

002\_a

## EPIDIOLEX PA EXAMPLE A (APPROVAL)

Patient MRN: 789546

Patient DOB: 06-15-2022 (2yo)

Patient Sex: M

### PROGRESS NOTE

#### Interval Events:

- Patient remained on video EEG overnight
- Per Mom, patient had several seizures including the new atonic seizures that he had been doing at home

#### Subjective:

- This morning, the patient appears more sleepy likely due to increased seizure activity overnight

#### Review of Systems:

**General:** Negative for fever, distress

**Skin:** Negative for rashes

**Head, Eyes, Ears, Nose, Throat (HEENT):** Negative for headache, vision changes, nasal congestion, rhinorrhea, sore throat.

**Cardiovascular:** Negative for chest pain, palpitations

**Respiratory:** negative for cough, shortness of breath, wheezing.

**Gastrointestinal:** Negative for nausea, vomiting.

**Genitourinary:** Negative for dysuria, frequency, urgency, hematuria.

**Musculoskeletal:** Negative for joint pain, stiffness, muscle weakness.

**Neurological:** Positive for seizures

**Endocrine:** Negative for heat/cold intolerance, excessive thirst or urination, changes in appetite.

**Hematologic:** No active bleeding

#### Vitals:

HR 110 bpm

BP 90/55 mmHg

RR: 25 bpm

Temp: 99°F (37.2°C)

**Physical Exam**

**General Appearance:** Appears fatigued

**Skin:** No rashes.

**Head:** Normocephalic, atraumatic.

**Eyes:** Pupils equal, round, reactive to light; conjunctivae clear.

**Ears:** External ears normal; tympanic membranes intact

**Nose:** Nasal passages clear; no discharge.

**Throat:** Oral mucosa moist; tonsils non-enlarged, no erythema.

**Cardiovascular:** Regular rate, regular rhythm; no murmurs, gallops, or rubs.

**Respiratory:** Clear bilaterally, no wheezing or crackles. No use of accessory muscles, unlabored breathing.

**Gastrointestinal:** Abdomen soft, non-tender, no distension; bowel sounds present. No hepatosplenomegaly.

**MSK:** Normal range of motion.

**Neurological:** Alert. No focal deficits. Some mild hypotonia in the upper body.

Hyperreflexia noted in upper and lower extremities

**Assessment:**

2yo M with PMH infantile spasms and Lennox-Gastaut is admitted due to concern for increased seizure frequency as well as new atonic seizure activity, despite adhering to current therapy of lamotrigine and topiramate.

**Plan:****#Infantile spasms****#Lennox Gastaut**

- Pediatric neurology on consult, appreciate recommendations
- Plan to initiate Epidiolex given that patient's seizures are worse in frequency and more varied in semiology despite trial of several AEDs