

## **REASON FOR REFERRAL**

Seizure disorder and developmental delay.

## **HISTORY OF PRESENT ILLNESS**

Haya is 5-year-old with a history of astrocytoma status post resection and VP shunt, and seizure disorder who is brought to the Kennedy Krieger Institute by her parents for evaluation of her seizures and developmental delay.

Haya was a healthy child in the first year and at 12 months developed gradual progressive loss of her motor skills, leading to diagnosis of a right-sided cerebellar mass which was removed in 09/2005 and found to be a grade 1 pilocytic astrocytoma. Following her surgery, Haya had significant loss of skills including inability to walk or verbalize. She underwent physical therapy and language therapy with gradual gains, including the ability to sit up unassisted, walk with assistance, and indicate wants via sounds and gestures.

Haya additionally had onset of generalized tonic-clonic seizures beginning 1/08 for which she has been treated with Tegretol. However, her seizure frequency has increased in the past several months from 1 to 2 monthly to up to twice weekly despite increases in her medication. Mom notes that she occasionally holds her breath with her seizures and will intermittently require Diastat by rectum. Her parents brought her to KKI for reevaluation of her seizure disorder and developmental delay.

## **PAST MEDICAL HISTORY**

1. Astrocytoma, s/p resection 9/05 and VP shunt 2/06
2. Seizure disorder.
3. Adenoidectomy 05/2005.
4. Developmental delay.

## **ALLERGIES**

No known drug allergies.

## **IMMUNIZATIONS**

Immunizations are up to date.

## **HOSPITAL COURSE**

1. Neurology: Haya was continued on her Tegretol on the first day of admission. At 5 p.m. on 07/07/2008, she had a 3-minute generalized tonic-clonic seizure which self-resolved. Subsequently, a Tegretol level was drawn and found to be low at 5.8 trough. Tegretol was therefore increased from 200 mg b.i.d. to 250 mg b.i.d. At 5 a.m. on 07/08/2008, Haya had an additional seizure, this one lasting 7 minutes and associated with periorbital cyanosis and brief oxygen desaturation to the 80s requiring supplemental oxygen. She was given 2.5 mg of Diastat by rectum. Thereafter, the seizure resolved and she was rapidly weaned back to room air. Neurology consult suggested repeat EEG, MRI, and increasing Tegretol to 300 mg by mouth twice daily. 2. GI: Haya showed significant irritability during her hospitalization, the etiology of which was unclear. Following neurological consultation, it was suggested that she may be suffering from reflux, and prevacid was therefore started on 07/09/2008.

## **DISCHARGE PHYSICAL EXAM**

Vital signs: Temperature 37.6, heart rate 80, respiratory rate 18, blood pressure 82/60, SP O2 96% on room air. Weight 22.4 kilograms. In general, this is a well-nourished child lying in bed, comfortable, and

in no acute distress.

HEENT: Normocephalic. Oropharynx clear. Clear conjunctivae. Neck supple without masses.

CARDIOVASCULAR: Regular rate and rhythm, No murmurs, rubs, or gallops with 2+ pulses in all extremities.

CHEST: Clear to auscultation bilaterally. Unlabored breath sounds.

ABDOMEN: Nontender, nondistended, normal bowel sounds, soft, with no organomegaly.

EXTREMITIES: Warm and well-perfused without edema or cyanosis.

Neurological: No facial asymmetry. Alert, noninteractive. Slightly low tone in extremities but able to move arms and legs and support head. Nonverbal.

### DISCHARGE DIAGNOSIS

Developmental delay, seizure disorder.

### DISCHARGE CONDITION

Stable.

### DISCHARGE INSTRUCTIONS

Fall precautions and clear to participate in physical therapy and occupational therapy.

### DISCHARGE DIET

Regular.

### DISCHARGE MEDICATIONS

Tegretol 300 mg by mouth twice daily, Diastat 2.5 mg per rectum as needed for prolonged seizures over 5 minutes, Prevacid 15 mg by mouth once daily.

### FOLLOWUP

1. EEG on 07/10/08 at 9 a.m. at the Kennedy Krieger Institute.
2. Tegretol level and BMP to be drawn 07/15/2008 at 1 p.m. at The Johns Hopkins Hospital.
3. Neurology appointment with Dr. Johnston on Tuesday, 07/15/2008, at 2:30 p.m.
4. Outpatient audiology evaluation at the Kennedy Krieger Institute on 07/17/2008 at 10 a.m.
5. Outpatient ophthalmology evaluation at Wilmer Eye Institute. The parents are to call 410-925-8314 for appointment.
6. Physical therapy, occupational therapy, and speech therapy will be in touch with the parents for scheduling appointments.

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Michael Keller, MD

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Melissa Trovato, MD

Electronically Signed by Michael Keller, M.D. on 07/15/2008 03:47:23 PM

**KENNEDY KRIEGER INSTITUTE**  
BRAIN INJURY PROGRAM  
Discharge Summary

**KKI#: 12-19-03**  
Name: Al yasin, Haya  
DOB: 06/09/2003  
DoA: 07/07/2008 D/C Date: 07/09/2008

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Electronically Signed by Melissa Trovato, M.D. on 07/22/2008 11:45:39 AM

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