

**\* Final Report \***  
**Document Contains Addenda**

**HISTORY & PHYSICAL**

**Name:** WEIDEMANN, SARA S  
**HMC Number:** 1214375  
**DOB:** 12/14/2001  
**Date of Service:** 08/30/2013

**CHIEF COMPLAINT:** Fever.

**HISTORY OF PRESENT ILLNESS:** Sara is an 11-year-old female with a complex past medical history including fetal alcohol syndrome, short gut and global developmental delay and aggressive behavior. She was at her long-term care facility down in Virginia, but on the 25th, she was noted to have a temperature of 105. Cultures were obtained and she was started on ampicillin. Persistent temperature elevations; she was then switched to gentamicin and Rocephin and on August 27, she was added to vancomycin when 4 organisms were identified in the first blood culture line including MRSA. The 4 organisms identified were MRSA, Morganella, Enterococcus and E. coli and yeast was also growing from the line culture. She continued to have persistent fever and was then subsequently transferred to Penn State Hershey Medical Center.

**REVIEW OF SYSTEMS:** Remaining systems of review were unremarkable.

**BIRTH HISTORY:** She was born premature at 34 weeks' gestation with a lengthy NICU stay.

**PAST MEDICAL HISTORY:**

1. 34 weeks prematurity.
2. Fetal alcohol syndrome
3. ASD and VSD status post repair.
4. Short bowel syndrome due to midgut volvulus subsequent total intestinal failure.
5. Idiopathic enterocolitis causing chronic diarrhea.
6. Hypothyroidism with goiter.
7. Chronic iron deficiency anemia.
8. Recurrent MRSA skin infections.
9. Chronic otitis media.

**PAST SURGICAL HISTORY:**

1. ASD and VSD repairs in 2002.
2. Laparoscopic procedure with Nissen, G-tube placement and appendectomy in 2002.
3. Bilateral myringotomy tubes in 2003 and again in July 2013.
4. Lumbosacral laminectomy with untethering 2004.
5. Exploratory laparotomy with bowel resection for partial midgut volvulus and ileostomy with subsequent takedown 2008.
6. Multiple Broviac catheter placements, most recently in 2012.
7. Open cholecystectomy in 2012.

**FAMILY HISTORY:** Not well known due to adoption and biological may have osteogenesis imperfecta and stroke and biological father may have asthma and depression.

**SOCIAL HISTORY:** Sara is now living at Cumberland Hospital for Children in Allison's in Virginia and was formally adopted in May 2006.

**IMMUNIZATIONS:** Up-to-date except for flu shots due to egg allergy.

**DEVELOPMENT:** Global developmental delay.

**DIET:** She is entirely TPN dependent which runs 18 hours daily.

**ALLERGIES:** EGGS, ANAPHYLACTIC SHOCK; VANCOMYCIN, RED MAN'S SYNDROME.

**MEDICATIONS:**

1. TPN.
2. Tylenol.
3. Clonidine
4. Diabetic supplies.
5. Vistaril.
6. Zyprexa.
7. Sertraline.
8. Zinc oxide.
9. Rocephin.
10. Gentamicin.
11. Vancomycin.
12. Diflucan.

**PHYSICAL EXAMINATION:**

Vital signs: Temperature 39.0, pulse 142, blood pressure 125/63, respiratory rate 28.

General: She is lying in bed, somewhat agitated but otherwise in no acute distress.

Head, eyes, ears, nose and throat: Right TM is clear. Extraocular muscles intact. Moist mucous membranes.

Neck: Supple and trachea midline.

Cardiac: Regular rate and rhythm; S1, S2 with no murmur, gallop, or rub.

Lungs and chest: Clear to auscultation bilaterally with Broviac in place with clean, dry and intact dressing with no noted erythema around the site.

Abdomen: Soft, nontender, nondistended. G-tube in place with clean, dry and intact dressing around and mild tenderness to palpation around the G-tube site.

Rectal and GU: Deferred.

Back exam: Normal.

Extremities: Warm and well perfused and moving all four extremities grossly; however, she does have multiple bruises on all 4 extremities noted to be on the inside of her arms and on her shins as well as having an open sore over her right dorsal wrist.

Neuro: Nonfocal.

Skin: Warm and dry.

**ASSESSMENT:** This is an 11-year-old female with fetal alcohol syndrome who now has a central venous access catheter infection.

**PLAN:**

1. Admit to the Pediatric Surgery service under Dr. Brett Engbrecht.
2. Blood cultures for aerobic, anaerobic and fungal.
3. CBC.
4. CMP.
5. Run home TPN.
6. Tylenol for fever.
7. Continue antibiotics; vancomycin, ceftriaxone, Diflucan and gentamicin.
8. Vancomycin trough before the next dose and a gentamicin peak now.
9. 1:1 safety sitter.
10. Book for removal of the Broviac with possible replacement of central line access.
11. Medical photography for documentation of new bruises.

The above assessment and plan was discussed with my attending, Dr. Brett Engbrecht, and he is in agreement with this plan.

**Pediatric Surgery Staff Addendum:**

Patient personally seen and examined with the surgical team. I have reviewed the resident's history and physical exam and agree with the plan of care with the following additions: Bruises to the Left inner calf, LUE, adhesive on the right flank, RUE several bruises, cut to the wrist with surrounding erythema, no evidence of infection. Bruising on the right knee. I have reviewed the pertinent laboratory studies and outside hospital records. Sarah has multiple bruises that the family note were not present prior to her being admitted to the outside facility. The family are concerned she was abused and possibly raped. The gtube was also upsized due to leaking. Will get medical photography. Our CPT will eval. TPN peripheral strength. Hummingbird eval. Will downsize gtube back to 14 fr and increase shaft length to a better fit at 1.5

cm. Continue antibiotics for line sepsis. Removal of the infected line. Questions and concerns of the mother and father were addressed and they were updated with the plan of care.

Initial H&P Coding Selection

Low	Moderate	High	
99221	99222	99223	Diagnosis
	X		line sepsis, short bowel, suspected physical child abuse from the referring facility

#1051498

**Signature Line**

Electronic Signature on File

Electronically Reviewed/Signed by: Nathan Wool, MD Author Signature Dt/Tm:08/30/2013 03:04 AM

Electronically Reviewed/Signed by: Dorothy V Rocourt, MD Cosigner Signature Dt/Tm: 08/30/2013 08:47 AM  
Pediatric Surgery: Drs. Robert Cilley, Peter Dillon, Brett Engbrecht,  
Kerry Fagelman, Dorothy Rocourt, Mary Santos  
Coleen Greecher MS RD CNSD, Janet Shields MSN CRNP, PNP-BC,  
Lynn Simmons MSN CRNP

NW /SAT DD: 08/30/13 DT: 08/30/13 02:52

**Addendum by Rocourt, Dorothy V on August 30, 2013 09:15 (Verified)**

Chronic anemia, will plan to transfuse PRBC.

**Signature Line**

Electronic Signature on File

Electronically Reviewed/Signed by: Dorothy V Rocourt, MD Author Signature  
Dt/Tm:08/30/2013 09:15 AM  
Pediatric Surgery: Drs. Robert Cilley, Peter Dillon, Brett Engbrecht,  
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Electronically Reviewed/Signed by: Brett W Engbrecht, MD  
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DVR DD: 08/30/13