

**Makanda Rehabilitation Hospital  
Makanda County, Virginia 54123**

Re: **Polly Bannister**

Date of Evaluation: **4/12/02**

DOB: **12/08/01**

MR #: 09083214

Location of Visit: Makanda Dysphasia Rehabilitation Program

Length of Visit: 1.5 hours

**Chief Complaint:** Polly is a 4-month-old girl who was accompanied by her mother for the evaluation of her rehabilitation needs. Her primary care doctor consulted us to see Polly regarding her oral feeding problems. She has failed to gain weight well due to cardiac anomalies and history of herpes simplex virus, encephalitis. Her primary care doctor is trying to optimize her intake. His other concern is whether or not feeding therapy with speech therapy would be helpful.

**Birth and Previous Medical History as reported by Mrs. Bannister, Polly's mother:** Mrs. Bannister had a completely uncomplicated pregnancy, labor, and delivery. Polly was born at the local hospital. Labor was spontaneous and delivery was vaginal at term. Polly weighed 8 lbs. 5 oz and was 21 inches long at birth. Polly was discharged home with her mother after 2 days. Mrs. Bannister had an active herpes "cold sore" on her lip and Polly was exposed to the herpes virus from that. Mrs. Bannister did not have genital herpes. Polly was admitted on Dec. 24, 2001 and was diagnosed with herpes simplex virus encephalitis; she was discharged on February 1, 2002. She was also diagnosed with a VSD and PDA that was repaired at the end of April by cardiology. Polly had to be admitted to the hospital prior to the cardiac procedure to have a NG tube placed for supplemental feedings so that Polly would gain weight before the cardiac procedure could be done. Polly still has an ASD and the cardiologist is going to follow her for that and does not plan any more cardiac repair until age 2, if it is still needed. Polly also has a history of seizures that started with her episode of encephalitis. The seizures are controlled with Phenobarbital and Polly has not had any seizures since her discharge from the hospital.

Polly has had normal eye exam. Her hearing was tested after birth and was normal, but she did not have a repeat hearing test after her episode of encephalitis. There are no known allergies.

**Family History:** The paternal great-grandmother and maternal grandmother have hypothyroidism. The mother's aunt has a history of cancer in addition to the father's uncle. The paternal grandmother has a history of high blood pressure and diabetes. The mother reports that her sister had surgery for a heart problem. The father's cousin has a history of asthma.

**Social History:** The parents are married. The mother is at home as the care provider. The father works outside the home. There is an older sister who has no health problems.

**Healthcare Providers:** Makanda Pediatrics, Makanda Cardiology and Makanda Neurology follow her. She has had home health nursing visits in the past. She has had several visits with

the lactation consultant. Polly has not been referred to the Infant & Toddler Connection of Makanda.

**Functional Status:** Polly is age appropriately dependent for all activities of daily living.

**Feeding Status:** Mrs. Bannister states Polly is given pumped breast milk by bottle 3-4 times per day and takes about 3-4 oz. each time taking 45 minutes to finish. Polly has been cleared medically to feed. Mrs. Bannister reports that Polly's feeding intake has improved greatly since her cardiac repair procedure. The breast milk has been fortified to 24 calories per ounce with powdered formula. Mrs. Bannister states that she has tried giving rice cereal by spoon when the lactation consultant made her last visit and Polly wanted nothing to do with the spoon. Mrs. Bannister also reported that the pediatrician told her to wait and try spoon-feeding again when Polly was 6 months old. **Other Development:** In personal/social skills, Polly regards a face and smiles. She does not regard her own hands or work for a toy. She did cry frequently. She is on a 2-month level for personal/social skills. In fine motor skills, she follows past midline. She was not observed to bring her hands together midline at all. Mrs. Bannister states that she has a brief gross grasp of a rattle, but will not really hold onto anything placed in her hand. She does not swat at or reach for objects. She is on a 2-month level in fine motor skills. In language skills she reportedly coos, vocalizes, laughs, and turns to the mother's voice. Mrs. Bannister also reports that she imitates speech sounds that she makes. She did not turn to a rattling sound during today's visit. By the mother's report, Polly's language skills are at the 4-5 month level. In gross motor skills, Polly can lift her head prone 45-90 degrees, but is not really up on her arms for support. She can bear weight on her legs in supported stance. She sits with her head somewhat steady. She does not roll over yet. She does have a head lag on pull to sit. She is on a 3-4 month old level for gross motor skills.

**PHYSICAL EXAM: HEIGHT:** 62 cm (10<sup>th</sup> percentile); **WEIGHT** 5.08 kg or 11 lbs, 3 Oz. (less than the 5<sup>th</sup> percentile); **FOC:** 39.5 cm (less than the 5<sup>th</sup> percentile); **TEMP:** 98.1; **PULSE:** 108. The height plotted against the weight today is just barely at the 5<sup>th</sup> percentile. We do not have any previous weights for comparison, but the mother states that Polly has been getting frequent weight checks at the pediatrician's office and that she has gained 6 Oz. In the past 11 days. **HEENT** exam reveals that the anterior fontanel is open, level and soft. Pupils are equal and reactive to light. Polly follows well past midline with her eyes. The tympanic membranes were within normal limits. Her oral exam reveals that she has no teeth yet. She has a normal palate, normal lips and a normal gag on the posterior 1/3 of the tongue. Her nose was clear. Her lungs were clear. Her heart had a regular rate and rhythm, but she was crying vigorously during the chest exam. Her abdomen was soft with no masses. Her skin was clear. Her extremities have full range of motion throughout. On neuro exam, her DTR's are very brisk throughout. She has sustained clonus with overflow in the lower extremities. There is also some clonus in the upper extremities. She did take weight in supported stance with her knees flexed but she grips with her toes. Her heels are almost down flat when she is weight bearing in supported stance. She has a positive MORO. She also has a positive ATNR bilaterally, but she brought herself out of it when following an object with her eyes. The spine was straight.

**ASSESSMENT:**

1. Failure to thrive associated with cardiac anomalies and herpes simplex virus encephalitis
2. Microcephaly
3. Spasticity
4. Developmental Delay

**PLAN:**

1. An ABR with audiology was recommended and an appointment for this will be set.
2. Refer to the Infant & Toddler Connection of Makanda.
3. We discussed Polly's need for "catch up growth" and recommended an intake of 130 calories per kg. This would be approximately 660 calories per day. Mrs. Bannister was instructed to give Polly 4 oz of breast milk with soy powder added (24 calories per ounce) 5 times per day. Mrs. Bannister was taught and received written directions for the correct "recipe" for making breast milk at 24 calories per ounce.
4. Contact the lactation specialist and share the information regarding intake.
5. Continue with the weight checks with the PCP, with no specific intervention needed at this time.
6. Polly's growth and development was discussed with the mother in detail.
7. Return visit planned in 3 months.

This patient was seen and examined with Dr. J. Jones, MD

EM, PNP  
Rehabilitation Nurse Coordinator  
For

J. Jones, MD

CC: Medical Record  
PCP