

DATE and
TIME

CLINICAL NOTES

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

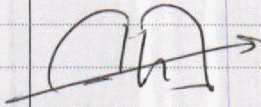
21C

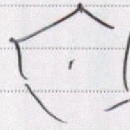
settled.

pink CRT < 2.

AF-SAT

HS 1 + 11 + 0





SAT

fems v.

no 1 WOB

plan

- Cont Est feeds

- Stop nystatin tomorrow

- transfer

I&S

today.

PD

I&S

13/8/15
1030.

SHT Lydon

Fax from LWH genetics:

FISH - no evidence of Trisomy 21 in sample.

- 50 cells examined, no evidence of mosaicism.

- Doesn't exclude presence of structural or additional Chromosome abnormalities.

Hypo screen results

Cortisol 364.

Insulin 4657 ↑

Insulin C-peptide < 169 ↓

C-peptide/Ins 0 ↓.

DIW **Doctor ZA** - insulin high, c peptide low. - unusual for hypoglycaemia. As now well and sugars stable for no further ix.

If hypoglycaemia again at any point for repeat screen.

PD

I&S

RUN DATE: 23/02/18
RUN TIME: 1052
RUN USER: MR.SWAJ

Countess of Chester Pathology (LIVE)
PATHOLOGY REPORT
PCI User: MR.SWAJ Lab Database: LAB.COCH

PAGE 1

Name: TWIN 2 Unit No:
Address:
Ward: WARD 36-NEONATAL UNIT DOB: 07/15 Sex: M NHS No :
GP: Loc.Tel

Specimen: Collected: 05/08/15-1756 Status: COMP Req No:
Received: 05/08/15-1905 Order Dr: BEECH,GAIL
Ack by: Consultant: GIBJ
Ordered: INSULIN/C PEPT, CORTISOL
Comments: Type of Request: D
Relevant clinical details: PRETERM NEONATE, HYPOGLYCAEMIA
:- ON 10% DEXTROSE
CORTISOL 364 nmol/L
REF RANGE 155 - 607 nmol/L (9AM COLLECTION)
INSULIN 4657 pmol/L
INTERPRETATION OF INSULIN LEVEL DEPENDS ON GLUCOSE
INSULIN C-PEP < 169 L 190-990 pmol/L
RESULTS TELEPHONED BY: CON.LEWE
AT: 1649 Hrs on 12/08/15
RESULTS TELEPHONED TO: NNU
CPEPTIDE/INS 0.0 L 5.0-10.0

RUN DATE: 23/02/18
RUN TIME: 1053
RUN USER: MR.SWAJ

Countess of Chester Pathology (LIVE)
PATHOLOGY REPORT
PCI User: MR.SWAJ Lab Database: LAB.COCH

PAGE 1

Name: TWIN 2 Unit No:
Address:
Ward: WARD 36-NEONATAL UNIT DOB: 07/15 Sex: M NHS No :
GP: Loc.Tel

Specimen: Collected: 06/08/15-1446 Status: COMP Req No:
Ack by: Received: 06/08/15-1550 Order Dr: VENTRESS,ALISON
Ordered: CSF ANALYSIS Consultant: GIBJ
Comments: Type of Request: D
Relevant clinical details: PRETERM BABY, RAISED CRP
CSF APPEARANCE SEE COMMENT N
SAMPLE SLIGHTLY BLOODSTAINED
CSF GLUCOSE 4.5 #H 2.2-3.9 mmol/L
CSF PROTEIN 1.39 H* 0.13-0.45 g/L
CSF XANTH Not Available N