**NOTE 6**

**PATIENT 1004**

**DATE: 6/7/22**

**Patient Summary**

Patient is a 3+ month old, 26 wk gestation boy with h/o GBS meningitis/ventriculitis s/p antibiotic course, now with VPS (placed 5/26), s/p subgaleal shunt placement (4/4), on phenobarbital for h/o right focal seizures, with baseline LFNC requirement and BPD, here for ongoing respiratory management and optimization.

**Interval events:**  
Transferred from floor to NICU due to concern for worsening hypercarbia  
Increased LFNC to 1L  
Gas repeated overnight that was reassuring  
PHB level checked and was 16.5  
Voiding, stooling well  
  
  
**Plan**  
*CV:* HDS, monitor. Echo (5/19) stable, no PDA, RVP ~1/2 systemic by septal positioning.  PHTN team following. Plan to repeat echo once in RA or if unable to wean to RA, 1 month after previous to follow pulm HTN.  
Access: PIV x1  
  
*Resp:* BPD. Continue LFNC, continue 1L LFNC. Last CXR with atelectasis and low lung volumes, consistent with BPD. **Multiple blood gases have shown evidence of chronic respiratory acidosis likely related to sequelae of BPD and decreased alveolar ventilation. Also with recent increase in phenobarb dosing so may have more transient hypoventilation, that will likely resolve with time. Given that this patient is also on baseline diuretics, there is a component of primary metabolic alkalosis with compensatory respiratory acidosis as well. Will repeat cap gas in AM to gain more information and plan for next steps and chronic plan. If AM blood gas is acceptable, does not need blood gases checked further at this time, unless clinically indicated. The BPD pulmonary team will follow chronically. If continues with elevated CO2, consider other changes to medical management.**Continue hydrochlorothiazide BID.  
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*FEN:* On full enteral feeds Enfamil 24kcal/oz at 160ml/kg/day bolus feeds. Continue feeding team involvement. Monitor I/Os, lytes, weight.  
  
*Heme:* Continue Fe supps.  
  
*ID:*H/o GBS meningitis and ventriculitis, s/p ampicillin with clearance in CSF. Urine culture from 6/2 with multiple uropathogens detected concern for contaminated sample. Repeat sample and UA sent on 6/6, will monitor off antibiotics at this time.  
  
*Neuro:* Hydrocephalus following GBS ventriculitis, now with VPS placed (5/26) s/p subgaleal shunt placed (4/4). MR vent check stable (6/2 and 6/6). Continue phenobarbital for hx seizures, follow-up PHB dosing with neurology.   Tylenol PRN. PT/OT following.  
  
*Ophtho:* Serial eye exams, (5/16) most recently right stage 2 zone 2 left stage 1 zone 2 6 clock hours. Repeat (5/31) stable with follow-up in 3 weeks.  
  
Surg: Inguinal hernia, soft/reducible, follow. Surgery consulted while on floor and no concern for incarcerated hernia but recommending repair p/t eventual discharge.  
  
Social: mom updated about transfer, continue to update and support  
  
*RHCM:*  
NBS 2/17 abnormal for multiple AA and CAH; 2/26 abnormal T4; 3/18 low C0 (metabolism evaluation reassuring). 5/22 was normal.  Repeat monthly per protocol.  
Has not yet had Hepatitis B vaccine. **Due for 2 month vaccines**  
Has had ECHO, does not require CCHD  
Will need hearing screen and car seat test prior to discharge.  
  
PCP: Will update when name identified

**Weight:**  
weight change: +55g (06/06/22 to 06/07/22)  
weight: 3.855kg (06/06/22)  
  
Fluid Balance (6/6/2022 07:00 to 6/7/2022 06:59) In: 587 mL / Out: 323 mL / Balance: +264 mL