**NOTE 1**

**PATIENT 1002**

**DATE: 2/17/20**

**Patient Summary**

Baby boy, triplet A, is a 27 4/7 wks GA infant with prenatal diagnosis of left CDH.  Currently on HFJV, NPO, vygon to suction.

**Presenting History**

Baby A is an ex 27w4d male IUGR infant with L sided CDH delivered via CS to a 26 yo G5P3 mother with history notable for chronic HTN, GDM, elevated BMI, di-tri triplet pregnancy. Delivered for diminished and newly absent/intermittently reversed Dopplers of twin of this fetus.  
  
As per Delivery Note from HOSP 1:  The infant emerged weak following cesarean section (indication: absent/reverse Doppler flow on US-other twin) delivery with spontaneous respirations and fair tone for gestational age. He was put in a plastic bag and brought to the warmer. Initial HR < 100. He was suctioned and intubated with a 2.5 ETT at 3 MOL with HR 60 and O2 Sat 16%. Ventilation was started with the NeoPuff at 22/5, rate 60, 100% FiO2 and replogle was placed.  By 5 MOL increased PIP to 24 and RR to 70-80. By 8 MOL HR 126, Sat 80%, improving to 92% by 10 MOL, FiO2 weaned to 80%. Apgars 4, 6, 8. BW 690g.  
  
\*Maternal Serologies: O+, Ab Neg, HBsAg+, Rubella I, GBS unk, Varicella unk, RPR neg, HIV neg, GC/CT unk, GDM+  
  
HOSP 1 NICU Course (2/17):  
  
Access: PIV, UVC, UAC  
  
CV: s/p 2x NS bolus for metabolic acidosis, dopamine ordered but not necessary. Started HCT 1 mg/kg q8h. MAPs remained within goal 27-35  
  
Resp: HFJV 24/7 x 420 FiO2 37% iT 0.2 ABG 7.2 / 63/ 67 BD -3.9, Lactate 1.2. Received Surfactant x1 at 10:16 AM. Caffeine bolus of 20 mg/kg given at 2 pm.  
  
FEN: Initial BG 66. Started fluids at 100 ml/kg/day (excluding UA fluids). Starter PN 50 ml/kg/day, D5 50 ml/kg/day. 1/2 NaAc through UAC at 1 ml/kg/day. NG replogle to CLWS. NPO.  
------------------------------------------------------------------------------------------------  
Heme: MBT O+/ab neg  
  
ID: no PTL, no ROM, delivered via CS. Did not draw blood culture or start antibiotics.  
   
**Plan**  
*CV:*  HDS. S/p 2 NS boluses during stabilization at HOSP 1.  Dopamine in line in case of hemodynamic instability.  Continue SD hydrocortisone q8 1 mg/kg.  Will obtain echo, follow results.  
  
Access: UAC (2/17 - ) with tip at T6, Low lying UVC (2/17 - ). Difficult to assess position given abnormal anatomy, would not use for central products.  Will attempt to plaee PICC.  
  
*Resp:*  Intubated in the delivery room with 2.5 ETT at 6 cm, started on high frequency ventilation (HFJV), s/p surf x1.  ETT at the carina, retracted slightly (5.75).  Continue HFJV 24/7 x 420, follow blood gases and adjust support accordingly.  Continue caffeine.  
  
*FEN:*  NPO, replogle to suction, on TF 110 ml/kg/day.  D10 starter PN at 50, D5W carrier for second UVC lumen at 1 ml/h, 1/2 NaAc through UAC at 1 ml/h.  Follow UOP, lytes Q12 hours.    
  
*GI/Bili:* L sided CDH with liver up.  Follow Bili at 12 HOL  
  
*Heme:*CBC and type and screen on admission  
  
*ID:*No risk factors for sepsis (delivered by C-section with intact membranes for twin reasons).  Monitor off antibiotics.  
  
*Neuro:*Fentanyl PRN for pain/agitation.  HUS 2/18 and then per protocol.  
  
*Social:*  Mom inpatient at HOSP 1.  
  
*Disposition:*  critically ill premature neonate.  
  
*RHCM:*  
- Newborn screening: To be sent at 24 hours  
- Hepatitis B Vaccination: Deferred given < 2 kg  
- Other Vaccinations:  
- CCHD: NA, will get ECHO  
- Hearing screen: Prior to discharge  
- Car seat testing: Will require prior to discharge  
- Circumcision: Will inquire  
  
PCP: Will ask parents