

Hurst, Mayrose

MRN
1219264

Sex
Female

DOB
05/14/2008

AGE
.57

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

Consults 12/02/2008 1

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
Henderson, NV 89014
702-614-5437

Patient Copy

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.

Patient Copy

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 Optho 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 functional suck-swallow-breathe pattern with no clinical signs 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:
Colet Scott-Bisping, MS CCC-SLP
Speech-Language Pathologist
The Children's Hospital
(720) 777-6805 - office
(303) 897-0841 - pager

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Routing History

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

PATIENT COPY

Patient: Hurst, Mayrose	DOB: 05/14/2008	Date/Time: 12/19/2008 12:11:02 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: Maryrose 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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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. Mayrose is to return to TCH approximately 8 weeks time for another bone marrow biopsy and will be followed by hematology at home.

Precautions: Fall, reflux

Social/ Family Information: Mayrose has an older brother Tristan and lives with her Mom, Tiffani. MOC is an attorney.

DISCHARGE STATUS OF OCCUPATIONAL PERFORMANCE AREAS

Feeding: Mayrose nurses intermittently throughout the day, but also takes breast-milk thickened with rice cereal (f reflux) via the Dr. Brown's y-cut nipple (narrow shape). She does present episodes of spit up after most feedings due to reflux, but this has been improving over the past few weeks. There are no swallow safety concerns.

Personal Grooming/Hygiene: Max assist - age appropriate.

Dressing: Max assist - age appropriate.

Developmental Skills: Mayrose has improved in her ability to visually fix and track on faces and objects. She requires moderate to maximum assistance to bat at objects or to hold objects in her hands. Mayrose is able to bring her hands to mouth with moderate assist at the shoulder girdle but with explore her hands with her lips and tongue. prone, Mayrose is able to lift her head to either side and can briefly hold it up when upper body is supported in prone position. Mayrose continues to be somewhat fussy and enjoys being held and bounced, or provided with proprioceptive input.

Leisure/Play: Mayrose enjoys shiny, musical toys, as well as lighted toys. She interacts well with caregivers when in a calm, alert state.

Home Community and School Performance: N/A

Adaptive Equipment or Splints: N/A at this time - however tone should be monitored in both hands.

CLIENT FACTORS IMPACTING LEVEL OF FUNCTIONAL INDEPENDENCE

Neuromotor/Sensory Function: Mayrose presents with slightly increased tone throughout upper extremities. Hands are both open and fist at times during alert times, but are open when she is asleep. Passive ROM is WNL. Sensation appears grossly intact.

Cognitive/Behavioral Function: Mayrose, when alert and feeling well, has excellent periods of alertness and ability to interact for play. Mayrose can be fussy after feeds and typically calms when held during these times.

Visual Perceptual / Ocularmotor: Tracking fairly consistently for faces and working on objects when in calm alert state. Vision will need to be monitored as she develops.

PARENT/CAREGIVER EDUCATION

Education provided: MOC present for nearly all session and very involved in therapy and care.

Therapist: *Mary McCafferty, MS, OTR*
Mary McCafferty, MS, OTR
Occupational Therapist

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Wednesday - Friday

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