



NHS Number: _____

CC No: _____

First Name: **Child A** Adm
Child A Tm

Surname: _____ NHS: _____ Sex: M
DOB: **PD 06/2015**

Date of Birth: _____

Countess of Chester Hospital **NHS**
NHS Foundation Trust

HISTORY SHEET

LOCATION: _____

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
<p>8-6-15 WRITTEN 11-25AM</p>	<p>5 nurses (custodial) called at 20-26 arrived at 2033 hrs.</p> <p><u>Background</u> Child A Born 31st weeks prior maternal hypertension. Background of I&S</p> <p>I&S</p> <ul style="list-style-type: none"> - Required inflation locathes x5 x3 rounds - Stable on CPAP. - Umbilical venous line inserted by Dr. Sally Syden (553) + Dr Teresa McLaughlin (551) @ 14-00hrs - On check XR line had entered smaller vein & was not in IVC ? in portal vein or a mesenteric vein. - Discussed time & I advised removing catheter & re inserting. - Re-inserted by Dr Syden -> same position on XR. I advised to remove. Documented in notes on sticker (17-00) that line removed & also handed over at 1930 nurse handover that UVC had been removed & however UVC left in situ - Plan was to insert peripheral long line - inserted by Dr David Habmes (554) via @ antenatal fossa @ 1900 to 12 cm - Check XR seen at 20-10; noted to have crossed midline? in SVC & SUBCLAVIAN

DATE and TIME

CLINICAL NOTES

(For all entries please end each entry with your signature, name in capitals, grade and contact number)

- Plan was to pull this back after another long line had been inserted in another patient
- N-Saline then 6% dextrose infusing through line
- At 2028, sudden apnoeic spell. Initially HR maintained & good sat
- Bag valve mask ventilation commenced via Haldraes. Good chest movement & auscultation but HR dropped & lost output
- Legs noted to look very white & pale before cardiac arrest
- CPR commenced - Resus progressed as documented by Drs Haldraes and Wood. Resus drugs given via OVC. Dr Pichelombe (ST6) also present
- HR briefly present at 2 mins into resus but no associated pulse
- Rhythm on monitor - low voltage complexes seen
- D/W queries & epidural @ 15 mins & 28 mins. Decision made to withdraw treatment @ 2058

- I&S death 2058
 - I&S RIP

- Coroner informed - discussion with Mr Rheinberg - for post-mortem
- No clear cause of death
- Although lines in @ atrium, initial apnoea not obligatory
- Possible temperature 2° to here causing perforation
- P IVIT
- ? related to OVC in abnormal position
- Parents aware of need for post-mortem

* Will need notes, all prescription charts & X-rays for PM *

Personal Data
 Personal Data
 [Signature] on call