**NOTE 2**

**PATIENT 1003**

**DATE: 3/19/21**

**Patient Summary**

36 week GA infant now 39 weeks with prune belly syndrome, pulmonary hypoplasia. R nephrostomy tube. On CPAP, monitoring lytes and renal function

**Events in Last 24 hours**  
Remains on CPAP 6  
HDS, SBPs within goal  
Tolerating feeds  
Repeat BCx from 3/17 and 3/18 NGTD  
3/16 culture with Staph epi  
Vanc levels trended, remains therapeutic  
Nephrostomy tube flushed yesterday in setting of decreased output, now with good output  
Continues on morphine and Precedex, weaning Precedex  
  
**Weight**  
Last weight: 3.055kg (03/18/21)  
Weight change: -15g (03/17/21 to 03/18/21)

**Plan**

CV: Currently HDS, with int HTN on labetalol PRN. Echocardiogram revealed structurally normal heart with moderate PDA. Will need f/u ECHO at some point. Monitor  
Access:  UE PICC in SVC/RA junction on admission film, needed for medications.  
  
Resp: Extubated to CPAP, monitor and wean as tolerated.  
Hx: 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. Failed extubation attempt at HOSP 1.  
  
FEN/GI: Asplenia and malrotation. Surgery involved. Has been tolerating small volume feeds TF120 with BM28 plus KVO. Per Renal, will maintain goal even, to slightly positive with use of diuretics (diuril, furosemide) and NS boluses. Monitor Na - adjust in PN, but may need supps. Monitor I/O, growth, lytes  
  
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 and replaced 3/9. Monitor output  
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ID: Asplenia on amoxicillin baseline, 10 mg/kg daily renally dosed. CBC and blood culture drawn on 3/16 for hypothermia. Growing staph epi, on vancomycin with therapeutic levels. Continue vanc and discuss duration with IR, renal. Repeat BCx 3/17 and 3/18 NGTD, monitor  
  
Heme: s/p PRBC on 3/6. Following serial CBC. Hct on 3/16 35%.  
  
Neuro: HUS negative. Neurology consulted with abnormal neurological examination at HOSP 1 (slow to arouse after weaning all sedation, and had excessive tremors). Appreciate recs. Never had EEG   
Sedation: Fentanyl and Precedex, weaning as able. Holding midaz in setting of increased tremors with 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. Plan to follow up outpatient with genetics clinic  
  
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 not resulted yet. Repeat per protocol  
  
Disposition: To remain in NICU for management of CPAP, prune belly syndrome