

CLAIRE M. WILSON, M.D.
PEDIATRIC GASTROENTEROLOGY AND NUTRITION
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN
1319 PUNAHOU STREET, SUITE 904
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PHONE: (808) 947-3488 FAX: (808) 941-2121

July 22, 2002

Danilo Perlas, M.D.
302 California Avenue, Suite 208
Wahiawa, Hawaii 96786

Re: **PASCUAL, Ronela**
Birthdate: 12/28/01

Dear Danny:

I had the pleasure of seeing your patient, Ronela, in my office on 7/22/02. As you know, she is a 6-1/2-month-old with failure to thrive first noted around 3 months of age from your growth records. She was born at term following a normal pregnancy, and had a birth weight of 8 lbs. 7 oz. She has been nursing since birth. She refuses a bottle if offered. She's breast fed every 30 minutes and twice overnight. She'll nurse on one side for 30 minutes and on the other side for 10 minutes. Mom does not feel any let down, but does hear her swallowing. Since about 4 months of age, they've given her rice cereal three times a day every day and currently she gets rice cereal mixed with applesauce 2 ounces t.i.d. The only other thing she's been offered is banana, which she refused (she was also observed to be given Cheetos in the waiting room and they mentioned that she does eat a small amount of rice as well. She goes to the Wahiawa WIC Program. She does not drink juice or water. She's able to roll over and sits with support. She has no other medical problems that they're aware of although they have noticed some lumps on the back of her neck (no history of otitis or scalp infection). She spits up once a day, of variable amounts, but has no history of hematemesis. She stools b.i.d. and her stools are soupy, occasionally black, but usually yellow and no blood has been seen in them. This is her mother's first baby. Mom is 19 years old and lives with her mother and her mother's boyfriend. Ronela's mom is the baby's main caretaker. Family history is negative for gastrointestinal disease. Mom is 5 ft. 5 in. and weighs 141 lbs., and dad is 5 ft. 7 in. and weighs about 130. Ronela's grandmother is 5 ft. 1 in. No one in the family is extremely short.

On physical exam, Ronela's weight of 5.44 kg (12 lbs.) was less than the 3rd percentile and actually less than the last weight in your office, which was 12.6 lbs. Her length was 62.5 cm (10th percentile), and her weight for height was less than the 3rd percentile. Her head circumference of 42.5 cm was 50th percentile. Her temperature was 97.9 tympanic. She was a thin, well-hydrated infant with sparse hair. She had an occipital lymph node palpable on the right about 1 cm in diameter. Her lung and heart exams were normal.

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Her abdomen was soft and non-tender with the liver edge felt 3 cm below the right costal margin, no splenomegaly, and no masses. On rectal exam, there was a small amount of brown stool, which tested heme negative.

I suspect that Ronela is failing to thrive due to inadequate oral intake and using the breast as a pacifier. Renal tubular acidosis or another metabolic problem is possible as well. As you and I discussed on the phone, it was decided to admit her for a workup. This was in part influenced by the fact that her family was over an hour late for this appointment and I had some concern about their follow-up potential. I'll be assisting you with her during her inpatient stay, and thanks again for involving me in her care.

Sincerely,



Claire M. Wilson, M.D.

CMW:pt

cc: Wahiawa WIC Program

KAPI'OLANI MEDICAL CENTER

For Women and Children
1319 Punahou Street
Honolulu, Hawaii 96826

NAME: **Pascual, Ronela**

MR #: 58-92-79

ROOM #: PEDSP2220B

DICTATED BY: Alan Ikeda, M.D.

ATTENDING PHYSICIAN: Danilo S Perlas, MD

DISCHARGE SUMMARY

cc: Alan Ikeda, M.D.
Danilo S Perlas, MD

DATE OF ADMISSION: 07/22/2002**DATE OF DISCHARGE:** 07/26/2002**PRINCIPAL DIAGNOSIS:** FAILURE TO THRIVE.**COMPLICATIONS:** None.**OPERATIONS:** None.**CONSULTANTS:** Dr. Wilson, Gastroenterology.

REASON FOR ADMISSION/BRIEF HISTORY OF PRESENT ILLNESS: From last report done by Dr. Paul Eakin, this is a 6-month-old baby girl, who was admitted from Dr. Wilson's office after referral from PMD for failure to thrive. Mother reports that the baby was born without complications following a normal pregnancy. Baby was breast fed until 4 months of age. At 4 months of age, she was started on baby foods such as apple sauce and rice. Mother reports no decreased milk production after 5 months of age. At the time of admission, the patient takes 3 jars of baby food, some formula and breast feeds for 30-40 minutes with 30 minutes between each feed. During the night, baby breast feeds twice. Mother denies any vomiting or diarrhea. Baby does have an occasional spit up and stools 2-3 times a day. Stool consistency is usually soft or formed, brown, black or yellow. No blood or mucus in stools. Number of voids are unknown because the mother only changes the diapers 2-3 times per day. She denies fever, cough, colds, rhinorrhea, rash, recurrent pneumonias or ear infections. No ill contacts. The patient has been shown to decrease weight. She was at the 76th percentile at 2 months, 25th percentile at 4 months, 5th percentile at 6 months and currently is below 3%.

ADMITTING PHYSICAL EXAMINATION: This is being dictated from the report of Dr. Paul Eakin. Weight 5.42 kg, just less than the 3rd percentile, height 64 cm which is 10th-25th percentile, head circumference 42 cm which is 10-25th percentile. Weight per height is under the 3rd percentile. There are no dysmorphic features. Temperature 98, heart rate 123, respiratory rate 28, blood pressure 74/49. Baby is active and alert, good eye contact. Fussy during the examination, appears small for age. HEENT: Normocephalic, atraumatic, anterior fontanel flat and pulsatile. Eyes: Noninjected. Positive nystagmus. No rhinorrhea. Tympanic membranes are gray, mobile bilaterally, MMPN. Neck supple. There is a left posterior occipital lymph node, no scalp lesions. Chest: Clear to auscultation bilaterally, good aeration. CV: Regular rate and rhythm without murmur. Normal S1 and S2. The patient was crying. Abdomen: Positive bowel sounds, soft, nontender, nondistended. Negative HSM. Genitourinary: Normal female external genitalia. Skin: No lesions. Extremities: Warm and well perfused. Neurological: Good head support, supports weight on feet.

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Discharge Summary

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CC FOR: Danilo S Perlas, MD

DISCHARGE SUMMARY

HOSPITAL COURSE: 1. FAILURE TO THRIVE. Lactation nurse was consulted. The baby was known to be using the breast nipple as a pacifier. There was poor latching at the time. During the patient's stay, the mother was able to demonstrate that she was able to have the patient latch on and breast feed in the correct manner. However, it was noted by staff that the patient would not often breast feed in the proper position and mother would often be found lying down with the baby. Alternative food sources were attempted, but the baby continued to refuse taking formula whether given by cup, spoon or

Breast examination of mother noted that milk could be ejected. The patient remained stable during the stay. Some of the initial weight loss was replaced before discharge. There was some thought that the mother and child both felt uncomfortable in the hospital setting and would possibly benefit from a home environment. It is anticipated that the patient's mother will benefit from a home environment. It is anticipated that the patient's mother will have taken the new learned techniques of breast feeding and properly feed the baby at home and stop feeding the baby adult foods. This will be monitored as an outpatient. The patient is to follow up in three days. If the patient does not gain any weight, there is a consideration that the baby will be readmitted and an NG tube will be placed.

2. HISTORY OF BLACK STOOLS. Because there was no stool samples, the stool was not sent until the second day of admission. Guaiac remained negative. Stool culture and O&P was negative. Urinalysis and urine culture resulted in E.coli 6000 cfu/ml. It was thought of as a contaminant.

3. BIZARRE AFFECT OF MOTHER. Mother had an affect that was quite flat. She seemed non-receptive to some of the discussions that she was confronted with. A child psyche consult was obtained for both the child's and the mother's benefit. The results of this consultation was that the mother probably had _____ and was to be evaluated further by Dr. Johns at KCC.

PERTINENT FINDINGS/TEST RESULTS: Chest x-ray was normal, showed a normal heart size. Urine culture and urinalysis: Urinalysis showed small leukocyte esterase, trace ketones, large blood, otherwise normal. Urine culture grew out E.coli 6000 cfu/ml and it was thought to be a contaminant. CBC: White blood cells 17.8, hemoglobin 11.5, hematocrit 33.8, platelets 460, segs 9, lymphocytes 7, reticulocytes 3, monos 2, eosinophils 14. Electrolytes: Sodium 136, potassium 3.7, chloride 102, CO2 23, glucose 92, BUN 7, creatinine 0.2, calcium 10.3, phosphorous 4.7, uric acid 4.6, total protein 7.1, albumin 4.8, globulin 2.8, AST 72, ALT 49, alkaline phosphatase 214, LDH 257, GGT 18, total bilirubin 0.3, cholesterol 186, triglycerides 126. Stool was negative for occult blood. Stool cultures showed no ova or parasites.

DISCHARGE INSTRUCTIONS:

1. Diet: Diet for age. The patient was to be limited of any adult foods.
2. Activity: As tolerated.
3. Medications: None.

CONDITION ON DISCHARGE: Stable.

PLANS FOR FOLLOW UP: The patient was to follow up with PMD, Dr. Perles, on Monday, July 29, 2002. The patient's mother was to follow up with Dr. Johns at KCC within a week after discharge.

Alan Ikeda, M.D.

Danilo S Perlas, MD

D: 07/28/2002 10:44 A T: 07/28/2002 2:32 P /py
Job #: 000005130 Doc #: 308253

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