**SOAP NOTE #2- Eye pain**

Student’s Name

Institution of Affiliation

Instructor’s Name

Date

**SUBJECTIVE**

**Patient initials**: ES **Age**: 4 years **Sex**: Male **Race**: White

**CC**: Right eye redness, pain, and discharge for 4 days

**HPI**: The patient is a 4-year-old boy brought into the ED by his mother with complaints of pain, redness, and discharge from the right eye for the past 4 days. The discharge is greenish and sticky and is associated with itching. The mother reports that the discharge is too much and requires frequent cleaning and the right is shut closed in the mornings. There are no associated fevers, visual changes, nausea, vomiting, or diarrhea. He has also not had any difficulty in breathing, coughing, or wheezing. There is no history of trauma to the eye and denies any contact with sick individuals. He has not used any medications for the symptoms.

Past Medical/Surgical Hx: No history of hospitalizations or surgeries

**Birth Hx**: He was born at term via SVD, weighed 3.2kgs with no complications.

**Nutritional Hx**: Was exclusively breastfed for 5 months and introduced on infant formula and other soft foods. He is currently eating well.

**Immunization Hx**: Has received all recommended vaccinations according to his age

**Developmental Hx**: Up to date

**Allergies:** No known food/drugs/environmental allergies

**Family/Social Hx**: He is the second born of 2 children. Older sister is 7 years. He attends daycare. The mother is a stay-at-home mom, while the father is an attorney. They have health insurance cover.

**ROS**:

**Respiratory**: No difficulty in breathing, no cough

**Cardiovascular**: No shortness of breath during feedings

**CNS**: No convulsions or loss of consciousness

**OBJECTIVE**

**VS**: BP 104/56 mmHg, HR 98, Temp 36.5, RR 22b/min, SPO2 100 RA

**General**: Appears to be well and has appropriate interactions with his environment. He is alert and not in any obvious distress or pain.

**HEENT**: The right eye sclera is pink and intact, the conjunctiva is erythematous with active discharge, which is greenish yellow and purulent smelling. The left eye has no discharge and the sclera is slightly pink. Extraocular movements intact in both eyes, no nystagmus. The pupils and equally reactive to light and dilated at 2mm. Visual aquity 20/20. Nares patent, no sinus tenderness

**Neck/Throat**: Neck is soft and symmetrical, no swelling or lymphadenopathy, Tonsils +1 , no exudate, uvula and tongue midline and intact.

**Respiratory**: Bilateral chest wall expansion, no scars or lesion, trachea is central. Equal air entry

**Cardiovascular**: S1 S2 heard, no murmurs

**Abdomen:** No tenderness or masses, bowel sounds active in all quadrants

**ASSESSMENT**

Diagnosis:

**Bacterial conjunctivitis**- Is an inflammation of the conjunctiva that presents with eye redness, tearing, and discharge. Bacterial infection is more common in children and mostly results from *Staphylococcus aureus* (Mahoney et al., 2023)*.*

Differentials:

* Viral conjunctiva- May also be viral causes like adenoviruses and rubella (Solano et al., 2022).
* Allergic conjunctivitis
* Hyper-acute bacterial conjunctivitis- a severe form of conjunctivitis mostly due to infection with *Neisseria* gonorrheae (A. Azari & Arabi, 2020).

**PLAN**

1. Give antibiotics- Erythromycin 0.5% ointment 1 inch 4 times a day for 7 days to cover staphylococcus aureus, streptococcus penumoniae, and M. catarrhalis (Mahoney et al., 2023).
2. Advise on proper hand hygiene and avoidance of sharing of personal effects like handkerchiefs, tissues, or towels with infected people
3. Advise mom that the child may need to stay from school until the discharge subsides
4. Educate on eye hygiene including washing the affected eye from inwards to outwards using a single clean cotton.
5. Reassure the mother that the infection is self-limiting and will likely resolve after 2-5 days of treatment but they should seek care if any visual changes occur or if lack of improvement at 2 days.

References

A. Azari, A., & Arabi, A. (2020). Conjunctivitis: A systematic review. *Journal of Ophthalmic and Vision Research*. <https://doi.org/10.18502/jovr.v15i3.7456>

Mahoney, M. J., Bekibele, R., Notermann, S. L., Reuter, T. G., & Borman-Shoap, E. C. (2023). Pediatric conjunctivitis: A review of clinical manifestations, diagnosis, and management. *Children*, *10*(5), 808. <https://doi.org/10.3390/children10050808>

Solano, D., Fu, L., & Czyz, C. N. (2022, May 10). *Viral conjunctivitis - StatPearls - NCBI bookshelf*. National Center for Biotechnology Information. <https://www.ncbi.nlm.nih.gov/books/NBK470271/>