

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12594



5 - SUMMARIES

000001

NAME: [REDACTED]  
MRN: [REDACTED]  
ATTN PHYS: [REDACTED] M.D.

D:10/02/97  
T:10/03/97

ADMISSION: 09/28/97 DISCHARGE: 10/02/97

AGE AT DISCHARGE: 4 days

HOSPITAL COURSE: Briefly, the patient is a 2090 gram product of a 34 weeks gestation born to a 32-year-old Gravida VI Para V mother of previous pregnancy that was complicated by premature onset of labor, premature and prolonged rupture of membranes at his presentation.

After delivery the infant received blow-by oxygen. Apgar scores were 8 at one minute of life and 9 at five minutes of life.

Problem No. 1 - Respiratory - ~~The patient had respiratory distress syndrome secondary to Pcpid and has been on the ventilator since birth.~~ <sup>uro</sup> She was intubated for apnea. At present she is on ventilator settings of 37 percent FI02 at rate of 44 and pressures of 20/5. Her last blood gas showed a pH 7.31 with a pCO2 of 38 and a pO2 of 66.

Problem No. 2 - Hematologic. A platelet count had been normal until this morning when the platelet count dropped to 117,000. Her hemoglobin today is 12.6 and the white count is 5,200 with 10 percent segs and 15 percent bands.  
Problem No. 3 - Urine drug screen was negative.

Problem No. 4 - Cardiovascular system. Last night the patient had impaired peripheral perfusion and was started on a dopamine drip at 3 mcg/kg/minute. Her blood pressure had been stable.

Problem No. 5 - Infectious Disease. The patient is on ampicillin and gentamicin and Clindamycin for necrotizing enterocolitis. Blood cultures remained negative so far.

Problem No. 6 - Fluids, electrolytes, and nutrition. Electrolytes this morning were stable with a sodium of 142, potassium 4.3, chloride 105 with a carbon dioxide 20,000, phosphorus 5.1, magnesium 2.1. She remains nothing by mouth at present and has been receiving Hyperal and intralipids for the past two days. Her total fluid intake was 180 cc/day but was decreased at 81 cc/kg/day.

Problem No. 7 - Gastrointestinal. The patient has necrotizing enterocolitis and is on ampicillin and gentamicin and Clindamycin since 9/29/97. There was suction to continuous wall suction.

Problem No. 8 - The patient has hyperbilirubinemia. Phototherapy was started yesterday. The total bilirubin level today is 12.3.

Problem No. 9 - Psychosocial. The mother has five other children. She does have a past history of attempted suicide three years ago.

Problem No. 10 - Immunizations. The patient received her first hepatitis B  
NAME: [REDACTED]

DISCHARGE SUMMARY

000002

MRN: [REDACTED]

ATTN PHYS: [REDACTED] M.D.

[REDACTED]  
D:10/02/97  
T:10/03/97  
[REDACTED]

vaccine on 9/28/97.

DISCHARGE DIAGNOSIS: 1. Prematurity (34 weeks gestation).  
2. Necrotizing enterocolitis.

DISCHARGE PARAMETERS: Weight 2445 grams, length 44 cm, head circumference 31 cm, hemoglobin 12.6 on 10/02/97. IV fluids at time of transfer, the patient is receiving Hyperal and intralipids along with fluids through her peripheral arterial line for a total of 150 cc/kg/day. She is on a Fentanyl drip at 1 mcg/kg/hour. Present feeds are nothing by mouth at present.

DISCHARGE MEDICATIONS: Ampicillin and gentamicin and Clindamycin. Dopamine drip at 3 mcg/kg/minute. Fentanyl drip 1 mcg/kg/hour.

FOLLOW UP PLANS: The infant is being transferred to the Intensive Care Nursery at [REDACTED]

[REDACTED]  
[REDACTED] M.D. For  
[REDACTED] M.D.

DISCHARGE SUMMARY

000003

**DEATH SUMMARY**

Admitted 10/02/97  
Expired 10/03/97

**BRIEF HISTORY:** This is a 5-day-old infant who was the product of a 34 week gestational pregnancy to a mother who is 32 years old, G6, P5. The delivery was complicated by premature onset of labor with ruptured membranes of approximately 36 hours. The baby was initially well with apgars of 8 and 9. She was started on antibiotics on the day of life number one and on day of life number two, began feeds. On day of life number three, she became disgruntled and some respiratory distress. An abdominal film was obtained which showed some small areas of pneumatosis intestinalis. Her progress continued to decline, she became acidotic and septic. She was intubated and on day of life number five, was transferred to [REDACTED]. She was evaluated by Dr. [REDACTED] and felt to need emergent surgery due to necrotizing enterocolitis. Upon arrival to [REDACTED] her laboratories were a hemoglobin of 11.6, white count 5.2, platelets 63,000, and an arterial blood gas of pH 7.27, pCO2 50 and a PAO2 of 48 on 100% O2. She had some abdominal films which showed some areas of dilation in the right upper quadrant.

**HOSPITAL COURSE:** She was quickly evaluated by Dr. [REDACTED] and felt that she needed emergent operation. She was taken to the operating room and underwent an exploratory laparotomy. At laparotomy, it was found that she had a completely necrotic colon down to the sigmoid and her small bowel was entirely necrotic except for six inches of jejunum. This was felt to be incompatible with life. The baby was promptly closed and no further resuscitative efforts were administered.

After Dr. [REDACTED] discussion with the family of the findings, the family was in agreement that no further aggressive resuscitative measures should be done. The patient was left intubated and was made comfortable with a Fentanyl drip. Today the family has returned with other family members and have decided that it is time to remove her from the ventilator. She was removed from the ventilator promptly and expired within one hour of doing so.

[REDACTED] M.D.  
House Officer

[REDACTED]  
Surgery

[REDACTED] D 10/03/97 T 10/07/97 Doc# [REDACTED] Job# [REDACTED]

CC [REDACTED] M.D.  
[REDACTED]

NAME:  
MRN:  
ATT PHYS:  
ROOM NUMBER:

D: 09/28/97  
T: 09/29/97

ADMITTED: 09/28/97

CHIEF COMPLAINT: Prematurity and rule out sepsis.

HISTORY OF PRESENT ILLNESS: Baby Girl [REDACTED] is the 2090 gram product of a 34 week gestation born by precipitous vaginal delivery to a 32-year-old G6, P5, A positive mother at 1903 on 9/28/97. Hepatitis surface antigen and RPR status is unknown. Positive history for tobacco at 1 1/2 packs per day. No current alcohol or drug use. Past marijuana use 10 years ago. Maternal medications included prenatal vitamins and Rip Fuel which is a metabolic enhancer. Pregnancy was complicated by premature onset of labor and prolonged rupture of membranes. Rupture of membranes occurred at 0645 on 9/27/97 which was approximately 36 hours prior to delivery. Labor and delivery was complicated by precipitous birth. Neonatal nurse practitioner was called to delivery 5 minutes after birth. Patient was receiving blow-by O2 at the time. The patient's face was noted to be grossly bruised. A 3 vessel cord was noted. Shoulder cord x 1 was also noted. Apgars were 8 at 1 minute, 2 off for color, and 9 at 5 minutes, 1 off for color. The patient was transferred to neonatal intensive care unit secondary to gestational age.

PHYSICAL EXAMINATION: Temperature was 97.5, pulse 160, respiratory rate 70, blood pressure right upper extremity was 44/20, blood sugar was 46, weight was 2090 grams which is 50th percentile for gestational age, head circumference was 31 cm which is the 50th percentile and length is 44 cm which is the 25th to 50th percentile.  
General: This is a small white female infant who is sleeping comfortably.  
HEENT: Anterior fontanel is soft and flat, overriding sutures are present. There is marked bruising of the face and head. Bilateral red reflex is noted. Mild eyelid edema is present. Ears are soft and normally set. Lip and palate are intact.  
Neck: No webbing.  
Chest/Lungs: Clear to auscultation bilaterally.  
Cardiovascular: Regular rate and rhythm without murmur. Femoral pulses are 2+ bilaterally.  
Abdomen: Bowel sounds are present. Abdomen is nontender, nondistended, soft without hepatosplenomegaly.  
GU: Normal external female genitalia.  
Anus: Appears patent.  
Extremities: No clubbing, cyanosis or edema. No hip click or instability felt bilaterally.  
Neurologic: Positive Moro, grasp, suck and swallow.  
Back: No dimple present.

LABS: CBC showed a white count of 14.3 with 63 segs, 23 lymphs, 7 monos and no bands. H&H are 17/50, platelet count 350.

IMPRESSION:  
1. Thirty-four week premature female infant.  
2. Rule out sepsis.  
3. Marked facial bruising.

[REDACTED]

NAME: [REDACTED]  
MRN: [REDACTED]  
ATT PHYS: [REDACTED]

D: 09/28/97  
T: 09/29/97

ADMITTED: 09/28/97

ROOM NUMBER: [REDACTED]

PLAN: 1. Admit to intensive care nursery, Dr. [REDACTED] attending. 2. Condition stable. 3. Ampicillin 210 mg IV q12 which is 100 mg/kilo/dose q12. 4. Gentamicin 8.4 mg IV which is 4 mg/kilo/dose for a loading dose then 24 hours later start 6.3 mg IV q24 which is 3 mg/kilo/dose q24 hours. 5. EPF-24 10 cc q3; if tolerates well, will advance to 30 cc q3. 6. D10W at 3.6 cc/hr for total fluids of 80 cc/kilo/day. Will Heplock if patient feeds well. 7. Chem-10 at 24 hours of life. 8. Blood culture before administration of antibiotics. 9. Will follow bilirubin closely in anticipation of increased hemolysis secondary to facial bruising.

[REDACTED]

Patient \_\_\_\_\_ Unit No. \_\_\_\_\_

To Dr. \_\_\_\_\_  URGENT  NOT URGENT

Diagnosis:

Reason for Consultation:

Date Requested 10/2/97 Time \_\_\_\_\_

Date Answered \_\_\_\_\_ Time \_\_\_\_\_

Attending Physician

2090 gm product of 34 wk gestation by VD to 32 w.

G6 P5 mother on 9/28/97. Baby developed abdominal distension on day 3. abdominal xray revealed pneumatosis intestinalis. Started on Amp/Gent/Clinda. Developed neutropenia & thrombocytopenia, transferred to \_\_\_\_\_

Xray today shows pneumatosis and probable area of extraluminal free air in @ abdona.

vital Rate 44 / PIP 20 / PEEP 5 / TV 9-12

PE VS T 99.1 - 178 - 44 - 64 / 36

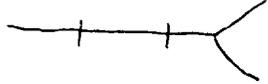
Lungs - clear

Heart - RRR

Abd - distended, erythematous, no granules or palpation

ET - 41/18 good cap refill

5.2 / 11.6 / 63 / 333



ABG 7.27 / 50 / 48 /

Imp - NEC = pneumoperitoneum

Plan - To OR for exploration

meds

Amp 210mg IV q 12h

Gent 6.3mg IV q 24h

Clinda 15.75mg IV q 6h

Fen temp

Pipamine 3mg/kg

Initial Consult
1 2 3 4 5
Follow-Up Consult
1 2 3

(Circle One)

\_\_\_\_\_  
SIGNATURE & DATE

Seen in DR

000007