

PATIENT COPY

Patient: **Hurst, Mayrose**DOB: **05/14/2008**Date/Time: **12/19/2008 12:11:03 PM**Author: **Mary G McCafferty** (Occupational Therapist)

Service:

Category: **Therapy D/C Summary****OCCUPATIONAL THERAPY INPATIENT DISCHARGE SUMMARY**

Mayrose Hurst

MRN: 1219264**Sex:** Female**Birthdate:** 5/14/2008**Age:** 7 month old**Language:** English**Admit date/time:** 12/1/2008 1:37 PM**Discharge evaluation date and time:** 12/19/08**Units billed:** 3**POC:** Tiffani Hurst

3116 Villa Colonade

Las Vegas, NV 89128

702-927-6339 (home)

DISCHARGE SUMMARY

Impressions: Mayrose is a 7 month old (4 month old corrected age) infant who presents with developmental delays from prematurity, as well as more acute illness with recent diagnosis of severe bone marrow suppression which appears to have affected the red cell line with resultant anemic shock, SIRS, and severe anoxic brain injury. She would benefit from ongoing therapy services to advance skills and monitor for feeding progression as she matures.

Status of Inpatient Goals: See goals below:

Short term goal #1: Mayrose will be able to bring hands to midline or her mouth to assist with self calming.

Short term goal #2 (modified): Mayrose will bat at toys placed at midline with right or left UE, 3/5 attempts.

Short term goal #3: Mayrose will be able to grasp item placed in palm of hand 2/3 times.

Short term goal #4: Mayrose will track objects across visual field 4/5 times.

Therapy Recommendations:

Occupational Therapy is recommended for this patient at this time.

Occupational Therapy recommended to focus on developmental goals

Location: to be determined

Frequency: 1x/week

Contact Name: to be determined

Additional follow-up providers: Physical Therapy and Speech Therapy

DISCHARGE EVALUATION

Diagnosis: Bone marrow suppression; diagnosis continues to be worked up

Relevant Medical History / Medical Course During Hospitalization: Former 28 week premie with an 82 day NICU course. Her neonatal course was complicated by intestinal perforation. She had a colostomy at 1 day one of life with removal of very small amount of colon; colostomy was then closed on 7-28-2008. She had severe infection with unidentified bug. She also had iron deficiency anemia and required multiple transfusions in the NICU. After her discharge, she continued to have issues with reflux and was receiving outpatient OT to work on reaching and midline control. Had been doing well x 3 months while at home. Had reflux issues and had been on many different formulas.

Now 1 month s/p severe hypoxic-ischemic injury with resultant encephalopathy. Pt has long transfusion history and family history of thalassemia, now with a diagnosis of severe bone marrow suppression which appears to have affected the red cell line with resultant anemic shock, SIRS, and severe anoxic brain injury .

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Discharge Goals:

To identify and set up appropriate outpatient speech-language services.

To educate caregivers on speech-language and cognitive deficits and to provide instructions on appropriate developmental strategies for identified deficits.

To evaluate oral motor and swallowing skills to determine any necessary modifications for safe oral feedings.

Rehab Prognosis: Guarded given nature and severity of injury and history of significant prematurity.

INITIAL EVALUATION

Pertinent Medical History: Per medical record, Mayrose is a 6 month old female with a history of being an ex-28 week premie with an 82 day NICU course. Her neonatal course was complicated by NEC. She had a colostomy at 1 day of life which was then closed on 7-28-2008. She also had iron deficiency anemia and required multiple transfusions in the NICU. After her discharge, she continued to have issues with reflux and was receiving outpatient OT to work on reaching and midline control.

About a week prior to her admission to Summerlin Hospital on 10-29-2008 she was fussy and thought to have constipation. On the day of admission became limp and lethargic and was brought to the ED, was intubated and given fluids via IO. She was felt to be in anemic shock. Influenza B test was positive and was felt to have caused bone marrow suppression and she was felt to have SIRS. She was positive for enterobacter in her sputum. Most recent CT report on 11-14-2008 indicated by written report: Extensive infarctions. Gyral calcifications, suspect encephalitis as an etiology and small calcific foreign body in left parietal scalp.

EEG on 11-15-2008 showed moderate diffuse slowing but was of poor technical quality.

Seen by Ophtho on 11-23-2008 at Summerlin.

Swallow study on 11-7-2008 at OSH with swallow essentially WFL, no penetration, aspiration but did reflux, recommended reflux precautions.

She was felt to be medically stable and discharged from Summerlin. Her mother was interested in her having a full work up from a brain injury and rehabilitation standpoint. She drove here from Las Vegas and was medically cleared in the ED on 11-28-08 and then went to Ronald McDonald House with her 2 1/2 yo brother.

Diagnosis: Anoxic Brain Injury and Subdural Hematoma, ex-28 week premie

Precautions: safety and 1:1 supervision

Social: Mayrose lives with her mother and 2 1/2 year old brother, Tristan, in Nevada.

ED Level/Development: global developmental delays

Prior Therapy: physical therapy, occupational therapy and speech-language therapy provided as an inpatient

Diet: Thin liquids (bottle and breast fed)

Airway: Room air

CURRENT FUNCTIONING:

Comprehension (Hearing, Auditory): Mayrose is demonstrating inconsistent responses to auditory stimuli at this time. She was intermittently attentive to her mother's voice, maintaining a midline eye gaze at her mother's face. However, she did not respond to other voices or sounds by turning her head or shifting her eye gaze during this evaluation. She did not startle to loud noises. Mayrose did calm when being held and spoken to softly by her mother. Mayrose's hearing has not been evaluated since birth per parent report. Due to recent anoxic injury, decreased responsiveness to sounds, and prematurity Mayrose would benefit from having her hearing tested to rule out hearing loss.