

Sample progress note for a 4-month old child (Samuel M.) hospitalized for three weeks.

7/6/2006 @ 1400

Pediatrics MSIII Progress Note

**S** Samuel's mother reported that he slept through the night, and did not appear to be in respiratory distress. His activity level today was described as normal.

**O** Vitals: 37.6 (last night at 2300) → 36.8, BP 90s/60s, pulse 100-110, RR 20-30, O<sub>2</sub> sat in upper 80's on RA. AM wt. 4.84 Kg. I/Os yesterday = 720 (G-tube)/390 (320 urine + 70 urine/stool).

General: Samuel was awake and alert, interacted with the examiner, was well-hydrated, and was in NAD.

HEENT: TMs clear, oral mucosa moist and without erythema, no lymphadenopathy.

Car: RRR, dextrocardia, 3/6 continuous murmur, unchanged.

Lungs: Inspiratory crackles appreciated in RLL, no wheezes or rhonchi.

Abdomen: Soft, NT, ND, positive BS. G-tube in place, no erythema.

Extremities: Warm, 2+ pulses x 4, capillary refill < 2 seconds, no e/c/c.

Labs: CXR on 7/5: Atelectasis vs infiltrate in RLL, unchanged from 7/1.

CBC in AM:

wbc 9.5, hgb 14.8, hct 47.0, plt 361                      N<sup>40</sup>L<sup>44</sup>M<sup>12</sup>E<sup>4</sup>

BMP in AM:

Na 139, K 4.2, Cl 100, CO<sub>2</sub> 27, BUN 16, Cr 6, Glu 95, Ca 9.8

**A/P**

Samuel M. is a 4-month old child with a large VSD and pulmonary atresia, and severe GERD requiring G-tube feedings, who was hospitalized on 6/15/2006 for RSV bronchiolitis.

- 1) ID. Afebrile, WBC and diff WNL. CXR significant for atelectasis vs lobar infiltrate, pt not receiving abx. Samuel appears to be recovering well from his bronchiolitis; no clinical evidence of superimposed bacterial infection.  
-- Repeat CBC prior to d/c.
- 2) Respiratory. Breathing much improved from earlier, crackles appreciated on exam probably secondary to atelectasis. CXR improved from admission. SaO<sub>2</sub> in upper 80's on room air x 3 days, which is his baseline. Patient receiving chest PT bid and albuterol nebulizer prn.
- 3) Cv. Samuel has severe congenital heart disease and early signs of CHF. O<sub>2</sub> sats limited to upper 80's because of shunts. Receiving Lasix 4mg tid and Aldactone 4mg bid. Currently without pulmonary or peripheral edema.  
-- Continue current management  
-- Family to meet with cardiac surgeons after recovery from current illness.
- 4) F/E/N. Because of severe GERD, Samuel is unable to tolerate PO, receiving instead 30cc/hour of Sim-Fe 24 down G-tube. This provides 24Kcal/hr \* 24hr/day = 576 Kcal/day. Current weight is 4.80Kg, so nutritional requirement is 480 Kcal, which is being met. Admission weight was 4.24Kg, so pt has gained 576 grams over 21 days: 27 g/day, which is excellent catch-up weight gain for a small 4-month old child. Electrolytes in AM were WNL, being replaced prn.
- 5) GU. Good UOP yesterday. A child weighing 4.80Kg has fluid requirements of 480ml and expected UOP of approximately 312ml (65%), which is being met.
- 6) GI. Tolerating G-tube feeds, with + BM yesterday. Has severe GERD, receiving Zantac 6mg bid.
- 7) Neuro. Samuel smiled spontaneously, regarded raisin and followed 180°, turned to rattling sound and to voice, and was able to sit with head steady, and is therefore developmentally appropriate for his age.

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