DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
02/07/15 09:10	Debriefing

Eirian Powell
Mr Taylor
Catherine Davis
Sophie Ellis
Lucy Letby
John Gibbs

Discussed the events leading up to Child C 'arrest'
- did not seem unwell
- active (kept pulling out n/g tubes)
- CRP + WCC suggested infection but was on
- not related to 0.5ml milk feed [illegible]

Discussed resuscitation – technically performed well, team worked well together – causes of PEA considered + managed (although not possible to exclude pulm. embolism or toxins at time of a resuscitation)

Post mortem results not yet available ~~Coroner~~ (Coroner's case)

Following decision to stop active resuscitation after 25 mins (because no pulse or resp at that stage) ventilation + gentle chest compression continued for another 50 mins simply to allow baptism before [illegible] (+ leading) declaring Child C dead. I&S

I&S

I&S I&S

I&S I&S Child C had a pulse and intermittent gasping respirations but agreed with parents that further life support measures were futile. Child C showed some signs of life for the next 5 hours whilst being cuddled by parents.

In future once active resuscitation stops if no minister of religion is available baptism should be performed by a member of staff rather than prolonging a token resuscitation that risks 'reinitiating' the brain stem functions in an otherwise profoundly hypoxic-ischaemic unwanted infant. I&S

I&S

I&S

but the principle of stopping resuscitation when felt to be futile should be followed. However I will discuss in [illegible] consultant colleagues! PD GIBBS Consultant I&S