DocCrew Medical Center

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Medical Report

Patient Information

Name: This information is classified
Age: 16 years
Sex: Female
Patient ID: This information is classified
Date of Report: Tuesday 20th May, 2025

Prepared by: Dr. Yahya Ghallali
License SDIA

1. Medical History

The patient has a personal history of well-controlled epilepsy, managed with levetiracetam 500mg twice daily. There is a family history of migraines on the maternal side.

2. Clinical Presentation

The patient experienced an approximately 30-second episode of apnea, followed by confusion and a mild headache. The mother reported a low-grade fever of 38.2°C (100.8°F). The apnea was described as the patient appearing "stiff." Further details regarding the nature of the apnea (tonic, clonic, atonic, etc.), presence of cyanosis, tongue biting, incontinence, or other neurological signs are unavailable. Post-apnea, the patient exhibited confusion and tiredness.

3. Physical Examination

On examination, the patient appeared tired but was alert and oriented to person and place (though disoriented to time/date). Cranial nerves II-XII were intact. Motor strength was 5/5 bilaterally in all extremities, with normal muscle tone and 2+ symmetric reflexes. Lung sounds were clear bilaterally, and meningeal signs were absent.

4. Investigations

Point-of-care glucose was 90 mg/dL. Levetiracetam levels were within the therapeutic range (confirmed via pharmacy records).

5. Diagnosis and Treatment

A definitive diagnosis is not yet established. Differential diagnoses include seizure (the type of seizure remains unclear due to insufficient detail in the description of the apnea), meningitis, encephalitis, syncope, metabolic causes of altered mental status (although point-of-care glucose was within the normal range), psychogenic nonepileptic seizures, and adverse effects of levetiracetam. The rationale for choosing Vancomycin requires further clarification given the absence of clear signs suggesting a Gram-positive bacterial infection. The justification for Acyclovir also needs further elaboration. Additional risk factors or clinical findings supporting its use in this case are not documented.

The treatment plan includes a lumbar puncture to rule out meningitis or encephalitis. Empiric treatment with broad-spectrum antibiotics and antivirals was initiated pend-

ing lumbar puncture results; this consisted of Ceftriaxone 2 grams IV every 12 hours, Vancomycin 15mg/kg IV every 8-12 hours (dosing requires weight clarification), and Acyclovir 10mg/kg IV every 8 hours (justification required). Close monitoring for seizure activity and respiratory compromise is planned. **Highlight:** The empiric antibiotic and antiviral treatment plan pending lumbar puncture results is crucial, however, the rationale for specific antibiotics and antiviral agents warrants further documentation and justification. The missing patient weight is a critical omission affecting the accuracy of medication dosages.

Signature: _____

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