

HLDE - 05-evaluaciones: estado-actual

Sistema HLDE

2025-07-16

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Evaluación del Estado Clínico Actual

Paciente: Dylan Antonio Martinez Labastida

Expediente Médico: 345370

Fecha de Evaluación: 14-07-2025

Edad: 8 años, 8 meses

Servicio: UCI Pediátrica (U.C.I.)

Signos Vitales Actuales

- **Temperatura:** 37.0°C (Normotérmico)
- **Frecuencia Cardíaca:** 105 lpm
- **Frecuencia Respiratoria:** 24 respiraciones/min
- **Presión Arterial:** 112/68 mmHg
- **Peso:** 37.7 kg (basal), actualmente manejando balance hídrico
- **Talla:** 130 cm

Diagnósticos Activos Actuales

Diagnósticos Primarios

1. **Estado de Abdomen Abierto Resuelto** ✓
2. **Sepsis Abdominal en Tratamiento** ↻
3. **Post-operatorio LAPE + Cierre de Lesión Sigmoidea + Ileostomía** (08.07.25) ✓
4. **Post-operatorio LAPE Secundario a Perforación Intestinal y Múltiples Abscesos Abdominales** (06.07.25) ✓
5. **Post-operatorio Apendicectomía** (Apendicitis Aguda Complicada Fase IV - 26.06.25) ✓
6. **Escolar con Obesidad** ↻

Condiciones Resueltas


- Inestabilidad hemodinámica (ya no requiere vasopresores)
- Falla respiratoria (extubado exitosamente)
- Abdomen abierto (cerrado exitosamente)

System-by-System Current Status


Neurological System

Status: STABLE - **SIGNIFICANT IMPROVEMENT** - **Consciousness Level:** Alert and cooperative - **Pain Management:** Buprenorfina 0.3 mcg/kg/h (reduced dose) - **RASS Score:** Not sedated (previously -4 to -5) - **FLACC Pain Score:** Previously 1 point - **Cognitive Function:** Interacts appropriately, follows instructions - **Neurological Examination:** - Pupils: Isometric and reactive to light (previously miotic) - No abnormal postures or movements - Normocephalic - **Sedation Status:** Discontinued ✓ - **Pain Control:** NSAID doses adjusted for optimal control



Cardiovascular System

Status: **STABLE - EXCELLENT IMPROVEMENT - Hemodynamic Support: None required**  (previously Adrenaline 0.03 mcg/kg/min) - **Heart Rate:** 105 bpm (within normal range) - **Blood Pressure:** 112/68 mmHg (within percentiles) - **Cardiac Examination:** - Precordium: Normodinamic, normophonetic - Heart Sounds: Rhythmic, no murmurs - Pulses: Central and peripheral present, symmetric - Capillary Refill: 2 seconds (normal) - **Fluid Balance:** Negative balance maintained - **Edema Status:** Localized to hands only

Respiratory System

Status: **STABLE - MAJOR IMPROVEMENT - Ventilation Support: None - Successfully extubated**  - **Oxygen Support:** Puritan system (room air supplementation) - **Respiratory Mechanics:** Symmetric, adequate - **Chest Examination:** - Air Entry: Good bilateral - Breath Sounds: Vesicular, diminished at bases - Added Sounds: None - **Complications:** - Bilateral pleural effusion (managed with diuretics) - Post-extubation stridor resolved with therapy - **Chest X-ray:** Bilateral pleural effusion, otherwise stable

Gastrointestinal System

Status: **IMPROVING - FUNCTIONAL RECOVERY - Nutritional Status: Transitioning to enteral feeding**  - **Current Feeding:** - NPO (Nothing by mouth) with solution scheme - Basal parenteral nutrition (NPT) - **NEW:** Enteral stimulation with liquid diet initiated  - **Abdominal Examination:** - Appearance: Globose due to adipose tissue - Palpation: Soft, depressible, no masses - Peristalsis: Diminished but present - No peritoneal irritation signs - **Ileostomy Status:** - Pink borders, good vascularization - No compromise signs - Functioning appropriately - **Surgical Wound:** - Some erythema at borders - Abundant secretion (seroma characteristics) - Managed with regular curations by surgery team - No dehiscence

Hematological/Infectious Disease System

Status: **CONTROLLED - ONGOING TREATMENT - Temperature:** 37.0°C (low-grade fever) - **Infection Management:** - **Antibiotic:** Meropenem 120 mg/kg/day (monotherapy) - **Duration:** Day 7+ of current regimen - **Response:** No systemic inflammatory response signs - **Inflammatory Markers:** Under surveillance - **Fever Pattern:** Intermittent, managed without scheduled antipyretics - **Thermal Curve:** Under active monitoring

Renal System

Status: **STABLE - GOOD FUNCTION - Urine Output:** 1.2 ml/kg/hr (adequate) - **Fluid Balance:** Negative balance maintained (-118 on day 7) - **Diuretic Use:** Furosemide 10mg PRN q8h (for pleural effusion management) - **Renal Function:** No acute kidney injury signs - **Urinary Catheter:** Planned for removal - **Electrolyte Status:** Under monitoring for imbalances

Current Medications

- **Analgesics:**
 - Buprenorfina 0.3 mcg/kg/h (opioid, reduced dose)
 - NSAIDs (adjusted doses for pain control)

- **Antibiotics:**
 - Meropenem 120 mg/kg/day
- **Diuretics:**
 - Furosemide 10mg PRN q8h
- **Nutritional Support:**
 - Basal parenteral nutrition (NPT)
 - Enteral liquid diet (newly initiated)

Clinical Trajectory Assessment

✓ Major Achievements

1. **Successful extubation** (Day 7) - No longer requires mechanical ventilation
2. **Hemodynamic stability** - No vasopressor requirement
3. **Abdominal wall closure** achieved (Day 6)
4. **Neurological recovery** - Alert, cooperative, pain-controlled
5. **Infection control** - Stable on monotherapy
6. **Enteral feeding initiation** - GI tract functional recovery

🔄 Ongoing Challenges

1. **Bilateral pleural effusion** - Requiring diuretic management
2. **Surgical wound secretion** (seroma) - Regular curations needed
3. **Abdominal sepsis** - Still under active treatment
4. **Nutritional rehabilitation** - Transitioning feeding methods

⚠️ Areas Requiring Monitoring

1. **Respiratory status** - Risk of re-intubation if complications arise
2. **Wound healing** - Seroma management and infection prevention
3. **Nutritional tolerance** - Enteral feeding advancement
4. **Infection markers** - Antibiotic response assessment
5. **Fluid balance** - Pleural effusion management

Functional Status

- **Mobility:** Limited to bed rest (ICU setting)
- **Communication:** Appropriate for age, follows instructions
- **Pain Level:** Well-controlled with current regimen

- **Sleep Pattern:** Not sedated, natural sleep cycles
- **Family Interaction:** Able to interact with family members

Prognosis Assessment

- **Short-term: Cautiously optimistic** - Significant improvements achieved
- **Medium-term: Reserved** - Still in critical care, complications possible
- **Long-term: To be determined** - Dependent on infection resolution and surgical healing

Risk Stratification

- **Current Risk Level: Moderate** (improved from high)
- **Risk Factors:**
 - Ongoing infection
 - Surgical complications
 - Potential re-intubation need
 - Nutritional challenges
- **Protective Factors:**
 - Hemodynamic stability
 - Neurological recovery
 - Successful extubation
 - Adequate pain control

Care Priorities

1. **Infection resolution** - Complete antibiotic course
2. **Respiratory monitoring** - Prevent complications
3. **Nutritional advancement** - Progress enteral feeding
4. **Wound management** - Optimize healing
5. **Family support** - Continued communication and updates

Assessment Date: 14-07-2025

Next Assessment Due: Daily evaluations in ICU setting

Clinical Status: Improving but delicate, not exempt from complications