

*** Final Report *****Visit Information**

Dear Dr THOMAS HOGAN,

Thank you for reviewing Chloe BULLOCK, a 14 year old female admitted on 19/08/2024, attended by Daniel Lemberg, discharged on 21/08/2024 from C3S - Adolescent SCH at Sydney Childrens Hospital at Randwick. Chloe BULLOCK presented to MDU for her first infliximab infusion. She was found to be tachycardic and unwell at this time and was admitted as an inpatient for further management. She had an abdominal ultrasound which showed generalised inflammation, and was covered with tazocin for 48 hours. Her stool sample returned positive for an active Clostridium difficile infection for which she was started on oral vancomycin. She clinically improved and had her first infliximab infusion as an inpatient on 20/8/24. She was deemed safe for discharge with the plan outlined below. A full issues list is available below.

Summary of Care**# Infection**

- Presented to MDU with tachycardia and diarrhoea
- Developed fevers during admission
- Covered with IV tazocin for possible sepsis
- Abdominal ultrasound - generalised inflammation, no intra-abdominal collection
- Peak CRP 107, WCC 17
- Stool sample positive for C. diff

Tachycardia

- ongoing tachycardia despite appropriate fluid resuscitation
- ECG performed - isolated ST elevation in V3
- Discussed with cardio team, no further concerns

Health Status**Principal and Other Diagnosis****Problems, Past History and Alerts****Ongoing**

No qualifying data

Historical

No qualifying data

N.B. We aim to inform you and your parents/carers as much as possible of all health issues documented in this discharge summary. However, in the event that a health concern has not been discussed, we recommend that you take the opportunity to talk about it further with your treating team, general practitioner and/or paediatrician at your follow up appointment.

Allergies and Adverse Reactions

No known allergies

Immunisation Status**Last Weight and Height Measurements**

Weight: 38 kg (19/08/24)

Height: 156 cm (20/08/24)

Height: 156 cm (20/08/24)

Height: 156 cm (20/08/24)

Body Mass Index: 15.6 kg/m² (19/08/24)

BMI Percentile: 2.96 (19/08/24)

Result Date: 26 August 2024 10:57 AEST

Verified By: Olivier, Julia (Junior Medical Officer) on 26 August 2024 11:20 AEST

Printed by: Messenger, Rachel (Clinical Nurse Consultant)

Printed on: 29/08/2024 12:24 AEST

Results ReviewPathology Results

Ferritin-SCH 118 ug/L 19/08/2024 10:59 AEST (High)
Lipase Level-SCH 12 U/L 19/08/2024 10:59 AEST
Procalcitonin Level-SCH 0.18 ug/L 19/08/2024 10:59 AEST
WCC-SCH 11.90 x10⁹/L 21/08/2024 13:27 AEST (High)
WCC-SCH 17.00 x10⁹/L 19/08/2024 10:59 AEST (High)
Hb-SCH 92 g/L 21/08/2024 13:27 AEST (Low)
Hb-SCH 114 g/L 19/08/2024 10:59 AEST (Low)
PLT-SCH 483 x10⁹/L 21/08/2024 13:27 AEST (High)
PLT-SCH 591 x10⁹/L 19/08/2024 10:59 AEST (High)
Erythrocyte Sedimentation Rate-SCH 63 mm/h 19/08/2024 10:59 AEST (High)
Vitamin D 25 Hydroxy Level-SCH 223 nmol/L 19/08/2024 10:59 AEST
C Reactive Protein-SCH 79 mg/L 21/08/2024 13:27 AEST (High)
C Reactive Protein-SCH 94 mg/L 19/08/2024 10:59 AEST (High)
Cytomegalovirus DNA Site-SCH Faeces 19/08/2024 13:30 AEST
Cytomegalovirus DNA-SCH NOT detected 19/08/2024 13:30 AEST

Medical Imaging

Report - 19/08/2024, 3:42 PM:

Examination compared with previous ultrasound performed 23 July 2024.

The aorta and pancreas appear normal.

The liver is 12.8 cm in maximum diameter which can be within normal range and should be correlated with patient height and body habitus. The liver parenchyma appears normal with smooth echotexture. The intrahepatic bile ducts are not dilated. There is a well-defined region of increased echogenicity in segment 4A adjacent to the falciform ligament measuring about 9 x 8 x 8 mm, consistent with focal fatty infiltration and unchanged in size and appearance compared with the previous ultrasound. The other region of suspected focal fatty infiltration at the porta hepatis was not documented on today's examination.

The common bile duct is 2 mm diameter. The gallbladder appears normal. There is no evidence of gallbladder wall thickening. No gallstones were identified.

The right kidney is 10.3 cm length and the left kidney 11.7 cm in length. The upper pole moiety of the duplex left kidney was 13 mm AP diameter today (previously 11 mm). The cortex of the upper pole of the left kidney is thin. The lower pole moiety is not dilated.

The spleen measures 12.9 x 9.8 x 3.8 cm which is a little above the normal range. There is no focal lesion in the spleen.

There is hepatopetal flow in the portal vein and antegrade flow in the splenic vein. There is hepatofugal flow in the hepatic veins.

There is no evidence of a focal fluid collection in the abdomen. The wall of the sigmoid, descending, transverse and part of the ascending colon is thickened and hyperaemic measuring up to 8 mm thickness. There are several echogenic lymph nodes in the mesentery measuring 3 to 4 mm diameter.

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Conclusion

No evidence of a focal fluid collection in the peritoneal cavity. The wall of the colon is thickened, consistent with the history of inflammatory bowel disease. This may also account for the prominent lymph nodes.

Unresulted Diagnostic Tests for Follow-up

Order Name	Order Date
Culture Blood Culture	19/08/2024
Faeces culture.	19/08/2024
.Culture Urine	19/08/2024
Urine Microscopy	19/08/2024
Faeces Microscopy	19/08/2024
Faeces site description	19/08/2024
Faecal virus detection (Rota/Adeno/Noro/Astro/Sapo)	19/08/2024
Faeces Bacterial PCR	19/08/2024
Blood Culture(SCH)	19/08/2024
Faeces CS (Salmonella, Shigella, Campylobacter & C.difficile)(19/08/2024
Urine MCS (1st sample) (microscopy, culture and sensitivitie	19/08/2024
Faeces Virology(SCH)	19/08/2024
Faeces culture(SCH)	19/08/2024

Discharge InformationDischarge Plan

2 weeks of oral vancomycin for positive C. diff stool sample

Infliximab infusion in 2 weeks

Continue other regular medications

Present to ED if unwell, febrile, or any other concerns

Follow-up

Review in MDU in 2 weeks during infliximab infusion

Appointments on Discharge

Appointment Type	When	Where	Contact Information
SCH MDU Infusion Infliximab	03/09/2024 10:30 AM AEST	1N KIDS GPS SCH	02 9382 1515

Discharge Medications

azATHIOPRINE (azATHIOPRINE 50 mg oral tablet), 50 mg, Oral, daily, Dispense Quantity: 0, Indication: IBD, Patient

Instructions: As per written instructions from gastro team; week 1: 50mg daily week 2 : 50mg daily week 3-4 : 75mg

daily Week 5-8 : 100mg daily, Comment: **HAZARDOUS CYTOTOXIC - special handling required**

calcium (as carbonate) (calcium (as carbonate) 600 mg oral tablet), 600 mg, Oral, daily, Dispense Quantity: 0, Comment:

Dose expressed as elemental calcium

lansoprazole (lansoprazole 30 mg oral enteric dispersible tablet), 30 mg, Oral, daily, Dispense Quantity: 0

prednisolone (prednisolone), 30 mg, Oral, in the morning, Dispense Quantity: 0, Indication: IBD, Patient Instructions:

Steroid reducing dose as per instructions from Gastr team provided to family. 40mg mane 30mg mane 15/08-21/08

25mg mane for 7 days 20mg mane for 7 days 15mg mane for 7 days 10mg mane for 7 days 5mg mane for 7 days stop

mesalazine (Salofalk 500 mg oral enteric tablet), 500 mg, Oral, TWICE a day, Dispense Quantity: 0, Indication: IBD,

Patient Instructions: As per written instructions from Gastro team prior to this admission; due to increase to 1g mane +

500mg nocte on 20/08, and then increase to 1g BD on 25/08.

Ceased Medications

No ceased medications recorded in Electronic Medications Management (eMM)

Document Author

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