Mordechai Kamel, JD, MD

[redacted]

Fellow of the Royal College of Surgeons of Canada

Fellow, American Academy of Orthopaedic Surgeons

Instructor in Orthopaedics Boston University School of Medicine

Diplomate, American Board of Orthopaedic Surgeons

Diplomate and Senior Disability Analyst, American Board of Disability Analysts

The Honorable [redacted]

[redacted]

Re: [redacted]
DOB
Docket No:

Dear Judge [redacted],

Pursuant to my appointment as guardian ad litem in this matter, I have today completed my review of the medical records regarding the above named child. I also reviewed the 51A report of [redacted], the 51B report and the report of the court appointed investigator, [redacted] of [redacted]. I attach a timeline of [redacted]'s medical history from birth until [redacted].

Based on the review of the records, performed between [redacted] and [redacted], this reviewer would conclude that [redacted]'s failure to thrive, and her multiple infections after the insertion of her first central venous line during the [redacted] admission to [redacted] were injuries inflicted upon her. It is particularly noteworthy that during the first 18 months of her life, [redacted] advanced from her birth weight of 3.26 kg on [redacted] to 4.55 kg on [redacted]. This calculates to an average monthly weight gain of 523 gm. She advanced her weight from 4.55 kg on [redacted] to 7.15 kg on her admission on [redacted]. Her average monthly weight gain during this period was 166 grams. Between admission on [redacted] and the final recorded weight, performed on [redacted], of 8.25 kg measured at [redacted], the child gained 1,100 grams. This calculates to an average monthly weight gain of 715 grams. Dr. [redacted] stated that whereas [redacted] was at the 0th percentile for weight in [redacted], she had achieved the 33rd percentile by [redacted] and the 60th percentile by [redacted].[1] In addition to the indirect evidence, there is a single nursing record dated [redacted] of nurse entering the baby's room and finding mother standing over her and the central venous line disconnected and thus contaminated.

In response to your specific questions:

[1] Court Investigator's Report p. 19 ¶ 3.

- This reviewer was unable to find any documentation in all of the medical records that any medical provider had ever observed a seizure. All of the investigation and treatment of the seizure disorder were based on parent's reports.

- Child underwent MRI brain scan, EEG and also a 48 hour EEG in an attempt to clarify and diagnose the seizure disorder and all of these tests were interpreted as negative.

- Child was treated with significant anti-seizure medication, Keppra and Klonipin. After the neurologist at [redacted] reviewed the tests from [redacted], these drugs were discontinued and child had no seizure activity between discontinuing the medication at the end of [redacted] and [redacted].

- Based on the records of [redacted] Pediatrics, [redacted]'s weight gain was good until the illness which resulted in her abdominal surgery in [redacted]. The failure to thrive seems to have been precipitated by this episode.

- The metabolic service entertained Mitochondrial disease or disorder as part of their differential diagnosis on the child's admission to [redacted] of [redacted], but the electron microscopy of the mitochondria in the liver biopsy was normal, and there is no documented evidence that this diagnosis was ever proven. It was however carried forward from that time as possible mitochondrial disease, then probable mitochondrial disease and at several points the disease was attached as definite. Dr. [redacted], one of the metabolic specialists at [redacted] had first seen [redacted] in [redacted].[2] Tests were done at that time. In [redacted] [redacted] was admitted to the GI Service, and he saw her again, reviewed the results of the previous tests and spoke to parents. He told them "that the test result and evaluation showed no metabolic disorder. He said that [redacted] does not have the diagnosis of Mitochondrial disorder."[3] The "liver biopsy . . . showed no indication of Mitochodrial disorder."[4] He also stated that the signs and symptoms of mitochondrial disorder can be hard to distinguish from fabricated illness.[5]

- Although this reviewer claims no expertise in general pediatrics, metabolic disorders or gastrointestinal disorders, there is no known diagnosis or syndrome that would explain this child's pattern of normal weight gain, apparent starvation and return to normal weight gain.

The actions and failures of several of the medical providers during the fall of [redacted] as documented in the record is troubling. The [redacted] record of [redacted] makes clear that a case conference which included [redacted], MD, [redacted], MD, 2 Social Workers

[2] *Id.* p. 16 ¶ 6.
[3] *Id.*
[4] *Id.*
[5] *Id.* p. 17 ¶ 1.

and a consultant for the child protection team were sufficiently concerned about child's failure to thrive and the parents' failure to cooperate in [redacted] care that they were considering filing a 51A.[6] The following day Dr. [redacted] reports a telephone conversation with Dr. [redacted], in which she stated that if parents refuse to agree to admission to [redacted], that they would file a 51A.[7] Parents instead chose to change hospitals thus avoiding [redacted], but neither Dr. [redacted] nor Dr. [redacted] followed through by filing a 51A. In addition, I believe that while the failure of the medical providers at [redacted] to communicate with the physicians at [redacted] was a significant contributor to later negative events, the failure of the physicians at [redacted] Pediatrics to alert the physicians at [redacted] to Dr. [redacted]'s communication with him was a critical failure.

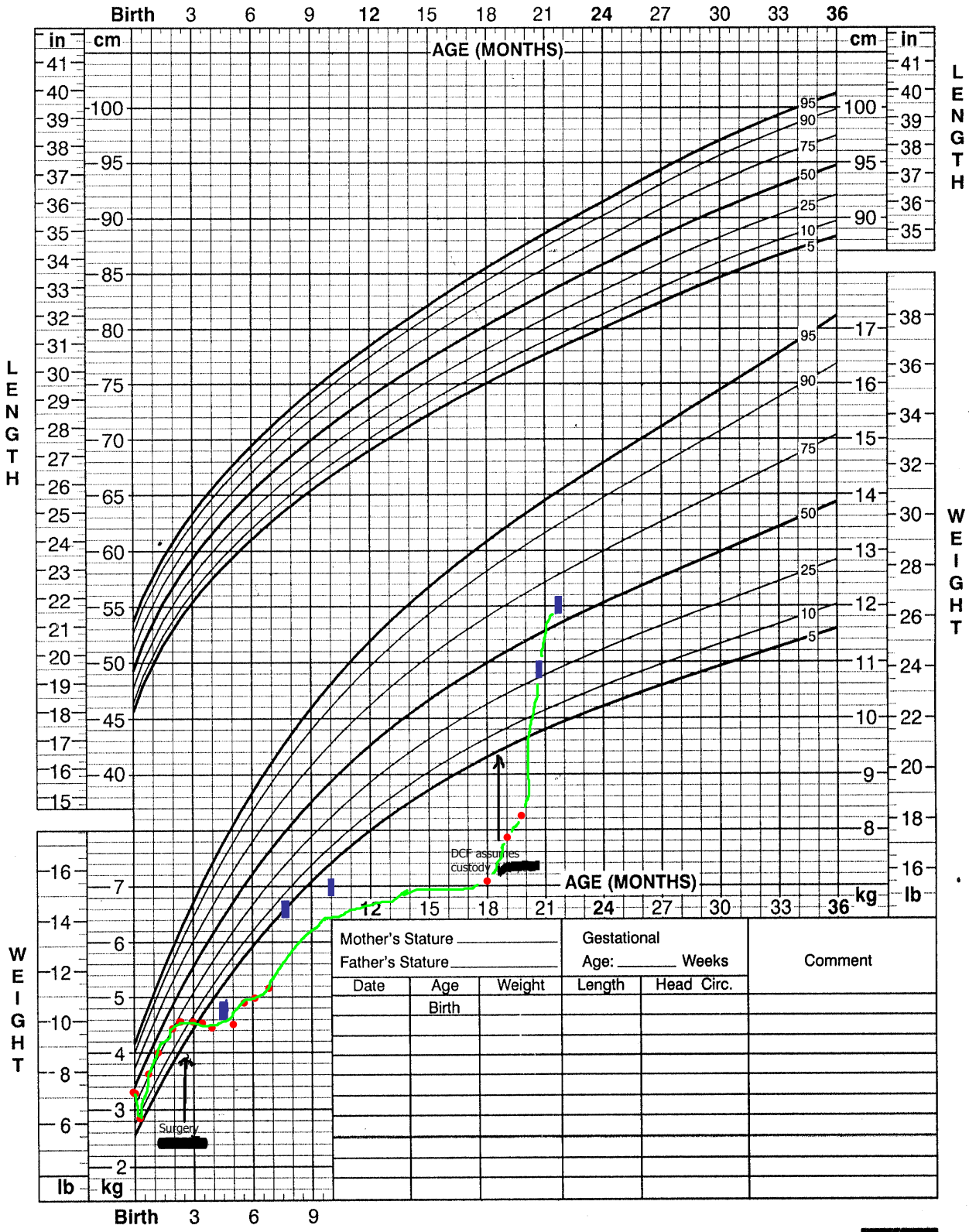
Respectfully submitted

Mordechai Kamel
Encl. [redacted] growth chart
[redacted] medical timeline based only on records reviewed

[6] Exhibit 11.
[7] Records of [redacted].

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME [redacted] DOB: [redacted]
Docket #: [redacted]
RECORD # _____



Mother's Stature _____
Father's Stature _____

Gestational Age: _____ Weeks

Date	Age	Weight	Length	Head Circ.	Comment
	Birth				

Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
SAFER · HEALTHIER · PEOPLE™

● actual weight recorded in the record

▮ percentile weight recorded in record

TimeLine

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
	[redacted]	[redacted]	[redacted], MD – [redacted] Pediatrics	Prenatal Conference	Mother provides a history of seizure disorder taking meds. Pregnancy normal & uncomplicated.	
17	[redacted]	[redacted]	[redacted]	Full term female Jaundice		Vigorous, no complications, Apgars 7 & 8 Birth Weight 3.26 kg
	[redacted]	[redacted]	[redacted]	Well baby visit Jaundice	None	Physical examination (PE) was entirely normal except for jaundice, child referred to [redacted] for treatment. Wt 2.9 kg
17	[redacted]	[redacted]	[redacted]	Jaundice		Phototherapy resulted in reduced bilirubin.
	[redacted]	[redacted]	[redacted]	5 Well baby visits	One complaint of colic	PE was entirely normal 5 times. Child doing well gaining weight. Wt 3.1 kg – 3.64 kg
	[redacted]	[redacted]	[redacted]	Vomiting	Projectile vomiting 5 times and watery stools.	PE was normal. Referred to [redacted] for abdominal ultrasound which was reported as normal. Wt 4 kg
17	[redacted]	[redacted]	[redacted]	Apnea	Mother reported that after getting home from abd. ultrasound at [redacted], she heard coughing & gasping and found the baby limp and blue. The episode lasted ~ 30 – 45 seconds. The child woke up but then had a 2nd 10 second period of going limp and blue again.	PE was entirely normal. Child transferred to [redacted].
12	[redacted]	[redacted]	[redacted]	Apnea		PE was normal. Vital signs N. Infant monitored.
	[redacted]	[redacted]	[redacted]	2 visits	Various	PE was entirely normal 2 times. Wt 4.09 kg Gave 2 month vaccination.
19	[redacted]	[redacted]	[redacted], MD - Pediatric Gastroenter-ology	Gastroesopha-geal reflux Apnea	Mother reported that the child had recurrent vomiting and episodes of apnea & cyanosis.	PE was normal.
12	[redacted]	[redacted]	[redacted], MD – Pediatric Cardiology	Heart murmer		Cardiology consult examination was normal.
	[redacted]	[redacted]	[redacted]	Reaction to vaccine	Mother reported that	Child was irritable during

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
				? Febrile seizure	last night had episode of stiffening. Up at 7 AM with T 103.2°.	initial part of exam, otherwise PE was normal. Wt 4.45 kg Referred to [redacted].
20	[redacted]	[redacted]	[redacted], MD – Pediatric Neurology	Possible recurrent febrile / afebrile generalized tonic seizures	Mother reported that within minutes after having received her 2 month vaccinations had an episode of generalized tonic posturing and rhythmic eye movements for a matter of seconds. The next morning mother noted temp to be 103°. She then had another episode of eye movements for ~ 45 sec and then generalized tonic posturing lasting for ~ 45 sec.	PE was normal. Lab workup including lumbar puncture was normal.
20	[redacted]	[redacted]	[redacted] Neurodiagn-ostic Sleep Lab			EEG reported as normal.
	[redacted]	[redacted]	[redacted]	Seizures Fever	Mother reported that the child "had violent / sudden head movement to the L. . . Happened a few times in the hospital yesterday. . ."	PE normal. MD suggested capturing the episodes on video.
	[redacted]	[redacted]	[redacted]	Upper Respiratory Infection Irritability	Mother reported uncontrollable crying for past 4 days. Only stops when nursing.	PE normal. Wt 4.55 kg
19	[redacted]	[redacted]	[redacted], MD	Intermittent Volvulus Irritability Gastroesophageal reflux Apnea	Mother reported that the child continues to be irritable. She has had 2 or 3 bouts of bilious vomiting.	PE showed that child was small but was otherwise normal. Nor irritability. Upper GI series x-ray demonstrates malrotation & Ladd's bands & no obstruction.
12	[redacted]	[redacted]	[redacted]	Malrotation of the bowel without volvulus		PE small for age else normal. Dr. [redacted] performed laparoscopy & open Ladd's procedure on 11/30/07.
17	[redacted]	[redacted]	[redacted]	Apnea	Released from [redacted] yesterday after bowel surgery. Mother reported that the child woke up 45 min after feeding screaming. Child	PE showed surgical scars and hypoactive bowel sounds but was otherwise normal. Child transferred to [redacted].

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
					stiffened up and stopped breathing for 4 – 5 seconds. This happened a second time.	
12	[redacted]	[redacted]	[redacted]	Apnea Irritability Hypotonia		PE normal. Abdo x-ray, CBC, CRP normal. MRI brain, probably normal. Genetic consult obtained. Ph probe study normal
12 & 19	[redacted]		[redacted], MD - Pediatric Gastroenter-ology	Consultation for Failure to Thrive and extreme irritability		PE showed that child was small but was otherwise normal.
12 & 19	[redacted]		[redacted], MD			Esophogram performed. Considered to be "a borderline normal study".
	[redacted]	[redacted]	[redacted]	Recheck		PE normal. Wt 4.55 kg
12	[redacted]	[redacted]	[redacted]	Oliguria	Mother states that child has not voided for several days.	PE showed that child was small but was otherwise normal with no signs of dehydration. Baby catheterized and had adequate urine output. Surgery consult obtained. Abdo film & ultrasound normal. Labs normal, but Ca slightly . Endocrinology consult obtained. Neurology consult obtained. Creatinine normal. Baby voided multiple times during hospitalization.
12 & 20	[redacted]	[redacted]	[redacted], MD	Increased head lag		PE demonstrated "increased head lag with otherwise normal neurological examination for age."
19	[redacted]	[redacted]	[redacted], MD	Failure to Thrive		PE showed that child was small but was otherwise normal.
	[redacted]	[redacted]	[redacted]	Cold Symptoms		PE showed clear rhinorrhea but was otherwise normal. Wt 4.55 kg
19	[redacted]	[redacted]	[redacted], MD	Failure to Thrive Constipation	Was seen @ [redacted] in [redacted] because of a bout of bright green vomiting. Had rectal biopsy, reported as N. Mother reports less irritability.	PE showed that child was small but was otherwise normal.
	[redacted]	[redacted]	[redacted]	Irritability	Irritable x 1 day	PE showed that child was

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
					Reflux mom can hear Vomited this AM	crying and irritable during exam but was otherwise normal. Wt 4.45 kg
12 & 19	[redacted]	[redacted]	[redacted]	Failure to Thrive		Dr. [redacted] performed endoscopy which was felt to be normal. Biopsies were normal, but for possibility of allergic colitis noted in the rectum.
11	[redacted]	[redacted]	[redacted], MD Pediatric Gastroenter-ology	Failure to Thrive Gastroesophog-eal reflux Persistent irritability	Parents describe tone, head control and tracking behavior as poor. Child is always hungry but has poor weight gain.	PE showed height at 25th percentile & weight at less than the 3rd percentile, but was otherwise normal. Recommended admission to document intake and monitor weight & I/O.
11 & 19	[redacted]	[redacted]	[redacted]	Failure to Thrive Hypermetab-olic State		Admission PE some low tone, but otherwise normal. Labs Minimally low Hb & Hct Minimally elevated platelets, Mg, Alb, AST, ALT, GGPT. Labs otherwise normal. Ad lib breast feeds followed by supplementation. Weight unchanged from admission. Recommended NG tube but parents refused.
11	[redacted]	[redacted]	[redacted], MD Pediatric Genetics	Failure to Thrive		PE showed some decrease in tone, but was otherwise normal.
11	[redacted]	[redacted]	[redacted], MD Pediatric Nephrology	Failure to Thrive ? Renal tubular acidosis		PE child was very thin with little subcutaneous fat, good muscle tone, and otherwise normal. Labs normal, but child already on Polycitra.
11	[redacted]	[redacted]	[redacted], MD Pediatric Neurology	Failure to Thrive Hypotonia Developmental delay		PE normal. Recommended hypotonia workup.
11	[redacted]	[redacted]		Duplication 22q11.21		Genetic testing of blood specimen.
11	[redacted]	[redacted]	[redacted] Pediatric Endocrin-ology	Failure to Thrive		PE showed baby was very thin, but was otherwise normal. Labs showed mild hypercalcemia.
11	[redacted]	[redacted]	[redacted], MD Genetics & Metabolism	Failure to Thrive	Turning point seems to have been the time of presentation of malrotation.	PE showed height at 22nd percentile & weight at 1st percentile, but was otherwise normal.
	[redacted]	[redacted]	[redacted]	4 month exam		PE showed that child was thin & had clear rhinorrhea but was otherwise normal.

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
						Wt 4.55 kg
11	[redacted]	[redacted]	[redacted], MD	Failure to Thrive	Weight gain 20 g since discharge from [redacted]	PE showed height between 25th & 50th percentile & weight below 5th percentile, but was otherwise normal. Strongly recommended trial of NG feeding again — parents refused. Family requested central line (cvl) be placed.
19	[redacted]	[redacted]	[redacted], MD	Failure to Thrive	Mother states that [redacted] is an aggressive feeder taking "enormous volumes." Now taking EleCare. No weight gain.	Fussy, irritable baby who looks malnourished. PE was otherwise normal.
12	[redacted]	[redacted]	[redacted]	Failure to Thrive		PE showed that child was small but was otherwise normal. Admitted to place nasogastric (NG) tube, strict input / output & monitor weight gain. Parents reluctant to proceed.
11	[redacted]	[redacted]	[redacted], MD	Duplication 22q11.2 syndrome		No documented exam. Discussed range of phenotypes from asymptomatic to significant mental retardation & physical problems including renal anomalies, failure to thrive & behavioral problems, including ADD.
11	[redacted]	[redacted]	[redacted], MD Pediatric Immunology	Possible Immunodefic-iency		PE normal. CBC, immunoglobulins and vaccine levels all normal.
	[redacted]	[redacted]	[redacted]	Fever & cold	Temp to 101.3° and has cold symptoms.	PE, crying during exam, red bulging ear drums, else normal.
	[redacted]	[redacted]	[redacted]	Not improving	No improvement with amoxicillin.	PE, crying during exam, ear drums normal, else normal. Wt 4.91 kg
11	[redacted]	[redacted]	[redacted], MD Pediatric Gastroenter-ology	22q11 microdeletion Failure to Thrive		PE showed height between 10th & 25th percentile & weight below 3rd percentile (although there had been some gain), but was otherwise normal.
11	[redacted]	[redacted]	[redacted], RD	Failure to Thrive	Nutrition consult	
	[redacted]	[redacted]	[redacted]	Irritability	Mother reports that child has been miserable for 2 days, more irritable than normal.	PE was normal. Wt 5 kg

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
20	[redacted]	[redacted]	[redacted], MD	Recurrent febrile / afebrile generalized tonic seizures	Recently found to have a 22Q11 microdeletion. Mother reports that this may be associated with learning disabilities or MR and "seizure like episodes."	PE showed mild to moderate hypertonicity but was otherwise normal.
11	[redacted]	[redacted]	[redacted], MD Pediatric Otolaryng-ology	22q11.2 syndrome	Parents concerned about lack of response, no cooing or vocalization.	PE normal. Audiologic evaluation normal.
11	[redacted]	[redacted]	[redacted], MD Pediatric Immunology	? Immunodefic-iency secondary to chromosome 22 microduplication		PE normal. Normal immunizations recommended – Parents reluctant.
11	[redacted]	[redacted]	[redacted], MD	22q11 microdeletion Failure to Thrive Hypotonia		PE showed height between 10th & 25th percentile & weight below 5th percentile, increased tone, but was otherwise normal. Normal abdominal US. Again recommended G tube or NG tube feeding – parents resistant.
	[redacted]	[redacted]	[redacted]	Well baby visit		PE, crying during exam, thin, else normal. Wt 5.18
20	[redacted]	[redacted]	[redacted], MD	Probable head drop / atonic seizures probably secondary to cerebral microdysgenisis Microdeletion 22Q11 Syndrome Spastic quadriparesis Mild generalized developmental delay	Mother reports that a number of times during the day the child's head will just suddenly flop forward. Additionally, mother states that she has had several episodes in which her entire upper body goes limp, lasting for 5 – 10 seconds. No clonic activity is reported.	PE showed mild to moderate hypertonicity but was otherwise normal. Began treating with Keppra.
11	[redacted]	[redacted]	[redacted], MD	22q11 microdeletion Failure to Thrive Hypotonia		PE showed height at 10th percentile & weight below 5th percentile, slightly increased tone, but was otherwise normal.
20	[redacted]	[redacted]	[redacted] Neurodiagnostic Sleep Lab			48 hour EEG reported as normal.
	[redacted]	[redacted]	[redacted]	Extreme irritability	Crying for 2 days. Nothing consoles.	PE showed that child had clear rhinorrhea but was otherwise normal.
20	[redacted]	[redacted]	[redacted], MD	Head drop / atonic seizures Probable cerebral microdysgenisis Microdeletion 22Q11	Mother reports that on Keppra child had 3 seizures in last 2 weeks.	PE showed increased head lag, mild to moderate hypertonicity but was otherwise normal.

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
				Syndrome Spastic quadriparesis Mild generalized developmental delay		
11	[redacted]	[redacted]	[redacted], MD	Failure to Thrive Duplicated 22q11 Syndrome Developmental Delay	Parents say that child consumes 85 ounces of food but gains no weight.	PE showed that child appeared malnourished, but was otherwise normal. Testing showed that mother carried the 22q11 duplication.
	[redacted]	[redacted]	[redacted]	Vomiting	Mother reports that child has vomited bright green twice today.	PE showed that child was thin & crying during exam but was otherwise normal.
	[redacted]	[redacted]	[redacted]	Not eating & irritable	Has refused food all day	PE showed that child was thin & crying during exam but was otherwise normal.
11	[redacted]	[redacted]	[redacted], MD , [redacted], MD, [redacted], MD & Social Worker	22q11 microduplication Failure to Thrive Developmental Delay Hypotonia Seizure disorder	Multidisciplinary case conference	Recommendation was that child be admitted to hospital – Parents refused. Resting energy expenditure test recommended – Parents refused to schedule.
	[redacted]	[redacted]	[redacted]	Well child visit	Taking 60 oz per day, supplemented with canola oil. Mom says she has an enlarged spleen.	PE thin, but was otherwise normal.
11	[redacted]	[redacted]	[redacted], MD	22q11 microduplication Failure to Thrive Developmental Delay Hypotonia Seizure disorder		PE showed height at 10th percentile & weight 3rd percentile, increased tone, but was otherwise normal. Recommended inpatient evaluation and stressed that this was in the child's best interests – parents refused.
	[redacted]	[redacted]	[redacted]	Diarrhea	Bloody diarrhea began last night, 4 – 5 times.	PE thin, but was otherwise normal.
	[redacted]	[redacted]	[redacted]	Diarrhea recheck	No new diarrhea.	PE same.
	[redacted]	[redacted]	[redacted]	Diarrhea recheck	No new diarrhea.	PE same.
	[redacted]	[redacted]	[redacted]	Fever		PE thin & appears mildly ill, but was otherwise normal.
	[redacted]	[redacted]	[redacted]	Dehydration	Mother reports that child has refused liquids since 2 PM.	PE thin, vesicle lower lip & red throat, otherwise normal.
12	[redacted]	[redacted]	[redacted]	Fever Herpes Simplex Virus	Mother reports that child had intermittent fever up to 103° for 1 week. Also noted to have sore on lip.	PE on admission normal, including temp. CBC & electrolytes normal.

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
11	[redacted]	[redacted]	[redacted], MD , [redacted], MD & 2 Social Workers & consultant for child protection team	Failure to Thrive	Team concerned about child's well-being and concerned about mother's resistance to follow recommendations for inpatient evaluation, which would include resting metabolic rate, 3 day evaluation with observed feeding and stool collection for a 3 day fecal fat test, consultation with nutrition inpatient attending gastroenterologist and clinical dietician.	Mother agrees with plan but refuses admission and refused follow up with [redacted] gastroenterology department.
	[redacted]	[redacted]	[redacted], Dr. [redacted]			Reports receiving call from Dr. [redacted] that if parents refuse to agree to admission, [redacted] will report to Child Protective Services.
	[redacted]	[redacted]	[redacted]	Herpes Simples F/U		PE normal.
	[redacted]	[redacted]	[redacted]	Well child visit	Mother reports that several specialists have heard wheezing.	PE thin, crying, but no wheezing, chest clear and else normal.
	[redacted]	[redacted]	[redacted]	Irritability x 2 D	Not sleeping well, tongue green, diarrhea for 5 days 4 -5 x / d.	PE post nasal drip, tonsils red, but chest clear, no wheezing, and else normal.
	[redacted]	[redacted]	[redacted]	Diarrhea & GI Sx	Diarrhea for 7 – 10 days. Refusing formula.	PE crying during exam, else normal.
10	[redacted]	[redacted]	[redacted]	Failure to Thrive		Open liver biopsy performed on day of admission. PE cranky, else normal. EM of specimen showed mild non specific abnormalities, & non membrane bound glycogen but no morphological abnormalities of the mitochondria. Glycogen not noted on PAS stain.
10	[redacted]	[redacted]	Genetics			PE cranky, emaciated, otherwise normal.
10	[redacted]	[redacted]	Gastroenter-ology			PE normal.
10	[redacted]	[redacted]	[redacted], MD Metabolic			No documented PE.
	[redacted]	[redacted]	[redacted]	Recheck post admit		PE normal.
10	[redacted]	[redacted]	[redacted]	Failure to Thrive		Endoscopy and placement of cv line into internal jugular for

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
						TPN. PE appears malnourished, otherwise normal. Endoscopy demonstrated visible gastritis.
10	[redacted]	[redacted]	[redacted], MD Metabolic	Probably not glycogen storage disease, possible mitochondrial disease.		PE thin but otherwise normal.
	[redacted]	[redacted]	[redacted]	Recheck post admit		PE normal.
17	[redacted]	[redacted]	[redacted]	Allergic reaction to adhesive, or early cellulitis.	Central line placed 1 week ago, parents noted child pulling at dressing and noticed a raised red area on the right (R) side of the chest. They noted a temp of 100°.	Rectal Temp 96.8°, pulse 170. Did not appear acutely ill or toxic. R upper chest ¿ cvl noted to R side of neck ¿ no evidence of infection. R upper chest noted a 2 – 3 cm surrounding area of slightly erythematous papular rash. This is the area that was covered with Tegaderm. No drainage, no induration. WBC 7.4 (N), other labs N. Wound cultures taken from the site. Blood cultures taken from the cvl & peripherally. Child to be reevaluated at [redacted] today.
10	[redacted]	[redacted]	[redacted]	Failure to Thrive Cellulitis at cvl insertion site.	Parents stated that the child began pulling and picking at the dressing around the cvl insertion 1 day prior to admission.	PE macerated cellulitic skin at site of insertion of cvl, temp normal. Insertion site improved over 3 days. Skin and blood cultures drawn at [redacted] were no growth.
10	[redacted]	[redacted]	[redacted], MD Metabolic			
	[redacted]	[redacted]	[redacted]	Lethargy Irritability	Mother reports that child is more lethargic than normal. Is also having brief absent seizures.	PE showed that child was crying during exam, had bilateral nasal congestion but was otherwise normal.
10	[redacted]	[redacted]	[redacted]	Failure to Thrive Cellulitis at cvl insertion site.		PE & vitals normal. Cvl insertion site red. Rx vancomycin
	[redacted]	[redacted]	[redacted]	[redacted]	Mother reports cough x 3 days	PE & temp normal.
	[redacted]	[redacted]	[redacted]	Well child visit		PE child thin, otherwise normal.
20	[redacted]	[redacted]	[redacted], MD	Mixed seizure disorder Probable cerebral dysgenisis	Mother reports drop attacks ~ once a week which have required increasing doses of	PE showed that child was small but was otherwise normal.

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
				Microdeletion 22Q11 Syndrome Spastic quadriparesis Mild generalized developmental delay	Keppra. New seizure type of repeated eye blinking which have responded to clonazepam so that child is only having 2 – 3 seizures a day.	
	[redacted]	[redacted]	[redacted]	URI	Child gasps for air when laying down, better if upright.	PE normal.
12	[redacted]	[redacted]	[redacted]	MRI Brain		MRI Brain probably normal
10	[redacted]	[redacted]	[redacted]	Failure to Thrive Broken cvl line	Mother stated that at 17:30 the broviac tubing broke apart.	PE thin otherwise normal. Cvl replaced with left internal jugular cvl.
	[redacted]	[redacted]	[redacted]	Facial swelling	Parents report increasing facial swelling since cvl was replaced.	PE thin and bilateral cheek swelling, otherwise normal.
	[redacted]	[redacted]	[redacted]	Infection	Mom says that she is grunting with breathing.	Temp 100.5° HR 120, RR 30 PE otherwise normal. Transfer to [redacted]
10	[redacted]	[redacted]	[redacted]			Temp 97° HR 124, RR 30 PE no respiratory distress, normal. Blood and urine cultures taken. Spiked fevers on 2/1 to 39° Blood cultures positive for strep viridans in all bottles & gram positive cocci in clusters in one bottle.
10	[redacted]	[redacted]	Infectious Disease			Recommended cvl removal. Line removed by pedi surgery, tip sent for culture 2/2/09.
10	[redacted]	[redacted]	GI consult			Will need new cvl
10	[redacted]	[redacted]	[redacted], MD Pedi surgery			Placement of left external jugular cvl.
	[redacted]	[redacted]	[redacted]	Fever	This AM warm & lethargic Temp to 102°.	Temp 100.3° HR 140 appears moderately ill, otherwise, PE normal.
12	[redacted]	[redacted]	[redacted]	Fever	Temp to 103° diarrhea 6 – 10 stools.	Temp 99.2° PE normal. Infectious disease consult by Dr. [redacted]. Blood & urine cultures. PE at discharge normal. Cvl on chest ¿no erythema.
	[redacted]	[redacted]	[redacted]	Diarrhea	Mother states that child has had diarrhea for a few weeks	Temp normal, child is well hydrated, has hyperactive bowel sounds, PE otherwise normal. Culture taken for C. diff - negative.
	[redacted]	[redacted]	[redacted]	Fever	Mother states that fever	Temp 101°

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
					started today, it is 102 – 103.	PE child crying during exam, otherwise normal.
	[redacted]	[redacted]	[redacted]	Fever	Temps up to 103.9 x 3 days.	Temp 99.2° RR 25 PE post nasal drip, otherwise normal.
	[redacted]	[redacted]	[redacted]	Recheck	Child is having coughing fits and still has fever	Temp 99.2° RR 32 PE clear Rhinorrhea, otherwise normal.
10	[redacted]	[redacted]	[redacted]	Cough and fever	Presented to the hematology clinic and noted to be tachycardic with low blood pressure.	On admission, Temp 103.3°, HR 224, RR 66, Wt 7.15 kg PE child lethargic, otherwise normal. Urine & blood sent for culture from ER Blood culture positive for candida.
10	[redacted]	[redacted]	Infectious disease consult			
10	[redacted]	[redacted]	[redacted], MD Metabolism consult			
10	[redacted]	[redacted]	Infectious disease consult			Now growing gram negative rods. No further positive culture for candida.
10	[redacted]	[redacted]	Pedi Surgery			Cvl removed from left internal jugular. New cvl placed in right femoral vein.
10	[redacted]	[redacted]	Infectious disease consult			No further positive culture for candida
10	[redacted]	[redacted]	Infectious disease consult			Blood culture growing pseudomonas species
10	[redacted]	[redacted]	Pedi Surgery			Cvl exchange.
10	[redacted]	[redacted]	Provider conference including Dr. [redacted], GI, Dr. [redacted], ID, Dr. [redacted], metabolic, Dr. [redacted], pedi surgery & Dr. [redacted], PICU			Discussion regarding concern that there is no good explanation for the multi-organism infections and the possibility that there might be intentional insertion of infective material into the line. This was followed by a meeting of all providers and parents.
10	[redacted]	[redacted]	Social worker			After consultation, a decision was made & Dr. [redacted] filed a 51A.

Ex #	Admit or Start of care	D /C or end of period of care	Institution or MD	Dx	Parent's Complaints	Observations & Relevant Treatment
10	[redacted]	[redacted]	Nurses Notes		Mom said that cvl became disconnected while she was cleaning up diarrhea stool.	Nurse came into room and found cvl disconnected.
10	[redacted]	[redacted]	[redacted], MD Child Protective Team			Note states that parents refused permission to get copies of records from other hospitals (I found no documentation of this claim). States that 51A was filed because of the presence of 5 organisms, (extraordinarily rare) which raised the question of intentional introduction of contaminants into the line.
10	[redacted]	[redacted]	DCF			DCF assumed custody of the child on this date.
10	[redacted]	[redacted]	[redacted], MD Gastroent-erology			Began feeding by mouth.
10	[redacted]	[redacted]	[redacted], MD Infectious Disease			Afebrile, negative cultures 3/24, 25, & 26.
10/	[redacted]	[redacted]	Pedi Neurology			Weight 7.83 kg, PE, irritable but otherwise normal
10	[redacted]	[redacted]	Pedi Neurology			Reviewed previous neurology records and tests. No evidence of seizure disorder, D/C Keppra wean from Klonipin.
18	[redacted]	Records available through [redacted]	[redacted] Child made steady progress in all spheres during 5 weeks @ [redacted].	Failure to Thrive Developmental Delay, Hypotonia, s/p polymicrobial line infections, ? mitochondrial / genetic disorders		Admit PE Temp 98.6°, HR 150, RR 28, Wt 7.74 kg. Developmentally delayed in fine and gross motor skills, otherwise normal. -Stool + for rotavirus & C diff. Rx Flagyl x 10 d. -NG tube and progress to formula. -EEG normal. Clonazepam weaned @ FCH. Remained seizure free. -Admitted with reported milk, gluten & raspberry allergies. Blood testing showed no evidence of allergy.
18	[redacted]		Nursing			Wt 8.25 kg