مستشفى توام
بالإشتراك مع جونز هوبكنز الطبية

TW Tawam Hospital
P.O.Box 15258
Al Ain, Abu Dhabi
United Arab Emirates
+97137677444 +97137677634

EPI:	**EPI02-975-495**
MRN:	**TW10-266-494**
Patient:	**ALKAABI, HAMAD IBRAHIM ABDULLA RASHED**
FIN:	**007-949-054**
DOB:	05/11/2016 **Age:** 2 years **Sex:** Male
Fin Class:	**Daman Thiqa**
Attending Doctor:	Al-Amri ,Abdulla Lotf Hussein
Encounter Date:	17/06/2019 - 17/06/2019
Location:	PEDS TW **Rm:** **Bed:**

Medical Reports_Evaluation

Document Name:	Medical Reports/Evaluations
Result Status:	Auth (Verified)
Result Date/Time:	23/06/2019 10:13 GST
Performed By:	Komlya ,Aiko Marie as proxy for Al-Amri ,Abdulla Lotf Hussein (23/06/2019 09:50 GST)
Signed By:	Alkaram ,Sultan Mohamed Abdulrahman (24/06/2019 10:34 GST); Al Shibli ,Amar Ibrahim M.(23/06/2019 14:15 GST); Al-Amri ,Abdulla Lotf Hussein (23/06/2019 12:12 GST)
Verfied By:	Al-Amri ,Abdulla Lotf Hussein (23/06/2019 12:12 GST)
Reviewer:	

IPC MEDICAL REPORT

CONFIDENTIAL

Date:	**23 June 2019**
Patient Name:	**ALKAABI, HAMAD IBRAHIM ABDULLA RASHED**
Medical Record Number:	**10266494**
Date of Birth:	05/11/2016
Age:	2 years old
Gender:	Male
Nationality:	Emirati
Hospital:	Tawam Hospital

للمواعيد والاستفسارات والملاحظات For appointments, inquiries & comments 80050
www.seha.ae
SEHA Dialysis Services | Al Rahba Hospital | Al Ain Hospital | Mafraq Hospital | Al Dhafra Hospitals | Corniche Hospital

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED **MRN:** TW10-266-494

EPI: EPI02-975-495 **FIN:** 007-949-054

Medical Reports_Evaluation

Department/Division: Pediatrics-General

Treating Physician: Dr. Abdulla Loft Al-Amri

To: **IPC Medical Board**

HISTORY

Hamad is a 2-year-old boy, who returned from USA in January 2019 after 8 months stay for multiple issues including:

1. Preterm (27 weeker).
2. Part of twin (the other twin MRN: 10266497).
3. History chronic lung disease.
4. G6PD deficient.
5. Anemia of prematurity.
6. Bilateral Grade IV IVH—periventricular leukomalacia.
7. Status post VP shunt—last changed in December 2018.
8. Seizures, on Keppra and rufinamide.
9. Sensorineural hearing loss. Test was repeated and showed normal.
10. Cortical blindness.
11. History NEC, but no bowel resection as per mom.
12. Hydrocephalus.
13. History admission to SKMC and then travelled to US for further management of ?intracranial bleeding.
14. Status post VP shunt insertion in Boston Children's Hospital. Currently have 2 shunts.
15. Status post PEG insertion in US but without a fundoplication.
16. Quadriplegic spastic CP (cerebral palsy).
17. Intractable epileptic spasms.
18. Global developmental delay.

للمواعيد والاستفسارات والملاحظات For appointments, inquiries & comments 80050 www.seha.ae

SEHA Dialysis Services | مستشفى الرحبة AL RAHBA HOSPITAL | مستشفى العين AL AIN HOSPITAL | مستشفى المفرق Mafraq Hospital | مستشفى شوام | مستشفيات الظفرة Al Dhafra Hospitals | Ambulatory Healthcare Services | مستشفى الكورنيش Corniche Hospital

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED MRN: TW10-266-494
EPI: EPI02-975-495 FIN: 007-949-054

Medical Reports_Evaluation

RESPIRATORY:

- He is on Ventolin q 6hourly, Pulmicort 0.5 mg nebs BID since January 2019.
- Before, he used to be on Ventolin and normal saline nebs PRN.
- Mom reported that since the time he was seen in Boston, he cannot lie flat. When he lies flat, he has increased secretions and he starts coughing so they put him is semi upright position.
- His cough is worse when he is getting his feeds and lying flat and it is much less in the 6 hours when he is not on feeds.
- He also has intermittently increased secretions: Secretions are more when he is awake.
- Suctioning done every 1-4 hours PRN.
- Saturation ranges from 95-98% in RA.
- Triggers: Weather change and URTI (upper respiratory tract infection).

NASAL:

- Denies frequent/chronic nasal congestion, sneezing or itchy nose.
- He is snoring sometimes especially when he has a URTI.
- No symptoms of OSA (obstructive sleep apnea).

GIT:

- He is on exclusive PEG feeds with Pediasure advance 3 cans/day at 50 ml/hour x 18 hours (regimen prescribed by dietician in US).
- He is vomiting almost daily; amounting to about 80-90 mL per vomit.
- He is on Ranitidine 19.5 mg BID (1.66 mg/kg/dose).
- He is on Miralax for constipation.
- <u>Feeding regimen:</u>

SEHA Dialysis Services · Al Rahba Hospital · Al Ain Hospital · Mafraq Hospital · Al Dhafra Hospitals · Ambulatory Healthcare Services · Corniche Hospital

- PEG feeds using feeding pump, continuous.
- Formula: Changed to Pediasure peptide (per 100 ml; 100 kcal, 3 g protein).
- Rate: 50 ml/hour running offer 18 hours (900 ml).
- Water flushes: Total per day 180 ml.
- Water flush after medications: 60 ml.

OTHERS:

- He is having seizures and is on multiple seizure meds.
- Epilepsy controlled with medication; only few some times which is less than seconds.
- He is not on regular PT and OT >> he is having fixed joints.
- He is having 2 VP shunt.

Perinatal History:
Ex-preterm, 27 weeker, part of twin, cesarean section, birth weight 870 g, and required NICU admission.

Past Medical History:
As mentioned above

Surgical/Procedure History:

- VP shunt.
- Inguinal hernia repair.
- PEG tube insertion.
- External ventricular drain insertion on 1/4/2018.
- MRI performed on 26/3/2018.
- Catheter Broviac insertion PEDS (right) on 8/12/2016.

CONFIDENTIAL

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED MRN: TW10-266-494
EPI: EPI02-975-495 FIN: 007-949-054

Medical Reports_Evaluation

Family History:
G6PD deficiency uncles.

Development:
Global developmental delay

Allergies:
No known allergies.

Current Medications:

- Baclofen 7 mg in AM, 7 mg in PM, and 8 mg at night.
- Rufinamide 280 mg (7 ml) BID--- 40 mg /mL (51 mg/kg/day)—started November 2018 in USA.
  - As liquid preparation not available we prescribed tab Rufinamide 200 mg BID.
- Keppra 220 mg BID (40 mg/kg/day).
- Glycopyrrolate 1.5 ml TID.
- Clobazam 5 mg BID.
- Buccal midazolam 5 mg as rescue therapy for seizure greater than 5 minutes.
- Ranitidine 35 mg BID.
- Budesonide and Ventolin nebs.

Immunization:
Up to date.

REVIEW OF SYSTEMS
CONSTITUTIONAL: Negative except as documented in history of present illness.
EAR/NOSE/MOUTH/THROAT: No nasal congestion and no sore throat.
RESPIRATORY: No shortness of breath, no cough, no sputum production, and no wheezing.
CARDIOVASCULAR: No tachycardia and no peripheral edema.

CONFIDENTIAL

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED **MRN:** TW10-266-494

EPI: EPI02-975-495 **FIN:** 007-949-054

Medical Reports_Evaluation

GASTROINTESTINAL: Negative except as documented in history of present illness.
GENITOURINARY: No hematuria and no change in urine stream.
HEMATOLOGY/LYMPHATICS: No swollen lymph glands.
IMMUNOLOGIC: No recurrent infections.
MUSCULOSKELETAL: Negative except as documented in history of present illness.
INTEGUMENTARY: No rash and no dryness.
NEUROLOGIC: Negative except as documented in history of present illness.
All other systems are reviewed and are negative.

PHYSICAL EXAMINATION

VITAL SIGNS:

8/5/2019 14:50 UAE	Temperature Tympanic	36.2 degC
	Peripheral Pulse Rate	**114 bpm HI**
	Respiratory Rate	28 br/min
	Oxygen Saturation	98 %
7/5/2019 11:01 UAE	Temperature Tympanic	36.3 degC
	Peripheral Pulse Rate	99 bpm
	Respiratory Rate	25 br/min
	Oxygen Saturation	96 %
7/5/2019 09:21 UAE	Temperature Tympanic	36.1 degC
	Peripheral Pulse Rate	109 bpm
	Respiratory Rate	26 br/min
	Oxygen Saturation	97 %

MEASUREMENTS:

8/5/2019 14:50 UAE	Height/ Length	74.5 cm
	Weight	11.7 kg
	BSA	0.49 m2
	Body Mass Index	21.08 kg/m2
7/5/2019 09:21 UAE	Height/ Length	80 cm
	Weight	11.7 kg
	BSA	0.51 m2
	Body Mass Index	18.28 kg/m2

GENERAL: No acute distress.
DEVELOPMENTAL MILESTONES: +developmental delay.

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED **MRN:** TW10-266-494

EPI: EPI02-975-495 **FIN:** 007-949-054

Medical Reports_Evaluation

EYE: Pupils are equal, round and reactive to light, and normal conjunctiva.
HENT: Oral mucosa is moist and no pharyngeal erythema.
NECK: Supple, non-tender, no lymphadenopathy, and no thyromegaly.
RESPIRATORY: Lungs are clear to auscultation, respirations are non-laboured, breath sounds are equal, and +scoliosis.
CARDIOVASCULAR: Normal rate, regular rhythm, no murmur, normal peripheral perfusion, and no oedema.
GASTROINTESTINAL: Soft, non-tender, non-distended, normal bowel sounds, and PEG in situ.
LYMPHATICS: No lymphadenopathy neck, axilla, and groin.
INTEGUMENTARY: Warm, intact, and no rash.
NEUROLOGIC: Quadriplegic spastic CP with hydrocephalus with intractable epileptic spasms and global delay.

IMPRESSION AND PLAN

Seen by Pediatric Pulmonology:

DIAGNOSES:

1. Mild persistent asthma, uncomplicated.
2. Orthopnea.
3. Disturbances of salivary secretion.
4. Gastro-oesophageal reflux disease without esophagitis.
5. Swallowing dysfunction.
6. Gastrostomy status.
7. Nasal congestion.

PLAN:

1. For the asthma, continue on Pulmicort nebs 0.5 mg BID and try to make Ventolin PRN. If continues to have frequent exacerbations in the future, will add in Singular.
2. For the orthopnea, will maximize the GER treatment by increasing the dose of Ranitidine to 3 mg/kg/dose so 35 mg BID and suction as needed.
3. Referral to Peds GI for the ongoing GERD.
4. Follow-up in 3 months.

للمواعيد والاستفسارات والملاحظات For appointments, inquiries & comments 80050 www.seha.ae
SEHA Dialysis Services · Al Rahba Hospital · Al Ain Hospital · Mafraq Hospital · Al Dhafra Hospitals · Ambulatory Healthcare Services · Corniche Hospital

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED **MRN:** TW10-266-494

EPI: EPI02-975-495 **FIN:** 007-949-054

Medical Reports_Evaluation

Seen by Pediatric Neurology:
UPDATE ON 20 May 2019:

1. Patient not seen today.
2. Homecare nurse came for refill of the rufinamide as they have only 2 days stock left.
3. According to the nurse jerky movement of the upper and lower limbs is still there (3-4 times/day; one episode lasting max 5 minutes).
4. Rufinamide liquid form is not yet available (in process).
5. Tablet rufinamide 200 mg BID available.
   - Pharmacy informed me that it is film coated and it cannot be divided and cannot be dissolved; prescribed as the liquid form is not yet available and it will take time for the pharmacy to obtain it, liquid form is non-formulary and prescription is already made.

PLAN: To continue on medications.

This Medical Report issued based on family request for update about his condition as he is travelling back to USA.

Electronically Signed

DR. ABDULLA LOTF HUSSEIN AL-AMRI
Consultant, General Pediatrics
Department of Pediatrics
E-mail: aamri@seha.ae
Contact No.: +97137677444

DR. AMAR AL SHIBLI, MD. FRCPCH
Consultant and Chief, General Pediatrics
Department of Pediatrics

DR. MOHAMMAD YOUSEF KHASSAWNEH

Patient: ALKAABI, HAMAD IBRAHIM ABDULLA RASHED **MRN:** TW10-266-494

EPI: EPI02-975-495 **FIN:** 007-949-054

Medical Reports_Evaluation

Consultant/Acting Division Chief, Neonatology
Chairman, Department of Pediatrics

DR. SULTAN MOHAMMAD ALKARAM
Consultant, Cardiology Division
Acting Chief Medical Officer
Tawam Hospital

HEALTH INFORMATION MANAGEMENT
TAWAM HOSPITAL
IN AFFILIATION WITH JOHNS HOPKINS MEDICINE
RELEASE OF INFORMATION SECTION

AA/amk

Electronically Signed By: Al-Amri , Abdulla Lotf Hussein on 23-Jun-2019 12:12
Transcribed By: Komlya , Aiko Marie on 23-Jun-2019 10:13

CONFIDENTIAL