**NOTE 1**

**PATIENT 1004**

**DATE: 4/4/22**

**Patient Summary**

No NICU Note Overall Impression found for patient on this encounter.

**Presenting History**

Baby boy is a 26 1/7 week infant transferred to HOSP 2 from HOSP 1 at 47 days of age at 32 6/7 weeks for management of hydrocephalus.  
  
Patient was born on 2/16 to a 25 you G9P8 mother following a pregnancy complicated by PPROM with preterm labor. Maternal labs were B+/Ab/RI/HepB-/GC-. Mother was betamethasone complete. Did not receive antibiotics. Delivered via c-section for concerning fetal tracings with variable and late decelerations. Infant was vigorous at delivery with spontaneous respiratory effort. Apgars were 4 & 7. Patient received CPAP, PPV, and intubation in the delivery room. Patient was admitted to the NICU.  
  
**Course at HOSP 1**  
**CV:** Overall hemodynamically stable with history of hypotension during an episode of sepsis/NEC treated with Dopamine. History of PDA, s/p two courses of Tylenol. DOL 28 ECHO with no PDA, PFO vs ASD with left to right flow. Continues to have a murmur on exam. Planned for follow up ECHO 4/16.  
**Access:** History of UAC DOL 0-1, UVC DOL 0-10, ePIV DOL 16-19, PICC DOL 19-46; discontinued due to clotting off. New PICC placed on DOL 46.  
**Resp**: Intubated in delivery room with history of multiple modes of ventilation including HFJV. Received surfactant x 3 doses. History of multiple unplanned extubations which required reintubation. Successfully extubated to NIPPV on DOL 24. Transitioned to CPAP on DOL 33. Patient remains on CPAP 8 and 23-30% oxygen. On diuril since 3/24 for signs of pulmonary edema. Most recent CBG 7.46/63 with bicarb 44, base excess 17.  
**FEN:** Received PN while advancing enteral feeds which began on DOL 1. Reached full enteral feeds but made NPO on DOL 16 for NEC on KUB and abdominal US. Following 14 days of bowel rest and antibiotics, Patient was restarted on donor breast milk feeds and tolerated his advance. At time of transfer Patient is receiving 160 mL/kg/day breast milk 24 calorie (step 2 protein) with KVO fluid at 30 mL/kg/day. Electrolytes currently with hyponatremia and hypochloremia. Receiving NaCl and KCl supplements. Also noted to have direct hyperbilirubinemia, thought related to prolonged PN use. Are following serial bilirubin levels and GGT.

**Heme:** Mom B+/Ab-, Baby A+/Ab-. History of phototherapy. Has required multiple PRBC transfusions. History of thrombocytopenia which resolved without transfusion. Most recent CBC on DOL 46 Hct 28.3 and Plt 343. Transfused with 15 mL/kg PRBC on 4/4 prior to OR.

**ID:** Received 48 hours antibiotics for sepsis evaluation on admission. Blood culture remained negative. Found to be GBS colonized on surveillance swab. Sepsis work up on 3/3 for clinical decompensation; blood culture and tracheal aspirate positive for GBS and KUB with medical NEC. LP on 3/6 had limited sample, PCR was positive for GBS. Treated with 14 days ceftazidime and flagyl. Blood cultures on 3/5, 3/7, and 3/25 were negative. Repeat CSF culture on 3/19 was negative. Continued on Ampicillin for GBS meningitis with ventriculitis for 6-8 weeks treatment. ID at HOSP 1 was consulted and is following.

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**Neuro:** R GMH on initial HUS on DOL 1; stable on serial repeat imaging. Developed right focal seizures in setting of meningitis. Treated with phenobarbital with goal level in 20’s. Ventriculitis and ventriculomegaly noted on DOL 17. MR 3/30 with worsening enlargement of lateral, third, and fourth ventricle with mass effect on the cerebellum and brain stem. Serial HUS with worsening ventriculomegaly. Transferred from HOSP 1 for neurosurgical management of hydrocephalus.  
**Metabolic**: Had metabolic evaluation for NBS with low C0 and concern for CUD. Evaluation was not concerning.  
**Ophtho**: Noted to lack red reflex. Exam on DOL 20 with tunica vascular lentis; consistent with prematurity and no treatment required. Most recent exam 3/30 with right stage 2 zone 2 in 1 clock hour; left stage 1 zone 2 3 clock hours. Due for exam 4/6.  
**RHCM:**  
NBS 2/17 abnormal for multiple AA and CAH; 2/26 abnormal T4; 3/18 low C0 (metabolism evaluation reassuring)  
Has not yet had Hepatitis B vaccine (planned with 2 month vaccines)  
Has had ECHO, does not require CCHD  
Will need hearing screen and car seat test prior to discharge.

**Plan**

*CV:*HD stable, monitor.  DOL 28 echo with PFO vs. ASD, needs follow up on 4/16.  Has persistent murmur on exam.  
Access: PICC placed at HOSP 1 on DOL 46, tip in left shoulder, use as peripheral line.  
  
*Resp:*Stable on CPAP 9, 23-30% oxygen.  Tolerated surgical procedure well without requiring intubation (fentanyl and local anesthesia).  Obtain blood gas, follow.  
  
*FEN:*Currently NPO on clear maintenance IVFs.  Plan to resume feeds of BM 24 Kcal at 160 cc/kg/d.  Monitor tolerance.   
  
*Heme:*S/p PRBC transfusion on 4/4 pre-op for Hct. 28%.  Follow.  
  
*ID:*H/o GBC meningitis and ventriculitis, on ampicillin x 6-8 weeks treatment.  CSF cultures sent during procedure, follow.   
  
*Neuro:*Hydrocephalus following GBS ventriculitis, now s/p subgaleal shunt placed on 4/4, surgery uncomplicated and well tolerated under local anesthesia.  Plan for HUS in AM 4/5 and then Q Monday.  Daily HC.  CSF sent for studies and culture, follow results.   
  
*Ophtho:*Most recent exam 3/30 with right stage 2 zone 2 in 1 clock hour; left stage 1 zone 2 3 clock hours. Due for exam 4/6.  
  
*Social:*  Mother updated at the bedside on admission.  
  
*Disposition:*Plan to retrotransfer to HOSP 1 in 48 hours if stable.  
  
*RHCM:*  
NBS 2/17 abnormal for multiple AA and CAH; 2/26 abnormal T4; 3/18 low C0 (metabolism evaluation reassuring)  
Has not yet had Hepatitis B vaccine (planned with 2 month vaccines)  
Has had ECHO, does not require CCHD  
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PCP: