

Identifying Data

Date: 01 / 24 / 2022
Time: 10:00 AM
Location: QHC NICU
Patient Name: T. C.
Sex: M
DOB: 01 / 22 / 2022
Informant: Nurse
Reliability: Reliable

Chief Complaint

Bloody stools x 2 times

HPI

T.C. is a 2-day old infant male born 38 1/7 weeks via NSVD at 2520 grams. Today's weight 2400 grams. APGAR score 8-8. Baby admitted to NICU for presumed sepsis secondary to maternal fever at 101.7 and chorioamnionitis. Mother is 32 years old G1P1 induced for IUGR for poor interval growth, GDMA2, and fetal bilateral pylectasis. Today NICU Nurse states he has passed bloody stools twice within the last hour. Bloody stools present as streaks of blood among green loose stool. Nurse reports he has not been feeding well for 3 hours, refuses to suck, and abdomen is distended. She has not been able to induce flatulence with maneuvers. Meconium was passed 2 hours after birth and appeared normal. Nurse denies vomiting or any acute distress.

Past Medical History

Present Illnesses: Presumed sepsis
Past Illnesses: N/A
Immunizations: Up to date with Postnatal Age (Hep B)
Screening Tests: N/A
Hospitalizations: NICU currently
Medications: N/A
Allergies: No known allergies

Past Surgical History

Surgeries: N/A
Transfusions: N/A

Family History

Mother: Living at 25 years old and healthy
Father: Living at 31 years old and healthy
Siblings: None

Social History

T.C. is a 2-day old infant male with pending social history.

Habits: N/A

Diet: Breast milk 2mL q4

Exercise: N/A

Sexual Hx: N/A

Review of Systems

Constitutional **See HPI. Negative** for activity change, recent weight gain, fever, chills, or night sweats.

Skin / hair / nails **Negative** for changes in texture, excessive dryness, discolorations, pigmentations, redness, open wounds, moles/rashes, pruritus, or changes in hair distribution.

Head **Negative** for swelling, abnormal sutures and fontanelles, headaches, vertigo, light-headedness, or recent head trauma.

Eyes **Negative** for blurring, diplopia, scotoma, eye fatigue, scotoma, halos, lacrimation, photophobia, pruritus, redness, or discharge.

Ears **Negative** for deafness, pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses **Negative** for congestion, rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis or difficulty breathing.

Mouth / Throat **Negative** for bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, swelling, pain, dryness, or use of dentures.

Neck **Negative** for neck pain, stiffness, decreased range of motion, trauma, localized swelling, or lumps.

Breast **Negative** for lumps, nipple discharge, pain, swelling in breast and armpit area.

Respiratory **Negative** for SOB / DOE, coughing, wheezing, hemoptysis, cyanosis, orthopnea or PND.

Cardiovascular **Negative** for HTN, palpitations, edema irregular heartbeat, syncope, or known murmurs / arrhythmias.

Gastrointestinal	See HPI. Negative for vomiting, nausea, pyrosis, dysphagia, unusual flatulence, eructations, abdominal pain, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	Negative for nocturia, urgency, frequency, polyuria, oliguria, dysuria, change in urine color, incontinence, hematuria, pyuria, dark brown urine, or flank pain.
Nervous	Negative for seizures, headaches, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	Negative for muscle/joint pain, deformity, redness, arthritis, extremity swelling.
Peripheral Vascular	Negative for peripheral edema intermittent claudication, coldness or trophic changes, varicose veins, or color changes.
Hematologic	Negative for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Negative for polydipsia, polyuria, excessive sweating, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	Negative for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, psychiatric medication use.

Physical Exam

Vitals	BP: 50/32 RA, Supine RR: 36 breaths / min, unlabored Pulse: 133 beats / min O2 Sat: 98% Room air Temp: 98.8 axillary Height: 18.5 cm Weight: 2400 g BMI: 10.87 kg/m ²
General	Alert, awake, not in acute distress. Appears to be appropriate size and look of a newborn.
Skin	Warm, moist, smooth, even texture, good turgor, appropriate for newborn. Bilateral skin temperature consistently warm on all extremities. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules.
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.

Hair	Appropriate quantity for neonate, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No swelling, trauma, tenderness, lesions on scalp.
Head	Sutures mobile, fontanelles appropriate for newborn. Appropriate symmetry. Normocephalic, atraumatic. No abnormal facies. No, lesions, mass, depressions, scars.
Eyes	No signs of lesions, masses, deformities, discharge, abnormal color. Symmetrical OU. Sclera white, cornea clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. PERRLA. No nystagmus.
Fundoscopy	Positive red reflex intact OU. Cup to disk ratio <0.5 OU. No opacities of lens, cornea. No AV nicking, hemorrhages, papilledema, or neovascularization OU.
Ears	Symmetrical and appropriate in size, well positioned, well-formed pinnae. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. Tympanic membrane pearly white/intact with light of reflex AU, no erythema or bulging.
Nose / Sinus	Clear, nares patent bilaterally. Unremarkable symmetry. Septum midline without lesions / deformities / injection / perforation. Nasal mucosa pink & well hydrated. Turbinate without erythema or edema. No foreign bodies. Sinuses are non-tender to palpation and percussion. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off.
Mouth	Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils are non-swollen and symmetric bilaterally. Uvula midline. Hard and soft palette well-hydrated, pink, and intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no injection, masses, lesions, foreign bodies, discharge, exudates.
Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars. No abnormal pulsations noted, JVD, carotid thrills or bruits on auscultation. Supple, non-tender to palpation.
Thyroid	Non-tender. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy in pre/postauricular, occipital, tonsillar, submandibular, submental, superficial, anterior cervical, posterior cervical, supraclavicular, infraclavicular.
Chest	Symmetrical, no deformities, no trauma, lesions, masses, or scars. Respirations unlabored / no paradoxical respirations or use of accessory muscles noted. No signs of pectus excavatum / pectus carinatum, scoliosis, or kyphosis. Non-tender to palpation throughout.

Lungs	<p>Pulmonary effort is normal for newborn. Clear to auscultation and percussion bilaterally, anteriorly and posteriorly. No respiratory distress. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate.</p> <p>No wheezes, rhonchi, crackles, adventitious / diminished breath sounds. No signs of consolidation. Resonant throughout percussion.</p>
Heart	<p>Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. No JVD measured. PMI not to be noted in newborns. No abnormal pulsations noted. No heaves or thrills or lifts on palpation.</p>
Abdomen	<p>Distended and full. Abdomen symmetric with no scars, bruises, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. Non-tender to palpation and tympanic throughout.</p> <p>Bowel sounds hypoactive in all 4 quadrants with no aortic / renal / femoral bruits. No venous hums / friction rubs.</p> <p>No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness appreciated.</p>
Pelvic	<p>Negative Barlow and Ortolani. Uncircumcised male. No penile discharge or lesions. No scrotal swelling or discoloration. Testes descended bilaterally, smooth and without masses. Rugae appropriate for newborn male. Epididymis nontender. No inguinal or femoral hernias palpated.</p>
Neurologic	<p>Easily aroused. Good symmetric tone, normal newborn reflexes symmetric Moro reflex.</p>
Motor	<p>Symmetric muscle bulk with good tone. appropriate for newborn. No atrophy, tics, tremors or fasciculation.</p> <p>Full active/passive ROM of all extremities without rigidity or spasticity. Strength 5/5 throughout against resistance. No weakness.</p>
Reflexes	<p>Deep tendon and abdominal reflexes 2+ throughout.</p>
Meningeal	<p>No nuchal rigidity noted. Brudzinski's and Kernig's signs negative.</p>
Mental Status	<p>Alert and oriented.</p>
Vascular	<p>Extremities are appropriate in color, size, and temperature. Pulses are 2+ bilaterally in upper and lower extremities. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No bruits noted. No clubbing or cyanosis. No stasis changes or ulcerations.</p>
MSK	<p>No soft tissue swelling in extremities, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Non-tender to palpation and no crepitus throughout. Full ROM of upper and lower extremities bilaterally.</p>

Labs

Lactate Venous – elevated at 3.8

Glucose Venous – decreased at 64

CBC and Differential – WBC elevated at 25.48. Neutrophil count elevated to 73.4. Rest of CBC is within normal limits.

BMP – Within normal limits.

BCx – Negative

Imaging

Abdominal X-ray AP: **Air-filled, distended loops of small bowel are seen throughout abdomen.**

Assessment

T.C. is a 2-day old baby born NSVD and admitted to NICU for suspected sepsis. Presented with bloody stool, abdominal distension, poor feeding, and weight loss. X-ray revealed gas within distended bowels. Begin treatment for clinical necrotizing enterocolitis – NPO and empiric antibiotics.

Differential Diagnosis (most to least likely)

1. Clinical Necrotizing Enterocolitis
 - Positive for bloody stool
 - Positive for Sudden intolerance to feeding
 - Positive Abdominal distension with pneumatosis intestinalis
 - Lactate levels and WBC elevated
2. Intestinal Malrotation
 - Positive abdomen distention, bloody stool, poor feeding
 - Unlikely because negative imaging on abdominal xray
3. Hirschsprung's
 - Positive for abdominal distension and gas build up on xray
 - Unlikely because negative for vomiting, diarrhea, and delayed passage of meconium
4. Intussusception
 - Positive for abdominal distension and bloody stools
 - Unlikely because negative for vomiting, not in acute distress, and no mucus noted in stool, negative imaging of telescoping
5. Perforation of ileus
 - Positive for abdominal distension
 - Unlikely because negative for vomit, constipation

Plan

1. Treat for clinical NEC
 - a. Start Gentamicin/Ampicillin x 7 days
 - b. Start Zosyn x 10 days
2. NPO can transition to straight drainage as abd exam soft non-distended
3. Serial abd exam and imaging (abd x-ray)
4. Serial ABG measurements
5. Continue to monitor clinically with glucose levels, urine / bowel output, and weight changes
6. TPN support
7. Update mother about baby status