

Attachment #6

DISCHARGE SUMMARY

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Location: [] []
Admission Date: 11/10/2000 Discharge Date: 11/13/2000

PRINCIPAL
DIAGNOSIS: Diabetic ketoacidosis.

SECONDARY
DIAGNOSES: 1. New onset Type I diabetes uncontrolled.
2. Thyroiditis.
3. Turner's syndrome.

OPERATIONS/
PROCEDURES: None.

COMPLICATIONS: None.

ALLERGIES: None.

DISPOSITION: MEDICATIONS: Humalog and Humulin NPH insulin in a split mixed regimen appropriate for age with 8 H and 17 N before breakfast and 4 H and 10 N before supper. Extra insulin will be used as needed for hyperglycemia with two units for blood sugars above 200 and an additional for every 50 beyond that. Levoxyl (L-thyroxine) 75 mcg daily. Glucagon 1 mg IM PRN severe hypoglycemia and Nutropin to be discontinued temporarily. FOLLOWUP will be by telephone in the next two days, with [] within the next one to two weeks, and with me in one to two months
SPECIAL INSTRUCTIONS included basic survival care for diabetes with complete education to follow as an outpatient.
ACTIVITY is unrestricted.
DIET: 2000 calorie ADA exchange diet with three meals and three snacks distributed as follows: 60, 15, 75, 30, 75, 45 grams.
CONDITION ON DISCHARGE: Good.

HISTORY: [] is a nearly 11-year-old girl who has Turner's syndrome and is being admitted for diabetic ketoacidosis. She had one week of polyuria and polydypsia according to her parents but had some degree of hyperphagia and weight loss in the prior months. She began vomiting the day prior to admission and on arrival at the [] [] on the day of admission was in acidosis with dehydration. They discovered a blood sugar of about 270 with a total CO₂ of 9 and a pH of

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7.19. Past Medical History: Primarily significant for growth hormone treatment over the last few years. She was on daily Nutropin injections until about two months ago, when she was changed to Nutropin Depot. We have not yet had a chance to get an IgF₁ level on this new dose. The diabetic symptoms occurred within the time frame of starting the Nutropin Depot. She also had positive thyroid antibodies about four months ago but was euthyroid by TSH.

PHYSICAL EXAM: She was alert and cooperative but in some abdominal distress. She was mildly dehydrated. She was flushed with a faint odor of acetone. The remainder of the examination was significant for the habitus and features of Turner's syndrome. There is no secondary sexual development. Body build was normal.

HOSPITAL COURSE: The hyperglycemia and acidosis were reversed uneventfully with IV insulin and fluids in the Intensive Care Unit. Subcutaneous insulin was started and adjusted. Levoxyl was started when the TSH was found to be mildly elevated.

LABORATORY: Laboratory tests here included glucose of 221 on arrival with a total bicarbonate of 7.5. Sodium was 141, potassium 4.0, chloride 107, BUN 7, and creatinine 0.3. Serum ketones were positive at 1 to 8, and insulin, IgF₁, and islet cell antibodies were pending. TSH was found to be 7.97 with a free T₄ of 1.09. Hemoglobin A_{1c} was 14.9%.

CONSULTANTS: None.

REF. PHYSICIAN: Family physician was []

DRL/jav; D: 11/13/2000; T: 11/14/2000 6:22 P; Doc #: 1798525

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