**NOTE 4**

**PATIENT 1005**

**DATE: 5/21/20**

**Patient Summary**

Patient is a 3+ month old 24 and 2/7 week gestation infant transferred from HOSP 1 with BPD, admitted for an airway evaluation. last failed extubation 5/17 with pronounced biphasic stridor, concern for obstruction at the level of the glottis.  ORL to be present for next extubation attempt in 1 week.

**Events in Last 24 hours**  
Weight re-calc 2.2kg  
tracheitis, started cefazolin  
  
  
**Plan**  
CV: Hemodynamically stable. PDA ligation 3/29. Echo 5/9 showed no RV HTN, no PDA, PFO L to R  
Access: sLPICC placed by IR on 4/27, in RLE, central on 5/17 film with tip IVC @L1, for sedation.  
  
Resp: Evolving BPD but on very low settings. also concern for upper airway obstruction driving need for intubation. on PRVC. h/o multiple extubation attempts with dexamethasone most recently 5/17, **plan on discussing with Dr Ramel and ORL team is to trial extubation in 1 week (about 5/22) with ORL present.** On HCTZ BID and caffeine. s/p caffeine, d/c 5/14 in setting of tachycardia  
  
FEN: On NJ feeds (previously NG), 150cc/kg/d of BM 32 kcal/oz with liquid protein. Vygon gravity. Plan to transition to NG after extubation. Continue Ca supps, ADEKs. Monitor lytes, growth.  
  
GI/Bili: h/o medical NEC, ongoing cholestasis, improving.  previous Abd US at HOSP 1 with normal appearing biliary tree. Last Bili 1.1/0.8 5/12, monitor weekly.  
  
Heme: Hct 27, retic 14, re-check 5/19.  
  
Endo: TFTs sent 5/9 due to abnormal NBS, per endo normal vs sick euthyroid, repeat in ~2 weeks.  
  
ID: Tracheitis (trach asp 5/18 given thick secretions, with **few poly with Staph), plan 5 day course cefazolin to optimize airway secretions prior to next extubation trial**. +CMV on 5/2 (in setting of cholestasis). ID consulted, no plan for treatment currently. History: At 1 mo age developed nodular neck mass in the right submental area, s/p I&D (Grew S aureus), also blood culture + for S aureus and S epi, s/p 21 days vanco + oxacillin. R neck US without evidence of abscess 5/12  
  
Neuro:  Previously normal HUS, last 3/21.  
  
Sedation: SBS goal 0 to -1 while intubated. Continue Precedex and morphine infusion, wean Precedex as tolerated. Versed prn.  
  
Ophtho:  5/16: Stage II Zone 2 bilaterally, pre-plus, stable - follow up in one week, week of 5/22.  
  
Social: Family meting held 5/15  
  
RHCM:  
- Newborn screening: Elevated methionine on 2/20, possible MCAD on 3/5, repeat 3/20 normal; 4/26 elevated TSH. Send per protocol.  
- Hepatitis B Vaccination: 4/19  
- Other Vaccinations: Pentacel 4/19, HiB 4/19, Prevnar 4/20.  
- CCHD: not needed, echo  
  
Disposition: To remain at HOSP 2 NICU For airway eval and respiratory management

**Weight**  
Last weight: 2.215kg (05/19/20)  
Weight change: +18g (05/18/20 to 05/19/20)  
  
Fluid Balance (5/20/2020 07:00 to 5/21/2020 06:59) In: 394 mL / Out: 255 mL / Balance: +139 mL