

HLDE - 05-evaluaciones: notas-evolucion

Sistema HLDE

2025-07-16

Notas de Evolución Clínica

Cronología de Evolución Diaria

- 07-07-2025 (Día 1 Post-Op) - Traslado CARRO ROJO a UCI
- 08-07-2025 (Day 2) - ICU Evolution
- 09-07-2025 (Day 3) - ICU Evolution
- 10-07-2025 (Day 4) - ICU Evolution
- 11-07-2025 (Day 5) - ICU Evolution
- 12-07-2025 (Day 6) - ICU Evolution
- 13-07-2025 (Day 7) - ICU Evolution - EXTUBATION
- 14-07-2025 (Day 8) - ICU Evolution

Summary Statistics

Notas de Evolución Clínica

Paciente: Dylan Antonio Martinez Labastida

Expediente Médico: 345370

Edad: 8 años, 8 meses

Servicio: UCI Pediátrica

Cronología de Evolución Diaria

07-07-2025 (Día 1 Post-Op) - Traslado CARRO ROJO a UCI

Hora: 18:25

Servicio: CARRO ROJO → Traslado UCI

Signos Vitales: T: 36.5°C, FC: 110x', FR: 20x', T/A: 100/70

Estado Neurológico: - RASS: -5 (Sedación profunda) - Sedación: Midazolam 1795 mcg/kg/hr, Buprenorfina 0.96 mcg/kg/hr - Palidez 1+, normocefálico, pupilas puntiformes - Sin movimientos anormales

Hemodynamic Status: - Aminergic support: Adrenaline 0.3 mcg/kg/min - HR and BP within percentiles - No signs of low cardiac output - Precordium: rhythmic heart sounds, good tone and intensity - Peripheral pulses present, adequate intensity - Capillary refill: 2 seconds - IV fluids: 1800 ml/m²SC

Ventilatory Status: - Phase III ventilation, CMV mode - FiO₂: 90%, Cycles: 18, Vol: 5.5, PEEP: 5, I:E 1:2.0 - Oxygen saturation >94% - Lungs well ventilated, vesicular breath sounds present - No rales or wheezes

Gastrointestinal Status: - NPO (fasting) - Nasogastric tube with moderate biliary output - Solution scheme: 1000/50/40/100/50 GKM 1.4 - Abdomen with adipose tissue and artisanal suction system - No bleeding data - Soft, depressible abdomen - Diminished peristalsis without struggle signs - Albumin 1 g/kg/dose q24h for hypoalbuminemia (2.2) - PPI: Omeprazole

Renal Status: - Diuretic support: Furosemide infusion - Edema 1+ in lower extremities and genital edema - Capillary refill: 2 seconds - No acute renal injury by biochemistry - Urine output: 2.1 in 24 hours

Infectious Disease Status: - With dysthermias - No systemic inflammatory response data - Double antibiotic coverage: Meropenem 100 mg/kg/day + Vancomycin 40 mg/kg/day

Analysis: First post-operative day without systemic inflammatory response data. Antibiotic coverage with Meropenem 100 mg/kg/day and Vancomycin 60 mg/kg/day. Deep sedation maintained to avoid Valsalva maneuvers that could compromise artisanal suction system integrity and subsequent evisceration risk. Continued fasting with nasogastric tube with scarce biliary output. Hemodynamically with aminergic support maintaining BP trending to hypertension. Continued in phase II ventilation with baseline parameters. Maintaining acid-base and electrolyte balance.

08-07-2025 (Day 2) - ICU Evolution

Time: 13:48

Service: U.C.I.

Vital Signs: T: 36.5°C, FC: 110x', FR: 35x', T/A: 110/85

Neurological Status: - Sedation: Midazolam 1800 mcg/kg/hr, Buprenorfina 1 mcg/kg/hr - RASS: -4 - No abnormal movements - Normocephalic, isocoric pupils, miotic, no light response

Hemodynamic Status: - Aminergic support: Adrenaline 0.04 mcg/kg/min - Negative balance and preserved urine output - No diuretic support currently - Normodynamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Invasive ventilation: VT 5, PEEP 6, FiO₂ 60% - Dynamic ventilator management - Good air entry and exit - Vesicular breath sounds present in both hemithorax - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT requested - Monitoring hydroelectrolyte alterations - Surgery comments possible surgical plan for today - Request for blood products made - PPI and intermittent suction managed by pediatric surgery - Open abdomen covered by artisanal suction system - Absent peristalsis

Infectious Disease Status: - Afebrile - Meropenem 100 mg/kg/day management - Continued Vitamin K management - Monitoring for systemic inflammatory response data

Analysis: Patient with previously mentioned diagnoses under sedoanalgesia, low-dose inotropic support, invasive ventilation, possible surgical plan today so blood products requested. Maintained with antibiotic therapy based on Meropenem, with fever rise so antipyretic management decided. Delicate patient, reserved prognosis to evolution.

09-07-2025 (Day 3) - ICU Evolution

Time: 13:28

Service: U.C.I.

Vital Signs: T: 37.0°C, FC: 98x', FR: 20x', T/A: 113/76

Weight: 33.7 kg (decreased from 37.7 kg)

Current Diagnoses: - Open abdomen status - Abdominal sepsis - Post-op LAPE + sigmoid lesion closure + ileostomy 08.07.25 - Post-op LAPE secondary to intestinal perforation and multiple abdominal abscesses 06.07.25 - Post-op appendectomy (complicated acute appendicitis phase IV 26.06.25) + obesity in school child

Neurological Status: - Sedation: Midazolam 1800 mcg/kg/hr, Buprenorfina 1 mcg/kg/hr - RASS: -4, however periods of agitation requiring anesthesiology evaluation - No abnormal movements - Normocephalic, isocoric pupils, miotic, no light response

Hemodynamic Status: - Aminergic support: Adrenaline 0.03 mcg/kg/min - Negative balance and preserved urine output - Diuretic forcing: Furosemide 10mg q8h - Albumin administration q8h - Normodinamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Invasive ventilation, volume controlled and flow limited - VT 5, PEEP 6, FiO2 40% - Dynamic ventilator management - Good air entry and exit - Vesicular breath sounds present in both hemithorax - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT - Monitoring hydroelectrolyte alterations

Infectious Disease Status: - Afebrile - Meropenem 100 mg/kg/day management - Continued Vitamin K management - Monitoring for systemic inflammatory response data

Analysis: Went to OR yesterday with presence of dehiscence of previous sigmoid repair so repair performed, plus subsequent dysfunctionalization via ileostomy. Currently no systemic inflammatory response or low output data. Maintaining established management for now.

10-07-2025 (Day 4) - ICU Evolution

Time: 12:30

Service: U.C.I.

Vital Signs: T: 37.0°C, FC: 89x', FR: 20x', T/A: 123/76

Neurological Status: - Sedation: Midazolam 1800 mcg/kg/hr, Buprenorfina 1 mcg/kg/hr - RASS: -4, however periods of agitation decided sedation rotation to Propofol - No abnormal movements - Normocephalic, isocoric pupils, miotic, no light response

Hemodynamic Status: - Aminergic support: Adrenaline 0.03 mcg/kg/min - Negative balance and preserved urine output - Diuretic forcing: Furosemide 10mg q8h - Albumin administration q8h - Normodynamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Invasive ventilation, volume controlled and flow limited - VT 5, PEEP 6, FiO2 40% - Dynamic ventilator management - Good air entry and exit - Vesicular breath sounds present in both hemithorax - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT - Monitoring hydroelectrolyte alterations

Infectious Disease Status: - Afebrile - Meropenem 100 mg/kg/day management - Continued Vitamin K management - Monitoring for systemic inflammatory response data

Analysis: No presence of low output or systemic inflammatory response data. Sedation rotation decided due to prolonged use of high Midazolam doses. Initiating Propofol 3 mg/kg/h. Continuing sedation management, still delicate, awaiting new surgical review.

11-07-2025 (Day 5) - ICU Evolution

Time: 14:17

Service: U.C.I.

Vital Signs: T: 37.0°C, FC: 112x', FR: 224x', T/A: 138/76

Neurological Status: - Sedation: Propofol 3 mg/kg/h, Analgesia: Fentanyl 1 mcg/kg/h - RASS: -4 - Normocephalic, isocoric pupils, miotic, no light response

Hemodynamic Status: - Aminergic support: Adrenaline 0.03 mcg/kg/min - Negative balance and preserved urine output - Diuretic forcing: Furosemide 10mg PRN q8h - Albumin administration q8h - Normodynamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Invasive ventilation, volume controlled and flow limited - VT 5, PEEP 6, FiO2 40% - Dynamic ventilator management - Good air entry and exit - Vesicular breath sounds present in both hemithorax - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT - Monitoring hydroelectrolyte alterations

Infectious Disease Status: - Dysthermias - Meropenem increased to 120 mg/kg/day - Continued Vitamin K management - Monitoring for systemic inflammatory response data

Analysis: No presence of low output or systemic inflammatory response data. Awaiting OR today for wall closure. Continuing sedation management, still delicate, awaiting new surgical review.

12-07-2025 (Day 6) - ICU Evolution

Time: 14:09

Service: U.C.I.

Vital Signs: T: 37.0°C, FC: 112x', FR: 24x', T/A: 123/67

Current Diagnoses: - **RESOLVED Open abdomen status** - Abdominal sepsis - Post-op LAPE + sigmoid lesion closure + ileostomy 08.07.25 - Post-op LAPE secondary to intestinal perforation and multiple abdominal abscesses 06.07.25 - Post-op appendectomy (complicated acute appendicitis phase IV 26.06.25) + obesity in school child

Neurological Status: - Sedation: Propofol 3 mg/kg/h, Analgesia: Fentanyl 1 mcg/kg/h - RASS: -3 (Improved from -4) - Normocephalic, isocoric pupils, miotic, no light response

Hemodynamic Status: - Aminergic support: Adrenaline 0.03 mcg/kg/min - Negative balance and preserved urine output - Diuretic forcing: Furosemide 10mg PRN q8h - Albumin discontinued - Normodynamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Invasive ventilation, volume controlled and flow limited - VT 5, PEEP 6, FiO2 40% - Dynamic ventilator management - Good air entry and exit - Vesicular breath sounds present in both hemithorax - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT - Monitoring hydroelectrolyte alterations

Infectious Disease Status: - Dysthermias - Meropenem 120 mg/kg/day - Continued Vitamin K management - Monitoring for systemic inflammatory response data

Analysis: Discrete clinical improvement evolution. No presence of low output or systemic inflammatory response data. Having achieved abdominal wall closure, so sedation withdrawn to test neurological window. Still delicate, not exempt from complications.

13-07-2025 (Day 7) - ICU Evolution - EXTUBATION

Time: 13:40

Service: U.C.I.

Vital Signs: T: 36.7°C, FC: 96x', FR: 26x', T/A: 96/62

Key Milestone: **SUCCESSFUL EXTUBATION PERFORMED**

Neurological Status: - Sedation withdrawn, continuing analgesia with Buprenorfina 0.5 mcg/kg/hr, Ketorolac and Paracetamol - Epidural catheter removed - FLACC: 1 point, RASS: -1 - Normocephalic, isometric pupils reactive to light - No abnormal postures

Hemodynamic Status: - **Aminergic support withdrawn** - Maintaining heart rates and blood pressures within percentiles - Total projected fluids: 1512 ml/SC/day - Mean urine output: 1.2 ml/kg/hr - Hydric balance: -118 - Scheduled diuretic suspended - Adequate mucutegumental coloration - Normodynamic precordium, rhythmic heart sounds, no murmurs - Symmetric palpable pulses - Capillary refill: 2 seconds - Hand edema present

Ventilatory Status: - **Successfully extubated** from invasive ventilation in spontaneous mode - Progressed to Phase I with reservoir mask - Transient stridor and expiratory wheezes post-extubation with remission after inhalation therapy - Control chest X-ray without pleuropulmonary complications - Symmetric ventilatory mechanics - Lungs well ventilated, no added sounds

Gastrointestinal Status: - NPO with parenteral nutrition - Baseline parameters - No metabolic imbalances - Abdomen with ileostomy status, pink borders, no vascular compromise signs - Surgical wound without dehiscence or secretions - Soft, depressible abdomen, no masses palpable - Diminished peristalsis - No peritoneal irritation data

Infectious Disease Status: - Yesterday with dysthermias, systemic inflammatory response data - Continued monotherapy with Meropenem adjusted to 120 mg/kg/day, now day 7

Renal Status: - Urine output through urinary catheter, planned removal - Urine output: 1.2 ml/kg/hr

Analysis: Dylan, patient with insidious evolution, hemodynamically stable, adequate extubation performed with clinical tolerance so far. Continues with broad-coverage monotherapy without systemic or abdominal compromise data. Reported delicate, with risk of complications.

14-07-2025 (Day 8) - ICU Evolution

Time: 13:15

Service: U.C.I.

Vital Signs: T: 37.0°C, FC: 105x', FR: 24x', T/A: 112/68

Current Diagnoses: - Resolved open abdomen status - **Abdominal sepsis under treatment** - Post-op LAPE + sigmoid lesion closure + ileostomy 08.07.25 - Post-op LAPE secondary to intestinal perforation and multiple abdominal abscesses 06.07.25 - Post-op appendectomy (complicated acute appendicitis phase IV 26.06.25) + obesity in school child

Neurological Status: - No sedation - Opioid analgesia: Buprenorfina 0.3 mcg/kg/h, adjusted NSAID doses for pain control - Alert, cooperative, no presence of postures or abnormal movements - Interacts, follows instructions

Hemodynamic Status: - No vasoactive amines - Negative balance and preserved urine output - Diuretic forcing: Furosemide 10mg PRN q8h due to bilateral pleural effusion - Normodynamic precordium, normophonetic - Central and peripheral pulses present - Capillary refill: 2 seconds

Ventilatory Status: - Oxygen with Puritan system maintaining oximetry - Chest X-ray with presence of bilateral pleural effusion, adjusting fluid intake - Good air entry and exit - Vesicular breath sounds present in both hemithorax, although diminished towards bases - No added sounds

Gastrointestinal Status: - NPO with solution scheme - Basal NPT - **Decided to initiate enteral stimulation with liquid diet** - Monitoring hydroelectrolyte alterations - Globose abdomen due to adipose tissue - Surgical site with erythema at borders - Curations performed by pediatric surgery service - Abundant secretion through wound, apparently seroma characteristics - Curations indicated per shift managed by surgery

Infectious Disease Status: - No fever, however scheduled antipyretic administration - Suspended and monitoring thermal curve - Meropenem 120 mg/kg/day management - Monitoring for systemic inflammatory response data

Analysis: Discrete clinical improvement evolution. No presence of low output or systemic inflammatory response data. Tolerating extubation so far, however not exempt from requiring new advanced airway management. Still delicate, not exempt from complications.

Summary Statistics

Total Evolution Notes Analyzed: 8 notes

Duration of ICU Stay: 8 days (07-07-2025 to 14-07-2025)

Key Milestones: - Day 1: ICU admission post-surgery - Day 3: Second surgery (ileostomy creation)

- Day 6: Abdominal wall closure achieved - Day 7: Successful extubation - Day 8: Enteral feeding initiation

Prognosis: Reserved throughout entire period **Clinical Trajectory:** Gradual improvement with complications managed