

Family Practice Associates, PC
1975 Church Street, Suite 107 Watertown, USA 90079
888-933-1975 ph 888-933-1976 fax

PATIENT NAME Jonathan Smith
DOB 01/01/1992
VISIT DATE 04/25/2007

CHIEF COMPLAINT

Wound infection, right knee.

HISTORY OF PRESENT ILLNESS

14 year-old otherwise healthy white male presents with his mother for a possible wound infection. The right knee was opened up playing baseball, sliding into base. The initial injury occurred two weeks ago. This morning the patient noticed pustules had developed. There is a redness surrounding the wound. He is experiencing no real pain with the infection.

ALLERGIES

Penicillin

REVIEW OF SYSTEMS

General: Patient denies fever, chills, sweats, anorexia, fatigue, weakness, malaise, weight loss.
Dermatologic: Patient complains of rash and suspicious lesions. Denies itching and dryness.
Gastrointestinal: No nausea or vomiting.

PHYSICAL EXAM

General Appearance: Patient appears well developed, well nourished, in no acute distress.
Vital Signs: Height 66 inches, weight 158 pounds, BP sitting 108/56, temp 97.7F, pulse 49, respiration 12.
Neck: Supple, no adenopathy.
Musculoskeletal: Normal gait; normal range of motion and strength on lower extremities.
Lymphatic: No inguinal adenopathy.
Skin: 3-cm excoriation of right knee with surrounding erythema and multiple satellite pustules. Positive induration on palpation.

ASSESSMENT

Right knee cellulitis and a wound infection. Concern for MRSA infection.

PLAN

Culture obtained; patient was started on the following medications:

1. Keflex 500 mg 1 p.o. q.i.d.
2. Bactrim DS 800/160 mg 1 b.i.d.
3. Bactroban 2% cream apply q.i.d.

Patient was advised to soak the wound using Hibiclens or Phisoderm b.i.d. Use a washcloth to clean the wound and dry with a clean towel, and then cover the wound. Follow up in 48 hours for recheck, sooner if spreading redness, fevers, chills or increased pain.

Electronically signed by James Alexander, MD on 04/25/2007 at 10:15 am.