

PATIENT COPY

Ellen Guess

Occupational Therapist

Consults

12/04/2008

Associated Consult Order: OT Consult [14560866] ordered by GALLAGHER, SUSAN E. at 12/01/2008 1412

OCCUPATIONAL THERAPY BABY TEAM EVALUATION SUMMARY

Mayrose Hurst

MRN: 1219264

Birthdate: 5/14/2008

Age: 6 month old

Gestational age: 28 weeks, Adjusted age 3 1/2 months

Language: English

Admit date/time: 12/1/2008 1:37 PM

Evaluation date and time: 12-2 and 12-3-08

Units billed: 3

POC: Tiffani Hurst

3116 Villa Colonade

Las Vegas, NV 89128

702-927-6339 (home)

SUMMARY**Admission Impressions:**

Mayrose is an beautiful ex-28 week premie baby girl who is now corrected age of 3 1/2 months. She presents with well coordinated oral feeding skills but is affected by reflux. She also has increased muscle tone which affects functional mobility with bilateral upper extremities. She demonstrates poor state regulation and shifts into a hypervigilant response or irritability when in stressful environments or with too much stimulation.

Recommendations:

It is recommended Mayrose receive 1 time a day OT while in hospital to address the noted goals. Recommendations for discharge are for 2 times a week occupational therapy services with home care therapies. These recommendations have been reviewed with moc.

Goals:

1. Mayrose will be able to bring bilateral hands to mouth for oral exploration.
2. Mayrose will be able to bring hands to midline or her mouth to assist with self calming.
3. Mayrose will be able to grasp item placed at palm of hand.
4. Mayrose will be able to visually fix on object at midline.
5. OT will provide parent education to support goals and discharge planning.

Diagnosis: Anoxic brain injury.

Relevant Medical History: Mayrose is a 6 month old female, 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 status post severe hypoxic-ischemic injury with resultant encephalopathy that is reportedly due to influenza B sepsis vs overwhelming PNA. Pt has long transfusion history and family history of thalassemia, but workup to date has been unremarkable with exception of a hypocellular marrow. It is unclear if her initial hypoperfusion injury was directly related to infection, or whether infection triggered such profound anemia that she did not perfuse adequately and subsequently decompensated.

Results of EEG done on 11/15/08 showed moderate diffuse slowing. Brain MRI On 12/1/08 showed extensive encephalomalacia and abnormal signal throughout the brain in a watershed distribution. This is consistent with previous hypoxic injury and infarctions. Right subdural hematoma also found on MRI.

Social/ Family Information: Lives with mother and 2 1/2 year old brother in Las Vegas. Mother is an attorney and works for the public defenders office. Father and mother work in the same office, but are not a couple.

Prior Therapies:

Received OT, PT and Speech therapy while in Summerlin hospital. Also receives outpatient occupational therapy.

Precautions: Continued evaluation for visual and hearing impairments.

ASSESSMENT OF OCCUPATIONAL PERFORMANCE AREAS

Developmental Skills/Play Skills: Mayrose presents with mild to moderate increased muscle tone with trunk and a extremities. No clonus present, but noted frequent startles. She is able to move bilateral UE's within a flexor pattern. She presents with bilateral hands fistled with thumbs indwelling. She was able to bring right hand to mouth when is well supported swaddle position. She has difficulty bringing hands to midline as she postures with scapular retraction and elevation. When placed sidelying with LE flexion, she was able to bring bilateral hands together at midline. In prone, she elicits extensor tone pattern for head elevation but arms pull back and extend as do her LE's. When in well supported sitting, she has fair head control with intermittent head bob. In regards to vision, she is able to visually locate and fix on adults faces better than toys. She was able to locate therapist face briefly to left and right of midline. No visual awareness of toys noted except possibly once at midline. Moc reports pt response to auditory stimuli but minimal response was noted during the OT evaluation.

Physiologic Stability:

Baseline SATS: 92

Pain: Flacc score 0. Pt intermittently irritable with higher levels of stimulation in the room.

State Regulation: Upon evaluation in room with lots of environmental stimulation, Mayrose presented in a hypervigilant state. She had widely dilated eyes, intermittent crying/fussing, and splayed arms. When assisted to calm by moc, she attempted to sleep but when unable was calmed by oral feedings. When seen in quiet gym for eval, she was able to maintain a calm state much more efficiently with just the aide of a pacifier or being held by therapist. At completion of 45 min activity and 3 episodes of emesis, Mayrose fell asleep.

Feeding

Feeding history: Prior to admit, Mayrose was receiving 60-90ml Similac Alimentum 8-9x/day and breast milk supplementally. Moc reports her milk supply has decreased in the last month. She is going to begin pumping more in hopes of improved milk production. Mayrose often likes to breast feed for comfort per moc. She also reports that Mayrose had some weight loss prior at the time of her first hospitalization, but has showed consistent weight gain for the last two weeks prior to admit to TCH. Moc reports reflux has always been a problem for Mayrose but she had just started medical management of it prior to this admission. She was not on any medications for reflux during her initial NICU admission. Moc reports she completed a swallow study while in Las Vegas, which was reported as normal and Mayrose was cleared to continue with advancing oral feedings with thin liquids.

Current feeding method: po

Diet: Breastfeeding and Bottle feeds of Alimentum Advance

Current feeding schedule: Moc follows on demand schedule of 2 to 2 1/2 ounces every 2 hours.

Feeding Observation: Mayrose was observed completing a bottle feeding with formula using the straight yellow nipple. She demonstrated initial difficulty latching onto the nipple, but once a good latch and seal was established, Mayrose presented with a well coordinated suck, swallow and breathing pattern. No concerns for dysphagia present. However, Mayrose was noted to have emesis X 3 immediately after her oral feeding. Reflux management for Mayrose is ongoing with medical team at this time.

Other: A brief parent conference was completed with rehab physician, OT and ST on 12-3 as OT will not be available for planned conference on 12-4-08. Discussed eval findings and recommendations for "next steps" at discharge.

Parent Education:

Child/family involved in development of treatment plan: Yes
Child/family oriented to role of Occupational Therapist: Yes
Child/family appeared to understand evaluation and treatment plan: Yes

Admission Therapist:

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Thank you for the opportunity to participate in the care of this patient.

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