

Case Scenario

A 2-week-old female infant presents to the pediatric clinic with a chief complain of vomiting for 1 day.

She has been fine until 4 days ago when she was not acting normally. She has had decreased appetite for 3 days. Since last night, she has been vomiting every time she eats. The vomiting is projectile with small amount of secretion or formula after feeding. Mom says the baby has had intermittent spitting since birth, and has been told by her PCP that she has reflux. She has no diarrhea, no bloody stool, no fever, no congestion and no sick contact. Mom notices she sleeps a lot today.

She was born fullterm, NSVD, BW 3,200 g, GBS-negative, passed meconium on the first day

PE: Temp 36 °C, PR 180, RR 55, BP 60/40, SpO₂ 95%

GA: toxic looking, pale, good skin turgor

HEET: dry lips, moist membranes, flat fontanelle, normocephalic, atraumatic

Respiratory: slightly distress, mild retractions, no rales, no wheezing

Cardiovascular: normal S₁S₂, no murmur, CR 4 sec, cool feet

Abdomen: diminished bowel sounds, no distension, no hepatosplenomegaly, no mass, no tenderness

Neuro: lethargic, grossly intact CN, normal DTR, no clonus, no stiff neck, negative kernig & brudzinsk.

Problem representation: Synthesize the case using semantic qualifiers in 1-2 sentences to capture the 'big picture'



DDX: list 3 most likely diagnoses.

1. _____

2. _____

3. _____

Compare and Contrast Illness Scripts

Script No.1	Script for No.2
	
Diagnosis 1:	Diagnosis 2: