**NOTE 8**

**PATIENT 1003**

**DATE: 3/9/21**

Patient is a 14 day old ex 36 1/7 week infant induced for oligohydramnios now 36 PMA with prune belly syndrome and hydroureteronephrosis, right megaureter, bl echogenic kidneys and cystic dysplasia s/p nephrostomy tube who had decreased responsiveness and tone after d/c sedation ( Midaz d/c 2/27) and Fentanyl ( d/c 2/28). Neuro was initially consulted for decreased movement and no eye opening.  His exam and tone had improved becoming more awake with frequent movement on subsequent exam, last examined on 6, and felt to be c/s toxic metabolic encephalopathy. HUS on 3/1 was normal. LFTs and ammonias were normal.  
He had worsening of resp status on 3/7, and ultimately reintubated on 3/8 and transferred to HOSP 2 for consideration of dialysis. He is back on fentanyl gtt and PRN midaz and fentanyl.  
We did not recommend further workup for initial depressed mentation was improving and felt this is most consistent with toxic metabolic encephalopathy in setting of uremia/renal failure, and now his mentation is confounded by sedatives.  
He had suppressible jittery movements on 3/8. blood glc normal at the time.  
  
For now we would recommend continuing to clinically monitor.  
  
Will sign off for now but please re-consult if there are new concerns.  
  
Shannon Leere MD  
PGY5  
Child Neurology  
Discussed with Neurology Attending Dr. Kelley  
  
   
As the ICU Neurology Consult Attending, I discussed with the resident/NP the plan to formally sign off on this patient with follow up as described above. There was no physical encounter on today's date.  
   
Laurel Kelley MD  
Attending in Neurology 