

## SNAPPS Oral Presentation

Student's Name

Institutional affiliation

### **SNAPPS Oral Presentation**

HPI Statement through the use of OLDCARTS data

#### Possible Sinus Infection on the Patient

The patient in this case study is a forty-one-year-old LM female who came to the clinic complaining of congestion and headache. The sickness started five days ago and has been getting worse. There are tenderness and pain on the forehead, below the patient eyes, as well as on the sides of the sinuses that are accompanied by intermittent cough and congestion. The patient says that this morning, the pain has been on the nose as well. The patient is termed as throbbing and subsequently rated 5 to 7/10; the rhinorrhea is yellow and sometimes releases clear discharge. The patient also has a dry cough that usually worsens at night. Aggravating symptom comprises of laying down relieving factor incorporates medications. The patient has tried to use Mucinex and Advil that give her a shorter relief but does not last any longer. Also, the patient reports that she has missed going to work because of the symptoms, but can take part in the daily activities. Further, the associated symptoms comprise of pressure that is felt in the nasal area, and both the ears, sore throat; but is not sure about the fever despite occasional chills. Moreover, the patient has denied CP or SOB, eye discharge, or discomfort. PMH important for HTN on Valsartan; she says that she has never smoked.

#### **Pertinent ROS**

General: afebrile

Eyes: White sclera and pink conjunctiva

Head: maxillary sinuses and orbital forehead are tenderness to feel through touching

Ears: Pearly gray bilaterally

Neck: supple no palpable masses upon particular palpation

Nose: nasal mucosa with what is seen as being bilateral yellow mucus

Heart: denies and SOB or chest pain

Respiratory: the lung sounds clear

ABD: Denies the existence of abdominal pain

Musculoskeletal: denies any muscle, back, or joint pain

Neuro: denies any bladder or bowel incontinence

### **Pertinent PE**

Ears: gleaming gray bilaterally

Head: maxillary sinuses and retro-orbital forehead

Eyes: white sclera and pink conjunctiva

Nose: nasal mucosa with yellow mucus

Respiratory: there is a clear sound of the lungs

Vitals: HR 87 RR20 BP 138/67 RR20 sp ox 98 percent T. 98.6

### **Key Findings**

Allergic rhinitis

Acute sinusitis

Viral upper respiratory infection

### **Analysis**

Differentials:

### **Acute Sinusitis**

A most probable diagnosis is due to objective and subjective findings. Chronic and acute sinusitis is reported to cause similar signs and symptoms that include nasal obstruction and congestion, purulent rhinorrhea, pain, and pressure on the face, productive cough during night times, halitosis, as well as hyposmia (Rosenfeld et al., 2015). The pain is most severe in acute sinusitis. The affected area is likely

to be swollen, tender, and erythematous. A severe onset of the symptoms between the duration of 1 to 4 weeks (South-Paul, Dabelic, Matheny & Lewis, 2015).

#### Pertinent Positives

Nasal congestion, pain on the forehead, intermittent cough, obstruction, as well as tenderness upon the palpation to the sinuses.

#### Pertinent Negatives

Nasal secretions that are unknown due to the halitosis, bilateral mucus, and hyposmia.

### **Viral Upper Respiratory Tract Infection**

Symptoms and signs of cold include congestion, sore throat, mild myalgia, fatigue, and low-grade fever. During the early stages, the discharge is usually clear. As the inflammation appears, the release gets some coloration. A green, yellow, or brown nasal discharge is an indication of inflammation (Taylor, 2003). Nasal discharge that is discolored raises the probability of sinusitis but in the case when other predictors of the sinusitis are detected (South-Paul, Dabelic, Matheny & Lewis, 2015).

#### Pertinent Positives

The nasal discharge is as a result of the congestion and mucus plugs.

#### Pertinent Negatives

Fatigue, recurrent sore throat, and clear discharge

### **Allergic Rhinitis**

Sneezing, episodic rhinorrhea, obstruction of the patient nasal passage with lacrimation, nasal mucosa, as well as pruritus of the conjunctiva. The nasal mucosa is boggy and pale. There is also swelling of the mucous membranes and turbinate (Cahill et al., 2017).

#### Pertinent Positives

Obstruction of the nasal passages

#### Pertinent Negatives

Sneezing, nasal mucosa and pruritus of the conjunctiva, unable to envisage turbinate's as a result of the obstruction of the nasal mucosa.

## **Probe**

The use of antibiotics in cases of sinusitis

Whether CBC change the course of action to be implemented on the patient

Any diagnosis that could have been left out

## **Plan**

Antibiotics

Pain relief NSAID

Probiotic for the infection

Augmentin 875-125mg oral tablets that should be taken twice daily for ten days after a meal with one pill at a time.

Ibuprofen 600mg oral tablet that should be taken one pill thrice daily for the inflammation

Nasal washes are also required

Follow up should be done after seven days

## References

1. Cahill, K. N. et al. (2017). Harrison's principles of internal medicine (20th ed.). New York: McGraw-Hill.
2. Rosenfeld et al. (2015). Clinical practice guideline (update) adult sinusitis executive summary. Otolaryngology--Head and Neck Surgery, 152(4), 598-609.
3. South-Paul, J., Dabeli?, A., Matheny, S. C., and Lewis, L. (2015). CURRENT Diagnosis and Treatment in Family Medicine, 4th Edition. McGraw Hill Professional.
4. Taylor, R, B. (2003). Family Medicine: Principles and Practice. Springer