

NICU Nursing POST-OP Progress Note

Infant transported to TCH at 0915 today for evaluation of leaking at G-[** **] site persisting despite several maneuvers recommended by Pedi-[**Doctor First Name **]. Transported in heated transport isolette on CR monitor and oximeter with nasal cannula 40% at .5LPM. Infant tolerated transport without incident.

Brought to X-Ray for dye study of temporary G-[**Doctor First Name **] to evaluate appropriate measures for resolution. Tolerated testing well. Dye was found to be leaking to the outside of the body at the site of insertion of G-[**Doctor First Name **].

Brought to OR and new G-[**Doctor First Name **] (#12Fr Mic-Key) inserted into a new area of the abdomen followed by take-down of the previous g-[**Doctor First Name **] site. Due to poor IV access, broviac #2.5Fr inserted via RIJ vein and position checked by fluoroscopy in OR. Line draws back easily. Infant extubated to blow-by O2 in Or and returned to [**Hospital1 32**] via transport isolette without incident.

Old G-[**Hospital1 **] site was found to be erythematous with dark brown foul-smelling drainage. Ampicillin and Clindamycin added to Kefzol post-op. Infant is active and alert with good cap refill and BP. [**Hospital1 **] draining mod amt serosang. Broviac [**Hospital1 **] stained with light red fluid. Infant to remain NPO X7 days. G-[**Hospital1 **] to gravity drainage and not draining anything yet but air is able to be aspirated. Girth 29cms. (28 Pre-op) TF restricted to 120cc/kg/day for now. Voiding 3.0cc/kg/hr. Ileostomy output .08 since NPO.

Inguinal hernia exam unchanged. Seen by surgeons in OR.

Temp 100.4 upon return in transporter. Control point titrated on warmer. Will discuss checking CBC, diff for early evaluation for potential for sepsis due to his trend of rapid decompensation without symptoms of sepsis in past. Remains on triple antibiotics as per surgery.

Medicated frequently initially with Morphine for pain. Sleeps in short naps with [**Hospital1 4**] comforting him when he wakes. [**Hospital1 **] updated regarding today's events by myself, Dr. [**Last Name (STitle) 5053**], and anesthesia. [**Last Name (STitle) **] very concerned regarding infant's status.