**NOTE 3**

**PATIENT 1003**

**DATE: 4/8/21**

**Patient Summary**

Patient is a 1+ month old late preterm infant with Eagle Barrett syndrome (prune belly), pulmonary hypoplasia, with R nephrostomy tube. Currently, on LFNC, weaning sedation, hyperkalemia and titrating kayexalate, s/p OR 4/6 for R ureterostomy.

**Events in Last 24 hours**  
OR for PUV ablation, R cutaneous loop ureterostomy, circumcision  
  
**Plan**  
CV: Hemodynamically stable, with intermittent HTN on isradipine PRN. Echocardiogram revealed structurally normal heart with moderate PDA. **Will need f/u ECHO**.  
Access: none  
  
Resp: Pulmonary hypoplasia secondary to renal abnormalities and history of RDS requiring intubation, HFOV, surf x2, and b/l pneumothorax s/p needle decompression and L CT, now resolved. Extubated 3/15, off CPAP (4/5), **currently on LFNC and weaning, monitor respiratory status.**  
  
FEN/GI: Asplenia and malrotation, surgery following. Receiving decanted BM26 at TF 140ml/kg/d**.** Per Renal, maintain goal FB even to slightly positive with use of diuretics (diuril, furosemide) and NS boluses. Continue calcium carbonate, Kayexalate. Monitor I/O, growth**. Elevated potassium 4/5, adjusting kayexalate per renal. Na uptrending in the setting of increased kayexalate, follow lytes.**  
  
Renal: Prenatally diagnosed Eagle Barrett/prune belly syndrome w/ right sided megaureter that clinically appeared to enlarge over the first days of life. Nephrology and Urology following. R sided Nephrostomy tube placed on 2/26 and replaced 3/9, removed 4/7. Monitor output. **VCUG and nephrostogram 4/5, s/p OR 4/7 for right ureterostomy and circumcision.**  
  
ID: Asplenia on amoxicillin baseline, 10 mg/kg daily renally dosed. S/p staph epi positive blood culture treatment. No current infectious concerns.  
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Heme: H/o anemia requiring PRBCs, last CBC 3/31 26/4.7, epogen dose increased. Continue Epogen and trend CBC q2 weeks, **follow up iron studies.**  
  
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: On enteral clonidine (increased dose 4/6), **morphine PO.**  
  
Endo: History of elevated TSH, now improving, last TFT (3/29) TSH 9.9, FT4 1.9. Endocrine following. **Repeat PTH and TFTs in 2 weeks (4/11)**  
  
Genetics: Cord blood microarray 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.  
  
Social: Family updated on bedside rounds. Continue to inform and support parents.  
  
Routine Health Care Maintenance  
- Hepatitis B Vaccine DOL 30 or day of discharge if preterm or <2 kg. Parents declined.  
- CCHD screen not needed as ECHO done  
- NBS 2/24 normal, 3/24 with TSH out of range, TFTs sent.  
  
Disposition: To remain in NICU for management of prune belly syndrome and urologic evaluation and management. Possible transfer to renal floor week of 4/10

**Weight**  
Last weight: 3.67kg (04/06/21)  
Weight change: -85g (04/06/21 to 04/06/21)  
  
Fluid Balance (4/7/2021 07:00 to 4/8/2021 06:59) In: 394 mL / Out: 336 mL / Balance: +58 mL