

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
9/6/15 14:50	<p><u>Beech ST3</u></p> <p>Phone call taken from haematology SPR at AHCH → she has spoken to 'a couple' of her consultants & they have recommended we send a coagulation screen & D-dimer.</p> <p>Also if possible to send these samples on Child A & to ask for urgent post-mortem on twin 2 particularly to look for thrombosis as this may have implications on Child B</p> <p style="text-align: right;">Personal Data Beech ST3 PD</p>
1700	<p><u>STU K DAVIS</u></p> <p>Message from Consultant Obstetrician</p> <ul style="list-style-type: none"> - she has d/w Dr Cohen (haematologist in London) who has liaised with GOSH consultant - feel death is unrelated to APS - would advise against any clotting or antibody screening - wondered whether tertiary referral would be indicated - only further tx would be MRI and investigations for renal artery stenosis <p>Plan I will inform consultant of the above</p> <p style="text-align: right;">Personal Data DAVIS</p>
- 1800	<p>- D/w Doctor V</p> <p>- Hold off clotting screen tonight</p> <p>Re discuss whether needs these bloods in the morning</p> <p style="text-align: right;">Personal Data C. V. 2 I&S</p>



NHS Number: _____

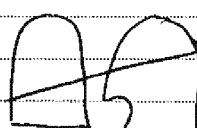
Child B Acn _____
 Child B _____
 NHS: _____ Sex: F _____
 DOB: Pdi/06/2015 

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

HISTORY SHEET

Date of Birth: _____

LOCATION: _____

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<p>9/6/15 0230</p>	<p><u>Lombia 576</u></p> <p>Written in retrospect</p> <p>crash called to ICU @ 0033 Beg & mask ventilation in process.</p> <p>Had acute amnesia with no warning Widespread purple discoloration of skin with white patches. Gradual ↓ HR. Lowest 80-90.</p> <ul style="list-style-type: none"> - Masuff + guedel - good chest wall rise & pressure ↑ to 35. - intubated size 3.0 second attempt - secured 7cm Ltrs (local cords look normal) - Bolus 10ml/kg nasal given CRF 3-4s. Responded well CRF ↓ to 2-3s. - within 10mins - becoming active & breathing - morphine bolus - Bloods urgently coag / F&C / U+E / CRP / dimer / Fib - Placed on ventilator - needing morphine infusion to settle.
<p>Doctor V</p>	<p>amised).</p> <ul style="list-style-type: none"> - Gradual improvement in perfusion over next 30mins Second bolus 10ml/kg given <p><u>A</u> - ETT 3.0 7cm Ltrs @ T₁ on Xray.</p> <p><u>B</u> - SIMU 2016 rds 30 <u>A</u> sets 96%</p> <p> good A&E Bil. CRF - nil acute.</p> <p>gas: pH 7.21 Bts -8.4 CO₂ 6.78 g/L 7.5₂₆ HCO₃ 19.7 lact 4.5</p>

NHS Number: _____

CC Child B Adm Im _____First: Child B NHS: _____ Sex: F _____DOB: PD 06/2015  _____

Suri _____

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10/6/15 2.40 am	<p>Written retrospectively from ~ 12.50am. Bagged at home ~ 12.36 am. Arrived at ~ 12.50 am. Baby tubed already by reg. Went apnoeic suddenly purple blotching of body all over with slowing of heart rate. Bagged & then tubed by reg. Heart rate came up. Adrenaline not required. 10mls 1/4g bolus given upon my arrival purple blotchings RF mid abdomen & right hand. pink & active. In 40% O₂ Sat 100%. H. Rate 143.</p>
00.51	<p>gen: PH 7.20 PCO₂ 6.76 PO₂ 10.46 BE - 8.4 glucose = 7.5 lactate = 4.5 On 20/6 40% O₂. FBC = WCC 8.4. Plt 103 (small clump) N 3.30 L 4.5 CRP = 1. PT 12.2. APTT 37.8 Fibrinogen 2.43 Platelets & FFP had been requested but have held off in view of above results</p>

2 Clinical improvement
Restarted on Abx.

Second line Teic + Cefotaxime.

Cap. refil \approx 3-4 secs. \rightarrow 2nd loads/kg
bolus given.

CXR + AXR. — reviewed.

ETT tube OK

AXR — dilated loops of gas filled
bowel.

rpt gas pH = 7.33 PCO₂ 5.56.

PO₂ = 4.48

lactate = 2.1

In air 20/6.

Spoke to parents.

purple discoloration almost resolved.

?? cause

- Stabilised at present

- Cont. Abx.

NBM

- rpt gas \approx mean on toleration

rpt clotting + FBC + U&E + CRP

\approx 7.30am

Doctor V