

Case 1A

CC: Fall

HPI: 6 yo boy brought in by his mother after a fall from the upper bunk bed – occurred about 30 minutes pta. He had been taunting his 2 year old brother who couldn't climb up and fell. Mother was not present but heard a 'bang' and a 'thud'. (Thinks he might have hit the dresser on the way down) When she came into the room pt was on the floor, unresponsive initially but woke up within a minute. He seemed to be doing 'ok' but then was getting nauseous so she decided to bring him in to the ED. He threw up once en route, and wasn't as responsive when she got him out of the car.

PMH: None. IMM UTD.

Meds: None

ALL: NKDA

FHx: None

SH: In kindergarten. No smokers in the home.

ROS: per HPI

Physical Exam (Sim findings in bold):

WDWN 6yo male on gurney

VS: Per **monitor 37.5 100/60 90 14 100%**

Gen: NAD – eyes closed – moans in response to stimulation.

HEENT: **L pupil 7mm fixed. R pupil 3mm reactive.**

No hemotympanum

Neck: No step-offs. No apparent TTP.

CV: **RRR No M/R/G. Normal pulses.**

Lungs: **CTA.**

Abd: Normoactive BS. Soft NTND.

Skin: Dry, no rashes or ecchymoses

Extremities: unremarkable

Rectal: Normal tone, nontender, hemoccult neg.

Neuro: **Eyes remain closed to stimulation (E1)**

Moans to painful stimuli (V2)

Withdraws symmetrically to pain (M4)

Normal reflexes

Case 1A

CBC

WBC	11.4
Hb	14.0
Hct	40.0
PLT	285

N	67
B	0
L	28
M	4
E	1

CMP

Na	136
K	4.2
Cl	101
HCO ₃	25
BUN	10
Cr	0.6
Glc	90

Ca	8.4
T Protein	7.4
Alb	3.9
AST	34
ALT	28
ALK	160

Case 1A

Urinalysis

SG	1.016	
WBC	0-2	
RBC	0	
Protein	neg	
Glucose	neg	
Ketones	neg	
Nitrite		neg
Leuk Est	neg	