

2-year-old patient, Diabetic Ketoacidosis

Chief Complaint

Abdominal pain and vomiting

History of Present Illness

- Family reports 2 day history of vomiting and abdominal pain.
- Pt has seemed weak and confused today. Excessive thirst.
- Subjective fever this morning (did not take temperature).
- No recent illness, change in diet, foreign travel or sick contacts.
- If asked, family has noticed pt urinating more frequently in the last week.
- Pt actively throwing up on arrival.
- Estimated weight = 12 kg.

Past Medical History

None—Normally healthy. Immunizations up-to-date.

Medications

None

Allergies

Penicillin

Physical Examination

General: Actively vomiting on arrival. Opens eyes to stimulation only.

Head, Ears, Eyes, Nose and Throat (HEENT): Dry mucous membranes. Pupils 4mm and reactive.

Neck: No tracheal deviation, neck supple, no meningismus.

Cardiovascular: Tachycardic. Strong central pulses. Weak peripheral pulses.

Respiratory: Rapid deep breaths, clear to auscultation. Clear all fields

Abdominal: Diffuse tenderness, no localizing pain. Soft. No distension. +BS.

Genitourinary: Has not voided, normal assessment

Extremities: No edema, weak distal pulses.

Skin: Warm, dry

Neuro: Lethargic. GCS 13. (opens eyes to stimulation only)

Prior to Arrival Interventions

None. Child in front seat.