

March 19, 2008

VIA FACSIMILE: XXX-XXX-XXXX

Randall Dillon
579 Chambers Ave West
Orlando, FL 32801

RE: Amir Kumar

Dear Mr. Dillon:

As you are aware, Dr. Ricardo Martinez has recommended that Amir undergo a fundoplication and placement of a gastrostomy feeding tube as treatment for gastroesophageal reflux disorder and failure to thrive. A follow-up telephone conference was conducted with Amir's mother, Amani, on March 12, 2008 during which she confirmed that they were going to proceed with Dr. Martinez's recommendations. Amir was to be evaluated by pediatric surgeon, Neal Kendall, M.D. on March 13, 2008 for a pre-surgical consult. It was Amani's understanding that Amir would initially be started on 24-hour feedings, with the hope of eventually decreasing his feeding schedule to over-night hours. At this time, the doctors are unable to prognosticate as to the possibility of Amir eventually being weaned from the feeding pump.

The fact that Amir will now require gastrostomy tube feeding necessitates changes be made in his Life Care Plan. The Life Care Plan attached to this letter has been revised to incorporate equipment, supplies and medical care needed for gastrostomy tube feeding. Additionally, the institution of tube feeding requires changes in the level of attendant care Amir will require. Gastrostomy tube feeding must be monitored and performed by a skilled nurse, in the absence of family members. Therefore, Amir's respite care outlined prior to age 22, has been changed to reflect the cost of LPN services. Post-Age 21 care, has also been changed. Amir's Post-Age 21 care, has been outlined making the assumption that his need for tube feeding will be reduced from the 24-hours per day recommended at this time. Using that assumption, two shifts of LPN care (16 hours) has been added with one shift of HHA care (8 hours) to cover the time he is not required to be attached to the feeding pump. However, because of his need for gastrostomy tube feeding and the additional care required for patients with gastrostomy tubes, the Life Care Plan recognizes that if Amir is a candidate for supervised or supported work, he will likely require a care giver to accompany him to the program. With this in mind, this Revised Life Care Plan now outlines 24-hour per day care from age 22 through life expectancy.

As is indicated within this Revised Life Care Plan, Amir's equipment, supplies and medical monitoring have been estimated at this time. Correspondence was initiated with Dr. Martinez and Dr. Kendall, but no responses have been received as yet. Because of the time frame in which I had to produce this Revised Life Care Plan, I was unable to await their responses, therefore, estimates were used based on the many Life Care Plans I have done in the past for children requiring gastrostomy tube feeding. Should the treating physicians respond with different recommendations than those outlined in the attached plan, I will make any changes needed at that time. Each new item or changed item within this plan has been designated as such to facilitate the economist making adjustments.

Additional medical records were produced for my review since the issuance of my initial report. They are summarized as follows:

MEDICAL SUMMARY ADDENDUM: 3/3/08

MARTINEZ, RICARDO M.D.: 2/19/08; 2/28/08

Martinez, Ricardo M.D.: 2/19/08

Amir was seen for failure to thrive and poor weight gain. His mother reported he was eating very little over the last 6 weeks and had gastroesophageal reflux disease.

Examiner reported Amir was minus 40th percentile for weight and minus 35th percentile for height. Examiner diagnosed him with failure to thrive in childhood. He needed to have a gastrostomy tube placed with or without fundoplication. Amir's mother agreed to have procedure done. His poor nutrition was hampering his development and Amir's brain had potential. Examiner recommended a probe study.

Martinez, Ricardo M.D.: 2/28/08

Amir had a ph probe placed within the esophagus. Impression: No active disease.

Records Reviewed:

Martinez, Ricardo M.D.: 2/19/08; 2/28/08

MEDICAL SUMMARY ADDENDUM: 3/7/08

MARTINEZ, RICHARDO M.D.: 3/4/08

Amir was seen for follow up due to failure to thrive. He had undergone a PH probe that showed evidence of upper limits of GERD (gastroesophageal reflux disease). Examiner reported that Amir would need to have a fundoplication since he had mild GERD and was not eating much. Prevacid prescribed.

Records Reviewed:

Martinez, Ricardo M.D.: 3/4/08

After you have had the opportunity to review this Revised Life Care Plan, please feel free to contact me should you have questions.

Respectfully Submitted,

Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
Licensed Mental Health Counselor, (FL MH#0000117)
PAUL M. DEUTSCH & ASSOCIATES, P. A.

ATTACHMENTS: Appendix A - Revised Life Care Plan