DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
15/6/16. 15.35.	Pharmacist *Is currently on 25mg/kg TDS cefotaxime, if indicated can be increased to 50mg/kg TDS i.e. 85mg TDS. *I have asked if we can have advate (factor VIII) added to our procurement system. If further needed tomorrow contact Joy I&S (wd Pharmacist covering on 16/6/16) before 1pm and we can order more - should come in on Friday.
15/6/15 1630	Desaturated this afternoon at at 2:50 PM. Personal Data with blood in the oropharynx + blood in I&S NG tube. Improved with bagging Elective Intubated planned following [illegible] Unsuccessful attempts with 2 registrars & 2 consultants. Cords difficult to visualise Laryngeal airway placed by Dr Breary. Baby received 2 x 10ml/kg fluid bolus. Anaesthetic support requested. Attending the baby. Discussed with Dr Bill Yoxall CWH. If no success advised to discuss c NWTS team and liase with lead ENT team at Alder Hey. Parents are in the room and have been kept regularly updated with clinical care. Personal Data
15/6/16	NOW MATERNITY [illegible] PAEDIATRICS (written in retrospect)
1700	Crash bleeped to NNU due to sudden desaturation following 3ml aspirate of blood from NG. Sats 44% on arrival. Jaw thrust + bagged at sats 100%. Dr Saladi bleeped 1 attempt at intubation by myself → cords seen but obstructed by swelling in airway. Handed over to Dr Saladi as PD

Personal Data

PLEASE AFFIX PATIENT LABEL IF AVAILABLE

NHS Number: _____

CC Nu

Child N Adm Tm

First N Child N MALE

NHS: Personal Data Sex: M

DOB: PD 06/2016

Surnar

Date of Birth: _____

PAEDIATRIC DEPARTMENT

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)
15.6.16	CAMPBELL : ANAES (JAMESON ALSO PRESENT)
1655.	called to attend @ NC 1650
	0→ 1·6 kg 34/40 now PD wks old.
	haemophilia
	apnoea.
	Paediatric team unable to intubate
MONITORING	ventilated using iGel small leak
SpO2	Agreed need to intubate
NIBP	
ECG	FiO2 1·0
Capnography	ventilation supported using Mapleson F
	given 1.7mg MORPHINE
	3·4mg SUXAMETHONIUM
	NC - able to visualise epiglottis only, swollen
	unable to pass 2·5 ET
	easy bag mask ventilation
	PJ - able to visualise epiglottis only, swollen
	unable to pass 2·5 ET
	iGel re-inserted & CMV re-commenced.
	Plan NEWTS
	ENT - paediatric support

Personal Data

I&S

45 41

DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
15/06/16 1750	D/W ENT Reg (Umesh) - informed about Child N and his difficult airway, requiring LMA (igel) ~~mask~~ for ventilation. He, or a colleague, will come to assess, but knows that Alder Hey ENT team are also involved. Personal Data Dr Gibbs Cons Paed Bleep I&S
15/6/16 1800	Received phone call Dr Frank Potter (Alder Hey PICU consultant)
	He will come with Alder Hey ENT consultant Mr Sood with a flexible bronchoscopy.
	They will transfer the baby to Alder Hey with NWTS Ambulance which will join them later.
	He asked for Olympus light source suitable for Olympus flexible bronchoscopy.
	If baby is settled no need to paralyse otherwise give Rocuronium ~~option~~
	~~I have infor~~ Treatment options:
	① Transfer baby to AHCH c̄ LMA
	② Attempt Intubation c̄ flexible bronchoscopy
	③ Tracheostomy if worsening airway
	I have informed Mother of about the treatment plan
	Dr Gibbs oncall consultant aware
	Personal Data
	Sood Cons

PLEASE AFFIX PATIENT LABEL IF AVAILABLE

NHS Number:

CC Numbe Child N Adm Tm

First Name Child N MALE

NHS: PD Sex: M

DOB: PD 06/2016

Surname:

Date of Birth:

ENT

PAEDIATRIC DEPARTMENT

Countess of Chester Hospital NHS
NHS Foundation Trust

HISTORY SHEET

ENT

LOCATION:

DATE and TIME	**CLINICAL NOTES** (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
15-6-2016	Dr Umesh Nagalotimath Reg on call.
ENT	Dr Gibbs consultant neonatology informed about this child at having problems in intubation & saturation was maintained c oxygen mask.
	The alderhey team (intensivist & ENT surgeon) was contacted for shifting the patient & They were on the way.
	Discussed the possibilities of tracheostomy, but child also has haemophelia.
	D/w Mr Temple also.
	at about 7-00 PM alderhay team came in & we got all the camera, scopes for theater & pead scope was attached & kept ready. Meantime There was problem c child & The intensivit & peads team successfully intubated the baby.
	Further scopy was n't required immediately.
	I was relieved as ~~baby~~ baby was bit stabalised.
	This is informed to Mr Temple.
	Personal Data

WWG316 Feb 2011 40038544

INQ0000579_0043

PLEASE AFFIX PATIENT LABEL IF AVAILABLE

NHS Number:

CC Number: Child N

First Name: Child N

Surname: Child N

Date of Birth: PD /6/16

PAEDIATRIC DEPARTMENT

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)
15/6/16 2105	ST7 Doctor S
	Attended NNU at ~1500 following crash call to Dr Saladi to attend NNU.
	Sudden ↓ SAT (~45%) + apnoea then persisting apnoeas.
	Attempt made to intubate + ventilate by:
	Dr Mulberry
	Dr Saladi
	Myself – cords seen by very anterior + obstructed by red swelling inferior to epiglottis.
	Dr Brearey
	unsuccessful ∴ Anaesthetic team contacted – see notes – Also unsuccessful ∴ AHCH contacted.
	LMA inserted + capnograph +ve. CMV 18/5 rate 40/min 30-70% O2.
	Dr Potter } PICU, Dr Lakin, ENT consultant } all arrived ~1915 to give assistance for intubation +/- tracheostomy + transfer to PICU.
	At 1940 desat 80 → 50 → 40% + assoc brady to 50-60/min
	Handbagged. 2 x IV access already in situ.
	Resus led by Dr Lakin + Dr Potter – Intubated 1st attempt size 3cm ETT @ 1953 by Dr Potter
1947	Adrenaline 0.09ml 1:10,000 } with Saline flush.
1950	" " "
1953	" " "
1955	" " "
1956	" " "
2009	" 1.8ml 1:10,000 then adrenaline infusion
	Compressions (CPR) 1955 until 2010 due to HR 50-60/min.
	Sodium bicarbonate 4.2% 3ml given x2 at 19:55 + 20:15
	Responded well to adrenaline infusion cont → + HR 150-160/min SATS 100% in 100% O2 ~~CPAP~~ handbagged.

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
JG 15 ~~16~~/6/15 2105	Cont.
	Saline bolus 20ml x 2 given at 2000 and 2005.
	At 20:18 midazolam + morphine infusion commenced.
	See gases for details of when taken + see nursing notes.
	CXR + AXR req. + reviewed by Dr Potter / Dr Lakin
	NWTS arrived just after 2035. Personal Data
	Factor VIII (2nd dose) of 55 units Doctor S given at 2025 at time of central line access attempt by Dr Potter.
	Parents present + updated by medical + nursing staff. Has been baptised.
15/06/15 2205	Involved since 18:00 (on-call) Initially stable on LMA ventilation 18/-, 40/min, 40% - but sudden deterioration 1940 as described overleaf by Doctor S. Very difficult to ventilate via LMA (Dr Lakin), poor airway + chest bilaterally leading to bradycardia of 60/min requiring intermittent cardiac compression.
	Ventilation improved after endotracheal intubation by Dr Potter (although still bradycardic intermittently for 20 mins after intubation).
	Resuscitation drugs as documented by Doctor S. (R) internal jugular central line inserted by Dr Potter, then left femoral arterial line.
	~~JG~~ Child N baptised by J... Langley (Hosp Chaplain)
	Stable after resuscitation + during central + arterial line insertions.
	At 2205 P 173, ~~H~~ Sats 100% (hand bagged), BP 66/39 (mean 49)
	Ms Sue De (Consultant ENT surgeon, Alder Hey) had also been in attendance in case urgent tracheostomy required, but her assistance was not required.
	Parents kept informed of progress, occasionally by myself + members of the Alder Hey team, and frequently by nursing staff.
50	For transfer to Alder Hey ITU.
	Personal Data GIBBS Cons Paed BP 45 I&S