

"Admission Date: [\*\*2136-6-17\*\*]      Discharge Date: [\*\*2136-7-7\*\*]

Date of Birth: [\*\*2136-6-17\*\*]      Sex: M

Service: Neonatology Attending Note

HISTORY OF PRESENT ILLNESS: [\*\*First Name8 (NamePattern2) 3825\*\*] [\*\*Known lastname 56003\*\*]  
was born at 33

6/7 weeks gestation by cesarean section for a nonreassuring fetal heart tracing. Mother is a 28 year old gravida 5, para 1, now 2 woman. Mother's prenatal screens are blood type A positive, antibody negative, Rubella immune, RPR nonreactive and hepatitis surface antigen negative. This pregnancy was complicated by a cerclage placement at 14 weeks gestation and intrauterine growth restriction of unclear etiology. The mother's cytomegalovirus and toxoplasmosis titers were negative. She had a low amniotic fluid index of 6. The infant emerged vigorous. Apgars were 8 at one minute and 9 at five minutes.

PHYSICAL EXAMINATION: The birthweight was 1,640 gm, in the 26th percentile and birth length was 79.5 cm, that is in the 10th percentile and birth head circumference was 30 cm which is the 25th percentile for gestational age.

The admission physical examination reveals a vigorous preterm infant. The anterior fontanelle is soft and flat.

Tachypnea. Breath sounds clear. Decreased perfusion.

Extremely pale. No murmur. Abdomen, soft, nontender and

nondistended. Extremities warm.

#### HOSPITAL COURSE:

Respiratory status - The infant has always been in room air. He has had some initial respiratory distress which resolved in the first 12 hours of life and he has remained in room air since that time. He has had no apnea or bradycardia. His respirations are comfortable. Breath sounds are clear and equal.

Cardiovascular status - [\*\*Location (un) 3825\*\*] received some fluid resuscitation after admission for poor perfusion and metabolic acidosis which resolved. He has remained normotensive since that time. He has a regular heart rate and rhythm and no murmur.

Fluids, electrolytes and nutrition - At the time of discharge, his weight is 2,005 gm, his length is 43.5 cm and his head circumference is 31 cm. Enteral feeds were begun on day of life #1 and advanced to full volume feeds by day of life #4. At the time of discharge he is eating 26 cal/oz breastmilk made with NeoSure powder and corn oil added to breastmilk on an ad lib schedule.

Gastrointestinal status - [\*\*Location (un) 3825\*\*] was treated with phototherapy with hyperbilirubinemia of prematurity on day of life #2 until day of life #8. His peak bilirubin occurred on day of life #2 and was a total of 9.3, direct 0.3.

Urology - The infant was circumcised on [\*\*2136-7-6\*\*], and the area is healing well with mixed granulation tissue.

Hematology status - [\*\*Location (un) 3825\*\*] never received any blood product transfusions during his Neonatal Intensive Care Unit stay. His hematocrit at the time of admission was 44.1.

Infectious disease status - He was started on ampicillin and gentamicin at the time of admission for sepsis risk factors. After 48 hours the antibiotics were discontinued because the blood cultures were negative and the infant was clinically well. There had been no further infectious disease issues. The infant had a negative urine cytomegalovirus. Placenta pathology was completely within normal limits.

Skin - The infant has a sebaceous nevi on the right temporal scalp, measuring 1 cm by 0.5 cm. This is to be followed up by the [\*\*Hospital 2652\*\*] Clinic at [\*\*Hospital3 1810\*\*].

Sensory - Hearing screen was performed with automated auditory brain stem responses and he infant passed in both ears.

Psychosocial - Parents have been very involved in his care during his Neonatal Intensive Care Unit stay.

CONDITION ON DISCHARGE: The infant is discharged in good condition.

DISCHARGE DISPOSITION: He is discharged home with his parents.

PRIMARY CARE PEDIATRICIAN: Dr. [\*\*First Name8 (NamePattern2) \*\*] [\*\*Last Name (NamePattern1) 1537\*\*] of [\*\*Hospital 932\*\*]  
Pediatrics.

RECOMMENDATIONS AFTER DISCHARGE: Feedings - Breastmilk with additive to make 26 cal/oz, 4 cal/oz from NeoSure powder and 2 cal/oz of corn oil on an ad lib schedule.

Medications - Iron Sulfate (25 mg/ml), 0.2 ml p.o. daily; Tri-Vi-[\*\*Male First Name (un) \*\*] 1 ml p.o. daily.

State newborn screen - The last state newborn screen was sent on [\*\*2136-7-1\*\*].

Immunizations received - [\*\*Location (un) 3825\*\*] received his first hepatitis B vaccine on [\*\*2136-7-6\*\*].

Immunizations recommended - 1. Synagis respiratory syncytial virus prophylaxis should be considered from [\*\*Month (only) 359\*\*] through [\*\*Month (only) 547\*\*] for infants who meet any of the following three criteria, A. Born at less than 32 weeks, B. Born between 32 and 35 weeks with two of the following, daycare during respiratory syncytial virus season, a smoker in the household, neuromuscular disease, airway abnormalities or school age siblings or C. With chronic lung disease.

Influenza immunizations is recommended annually in the fall for all infants once they reach six months of age. Before this age and for the first 24 months of the child's life, immunization against influenza is recommended for household contacts and out-of-home caregivers.

FOLLOW UP APPOINTMENTS: At [\*\*Hospital3 1810\*\*] for [\*\*Hospital 2652\*\*] Clinic, phone #[\*\*Telephone/Fax (1) 53430\*\*], to be scheduled by parents.

DISCHARGE DIAGNOSIS:

1. Status post prematurity at 33 6/7 weeks gestation.
2. Status post transitional respiratory distress.
3. Sepsis, ruled out.
4. Status post circumcision.
5. Status post hyperbilirubinemia of prematurity.
6. Sebaceous nevi.

DR.[\*\*First Name (STitle) \*\*],[\*\*First Name3 (LF) 36400\*\*] 50-595

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

MEDQUIST36

D: [\*\*2136-7-7\*\*] 06:46:52

T: [\*\*2136-7-7\*\*] 08:06:47

Job#: [\*\*Job Number 56004\*\*]

"

"NPN 7p-7a

Fen: Infant's wt tonoc 1.600kg (+30gms). Conts on tf  
150cc/kg. IVF d10w 2:1 infusing at 20cc/kg via scalp iv.  
Enteral feeds of pe/bm 20 at 130cc/kg. Increasing 15cc/kg [\*\*Hospital1 \*\*]  
at 01 & 13. Abd soft. Active bs. No loops. Mec stool x3.  
Voiding with each diaper change. Minimal aspirates. Med spit  
x1. Infant po'ed x1 10cc. Gavaged remainder. Cont to advance  
feeds as [\*\*Hospital1 62\*\*].

Parenting: Mom and Dad called x1 for update.

G&D: Temp stable swaddled in airmode isolette. Wakes for  
some feeds. Irritable at times with cares. Likes pacifier.  
Cont to support developmental milestones.

"

"Neonatology Attending

DOL 5 CGA 34 3/7 weeks

Stable in RA. No A/B.

BP 55/28 mean 42

On 150 cc/kg/d with 130 cc/kg BM/PE 20 alt po/pg and 20 cc/kg IV D10+lytes. Voiding. Stooling. DS 84  
Wt 1600 grams (up 30).

Bili 10.8/0.3. On bili blanket.

[\*\* \*\*] visiting and up to date.

A: Stable. Tolerating feed advance. Hyperbili still rising.

P: Monitor

Advance feeds

Change to spot lights

Bili in am

"

"NPN 7p-7a

Fen: Infant's wt tonoc 1.590kg (-35gms). Conts on tf  
100cc/kg. IVF of d10w with 2:1 infusing via piv at 30cc/kg.  
Enteral feeds of bm/pe 20 at 70cc/kg increasing 15cc/kg [\*\*Hospital1 \*\*]  
at 01 & 13. [\*\*Hospital1 \*\*] feeds well. No spits. Minimal aspirates. Abd  
soft. Active bs. Mec stool x2. Voiding with each diaper  
change. Dstick 75. Ag 21.5-22.5cm. Po x1 thus far full  
volume. Mom attempted to bf no latch gavaged full feeding.  
Cont to advance feeds as [\*\*Hospital1 62\*\*].

Parenting: Mom in this evening. Independant with temp and  
diaper Attempted bf infant not latching. Lactation app  
today. Asking appropriate questions. Cont to support and  
update.

G&D: Temp stable in servo isolette. Alert and active with cares. Sleeps well between. Wakes for feeds. Nested in sheepskin with boundaries in place. Cont to support developmental milestones.

Bili: Conts under single phototx. Eyes covered. AM bili 9.2/0.3/8.9

"

"Neonatology Attending

DOL 3 CGA 34 2/7 weeks

Stable in RA. No A/B.

BP 58/43 mean 45

On 100 cc/kg/d with 30 cc/kg D10+lytes and 70 cc/kg BM/PE 20. Advancing 15 cc/kg q 12. Voiding only small amounts. Stooling. DS 75. Wt 1590 grams (down 35).

Bili 9.2/0.3. On single phototherapy

Family visiting and up to date. Lactation consult scheduled for today.

A: Stable. No spells. Tolerating feed advance. Hyperbili responding to phototherapy.

P: Monitor



Increase to 120 cc/kg/d

Continue feed advance

Follow bili

Family meeting today

"

"Neonatology-NNP Progress Note

Team met with [\*\* 4\*\*] to review clinical issues and criteria for discharge

"

"Neonatology-NNP Progress Note

PE: [\*\*First Name5 (NamePattern1) 284\*\*] [\*\*Last Name (NamePattern1) 285\*\*] in his isolette, in room air, bbs cl=, rrr s1s2 no murmur, abd soft, nontender, cord drying, V&S, afso, under single pt, eye covering

See attending note for plan

"

"Neonatology Attending--Family Meeting

Met with both [\*\* 4\*\*], NNP [\*\*Doctor Last Name 286\*\*] and myself. Discussed status, plans, discharge criteria. Answered questions. Gave reassurances.

"

"Neonatology Attending

DOL 20/CGA 36-3/7 weeks

Remains in room air with no distress and no cardiorespiratory events.

No murmur. Well-perfused. BP 60/38 (50).

Wt [\*\*2137\*\*] (+50) on ad lib demand with intake 120 cc/kg/day in addition to breastfeeding, BM26, tolerating well. Voiding and stooling normally.

Circumcision yesterday. Temperature stable in open crib. Hepatitis B immunization completed. VNA referral completed. Hearing and car seat testing passed. Parental discharge teaching completed.

A&P

33-6/7 week GA infant with resolved feeding and respiratory immaturity

-For discharge today with follow-up through VNA, dermatology, primary pediatrician

Discharge time > 30 minutes

"

"NICU Nursing Progress and Discharge Note

Infant feeding well po and taking in excess of minimum daily volume requirement. Mom reviewed mixing of milk by recipe to 26 cal/oz and feels comfortable. Mom drew up and administered ferrous sulfate, tri-vi-[\*\*Male First Name (un) 300\*\*], and tylenol. Car seat test done and infant passed with new car seat [\*\*Male First Name (un) 4\*\*] purchased today. [\*\*Male First Name (un) \*\*] instructed in positioning in car seat. Immunization booklet given to Mom. [\*\*Name (NI) 29\*\*] declines VNA and feels comfortable with appt on Monday with her Pediatrician. Mom will make outpatient appt with dermatology for evaluation of nevus. ID bands checked and infant discharged to home with [\*\*Name (NI) 4\*\*] in car seat at 1515.  
discharged to home

"

"NURSING PROGRESS NOTE

1 = POT SEPSIS - PT TEMP STABLE. ALERT AND ACTIVE W/ CARES.

RECEIVING AMP AND GENT. BLOOD CX PENDING

2 - FEN - TF=80CC/K. PT RECEIVING D10 W/ LYTES AT 40CC/K,

INFUSING VIA PIV WITHOUT DIFFICULTY. PT RECEIVING ENTERAL

FEEDS OF BM/PE20 AT 40CC/K. PT [\*\*Name (NI) \*\*] NG FEEDS OVER 30 MIN, NO

SPITS, MIN ASPIRATES. ATTEMPTING TO BF X1 - NOT LATCHING.

ABD SOFT, +BS, NO LOOPS. AG=23CM. PT [\*\*Name (NI) 282\*\*] 3.1CC/K/HR

YESTERDAY, NO STOOLS. WT=1.625(-35)

3 - PARENT - MOM UP FOR CARES X1 - UPDATD. LOVING WITH

INFANT

4 - DEV - TEMP STABLE IN SERVO MODE ISOLETTE. NESTED.

ALERT AND ACTIVE. SUCKING ON PACIFIER. AFOF

"

"Neonatology Attending

DOL 2 CGA 34 1/7 weeks

Stable in RA. No A/B.

On 80 cc/kg/d with 40 cc/kg BM/PE20 and 40 cc/kg D10+lytes. Voiding. Stooling. DS 73. Wt 1625 grams (down 35).

Bili 9.3/0.3. Started on phototherapy

BC NGSF. On A/G.

[\*\* \*\*] in and up to date.

A: Stable. No spells. Tolerating feeds. Hyperbili being treated. Ruling out for sepsis.

P: Monitor

Advance feeds

Increase to 100 cc/kg/d

Follow bili

D/C A/G if BC negative at 48 hrs.

Family meeting soon

"

"NPN 0540

#1 Potential sepsis. O: Pt. pink, ruddy, well perfused. MAP

BP 41-44. BC pending. Pt. continues on ampicillin and

gentamycin as ordered. A: No increasing signs of sepsis

noted. P: Continue antibiotics as ordered. Check BC results.

#2FEN. O: BW 1640, wt. now 1660 gms, up 20 gms. Pt. NPO. ON

TF of 80cc/k/day of D10 via PIV. Dstick 117-124 overnight.

Abd. soft, active BS, no noted loops. Girth 22. No stool

yet. Urine output last 12 hrs 1.8cc/k/hr.A: NPO, stable

dstick. P: ? begin enteral feeds today. Monitor I/O, dstick.

Lytes and bili drawn, results pending.

#3 Parenting. O: No contact with [\*\*Name2 (NI) 4\*\*] so far tonight.

#4G/D. O: Pt. nested on open warmer with servo control,

temp. stable. Pt. alert, crying with cares, sleeping between

cares. AFF. MAE. Sucks pacifier. A: AGA. P: Support

developmental needs.

"

"Neonatology Attending

DOL 1 CGA 34 weeks

Exam AF soft, flat, on warmer, clear bs, no murmur, benign abd, active

Stable in RA. No A/B.

S/P NS bolus x 2 secondary to poor perfusion and metabolic acidosis. BP means 40s.

On 80 cc/kg/d D10W. Voiding. No stool yet. 136/4.3/103/22 DS 117-124. Wt 1660 grams (up 20).

Bili 5.7/0.4

wbc 14 (27P/0B) hct 44 plt 209. BC pending. On A/G.

[\*\* \*\*] visiting and up to date.

A: Stable. No respiratory issues. Ready to feed. Ruling out for sepsis.

P: Monitor

Start feeds at 30 cc/kg/d then advance

Follow bili

A/G for R/O

"

"Neonatology-NNP Physical Exam

Infant remains in RA. Active, alert, AFOF, sutures opposed, good tone. BBS clear and equal with good air entry. No murmur, pulses +2, pink, RRR. Abdomen soft, non-distended with active bowel sounds, no HSM, tolerating feeds. Please refer to attending progress note for detailed plan.

"

"SOCIAL WORK

Initial meeting with mother during her visit to the NICU today. Understand there is a family meeting to be held tomorrow. Mum aware that i will be unavailable and possibly another social work may sit in. Provided reduced parking paperwork to mum.

Mum slightly teary as she anticipates her d/c on Thurs. Torn between being with her 2 yr old son at home and desire to spend time with her newborn. As mum is post c/section she is working on how to visit unit until she can drive herself in.

Overall mum adjusting to premature delivery requiring NICU admission, seperation from newborn as she anticipates her d/c. Will continue to follow and support mum through infant's NICU stay. Please call should additional concerns arise. Thank-you.

"

"Nursing PRogress Note

## 1 Infant with Potential Sepsis

2. FEN O/A TFomcr today to 100cc/kg/day. IVF currently at 45cc/kg/day of D10 w/2:1 running at 3.0cc/hr via PIV in R foot. Ent feeds currently at 55cc/kg/day of BM or PE20.

Mom put inf to breast 2X thus far, full vol gavaged. [\*\* \*\*]  
feeds well, no spits, min asp. Belly soft, no loops.

Infant voiding, mec stooling. Pcont to assess FEN needs.

3. [\*\* \*\*] O/A Mom in 2X for visit and cares. Dad in this AM for visit. Updates given to both [\*\* 4\*\*]. Mom [\*\*Name (NI) 283\*\*] at bedside this afternoon. SW in to visit. P cont to support, educate.

4. DEV O/A [\*\*Location (un) 284\*\*] is in a servo controlled isolette with stable temp. A/A w/cares. Sleeping well between cares. P cont to assess dev needs.

See flowsheet for further details.

## REVISIONS TO PATHWAY:

1 Infant with Potential Sepsis; d/c'd

"

"Neonatology Np Exam Note

Please refer to attending note ofr details of evaluation and plan.

PE: small infant nestled in isolette. UNDER phototherapy.

Pink, warm well perfused. AFOF, sutures approximated, MMP

Chest is clear, equal bs, comfortable resp pattern.

CV: RRR, no murmur, pulses+2=

Abd: soft, active bs

GU: normal male external genitalia

EXT: MAE, WWP PIV in place

Neuro: active and responsive, symmetric tone and reflexes

"

"neonatologyAttending Note

Day 19

CGA 36 2

RA. RR30-60s. No murmur. HR 130-160s.

Wt [\*\*2087\*\*], up 30. Min 140 ad lib cc/k/day BM26/Neosure 26. NI voiding and stooling.

In open crib.

A/P:

Will plan for discharge in am if po intakes and growth adequate.

Circ today.

Will give Hepatitis B vaccine.

"

"Clinical Nutrition:

O:

~36 [\*\*2-3\*\*] wk CGA BB on DOL 19.

WT: 1955g(+30)( $<10$  %ile); birth WT: 1640g. Average wt gain over past wk ~19g/kg/day.

HC: 31cm(~10 %ile); last: 29.5cm

LN: 43.5cm( $<10$  %ile); last: 42cm

Meds include Fe & trivisol.



Nutrition: Min. 140cc/kg/day, Adlib. BM 26 (2cal/oz from corn oil & 4cal/oz from neosure powder); po's. Projected intake for next 24hrs ~140cc/kg/day, providing ~121kcal/kg/day & ~3.1g pro/kg/day.

GI: Abdomen benign: x1 spit.

A/Goals:

Tolerating feeds w/o GI problems except as noted above. Ongoing discharge planning. Current feeds & supps meeting recs for kcal/pro/vits/mins. Growth is meeting recs for WT gain. HC/LN gains exceeding recs of ~0.5-1.0cm/wk for HC gain & of ~1.0cm/wk for LN gain. Will monitor trends until discharge. Will cont. to follow w/ team until discharged.

"

"NPN 0700-1900

### #1 Sepsis

O: IV Amp. and Gent. given as ordered. Infant active and alert with appropriate tone. Temp and VS stable and WNL.

A: No s/s sepsis on 48 hr R/O

P: Continue close observation and monitoring for s/s sepsis.

### #2 Alt. in Nutrition

O: TF=80cc/kg. IV changed to D10/lytes via PIV and decreased to 40cc/kg at 1700. Feeds started at 30cc/kg at 1300 and increased to 40cc/kg at 1700. Abd. is round, soft with + BS, no loops. Girth 23.5-24 cm. Voiding 4.3cc/kg/hr for past 12 hrs. No stool. To breast X 1 then took 8cc by bottle. At 1700 no interest in breastfeeding or bottle. NG tube placed and 3cc Breastmilk and 8cc PE20 given PG. Infant had mod. spit after gavage.

A: Beginning feeds, spit X 1

P: Continue with present feeding plan. Check D/S. Increase feeds as tol. Follow daily wts. Check bili in AM.

### #3 Alt. in Parenting

O: Mom up X 3, Dad in X 1. Updated and questions answered. Mom took temp and changed diaper. Put infant to breast X 2.

A: Involved, loving [\*\* 4\*\*]

P: Keep informed and support. LC planned for Wed. at 1300.

#### #4 Alt. in Development

O: Maintaining temp on servo warmer, nested in sheepskin with boundaries in place. Positioned on side or prone. Not waking for feeds but alert with cares. Initially sucking well, but little interest at 1700. No spells.

A: Appropriate for GA

P: Transfer to isolette tonight. Continue to support developmental needs.

"

"Nursing note

I have examined this infant and agree with the information provided in the note above by Q. Tran.

In addition, mom emotional today at bedside--however did not get to discuss this with her before she left. Spoke with dad, visiting this evening, who advised mom has been a little stressed, travelling a distance to NICU, staying a significant portion of most days to be w/ infant, feeling a little depressed when she has to leave him--overall feeling overwhelmed.

Continue to provide TLC and reassure [\*\* 4\*\*].

"

"Nursing addendum

Children's Dermatology dept called today and advised that the

[\*\* 4\*\*] contact them shortly after infant's d/c to arrange a  
derm O/P appt, as per Dr. [\*\*Last Name (STitle) 297\*\*] instructions.  
[\*\*Last Name (STitle) \*\*] not yet notified, information relayed to night  
staff.

"

"PCA

#2FEN: WT UP 55 TO [\*\*2057\*\*]. tf remains at 150cc's/kg/d of BM28  
with promod. 48cc's Q4H gavaged over 45 minutes. infant  
taking 35-48cc's thus far. abd benign, belly is soft and  
round, +bowel sounds, no loops, min asp, sm spitx1 thus far  
this shift, voiding and stooling; heme neg. A:[\*\*Year (4 digits) 62\*\*] feeds well  
P:Cont to monitor infant and encourage po feedings as  
tolerated.

#3PARENTING: no contact thus far this shift. A/P:cont to  
support family needs

#4DEVE: temp stable with infant swaddled in the OAC. waking  
for feeds. [\*\*Year (4 digits) \*\*] and active with cares. settles well with  
binki. brings hands to face. mae. font are soft and flat  
A:AGA P:cont to support infant

"

"I have examined infant and agree with above note by [\*\*First Name8 (NamePattern2) 244\*\*] [\*\*Last Name (NamePattern1) 298\*\*].

"

"Neonatology NP Exam NOte

Please refer to attending note for details of evaluation and plan.

PE: small active infant in open crib. AFOF, sutures approximated. Eyes clear, MMMP

Chest is clear, equal bs

CV: RRR, no murmur, pulses+2=

Abd: soft, active BS

GU: normal external male genitalia, testes descended

EXT;[\*\*Last Name (LF) 186\*\*], [\*\*First Name3 (LF) 26\*\*], WWP

Neuro: active, responsive, symmetric tone and reflexes.

Discharge teach=[\*\*Last Name (un) 299\*\*] ongoing. Met with mother and MGM at bedside, questions encouraged and answered.

"

"Nursing Progress Note:

#2 - F&N: TF at min of 140cc/kilo= 45cc's q 4 hours of BM26.

Mixing with Neosure and corn oil. Bottling 60 - 70cc's with feeds today. Abdomen soft and flat. Voiding and stooling.

Buttocks red - desitin applied. Iron given this am.

Reviewed with mom how to give iron and trivisol. Mom should give meds [\*\*Doctor First Name 163\*\*] prior to discharge.

#3 - [\*\*Doctor First Name \*\*]: Mom and Dad in this afternoon. updated at the bedside. Consented for circ. Independent with cares.

Completed discharge teaching with mom. [\*\*Name (NI) 29\*\*] and Grandma gave

[\*\*Name (NI) 290\*\*] today. [\*\*Name (NI) \*\*] have pedi appoint for monday. [\*\*Name (NI) \*\*]

not interested in VNA at this time. Family to follow up with derm after discharge regarding secaceous nevi.

#4 - G&D: TEmps stable in open crib. Waking for feeds. All po. Circ done this evening. Site looks great. Hearing screen passed this evening. Needs Hep B tonight and car seat test. Plan on Discharge home [\*\*Doctor First Name 163\*\*].

"

"NPN 7p-7a

Fen: Wt 2.005kg (+50gms). Conts on min of 140cc/kg of bm 26 with neosure and cornoil. Waking q 4hrs. Po 40-60cc. Po intake for 24hrs 120cc/kg +bf. Abd soft. Active bs. Stool x1 thus far. Voiding with each diaper change. Conts on fe and trivisol. Circ site intact vaseline applied no bleeding noted. Cont with current plan.

Parenting: Mom called x1 for update. Preparing for infant's dc.

G&D: Temp stable swaddled in open crib. [\*\* 3\*\*] and active with cares. Wakes for feeds. Likes pacifier. Unable to perform carseat test as seat was not appropriate for infant's size. Will notify [\*\* 4\*\*] if Call during this shift.

"

"Admission Note

Addendum

Baby had continued to do well throughout the day. MoPlan to send urine for CMV. Ther up to hold baby this evening. Increased respiratory rate has settled and repeat gas has improved. Baby has slept well nested on his warmer with boundaries.

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"Neonatology Attending Note

Day 18

CGA 36 2

RA. Cl and = BS. RR40-60s. No murmur. HR 130-160s. BP 75/38, 54.

Wt [\*\*2057\*\*], up 55gms. TF 150 cc/k/day BM28 w promod. All po. NI voiding and stooling. Fe.

In open crib.

A/P:

-- poor overall weight gain in marginally growth restricted infant, will change to NeoSure 26

-- approaching discharge readiness

-- monitor growth

"

"Nursing Progress Note:

#2 - F&N: Ad lib demand with min of 140cc/kilo = 45cc's q 54

hours of BM28 with PM. Decreased calories this evening to

BM26 with Neosure and corn oil. Tolerating feeds well.

Bottling all feeds. Waking for feeds. Taking 45-55cc's. BF

well once for 10 min. Supplemented afterwards with 15cc's.

Abdominal exam benign. Voiding and stooling. Guaic neg.

Remains on iron.

#3 - [\*\* \*\*]: Mom in this afternoon. Updated at the bedside.

Independent with cares. Called OB to perform Circ. Mom to

bring in car seat [\*\*Doctor First Name 163\*\*]. Plan on hearing screen soon. Mom

aware if baby continues to gain weight on decreased calories

and continues to be all po may go home in a couple days.

#4 - G&D: TEmPs stable in open crib. [\*\*Doctor First Name 3\*\*] and active with

cares. MAE. [\*\*Doctor First Name 255\*\*]. Waking for feeds Q3 hours. Bottling all

feeds.

"

"NPN

#2 F/N- Abd soft,+bs, no loops.Bottles well q 4 hrs BM 26

cals taking 45-60cc. Lg spit x1.Voiding+ stooling in adeq

amts.Waking for feeds q 3-4 hrs.Taking over the min of

140cc/kg/day. Wt up 30gms.

#3 [\*\* \*\*]- No contact yet tonight.

#4 Dev- [\*\* 3\*\*]+ active w/cares.Temp stable swaddled in open crib.

"

"NPN 7A-7P

#2 TF increased to 150cc/k/d. Currently on 115cc/k/d of enteral feeds of BM20/PE20. Tolerating well, gavaging full volumes over 45 min, no spits or residuals. Bottled 18cc's well with mom, also went to breast briefly. Mom is expressing breastmilk and was updated on feeding plan (will need to take full volumes by bottle in order to go home). Abdominal exam unremarkable, is voiding, stoolled last night. Plan is to increase enterals by 15cc/k/d [\*\*Hospital1 \*\*]. PIV in scalp infusing well, D/S:74 on D10W w/lytes. Con't plan as tolerated.

#3 Mom discharged today, is sad to leave but looking forward to spending time with infant's sibling before this infant goes home from hospital. Dad also visited. Mom handling baby well (other child was 4+ lbs at discharge). Family Meeting held yesterday. Mom plans on visiting daily, in the AM. Working infant toward a 10-2-6 schedule for easier parent visiting. Will con't to update/support.

#4 Infant presently in air-isolette, able to wean a bit



today. Bottling has improved some today but gets tired easily. Is [\*\*Hospital1 \*\*] for cares and settles well afterward. No brady's or desat's. Bili level today:8.7/0.2 and remains with one bili-blanket on continuously.(bili-blanket used due to scalp PIV in place). TF increased, enteral volumes also increased, has been stooling. Will con't to work on bottling stamina. Con't present interventions.

"

"Neonatology-NNP Progress Note

PE: [\*\*Location (un) 284\*\*] remains in his isolette, in room air, bbs cl=, rrr s1s2 no murmur, abd soft, nontender, V&S, afso, active with care, slightly jaundiced, bili blanket in place

See attending note for plan

"

"Admission Note

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"

"Admission Note

Baby admitted to NICU from L&D at 0950. Baby weighted and measured and placed on warmer. Vital signs as per flow sheet. Blood culture, CBC and blood gas obtained. IV sited for IV fluids of D10w at 80cc/kg, IV antibiotics and 2 x bolus of Normal saline for acidosis. Baby has maintained his BP and color has improved. Initial D/stix 112. Baby has voided twice but not passed meconium yet. Baby continues with mild retractions and occasional flaring and intermittant increased respiratory rates. Sats remain at 100% in room air. Baby's father has been up to visit.

"

"Neonatology Attending Admit Note:

33 [\*\*7-9\*\*] week male infant admitted for issues of prematurity.

infant born to a 28 year old G5P0131 mother (1 ectopic, 2 SAb) with blood type A positive, hepBsAg negative, RPR NR, antibody negative, RI. EDC [\*\*2136-7-30\*\*].

Prenatal course significant for:

1) cerclage at 14 weeks

2) preterm labor with betacomplete [\*\*5-16\*\*]

3) IUGR (21 weeks-50%, 24 weeks-19%, 27 weeks-24%, 29 weeks-11%, 31 weeks-10%, 33 weeks-6%), CMV and toxonormal.

oligohydramnios with AFI at 31 weeks of 6 that persisted

due to worsening IUGR, elected to deliver infant. vaginal induction attempted but with decels during late stage of labor, brought to C.S for NRFHR. Infant emerged on [\*\*6-17\*\*] at 9:37am. very low descent and required internal assistance for delivery of infant. but infant emerged active, good Apgars of 8 (1min) and 9 (5min) brought to NICU for further care.

PE: wt=10-25%, HC=25%, pale, AFOF, normal S1S2, no murmur, breath sounds clear but tachypneic to 80's. abdomen soft, nontender, nondistended, ext warm, decreased perfusion and extremely pale infant.

received 2 NS boluses.

first ABG 7.14/56 BE -6

second ABG 7.4/36

dstx normal

CBC pending

blood culture sent.

Imp/Plan: 33 [\*\*7-9\*\*] week IUGR infant with initial metabolic acidosis following NRFHR now with TTN and r/o sepsis

--acidosis resolved with 2 NS boluses. continue to monitor BP

--monitor respiratory status closely

--amp and gent to treat for 48 hours pending clinical course and blood culture results

--will update family

--monitor for spells

--NPO for now, monitor dstx, IVF at 80 cc/kg/d

--monitor for hyperbilirubinemia.

"

"nursing note

#2 FEN O: Child remains on 150cc/k of TF. Increased today from 26 to 28 calorie bm. Gavaged at 1000 over 45 minutes without difficulty. NG secure placement verified. At 1400 child breast fed for 10 minutes well then attempted to bottle feed but was tired out. Feeding gavaged. At 1800 Dad in and bottle fed the child with the yellow nipple. Child bottle fed well. Abdomen remains benign. No loops noted. Good bowel sounds heard. Child voiding and stooling with each diaper change. desitin applied q diaper change. P: will continue to bottle feed as tolerated and will monitor weight gain.

#3 Parenting O: Mom in at 1400 and given update. Mom did temp and diaper and breast fed child. Independent with cares. Interacts well with the child. Dad in for the 1800 cares. Dad bottle fed the child. Interacted well with the child. P: will continue to support and inform the [\*\* 4\*\*].

#4 DEV O: Child placed in open crib at the 1800 cares. Temp had remained stable in off isolette during the day. Child has on t-shirt and two blankets. Sleeps between cares. [\*\* \*\*] and active with cares. Learning to bottle feed. P: Will continue to support tthe child's coping skills.

"

"PCA

#2FEN: wt up 75 to 1870. tf remains at 150cc's/kg/d of BM28.

47cc's Q4H gavaged over 45 minutes. infant took 46cc'sx1  
this shift. abd benign, belly is soft and round, no loops,  
+bowel sounds, no spits thus far, no asp thus far, a/g  
stable, voiding and stooling; heme neg. A:[\*\* 62\*\*] feeds well  
P:cont to monitor infant and encourage po feedings.

#3PARENTING: no contact thus far this shift. A/P:cont to  
support

#4DEVE: temp stable. infant is swaddled in the OAC. font are  
soft and flat. brings hands to face. [\*\* \*\*] and active with  
cares. wakes for feedings. settles well with binki. sleeps  
well in between cares. A:AGA P:Cont to support g/d of infant

"

"NPN NIGHTS ADDENDUM

AGREE WITH ABOVE ASSESSMENT AND PLAN. PO FEED BABY [\*\*Name (NI) 296\*\*].

"

"Neonatology Attending Note

Day 16

CGA 36 weeks

RA. RR30-60s. No A&Bs. Cl and = BS. Mild sc rtxns. No murmur. HR 130-160s. BP 64/37, 49.

Wt 1870, up 75 gms. TF 150 cc/k/day. BM28 w promod. Alt po/pg. Min aspirates. NI voiding and stooling.

In open crib.

A/P:

Progressing well. Awaiting maturation of feeding skills. Arranging with dermatology f/u for sebaceous nevus.

"

"PCA Note

FEN: TF 150cc/k/d of BM28 = 47cc Q4 PO/PG. PG feeds given

over 45min. Infant BF x2 and bottled x1 taking 10cc (after

doing well with BF); supplemented the remaining via gavage.

[\*\*Location (un) 284\*\*] has had 2 spits this shift. Voiding and stooling;

desitin applied with each diaper change. Abd benign.

Minimal aspirates. Continue to encourage PO's.

[\*\*Location (un) \*\*]: Mom in for the afternoon. Independent with cares.

BF and held infant. Asking appropriate questions. Very

loving with infant. Dad plans to come in this evening for

1800 cares.

DEV: Infant swaddled in OAC. Temps stable. [\*\*Location (un) 3\*\*] and

active with cares. MAE. Loves pacifier. Waking for feeds.

Does well with BF with a good latch and good sucks.

Continue to support developmental needs.

"

"Neonatology Attending

DOL 15 CGA 36 weeks

Stable in RA. No A/B.

No murmur. BP 64/36 mean 53

On BM 26 with promod at 150 cc/kg/d po/pg. Voiding. Stooling. Wt 1795 grams (up 5).

[\*\* \*\*] 8.6/0.2

Weaned to off isolette.

[\*\* \*\*] visiting and up to date.

A: Stable. Learning to po feed.

P: Monitor

Encourage pos

Transition to crib

"

"NPN

2. TF 150cc/kg/day. Alt po/pg with attempts at BF 1-2x

daily. Mom in this am and infant nursed very well.

Coordinated, latched well. Abd benign. Active BS. Voiding and passing loose [\*\* \*\*] stool. Slightly jaundiced.

Cont with current feeding regime.

3. Mom verbalizing anxiety and questions re infant.

Discussed options of visiting QD instead of [\*\*Hospital1 \*\*]. Mom agreed she's very tired but torn between home and NICU. Will try visiting once/day for better rest. discussed discharge criteria.

Cont to support.

4. In off isolette maintaining temp. Infant settles between feeds. Will consider moving to open crib this eve.

"

"Neonatal NP-Exam

See Dr.[\*\*Doctor Last Name 243\*\*] note for details and plan of care as discussed in rounds this am.

AFOF. breath sounds clear and equal. NI S1S2, no audible murmur. Pink and jaundiced. Abd benign, no HSM. Active bowel sounds. Infant active with exam.

"

"NPN NIGHTS

ALT IN NUTRITION R/["\*\*Initials (NamePattern4) \*\*"] ["\*\*Last Name (NamePattern4) 87\*\*"]:["\*\*Last Name (NamePattern4) \*\*"] FULL VOLUME FEEDS WELL ON

150CC/K/DOF BM26 W/PROMOD, 45CC Q4HRS. ABD EXAM BENIGN, NO

LOOPS, NO SPITS. GIRTH 24, ASP. 0.4CC. WGT UP 15 TO 1810.

VOIDING AND STOOLING WELL. STOOL GUIAC NEG. DESITIN TO

DIAPER AREA DUE TO SLIGHTLY RED. BOTTLED FULL FEED AT 2AM.

GAVAGED 10PM AND 6AM FEEDING. CONTINUE CURRENT FEEDING PLAN.

PO FEED QOF.

ALT IN GROWTH AND DEVELOPMENT D/["\*\*Initials (NamePattern4) \*\*"] ["\*\*Last Name (NamePattern4) 87\*\*"]:["\*\*Last Name (NamePattern4) \*\*"] AND ACTIVE WITH

CARES. SLEEPS WLL BTW FEEDS. MAINTAINS TEMP IN OFF ISOLETTE.

SUCKS ON PACIFER BRIEFLY. WAKING AND DEMANDING SOME OF HIS

FEEDS. CONTINUE DEVELOPMENTAL CARES.

ALT IN PARENTING:NO CONTACR FROM ["\*\*Last Name (NamePattern4) \*\*"] THIS SHOFT.

CONTINUE TO SUPPORT AND UPDATE.

"

"Neonatology - NNP Progress Note

Infant is active with good tone. AFOF He is pink, well perfused, no murmur auscultated. He is comfortable in room air. Breath sounds clear and equal. He is tolerating feeds. Abd soft, active bowel sounds, no loops, voiding and stooling. Stable temp in isolette. ["\*\*Last Name (un) 295\*\*"] refer to neonatology attending note for detailed plan.

"

"Neonatology Attending Note

Day 16



CGA 36

RA. RR40-70s. Cl and = BS. No A&Bs. No murmur. HR 140-160s. BP 81/51, 74.

Wt 1810, up 15 gms. TF 150 cc/k/day BM26 w promod. PO/PG. [\*\* \*\*] well. NI voiding and stooling.  
Fe.

In off isolette.

A/P:

- adv to 28 cals
- encourage po skills
- will discuss nevi w/ derm service
- "

"Nursing Progress Notes.

#2 O: Total fluids increased to 120cc/kg/day. Feeds of  
BM/PE20 advanced to 85cc/kg/day at 1300. Feeds offered PO  
or given by gavage as tolerated. Baby also allowed to  
Breastfeed as interested whenever mother is up to visit.  
Abdomen soft, bowel sounds active, no loops, girth stable,  
voiding 2.6cc/kg/hr and no stool passed today. 2 spits  
noted, gavage feeding times increased to 1 hour. IV fluids  
of D10W with lytes infusing well via scalp vein. IV  
infiltrated in foot vein, becoming puffy but no  
discoloration noted. Puffiness resolving within 2 hours.  
Scalp IV site checked by 2 [\*\*Name6 (MD) 287\*\*] and NNP. No pulsating noted  
and no pulse felt. A: Tolerating feeds over longer time.

Learning to PO feed. P: Continue to encourage breast and bottle feeding when awake.

#3 O: Mother up to visit and care for baby at each feeding.

Family meeting held this afternoon with mother. A: Involved family. P: Continue to keep informed.

#4 O: Temp stable in isolette changed to air mode this afternoon. Baby is [\*\*Name2 (NI) \*\*] and active with cares and sleeps well between cares. A: Appropriate for age. P: Continue to support development.

#5 O: Changed from single phototherapy to bili blanket after IV sited in scalp vein. A: Continues under phototherapy.

P: Check bili in am.

"

"NPN 7p-7a

Fen: Infant's wt 1.570kg (-10gms). Conts on tf 120cc/kg. IVF of d10w 2:1 at 20cc/kg via piv. Enteral feeds of bm/pe 20 at 100cc/kg. Po'ed x2 10cc. Gavaged remainder. Increasing feeds 10cc/lg [\*\*Hospital1 \*\*] at 01&13. Sm spit x1. Minimal aspirates. Abd soft. Active bs. Mec stool x2. Voiding with each diaper change. Dstick 89. Cont to advance feeds as [\*\*Hospital1 62\*\*].

Parenting: Mom in this evening. Bf infant well. Updated at bedside. Asking appropriate questions. Called x1 for update.

G&D: Temp stable swaddled in airmode isolette. [\*\*Hospital1 3\*\*] and active with cares. Wakes for feeds. Boundries in place.  
Likes pacifier. Cont to support developmental milestones.

"

"Neonatology Attending

DOL 4 CGA 34 3/7 weeks

Stable in RA. No A/B.

BP 60/37 mean 43

On 120 cc/kg/d with 20 cc/kg D10+lytes and 100 cc/kg BM/PE 20. Advancing 15 cc/kg q 12. Occ spit. Voiding. Stooling. Wt 1570 grams (down 10).

Bili 9.2/0.3. On bili blanket.

Temp stable in air isolette.

Mother going home today. Had family meeting with both [\*\* 4\*\*] yesterday.

A: Stable. No spells. Needs to learn to feed. Hyperbili being treated.

P: Monitor

Advance to 140 cc/kg today

Follow bili

"

## "Clinical Nutrition

O:

33 [\*\*7-9\*\*] wk gestational age BB, AGA, now on DOL 5.

Birth wt: 1640 g (~10th to 25th %ile); current wt: 1600 g (+30)(down ~2% from birth wt)

HC: 30 cm (~25th %ile)

LN: 39.5 cm (<10th %ile)

Labs noted

Nutrition: 150 cc/kg/day TF. Feeds started on DOL 1; currently @ 130 cc/kg/day PE/BM 20, increasing 15 cc/kg/[\*\*Hospital1 \*\*] and alternating po/pg feeds. Projected intake for next 24 hrs ~145 cc/kg/day, providing ~97 kcal/kg/day and ~1.5 to 2.9 g pro/kg/day.

GI: Abdomen benign; one large spit.

A/Goals:

Tolerating feeds without GI problems; advancing slowly to goal and monitoring closely for tolerance. Labs noted. Initial goal for EN is ~150 cc/kg/day BM/PE 24, providing ~120 kcal/kg/day and ~3.2 to 3.6 g pro/kg/day. Further increases in feeds as per growth and tolerance. Infant has been taking minimal amounts of feedings po so far; no interest in breastfeeding yet. Appropriate to add Fe supps when feeds reach initial goal. Growth goals after initial diuresis are ~15 to 20 g/kg/day for wt gain, ~0.5 to 1 cm/wk for HC gain, and ~1 cm/wk for LN gain. Will follow w/team and participate in nutrition plans.

"

## "Neonatology NP Note

PE

nested in isolette

AFOF, sutures opposed

very mild subcostal retractions in room air, lungs clear/=

RRR, no murmur, pink and well perfused

abdomen soft, nontender and nondistended, active bowel sounds

jaundice

active with good tone.

"

"NPN Days 7am-7pm

#2 O: Infant remains on Tf of 150cc/k/day and was advanced to full volume feeds of BM 20/Pe 20 cals this afternoon and IVF were d/c'd. Infant bottled X 1 and took 15cc and went to breast X 1, latched on with minimal sucking. Infant tolerating gavage feeds well with minimal aspirates and no spits. Abd remains soft, +bs, no loops. Voiding adeq amts, stool heme neg. A: tolerating feeds well. P: Continue to encourage po feeding as tolerated.

#3 O: Infant's mom was in for several cares today. She is independent with temp taking and bottling. She needed some asst with positioning for breastfeeding. Mom asked [\*\*Name2 (NI) \*\*] questions and was updated at the bedside. Maternal grandmother was in to visit too. A: invested family. P: Continue to support.

#4 O: Infant is [\*\*Name2 (NI) \*\*] and active with cares. Temp has been stable in heated isolette - now on servo control r/t phototherapy spotlight. Sucking well on his pacifier and was able to latch on to breastfeed. A: AGA. P: Continue to monitor for milestones.

#5 O: Received infant on blanket phototherapy. Bilirubin level drawn this morning was 10.8/.3/10.5 - infant was therefore switched back to spotlight phototherapy this afternoon. Skin is mildly jaundiced. A: being treated for hyperbili. P: Continue with phototherapy and recheck bilirubin level in the morning.

"

"#2 TF 150CC/KG OF BM20. PT TOLERATING FEEDS WELL. NO SPITS,  
MIN ASP, ABD BENIGN. PT ALT PO/PG FEEDING. PO FEEDING APPROX  
[\*\*2-3\*\*] OF VOLUME. VOIDING AND STOOLING. WEIGHT UNCHANGED.

#3 NO CONTACT FROM FAMILY AT THIS TIME IN SHIFT.

#4 TEMPS ARE STABLE ON SERVO UNDER BILI LIGHTS. [\*\*Month/Day (2) \*\*] AND  
ACTIVE. WAKING FOR FEEDINGS.

#5 PT CONT UNDER SINGLE PHOTO. BILI SENT THIS A.M., PENDING.

"

"Neonatology Attending

DOL 9 CGA 35 1/7 weeks

Stable in RA. No A/B.

BP 75/36 mean 49

On 150 cc/kg/d BM24 po/pg. Taking 21-35cc of 41 cc. Voiding. Stooling. Wt 1630 grams (up 45).

Rebound [\*\* \*\*] 7.5/0.2

Weaning isolette.

[\*\* \*\*] visiting and up to date.

A: Stable. Learning to po. Hyperbili resolved.

P: Monitor

Increase to 26 cal

Encourage pos as tolerated

Wean isolette

"

"NPN 7A-3P

#2 TF remain at 150cc/k/d of BM26 (cal's increased again today). Is wakening for feeds, went to breast well (full-volume feed gavaged) this AM. Mom will bottle this afternoon while infant active to feed. Now taking bottles according to cues but not pushing po when infant tiring. Abdominal exam unremarkable, is voiding and stooling, small spit x 1 and occasionally makes ""chewing"" motions along with ""sour faces"". On fe supplement. Con't to monitor wt.

#3 Mom in to visit daily, puts infant to breast at one feed, bottles at next feed. Is independant with cares. [\*\* \*\*]  
plan on having circ done on outpt basis (other child had this done also due to small size). Will monitor wt, perhaps have OB check infant size prior to discharge if infant gaining well during hospital stay.

#4 No brady's, working on stamina for bottling. Maintaining temp in air-control isolette, waking for most feeds, [\*\* \*\*]

issue resolved though is still slightly jaundiced. Will  
con't present interventions.

#5 Rebound [\*\* \*\*] this AM: 7.5/0.2 (light off at 7.1). No  
further checks ordered, is voiding and stooling, TF at  
150cc/k/d. Problem d/c'd.

"

"5 Hyperbilirubinemia

REVISIONS TO PATHWAY:

5 Hyperbilirubinemia; resolved

"

"Neonatology-NNP Progress Note

PE: [\*\*First Name5 (NamePattern1) 284\*\*] [\*\*Last Name (NamePattern1) 285\*\*] in his isoeltte, in room  
air, bbs cl=, rrr s1s2nbo murmur,a bd sof,t nonteder, V&S, gavage tube in place, afso, active

See attending note for plan

"

"Neonatology Attending

DOL 10 CGA 35 2/7 weeks

Stable in RA. No A/B. Occ sat drifts with feeds.



BP 66/47 mean 54

On 150 cc/kg/d BM26 po/pg. Voiding. Stooling. Wt 1635 grams (up 5).

Isolette weaning.

[\*\* \*\*] visiting and up to date.

A: Stable. Needs to learn to feed. Weaning out of isolette.

P: Monitor

Encourage pos as tolerated

Add promod

Wean to crib as tolerated

"

"NPN 7A-7P

#2 TF remain at 150cc/k/d, with promod added to BM26 cal's.

Rec'ing 41cc's q 4 hrs over 50 min, had one moderate spit then a small spit, infant appears to be refluxing and is on reflux precautions. Is voiding and stooling, abdominal exam unremarkable. BF with mom x1. Con't to monitor wt/toleration.

#3 Mom in daily, independant w/cares. Feeding infant according to cues. Did will be in this evening to bottle if Camerson is awake. Will con't to update/support.

#4 Maintaining temp in air-control isolette wrapped in blanket. Is very [\*\* \*\*]/awake for feeds but does not bottle much. Goes to breast and latches but loses interest/falls asleep. No brady's, no desat's. Con't present interventions.

"

"NNP ON-Call

Please see Dr.[\*\*Doctor Last Name 243\*\*] note for overall summary and plan.

Physical Exam

General: infant in isolette

Skin: warm and dry; color pink

HEENT: anterior fontanel open, level; sutures opposed

Chest: breath sounds clear/=

CV: RRR without murmur; normal S1 S2; pulses +2/=

Abd: cord off, umbilicus healing; soft; no masses; + bowel sounds

GU: preterm male, testes descending

Ext: moving all

Neuro: [\*\*Doctor Last Name \*\*]; + suck; + grasps

"

"NURSING PROGRESS NOTE

RESP/CV: [\*\*Location (un) \*\*] REMAINS IN RA WITH O2 SATS >92%. NO A&B'S OR DESATS NOTED TONIGHT. BS CL&= WITH GOOD AERATION AND CHEST EXCURSION. RR 40-60'S WITH MINIMAL WORK OF BREATHING. NO MURMER. COLOR PINK/SL JAUNDICED AND WELL PERFUSED. BP STABLE.

FEN: WEIGHT UP 55GMS TO 1690GMS TONIGHT. REMAINS ON 150CC/KG/D OF BM26CAL WITH PROMOD. ABD SOFT, PINK WITH STABLE GIRTH AND +BS. MINIMAL RESIDUALS AND SM EMESIS X1

NOTED. BOTTLED FULL FEEDING X1 AND 29CC WITH NEXT FEEDING. NOTED STRONG, COORDINATED SUCK/SWALLOW. VOIDING AND STOOLING WNL.

DEV: TEMP STABLE IN AIR CONTROLLED ISOLETTE. ACTIVE AND [\*\*Location (un) \*\*] WITH INTERVENTIONS AND SLEEPING QUIETLY BETWEEN CARES.

SOCIAL: NO CONTACT WITH FAMILY TONIGHT.

"

"NPN 1500-2300

#2 FEN O: Infant remains on TF 150cc/k/day of BM26 alt po/pg feedings, infant [\*\* 62\*\*]. gavage feed well. Plan to bottle at 2200 feeding, abd soft and nondistended, voiding well, no spits or aspirates A: Stable FEN P: Cont to assess for feeding intolerance, wt q day, offer po feeds as tolerated.  
#3 [\*\* \*\*] O: Dad in to visit, asking appropriate questions and updated on infant's progress. Dad held infant, infant [\*\* 62\*\*] well, P: cont to inform and support family as needed.

"

"NPN:

RESP: Sats 95-100% in RA. RR=40-50s. BBS =/clear. No desats or A&bs thus far tonight; no A&Bs over past 24 h.

CV: No murmur. HR=130-150. BP=66/40 (54). Color pink w/good perfusion.

FEN: Wt=1635g (+ 5g). TF=150cc/kg/d; 41cc BM-26 q 4 h via PO/PG. Bottled well x 1 for 38cc. Abd benign. Voiding qs; yellow stool. FeS04.

G&D: CGA=35 [\*\*3-10\*\*] wk. IUGR infant. Temp stable in air-controlled isolette; weanins isolette temp. Active and [\*\*Month/Day (4) \*\*] w/cares. Waking for feeds. [\*\*Month/Day (4) \*\*] in sheepskin and resting well.

SOCIAL: No contact w/[\*\*Name2 (NI) 4\*\*].

"

"NURSING PROGRESS NOTE

2 - FEN - TF=150CC/K OF BM24. PT [\*\*Name (NI) \*\*] NG FEEDS, NO SPITS, MIN ASPIRATES. PO X1 - 30CC - COORDINATED, TIRING. ABD SOFT, BS, AG=23. PT VOIDING, TRACE STOOL. WT=1.585(-10)

3 - PARENT - DAD CALLING X1 - UPDATED

4 - DEV - TEMP STABLE IN SERVO MODE ISOLETTE. PT [\*\*Name (NI) 288\*\*].

[\*\*Name (NI) \*\*] EYES OPEN W/ CARES. AFOF

5 - [\*\*Name (NI) \*\*] - PT REMAINS [\*\*Name (NI) 289\*\*] SINGLE PHOTOTHERAPY, EYE SHIELDS ON. [\*\*Name (NI) \*\*]. VOIDING, TRACE STOOL. [\*\*Name (NI) \*\*] LEVEL PENDING

"

"NURSING PROGRESS NOTE

[\*\* \*\*] lights off for [\*\* \*\*] - 7.1/0.2/6.9.

"

"Neonatology Attending

DOL 9 CGA 35 weeks

Stable in RA. No A/B.

BP 63/34 mean 47

On 150 cc/kg/d BM 24 po/pg. Breastfeeding well. Voiding. Stooling. Wt 1585 grams (down 10).

Urine CMV negative

[\*\* \*\*] 7.1/0.2. Phototherapy discontinued.

[\*\* \*\*] visiting and up to date.

A: Stable. Needs to learn to feed. Hyperbili resolving.

P: Monitor

Increase iron

Encourage pos

Rebound [\*\* \*\*] in am

"

"NPN 0700-1900

2. FEN TF remain @150cc/k/d, BM24. Alt po/pg feeds. Po'd  
35cc (requires 41cc q4hrs). Well coordinated, using yellow

nipple. No spits, min asps. Belly soft, +BS, girth stable.

Voiding and stooling heme neg.

Continue to monitor feeding tolerance and encourage po feeds as per infant cues.

3. [\*\* \*\*] Both mom and dad called today. Mom unable to come in as planned--other child sick @ home. Dad plans to come in for a visit this evening. Both [\*\* 4\*\*] updated. Continue to support and update regularly.

4. G+D Temp stable, swaddled in air isolette. Isolette weaned this shift. [\*\* 3\*\*]/active. Using pacifier. Eager with po feed. Continue to support [\*\*Last Name (un) 197\*\*] needs.

5. [\*\*Last Name (un) \*\*] Remains off lights, slightly jaundiced. For rebound [\*\*Last Name (un) \*\*] in am. Continue with current plan for [\*\*Last Name (un) \*\*] as above.

"

"Neonatology-NNP PROgress NOte

PE: [\*\*First Name5 (NamePattern1) 284\*\*] [\*\*Last Name (NamePattern1) 285\*\*] in room air, bbs cl=, rrr s1s2no murmur, abd soft nontender, v&s, afso, active with care

See attending note for plan

"

"NPN 1900-0700

#2FEN. Wt. 1630 gms, up 45 gms. On TF of 150cc/k/day of BM24, 41cc q4hrs. Pt. alternating po/pg feeds, took 20 and 35cc with bottling attempts tonight. Well coordinated, appears to tire toward end of feeds. No spits, minimal aspirates. Abd. soft, no noted loops, active BS, voiding and stooling. Remains on iron. Plan to continue current feeding plan, monitor for tolerance of feeds.

#3Parenting. Mom called x1, updated. Plan to continue to support [\*\* 4\*\*].

#4Dev. Pt. swaddled in air control isolette, temp. stable. Pt. not waking for cares, is [\*\* \*\*], active with cares, MAE, AFF. Takes pacifier. Plan to continue to support developmental needs.

#5Hyperbili. Pt. currently not under phototherapy. Color slightly jaundiced. [\*\* \*\*] drawn this am and pending. Plan to check results of rebound [\*\* \*\*].

"

"Newborn Med Attending

DOL#6. Cont in RA, no spells. AF flat, clear BS, no murmur, abd soft, MAE. WT=1600 no change on 150 cc/kg/d BM20 Po/PG. Bili=9.8, on phototherapy.

A/P: Growing infant working up on PO feeds. Cont phototherapy.

"

"2. TF 150cc/k/d BM20 41cc q4h pg/po, breast fed x1 with good latch on and suck, abd soft, no loops, active bowel sounds, no spits, minimal aspirates, voiding and passing tr stool A: tolerating feedings P: continue present plan, advance calories tomorrow.

3. [\*\* \*\*] here this am, Mom put [\*\*Name2 (NI) 284\*\*] to breast A: very involved, asking appropriate questions P: continue to provide updates and offer support, teaching to family.

4. temp stable on servo isolette, nested in sheepskin with boundaries, active, sl irritable with cares but consoles easily with swaddling, holding and feeding, starting to breast feed A: AGA P: continue to support growth and development.

5. remains under single phototherapy, am bili 9.8/0.3/9.5, eyes covered, voiding and passing stool A: tx for hyperbili P: continue photo, bili check on [\*\*6-25\*\*] am.

"

"#2 TF 150CC/KG OF BM20. ALT PO/PG FEEDINGS. TOLERATING GAVAGE FEEDS WELL OVER 30MIN. NO SPITS, ABD BENIGN. PO FED WELL, NO SPITS. VOIDING AND STOOLING. WEIGHT DECREASE 5GM.

#3 DAD [\*\*Name (NI) 69\*\*] X1 FOR UPDATE.

#4 TEMPS ARE STABLE IN SERVO ISO. [\*\*Name (NI) \*\*] AND ACTIVE. WAKING FOR FEEDINGS.

#5 PT CONT UNDER SINGLE PHOTO. BILI TO BE SENT ON MONDAY.



"

"Neonatology Attending

DOL 7 CGA 34 6/7 weeks

Stable in RA. No A/B.

On 150 cc/kg/d BM20 alt po/pg. Takes partial pos when offered. Voiding. Stooling. Wt 1595 grams (down 5).

Bili 9.8/0.3 yesterday. On single phototherapy.

[\*\* \*\*] visiting and up to date.

A: Stable. Learning to po. Hyperbili being treated.

P: Monitor

Encourage pos

Increase to 24 cal

Start iron

Check bili

"

"2.TF 150cc/k/d BM, increased to 24cal today, 41cc q4h pg, to breast x2, latched on and nursed wellx1, passive at second feeding, abd soft, no loops, minimal aspirates, no spits, voiding and passing guiac neg stool A: tolerating feedings  
P: starting on 24 cal and ferinsol today.

3. [\*\* \*\*] here this am, Mom back for 1400 feeding, received update on [\*\*Name6 (MD) 284\*\*] from RN A: very concerned and involved P: continue to inform [\*\*Name6 (MD) 4\*\*] of baby's plan of care and offer support as needed.

4. temp stable on servo isolette, nested on sheepskin with boundaries, very active and [\*\*Name6 (MD) \*\*] with cares A: AGA P; continue to support needs for growth and development.

5. remains under single phototherapy, eyes covered, color pink- only sl jaundice, voiding and passing stool A: Tx for hyperbili P: continue photo, check bili in am.

"

"Neonatology - NNP Progress Note

[\*\*Location (un) 284\*\*] is active with good tone. AFoF. He is pale pink, well perfused, no murmur auscultated. He is comfortable in room air. Breath sounds clear and equal. He is tolerating full volume po/pg feeds. Abd osft, active bowel sounds, no loops, voiding and stooling. mild jaundice under single phototherapy. Stable temp in isolette. Please refer to neonatology attending note for detailed plan.

"

"NPN 1900-0700

2. FEN

O: Current wgt= 1740g (+45). TF 150cc/kg/day of BM26 + PM PO/PG. Offering bottle qshift. Bottled 34cc of 44cc minimum when offered this shift. Otherwise gavaging volume over 90 mins for h/o spits. No spits thus far. Abd exam benign. A/G 25.5cm. Min asps. Voiding and stooling (heme-). Applying Desitin prn to bottom for sl.reddened area. A: Tolerating

feeds. P: Cont to monitor for s/s feeding intolerance,  
encourage PO's.

3. [\*\* \*\*]

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

4. G&D

O: [\*\*Location (un) 284\*\*] is [\*\*Location (un) \*\*]/active with cares. Wakes for feeds.

Temps stable in off isolette. [\*\*Last Name (LF) 255\*\*],[\*\*First Name3 (LF) 26\*\*]. Brings hands to  
face, likes pacifier. A: AGA. P: Cont to provide dev  
appropriate care.

See flowsheet for details.

"

"Neonatology Attending Note

Day 13

CGA 35 5

RA. RR30-60s. No A&Bs. Int drifts w feedings. HR 150-160s. BP 73/38, 43.

Wt 1740, up 45 gms. TF 150 cc/k/day. BM26 w promod. On reflux precautions. PO 1 x day, remainder PG.

In air isolette.

A/P:

awaiting maturation of feeding skills

transition to open crib as tolerated

resolved hyperbili, though remains mildly jaundiced, check [\*\* \*\*] in am

"

"NPN 1900-0700

## 2. FEN

O: Current wgt= 1790g (+50). TF 150cc/kg/day of BM26 + PM.

Offering PO's as interested. Bottled 30cc of 45cc minimum @ 2200. Otherwise gavaging volume over 90 mins for h/o spits.

No spits this shift. Abd exam benign. A/G 25cm. Max asp= 4cc, nonbilious and refed. Voiding and stooling (heme-). D/S 78 w/labs. Applying Desitin to bottom qdiaper change for small reddened area. A: Tolerating feeds. P: Cont to monitor for s/s feeding intolerance, encourage PO's.

## 3. [\*\* \*\*]

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

## 4. G&D

O: [\*\*Location (un) 284\*\*] is [\*\*Location (un) \*\*]/active with cares. Occ waking for feeds.

Temps stable swaddled in low air isolette. [\*\*Last Name (LF) 255\*\*],[\*\*First Name3 (LF) 26\*\*]. Brings hands to face, sucks on pacifier. Sebaceous nevi remains on R side of head, unchanged. A: AGA. P: Cont to provide dev appropriate care.

[\*\*First Name3 (LF) \*\*]: Level checked this AM= 8.6/0.2/8.4. Rebound done last wk= 7.5/0.3. Remains slightly jaundiced. Will cont to monitor.

See flowsheet for details.

"

"Neo attending

DOL 14 for this now 35 [\*\*7-9\*\*] week infant. In RA.

Weight is 1790 gms, up 50 gms. On TF of 150 cc/kg/day and on 26 kcal with promod.

8.6/0.2 [\*\*Month/Day (4) \*\*] today

Sebacous nevus on scalp

RRR no m

Clear BS

Soft abd

+ 2 pulses

A/P: Preterm infant with immature feeding skills. Will consider derm consult as outpt.

Will recheck [\*\*Month/Day (4) \*\*] in a few days

"

"NPN 7A-7P

#2 TF remain at 150cc/k/d of BM26 w/PM, tolerating well w/o

abdominal concerns. Infusion time decreased to 1 hr 10 min

w/o spits. Working on stamina for bottling at this time;

took 32 cc's for mom this morning, and is voiding and

stooling guaic neg. Desitin to slightly reddened buttocks.

Con't to monitor wt/toleration.

#3 [\*\* \*\*] visit daily, discussed some discharge instruction today. Mom has been putting [\*\*Location (un) 284\*\*] to breast during visits but today bottled him for 2nd time and is handling him well. Discussed plan for follow-up fo [\*\*Location (un) \*\*] next week, and will monitor growth for circ possibility prior to discharge.

#4 Weaning air-isolette temp, no brady's, gets sleepy at times but is working on bottling. Following [\*\*Location (un) \*\*]. Con't to promote milestones.

"

"NPN 1900-0700

## 2. FEN

O: Current wgt= 1795g (+5). TF 150cc/kg/day of PE26 + PM PO/PG. Offered bottle w/each feed this shift. Bottled 33-35cc of 45cc minimum. Abd exam benign. No spits or asps. Voiding and stooing. A: Tolerating feeds. P: Cont to monitor for s/s feeding intolerance, encourage PO's.

## 3. [\*\* \*\*]

O: Mom called for update x1. Pleased w/[\*\*Location (un) 294\*\*] progress. Plans to visit today. A: Attentive, loving family. P: Cont to support and educate family.

## 4. G&D

O: [\*\*Location (un) 284\*\*] is [\*\*Location (un) \*\*]/active with cares. Wakes for feeds.

Temps stable swaddled. Rec'd infant in low air isolette.

Shut iso off @ 0200. [\*\*Last Name (LF) 255\*\*],[\*\*First Name3 (LF) 26\*\*]. Brings hands to face, sucks on pacifier. A:AGA. P: Cont to provide dev appropriate care.

See flowsheet for details.

"

"Neonatology Attending Note

Exam:

Comfortable in isolette. [\*\* 255\*\*]. +NG. Lungs CTA, =. CV RRR, no murmur, 2+FP. Abd soft, +BS. Ext warm, pink, well perfused. Mildly jaundiced.

"

"NPN 7A-7P

#2 TF at 150cc/k/d of BM26 w/PM, tolerating on pump over 1

hr 30 min. On reflux precautions. Infant has been placed on

his abdomen today after infant care with no spits, and

[\*\* 4\*\*] were instructed that when [\*\*Location (un) 284\*\*] is feeding better

and tolerating feeds better, he will be transitioned to his

back consistently. Abdominal exam unremarkable, is voiding

and stooling. Con't to monitor.

#3 [\*\*Location (un) \*\*] in daily, mom does infant care and is handling

him well at breast, and dad often comes in the evening to

feed a bottle. Discussed plan for AM [\*\*Location (un) \*\*] (to follow, as

infant still appears slightly jaundiced), and also that

[\*\*Location (un) 294\*\*] ""sebacous nevus"" on his rt scalp will be checked

by dermatology. [\*\*Location (un) \*\*] also would like him checked for possible circ by Dr. [\*\*Last Name (STitle) 260\*\*] just prior to discharge. Con't to update and support [\*\*Last Name (STitle) 4\*\*].

#4 Maintaining temp in air-control isolette, no brady's or desat's, very coordinated with feeds today, working on stamina. Resting comfortably b/t cares. Con't present interventions.

"

"PCA NOTE

FEN: O/A-Current weight 1.695, ^ 5gm. TF 150cc/k/d of BM 226 with promod. PG dominating. [\*\*Location (un) 284\*\*] is voiding and stooling. Active bowel sounds. Girth is stable. Abdomen is unremarkable. Minimal residuals. Medium spits noted, increased PG time to 1 hour 30 mins. P-Continue to assess. [\*\*Month (only) \*\*] need to consider Q3h feeds.

[\*\*Month (only) \*\*]: No contact thus far this shift.

G/D: O/A-Temp stable in air iso. Slowly waking for feeds. [\*\*Month (only) 3\*\*] and active. Sleeping peacefully. MAE. AF-flat. Sucking on pacifier. Adorable diposition. AGA. P-Continue to monitor for developmental milestones.



"

"NPN 1900-0700

I have examined infant and agree with above note by [\*\*First Name8 (NamePattern2) 292\*\*] [\*\*Last Name (NamePattern1) 293\*\*], PCA.

"

"Neonatology Attending

DOL 12 CGA 35 4/7 weeks

Stable in RA. No A/B.

On 150 cc/kg/d BM 26 with promod pg over 1.5 hrs secondary to spits. BF once a day. Voiding. Stooling (heme neg). Wt 1695 grams (up 5)

[\*\* \*\*] visiting and up to date.

A: Stable. No spells. Tolerating feeds.

P: Monitor

Continue current regimen

"

"Neonatology NP Exam Note

Please refer to attending note for details of evaluation and care.

PE: small infant nestled in isolette, awake and responsive.

AFOF, sebacious nevi on right parietal area of scalp.

eyes clear, ng in place, MMMP, rooting

Chest is clear, equal bs, comfortable resp pattern

CV: RRR, no murmur, pulses+2=

Abd: soft, active bs

GU: testes descended in scrotum, normal phallus.

Ext: [\*\*Last Name (LF) 186\*\*], [\*\*First Name3 (LF) 26\*\*], WWP

Neuro: active, responsive, appropriate tone, symmetric reflexes,

Breastfeeding well. Mother at bedside, updated on current plan.

"

"NPN 0700-1900

1. FEN: TF=150cc/k/day BM26 with PM. Breastfed briefly at

1000 and 1400 and was subsequently gavage full feedings.

Had 1 small spit after 1400 feeding, therefore, 1800 feeding  
was infused over 90". HOB elevated slightly more. Min asp.

Had 2 green, seedy stools. AG = 25.5-26cm. Abd is round  
and soft with active bs.

2. Parenting: Mom came in for 1000 and 1400 cares.

Independent with diaper change, temperature, and  
breastfeeding. Updated at bedside. Asking appropriate  
questions about discharge criteria. Cont to offer updates  
and support.

3. G&D: [\*\*Location (un) 284\*\*] wakes for each feeding. Uses pacifier to  
comfort self. Brings hands to face. Temps stable swaddled  
in air mode isolette. AFSF. [\*\*Location (un) 3\*\*] and active with cares.

Sleeps well between cares.

"

"Clinical Nutrition

O:

~35 [\*\*2-3\*\*] wk CGA BB on DOL 11.

Wt: 1690 g (+55)( $<10^{\text{th}}$  %ile); birth wt: 1640 g. Average wt gain over past wk ~10 g/kg/day.

HC: 29.5 cm (~10th %ile); last: 30 cm

LN: 42 cm (~10th to 25th %ile); last: 39.5 cm

Meds include Fe.

Labs not due yet.

Nutrition: 150 cc/kg/day BM 26 w/ promod, po/pg over 50 min feeds due to hx of spits. Infant taking ~[\*\*2-3\*\*] to full volume when po feeds. Also breastfeeds well. Feeds just recently increased; projected intake for next 24 hrs ~130 kcal/kg/day, ~4 g pro/kg/day.

GI: Abdomen benign; spits continue.

A/Goals:

Tolerating feeds over extended feeding times without GI problems except continued spits as noted above. Labs not due yet. Current feeds + supps meeting recs for kcals/pro/vits and mins. Growth is not meeting recs for wt gain of ~15 to 20 g/kg/day or for HC gain of ~0.5 to 1 cm/wk. Expect growth to improve as feedings were recently increased and daily wt gain now adequate. LN gain exceeding recommended ~1 cm/wk, but question accuracy of measurements. Will continue to follow w/ team and participate in nutrition plans.

"

"Neonatology Attending

DOL 11 CGA 35 3/7 weeks

Stable in RA. No A/B.

BP 57/36 mean 48

On 150 cc/kg/d BM 26 with promod. 1 full po. Occ spit. Voiding. Stooling. Wt 1690 grams (up 55).

Still requiring isolette.

[\*\* \*\*] in and up to date.

A: Stable. Needs to learn to feed.

P: Monitor

Feed orally based on feeding cues

"

"Co-worker note 7a-3p

2. FEN: TF 150cc/kg/d of BM26 c PM= 41cc q4hr. Infant BF for 15 min with good latch and suck, PO'ed 10cc and was PG'ed haf of his total volume ( 21cc) at 1000. Infant was PG'ed at 1400. Abd benign, no loops, +BS. x1 spit this morning, min asp. Voiding and stooling, guaic neg. Will cont to monitor.

3. PAR: Mom in today at 1000, took temp, changed diaper independently, BF infant. Mom given [\*\*Name2 (NI) 290\*\*] [\*\*Last Name (un) 70\*\*] and participated in bathing infant. Very loving and supportive. Asked appropriate questions. Will cont to educate and support [\*\*Last Name (un) 4\*\*].

4. G&D: Infant is in an air isolette, swaddled with boundaries in place. Temps are stable. Fonts are soft and flat. Not yet waking for feeds but [\*\*Last Name (un) \*\*] and active during cares. Consoled with pacifier. Will cont to monitor G&D.

"

"Neonatology NP Exam Note

PLease refer to attending note for details of evaluation and plan.

PE: small infant in isolette. Active and responsive. mildly jaundiced.

AFOF, eyes clear, ng in place, MMMP

Chest is clear, comfortable resp pattern

CV: RRR, no murmur, pulses+2=

Abd: soft, active BS

GU: testes palpable in scrotum

EXT: MAE, WWP

Neuro: symmetric tone and reflexes.

"

"NPN Days - have read above note as written by [\*\*Initials (NamePattern4) \*\*] [\*\*Last Name (NamePattern4) 291\*\*] PCA and agree with assessments and plan of care as outlined.

"