

Hurst, Mayrose

MRN  
1219264

Sex  
Female

DOB  
05/14/2008

AGE  
.57

SSN

Colet Scott-Bisping

Speech/Learning

Consults

12/02/2008 11:3

Associated Consult Order: **Speech Consult [14560867] ordered by GALLAGHER, SUSAN E. at 12/01/2008 1412**

**SPEECH THERAPY EVALUATION SUMMARY**

**Name:** Mayrose Hurst

**Birthdate:** 5/14/2008

**Age:** 6 month old

**MRN:** 1219264

**Sex:** Female

**Language:** English

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

**Today's Date:** 12/2/2008

**POC:** Tiffani Hurst

3116 Villa Colonade

Las Vegas, NV 89128

702-927-6339 (home)

**PCP:** Ralph M. Conti, M.D.

Foothills Pediatrics - Henderson

6301 Mountain Vista, Ste. 205

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702-614-5437

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**SUMMARY**

Impressions: Mayrose is 6 1/2 month old ex-28 week premie, adjusted age 3 1/2 months. She spent 82 days in the NICU following birth and was recently hospitalized with an anoxic brain injury and new subdural hematoma. She is presenting with overall developmental delays.

**Frequency:** daily

**Inpatient Treatment Plan:**

Child/family involved in development of treatment plan: Yes

Child/family oriented to role of Speech Language Pathologist: Yes

Child/family appeared to understand evaluation and treatment plan: Yes

**GOALS:**

**Patient/family Goals:** To get an idea of where Mayrose is functioning and recommendations for promoting her development.

**Initial Short Term Goals:**

1. Mayrose will consistently turn her head toward a voice or toy in 4/5 trials in 3 consecutive sessions.
2. Mayrose will maintain her visual gaze on a speaker's face as speaker moves through her visual field 2 times per session in 3 consecutive sessions.
3. Mayrose will smile during interactions with her caregivers 2x/session in 3 consecutive sessions.
4. Mayrose will respond, without crying, to oral exploration of toys and her hands in 4/5 opportunities in 3 consecutive sessions.
5. Continue to provide feeding support for MOC as needed.

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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 C report on 11-14-2008 indicated by written report: Extensive infarctions. Gyral calcifications, suspect encephalitis as a 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 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.

**Expressive Language (Spoken), Speech/Voice, Airway Status:** Mayrose was only observed to cry during this evaluation. She did occasionally repeat syllables when crying. Per parent report, Mayrose will occasionally produce cooing sounds. No happy vocalizations were observed and MOC reports that the frequency of her vocalizations has decreased since her most recent hospitalization.

**Pragmatics:** Mayrose did look to her mother's face during feeding and during interactions. Her mother reports that this has decreased significantly since this most recent hospitalization. Mayrose was observed to smile in reaction to her mother's voice x 4-5 today. Her mother reports that she was smiling more prior to this admission, while they were at Ronald McDonald House. She is currently more interested in people than in objects.

**Cognition: Play, Attention:** Mayrose did not look at objects presented this session (rattle toys). She did not attempt to interact with the rattle or with her pacifier. Her mother reports that she was previously grasping a rattle, but not yet playing with it. Per mother report, Mayrose enjoys looking at black & white mobiles above her crib. She is not yet imitating facial expressions.

**Oral Motor Skills, Swallowing Skills:** Mayrose was observed to take approximately 2 oz from a bottle from her mother. Her mother held her in an upright position to help with Mayrose's significant reflux. Mayrose demonstrated a functional suck-swallow-breathe pattern with no clinical s/s of aspiration. Mayrose had a swallow study at an outside hospital on 11/7/2008 which revealed a functional swallow with no penetration or aspiration, but did show significant reflux. Following today's feeding session, Mayrose spit up then began to cry and looked very uncomfortable. MOC kept her in an upright position following feeding, which appeared to calm her. Mayrose did take a pacifier briefly, however had difficulty maintaining a non-nutritive suck on the pacifier and was only able to maintain it in her mouth for approximately 15-30 seconds. MOC reports that this is typical for Mayrose.

Clinician Signature:  
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**Routing History**

Date/Time	From	To	Method
12/03/2008 1059	Kris Leanne Atzenbeck		Fax