



Texas Children's Hospital

TEXAS CHILDREN'S ROI LOCATION

 DOB: 8/5/2016, Sex: M  
 Adm: 8/5/2016, D/C: 8/17/2016

8/5/2016 12:56 PM Admission

Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

## Plan of Care by Dischler, Christopher K, NNP, RN at 08/05/16 1459

 Author: Dischler, Christopher K, NNP, RN Service: Neonatology  
 Filed: 08/05/16 1541 Date of Service: 08/05/16 1459  
 Editor: Dischler, Christopher K, NNP, RN (NEONATAL NURSE PRACTITIONER)  
 Indication for Transport: Cooling for HIE

 Author Type: NEONATAL NURSE PRACTITIONER  
 Status: Signed

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Referring Facility and Phone Number: St. Joseph Regional Medical Center, 979-776-3777

Referring Physician: Dr. Carmicheal

Physician Covering Transport: Dr. Reyes

 Social: Parents updated regarding transport to TCH and plan of care during transport and on arrival to TCH.  
 Mother's name and phone number: [REDACTED]

## MATERNAL HISTORY:

 Maternal Labs:  
 Blood Type: O+ Hepatitis: negative HIV: negative RPR: immune Rubella: immune GBS: negative HSV: negative Birth Weight: 3.530  
 Infant born on 8/5/16 at 0503 to a 26 year old G 2 P 1 Ab 0 (Hispanic) female  
 Prenatal care started: unknown  
 EDC: 7/31/16  
 Maternal history drugs/alcohol/tobacco: denies  
 Pregnancy was uncomplicated.  
 Maternal history uncomplicated.  
 Maternal Medications: none. Steroids: none.  
 Mother presented to th hospital on 8/4/16 for scheduled induction. AROM on 8/4/16 with meconium fluid noted. Infant delivered by repeat c-section secondary to failed VBAC. Instruments used: none.  
 Delivery complications: Non reassuring fetal heart tones Chorioamnionitis: no  
 Presentation at delivery: Cephalic  
 Resuscitation included: Bag and mask ventilation. HR < 100 at 5 minutes and intubated.  
 Infant taken to NICU for further management.

## HISTORY OF PRESENT ILLNESS AND TRANSPORT NARRATIVE

Term infant that was delivered via c-section dt failed VBAC and non reassuring fetal heart tones. Infants APGARs were 1/2/5. Infant was transferred to NICU for further management and passive cooling. Infant developed a left side pneumothorax which was evacuated via needle aspiration (~70 ml). On arrival infant was stable on minimal ventilator settings. An CXR was done prior to transferring back to TCH. ETT was pulled back 0.5 cm along with UAC back by 1 cm. Needle aspiration was attempted for a right side pneumothorax without an results.

## Referring Facility Diagnostics/Labs/Medications

 X-Ray: ETT at T4  
 Labs: ABG 7.33/7.44/19.5/6.4  
 Medications: Ampicillin and Gentamicin  
 Blood culture: pending from CSH  
 NBS: Done at CSH 8/5  
 Hepatitis B Vaccine: due PTD

## PHYSICAL EXAM

 General Appearance: alert, active, pink, in no acute distress.  
 Hydration: well hydrated, mucous membranes moist, good skin turgor.  
 Head: Anterior fontanelle open, soft, and full, normocephalic, mild caput.  
 Face: facies unremarkable.  
 Eyes: clear, no issues, sclera white, pupils round and reactive to light.  
 Ears: Non-drummatic, in normal position.  
 Nose: patent nares bilaterally, no drainage.  
 Mouth: no perioral or gingival cyanosis or lesions, tongue is normal in appearance, ETT secured with tape.  
 Neck: neck supple, trachea midline, no masses, back and spine normal.  
 Resp/Chest: breath sounds coarse and equal bilaterally.  
 Cardiovascular: normal sinus rhythm, no murmurs, heart sounds normal, cap refill < 3 sec. Pulse 2+ X 4 ext.  
 Neuro: alert, active, moves all 4 extremities. Mild hypertonic.  
 Back: nontender, no deformity, no defect.  
 Extremities: full range of motion and symmetrical.  
 Abdomen: soft, without masses, organomegaly or tenderness, bowel sounds normal, UAC secured with minimal bleeding.  
 GU: normal male external genitalia.  
 Skin: warm, dry, no rash, no lesions.  
 Lines: Clean/dry/Intact UAC, PIV.

Category	Description
Level of Consciousness	Hyperalert (mild)
Spontaneous Activity	Normal (mild)
Neuromuscular Control	
Posture	Mild distal flexion (mild)
Tone	Normal (mild)

Primitive Reflexes: Suck Moro	Weak (moderate) Present (mild)
Autonomic System: Pupils Heart Rate Respirations	Reactive (mild) Normal (mild) Normal (mild)
Seizures:	not present
Sarnat score:	Mild

**DIAGNOSIS:**

Respiratory Failure

HIE

Sepsis Evaluation

Feeding Difficulty

**PLAN:**

General: Transport to TCH. Provide neutral thermal environment

Respiratory: Continue current ventilator and wean as tolerated

CVS: Continue Morphine at 0.01 mg/kg/hour. Continue cooling per protocol.

FEN/GI: NPO, Start TPN at 45 ml/kg/day

ID: Continue Amp/Gent and follow cultures until final.

Report given to Crystal Hockaday at bedside.

Signature:

Chris Dischler MSN, APRN, NNP-BC

Neonatal Nurse Practitioner

Voll: 33318

Pager: 2826



HyperSpace - WE PEDIATRIC CASE UT - Epic Production - ANGELAC MORGAN

Unit: WTM002 Room: H153 01

Atend Prov: SURESH, G Height: 50 cm (1' 7.69") Acm: days: 12 Walker List: None

Last Wt: 3.42 kg (7 lb 8.6 oz) Dosing Wt: None Last BMI: 13.08 kg/m² Last BSA: 0.22 m²

Allergies: No Known Allergies Code Status: Full Code

MyChart: No proxy exists Lab Pref: QUEST DIAGNOSTICS HO... Pharmacy Pref: None Hdx: None

PCP: PROVIDER NOT IN SYSTEM Pref Language: English Isolat: None, None

Order Review - Since Admission

Current Sit Order

Current Sit	Order	Last Admin	Med Route	Frequency	Start Date	Order Type	Ordering Provider
Discontinued	Radiant Warmer - OFF			UNTIL SPEC.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Vital Signs			PER UNIT PO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Neuro Vital Signs			PER UNIT PO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Cardiac Monitoring with Pulse Oximetry			UNTIL SPEC.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Strict Intake and Output			PER UNIT PO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Weight Patient			DAILY	8/5/2016 0600	Nursing	Thomas, Shino S, NNP, RN
Active	Measure Length			PER UNIT PO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Measure Head Circumference			WEEKLY	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Critical Congenital Heart Disease (CCHD)			UNTIL SPEC.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Newborn Screen			UNTIL SPEC.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Apply Cooling Blanket			ONE TIME	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Temperature set limits 33-34 degrees C			PER PHOTO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Monitor			PER PHOTO.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Assess Skin Condition			QIH	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Developmental Positioning Pack			UNTIL SPEC.	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	If baby is on supplemental oxygen, RN and/or RT int...			ONE TIME	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Begin Discharge Teaching (Specify)			ONE TIME	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Active	Car Seat Test for Infants < 37 weeks gestation			ONE TIME	8/5/2016 1315	Nursing	Thomas, Shino S, NNP, RN
Discontinued	Flush Per Protocol			UNTIL SPEC.	8/5/2016 1515	Nursing	Hockaday, Chrysal O, NNP, RN
Completed	Verily Informed Consent			ONE TIME	8/5/2016 1515	Nursing	Hockaday, Chrysal O, NNP, RN

Super Audit Trail

Order ID	Procedure/Vital Type	Action	Current Status	Order Level	Ordering Mode	Date and Time	User
154209473	Intrate Hypothermia Protocol	Ordered	Canceled	Parent	Impatient	08/05/2016 06:19:43 PM	Thomas, Shino S
154209473	Intrate Hypothermia Protocol	Released	Canceled	Parent	Impatient	08/05/2016 06:19:54 PM	Thomas, Shino S
154209473	Intrate Hypothermia Protocol	Released	Canceled	Child	Impatient	08/05/2016 06:19:54 PM	Thomas, Shino S
154209473	Intrate Hypothermia Protocol	Cancelled	Canceled	Parent	Impatient	08/05/2016 08:31:31 AM	Sandoza, Whitney A
154209473	Intrate Hypothermia Protocol	Cancelled	Canceled	Child	Impatient	08/05/2016 08:31:31 AM	Sandoza, Whitney A

Order Info

Standing Order Information

Releasing Occurrences

Released Orders

Released On: 8/5/2016 1:19 PM

Order #: 154209473

Released By: Thomas, Shino S, NNP, RN (auto released)

Remove All

Sign

HyperSpace - WE PEDIATRIC CASE UT - Epic Production - ANGELAC MORGAN

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PCP: PROVIDER NOT IN SYSTEM Pref Language: English Isolat: None, None

Order Review - Since Admission

Current Sit Order

Current Sit	Order	Last Admin	Med Route	Frequency	Start Date	Order Type	Ordering Provider
Completed	EKG Monitoring - Continuous			ONCE	8/6/2016 0000	Neurophysiol.	Thomas, Shino S, NNP, RN
Completed	EKG Monitoring - Continuous			ONCE	8/7/2016 0000	Neurophysiol.	Thomas, Shino S, NNP, RN
Completed	EKG Monitoring - Continuous			ONCE	8/7/2016 0000	Neurophysiol.	Thomas, Shino S, NNP, RN
Completed	EKG Monitoring - Continuous			ONCE	8/8/2016 0000	Neurophysiol.	Thomas, Shino S, NNP, RN
Completed	EKG Monitoring - Continuous			ONCE	8/8/2016 0000	Neurophysiol.	Thomas, Shino S, NNP, RN
Completed	EKG			ONCE	8/5/2016 1900	Neurophysiol.	Hockaday, Chrysal O, NNP, RN

Super Audit Trail

Order ID	Procedure/Vital Type	Action	Current Status	Order Level	Ordering Mode	Date and Time	User
154209474	Apply Cooling Blanket	Ordered	Canceled	Parent	Impatient	08/05/2016 01:59:48 PM	Thomas, Shino S
154209474	Apply Cooling Blanket	Released	Canceled	Parent	Impatient	08/05/2016 01:59:54 PM	Thomas, Shino S
154209474	Apply Cooling Blanket	Released	Canceled	Child	Impatient	08/05/2016 01:59:54 PM	Thomas, Shino S
154209474	Apply Cooling Blanket	Cancelled	Canceled	Parent	Impatient	08/05/2016 09:00:33 AM	Sandoza, Whitney A
154209474	Apply Cooling Blanket	Cancelled	Canceled	Child	Impatient	08/05/2016 09:00:33 AM	Sandoza, Whitney A

Order Info

Order Set: 154209474: EKG THERAPEUTIC HYPOTHERMIA ADMISSION

Additional Information

Rescheduled Occurrences

Use Encoder

Priority and Order Details

Quantity

Ordering Quantity

Remove All

Sign





Texas Children's Hospital<sup>®</sup>

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 [REDACTED]  
 DOB: 8/5/2016, Sex: M  
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8/5/2016 12:56 PM Admission

Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

## Nsg/Anc Progress Note by Wallis, Sheryl L, RN at 08/05/16 1328

Author: Wallis, Sheryl L, RN

Service: (none)

Author Type: REGISTERED NURSE

Filed: 08/05/16 1329

Date of Service: 08/05/16 1328

Status: Signed

Editor: Wallis, Sheryl L, RN (REGISTERED NURSE)

1256 pt in transport isolette arrived to NICU 4 bed 71 intubated with o2 sats 100% on cooling blanket. Pt accompanied by transport team. No family at bedside at this time.

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## Patient Information

DOB

08/05/2016

Male

Home Phone

Work Phone

Texas Children's Hospital<sup>®</sup>

TEXAS CHILDREN'S ROI LOCATION

 [REDACTED]  
 DOB: 8/5/2016, Sex: M  
 Adm: 8/5/2016, D/C: 8/17/2016

Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

## Nsg/Anc Progress Note by Copenhaver, Leanna D, RN at 08/05/16 1555

Author: Copenhaver, Leanna D, RN

Service: (none)

Author Type: REGISTERED NURSE

Filed: 08/05/16 1712

Date of Service: 08/05/16 1555

Status: Addendum

Editor: Copenhaver, Leanna D, RN (REGISTERED NURSE)

1300) Morphine 1mg/ml concentration infusing via PIV at 0.04 ml/hr , D10 infusing via PIV at 7 ml/hr, and Heparin 1unit/ml in Normal saline infusing via UAC.

1400) CHAB done to verify UAC and ETT placement and to assess lung fields and bowel gas pattern.

1340) Labs drawn as ordered via UAC.

1500) ABG with lactate and POC glucose drawn via UAC.

1535) UVC placed per NNP, waiting on xray to verify placement.

1600) POC glucose drawn via UVC.

1618) CHAB done to verify UVC placement, UVC needs repositioning..

1639) CHAB done to verify UVC placement UVC needs repositioning

1650) CHAB done to verify UVC placement UVC needs repositioning

1658) CHAB done to verify UVC placement UVC in good position



Hyperspace - RESPIRATORY CARE - Epic Production - JULIA S LAWRENCE

Epix Schedule Patient Lists In Basket Chart Apps Arrived Dept/Arpts View Sched Wait List Clinical References Confirm Resched Sched Orders Account Maintenance Patient Workqueue Batch Charge Entry Charge Entry Batches

Basquez, Alex Age 10 Mos, Male DOB 08/05/2016 Unit WTNPY Room None

Attend Prov: None Height: 69.2 cm (23.24") Admit days: 1 Watcher List: None

Last Vt: 8.645 kg (19 lb 0.9 oz) Dosing Vt: None Last BSA: 18.95 kg m² Last BSA: None

Allergies: No Known Drug Allergy, Food No Known... Code: Prior Isolation: None MyChart: No proxy exists

Lab Pref: QUEST DIAGNOSTICS HOUSTON Pharmacy Pref: CAROL'S PHARMACY 316 HM Due PCP: PROVIDER NOT IN SYSTEM

Pref Language: Spanish Isotint: None, None

Flowsheets

Summary Chart Review Demographics Synopsis Flowsheets Intake/Output Notes Education Care Plan Growth Chart Meds Order Order Review Order Entry Results Review Letters Visit Navigator RT Navigators Sedation

Respiratory Flow Sheet

Mode: Accordion Expanded View All

Admission (Discharged) from 8/5/2016 to 8/5/2016 in the Neonatal Center Level 2 at West Tower

	1250	1300	1311	1316	1320	1330	1345	1350	1400
High Respiratory Rate Alarm					100				
High Apnea Alarm (s)					20				
High Tidal Volume Alarm (ml)									
Low Tidal Volume Alarm (ml)									
Low Peep Alarm (cm H2O)					37.4				
Humidifier Temp (°C)									
NO (ppm)									
FiO2 (%)									
NO2 (ppm)									
High NO Alarm (ppm)									
Low NO Alarm (ppm)									
Hi NO2 Alarm (ppm)									
Nitric Tank Pressure (psi)									
Isflurane Concentration (%)									
EPAP (cm H2O)									
EPAP (cm H2O)									
Arway Tube Compensation									
Respiratory Assessment		110		106	104	98	96		92
Pulse		45		65	60	55	45		32
Resp	31								
SpO2	99	100		100	99	99	100		99
ETCO2 (mmHg)									
Bilateral Breath Sounds		Coarse							
Left Breath Sounds									
Right Breath Sounds									
Retraction Severity									
Retraction Type									
Equipment/Skin Assessment									
Mask Type									
Mask Size									
Prong Type									
Prong Size									
Headgear Size									

Clear, Coarse

Bilateral Breath Sounds  
Clear, Coarse  
(Clear with suction)  
By Colon, Sasha M, RT  
at 08/05/16 1320

Edited

Respiratory Therapist

Customize More Uncheck All Check All



TEXAS CHILDREN'S HOSPITAL LOCATION

Texas Children's Hospital

8/5/2016 12:56 PM Admission

Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

H&amp;P by Suresh, Gautham K, MD at 08/05/16 1837

Author: Suresh, Gautham K, MD  
Filed: 08/05/16 2146Editor: Suresh, Gautham K, MD (Physician)  
Attending Neonatologist H and PService: Neonatology  
Date of Service: 08/05/16 1837Author Type: Physician  
Status: Addendum☐ Hide copied text

Male infant with a birth weight of 3.51 kg born at 40 5/7 weeks gestation

Referring Facility and Phone Number: St. Joseph Regional Medical Center, 979-776-3777

Referring Physician: Dr. Carmicheal

Physician Covering Transport: Dr. Reyes

Mother's name and phone number:

**MATERNAL HISTORY**

26 year old G2P1 mom who had an uncomplicated prenatal course.

Maternal Labs: Blood Type: O + Hepatitis: negative HIV: negative RPR: immune Rubella: immune GBS: negative HSV: negative Birth Weight: 3.530

EDC: 7/31/16

Maternal history drugs/alcohol/tobacco: denies

Maternal history uncomplicated.

Maternal Medications: none. Steroids: none.

Mother presented to the hospital on 8/4/16 for scheduled induction, VBAC. Uneventful labor (AROM with meconium stained fluid) until mother started pushing when fetal heart rate decreased and she was taken for emergent section.

**DELIVERY**

Infant born on 8/5/16 at 0503 by emergency Cesarean section. Repeat c-section secondary to failed VBAC. Instruments used: none.

Delivery complications: Non reassuring fetal heart tones Chorioamnionitis: no

Presentation at delivery: Cephalic

Infant delivered by Resuscitation included: Bag and mask ventilation. HR &lt; 100 at 5 minutes and intubated.

Infant Apgar Scores were 1, 2, and 5 at one, five and ten minutes respectively.

**IMMEDIATE POST-DELIVERY COURSE and TRANSPORT**

Patient was apneic on delivery with nuchal cord x2. Patient gasped, was warmed and dried but no spontaneous respiratory effort, HR 70. PPV was started at one minute of life, continued, but HR remained <100 despite increasing pressure. Patient was intubated with a 3.5 to 10 cm on first attempt at 5 minutes of life intubated on first attempt with 3mL of meconium stained fluid suctioned. HR gradually improved to >100. He began to have spontaneous respiratory effort at 7 minutes of life but did not have spontaneous movements and was limp. APGARs 1/2/5. Cord gas pH 6.8, pCO2 114, HCO3 20, BE -15. Patient placed on the ventilator SIMV/VG with tidal volume of 5mL/kg, rate 30 (with spontaneous breathing above rate), it 0.3, PEEP 6. Initial capillary blood gas with pH 6.9, pCO2 58, BE -19. Changed to SIMV PC PIP 24 (was receiving 18-20 on VG), rate 40, itime 0.3, fIO2 40%. Peripheral IV placed and initial glucose 27, received D10 bolus and started on D10 @ 50mL/kg/day, follow up glucose 78. UVC and UAC placed without complication using sterile technique, xray showed UVC curled in liver, attempted to pull to low lying but remained curled. UVC removed, UAC sutured at 20cm, confirmed placement on CXR. On XRAY a left pneumothorax was seen, 22g angiocath placed after the area was prepped with betadine and 75mL of air removed with immediate improvement in saturations.

At 45 minutes of life patient had 6 moderate encephalopathy criteria (lethargic, decreased spontaneous activity, hypotonia, absent/weak suck, incomplete Moro, constricted pupils).

Patient met biochemical and exam criteria for HIE. The warmer was turned off and passive cooling initiated. Transfer to TCH started for total body cooling.

On arrival of transport team infant was stable on minimal ventilator settings. An CXR was done prior to transferring back to TCH. ETT was pulled back 0.5 cm along with UAC back by 1 cm. Needle aspiration was attempted for a right side pneumothorax without any results.

Labs: ABG: 7.33/37/94/19.5/-6.4

Medications: Ampicillin and Gentamicin

Blood culture: pending from OSH

NBS: Done at OSH 8/5

Hepatitis B Vaccine: due PTD

**PHYSICAL EXAM in NICU after ADMISSION**

No congenital anomalies or birth injuries

Orally intubated on mechanical ventilation

Heart rate low due to cooling

Pale pink, skin cool to touch

Good spontaneous respiratory effort with hyperexpanded chest but symmetric breath sounds

Abdomen flat and soft

Normal male genitalia

Hips clinically normal

**Neuro Exam (on morphine infusion):**

Caput succedaneum present... AF flat. Mild suture overriding.

No spontaneous eye opening

**Cranial Nerves:**

Blinks to light.

Dolls eye maneuver- sluggish movement of eyeballs. Right exotropia at rest but not fixed. Dysconjugate eye movement.

Both pupils small (around 1 mm diameter) and reactive.



No spontaneous eye opening

**Cranial Nerves:**

Blinks to light.

Dolls eye maneuver- sluggish movement of eyeballs. Right exotropia at rest but not fixed. Dysconjugate eye movement.

Both pupils small (around 1 mm diameter) and reactive.

No facial asymmetry. Symmetric eyelid blink to light. Bilaterally symmetric eyelid squeeze on glabellar tap.

Tongue showed fine and coarse fasciculations. Suck reflex present. Rooting absent.

**Motor System:**

No muscle wasting or asymmetry of muscle bulk.

Resting tone low. Fisting of both hands and flexed toes.

Tone increased in upper limbs and decreased in lower limbs.

Deep tendon reflexes brisk but not exaggerated.

No ankle clonus.

No overt seizures, abnormal movements or limb muscle fasciculations.

**Neonatal Reflexes:**

Palmar and plantar grasp present and brisk

Moro not assessed

Glabellar tap present

**PROBLEMS, ASSESSMENT AND PLANS**

**Neonatal encephalopathy due to hypoxia-ischemia**

On total body cooling and morphine infusion. (Active cooling was initiated at five hours of life)

No seizures - not on anticonvulsants.

Continuous EEG monitoring to be commenced

Will obtain neurology consult

Will monitor for multi-organ dysfunction and SIADH- order LFTs and follow electrolytes and renal function

**Coagulopathy**

Prolonged INR, PTT and PT on admission, given FFP.

Platelet count low (93K)

No clinical bleeding.

**Respiratory failure due to perinatal depression and air-leak syndrome**

Bilateral pneumothoraces present on CXR done on admission.

Infant on mechanical ventilation in room air on volume guarantee

Plan to not drain the pneumothorax and will wean ventilator settings to allow resorption of air in pleural spaces

If respiratory status worsens due to increase in pneumothorax will insert chest tube/s

Follow arterial blood gases

**Fluids and Nutrition**

Will maintain NPO

Keep on restricted IV fluids of 50 ml/kg/day

Is on started TPN

Maintain blood glucose in normal range

**Risk of Sepsis**

Low risk of infection

Blood cultures sent from OSH

Is on treatment with ampicillin and gentamicin

May need to stop gentamicin if renal function is poor

**Social**

Parents in Bryan/College Station

Updated by NNP on phone and by transport team

Gautham Suresh, MD

Pager: 14164

Phone: 61363

Revision History 

DOB  
Home Phone  
Work Phone

08/05/2016





**Texas Children's Hospital**

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**MD Progress Note by Johnson, Peter W, MD at 08/05/16 2114**

Author: Johnson, Peter W, MD  
Filed: 08/05/16 2116  
Editor: Johnson, Peter W, MD (RESIDENT)  
Neurology Phone Note

Service: **Neurology**  
Date of Service: 08/05/16 2114

Author Type: RESIDENT  
Status: Signed

We were called regarding Babyboy [REDACTED] an infant brn today, with HIE, now placed on cooling protocol. We will see the patient once his MRI is completed. Please call Neurology once this is completed.

Discussed with Dr. Lopez

Peter Johnson  
PGY-4  
BCM Neurology

**Patient Information**

DOB: 08/05/2016  
Home Phone  
Work Phone



**Texas Children's Hospital**

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Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

**Nsg/Anc Progress Note by Thompson, Anita L at 08/06/16 1354**

Author: Thompson, Anita L  
Filed: 08/06/16 1355  
Editor: Thompson, Anita L (TECHNICIAN)

Service: (none)  
Date of Service: 08/06/16 1354

Author Type: **TECHNICIAN**  
Status: Addendum

8/5/2016 12:55 PM Admission

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08/05/16 1914	
<b>EEG Questionnaire</b>	
EEG #	16-2901 CORRECTED COPY
CSN #	[REDACTED]
Recording technologist	Anita Thompson R EEG T
Referring MD	Shino Thomas NNP, RN
Previous EEG?	Yes
Repeat EEG #	BSM
Type of study	Bedside Monitor
Outpatient or inpatient?	Inpatient
Inpatient room #	STAT PORTABLE NEO D 71
Level of consciousness	Lethargic
Reason for EEG	BSM cooling protocol
Birth history	40 weeks
Date of birth	08/05/16
Pertinent medical/family history	term infant delivered via C-section due to failed BVAC and non reassuring fetal heart tones - APGARS were 1/25 - infant transferred to NICU for further management and passive cooling - infant developed left sided pneumothorax which was evacuated - on arrival infant was stable on minimal vent settings
Description of event	arches when stimulated and crying
Frequency of episodes	severa episodes
Date/Time of last event	8/5
Length of episode	several seconds
Any preceding symptoms?	No
Behavior after event is over	back to baseline
Medication(s)	MORPHINE AMP, Gent
Hand dominance	Unknown (infant)
HV performed?	No
Reason why HV not performed	infant
Photoc performed?	No
Reason photoc not performed	not indicated
Eyes open/closed performed?	Yes (when stimulated)
Events recorded?	Yes
Events recorded description	8/5 slight arching with stim x 1
Sleep obtained?	No
Start time	1910

Revision History

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8/5/2016 12:56 PM Admission

Description: Male DOB: 8/5/2016 Department: Wt Newborn Cntr Lvl 2

## Procedure Report by Hockaday, Chrystal O at 08/05/16 2030

 Author: Hockaday, Chrystal O  
 Filed: 08/05/16 2035  
 Editor: Hockaday, Chrystal O

 Service: Neonatology  
 Date of Service: 08/05/16 2030

 Author Type: NURSE PRACTITIONER  
 Status: Signed

## Central Venous Access Procedure Note

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 Name: Babyboy  
 DOB: 8/5/2016  
 Date: 8/5/2016

 MRN:  
 Bed/room: D71/01  
 Time: 8:30 PM

Procedure Type: UVC placement

Location procedure performed: D71/01

Indication: Difficult venous access, Prolonged IV therapy, Medication requiring CVL, Parenteral Nutrition

Pre-procedure diagnosis: HIE (hypoxic-ischemic encephalopathy)

Post-procedure diagnosis: Same as Pre-procedure diagnosis

Procedure Date/Time: 8/5/2016 @ 8:30 PM

Operator 1: CHRYSTAL O HOCKADAY, NNP, RN

Operator 2: Jessica Gomez, RN

Supervising Attending Physician: Dr. Suresh

Time Out Performed: Yes

All team members actively participated in the time out before the start of the procedure identifying the correct patient, correct site, and the correct procedure to be done.

Consent: Consent not obtained due to emergent nature of the procedure and the unavailability of the parent /guardian.

Analgelsia/Sedation/Meds: Sedation and/or analgesia provided- See MAR, Non-pharmacologic comfort measures.

## Equipment:

Total catheter length (trimmed length for trimmed lines): not obtainedcm

Catheter Size: 3.5French

Catheter Lumens: 2

Other Catheter Details: N/A

## Procedural Detail:

Anatomical Side: Umbilical

Anatomical Site: Umbilical

Ultrasound used for placement: No

Placement Confirmation: Chest x-ray

Tip Position: IVC

Number of attempts: 1

Estimated Blood Loss: &lt;1mL

Detail: hand hygiene performed, site preparation with antiseptic cleanser done, sterile field used and post-procedure site care performed, sutured in place, sterile dressing performed, flushes easily with good blood return

Complications: None

Specimens and Findings: N/A

Disposition: After procedure, the patient was returned care to primary hospital caregivers Comments: stable on mechanical ventilation, in no acute distress

Signature:

Chrystal Hockaday, MSN, APRN, NNP-BC

Texas Childrens Hospital

NNP Service

Voalte Phone 33306