**Identifying Data:**

Full Name: R.D.

Sex: Male

DOB: XX/XX/2022

Race/Nationality: African American

Primary Language: English

Address: Queens, NY

Date & Time: 010:33AM 05/12/22

Location: Queens Hospital Center

Source of Information: Mother

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** Newborn with respiratory distress after delivery

**HPI:**

0d male weighing 3084 grams delivered as schedule cesarian section at 37 weeks 0/7 days gestational age admitted to NICU for respiratory distress. The newborn developed retractions and nasal flaring in delivery room with O2 saturation 59% on room air that improved to 95% with Neopuff resuscitation bag. Patient was born at 10:10AM and admitted 10:33AM. Cesarian section was scheduled due to mother’s medical history of myomectomy June 2021. Newborn passed urine under the warmer and was shown to mother prior to leaving delivery room.

Mother is a 42 y/o G2P0010 female. Blood type B+. Pregnancy complicated by gestational diabetes mellitus controlled with Metformin. BMI 36.73. Conception via In-vitro fertilization. History of uterine fibroids s/p myomectomy June 2021. Ectopic pregnancy 2015 s/p right salpingectomy. Covid negative. Spinal muscular atrophy carrier. NIPT negative. GBS negative, HIV negative, Rubella/rubeola negative. Hepatitis panel negative. No maternal hyperthermia. No rupture of membranes.

**Past Medical History:**

* Prenatal Care
* Hx of gestational diabetes mellitus complicating pregnancy
* No meconium stained amniotic fluid
* Delivery type: breech
* No trial of labor

*Immunizations*

* None
	+ Plan Hepatitis B vaccination once stabilized

**Past Surgical History:**

* Low transverse Cesarean Delivery

**Prior Hospitalizations:**

* No prior hospitalizations

**Current Medications:**

* No maternal antibiotics, no betamethasone, no magnesium sulfate, no tocolytics
* Maternal use of Metformin in pregnancy

**Allergies:**

* NKDA or environmental/food allergies

**Family History:**

* Mother – living & healthy. Up-to-date on vaccinations. Obesity. See HPI.
* Father – living & healthy
* Grandmother – unknown
* Grandfather – unknown
* Siblings – no siblings

**Development:**

* APGAR 8 – 8
	+ Appearance 1:1
	+ Grimace 2:2
	+ Pulse 2:2
	+ Activity 2:2
	+ Breathing 1:1

**Social History:**

* Mom denies tobacco use, alcohol use in pregnancy, or illicit drug use.

**Review of Systems:**

* See physical exam

**PHYSICAL EXAM**

Vital Signs:

Length 49 cm

Wt 6 lb 12.8 oz (3084 grams)

Head circumference: 33cm

Chest circumference: 31cm

Abdominal circumference: 30cm

BMI: 12.84

BSA: 0.19

BP: not taken RR: 72 breaths/min Pulse: 162 bpm

T: 97.8 F SpO2: 59% on room air

General: health appearing, vigorous infant, strong cry, early term baby w/ TTN

Head: sutures mobile, fontanelles normal size

Eyes: sclerae white, pupils e and reactive

Ears: well positioned, well-formed pinna

Nose: clear normal mucosa

Throat: lips, tongue, mucosa are pink, moist and intact palate intact

Neck: supple, symmetrical

Chest: tachypnea, retractions, on o2 by CPAP

Heart: RRR s1 s2 no murmurs rubs or gallops precordium normal

Abdomen: soft nontender no masses no organomegaly

Pulses: strong equal femoral pulses, strong cord pulse

Hips: negative Barlow & Ortolani

GU: normal male genitalia, descended testes

Extremities: well perfused, warm and dry

Neuro: easily aroused, good symmetric tone, normal newborn reflexes, symmetric Moro reflex

Rectal: anus appears open. Has not passed stool yet.

**Assessment:**

37 wk 0d GA preterm male infant with respiratory distress. Delivered via C-Section w/ previous myomectomy. GDMA & IVF.

**Differential Diagnosis:**

1. Transient Tachypnea Newborn
2. Respiratory Distress Syndrome
3. Neonatal Aspiration Pneumonia
4. Congenital heart disease

**Plan:**

* + #Respiratory Distress
		- Admit to NICU for respiratory support and monitoring
			* O2 by CPAP 5 FiO2 24%
			* Follow blood gases
			* Chest X-ray
			* Placed in isolette for thermoregulation
		- Infectious
			* Blood cultures & monitor clinically
		- Cardiovascular
			* Hemodynamically stable, monitor clinically
		- Hematology
			* Obtain CBC
			* Cord blood gases and blood type pending
		- GI/Nutrition
			* NPO, on IV fluids D10W 80ml/kg/day.
			* Initial glucose 80. Follow blood glucose
		- Ophthalmology
			* Prophylaxis erythromycin drops
		- Endocrine/genetics
			* Newborn screen pending
		- Social:
			* Continue to update mother, encourage breast milk feedings.