

Community Hospital of the Monterey Peninsula

Carmel, California

Name: [REDACTED]	Hosp. No. 13-26-72	Date 7-25-80
Physician: ALAN ROSEN, M.D.		Carbon copy to:

HISTORY:

This is a premature baby, 29 weeks by dates, who was born at Stanford University Medical Center. Early in this pregnancy the mother had a therapeutic abortion done, but later noted fetal movement and it was realized at that time that she had been carrying twins and the abortion had not been complete. Although it would have been possible to have a repeat therapeutic abortion, the mother elected to carry this pregnancy to term. However, the pregnancy was complicated by third trimester bleeding and she is believed to have had a placenta previa. She was admitted to CHOMP, begun on Terbutaline and Betamethasone and transported to Stanford. At Stanford ultrasound showed no evidence of placenta previa, but the baby was in breech presentation. The pregnancy also was complicated by rupture of membranes approximately 2 to 3 weeks prior to delivery. When the mother developed increasing bleeding and uterine tenderness it was decided to proceed with a C-Section. At delivery this was a 29 weeks gestation female infant weighing 1440 grams who was very vigorous. Apgars were 6 and 8. The baby received brief oxygen by mask and then nasogastric suction. The baby was taken to the ICU nursery. An umbilical artery catheter was placed and the baby placed in 40% oxygen. The initial arterial blood gas showed PH of 7.33, PO2 of 107, PCO2 of 44. Her seven day hospitalization at Stanford was rather benign. Her respiratory status improved rapidly and she was in room air on July 22nd. Feedings were begun on July 23rd and today she is taking 14 cc every two hours of full strength breast milk. The baby had no signs of sepsis and antibiotics were stopped after three days. The Hematocrit has been stable at 50 to 52%. The baby was treated with further therapy for one day for hyperbilirubinemia with a Bilirubin of 9.3 maximum. At the time of discharge from Stanford the baby weighed 1300 grams.

PHYSICAL EXAMINATION:

GENERAL: This is a normal appearing 29 weeks gestation (1 week old) premature baby who is somewhat thin. Weight is 2 lbs, 14 oz (1304 grams), length is 16", head circumference 27 cms., temperature 98.6, pulse 180, respiratory rate 72.

SKIN: Many vessels are seen and there are healing heel stick marks.

HEAD & NECK: The sutures are overlapping, the anterior fontanelle is sunken.

EYES: Red reflex is seen bilaterally.

OROPHARYNX: Normal.

CHEST: Clear to auscultation.

HEART: Normal sinus rhythm with no murmur. Pulses in the lower extremities are normal.

ABDOMEN: Soft, no hepatosplenomegaly. The umbilicus is healing.

GENITALIA: Normal premature female infant.

ASSESSMENT:

1. Well premature infant, 29 weeks gestation, one week of age.

PLAN: Baby will be admitted to nursery at CHOMP and maintained in Isolette with gavage feedings and periodic laboratory evaluations of hyperbilirubinemia and hematocrit.

AHR:lhb D&T: 7-25-80

ALAN H. ROSEN, M.D.