**NOTE 1**

**PATIENT 1003**

**DATE: 3/9/21**

**Patient Summary**

Patient is a 1+ week old, ex 36 week male from HOSP 1 with prenatal diagnosis of prune  belly syndrome, deletion of chromosome  15 deletion - 15q11.2 complicated by postnatal bilateral pneumothoraces, nephrostomy tube placement,  likely pulmonary hypoplasia.  Mechanically ventilated. Transferred to HOSP 2 for  further management of prune belly, consideration for dialysis

**Events in Last 24 hours**  
- admitted  
- labetolol x1  
  
**Weight**  
Last weight: 3.06kg (03/08/21)  
Weight change: Cannot calculate weight difference. Need 2 valid weights documented at different times within past 365 days.  
Fluid Balance (3/8/2021 07:00 to 3/9/2021 06:59) In: 144 mL / Out: 182 mL / Balance: -38 mL  
  
**Plan**  
CV: Currently HDS. Briefly on dopamine during early neonatal phase. Echocardiogram revealed structurally normal heart with moderate PDA. Elevated BPs, requiring labetolol PRN. Will discuss BP management with Renal.  
  
Access:  UE PICC in SVC/RA junction on admission film.  
  
Resp: Prune belly and RDS intubated 2/23 on HFOV, received surfactant x 2. s/p L and R sided pneumothorax s/p needle decompression of both sides and s/p left side chest tube. Was on HFO, briefly extubated from 3/5-3/8 on NIPPV/CPAP. Now intubated on SIMV PC/PS. Titrate vent for adequate gas exchange. Trend SpO2, respiratory status.  
  
FEN/GI: Asplenia and malrotation. Surgery involved. Has been tolerating small volume feeds. TF100 custom IVF. Currently NPO for nephrostomy tube re-adjustment planned for today. Close glucose and electrolyte monitoring with discussions with nephrology.  
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Renal: Prenatally diagnosed prune belly w/ right sided megaureter that clinically appeared to enlarge over the first days of life. Nephrology and Urology consulted. Nephrostomy tube placed on 2/26 at bedside. Has received diuretics and mas made urine. Nephrostomy tube is leaking and IR aware with plan to replace today in IR.  
  
ID: Asplenia on amoxicillin baseline (ampicillin while NPO).  
  
Heme: s/p PRBC on 3/6. Following serial CBC.  
  
Neuro: HUS negative. Neurology consulted with abnormal neurological examination at HOSP 1 (slow to arouse after weaning all sedation, and had excesive tremors). Appreciate recs. Never had EEG   
  
Sedation: Fentanyl 1.0. Midaz PRN  
  
Genetics: Cord blood micro array with abnormal result (chromosome 15 deletion - 15q11.2) and genetics was consulted. They met with the family and recommended genetic testing for the parents (test for 15q11.2 microdeletion before next pregnancy and can self refer to a local geneticist). they also recommend Prevention Genetics Comprehensive inherited Kidney Diseases Panel (329 genes) with concurrent reflex of ACTA2, CHRM3, FLNA, HFN1B, and MYOCD and Invitae Expanded Renal Disease Panel with addition of ACTA2, FLNA, and MYOCD. With a plan to follow up outpatient with genetics clinic  
  
Disposition: To remain in NICU for management of ventilation, prune belly syndrome  
  
Routine Health Care Maintenance  
[ ] Hepatitis B Vaccine DOL 30 or day of discharge if preterm or < 2 kg. Parents declined.  
[x] CCHD screen (echo)  
NBS 24 HOL Date Sent: 2/24/21 Result:  All within range thus far, though some outstanding.  
DOL 14 Date Sent:  Result:  Will need to be sent today