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RYAN TRILLER
DOB 07/25/86
106 STARLIGHT RIDGE
SAINT CHARLES, MO 63304

To Whom it May Concern at BCBSIL,

I have the pleasure of serving as the internist for Ryan Triller since February of 2005. I have seen him regularly since that time. I am writing to explain his needs for 24 hour per day, 7 days per week nursing care.

Ryan has an extraordinary medical history which began at birth with severe hypoxic brain injury, resulting in severe cerebral palsy, autonomic dysfunction, spastic quadriplegia, and sleep apnea. Ryan requires 24 hour nursing care for several reasons. He has dysautonomia which manifests as tachycardia/bradycardia. He wears a 24 hour heart monitor which may alarm several times a day. His nurses assess him for bradycardia, know how to stimulate him to get the heart rate back up, and know when to call 911 when he gets too low.

Ryan's dysautonomia also results in hypothermia. He needs a heating blanket placed on and off throughout the day, depending on his body temperature. He also develops hyperthermia at times and needs frequent monitoring.

Ryan has a long history of aspiration pneumonia, despite multiple attempts of surgical correction. He continues to aspirate on a regular basis, but his nurses routinely perform deep suctioning to prevent his aspiration from becoming pneumonitis.

He wears a 24 hour pulse oximeter because of his sleep apnea. Ryan frequently becomes apneic and has to have his oxygen levels adjusted and be put on bipap both at night and during the day while awake. Because he is at risk for CO2 retention with his severe encephalomalacia and his chronic apnea, oxygen titration cannot be done by family members. He requires bipap for his apnea which has both a central component as well as from contributing respiratory muscle weakness. He has a prn order for albuterol nebs given through the bipap which can only be given by his nursing care.

Ryan requires routine percussion therapy to his lungs because of his respiratory muscle weakness. This has been shown to reduce pneumonia incidence in patients with chronic pulmonary disease and has worked well with him.

Ryan has had multiple bowel surgeries for chronic distention of the stomach as well as severe reflux. His feeding schedule needs frequent adjustments depending on his inputs and outputs for the days. He also needs strict attention to his bowel regimen with digital stimulation each evening. In addition to the strict feeding schedule, Ryan requires precision with his free water. He has been given the diagnosis of diabetes insipidus and therefore his free water schedule also needs careful titration.

Ryan has neurogenic bladder with frequent UTI's. Because he is mostly nonverbal, his cues are subtle, but they are evident to the nurses who know him well. He requires sterile straight catheterization 6-7 times per day.

Ryan has developed Crohn's disease. He also has slow motility of his gut, making nutrition and hydration difficult to maintain. He has chronic kidney disease with bilateral small kidneys, making him at greater risk for hospitalizations from dehydration.

When Ryan is hospitalized, he is placed in the stepdown unit or ICU regardless of his admitting diagnosis because he must have one to one nursing care at all times, whether he is in or out of the hospital.

In short, Ryan has absolutely no chance of survival without 24 hour nursing care. He was not expected to live beyond infancy. He has made it to the age of 27 years with intense treatment by 24 hour nursing. He absolutely needs to maintain the level of service that has been provided.

I am happy to address any further questions that may arise.

Sincerely,



Catherine A. Hermann MD