

History and Physical Rotation 9

Name: Abd-Manaaf Bakere

**Chief Complaint:** “right eye pain x 1 day”

**HPI:**

A 16-year-old male with no significant past medical history presents with his mother, reporting right eyelid swelling and pain x 1 day. The swelling was first noticed upon waking this morning and is described as constant, with a pain severity of 5/10. The pain worsens with touch. He recalls scratching his eyelid during sleep two days ago but denies any significant trauma to the eye. He denies associated symptoms such as double vision, pain with eye movement, blurry vision, eye discharge, facial pain, fever, chills, headache, nasal congestion, rhinorrhea, dysphagia, nausea, vomiting, or diarrhea. He is allergic to amoxicillin (rash) and is up to date on vaccinations. He wears contact lenses.

**Past Medical History:**

No significant PMHx

**Past Surgical History:**

No significant past surgical history

**Immunization History:**

UTD on All immunizations

Influenza, Hep B (3), HIB (4), Pneumococcal (4), Polio (4), MMR (2), Varicella (2), Hep A (2), MenACWY (1), HPV (2) DTP (6)

**Medications:**

None

**Allergies:**

Allergic to Amoxicillin Itching and Rash

No known food allergies

No known environmental allergies

**Family History:**

-Mother is alive, Age 38, No sig PMHx

-Father is alive, Age 42, No sig PMHx

**Social History:**

Living situation – Currently lives with both parents

Travel – No recent travel

Diet – Home cooked meals, school lunch or occasional fast foods.

Exercise – Admits exercise 3 times /week

Sleep –around 7-8 hours per nights

Occupation – High school student, 10th grade.

Pharmacy – Hill Side, Jamaica

Review of Systems (ROS):

**General:** Denies fever, chills, loss of appetite, night sweats, recent weight gain or loss

**Skin, hair, nails:** Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, changes in hair distribution. Admits right eye lid swelling, pain and mild itchiness, redness.

**HEENT:** Admits **right eye lid swelling, pain and mild itchiness, redness.** Denies photophobia, headache, vertigo, head trauma, unconsciousness, tinnitus, bleeding gums, mouth ulcers, voice changes.

**Neck:** Denies localized swelling/lumps.

**Pulmonary system:** Denies cough, dyspnea, shortness of breath, wheezing, hemoptysis, cyanosis.

**Cardiovascular system:** Denies chest pain, palpitations, irregular heartbeat, edema/swelling of ankles or feet, syncope, known heart murmur

**Gastrointestinal system:** Denies abdominal pain, hematochezia, nausea, vomiting or diarrhea.

**GU/GYN:** Denies dysuria, nocturia, urgency, oliguria, polyuria.

**Musculoskeletal System:** Denies deformity, swelling or redness in extremities.

**Peripheral Vascular System:** Denies intermittent claudication, varicose veins, or peripheral edema.

**Hematologic System:** Denies blood disorders, lymph node enlargement or hx of blood clot

**Endocrine System:** Denies heat or cold intolerance, goiter, hirsutism.

**Nervous System:** Denies seizures, loss consciousness, ataxia, change in cognition/mental status/memory, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors

**Psychiatric:** Denies any Depression, anxiety, suicidal ideations

## Physical Exam

Vital sign

BP 97/69

Pulse 86

Temp 99 °F (37.2 °C) (Oral)

Resp 18, unlabored

Wt 66.2 kg (146 lb)

Height 5"5

BMI: 24.3

SpO2 98%

## Constitutional:

General: AO x 3. He is not in acute distress. Dressed appropriately for the weather, appear stated age.

## HENT:

Head: Normocephalic and atraumatic.

Ears: B/L TMs were intact, non-bulging. Mild cerumen in both ears. No lesions, discharge or foreign bodies.

Nose: Septum was midline. No signs of erythema, edema, foreign bodies or discharge

Mouth/Throat:

Mouth: Mucous membranes are moist with uvula midline. No signs of lesions.

Pharynx: No signs of tonsillar enlargement or exudates.

**Eyes:**

General: Vision grossly intact. No visual field deficit. Visual acuity was 20/20 OD OS, OU

**Right eye:** No foreign body or discharge.

Left eye: No foreign body or discharge.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal, No injection

Pupils: Pupils are equal, round, and reactive to light.

**Comments: moderate swelling and erythema of right upper eye lid. Tenderness to palpation**

**Cardiovascular:**

Rate and Rhythm: Regular rate and rhythm, S1 and S2 appreciated. No Murmur No gallop.

**Pulmonary:**

Breath sounds: Bilateral breath sounds present. No adventitious sound, rales, rhonchi or wheezes.

**Abdominal:** Bowel sounds present.

Palpations: Soft, non-distended, non-tender to palpation, no rebound tenderness, no guarding.

**Musculoskeletal:**

General: Normal range of motion. No evidence of spinal deformities.

Cervical back: Neck supple. No ecchymosis.

**Skin:**

General: Skin is warm.

Capillary Refill: Capillary refill takes less than 2 seconds.

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.

Cranial Nerves: No cranial nerve deficit.

**Differential Diagnoses**

**Hordeolum (stye):** Acute onset of eyelid swelling, erythema, and tenderness to palpation is consistent with a hordeolum. The history of scratching the eyelid may have introduced bacteria, causing a localized infection of the eyelid's sebaceous or sweat glands.

**Preseptal Cellulitis:**

Presents with eyelid swelling, redness, and pain, typically due to an infection of the soft tissue anterior to the orbital septum. Absence of systemic symptoms (fever), normal eye movements, and lack of visual changes make this less likely but still possible.

**Allergic Blepharitis**

Although less common in this presentation, mild itchiness and redness could point to an allergic reaction. However, the absence of diffuse itching or systemic allergic symptoms makes this diagnosis less likely.

**Orbital Cellulitis:**

While less likely given the absence of fever, pain with eye movement, and visual impairment, orbital cellulitis should still be considered in cases of significant eyelid swelling to avoid missing a potentially serious condition.

**Labs and Imaging**

Not order because clinical diagnosis

**Assessment**

A 16-year-old male presenting with acute right eyelid swelling, erythema, and tenderness, consistent with a diagnosis of a hordeolum. Vital signs are within normal limits. He denies systemic symptoms, visual disturbances, or pain with eye movement, which lowers suspicion for orbital cellulitis. Preseptal cellulitis remains a differential diagnosis given the localized infection but is less likely due to the absence of systemic signs.

**Plan**

**Treatment:**

Warm compresses to the affected eye for 10–15 minutes, 3–4 times daily, to promote drainage.

Prescribed antibiotics:

Erythromycin ophthalmic ointment: 5 mg 1 inch 2 times daily

Sulfamethoxazole-trimethoprim: 800-160 mg 1 tablet oral 2 times

Ibuprofen for pain

**Education:**

Instructed the patient to avoid squeezing or rubbing the eyelid to prevent further irritation or spread of infection.

Educated on proper hand hygiene and lens care to minimize recurrence, especially since the patient wears contact lenses.

**Follow-up:**

Follow up with PCP in 3–5 days to monitor for improvement or signs of complications

Return to ED if symptoms worsen or systemic signs develop fever, increasing swelling, pain with eye movement, or visual disturbances.