

"Admission Date: [\*\*2193-10-1\*\*]      Discharge Date: [\*\*2193-10-10\*\*]

Date of Birth: [\*\*2193-10-1\*\*]      Sex: F

Service: NB

HISTORY OF PRESENT ILLNESS: Baby Girl [\*\*Known lastname \*\*] was born to a 30 year old gravida 4, para 3 to 4 mom with prenatal laboratories B positive, antibody screen negative, hepatitis B surface antigen negative, RPR nonreactive, Rubella immune, unknown Group B Streptococcus status whose pregnancy was complicated by preterm labor with a Cerclage placed. She was on bedrest as well. She received a full course of Betamethasone. She had early labor leading to spontaneous vaginal delivery, rupture of membranes was one hour prior to delivery. There was no fever or clinical signs of chorioamnionitis. Her Apgars were 9 and 9 and her birthweight was 2280 gm. She was transferred to the Newborn Intensive Care Unit secondary to prematurity.

PHYSICAL EXAMINATION: Her admission physical examination revealed a very well appearing infant with an examination consistent with 34 weeks gestation. Her birth weight was 2280 gm, her head circumference 30 cm and her length was 33.25 cm. Head and neck examination was normal. Chest, she had good breath sounds bilaterally with no crackles. Her cardiovascular examination revealed a regular rate and rhythm, no murmurs and normal femoral pulses. Her abdomen

was benign. Her neurologic examination was normal.

HOSPITAL COURSE: Respiratory - She has been on room air throughout her hospital stay. She has had mild apnea and bradycardia. Her last apneic spell with mild desaturation was on the evening of [\*\*10-7\*\*], at 11 PM.

Cardiovascular - She was noted to have a very mild murmur on day of life No. 1 but had normal forelimb extremity blood pressures, electrocardiogram and hyperoxia test as well as a chest x-ray which did not show any cardiomegaly and clear lung fields. Her murmur persisted and on day of life No. 2, Cardiology was consulted who asked that we follow the murmur for a few more days and reconsult them once her pulmonary pressures had dropped, if the murmur had not changed. She had a murmur on day of life No. 6 which revealed a small muscular ventricular septal defect, otherwise normal anatomy. She will be followed up by Cardiology at one months time after discharge. No intervention is thought to be needed given the very small size of this muscular wall defect as well as the likelihood that it would close on its own as she grows.

Fluids, electrolytes and nutrition - She was about to p.o. feed ad lib immediately after birth but was slow to take an adequate volume, so she required gavage feeding which she is still receiving. She is also supplementing with breastfeeding and is taking about one-half to three-quarters per volume orally. She has had normal urine output and

stools. She had normal glucoses. Her most recent weight on the day of interim summary was 2195 gm.

Gastrointestinal - She has had no history of feeding intolerance, spits or abdominal distention. She had a bilirubin check on day of life No. 2 that was 6.8. We followed this up on one on day of life No. 3 which was 8.2. Her jaundice did not worsen and we followed it clinically thereafter.

Hematology - She had an admission hematocrit which was 43.1 percent.

Infectious disease - She had an initial blood culture sent as well as a complete blood count which showed a white count of 10.5, hematocrit 43.1, 314,000 platelets and differential at 41 neutrophils, 3 bands and 45 lymphocytes. No antibiotics were started.

Sensory - She has not had a hearing screening as of this interim summary. She received hepatitis B vaccination on **10-5**.

PRIMARY CARE PEDIATRICIAN: Her primary pediatrician is Dr. **Last Name (STitle)**, **Location (un)** **State 350**.

DISCHARGE DIAGNOSIS: Prematurity at 34 2/7 weeks.

Mild apnea of prematurity.

Immature feeding.

Small muscular ventricular septal defect.

Hyperbilirubinemia.

dr.[\*\*First Name (STitle) \*\*],[\*\*First Name3 (LF) \*\*] 50-ABP

Dictated By:[\*\*Last Name (NamePattern1) 56887\*\*]

MEDQUIST36

D: [\*\*2193-10-10\*\*] 16:58:37

T: [\*\*2193-10-10\*\*] 19:24:45

Job#: [\*\*Job Number \*\*]

"

"PATIENT/TEST INFORMATION:

Indication: Congenital heart disease. /?VSD/murmur

Status: Inpatient

Date/Time: [\*\*2193-10-9\*\*] at 08:05

Test: Portable TTE (Congenital, complete)

Doppler: Complete pulse and color flow

Contrast: None

Technical Quality: Adequate

INTERPRETATION:

Findings:

Conclusions:

Pediatric study. Report will be generated by [\*\*Hospital3 485\*\*].

"

"Sinus rhythm. Normal ECG. No previous tracing available for comparison.

"

"[\*\*2193-10-4\*\*] 5:39 AM

BABYGRAM (CHEST ONLY)

Clip # [\*\*Clip Number (Radiology) 27948\*\*]

Reason: evaluate heart and lungs

Admitting Diagnosis: NEWBORN

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[\*\*Hospital 2\*\*] MEDICAL CONDITION:

Infant with murmur, in RA

REASON FOR THIS EXAMINATION:

evaluate heart and lungs

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FINAL REPORT

CHEST, AP SUPINE (BABYGRAM):

Nasogastric tube terminates in the stomach. The lungs are clear. The heart size and pulmonary vascularity are normal.

IMPRESSION: Normal chest.

"

"Neonatology Attending

DOL 5 CGA 35 weeks

Stable in RA. No A/B x 48 hrs.

Murmur present. Cardiac w/u to date wnl (4 ext BP, CXR, EKG, hyperoxia test). Due for echo tomorrow. BP 67/28 mean 40.

On 140 ml/kg/d BM/[\*\*Doctor Last Name \*\*] 20 po/pg. Voiding. Stooling. Wt 2115 grams (down 15).

Parents visiting and up to date.

A: Stable. Murmur being evaluated. Tolerating feeds. Needs to learn to feed.

P: Monitor

Echo tomorrow

Increase to 150 ml/kg/d

Encourage pos

"

"NPN 0700-1900

#1 O: Infant remains in RA. RR 30's-60's with mild SC

retractions. LS clear and =. No spells. Desat to 73%; QSR'd.  
O2 sats otherwise high 90's-100%. A: Stable in RA. P: Cont  
to monitor.

#2 O: Maintaining temp in oac. Awake and alert with cares;  
sleeping well between. Waking on own for most feeds, though  
sleepy at 1230. Brings hands to face for comfort. A: AGA. P:  
Cont to support development.

#3 O: Both parents in to visit with infant's siblings. Mom  
deciding infant too sleepy to BF. Mom may be in to visit at  
[\*\*2189\*\*]. Asking appropriate questions while here. A: Involved.  
P: Cont to support and update.

#4 O: TF increased to 150cc/kg/d. Infant taking 57cc's of  
BM20/similac 20 q 4h via po/pg feeds. Bottled 40cc's at 0830  
and gavaged entire amount at 1230; infant too sleepy.  
Abdomen benign; voiding and stooling. No spits, no  
aspirates. A: Tolerating feeds. P: Cont to monitor.

#5 O: + loud murmur heard. BP 67/28 mean 40. HR 140's-160's.  
Coloring pink and well perfused. A: CV stable thus far. P:  
Possible echo to be done tomorrow.

"

"Neonatal NP-Exam

See dr.[\*\*Doctor Last Name 120\*\*] note for details and plan of care as discussed in rounds this am.

AFOF. Breath sounds clear and equal. nl S1S2, grade [\*\*3-16\*\*] murmur. Pink and well perfused. Abd benign, no HSM. Active bowel sounds. Infant active with exam.

"

"1. in RA, color pink, RR40-60, BBS equal, clear, mild sc retractions, no spells P: continue to monitor and document.

2. temp stable swaddled in open crib, waking for some feedings, active and alert with cares, may need synagis A:

AGA P: continue to promote growth and development.

3. MOM here ~0830, put baby to breast, requesting to meet with cardiology MD tomorrow P: continue to update and offer support, page cardiology fellow when Mom is here tomorrow(Wed).

4. TF 150cc/k/d BM=57cc q4h, latched on this am but only few sucks then sleepy, feeding given pg, abd soft, no loops, voiding and passing guiac neg stool A: tolerating feedings, learning to po P: continue present care.

5. murmur audible, cardiology in to see baby, HR 130-150, BP 73/40 48, pulses nl, precordium quiet, color pink A: stable P: continue to monitor/assess.

"

"NICU Fellow PN

One apnea with bradycardia last evening  
weight 2145 (down 10g)

PE: Asleep, comfortable, in NAD

HEENT: AFOF, soft, OP clear, MMM

Chest: Clear BS bilaterally, no distress



CV: RRR, III/VI systolic murmur heard at LLSB, cap refill brisk

Abd: Soft, +BS

Ext: WWP

Plan: DoI 7 for this 34 weeker with small muscular VSD on echo yesterday. Working on taking po feeds, breast feeding. Updated mom about echo yesterday, cardiology to talk with her today. Had one spell so still needs monitoring

"

"Nursing NICU Note

#1. Respiratory O: Pt. remains in RA, O2 sats >95%. RR ~30-60's, no increase work of breathing noted. LS clear/=. No A&B's noted this shift thus far. A: Pt. remains stable in RA. P: Continue to monitor respiratory status. Monitor for A&B's.

#2. Growth/Development O: Pt. remains in an open crib, swaddled w/ stable temps. She is alert and active w/ cares, sleeps well in between. Fontanelle soft/flat. She loves to use her pacifier, brings hands to face. A: AGA P: Continue to provide environment appropriate for growth and development.

#3. Parents O: Mom in to visit this am and was updated on pt's current status and daily plan of care. Mom is active and independent in cares. A: Family is loving and involved. P: Continue to update, support and educate.

#4. FEN O: TF 150cc/kg/d of BM20 =57cc Q 4hrs. She is offered a bottle or to breast Q feed and took ~55cc PO this afternoon. Pt. went to breast x~15min this am w/ half vol. gavaged after. Abdomen is soft, pink, +bs, no loops/spits noted. A: Pt. is tolerating current nutritional plan. P: Continue w/ current feeding plan. Monitor for s/s of intolerance. Encourage PO feeds. Plan to increase cal to BM22 tonight.

#5. CV Status O: Pt. is pink, warm and well perfused. She has +VSD, Loud murmur. A: stable P: Continue to monitor CV status.

"

"PCA 1900-0700

1

RA, RR 30-40, LUNG SOUNDS CL=, NO SPELLS. P:CONT. TO MONITOR.

2

REMAINS SWADDLED IN OAC, TEMP STABLE, A/A WITH CARES, WAKES FOR FEEDS, FONTS SOFT/FLAT, LIKES PACIFIER, BRINGS HANDS TO MOUTH. P:CONT. TO SUPPORT GROWTH AND DEVELOPMENT

3

MOM IN FOR [\*\*2189\*\*] CARES, BF INFANT, UPDATED AT BEDSIDE.

P:CONT. TO UPDATE

4

CW 2500G UP 5 G, TF 130CC/KG/D OF BM24=54CC Q4H, BF 20  
MINUTES @ [\*\*2189\*\*], BOTTLED 40CC @ 2400, 24 HOUR INTAKE 117  
CC/KG PLUS BF X1, ABD SOFT, BS=, NO LOOPS, VOIDING/STOOLING  
QS HEME POS. P:CONT. TO SUPPORT NUTRITIONAL NEEDS.

5

HR 150-160, LOUD MURMUR HEARD X2, B.P. 69/31 (45). P:CONT.  
TO MONITOR.

"

"NPN Addendum: Agree with above note from PCA, [\*\*Doctor Last Name 318\*\*]. Infant has been stable in RA. She has bottled all her feedings tonight, but has not quite made her minimum of 54cc q4 hours (~40-50cc). Will hold off on replacing NGT for now and follow closely. Mom was in last evening-update given. Mom is aware that we will have to replace NGT if [\*\*Known lastname 2455\*\*] becomes too tired. Mom will be in later today.

"

"Neonatology Attending Note

Day 19

CGA 37

RA. RR40-60s. BS cl and =. +VSD murmur. HR 130-160s. Pink and well perfused.

Wt 2500, up 5 gms. TF [\*\* 145\*\*] 130 cc/k/day. All po since [\*\* \*\*] am. NI voiding and stooling (h/o int heme positive).

In open crib.

A/P:

Growing preterm infant with improving po skills. Monitor off NG x 48 hrs. Approaching discharge readiness.

In prep of discharge will change to 24 cals with [\*\*Doctor Last Name \*\*] powder. Discharge planning and teaching in progress.

"

"NPN 0700-1900

#2 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for feed and bottle feeding well, taking > than minimum. No spells.

A: Maturing behaviors

P: Continue to support developmental needs.

#3 Alt. in Parenting

O: Mom in for 1200. Updated. Signed consent for Hep B immunization. Fed infant and did all cares. Plans to return tonight. Will bring in car seat for screen. Excited for possible D/C to home on Tuesday.

A: Involved, loving mom

P: Continue discharge preparations and keep informed.

#4 Alt. in Nutrition

O: TF=[\*\* 145\*\*]. 130cc/kg=54cc Q 4 hrs. Changed to BM24 with Similac powder today in preparation for possible D/C on Tuesday. Abd. exam in benign. Voiding and stooling, guaiac - X 2 today. Mod. spit X 1. All POs. Waking Q 2.5-3.5 hrs. Taking 50-65cc.

A: Improved PO feeding, exceeding minimum

P: Continue with present feeding plan and follow daily wts.

#5 Alt. C-V Function d/t VSD

O: Pink in RA with easy respirations. Lungs clear. No edema. HR 130's-160's with loud VSD murmur audible, unchanged.

A: Stable with non-compromising VSD murmur

P: Continue to monitor. To F/U with cardiology after D/C.

"

"Neonatology NP Note

PE

swaddled in open crib

AFOF, sutures opposed

comfortable respirations in room air, lungs clear/=

II/VI holosystolic murmur across precordium, pink and well perfused

abdomen soft, nontender and nondistended, active bowel sounds

active with good tone.

"

"Nursing Progress Note 1900-0700

Resp: Infant remains in RA saturating 95-100%. RR 40-50's. LS

clear and equal with mild sc retractions. Infant with no A's

and B's thus far. A: Stable P: Cont. to assess resp. status.

G/D: AFOS. Infant alert and active with cares; sleeping well

b/t. Infant with good tone. MAE. Sucking intermittently on

pacifier. Infant remains in open crib, swaddled with nested

boundaries. Temp. maintained. A: AGA P: Cont. to support growth

and dev.

[\*\* 2\*\*]: No contact from [\*\*Name2 (NI) \*\*] thus far d/t [\*\*Hospital 1 1604\*\*]

Holiday. Plan to visit on Sunday. A/P: Cont. to update, support, and educate.

F/E/N: Infant cont's on TF 150cc's/kg/day, rec. BM24 57cc's q 4 hrs. Infant bottled x 2 and took 32-57cc's with a yellow nipple. Weight=2.270 kg up 35 grams. Abd. soft with pos bs, no loops or spits, minimal aspirates. Infant voiding and stooling heme negative stool. A: Tolerating Feeds Well. P: Cont. to assess tolerance of feeds and monitor weight gain.

CV: Infant's HR 130-170'S. Audible murmur. Infant appears slightly jaundice but well perfused. Normal pulses. BP 64/29(42) A: Stable P: Cont. to assess for cardiac compromise.

"

"Neonatology Attending

DOL 11 / CGA 35-6/7 weeks

In room air with no cardiorespiratory events.

BP 64/29 (42). VSD murmur.

Wt 2270 (+35) on TFI 150 cc/kg/day BM24. Alternating PO/PG, with occasional full volume feeds.

A&P

34-2/7 week GA infant with VSD, feeding immaturity

-No changes in management as detailed above

"

"Neo Attend

Day 14, GA 34.2 cga 36.2

Resp stable. RA 40-50s, wnl, no spells, last desat 5 days ago

CV: mus VSD, well perfused

2360, up 30

150 cc/kg/day BM24 popg + BF. Encourage po.

UOP and stooling well

in crib, good temp

[\*\* 2\*\*] involved. Will meet with family.

"

"NPN

#1 Resp: infant remains in RA with RR 30-50's, sats 97-100%.

BBS clear/=:, breathing comfortably. no desats or brady's so far this shift. cont to monitor.

#2 Dev: infant remains in OC with stable temps, active and alert, AGA. waking for feeds. cont to provide dev support.

#3 [\*\* 2\*\*]: Mom in this AM for feeding, independent with care and put infant to breast without difficulty. Infant sleepy and not eager to latch and nurse. Mom plans to visit again this afternoon and put infant to breast for 1600 feeding. cont to provide updates and support.

#4 FEN: infant TF remain 150cc/kg/d = 59cc PO/NG Q4h. tolerating feeds well, abd full, soft, +BS, voiding and small stool this AM. Gavaged feeding this AM after infant

sleep while nursing and took 30cc (of 59cc volume requirement)PO this afternoon with remainder gavaged. cont to closely monitor and encourage PO adn breast feedings.

#5 CV: infant continues with loud murmur, pink, well perfused, HR 130-150s. cont to closely monitor.

"

"PCA NOTE

RESP: O/A-NO SPELLS OR DESATS NOTED. NO DRIFTS. STABLE IN RA. P-CONTINUE TO MONITOR.

G/D: O/A-TEMP STABLE IN OAC. WAKES FOR FEEDS. ALERT AND ACTIVE. SLEEPS PEACEFULLY. MAE. AF-FLAT. ROOTS. SWEET NATURED. AGA. P-CONTINUE TO SUPPORT G/D.

PARENTS: O/A-MOM IN THIS SHIFT AND CALLED X1. UPDATED ON [\*\*Known lastname 2456\*\*] STATUS AND IMMEDIATE PLAN BY R.N. WILL BE IN AT 0830. LOVING AND VESTED. P-CONTINUE TO KEEP INFORMED.

FEN: O/A-CURRENT WEIGHT 2.125, ^ 30GM. TF 150CC/K/D OF BM/[\*\*Doctor Last Name \*\*] 20. PO/PG. BREASTFEEDS WELL. [\*\*Known lastname \*\*] IS VOIDING AND STOOLING. HEM NEG. ACTIVE BOWEL SOUNDS. ABDOMEN IS UNREMARKABLE. MINIMAL RESIDUALS. NO SPITS. TOLERATING FEEDS. P-CONTINUE TO ENCOURAGE PO INTAKE.



CV: O/A-LOUD MURMUR OBVIOUS. ECHO PLANNED FOR TODAY.

P-CONTINUE TO ASSESS.

"

"Neonatology Attending

DOL 6 / CGA 35-1/7 weeks

Remains in room air with no distress. Occasional desaturations but no bradycardias/apneas.

Murmur persists. BP 58/28 (38).

Wt 2155 (+30) on TFI 150 cc/kg/day BM20, tolerating well. Bottling partial volumes only. Abd benign. Voiding and stooling normally.

Temp stable in open crib.

A&P

34-2/7 week GA

-Echo to be completed today

-Otherwise continue current management as detailed above

"

"Nursing NICU Note

1. Resp. O/PT remains in RA. One spell noted thus far this shift-see flowsheet. A/Occasional apneic spells noted.

P/Cont. to monitor for A/B/desaturations and intervene as pt needs.

2. G/D. O/Temp remains stable in crib swaddled. Awake, alert and aggressive at care times. Eagerly rooting prior to being fed. Mother in [\*\*Name2 (NI) \*\*] evening and stated that pt nursed well. A/Alt. in G/D. P/Cont. to support pt's growth and dev. needs.

3. Parents. O/Mother in [\*\*Name2 (NI) \*\*] evening. Mother updated on pt's status and plan of care. Mother independent with breastfeeding. Mother supplying breastmilk. A/Mother is actively involved in pt's care. P/Cont. to support and educate parents.

4. F/N. O/TF remain at 150cc/k/d of BM20 PO/PNGT. Please refer to flowsheet for examinations of pt from this shift. Pt nursed well [\*\*Name2 (NI) \*\*] evening with mother. Pt took full volume of feeding early this am. Voiding. No stool passed this shift as of yet. A/Appears to be tolerating present feeding regimen. P/Cont. to monitor for s/s of feeding intolerance. Encourage PO feedings as pt shows interest and tolerates.

5. CV. O/Loud persistent murmur noted. Mother stated that Cardiology plans to meet with her to discuss results of [\*\*Name2 (NI) \*\*] ECHO. A/Uncompromising murmur at this time. P/Cont. to monitor.

"

"Neonatology Attending

DOL 7

In room air with no distress. One apnea overnight.

Murmur (VSD on echo). BP 73/40 (48).

Wt 2145 (-10) on TFI 140 cc/kg/day BM20, tolerating well. Bottling partial volumes.

Temp stable in open crib

A&P

34-2/7 week GA infant with VSD, respiratory and feedingimmaturity

-Continue to encourage maturation of oral feeding skills

-Will require synagis

"

"NICU NPN

1: Infant in RA, no desats, or bradys this shift. BS cl= to  
bases, RR WNL. A: No resp distress. P: Consider dc pulse ox.  
Monitor for spells or increased WOB.

2. O: WT gain of 40g tonight. Tolerating open crib, wakes  
for feeds, PO feeds fairly well when awake and eager. A:  
AGA. P: Support developmental needs.

3. O: No contact from [\*\*Name2 (NI) \*\*] this shift. [\*\*Last Name (un) \*\*]/[\*\*Hospital1 1604\*\*]  
holiday. A/P: Will support and keep informed with contact.

4. O: Wt gain 40g. On 150cc/kg/d of BM22cal (increased from 20cal today). Tolerating well. No spits, PO fed great x1-entire volume. A: Tolerating increased cals, growing. P: Encourage PO feeds when eager. Monitor for intolerance.

5. O: Audible murmur. Color pink, well perfused, HR stable 130-160 range. Feeding well, gaining weight. A: No apparent compromise. P: Monitor.

"

#### "Nursing Note

1. Infant remains stable in RA. RR and sats as doc in flowsheet. BLS c/=: mild to no retractions at rest. No ^WOB. No spells. Occasional drift to 80% with HR 100-115 with PO. Associated with some uncoordination with feed. Otherwise, stable in RA. P/Cont to support resp req.

2. Temps stable in OAC, swaddled. MAE, AFOSF, PFOSF. AA with cares, sleeps well between. Wakes occasionally for feeds quietly. Sucks fingers. Sucks paci. P/Cont to support dev milestones.

3. No contact thus far.

4. TF=150cc/kg/d BM22PG/PO as tol. Infant took 29ccPO at 0100 with some uncoordination. Remainder of feeding gavaged. Abd exam is unremarkable. V/ stooling x1, min asp, no spits, abd soft, NT/ND. P/Cont to support fen req. Enc PO's.

5. Infatn continues with loud murmur. Pulses =bilat. Pink, bottles well, AA with cares. BP and HR as doc in careview. Murmur to be f/u outpt. P/Cont to monitor. Refer to flowsheet for additional details.

"

"Neonatology Fellow Note

Exam:

General: alert preterm female infant in open crib

HEENT: [\*\* 332\*\*], nares patent, MMM

CV: RRR with III/VI systolic murmur, 2+ fem pulses, CR brisk

Pulm: CTA bilaterally, no inc WOB

Abd: soft, NT/ND, +BS, no HSM

GU: normal preterm female external genitalia

Ext: WWP

Skin: pink, no lesions

Neuro: alert, normal tone, MAEW

Met with mother for 30 [\*\*Name2 (NI) 145\*\*] to discuss [\*\*Known lastname \*\*] feeds. She is still only taking about [\*\*1-11\*\*] PO. Mother's other preterm infants fed more quickly and were home at 35 weeks corrected. She is very frustrated that the PO is not progressing more quickly and is concerned that we just NG feed her because it's easier. Explained that [\*\*Known lastname 2455\*\*] would determine her own time line for learning to feed. We offer bottles every feed but do not attempt for more than 30 [\*\*Known lastname 145\*\*] so as not to over-tire her. Expect her to improve her ability to take PO over the next few weeks.

"

"NPN 2300-0700

#1 Alt. in Resp. Function

O: In RA with sats 98-100. No apnea, bradycardia or desats noted. RR 40's-50's with easy respirations. Breath sounds are clear and =.

A: Doing well in RA

P: Continue to monitor and assess. Document any spells.

#### #2 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Not waking for feeds but alert with cares. No spells. Took all POs tonight, close to full volume each time.

A: Maturing behaviors

P: Continue to support developmental needs.

#### #4 Alt. in Nutrition

O: TF=150cc/kg=61cc BM24 Q 4 hrs. Wt. 2440 (up 80gms) Abd. is full, soft with + BS, no loops. Minimal aspirates, mod. spit X 1. Voiding and stooling QS. PO fed X 2, taking 55-60cc. No gavage needed this shift.

A: Tolerating feeds, gaining wt, improving POs

P: Continue with present feeding plan. Follow daily wts and encourage POs as able.

#### #5 Alt. in C-V Function

O: HR 130's-150's. BP-73/39 m-49. Pink, brisk cap. refill. Loud murmur present, known VSD.

A: VSD murmur, no s/s compromise

P: Continue close observation and monitoring.

"

"Nursing Progress Note

resp/cv: [\*\*Known lastname 2459\*\*] remains in RA with no A&B's tonight. Color pink and well perfused. BP 69/38-46. BS cl&=, loud murmur audible.

fen: weight 2550gms tonight, up 50gms. remains on minimum of 130cc/kg/d of BM24cal. Bottled a total of 136cc/kg/d plus nursing over past 24hrs. Took 55-60cc plus breast fed well tonight. abd soft, pink with +bs and stool x1, heme-.

dev: Temp stable in crib. Could not do car seat challenge due to age of car seat. Mom notified of need to bring in newer car seat for safety. Hep B vaccine given as ordered. Awaiting hearing screen.

social: mom in at 2100 and nursed well. Updated this am and will be in for 0900. Ready for discharge tomorrow.

"

"Neonatology Fellow Note

Exam:

General: sleeping preterm female in open crib in NAD

HEENT: [\*\* 332\*\*], eyes clear, MMM

CV: RRR with III/VI murmur, 2+ fem pulses, CR brisk

Pulm: CTA bilaterally

Abd: soft, NT/ND, +BS

GU: normal preterm female ext gen

Ext: WWP

Skin: olive-complexion, no lesions

Neuro: arouses on exam, normal tone, MAEW

"

"NPN 0700-1900

#1 Alt. in Resp. Function

O: Pink in RA with sats 98-100. Breath sounds clear and =. RR 30's-70. No spells.

A: Doing well in RA

P: Continue to monitor and document any spells.

#2 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for feeds and acting hungry, but tires out and unable to take full volume. Still needs gavage. No spells.

A: Immature feeding skills

P: Continue to support developmental needs.

### #3 Alt. in Parenting

O: Mom called this AM for update. Expressing concern that [\*\*Known lastname 2455\*\*] is not PO feeding well yet. Requesting family meeting, planned for tomorrow. Mom in for 1600. She is independent with [\*\*Known lastname \*\*] cares and breastfeeding. Spent a long time talking with mom re normal behaviors for infants at [\*\*Known lastname \*\*] GA (36 [\*\*1-16\*\*] wks. corrected) and reassuring her that her daughter's behaviors (immature feeding skills in particular) are completely within the range of normal. Mom stated that she felt better after her visit and did not need family meeting tomorrow. She plans to be back this PM for [\*\*2189\*\*] feeding.

A: Involved, loving mom, concerned about infant's immature feeding skills

P: Continue to keep informed and support. Assure mom that family meeting is still available for tomorrow if she would like one.

### #4 Alt. in Nutrition

O: TF=150cc/kg=58cc BM24 Q 4 hrs. Abd. is full, soft with + BS, no loops. No spits. Voiding and stooling Q diaper change. Acting hungry at feeding times. Took 28-50cc by bottle and gavage fed remainder. BF well X ~15 min for mom. Gavage fed 30cc after breastfeeding.

A: Tolerating feeds, gaining wt, still needs gavage

P: Continue to encourage POs as able and follow daily wts.

### #5 Alt. in C-V Function

O: Loud murmur present, known muscular VSD. Pink, HR 120's-160's. Brisk cap refill. No edema.

A: VSD, no evidence compromise

P: Continue to monitor and assess.

"

"nbn 1900-0730



1. Remains in ra. Sao2 > 95%. No drifting or spells so far this shift. RR 50's-60's. Ls cl/= . Mild scr. Plan; Cont. to monitor resp. status.

2. Remains in oac. Temps stable. Waking q 4hrs. Po'ing about [\*\*1-11\*\*] of volume with each feeding. Gavaging rest. Quietly alert after cares. Sucking on pacifier and swaddled to calm. Plan; Cont. to support g/d.

3. Both [\*\*Month/Day (2) \*\*] in for [\*\*2189\*\*] cares. Both [\*\*Year (4 digits) \*\*] holding. Mom taking temps and changing diaper. BF well. Mom [\*\*Name (NI) 2458\*\*] very comfortable with infant. D/c teaching reveiwd. Signed up for cpr for [\*\*10-24\*\*], [\*\*Doctor First Name \*\*]. at [\*\*2219\*\*]. Plan; cont. to support g/d.

4. Wt. 2.360gms. Up 30gms from yesterday. Tf cont. on 150cc/k/d of bm24 or 59cc q 4hrs. Remains po/pg feeder. Abd soft, no loops,+bs. Voiding, stooling guiac - stool. No spits. Min asp. Plan; cont. to m onitor wt. gain on current fluids. Monitor tolerance to po feeding.

5. Hr 140's-160's. VSD murmer still loud. Infant pwp. Pulses good. Plan; cont. to m onitor for any comprmise r/t vsd. Support [\*\*Year (4 digits) \*\*].

"

"Neo Attend

Day 20, CGA 37.1 wk

RA, wnl, no spells.

CV loud muscular VSD. nl HR, and BP

TW 2550 gm, up 50

[\*\* 145\*\*] 130 cc/kg/day [\*\*Doctor Last Name \*\*] 24\all po since [\*\*10-20\*\*]. + BF.

stools heme neg

Hep B [\*\*10-20\*\*]

Car seat testing today.

Hearing screen today.

Discharge planning completing. Anticipating discharge tomorrow.

Dr. [\*\*First Name8 (NamePattern2) 2303\*\*] [\*\*Last Name (NamePattern1) \*\*] is Ped.

Peds Cardiology f/up 1 month after discharge. Appointments for PEd in [\*\*1-11\*\*] days and Cardiology to be made by mother.

"

"NPN 0700-1900

#### #2 Alt. in Nutrition

O: On [\*\* 145\*\*] 130cc/kg=55cc BM24 Q 4 hrs. Abd. exam is benign. Voiding and stooling QS. Waking for feeds q 2-4 hrs. Bottling well, taking 60-75cc.

A: Exceeding minimum TFI

P: Continue with present feeding plan and check for wt. gain.

#### #3 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for feeds and PO feeding well. No spells. Passed hearing screen. To have car seat screen tonight. Hep B given.

A: Mature behaviors

P: For D/C tomorrow.

#### #4 Alt. in Parenting

O: Mom in at 1500. Brought in car seat. Reviewed 24cal breastmilk preparation and storage. Written instructions (recipe cards) given to reinforce verbal teaching. Mom also given samples of Similac powder for preparation of breastmilk at home. Mom stated that she understood all instructions and had no questions. ""Safe Travels"" and ""Back to Sleep"" brochures reviewed and given to mom. [\*\*Name (NI) \*\*] referral called in to Caregroup [\*\*Name (NI) \*\*]. They will see infant on Wed. Mom aware. Mom will call Dr. [\*\*Last Name (STitle) 2428\*\*] for pedi apt. this Thursday or Friday.

A: Involved mom preparing for D/C tomorrow

P: Continue with D/C preparations. Keep [\*\*Last Name (STitle) \*\*] informed and support.

"

"Nursing NICU Note

This nurse also examined pt; well appearing infant. Persistent loud murmur noted. Skin pink and jaundiced. No contact made from parents during this shift r/t [\*\*Hospital1 1604\*\*] Holiday.

"

"Neonatology Attending Note

Day 4

RA. RR30-60s. 1 desat yest. Cl and = BS. Mild sc rtxns. BP 54/33, 40. +murmur.

Wt 2140, up 60 gms. TF 120 cc/k/day BM20 po/pg. Tol well. NI voiding and stooling.

In open crib.

A/P:

Growing preterm infant with immature feeding skills and cardioresp control. Cont to monitor. Will increase TF to 140. Plan for ECHO to evaluate murmur early next week if persistent.

"

"NPN 0700-1900

#1 O: Infant remains in RA. RR 30's-60's with mild SC

retractions. LS clear and =. O2 sats 97-100%. No spells this

shift. A: Stable in RA. P: Cont to monitor.

#2 O: Infant maintaining temp in oac. Awake and alert with cares; sleeping well between. Waking on own for feeds acting vigorous. Brings hands to face for comfort. Needs hearing test. A: AGA. P: Cont to support development.

#3 O: No contact as yet from parents this shift. A/P: Cont to support and update.

#4 O: TF increased to 140cc/kg/d. Infant to take 53cc's of BM20/similac 20 q 4h via po/pg feeds. Bottled 30-40cc's this shift; gavaged remainder. Abdomen benign; voiding and stooling sm amount. No spits, minimal aspirates. A: Tolerating feeds. P: Cont to monitor.

#5 O: Loud murmur heard this shift. coloring pink and well perfused. To be followed up by TCH on Monday with possible echo if murmur persists. A: Stable CV thus far. P: Cont to monitor.

#6 O: Last bili was yesterday; 8.2/0.3. No further order to check. Coloring slightly jaundiced. A/P: Cont to follow clinically.

"

"Neonatal NP-Exam

See Dr.[\*\*Name (NI) 504\*\*] note for details and plan of care as discussed in rounds this am.

AFOF. breath sounds clear and equal> nl S1S2, grade [\*\*3-16\*\*] murmur. Pink and well perfused. Pulses 2+/4. Abd benign, no HSm. Active bowel sounds. Infant active with exam.

"

"PCA NOTE

RESP: O/A-No spells or desats noted. No drifts. Stable.

P-Continue to monitor.

G/D: O/A-Temp slightly borderline low. Swaddled w/ hat. Two

blankets. [\*\*Known lastname 2455\*\*] is waking for feeds. Alert and active.

Tiring easily tonight. Sleeps peacefully. MAE. Roots. AGA.

P-Continue to support developmentally.

PARENTS: O/A-Mom in this shift. Updated at bedside. Asking appropriate questions. Breast fed with maximum results. Will be in today. Loving and involved parents. P-Continue to keep informed.

FEN: O/A-Current weight 2.125, -15gm. TF 140cc/k/d of BM/[\*\*Doctor Last Name \*\*]

20. PO/PG. [\*\*Known lastname 2455\*\*] is voiding and stooling. Hem neg. Active

bowel sounds. Benign abdomen. Minimal residuals. No spits.

Tolerating feeds. P-Continue to encourage PO feeds.

CV: O/A-Loud murmur noted. BP WNL. Well perfused. Echo

planned for Monday per DR. [\*\*First Name (STitle) 387\*\*]. P-Continue to assess.

BILL: O/A-**[\*\*Known lastname 2455\*\*]** remains slightly jaundice. No PT light thus far. Infant is eating well and stooling with each diaper change. P-Will re-evaluate further when warranted.

\*\*\*See flowsheet for further information\*\*\*

"

"nbn 1900-0730

I have read above note and have assessed infant and agree with above note written by pca.

"

"NPN 0700-1900

#### #1 Alt. in Resp. Function

O: Infant in RA with sats 98-100. RR 30's-60's with mild SC retractions. Breath sounds are clear and =. No apnea, bradycardia or desats noted today.

A: Doing well in RA

P: Continue to monitor. Document any spells.

#### #2 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for some feeds, not for others. Alert and active with cares. Sucks well on pacifier. PO feeds well at beginning but tires easily and unable to take full volume, requiring gavage. No spells.

A: Appropriate behaviors for GA

P: Continue to support developmental needs.

#### #3 Alt. in Parenting

O: Mom in this AM to feed infant. She is independent with **[\*\*Known lastname \*\*]** cares and breastfeeding. She called X 2 during the day for updates and plans to return this evening. Mom notified of ECHO results by Dr.**[\*\*Doctor Last Name 1348\*\*]**.

A: Involved, loving mom

P: [\*\*Name2 (NI) 497\*\*] informed and support.

#### #4 Alt. in Nutrition

O: TF=150cc/kg=57cc BM Q 4 hrs. Abd. is full, soft with + BS, no loops. Minimal aspirates, no spits. Voiding and stooling, guaiac -. BF well for mom this AM 5-10 min. Bottle fed 35cc at 1230 and gavage fed remainder. Gavage fed full volume at 1630 as mom is returning to BF at [\*\*2219\*\*].

A: Tolerating feeds, learning to PO

P: Continue with present feeding plan. Follow daily wts. and encourage PO feeding as able.

#### #5 Alt. in C-V Function

O: Loud murmur remains audible. HR 130's-150's, sats 98-100. Pink with brisk cap refill. Lungs clear. No edema. Pulses WNL. Cardiac ECHO done. Reported to show small muscular VSD.

A: Stable with VSD

P: Continue close observation and monitoring. Plan as per NICU team and cardiology.

"

"NICU Fellow PE

Weight 2155 (up 40g)

PE: breast feeding with mom, in NAD

HEENT: AFOF, soft, OP clear

Chest: Clear BS bilaterally, no distress

CV: RRR, III/VI systolic murmur, harsh, heard throughout the precordium, cap refill brisk

Abd: Soft, NT, ND, no masses, +BS

Ext: WWP

35 [\*\*1-16\*\*] CGA infant with murmur. Echo today shows small muscular VSD. Cardiology to see parents tomorrow, but I updated them by phone this evening.

Continue to work on po feeds and breast feeding

"

"NPN 1900-0700

### 1. RESP

O: Remains in RA. Breathing 30-50's, sats >96%. No retractions or ^ed WOB noted. LS clr/= . No A&B's. A: Stable in RA. P: Cont to monitor for s/s resp distress.

### 2. G&D

O: [\*\*Known lastname 2455\*\*] is alert/active with cares. Waking for feeds. Temps stable swaddled in OAC. [\*\*Last Name (LF) 332\*\*],[\*\*First Name3 (LF) 83\*\*]. Brings hands to face and sucks on pacifier. A: AGA. P: Cont to provide dev appropriate care.

### 3. PARENTS

No contact w/family thus far this shift. Unable to assess.

### 4. FEN

O: BW 2280g. Current wgt= 2195g (-10). TF 150cc/kg/day of BM20 PO/PG. Offering PO's qfeed as infant is awake and interested. Bottling 27-40cc of 57cc minimum this shift. Gavaging remainder of volume. Abd exam benign. No spits or asps. Voiding and stooling (heme-). Applying Desitin to bottom for sl.reddened area. A: Tolerating feeds. P: Cont to monitor PO intake, wgt gain, monitor for s/s feeding intolerance.

### 5. CV

O: Loud VSD murmur persists. HR 120-140's. BP 76/31(45). Infant is pink and well-perfused. Pulses WNL. [\*\*Hospital1 \*\*] cardiology following, spoke w/family yesterday. A: Stable CV



status. P: Cont to monitor for changes in exam.

See flowsheet for details.

"

"Neonatology Attending

DOL 9

In room air with no distress. No cardiorespiratory events.

VSD murmur persists. BP 76/31 (45).

Wt 2195 (-10) on TFI 150 cc/kg/day BM20, tolerating PO/PG. Bottling partial volumes and breastfeeding intermittently. Voiding and stooling (guaiac negative). Abd benign.

Temp stable in open crib.

A&P

34-2/7 week GA infant with VSD, feeding immaturity

-Continue to encourage maturation of oral feeding skills

"

"NICU Fellow PN

No spells, now on countdown day 2 of 5

weight 2195 (down 10g)

PE: Awake, MAE, pink and in NAD

HEENT: AFOF, soft, ng in place, OP clear, MMM

Chest: Clear BS bilaterally, no distress

CV: RRR, harsh, III/VI systolic murmur at sternal border, 2+ femoral pulses

Abd: Soft, flat, +BS

Ext: WWP

Plan: dol 9 for this 34 weeker, now 35 4/7 weeks CGA. Small VSD by echo, will f/u with cards in one month. Still working on po feeds, breast feeding. If she feeds better, may be discharged by Monday. Ongoing d/c planning

"

"1900-0700 NPN

I have examined baby girl [\*\*Name (NI) \*\*] and agree with the above note and assessments per flowsheet documented by [\*\*First Name8 (NamePattern2) \*\*] [\*\*Last Name (NamePattern1) 968\*\*], PCA.

"

"NPN 7A-7P

#1 Remains in RA, spo2's >97%, no brady's/desat's so far this shift. LS = and clear, is pink. Loud murmur (muscular VSD) to be followed on an out-patient basis. Will con't to monitor.

#2,4 Maintaining temp in crib, resting comfortably b/t cares. Bottling at cues (sometimes taking all), remainder gavaged. Is voiding and stooling, abdominal exam unremarkable. Will con't to promote bottling.

#3 Mom called this AM asking about care times and was informed that infant's feed times are 8-12-4. Mom plans on visiting at 12noon to breastfeed. Con't to support/teach.

#5 Loud murmur remains audible, is pink, respiratory status uncompromised at this time. VSD will be followed out-patient.

Monitor.

"

"NICU Attending Note

DOL # 12 = 36 weeks CGA, learning to PO feed. No new concerns.

PEx today: AFSoF, RRR with 2/6 systolic murmur (muscular VSD), occasional mild retractions, BS clear/=:  
abd benign, skin pink and well perfused, resting comfortably in NAD.

CVR/RESP: RA, good sats. Will continue to monitor.

FEN: weight today 2310 gm, up 40 gm on 150 cc/kg/d MM 24, mostly PG. Will continue to encourage PO intake.

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=96-100%. RR=30-60's.

Breath sounds clear and equal bilaterally, no retractions noted. No bradys, no desats so far this shift. Continue to monitor resp status.

G+D: Temps stable, swaddled in OAC. Active and alert with cares, sleeps well btw cares. Brings hands to face, loves pacifier. MAE. Cont to support G+D.

[\*\* 2\*\*]: Mom in to visit tonight. Independent, involved, and loving. Updated on infant's current status/plan of care by

this RN. Continue to support and update family.

FEN: Weight=2.330kg (+20 grams). TF=150cc/kg/d of BM24 PO/PG q4hr. Infant BF x 10min (see flowsheet) at [\*\*2189\*\*]/35cc gavaged via NGT as per Mom. Infant bottled 30cc at 0000/remainder gavaged. Infant bottles well, but tires easily. Abdomen pink, soft, round, +BS, no loops. No spits, no aspirates. Voiding and stooling (guaiac negative). Bottom slightly red/desitin applied q diaper change. Continue to monitor FEN status.

CV: Loud murmur noted. HR=130-170's. BP=63/31 (42). Infant pink/well perfused. Brisk cap refill and normal pulses noted. Continue to monitor CV status.

"

"Neo Attend

[\*\*Known lastname 2455\*\*]

CGA 36.1 Day 13

Resp: RA, R 30-60, O2 Sat 96-100%

CV: loud murmur: VSD muscular , 130-170s, mean BP 42

Wt 2330, up 20 gm

FEN: 150 cc/kg/day BM 24 + HMF, immature po. Takes 30-40cc/feed, needs 60 cc/feed.

Family meeting tomorrow.

"

"Neonatology - Exam Note

Please see note by Dr. [\*\*First Name (STitle) 374\*\*] for details regarding medical plan.

On today's exam infant is resting comfortably in open crib. [\*\*First Name (STitle) 332\*\*]. Lungs CTA, =. CV RRR, [\*\*2-15\*\*] blowing holosystolic murmur, known muscular VSD. 2+FP. Abd soft, +BS. NI female genitalia. Ext warm, pink and well perfused. MAEW.

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=97-100%. RR=30-60's.

Breath sounds clear and equal bilaterally, no retractions noted. No bradys, no desats so far this shift. Continue to monitor resp status.

CV: Loud murmur noted. HR=120-170's. Infant slightly jaundiced. Infant well perfused. Brisk cap refill and normal pulses noted. Continue to monitor CV status.

FEN: Weight=2.495kg (35 grams). TF=150cc/kg/d of BM24 PO/PG q4hr. Infant offered bottle qcare. Infant has bottled 49cc and 66cc with good coordination so far this shift/remainder gavaged via NGT. Infant bottles well, but tires easily. Abdomen pink, soft, round, +BS, no loops. No spits, no aspirates. Voiding and stooling (trace guiac positive/NNP aware). Bottom slightly red/desitin applied qdiaper change. Continue to monitor FEN status.

G+D: Temps stable, swaddled in OAC. Active and alert with cares, sleeps well btw cares. Brings hands to face, loves pacifier. MAE. Continue to support G+D.

[\*\* 2\*\*]: No contact with family so far this shift.

"

"Neonatology

DOing well. REMains in RA. COMfortable aeparating.

Murmru as before. VSD as dcoument3edby echo.

Wt 2495 up 35. Tolerating feeds at 150 cc/k/d of 24 cal.cal. Abdomen benign Almost making full pos. Will dcerease feeding volume [\*\* 145\*\*] to 130 cc/k/d and then allow ad lib amounts in attempt to define spontaneous intake.

Continue as at present.

"

"NPN 0700-1900

#1 Alt. in Resp. Function

O: In RA with sats 96-100. Breath sounds are clear and =. RR 40's-70's. No spells. Oximeter D/C'd.

A: No resp. issues

P: D/C problem.

#2 Alt. in Development

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for feeds Q 3-3.5 hrs. PO feeding well, taking 55-70cc. No spells.

A: Maturing behaviors

P: Continue to support developmental needs.

#3 Alt. in Parenting

O: No contact with family to time of note.

A: Unable to assess

P: Keep informed and support.

#### #4 Alt. in Nutrition

O: TF decreased to [\*\* 145\*\*] 130cc/kg=54cc BM24 Q 4 hrs. Abd. is full, soft with + BS, no loops. No spits. Voiding and stooling. Guaiac +, no visible blood. Dr. [\*\*Last Name (STitle) 58\*\*] aware. PO feeding well, taking 55-70cc.

A: Improved PO feeding, guaiac+ stools with benign exam

P: Continue with present feeding plan. Close observation for any changes in abd. exam or behavior.

#### #5 Alt. in C-V Function d/t murmur

O: Infant pink in RA with HR 130's-170's. Loud VSD murmur present, unchanged. Brisk cap refill, pulses WNL. No edema.

A: Loud VSD murmur, no compromise

P: Continue close observation and monitoring.

"

#### "Neonatology NP Note

PE: small infant nested in open crib. Active and responsive with exam.

AFOF, sutures approximated, MMMP

Comfortable breathing pattern clear and equal bs

CV: RRR Gr [\*\*3-16\*\*] murmur, pulses+2=

Abd: soft, active bs

GU: normal; female ext genitalia

Ext: MAE, WWP

Neuro: symmetric tone and reflexes

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=95-100%. RR=30-50's.

Breath sounds clear and equal bilaterally, no retractions noted. No bradys, no desats so far this shift. Continue to monitor resp status.

G+D: Temps stable, swaddled in OAC. Active and alert with cares, sleeps well btw cares. Brings hands to face, loves pacifier. MAE. Continue to support G+D.

Parents: Mom called x1 for update, updated by this RN. Continue to support and update family.

FEN: Weight=2.205kg (+60 grams). TF=150cc/kg/d of BM20 PO/PG q4hr. Infant offered bottle with each care. Infant has bottled 30cc and 53cc with good coordination so far this shift (remainder gavaged via NGT). Abdomen pink, soft, round, +BS, no loops. No spits, minimal aspirates. Voiding and stooling (guaiac negative). Bottom slightly red/desitin applied with each diaper change. Continue to monitor FEN status.

CV: Loud murmur noted. HR=130-170's. BP=67/33(44). Infant pink/well perfused. Normal pulses and brisk cap refill noted. Continue to monitor CV status.

"

"Neonatology Attending



DOL 8 / CGA 35-3/7 weeks

In room air with no distress and no cardiorespiratory events since [\*\*10-7\*\*].

Murmur persists. BP 67/33 (44).

Wt 2205 (+60) on TFI 150 cc/kg/day BM20, tolerating well. Bottling partial up to full volumes. Abd benign. Voiding and stooling (guaiac negative)

Temp stable in open crib.

A&P

34-2/7 week GA infant with feeding immaturity and resolving respiratory immaturity

-Continue to encourage development of oral feeding skills

-Monitor respiratory drive for 5 asymptomatic days

"

"NICU Fellow PN

No spells (last 11pm [\*\*10-7\*\*])

still working on po feeds

weight 2205 (up 60g)

PE: Asleep, comfortable, in NAD

HEENT: AFOF, soft, ng in place, MMM

Chest: Clear BS bilaterally

CV: RRR, loud III/VI systolic murmur throughout precordium

Abd: Soft, ND, +BS

Ext: WWP

Plan: 35 3/7 weeks CGA for this preterm infant with VSD on dol 8. Still working on po feeding and breast feeding. On day [\*\*2-14\*\*] of A/B countdown. Continue d/c preparation

"

"PCA Note 19:00-07:00

RESP - Infant remains in RA. RR 40-60 and O2 sats 95-100%.

LS cl/= bilaterally. Infant appears to be breathing comfortably. No drifts noted thus far this shift. Cont to monitor.

G/D - Stable temps with swaddled in OAC. Alert and active.

Sucks on pacifier for comfort. Sleeps well between cares.

FS&F. MAEs. Cont to support developmentally.

[\*\*Name (NI) 2\*\*] - Mother was here for 20:00 cares. Independent with cares. Mother put infant to breast and became frustrated that infant was not bf as well as she has in the past. Mom was concerned it was because she has not been able to visit for a couple of days. RN spoke to mom and helped encourage her. Lactation specialist, [\*\*Doctor First Name 152\*\*] G, also spoke with mom. Mother seemed to be more at ease after this. Very loving and involved family. Cont to support and educate.

FEN - WT= 2310g (up 40g). TF 150cc/k/d of BM24 with HMF = 58cc q4. PO/PG. Infant put to breast at 20:00. Infant was frustrated at first, but then latched on for >10 min. 35cc was also gavaged at this feed. Bottled 35cc at next feed, remainder of feed gavaged. Bottles well, but tires easily. Tolerating feeds well. One med spit and min asp. thus far this shift. Abd benign. Voiding. Stooling, heme-. Cont to encourage PO feeding.

CV - HR 130-170. Continues with an audible murmur. Normal pulses. Pink and well perfused. BP 57/29 (40). Cont to monitor.

"

"NPN 2300-0700 Cont.

#3 Alt. in Parenting

O: No contact with family overnight.

A: Unable to assess

P: Keep informed and support.

"

"Neo Attend

Day 15, 36.3 wk CGA

Resp stable RA, wnl, no spells, >95%

CV: VSD muscular, 130-150s, mean bp 49. stable.

FEN: 2440gm up 80

150 cc/kg/day bm 24, still needs gavage. po improving, BF well. abd wnl

UOP and stool wnl

Temp wnl.

[\*\* 2\*\*] involved.

"

"NPN 7a-7p

#1: [\*\*Known lastname 2455\*\*] remains in RA, sating >= 96%. RR stable. BBS cl/= . No retractions noted. No apnea/brady spells noted. A:

stable in RA P:Cont to monitor and provide support as needed.

#2: Temps stable while swaddled in an air isolette. She is alert/active with cares. MAE. Fonts soft/flat. Sucks on pacifier intermittently. A: AGA P:Cont to support dev needs.

#3: Mom in for noon care. Indep with care and breastfeeding. Mom updated. Met with LC at bedside. Will be in for 16care. A: Involved parent P:Cont to support and educate.

#4: TF: 150cc/k/d. Conts on BM24, 61cc q4hrs. Infant woke on own this am rooting and eager to feed. Bottled 33cc and then stopped. Tired out. At noon feeding Mom breastfed. Infant fed well for ~30mins, one side. Gavaged 30cc after. No spits noted. [\*\*Known lastname \*\*] benign asps. Abd soft, +[\*\*Last Name (un) \*\*], no loops. Voiding qs. Stooling- heme negative. A: tol'ing feeds well P:Cont with current feeding plan. Monitor tol to feeds. Follow wt and exam.

#5: Hr stable. Conts with loud murmur. BP stable. No palmar pulses noted. A: non-compromising murmur P:Cont to monitor and provide support as needed.

"

"Neonatology Fellow Note

Exam:

General: alert preterm female in open crib in NAD

HEENT: [\*\* 332\*\*], nares patent, MMM

CV: RRR with III/VI murmur, 2+ fem pulses, CR brisk

Pulm: CTA bilaterally

Abd: soft, NT/ND, + BS

GU: normal preterm female gen

Ext: WWP

Skin: no lesions

Neuro: alert, normal tone, MAEW

"

"Nursing note

#1 RESP O: Child remains on room air. RR as noted. Mild inter and subcostal retractions noted. No desats or bradys noted this shift. Breath sounds are clear and equal. P: Will monitor and support as needed.

#2 G+D O: Child remains in open crib. Temp is stable. Wakes for cares. Alert and active during cares. Bottling most of her bottles. P: Will continue to support her coping skills.

#3 Parenting O: Mom in this am. Given update. Mom did temp and diaper and breast and bottle fed the child. Mom also spoke to Cardiology at [\*\*Hospital1 \*\*] about murmur. Mom stated that she was much reassured. P: Will continue to support and inform the parents.

#5 CV O: Child continues to have a loud murmur. Pulses equal. Child pink and well perfused. Mom talked with Cardiology. P: Will monitor and continue with plan of care.

"

"Neonatology Attending Note

Day 10

CGA 35 5

RA. RR30-60s. No A&Bs. +loud VSD murmur. HR 130-160s.

Wt 2235, up 40 gms. TF 150 cc/k/day BM22. Tol well. NI voiding and stooling. PO/PG.

In open crib.

A/P:

Growing preterm infant learning how to po feed. To optimize growth will increase cals to 24. VSD not clinically significant at this time, will have cardiology follow-up as an outpat.

"

"Neonatology NP Note

PE

swaddled in open crib

AFOF

mild subcostal retractions in room air, lungs clear/=

III/VI SEM across precordium radiating to axilla

pink and well perfused

abdomen soft, nontender and nondistended, active bowel sounds

active with great tone.

"

"NPN 0700-1900

#### #1 Alt. in Resp. Function

O: In RA with sats 97-100. Breath sounds are clear and = with mild SC retractions. RR 30's-50's. No apnea, bradycardia or desats.

A: Doing well in RA

P: Continue close observation and monitoring. Document any spells.

#### #2 Alt. in Developmant

O: Maintaining temp in open crib, swaddled and positioned supine. Waking for some feeds and acting hungry. PO fed X2 but not able to take full volume and requiring gavage. No spells.

A: Immature feeding skills

P: Continue to support developmental needs.

#### #3 Alt. in Parenting

O: No contact with family d/t [\*\*Hospital1 1604\*\*] Holiday.

A: Unable to assess

P: Await contact from [\*\*Name2 (NI) \*\*] when religious holiday concluded.

#### #4 Alt. in Nutrition

O: TF=150cc/kg=57cc Q 4 Hrs. Increased to 24cal BM today. Abd. is full, soft with + BS, no loops. No spits. Voiding and stooling. PO fed X 2. Took 40-50cc and required gavage to finins.

A: Tolerating feeds, gaining wt. still requires gavage

P: Continue to encourage PO feeds. Follow daily wts.

#### #5 Alt. in C-V Function

O: Loud murmur persists. HR 130's-170's. Lungs clear. Pink in RA with good sats. No edema. Pulses WNL.

A: VSD by ECHO, no evidence of compromise

P: Continue to monitor and assess.

"

"NPN 7A-7P

#1,5 Remains in RA, no brady's, no desat's, baseline saturation >95%. LS = and clear, murmur audible, is pink and well-perfused. Cardiology will be following on an out-patient basis. Will con't to monitor.

#2 Maintaining temp in crib, usually alert and active with cares but was drowsy this AM. Bottling well at times but often is gaviged. Buttocks slightly reddened, Desitin applied. Con't present interventions.

#3 No parental contact today ([\*\*Name2 (NI) \*\*] are orthodox [\*\*Name (NI) 2457\*\*]) but they will reportedly contact NICU tomorrow. Infant's siblings (2?) have also been premature, [\*\*Name (NI) \*\*] seem experienced with info/care. Con't to update/teach.

#4 TF at 150cc/k/d of BM24, working on bottling stamina, and has bottled all of volume last evening. Still requiring some gavage. Very alert and active, settling well, voiding and stooling. Con't to promote bottling.

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=98-100%. RR=30-50's.

Breath sounds clear and equal bilaterally, no retractions noted. No bradys, no desats so far this shift. Cont to



monitor resp status.

G+D: Temps stable, swaddled in OAC. Active and alert with cares, sleeps well btw cares. Brings hands to face, loves pacifier. MAE. Continue to support G+D.

[\*\* 2\*\*]: No contact with family so far this shift.

FEN: Weight=2.425kg (-15 grams). TF=150cc/kg/d of BM24 PO/PG q4hr. Infant offered bottle with each care. Infant has bottled 70cc and 27cc so far this shift (remainder gavaged via NGT). Infant bottles well, but tires easily. Abdomen pink, soft, round, +BS, no loops. No spits, no aspirates. Voiding, no stool. Continue to monitor FEN status.

CV: Loud murmur noted. HR=130-160's. Infant pink and well perfused. Brisk cap refill and normal pulses noted. Continue to monitor CV status.

"

"Neo Attend

Day 16, 36.4 CGA

Resp: RA, wnl. No h/o spells.

CV: muscular VSD. Follow-up outpatient.

[\*\* \*\*] jaundice: (Day 3, 8.2)

TW 2425gm, down 15

150 cc/kg/day BM24, taking [\*\*3-14\*\*] of feeds with po. Continue to increase po.

abd wnl

Home when all po feed consistently.

"

"NPN NIGHTS

CV:CONTINUES TO HAVE LOUD MURMUR. HR 160'S. GOOD COLOR AND  
CAP REFILL. BP 84/37 52. NO EVIDENCE OF CARDIAC COMPROMISE.  
MOM TO MAKE FOLLOW UP APPOINTMENT WITH CARDIOLOGY FOR 1MONTH  
FROM NOW. CONTINUE TO MONITOR FOR ANY CHANGES IN EXAM.

ALT IN NUTRITION R/[\*\*Initials (NamePattern4) \*\*] [\*\*Last Name (NamePattern4) 233\*\*]:TOL FULL  
VOLUME FEEDS WELL ON AD

LIB DEMAND SCHEDULE, OF BM24. BABY EATING Q4HRS. ABD EXAM  
BENIGN. NO LOOPS, NO SPITS. VOIDING AND STOOLING WELL.  
SSTOOL GUIAC NEG. WGT UP 25 TO 2575 TONIGHT. BABY BOTTLED  
60CC Q4HRS. SHE TOOK IN 148CC/K/D YESTERDAY. CONTINUE  
CURRENT FEEDING PLAN.

ALT IN GROWTH AND DEVELOPMENT D/[\*\*Initials (NamePattern4) \*\*] [\*\*Last Name (NamePattern4)  
233\*\*]:ALERT AND ACTIVE WITH  
CARES. SLEEPS WELL BTW FEEDS. MAINTAINS TEMP IN OPEN CRIB.  
SUCKS ON PACIFER VIGOROUSLY. BABY PASSED CAR SEAT TES T  
ONIGHT. CONTINUE DEVELOPMENTAL CARES.

ALT IN PARENTING:MOM CALLED FOR UPDATE ONCE THIS EVE.

CONTINUE TO UPDATE AND SUPPORT, AND CONTINUE D/C TEACHING.

"

"Neo Attend

Day 21 day, now CGA 37.2 wk

Respr RA, 40-50s, clear, no spells

CV: muscular VSD. Stable. Ped Cardiology appointment 1 month.

TW 2575gm, up 25gm

[\*\* 145\*\*] 130 cc/kg/day BM24. Took 148cc/kg/day. Needs Fe and Vidaylin

UOP and stooling wnl

Hearing passed

Car seat test passed.

HepB vaccine given on [\*\*2193-10-21\*\*].

PE discharge exam wnl.

Ped visit in 2 day.

"

"Nursing Progress and Discharge Note

2. DEV O/A Infant remains in an OAC with stable temp.

A/A with cares. Waking q4 hrs. P D/C to home with [\*\* \*\*]

3. [\*\* 2\*\*] O/A Mom and Dad in for discharge. Independent with care of infant. P D/C to home

4. FEN O/A TF=[\*\* 145\*\*] of 130cc/kg/day of BM24. PO feeding 60cc q 4 hrs. Tol well. N o spits. Voiding, stooling.

Belly soft. P [\*\* 2\*\*] have recipe card for 24 cal BM.

5. CV O/A Loud murmur audible. Good pulses, well

perfused. P Mom to call cardiology for F/U appt in 1 month.  
See flowsheet for further details. Discharge infant to home  
with [\*\* \*\*] as ordered.

"

"Nursing progress note

#1 O: Remains in RA with lungs clear and equal with good  
aeration to bases, breathing comfortably without compromise  
A: stable in RA P: resolved concern, monitor per newborn in  
NICU protocol

#2 O: Awakening for feedings at times and interacting well  
with caregiver, sleeping well between cares, loves to hold  
fingers A: AGA P: support, teach and keep informed

#3 O: [\*\* 2\*\*] in for 1200 care and independant with  
daughter, mom verbalizing frustration with daughter's  
feeding slowly and can't wait to get her home, reassured mom  
that she will catch on with little more time-mom appearing  
more comfortable A: Involved [\*\* \*\*] anxious to get daughter  
home P: support, teach and keep informed

#4 O: Abdomen softly round with active BS without loops,  
non-tender, po feeding well at times with whole volume/feed  
taken then at other times tiring with feeds requiring pg  
supplementation, voiding and stooling A: stable infant  
learning to po feed P: encourage oral feedings, wt. daily

"

"Neonatology Fellow Note

Exam:

General: sleeping preterm female in open crib in NAD

HEENT: [\*\* 332\*\*], NG in place, MMM

CV: RRR with III/VI systolic murmur, 2+ fem pulses, CR brisk

Pulm: CTA bilaterally, no inc WOB

Abd: soft, NT/ND, + BS, no HSM

GU: normal preterm female genitalia

Ext: WWP

Neuro: arouses on exam, MAEW, normal tone

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=98-100%. RR=40-60's.

Breath sounds clear and equal bilaterally, no retractions noted. No bradys, no desats so far this shift. Continue to monitor resp status.

G+D: Temps stable, swaddled in OAC. Active and alert with cares, sleeps well btw cares. Brings hands to face, loves pacifier. MAE. Continue to support G+D.

[\*\* 2\*\*]: No contact with family so far this shift.

FEN: Weight=2.460kg (+35 grams). TF=150cc/kg/d of BM24 PO/PG  
q4hr. Infant offered bottle with each care. Infant has  
bottled 40cc and 50cc with good coordination so far this  
shift (remainder gavaged via NGT). Infant bottles well, but  
tires easily. Abdomen pink, soft, round, +BS, no loops. No  
spits, no aspirates. Voiding and stooling (guaiac negative).  
Continue to monitor FEN status.

CV: Loud murmur noted. HR=130-160's. BP=66/31(45). Infant  
slightly jaundiced/well perfused. Brisk cap refill and  
normal pulses noted. Continue to monitor CV status.

"

"Neo Attend

Day 17, 36.5 CGA

Respr RA stable, wnl

CV: VSD muscular, P 130-160, mean BP 45. Stable.

FEN: wt 2460, up 35

FEN 150 cc/kg/day, BM24; po 35-50cc/62 cc. Improving on po feeds.

abd wnl. UOP and stool wnl.

Clinically stable. Continue to advance po feeds as tolerated.

PO ad lib with 150 cc/kg/day minimum.

"

"NPN 0700-1900

RESP: Remains in RA, LS C/=, no increased work of breathing.

No spells or desats. Problem resolved.

G/D: Temp stable swaddled in OAC. A&A w/cares, sleeps well in between. Wakes for all feeds. Brings hands to face for comfort.

[\*\* \*\*]: Both [\*\* \*\*] in for first cares, updated by this

RN, asking appropriate questions. Anxious to get [\*\*Known lastname 2455\*\*] home.

Plan to visit tomorrow evening.

FEN: Learning to PO feed. Mom BF infant x1 this am w/good results, offered bottle after BF and w/each cares. Infant coordinated but gets tired. No spits or aspirates. Abdomen soft/round, good bs, V&S.

CV: Loud murmur heard (Muscular VSD via echo), pulses normal, well perfused.

"

"Neonatology Attending

34-2/7 week GA infant admitted for prematurity

Maternal Hx - 30 year old G4P3->4 woman with the following prenatal screens: B positive, DAT negative, HBsAg negative, RPR non-reactive, rubella immune.

Antenatal Hx - [\*\*Last Name (un) 110\*\*] [\*\*2193-11-10\*\*] for EGA 34-2/7 weeks. Pregnancy complicated by preterm labor with cerclage placement and bedrest. Received full course of betamethasone. Spontaneous onset labor leading to SVD without anesthesia. ROM one hour PTD yielding clear amniotic fluid. No intrapartum fever or other clinical signs of chorioamnionitis.

Neonatal course - NICU team not in attendance at delivery. Infant received free flow oxygen. Apgars 9 at one minute, 9 at five minutes. Subsequently pink and in no distress in room air.

#### PE

very well-appearing infant with exam c/w 34 weeks

hr 136 rr 40 T 97.7 BP 63/36 (49) SaO2 97% in room air

BW 2280g OFC 30cm LN 43.25cm

HEENT AFSF; non-dysmorphic; palate intact; no nasal flaring; neck/mouth normal; normocephalic

CHEST no retractions; no grunting; good bs bilat; no crackles

CVS well-perfused; RRR; femoral pulses normal; S1S2 normal; no murmur

ABD soft, non-distended; no organomegaly; no masses; bs active; anus patent; 3-vessel umbilical cord

GU normal female genitalia

CNS active, alert, resp to stim; tone AGA and symm; MAE symm; suck/root/gag intact; grasp/Moro symm

INTEG normal

MSK normal spine/limbs/hips/clavicles

#### IMPRESSION

34-2/7 week GA infant with

1. Sepsis risk, based on unknown maternal GBS colonization status and spontaneous preterm labor of unexplained etiology. Infant is asymptomatic without other sepsis risk factors

#### PLAN

-Infant has been admitted to NICU for cardiorespiratory monitoring to ensure respiratory, feeding and thermoregulatory maturity



-CBC and blood culture have been drawn. Given the absence of other sepsis risk factors or symptoms, we will defer antibiotic coverage for now, pending culture and WBC

-We will attempt ad lib feeds today

OB: Dr. [\*\*Last Name (STitle) 2450\*\*]

Pediatrician: Dr. [\*\*Last Name (STitle) \*\*] ([\*\*Location (un) \*\*])

"

"NPN admission note

1 Resp

2 G/D

3 Parents

4 FEN

Baby girl [\*\*Known lastname 2451\*\*] was admitted from L&D at 1430 today.

Infant was placed on open warmer with CVR monitoring placed

on. VSS stable. Please see flowsheet for specific values.

Temp initially 97.7 rectal - infant was placed on

servo-warmer and temp in an hour was 98.6. CBC and BC were

drawn and sent. Abx were not started. Erythro and Vit K

given as ordered. Tags checked with L&D. Please see above

attending note for further details on prenatal and maternal

hx.

Resp: Infant in RA, maintaining her O2 sats greater than

96%. Lung sounds clear/=. RR 40-50. Mild SCR noted. No

A's or B's noted. P: Cont. to monitor resp. status.

G/D: Temps stable swaddled now on warmer with hat. Alert and active with cares. Settle well in between cares. AFSF. AGA. P: Cont. to support developmental needs.

Parents: Mom and Dad and siblings up to visit. Updated at bedside on infant's condition and plan of care by this RN and NNP Buck. Asking appropriate questions. Mother breastfed infant with minimal assistance from nursing. Time was spent orienting parents to NICU environment. Loving, involved parents. P: Cont. to support and update parents.

FEN: BW 2280 gms. TF adlib with min of 40 cc/kg/ of [\*\*Doctor Last Name \*\*] 20 or breastfeeding. Infant bottled 25 cc thus far x 1 with good coordination and breastfed well for 15 minutes with good latch and some sucks noted. Abd exam benign, no spits, active BS, no loops. DTV and DTS. D/S 61/73/70. P: Cont. to support nutritional needs.

#### REVISIONS TO PATHWAY:

1 Resp; added

Start date: [\*\*2193-10-1\*\*]

2 G/D; added

Start date: [\*\*2193-10-1\*\*]

3 Parents; added

Start date: [\*\*2193-10-1\*\*]

4 FEN; added

Start date: [\*\*2193-10-1\*\*]

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=98-100%. RR=50-60's.

Breath sounds clear and equal bilaterally, mild SCR noted.

No bradys, no desats so far this shift. Continue to monitor resp status.

G+D: Temps stable. Infant swaddled on off warmer. Active and alert with cares, sleeps well btw cares. Brings hands to face, sucks on pacifier for comfort. MAE. Continue to support G+D.

Parents: Mom up to visit x1. Involved and loving. Updated on infant's current status/plan of care by this RN and NNP [\*\*Doctor Last Name 106\*\*]. Continue to support and update family.

FEN: Ad lib with a min of 40cc/kg/d of BM20/SSC20, all PO. Infant has bottled 20cc and 27cc so far this shift. Infant also BF x 5min at 2100. Abdomen pink, soft, round, +BS, no loops, ag=26cm. No spits. Voiding and stooling (meconium). D/S=83. Continue to monitor FEN status.

"

"Neonatology Attending

Day 2 CGA 34 4/7 weeks

Remains in RA. RR 50-60s. No bradycardia. Weight 2140 gms (-140). TF at 80 cc/kg/d. Took 70 cc/kg po. Gaviged for remainder. Blood glucose 79. Stable temperature in off incubator.

Doing well overall with adequate breathing control. Monitoring cardio-respiratory status. Will continue to encourage po feeding. Following temperature.

"

"NPN

#1 Resp: infant remains in RA with RR 30-50s and Sats 95-100%. breathing comfortably, no spells or desats noted so far this shift. cont to closely monitor.

#2 Dev: infant remains in OFF isolette with stable temps, active and alert, waking for feeds. plan to move into OC this evening. cont to provide dev support.

#3 Parents: Mom in this AM prior to her discharge from postpartum. Put infant to breast briefly. Asking appropriate questions. Plan to hold a family meeting tomorrow or early next week. Cont to provide updates and support.

#4 FEN: TF increased to 100cc/kg/d = 38cc PO/NG Q4h. taking ~20cc PO and req the remainder gaviged over 20minutes. tolerating feeds well, abd soft, +BS, voiding and stooling. no spits, min residuals. cont to closely monitor and encourage PO intake.

"

"NICU Fellow PN

No events, took in 70 cc.kg po plus breast feeding

weight 2140 (down 140g)

PE Awake, alert, pink and well-perfused

HEENT: AFOF, soft, OP clear, MMM

Chest: Clear BS bilaterally, no distress

CV: RRR, III/VI systolic murmur heard throughout precordium, no radiation, nl S1 and question of split S2, femoral pulses normal

Abd: Soft, NT, ND, no HSM, +BS

Ext: WWP

Plan : 2 day old 34 weeker working on oral feeding. Will increase minimum to 100cc/kg, work on breast feeding. Bili in acceptable range at 6.8, will follow. Murmur noted on last two days on exam, now >48 hrs of age so will check CXR, EKG, sats, hyperoxia to assess for cardiac disease. Will update parents today.

"

"5 CV

REVISIONS TO PATHWAY:

5 CV; added

Start date: [\*\*2193-10-4\*\*]

"

"NPN 1900-0700

6 Bili

#1Resp: Pt. remains in RA, RR 30-50's, sats > 99%. Pt. had one spell d/t apnea requiring mild stim. LS clear bilaterally w/ occas. mild SCR. P: cont to monitor resp status.

#2G/D: Temps stable swaddled in OAC. Pt. awake, alert, & irritable w/ cares. Pt. waking for feeds. Pt. MAE's approp. AFSF. Pt. likes pacifier. PKU drawn this am. P: cont to support dev needs.

#3Parents: No contact from family so far this shift.

#4FEN: Weight 2080g down 60g. TF 100cc/kg/d of BM/SSC 20= 38cc Q 4hrs PO/PG. Pt. taking 25-35cc po. Abd soft & round, +BS, no loops. AG 24-25cm. MIn asp, no spits. Pt voiding & stooling. Frank blood evident in stool at 1am cares. Had NNP in to assess. NNP stated she saw a fissure @ 12 o'clock. P: cont to monitor abdomen closely.

#5CV: HR 130-150's. Murmur became louder @ 1am cares. NNP in to assess. 4-ext BP taken & CXR ordered for am. EKG will be done on days. Pt. remains sl jaundice, WWP, brisk cap refill. P: Complete cardiac w/u today.

#6Bili: Bili this am is 8.2/0.3 which is increased from 6.8/0.2. Pt. remains sl jaundice. P: cont to monitor. See flowsheet for further details.

REVISIONS TO PATHWAY:

6 Bili; added

Start date: [\*\*2193-10-4\*\*]

"

"Case Management Note

Have reviewed record to date. List of Early Intervention Programs and VNA's, that service [\*\*Location (un) \*\*], have been placed in chart. Will cont to follow & assist w/any d'c needs w/team & family.

"

"NICU Fellow PN

Admitted from Labor and delivery yesterday secondary to prematurity. Taking po ad lib, with BF when mom is here

weight

PE: Awake, MAe, pink and well-perfused

HEENT: AFOF, soft, +suck, MMM

Chest: Clear BS bilaterally, no distress

CV: RRR, II/VI systolic murmur at sternal border, no radiation, femoral pulses normal, cap refill brisk

Abd: Soft, NT, ND, +BS

Ext: WWP

Plan: 34 3/7 weeks infant, doing well. Continue to po ad lib and breast feed. Will check bili in am 9/23Stable on room air, continue to monitor. Murmur on exam consistent with closing PDA, follow.

Spoke with Dr. [\*\*Last Name (STitle) \*\*] who is aware of her presence in NICU as well as her clinical course overnight.

"

"Neonatology Attending

DOL 1 / CGA 34-3/7 weeks

In room air with no distress and no cardiorespiratory events.

Murmur noted.

Hct 43.1.

Not on antibiotics.

BW 2280. On min TFI 40 cc/kg/day with ad lib intake of 60 cc/kg/day. Abd benign. Voiding and stooling normally.

"

"Neonatology Attending

Continued

34-2/7 week GA infant

-Bilirubin in 24 hours

-Continue to encourage oral feeds

-Otherwise continue current management

"

"NPN

#1 Resp: infant remains in RA with RR 40-50s and Sats

95-100%. BBS clear/+, breathing comfortably, no desats or spells so far this shift. cont to monitor.

#2 Dev: remains in an isolette, able to wean air temp per

infant temp. Active and alert, waking for feeds. well

coordinated with PO feeds and put to breast X1. plan to wean

to OC when appropriate. cont to provide dev support.



#3 Parents: Mom in throughout the shift, taking infant temp and changing diaper independently. Updated on infant status and asking appropriate questions. Mom put infant to breast  
X1. cont to provide updates and support.

#4 FEN: TF increased to 80cc/kg/d =30cc Q4h. infant currently taking 22-27cc Q4h plan to place NG tube if volumes do not increase with next feeding. tolerating feeds well, abd full and soft. voiding, X2 mec stools. plan to obtain bili in AM. cont to closely monitor.

"

"1900-0700 NPN

RESP: Infant remains in RA, O2 sats=98-100%. RR=60-64.  
Breath sounds clear and equal bilaterally, mild SCR noted.  
No bradys, no desats so far this shift. Continue to monitor resp status.

G+D: Temps stable, swaddled in air mode isolette. Active and alert with cares, sleeps well btw cares. Brings hands to face, MAE. Continue to support G+D.

Parents: Mom in to visit at 2100. Involved and loving.  
Updated on infant's current status/plan of care by this RN.  
Continue to support and update family.

FEN: Weight=2.140kg (-140grams). TF=min of 80cc/kg/d of BM20/SSC20, all PO. Infant has bottled 25cc and 36cc with good coordination so far this shift. Infant BF x 5min at 2100. Total intake for yesterday=71cc/kg/d +BF. Abdomen pink, soft, round, +BS, no loops, AG=26-27cm. No spits, minimal aspirates. Voiding and stooling. Continue to monitor FEN status.

"

"Respiratory Care

Hyperoxia test completed, pt passed [\*\*Doctor Last Name 2452\*\*] 311 on the TcPO2 monitor while breathing in 100% O2. Pt's respiratory rates 40's to 60s' with clear B/S.

"

"Neonatology Attending

DOL 3

In room air with no distress. One bradycardia overnight.

Murmur persists. Hyperoxia test pending this morning. BP 73/41 (47). LA 56/44 LL 68/45 RA 73/41 RL 66/51

Bilirubin 8.2/0.3 (not under phototherapy).

Wt 2080 (-60) on TFI 100 cc/kg/day Sim20/BM20, tolerating well. Bottling partial volumes. Abd benign. Voiding and stooling, with blood in stool and fissure noted. Subsequent stools trace guiac positive but no frank blood.

Temp stable in open crib.

A&P

34-2/7 week GA infant with murmur (initial work-up normal), respiratory and feeding immaturity

- Increase TFI to 120 cc/kg/day and continue to encourage development of oral feeding skills
- Given clinical characteristics of murmur, will proceed with echocardiogram (EKG pending)
- Blood in stool is explained by fissure, and clinical examination is entirely reassuring, but will follow feed tolerance and abdominal examination closely
- Mother up to date

"

"0700-1100

Infant stable in RA. VSS. Had one desat to 60's this AM. See

flowsheet. Cardiac W/U continued today. Hyperoxia test

completed by RRT [\*\*First Name4 (NamePattern1) 2453\*\*] [\*\*Last Name (NamePattern1) 2454\*\*].  
Score 311. EKG done this

Am. Team aware of all tests. Mom called x1. Updated by tele.

Will come to visit at 1245. Looking forward to team meeting.

See flowsheet and MD notes for additional details.

"

"NICU Fellow PN

one spell overnight (HR 78, sat 83), mild stim needed. Continues with murmur

weight 2080 (down 60g)

PE: Asleep, pink and breathing easily, in NAD

HEENT: AFOF, soft, OP clear, MMM

Chest: Clear BS bilaterally, no distress

CV: RRR, III/VI systolic murmur heard throughout precordium, cap refill brisk

Abd: Soft, NT, ND, no HSM, +BS

Ext: WWP

Plan: dol 3 for this 34 weeker, now 34 4/7 weeks CGA. Spoke with cardiology on the phone today who would prefer to echo on Monday to allow pulmonary pressures to drop more which would allow better evaluation of VSD if one is present. Also would give additional time for PDA to close if this is the murmur we are hearing.

Follow for spells, work on po feeding.

Spoke with mom about cardiac workup today-informed her of the CXR and hyperoxia test results. EKG pending.

"

"NPN 1100-1900

#### #1 Alt. in Resp. Function

O: In RA with RR 30's-50's. Mild SC retractions. Breath sounds are clear and =. Sats 97-100. No spells.

A: Doing well in RA, no spells this shift

P: Continue close observation and monitoring.

#### #2 Alt. in Development

O: Temp borderline 97.8-98, in open crib, double swaddled with hat and extra blanket. Not waking for feeds but alert with cares. BF well X 5 min. Taking some PO but still needs gavage. Occasional spells.

A: Immature feeding and breathing regulation, appropriate for GA

P: Continue to support developmental needs.

#### #3 Alt. in Parenting

O: Parents and siblings in for 1300. Parents updated and mom spoke with Dr.[\*\*Name (NI) 1348\*\*]. All questions answered. Mom put infant to breast and also offered her a bottle w/o assistance.

A: Involved, loving family

P: Keep informed and support.

#### #4 Alt. in Nutrition

O: TF increased to 120cc/kg=46cc BM or SpCare24 Q 4 hrs. Abd. exam is benign. Minimal aspirates. No spits. Voiding and stooling guaiac -. PO fed taking 25-35cc. Breastfed well X 5 min.

A: Tolerating feeds, guaiac - stool

P: Continue close observation and monitoring of feeding tolerance. Follow daily wts.

#### #5 Alt. in C-V Function

O: Loud murmur audible. HR 120's-150's. Pink in RA with sats 97-100. Lungs clear, easy respirations. No edema noted. Cardiac eval. completed. ECHO to be done on Monday if murmur persists.

A: Non-compromising murmur present

P: Continue close observation and monitoring for any change in C-V status.

#### #6 Bili

O: Color is mild/mod. jaundice. On 120cc/kg enteral feeds. Passing stool QS. Not under phototherapy for latest bili 8.2/0.3

A: Physiologic jaundice not requiring treatment at present

P: Continue close observation and monitoring for s/s increased jaundice.

"

"PCA NOTE

RESP: O/A-No spells or desats noted. No drifts. Stable in

RA. P-Continue to monitor.

G/D: O/A-Temp remains borderline in OAC. Double swaddled, hat on and 2 blankets. Slowly waking for feeds. Alert and active. Sleeps peacefully. MAE. AF-flat. Rooting. sweet natured. AGA. P-Continue to support developmentally.

PARENTS: No contact thus far this shift.

FEN: O/A-Current weight 2.140, ^ 60gm. TF 120cc/k/d of

BM/[\*\*Doctor Last Name \*\*] 20. PO/PG. Infant is voiding, trace stool. Active bowel sounds. Benign abdomen. Minimal residuals. No spits.

Tolerating feeds. P-Continue to encourage PO intake.

CV: O/A-Loud murmur present. + pulses. Well perfused.

P-Continue to follow.

BILI: O/A-Infant slightly jaundice. No plan for phototherapy lights at this time. Continue to assess.

\*\*\*See flowsheet for further examination of shift\*\*

"