

002_b

EPIDIOLEX PA EXAMPLE B (DENIAL)

Patient MRN: 789546

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

Patient Sex: M

PROGRESS NOTE

Interval Events:

- Patient continued to have increased seizure frequency overnight
- Per Mom, patient is exhibiting new seizure semiology of episodes where the patient suddenly appears limp and his head drops for a few seconds before becoming alert again

Subjective:

- This morning, the patient appears comfortable with no apparent distress. Two spasms witnessed during examination that were consistent with patient's typical infantile spasm semiology

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 is admitted due to concern for increased spasm frequency as well as new atonic seizure activity, despite adhering to current therapy of Vigabatrin and ketogenic diet. Patient's presentation is concerning for development of Lennox-Gastaut Syndrome and need for additional therapy.

Plan:

#Infantile spasms

#C/f 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
- 24 hour video EEG to further characterize patient's new seizure type and assess for typical findings of Lennox Gastaut
- Will consider MRI Brain pending EEG results