

## SOAP #5

### S:

SR is a 13 y/o M with glaucoma, asthma, and a murmur who is BIB mother is presenting with intermittent postprandial palpitations that occur every 2-3 days for the past two weeks. Patient endorses that during the episodes his lips and hands turn pale. He states that these episodes are usually relieved with rest however today they were not relieved by rest prompting his mom bring him to the ER. Mother endorses FHx of thyroid disease.

Denies n/v/d/c, diaphoresis, CP, SOB, fever, chills, sick contacts, weight loss, syncope, recent trauma, headache, dizziness, visual/hearing changes

PMH: Glaucoma, Asthma, Heart murmur

PSH: Denies any

Allergies: NKDA

Medications: Prednisolone drops, timolol drops, albuterol

FHx: Thyroid disease

SHx: Current Smoker, Occasional EtOH use, Denies illicit drug use

### O:

T 36.8C | BP 124/75mmHg | P 90BPM, regular | RR 20 breaths/min, unlabored | SpO2 96% RA

H 60in | W 45.7 kg. | BMI 18.5

**Gen:** Slender, well groomed, well nourished, looks of stated age of 13 years. AxO x3. Appears in no acute distress.

**Skin:** Warm, dry, non-icteric, intact, no rashes no lesions, no erythema

**HEENT:** NC/AT, PEERL, EOMI, nares patent, mucous membranes moist

**Neck:** Supple, no lymphadenopathy, normal ROM, no JVD, no bruits, no palpable mass

**CV:** RRR. **Holosystolic murmur**, friction rubs, no gallops

**Pulm:** Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

**Abdomen:** Soft, non distended, non tender, normoactive bowel sounds, negative murphy's, no mcburney's point tenderness

**Extremities:** Normal tone and ROM, cap refill <2s, no edema

**Neurological:** Cranial nerves II to XII intact, sensation intact throughout, no gait abnormalities, cerebellar testing normal

**Psych:** Patient states that they feel safe at home. Denies depression/sadness (feelings of helplessness, lack of interest in usual activities, suicidal/homicidal ideation), anxiety, or ever seeing a mental health professional. Denies past or present usage of psychiatric medications

### A:

13 yo male with palpitations appearing with holosystolic murmur on exam. Likely dysrhythmia.

Differential Diagnosis:

- MI
- Mitral valve prolapse
- Dysrhythmia
- Electrolyte abnormality
- Hyperthyroidism
- Anemia
- Dehydration
- Anxiety

### P:

Labs: BMP, CBC, D-dimer, LFP, Magnesium, Phosphorus, TSH, T3, T4, Troponin

Imaging/Tests: ECG, CXR

Palpitations:

- Consult cardio

Initial DDx Based on CC:

- Narrow-complex tachycardias
- Wide-complex tachycardias
- AV blocks
- Second Degree AV Block Type I
- Second Degree AV Block Type II
- Third Degree AV Block
- Premature atrial contraction
- Premature junctional contraction
- Premature ventricular contraction
- Sick sinus syndrome
- Non-arrhythmic cardiac causes:
- Acute coronary syndrome
- Cardiomyopathy
- Congenital heart disease
- Congestive heart failure
- Mitral valve prolapse
- Pacemaker complication
- Pericarditis
- Myocarditis
- MI
- Valvular disease
- Panic attack
- Anxiety
- Somatic Symptom Disorder
- Alcohol
- Caffeine
- Drugs of abuse
- Tobacco
- Anemia
- Hyperthyroidism
- Pulmonary embolism
- Dehydration
- Sepsis
- Pheochromocytoma

Adjusted DDx After H&P:

- MI
- Mitral valve prolapse
- Dysrhythmia
- Electrolyte abnormality
- Hyperthyroidism
- Anemia
- Dehydration
- Anxiety