**NOTE 7**

**PATIENT 1004**

**DATE: 4/11/22**

**Note Narrative**

**BRIEF SUMMARY**  
Patient is a 50 day old baby with prematurity (born 26wks; now PMA 33+2), evolving chronic lung disease, PDA s/p tylenol, previous NEC who has been on therapy for GBS bacteremia/meningitis/ventriculitis.   
  
Around 16 days of age, patient developed concern for NEC as well as worsening respiratory decompensation.  In this setting, was found to have GBS bacteremia on sepsis evaluation.  Also had GBS in trach aspirate at the time.  Findings on HUS were concerning for meningitis due to GBS. Initial LP was performed on 3/6. No culture or cell counts available, but meningitis/encephalitis panel with +GBS.  
  
Last prior LP before transfer was from 3/19 with negative CSF culture and WBC 280 (no cell count at initial diagnosis for comparison), diff 45%N, 42%L, 10%M. 122k RBC. Glucose 68. Total protein 2540.  Head US demonstrated evidence of ventriculitis and meningeal thickening, and he showed evidence of ventricular dilation for the first time on 3/21.  MRI brain on 3/30 showed diffuse enlargement of lateral, third, and fourth ventricles with associated intraventricular blood product consistent with obstructive hydrocephalus.  
  
Given his progressive ventriculomegaly, he is now s/p subgaleal shunt with Neurosurgery on 4/4.  He did well post-operatively without any issues.  Repeat CSF sampling demonstrated a negative culture.  Cell analysis: WBC 35, RBC 42, TP 384, Glucose 26 (but patient has had challenges with serum hypoglycemia as well).  Repeat MRI on 4/10 with ongoing structural changes and ventriculomegaly, but no clear evidence of ongoing infection/ventriculitis.  Given negative CSF cultures, improved MR imaging, and >5 wks of treatment, we recommend stopping ampicillin today.  Course of ampicillin was 3/5-4/11  
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**Key Microbiology Studies:**  
04/04/22  CSF cx: negative  
   
**Key Diagnostic Studies:**  
04/10 MRVC:  
1. Ventricular catheter in place. Moderately severe ventriculomegaly and involving the entire ventricular system appears to have increased compared to ultrasound noting that there is limited ability to compare across modalities. The floor of the third ventricle exerts mass effect anteriorly on the upper brainstem and the dilated fourth ventricle exerts mass effect on the posterior aspect of the pons and medulla.  
2. Multiple foci of subependymal hemorrhage along the margins of the lateral ventricles.  
3. Probable abnormal T2 prolongation within the white matter. Note that the study is limited for assessment of parenchymal injury due to the rapid imaging protocol utilized and patient motion.  
4. Apparent syringomyelia within the cervical spinal cord, likely related to obstruction at the level of the obex.  
   
**FINAL DIAGNOSIS:**GBS bacteremia with meningitis/ventriculitis  
   
**FINAL RECOMMENDATIONS**  
1. Stop ampicillin  
   
We have discussed our final recommendations with NICU.  
   
Please page the ID fellow on call with any questions regarding these final recommendations or any new issues that arise before discharge.  
   
**Fellow:**Darrel Song, MD  
Pager: 2807  
   
**Attending Addendum**:  
I agree with the plan as detailed by Dr. Song, above. No evidence of persistence of infection either via CSF culture or MRI.  
  
Stephen Tam, MD, MPH, MSc  
Attending Physician, Pediatric Infectious Diseases  
Pager: 6282  
  **Vitals & Measurements**

**T:**37.1  °C  (Axillary)  **HR:**158 (Monitored)  **RR:**56  **BP:**77/48  **SpO2:**96%   
**WT:**1.73 kg

**Problem List/Past Medical History**

Ongoing

No qualifying data

Historical

No qualifying data

**Inpatient Medications**

Inpatient

caffeine (caffeine citrate), 16 mg = 0.8 mL, NG, Q24hr

cholecalciferol (cholecalciferol (vitamin D3)), 10 mcg = 1 mL, NG, daily

cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution), 1 drop, OPTH, 1time

cyclopentolate-phenylephrine ophthalmic (Cyclomydril), 1 drop, OPTH, 1time

ferrous sulfate, 16 mg = 0.36 mL, NG, daily

hydroCHLOROthiazide, 3.2 mg = 0.32 mL, NG, Q12hr

PHENobarbital, 4 mg = 1 mL, NG, Q12hr

potassium CHLORIDE (potassium CHLORIDE enteral IMMEDIATE release), 0.8 mEq = 0.62 mL, NG, Q12hr

proparacaine ophthalmic (proparacaine 0.5% ophthalmic solution), 1 drop, OPTH, 1time, PRN

sodium CHLORIDE, 1.6 mEq = 1.6 mL, NG, Q6hr

sucrose 24% oral solution, 0.4 mL, PO, Q2hr, PRN