

McKenzie-Willamette Memorial Hospital

REPORT OF CONSULTATION

Name	Room No.	Hospital No.
DOWNS, Christie A.	ICU	148216
To : Attending Physician	From : Consulting Physician	Date
Dr. Miller/Dr. Wilhite	Dr. Lagios	5-20-83

This is an 8-year-old little girl, who I was asked to see to help in the evaluation of her focal seizure disorder. The patient's history started last night when she was allegedly shot in the chest by an assailant. She was brought into the Emergency Room in extremis with hemopneumothorax on the left and with internal injuries. She was in shock and had had an indeterminate period of time of hypoxia. The patient was taken to surgery, the chest wound taken care of and the hand wound repaired as well. This morning on examination, according to Dr. Miller, she was responding, she was becoming more lucent and still intubated. Sometime during the morning it was noted that she was having clonic type movements in the right upper extremity, spreading up to the shoulder and into the right side of the face without secondary generalization. The patient also became slightly less responsive in following commands. The patient has never had a previous history of seizures that we know of, and has never had any known neurologic problems. During the shooting last night, there was no evidence that she developed any type of head injury or bullet wound to the head. The seizures have not been treated as of this point. No other history is available.

PHYSICAL EXAMINATION:

The patient was examined in the Intensive Care Unit approximately 1:30 p.m. The patient was awake, was on a respirator, did not respond consistently to verbal commands, but did orient to sounds and did make some attempts at following simple commands.

CRANIAL NERVES: Her cranial nerves show the discs to be flat with good venous pulses, no hemorrhages. The pupils are 3 mm., round, react to light. The extraocular muscles were full on Doll's and to volition. There were some disconjugate gaze and some wandering eye movement. Corneal reflexes were intact bilaterally. The lower cranial nerves, she did not grimace to noxious stimuli and the remainder were not testable.

MOTOR: She did not move her limbs to command. However, she did withdraw her lower extremities greater than her upper extremities to noxious stimuli symmetrically and appropriately. The reflexes were 2/4 throughout and the toes were upgoing bilaterally. The tone was normal.

CEREBELLAR: Cerebellar testing was not testable.

SENSATION: Intact to noxious stimuli with central recognition obtained bilaterally.

HEENT: The head was normal cephalic. There was no evidence of trauma. There was no subcutaneous edema or ecchymosis. There were no battle signs.

NECK: Supple. No bruits were heard.

CHEST: She had chest tube inserted in the left. Breath sounds could be heard bilaterally.

HEART: Rate and rhythm were regular. She had a tachycardia without any murmurs.

LABORATORY: It was noted that this morning's calcium was low at 7.8. A CAT scan had not been performed.

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DOWNS, Christie A.
Dr. Lagios
Consult Page 2

IMPRESSION: 1) Focal onset of seizures, the left hemisphere, presumably due to hypocalcemia. However, a structural lesion must be ruled out.

RECOMMENDATION: Have a CAT scan done stat, to have the patient's calcium level brought back into the therapeutic range as quickly as possible and maintain there; see if that has a significant impact on the seizures. If when the calcium level is in the therapeutic range and she's still having seizures, then I would recommend that she be put on Dilantin IV 10 mg. per kilo divided for the loading dose. If the Dilantin is started, a Dilantin level should be obtained 24-48 hours after the IV loading dose and followed and kept in the therapeutic range. Unless there is a focal lesion on the CAT scan, even if she is put on anticonvulsants, I do not think that she will need to be on them for an extended period of time. I will follow this patient with you. Thank you very much for asking me to participate in her care.

JPL:pst 5-20-83/5-20-83

JPL 5/20/83

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290