / trauma. Nasal mucosa pink. Septum midline without lesions / deformities / injection / perforation. No evidence of foreign bodies.

Sinuses: Non-tender to palpation over bilateral frontal, ethmoid and maxillary sinuses.

Lips: Pink; no evidence of cyanosis or lesions.

Mouth: Moderate bleeding from oral mucous membranes, unable to locate bleeding source. No evidence of injection; exudate; masses; foreign bodies.

Neck: Trachea midline. No masses, lesions, pulsations noted. Supple, non-tender to palpation. No JVD noted. FROM. No palpable adenopathy noted.

Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.

Chest: Symmetrical, no deformities, no evidence of trauma. Respirations unlabored with no paradoxical respirations or use of accessory muscles noted. Non-tender to palpation.

Lungs: Clear to auscultation bilaterally. No wheezing, rales or adventitious sounds.

Heart: Increased rate and rhythm, S1 and S2 are normal. There is no JVD, no murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds. Carotid pulses are 2+

bilaterally without bruits.

Abdomen: Flat and symmetrical, no evidence of scars or lesions. BS present in all 4 quadrants. Soft, nondistended and non-tender to palpation. No evidence of organomegaly and no masses noted.

Male Genital: Genital and rectal deferred.

Anus, Rectum, and Prostate: Exam deferred.

Musculoskeletal System – Upper/Lower Extremity:

No soft tissue swelling, erythema, atrophy, or deformities in bilateral upper and lower extremities. Non-tender to palpation, no crepitus noted throughout. FROM of all upper and lower extremities bilaterally.

Peripheral Vascular:

Extremities are normal in color, size and temperature. Pulses are 2+ bilaterally in upper and lower extremities. No clubbing, cyanosis or edema noted bilaterally.

Neurological: Alert and Oriented: To person, place and time. Mood/Affect Normal. Sensory: normal sensation. No gross focal deficits noted.

Motor/Cerebellar:

Full passive ROM of all extremities. Normal muscle bulk and tone. No pill-rolling movements noted. No atrophy or fasciculations. Normal strength noted on upper and lower extremity (5/5).

Sensory: Intact to light touch and point localization testing bilaterally.

**Assessment**:

13-month-old male with history of Hemophilia A, accompanied by mother to the emergency department c/o moderate bleeding from the mouth. As per mom, patient started to bleed from the mouth spontaneously 30 minutes prior to coming to the ED. Patient was recently diagnosed with Hemophilia A stage 4 and follows up with a hematologist. Consistent with current diagnosis of Hemophilia - moderate bleeding from the mouth.

**Plan**:

- 1) Hemophilia A stage 4
  - Consulted with Dr. Alison Kruger (Hematologist) regarding administration of Antihemophilic Factor (Advate).
  - Patient given 480 units via IV.
  - Bleeding noted to be less severe after administration of Advate . Continues with mild oral bleeding, no respiratory distress.
  - Patient to be transferred to Cohen's Children's Medical center, Accepting physician Dr. Diana Crevi for further evaluation.
  - Advised mother of plan who was reluctant to be transferred but verbalized understanding.