



Kennedy Krieger Institute
 Pediatric Rehabilitation
 Progress Note

Name: Haya Al-Yasin
 KKI #: 12-19-03
 JHH#: 8-433-61-49
 DOB: 6/9/03
 Date: 7/4/08

S: Irritable O/N - HR briefly/intermittently to 140-160s.

O: Tm 37.6 (ax) HR 80-120 RR 18-32 BP 72-115 SaO2 > 96% RA
 Wt: 22.4 I/O's: NC x 6 PM x 1 52-63

Gen: Well-nourished child, laying in bed, comfortable and in NAD.

HEENT: NC, OP clear, clear conj, neck supple

CV: RRR, no m/r/g.

Chest: CTA bilaterally

Abd: NT, ND, NBS, soft, no HSM

Ext: WWP

Neuro: No facial asymmetry, slightly low tone in extremities, but able to move arms/legs and support head, non-verbal, poorly interactive but alert.

Medications:

- 1) Tegretol 250mg PO BID
- 2) Diastat 2.5mg PR PRN

Data/Rads: CMP wnl,

A/P: 5 y/o with h/o cerebellar astrocytoma s/p resection 9/05, VP shunt 2/06, and generalized seizure d/o who presents for reevaluation of her seizures and global developmental delay. Presently with multiple seizures since admission (prolonged x 1), with subtherapeutic tegretol level.

- 1) Neuro - Monitor for further sz activity, f/u neurology consult, plan for EEG, and discuss ideal medication regiment for seizure control. Follow up neurodevelopmental testing.
- 2) Pulmonary: Became dusky with seizure; will monitor respiratory status (CPOX).
- 3) Musculoskeletal: Continue PT/OT while inpatient, f/u recs regarding further outpatient therapies.
- 4) Heme: CBC wnl, will monitor blood counts with medication changes.