



Madison Adoption Associates

1009 Woodstream Drive ♦ Wilmington, DE 19810

Phone: 302-475-8977 ♦ Fax: 302-529-1976

www.MadisonAdoption.com

MAA Child Summary

Children's Welfare Institute - Hosting Program October 26-31, 2015

Child's MAA Name:	Eddie
Date of Birth:	February 24, 2014
Special Need:	deformed upper limbs, atelencephalia, postoperative indirect inguinal hernia (right)
Dossier due:	6 months after Pre-Approval

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*The referral is presented by **China Center for Children's Welfare and Adoption**. The information contained herein is provided by independent third parties, including foreign government agents, orphanage staff, and/or others, according to local policy and procedure. **Madison Adoption Associates** cannot offer medical opinion or analysis as to the health or conditions described in this referral. We encourage all families who are considering the adoption of a child with special needs to consult with a medical specialist to fully understand the information in this report. **Madison Adoption Associates** does not guarantee the translated accuracy of medical information.*

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[Waiting Child Review Form](#)

This Form must be completed before Madison Adoption Associates can discuss a specific child with an interested adoptive family.





CHILDREN MEDICAL EXAMINATION RECORD

Name: EDDIE		Sex: Male	DOB: Feb. 24, 2014	
Placement Institute (Person):				
Medical history: deformed upper limbs, atelencephalia, postoperative indirect inguinal hernia (right)				
General Condition	Height: 63cm		Weight: 4.72kg	
	Head Size: 38cm		Chest Size: 35cm	
Mental Development: not done				
Vision: L&R /			Corrective Vision: /	
Color Sense: /		Trachoma: /	Others:	
Hearing: L&R /		Ear Disease: L&R /		
Nose: no abnormal findings in appearance			Sense of Smell: /	Others:
Throat: (-)	Oral Cavity: (-)	Teeth: 1	Dental Caries: 0	
Lungs: clear breath sound of both lungs without rales				
Abdomen: soft	Liver: not palpable under rib		Spleen: not palpable under rib	
Heart: strong cardiac sound, no murmurs		Heart rate: 120 bpm	Rhythm: regular	
Blood Pressure:				
Nervous system:	Nervous reflex: tendon reflex of lower limbs are educed normally		Muscular tension: muscular tension of upper limbs is low, muscular tension of lower limbs is normal	
Spine: (-)			Thorax: (-)	
Limbs: (-)	Motion: can roll over, can not sit		Deformity: deformed upper limbs	
Skin: there is 42cm operation scar in right groin		Anus: (-)	Urinogenital System: left hydrocele testis	
Hernia: (-)		Fontanel: 2*2cm	Others:	
Chest X-ray: /				
Laboratory Exam: Blood Rt., Urinalysis, HbsAg, HbsAb, HbcAb, HbeAg, HbeAb, Anti-HIV, Syphilis(RPR):				
Laboratory Report				
HBsAg: Negative		HBsAb: Positive	HBeAg: Negative	
HBeAb: Negative		HBcAb: Negative		
RPR: Negative			HIV: Negative	
Diagnosis and treatment advice: 1. deformed upper limbs 2. atelencephalia, arachnoid cyst 3. postoperative right indirect inguinal hernia4. left hydrocele testis Signed by: XXX Sealed by: Children's Hospital Affiliated to Capital University of Medical Sciences Aug. 28, 2014				

Test Report

Name: EDDIE Sex: Male

Item	Result	Hint	Reference Limit
HBsAg	0.030	Negative	Positive \geq 0.05
HBsAb	108.730	Positive	Positive \geq 10
HBeAg	0.347	Negative	Positive \geq 1
HBeAb	1.980	Negative	Positive \leq 1
HBcAb	0.100	Negative	Positive \geq 1
RPR	Negative		Negative
RPR 1:2	Negative		Negative
RPR 1:4	Negative		Negative
RPR 1:8	Negative		Negative
RPR 1:16	Negative		Negative
HIV	0.14	Negative	Positive \geq 1

Date: Aug.14, 2014

Test Report (Blood)

Name: EDDIE Sex: Male

Item	Result	Reference
WBC	14.57H	4.0-10.0 10^9 /L
RBC	4.48	3.50-5.50 10^{12} /L
HGB	100L	110-160 g/l
HCT	31.7L	35-55 %
MCV	70.8L	80.0-100 fl
MCH	22.3L	27.4-34.0 pg
MCHC	315L	320-360 g/l
RDW	16.0H	0-15%
PLT	385H	100-300 10^9 /L
MPV	8.2	6.8-11.5 fl
PDW	8.7L	15.5-18.1 %
PCT	0.32	0.19-0.36
NEUT#	3.69	1.9-8
LYM#	9.89H	0.9-5.2
MON#	0.61	0.16-1
EOS#	0.35	0.05-0.5
BASO#	0.03	0-0.2
NEUT%	25.3L	50-70
LYM%	67.9H	20-40
MON%	4.2	3-10
EOS%	2.4	0.5-5
BASO%	0.2	0-1

Date: Aug.28, 2014

Imageological Diagnosis
Children's Hospital Affiliated to Capital University of Medical Sciences

Name: EDDIE Sex: male Checked part: groin

Findings: there is liquid echoless area around the orchis in left scrotum, the range is about 1.5*1.2*3.1cm, entrant sound is good.
When checking, there is not any content herniation in bilateral iliac region;
Left orchis: 1.2*0.7cm, right orchis 1.2*0.6cm, no abnormal findings in the parenchyma echo in bilateral orchis.

Impression: left hydrocele testis

Physician: XXX
Date: Sept. 3, 2014

Medical Record
University First Hospital

Name: EDDIE Sex: male
Admission date: July 31, 2014
Discharge date: Aug. 6, 2014

Admission condition: male, 5 months, since born the child was found there is recoverability swelling which in the right scrotum. Check: there is an elliptic enclosed mass which can return back when pressed in scrotum of right groin, in the size of 4*3*3cm, soft, no tenderness, photopermeability: negative, can return back when pressed.

Admission diagnosis: right indirect inguinal hernia

Treatment: finished relevant checks, on Aug.5, 2014 the child went on High ligation of right hernial sac. The operation is successful, after operation the disease is stable, he is approved to discharge.

Discharge diagnosis: right indirect inguinal hernia
Advice: 1. change medicine 3 days later 2.follow-up

Physician: XXX

Affiliated Children's Hospital of Capital Medical University
Image Diagnosis Report

Name: EDDIE Sex: male Age: 6m

Check part: bilateral upper extremities and hands

Image:

1. Right humerus length 9.6cm, distal-end with poor development, only ulnar shape, shallow articular surface, ulna bending and length 5.6cm, unseen radius, right first metacarpal short
2. Left humerus length 9.6cm, distal-end with poor development, only ulnar shape, shallow articular surface, ulna bending and length 5.4cm, unseen radius, left first metacarpal short
3. Right hand deviate to radial side , first metacarpal short, unseen dist-end, 2nd-4th metacarpal proximal-end with poor development, 2nd and 3rd phalanx separation and close to distal-end, wrist position obscure
4. Left hand deviate to radial side , first metacarpal short, unseen dist-end, 2nd-4th metacarpal proximal-end with poor development, 2nd and 3rd phalanx separation and close to distal-end, wrist ahead shift to radius

Impression:

Ulnar and radial hemimelia

Physician: XXX

2014-09-03

Diagnosis Record
Children Hospital of the Capital University of Medical Sciences

Name: Lei Ningfei Sex: Male Age: 6 months

Position: Cranial

Description: cerebral parenchyma was normal with CT=22-31Hu. Frontal subarachnoid cavities and anterior cerebral longitudinal fissure were normal. Supratentorial ventricle was widened slightly. There was irregular cystic mass from quadrigeminal bodies to cisterna venae magna cerebri about 3.2x1.7cm. Others were normal. Middle line was not shift. Basal ganglia and cerebellum were normal.

Diagnosis:

Irregular cystic mass from quadrigeminal bodies to cisterna venae magna cerebri which was arachnoid cyst
Clear extracerebral space

Physician: XXX

**Operative Recording
University First Hospital**

Name: Eddie Sex: Male Age: 5 months and 8 days
Time of operation: Aug 5, 2014
Preoperative diagnosis: right oblique inguinal hernia
Postoperative diagnosis: right oblique inguinal hernia
Name of operation: right high ligation of hernial sac
Operator: XXX
Anesthesia: general anesthesia
Anesthetist: XXX

Procedure of operation: prostration, routine sterilization and blanket after success of anesthesia, making transverse incision at right inguinal region about 3cm at length, cutting open incision and inguinal canal, cutting open hernial sac, returning hernial content into abdominal cavity, freeing hernial sac and ligating neck of hernial sac, suturing posterior wall of inguinal canal, stopping bleeding and counting correctly, suturing anterior wall of inguinal canal with 4-0 sutures, suturing stratum subcutaneum with 5-0 absorbable suture, intradermal suturing incision, procedure of operation was successful and bleeding was 2ml. He was sent to ward safely.

Drainage: none
Bleeding: 2ml
Time of operation: 40mins

Recorder: XXX

Record of Vaccination

Name: EDDIE Sex: male DOB: Feb. 24, 2014
Date of issue: Apr. 1, 2014
Institution: Children's Welfare Institute of City

BCG	2014-5-5
HBV	2014-4-11, 2014-5-14
OPV	2014-6-6, 2014-7-8
AEMV	2014-9-16

Growth Report for EDDIE

EDDIE, male, DOB: Feb.24, 2014, was picked up at the gate of the ECG in the 2nd floor of outpatient building of Social Welfare Hospital on Feb.25, 2014, at that time the child is wrapped by a pink blanket, and took a birth note with him. A lot of search for his relatives by the public security department failed to find them. From Feb.25, 2014 to Apr. 1, 2014 he had been raised in police station of Branch of City public security bureau, and on Apr. 1, 2014 he was sent to this institute to be adopted by the police station. Since then he has been living in this institute to this day. His name origin: "" is because all of the boys entering the institute in 2014 have the surname "". "" means the hope for that he can grow up happily in the quiet and nice environment. His DOB was decided according to his birth note which he took with him on admission.

Physical exam results of the child at present: deformed upper limbs, atelencephalia, postoperative indirect inguinal hernia (right). Now he has been in the institute for more than 5 months with the age of 7 months. In August 2014 the child stayed in University First Hospital and had right indirect inguinal hernia operation, after operation the child recovered well. The child is extroverted, and he has a pair of big eyes, which shows that the child is active and lovely. When smiling his mouth will be curved, and when smiling the caretaker will can not help herself to kiss this child. Since admission the child got patient care and feeding from his caretaker, and planed him with relevant rehabilitation training plan, by training the child can lie on his stomach on the cushion to support up his forechest, and raise up his head. If aunt put his upper limbs to his chest, he will use arms to support to raise up his head, but this can not keep for long time. The child sitting in the corner chair to watch other children playing, he will laugh with them, he also likes listening to music, when there is music he will sit there quietly, it seems that he is in the music ocean, and when he is carefully doing something he is so favorable. He also likes rattles with bright colors, when aunt holds a rattle and passed by him he will laugh to his aunt, it seems that he is saying that: aunt, please cuddle me to play with me. If aunt can not cuddle him, he will not cry, he will wait patiently, when cuddled the child will laugh happily, and attach to the cuddle of aunt tightly. But his favorite: seeing elder brothers and sisters to playing in outdoors, at this time he will be excited to babble, and it seems that he is a member of them.

EDDIE has a routine life. He gets up at 6:00 and goes to bed at 20:00. He naps for 2 hours at noon every day, and he also sleeps once respectively in the morning and afternoon, once for about 1 hour. He has 3 milk meals per day, 220ml per meal, and 2 meals of soft food per day, including rice cereal, yolk, lasagna, egg custard, porridge, paste fruits and etc; his favorite food: fruit paste. He can sleep alone, deep sleep, without other bad sleeping habits. He has been vaccinated all of the vaccines according to normal immunization program.

Director: XXX

Sealed by: Children's Welfare Institute of City
Sept.20, 2014

State of Growth of Prospective Adoptive Child (0-1 years)

Child's Name: EDDIE

Welfare institute: Children's Welfare Institute of City

Sex: male

DOB: Feb.24, 2014

Birthplace:

The baby is institutionalized: Intake time: Apr.1, 2014

Fostered: Intake time:

Weight: 4.72 kg

Height: 63cm

Head circumference: 38cm

Chest circumference: 375m

Number of teeth: 1

Health History:

Routine schedule Please describe when the baby gets up, has a nap after lunch, goes to bed at night and his/her meals? How many times does he/she urinate or defecate in a day?

Get up at 6:00, nap 2 hours or so, and he also sleeps once respectively in the morning and afternoon, once for about 1 hour, go to bed at 20:00, defecate once per day, urinate 12 times or so per day.

Sleep

Deep sleep Moderate sleep Light sleep Crying

In sleep he/she is liable to suck finger or suck soother or something else:

Eating

Please describe his/her diet, capacity for eating, number of times of taking meals, appetite and favorite food:

3 milk meals a day, 220ml for each time, 2 meals soft food, including c rice cereal, yolk, lasagna, egg custard, porridge, paste fruits and etc; his favorite food: sweet food.

Motor development

Holds his/her head up while lying on the stomach

Rolls from supine to prone position by him/herself Sits alone quite steadily

Grasps toy near hand Tears paper

Takes a toy block in one hand, then taking another one by using the other hand

Stands with his/her hands holding onto support

Picks up small things like beans with his/her fingers Crawls on hands and knees

Uses thumbs and index fingers deftly Stands alone for a moment

Walk with one hand held Holds a pen with whole hand and scribbles

Adaptability

Locates the direction of sound/voice Visually follows moving toys

Holds blocks on each hand at the same time

Looks for the dropped toy Transfers a block from one hand to the other

Reach and grasp a toy beyond Takes a toy block out of the cup

Bangs two blocks together Put the block into a cup

Puts the cap on its bottle□

Language and sociality

Follows you with moving head from one side to the other✓ Laughs aloud✓

Distinguishes between acquaintance and strangers ✓

Sounds directed at someone or something✓ Eats biscuits without help □

Knows name, turns when called✓ Imitates sounds ✓

Responds to the facial expression of adults✓ Imitates words□

Express his/her refusal in a simple way □

Responds to other's asking for his/her objects□

Points to eyes, ears, nose, mouth and hands with his/her fingers when asked (two of them will do) □

Takes off his/her sock by him/herself□

Personalities

Quiet□ Active✓ Restless✓ Fond of imitating✓

Fond of listening to music✓ Fond of playing with toys□

Having a ready smile✓ Fond of quietness□ Quick in reaction ✓

Fond of reading picture books✓ Fond of playing games ✓ Obstinate sometimes✓ Impatient sometimes✓

Closest to: caretaker✓ or roommates, classmates or other children in the same institution✓ or others:

Favorite activity: be cuddled by adults to go outside

Favorite toy: rattles with bright colors

Filled by: XXX

Director of institute: XXX

Sealed by institute: Children's Welfare Institute of City