

ROBERT D. BART, JR., M. D.  
KAPIOLANI MEDICAL CENTER FOR WOMEN AND CHILDREN  
1319 PUNAHOU ST. - SUITE 999  
HONOLULU, HAWAII 96826-1096

November 3, 2003

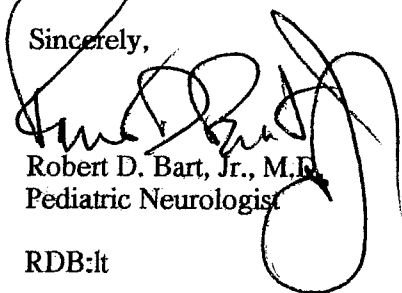
Michele Shimizu, M.D.  
56-119 Pualalea  
Kahuku HI 96731

Re: PASCUAL, Ronela :  
BD:  
Examined: 10/29/03

Dear Dr. Shimizu:

I saw Ronela and her foster parents today. Hopefully, you've received a copy of the EEG report. The EEG performed one week ago was normal. While a normal EEG does not entirely exclude seizures, it does have a roughly 94% reliability, and makes seizures relatively unlikely. Her foster mother did say that she had one 5-second episode which she could not modify or interrupt. On the other hand, the rest of them have been so fleeting that it was hard for them to tell. Ronela is coming along nicely from a developmental standpoint. She has had some somewhat counterproductive behaviors that her foster parents are going to discuss with her public health nurse and her CPS social worker. Our plan at this time is to not put her on medication. We will continue to monitor the situation. Her foster parents will keep a log. I'll see her back in four months, sooner if there are problems. I will keep you informed.

Sincerely,



Robert D. Bart, Jr., M.D.  
Pediatric Neurologist

RDB:lt

cc: CPS-Att:

SW

RECEIVED

NOV 14 2003

CLAIRE M. WILSON, M.D.  
PEDIATRIC GASTROENTEROLOGY AND NUTRITION  
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN  
1819 PUNAHOU STREET, SUITE 620  
HONOLULU, HAWAII 96826

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May 13, 2003

Michele Shimizu, M.D.  
North Shore Health Center  
59-119 Pualalea Street  
Kahuku, Hawaii 96731

Re: **PASCUAL, Ronela**  
Birthdate:


Dear Michele:

I understand you are now Ronela's primary care provider. Apparently, she was moved from one foster home to another, and has been with her current foster parents for about five weeks. She is eating well three times a day plus snacks. For example, she gets cereal with fruit for breakfast, a Gerber meal for lunch, and what her parents are having in a chopped up version for dinner. She drinks two cans of PediaSure a day and 8 ounces of whole milk. She also gets two cups of juice a day and 8 ounces of water. Her only water now is in a bottle. She's had no vomiting, diarrhea, constipation, coughing or choking with feeds, or urine problems. She is on no medications. She seems to have adapted well to the routine of her new home.

Ronela's weight today was 8.52 kg (18 lbs. 12 oz.), up only 70 g since seen here about two months ago. Her height today was 76.5 cm, up 3 cm, and her head circumference was 45.8 cm, up 0.4 cm. Her temperature was 98.1 tympanic. She was well-nourished looking, quite active and interactive. Her lungs were clear. Her abdomen was soft and non-tender with no masses, distention or hepatosplenomegaly.

Ronela has barely gained weight since I saw her two months ago, but as above, she's had significant social events in the interim. She seems to have settled into her new home well. I recommended they stop the juice and PediaSure and give her the foods as above plus 24 ounces a day of whole milk. I'll plan to see her back again in two months or sooner if the need arises (her family lives in . . . . .). Please let me know if you have any questions.

Sincerely,



Claire M. Wilson, M.D.

CMW:pt

cc: CPS

①

**RECEIVED**  
MAY 23 2003

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TRANSACTION REPORT

JUL-18-2003 10:17 AM

FOR: DR.DANILO S. PERLAS

SEND

DATE	START	RECEIVER	PAGES	TIME	NOTE
JUL-18	10:16 AM		1	49"	OK

\*\*\*\*\*



# FAX COVERSHEET

TO: Dr Danilo Perlas

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

FROM: CENTRAL OAHU PHN SECTION (Wahiawa PHN Office)  
910 California Ave., Rm 119, Wahiawa, HI 96786 (Ph: 622-6445/Fax: 622-6474)

Sender: Diane Takamine PHN

DATE: 4/7/03

You should receive 2 page(s) including this coversheet

SUBJECT: Ronela Pasual

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distributed or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above address via the U.S. Postal Service. Thank you.



STATE OF HAWAII  
Department of Human Services

FAMILY AND ADULT SERVICES DIVISION

**CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION**

I, Dr. D. Perlas (1) Name of applicant/recipient/legal guardian hereby give my permission to Dr. D. Perlas (2) Individual/agency or organization to give the following information

in their records about me and/or my family and/or  my ward (check as appropriate) to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) medical records for Ronela Pascual  
Mail copy to: Michelle Shimizu, MD

APR 04 2003

This information is to be used for Case Planning, medical care (4) State purpose

(5) Check one of the following:

This consent is good until 10/3/03 (not to exceed 90 days from date signed); OR (6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

I, \_\_\_\_\_

\_\_\_\_\_  
(7) Signature of applicant/recipient/legal guardian

4/3/03  
Date

DHS  
(8) Address of applicant/recipient

\_\_\_\_\_  
Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:  
Original - Individual/agency, Copy - Case record  
DHS 1466 (6/94)

*Please mail ASDP as Ronela has an appointment.*

CLAIRE M. WILSON, M.D.  
PEDIATRIC GASTROENTEROLOGY AND NUTRITION  
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN  
1319 PUNAHOU STREET, SUITE 904  
HONOLULU, HAWAII 96826

March 12, 2003

Danilo Perlas, M.D.  
302 California Avenue, Suite 208  
Wahiawa, Hawaii 96786

Re: PASCUAL, Ronela  
Birthdate:

Dear Danny:

I saw Ronela again on 3/12/03, not having seen her since last summer. She's now 14-1/2 months of age. She's eating a variety of foods and drinks whole milk six to eight 8-ounce bottles a day. Her urine output and stools have been normal. Her only medication is one for oral thrush, which she's been on for a few days only. She has not had recurrent thrush problems. She's developed no new medical problems since last seen.

Ronela's weight was 8.45 kg or 18 lbs. 9 oz. plotting at the 3<sup>rd</sup> percentile (having been less than the 3<sup>rd</sup> percentile before), and her length was 73.5 cm plotting between the 10<sup>th</sup> and 25<sup>th</sup> percentiles. Her weight for length was between the 10<sup>th</sup> and 25<sup>th</sup> percentiles. Her head circumference was 45.4 cm, 25<sup>th</sup> to 50<sup>th</sup> percentile, and her temperature was 98.8 tympanic. She was well-developed, well-nourished, and in no distress. Her lungs were clear. Her abdomen was soft and non-tender with no masses, distention or hepatosplenomegaly.

Ronela is doing well overall except she's drinking way too much milk. I recommended decreasing her to 16-24 ounces of whole milk a day and if she's thirsty beyond that point giving her water instead of juice (they're not giving her juice now). We also talked about weaning her from bottle to cup. I gave them written instructions on all of this, and I'll plan to see her back again in a month.

Thanks very much again for allowing me to participate in her care. Please let me know if you have any questions.

Sincerely,

Claire M. Wilson, M.D.

CMW:pt

cc: Central Oahu PHN  
Diane T Jax

CLAIRE M. WILSON, M.D.  
PEDIATRIC GASTROENTEROLOGY AND NUTRITION  
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN  
1319 PUNAHOU STREET, SUITE 904  
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Thanks very much again for allowing me to participate in her care. Please let me know if you have any questions.

Sincerely,



Claire M. Wilson, M.D.

CMW:pt

cc:

KAPI'OLANI MEDICAL CENTER  
For Women and Children  
1319 Punahou Street  
Honolulu, Hawaii 96826

NAME: **Pascual, Ronela**  
MR #: ROOM #: PEDSP2410A  
DICTATED BY: Nobuaki Inoue MD, Resident  
ATTENDING PHYSICIAN: Danilo S Perlas, MD

**DISCHARGE SUMMARY**

cc: Nobuaki Inoue MD, Resident  
Danilo S Perlas, MD

**DATE OF ADMISSION:** 08/13/2002

**DATE OF DISCHARGE:** 08/22/2002

**PROVISIONAL DIAGNOSIS:** Failure to Thrive

**PRINCIPAL DIAGNOSIS:** Failure to Thrive

**COMPLICATIONS:** None.

**OPERATIONS:** None.

**CONSULTATIONS:**

1. Dr. Wilson, GI
2. Dr. Jones, Child Psychiatry

**REASON FOR ADMISSION:** Evaluation for poor weight gain.

**ADMITTING PHYSICAL FINDINGS:** Vital signs: Temperature 99, heart rate 140, respiratory rate 36, blood pressure 102/60. Weight: 5.3 kg, which is <33%. Length: 60 cm, 63%, head circumference is 42.3 cm, 25%. HEENT: Thin hair, scalp with eczematous lesions, mucous membrane is moist, tympanic membranes intact. Heart: Regular rate, no murmur. Lungs: Clear to auscultation. Abdomen soft without distension, no hepatosplenomegaly. Extremities: No edema, good capillary refill. Skin: Eczematous lesion on face, hands and waist. Patient is an 8-month-old girl who was admitted to Kapiolani Medical Center for evaluation for poor weight gain. Patient has only had by breast milk 30 minutes per side, every two to three hours and evaluated as insufficient milk product, started bottle feeding, but patient rejected so switched to NG tube feeding. Patient started to gain weight after admission. CPS was referred by Dr. Jones for possibility of neglect by mother that claimed patient could eat baby food so discontinued NG tube feeding and discharged after asking for PHN assistance. At discharge, patient calorie intake was 1500 kcal/kg/day.

**DISCHARGE INSTRUCTIONS:** Activity as tolerated. Diet: Baby food ad lib.

**MEDICATIONS:** None.

**CONDITION AT DISCHARGE:** Stable.

**PLAN FOR FOLLOW UP:** Follow up with PMD within one week.

# 321141

**Discharge Summary**  
Page 1 of 2

**CC FOR: Danilo S Perlas, MD**

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Nobuaki Inoue MD, Resident

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Danilo S Perlas, MD

D: 09/21/2002 1:50 A T: 09/23/2002 4:24 P /gbt  
Job #: 000012704 Doc #: 321141

# 321141

**Discharge Summary**  
Page 2 of 2

**CC FOR: Danilo S Perlas, MD**

CLAIRE M. WILSON, M.D.  
PEDIATRIC GASTROENTEROLOGY AND NUTRITION  
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN  
1319 PUNAHOU STREET, SUITE 904  
HONOLULU, HAWAII 96826

PHONE: (808) 947-3488 FAX: (808) 941-2121

July 22, 2002

Danilo Perlas, M.D.  
302 California Avenue, Suite 208  
Wahiawa, Hawaii 96786

Re: **PASCUAL, Ronela**  
Birthdate:

Dear Danny:

I had the pleasure of seeing your patient, Ronela, in my office on 7/22/02. As you know, she is a [redacted] with failure to thrive first noted around 3 months of age from your growth records. She was born at term following a normal pregnancy, and had a birth weight of 8 lbs. 7 oz. She has been nursing since birth. She refuses a bottle if offered. She's breast fed every 30 minutes and twice overnight. She'll nurse on one side for 30 minutes and on the other side for 10 minutes. Mom does not feel any let down, but does hear her swallowing. Since about 4 months of age, they've given her rice cereal three times a day every day and currently she gets rice cereal mixed with applesauce 2 ounces t.i.d. The only other thing she's been offered is banana, which she refused (she was also observed to be given Cheetos in the waiting room and they mentioned that she does eat a small amount of rice as well. [redacted] She does not drink juice or water. She's able to roll over and sits with support. She has no other medical problems that they're aware of although they have noticed some lumps on the back of her neck (no history of otitis or scalp infection). She spits up once a day, of variable amounts, but has no history of hematemesis. She stools b.i.d. and her stools are soupy, occasionally black, but usually yellow and no blood has been seen in them. This is her mother's first baby. Mom is [redacted] and lives with [redacted] and [redacted]. Ronela's mom is the baby's main caretaker.

On physical exam, Ronela's weight of 5.44 kg (12 lbs.) was less than the 3<sup>rd</sup> percentile and actually less than the last weight in your office, which was 12.6 lbs. Her length was 62.5 cm (10<sup>th</sup> percentile), and her weight for height was less than the 3<sup>rd</sup> percentile. Her head circumference of 42.5 cm was 50<sup>th</sup> percentile. Her temperature was 97.9 tympanic. She was a thin, well-hydrated infant with sparse hair. She had an occipital lymph node palpable on the right about 1 cm in diameter. Her lung and heart exams were normal.

Danilo Perlas, M.D.  
July 22, 2002

Re: PASCUAL, Ronela  
Page 2

Her abdomen was soft and non-tender with the liver edge felt 3 cm below the right costal margin, no splenomegaly, and no masses. On rectal exam, there was a small amount of brown stool, which tested heme negative.

I suspect that Ronela is failing to thrive due to inadequate oral intake and using the breast as a pacifier. Renal tubular acidosis or another metabolic problem is possible as well. As you and I discussed on the phone, it was decided to admit her for a workup. This was in part influenced by the fact that her family was over an hour late for this appointment and I had some concern about their follow-up potential. I'll be assisting you with her during her inpatient stay, and thanks again for involving me in her care.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claire", with a long horizontal flourish extending to the right.

Claire M. Wilson, M.D.

CMW:pt

cc:

KAPI'OLANI MEDICAL CENTER  
*For Women and Children*  
1319 Punahou Street  
Honolulu, Hawaii 96826

NAME: **Pascual, Ronela**  
MR #: ROOM #: PEDSP2220B  
DICTATED BY: Alan Ikeda, M.D.  
ATTENDING PHYSICIAN: Danilo S Perlas, MD

**DISCHARGE SUMMARY**

cc: Alan Ikeda, M.D.  
Danilo S Perlas, MD

**DATE OF ADMISSION:** 07/22/2002

**DATE OF DISCHARGE:** 07/26/2002

**PRINCIPAL DIAGNOSIS:** FAILURE TO THRIVE.

**COMPLICATIONS:** None.

**OPERATIONS:** None.

**CONSULTANTS:** Dr. Wilson, Gastroenterology.

**REASON FOR ADMISSION/BRIEF HISTORY OF PRESENT ILLNESS:** From last report done by Dr. Paul Eakin, this is a 6-month-old baby girl, who was admitted from Dr. Wilson's office after referral from PMD for failure to thrive. Mother reports that the baby was born without complications following a normal pregnancy. Baby was breast fed until 4 months of age. At 4 months of age, she was started on baby foods such as apple sauce and rice. Mother reports no decreased milk production after 5 months of age. At the time of admission, the patient takes 3 jars of baby food, some formula and breast feeds for 30-40 minutes with 30 minutes between each feed. During the night, baby breast feeds twice. Mother denies any vomiting or diarrhea. Baby does have an occasional spit up and stools 2-3 times a day. Stool consistency is usually soft or formed, brown, black or yellow. No blood or mucus in stools. Number of voids are unknown because the mother only changes the diapers 2-3 times per day. She denies fever, cough, colds, rhinorrhea, rash, recurrent pneumonias or ear infections. No ill contacts. The patient has been shown to decrease weight. She was at the 76th percentile at 2 months, 25th percentile at 4 months, 5th percentile at 6 months and currently is below 3%.

**ADMITTING PHYSICAL EXAMINATION:** This is being dictated from the report of Dr. Paul Eakin. Weight 5.42 kg, just less than the 3rd percentile, height 64 cm which is 10th-25th percentile, head circumference 42 cm which is 10-25th percentile. Weight per height is under the 3rd percentile. There are no dysmorphic features. Temperature 98, heart rate 123, respiratory rate 28, blood pressure 74/49. Baby is active and alert, good eye contact. Fussy during the examination, appears small for age. HEENT: Normocephalic, atraumatic, anterior fontanel flat and pulsatile. Eyes: Noninjected. Positive nystagmus. No rhinorrhea. Tympanic membranes are gray, mobile bilaterally, MMPN. Neck supple. There is a left posterior occipital lymph node, no scalp lesions. Chest: Clear to auscultation bilaterally, good aeration. CV: Regular rate and rhythm without murmur. Normal S1 and S2. The patient was crying. Abdomen: Positive bowel sounds, soft, nontender, nondistended. Negative HSM. Genitourinary: Normal female external genitalia. Skin: No lesions. Extremities: Warm and well perfused. Neurological: Good head support, supports weight on feet.

# 308253

**Discharge Summary**  
Page 1 of 3

**CC FOR: Danilo S Perlas, MD**

**DISCHARGE SUMMARY**

**HOSPITAL COURSE:** 1. FAILURE TO THRIVE. Lactation nurse was consulted. The baby was known to be using the breast nipple as a pacifier. There was poor latching at the time. During the patient's stay, the mother was able to demonstrate that she was able to have the patient latch on and breast feed in the correct manner. However, it was noted by staff that the patient would not often breast feed in the proper position and mother would often be found lying down with the baby. Alternative food sources were attempted, but the baby continued to refuse taking formula whether given by cup, spoon or \_\_\_\_\_ Breast examination of mother noted that milk could be ejected. The patient remained stable during the stay. Some of the initial weight loss was replaced before discharge. There was some thought that the mother and child both felt uncomfortable in the hospital setting and would possibly benefit from a home environment. It is anticipated that the patient's mother will benefit from a home environment. It is anticipated that the patient's mother will have taken the new learned techniques of breast feeding and properly feed the baby at home and stop feeding the baby adult foods. This will be monitored as an outpatient. The patient is to follow up in three days. If the patient does not gain any weight, there is a consideration that the baby will be readmitted and an NG tube will be placed.

2. HISTORY OF BLACK STOOLS. Because there was no stool samples, the stool was not sent until the second day of admission. Guaiac remained negative. Stool culture and O&P was negative. Urinalysis and urine culture resulted in E.coli 6000 cfu/ml. It was thought of as a contaminant.

3.

**PERTINENT FINDINGS/TEST RESULTS:** Chest x-ray was normal, showed a normal heart size. Urine culture and urinalysis: Urinalysis showed small leukocyte esterase, trace ketones, large blood, otherwise normal. Urine culture grew out E.coli 6000 cfu/ml and it was thought to be a contaminant. CBC: White blood cells 17.8, hemoglobin 11.5, hematocrit 33.8, platelets 460, segs 9, lymphocytes 7, reticulocytes 3, monos 2, eosinophils 14. Electrolytes: Sodium 136, potassium 3.7, chloride 102, CO2 23, glucose 92, BUN 7, creatinine 0.2, calcium 10.3, phosphorous 4.7, uric acid 4.6, total protein 7.1, albumin 4.8, globulin 2.8, AST 72, ALT 49, alkaline phosphatase 214, LDH 257, GGT 18, total bilirubin 0.3, cholesterol 186, triglycerides 126. Stool was negative for occult blood. Stool cultures showed no ova or parasites.

**DISCHARGE INSTRUCTIONS:**

1. Diet: Diet for age. The patient was to be limited of any adult foods.
2. Activity: As tolerated.
3. Medications: None.

**CONDITION ON DISCHARGE:** Stable.

**PLANS FOR FOLLOW UP:** The patient was to follow up with PMD, Dr. Perles, on Monday, July 29, 2002. The patient's mother was to follow up with Dr. Johns at KCC within a week after discharge.

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Alan Ikeda, M.D.

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Danilo S Perlas, MD

D: 07/28/2002 10:44 A T: 07/28/2002 2:32 P /py  
Job #: 000005130 Doc #: 308253

# 308253

**Discharge Summary**  
Page 3 of 3

**CC FOR: Danilo S Perlas, MD**