PLEASE AFFIX PATIENT LABEL IF AVAILABLE

NHS N NHS: Child Q

CC Nu PD 70672016 Babyboy MALE Child Q

First N [redacted]

Surname

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)
24/06/16 (1030hrs)	O/E looks well
	Plethoric
	Res ° recession
	chest clear
	CVS HS I + II only · No (m)
	Abd Soft & tender (05%)° ·
24/06/16 (1021hrs)	° distended
	Plan (1) for caffeine loading
SBR - 94	(2) · for repeat U&E, SBR
70 pedro	(3) · Continue with gradual
uv line	enteral feeds 0-5mls 2hly ·
	+ TPN
	Personal Data / Locum
	locum paed spr
25/6/16	WR
0917	Called to NNU @ 0917 : desaturation
	~~Had~~ Had just vomited & then
	desaturated to low 60's
	Minor bradycardia.
	Bagged with Neopuff circuit in
	20's on 100% FiO2.
	Scans returned to 100%.
	Continued requirement for PEEP
	∴ moved to Nursery I & commenced
	on CPAP.
	UVC in situ ∴ reviewed &
	commenced on Teicoplanin & Cefotaxime
	Bloods taken for BC / U&E / SBR / CRP /
	FBC & gas.

196 18

WWG316 Feb 2011 40038544

DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
25/6/16 CONTD.	Venous gas: pH 7.194 [struck out] HCO3⁻ 23.1 pCO2 8.17 BE -6.6 Glc 6.2 Lac 4.0 → 10ml/kg 0.9% Sodium chloride given @ 10¹⁰ Δ 31 PD → Day PD CW I&S Placenta praevia at avid Jaundice → SBR 220 Presumed 2° Sepsis.
V/	CPAP. PEEP 6cmH2O. FiO2 25%. Nasal septum intact. SpO2 99%. HR 160 (following bolus previously (180-200)) RR 70-80.
F/	NBM. Dextrose startup @ 9 ml/hr } Σ 120ml/kg/day SMOF lipid @ 1.29 ml/hr } PU ✓
O/E	Settled. Jaundiced / Plethoric Under 1x Phototherapy (bili = 210). HS I+II+0. Femorals ++. Peripheral perfusion better since bolus. BP 69/37 (MAP 50). Chest clear. No additional sounds. Abdomen SNT. Umbilicus Ⓝ. °flare/erythema AF Soft. Tone / movements Ⓝ.
Imp	1) Presumed sepsis c 2° jaundice 2) Poor gas ? aspiration
Plan	· cont Tx. Gas @ 1° CXR May need Metronidazole if evidence of aspiration Personal Data Doctor U PD

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CC Number:

First Nam **Child Q** Adm Tm
BABYBOY

Surname NHS: DOB **PD** /06/2016 Sex: M

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HISTORY SHEET

LOCATION: NICU

DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
25/6/16 1350	CXR No pleural collapse / consolidation No pneumothorax.
	Bloods Na+ 141 CRP <1 K+ 4.7 Ur 7.9 Cr 70 SBR 146
	Hb 163 HCT 0.47 WCC 7.4 Nr 3.0 Lx 3.5 Plt 615
	Plan ↑ fluids. Can go 1 day ahead due to ↑ urea
	Personal Data Doctor U I&S
25/6/16 1920.	Gas @ 1822: pH 7.289 pCO2 6.72 HCO3 23.7 BE -3.5 Clc 6.1 Cai 1.3
	On RIV - RR trending down ↓ resp rate currently 18-20. Starting to look tired.
	UO 3ml/kg = 0.1 ml/kg/hr over last 13 hours.
	IVF MAP 47

DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
25/6/16 CONTD.	D/W Dr Gibbs - agrees ē plan to electively intubate due to worsening Vga resp. rdng drive (19) HR 160 - 200
	Discussion ē parents performed prior to intubation ē explanation of clinical grounds for ventilation
	Intubated following 100 mcg/kg bolus of Morphine, 20 mcg/kg Atropine ē 2 mg/kg Suxamethonium.
	Intubated ē 3.0 Ø Portex ETT. on first attempt. Capnograph ✓.
	ETT secured @ 8cm (lips).
	Commenced on CMV PIP 18 PEEP 5 FiO2 21% Ti 0.4 RR 40
	CXR requested.
	Plan - 1, 60 in 1° 2, Bolus 10 ml/kg 0.9% Sodium Chloride 3, Further 100 mcg/kg bolus Morphine due to agitation ē attempts @ self extubation 4, Morphine @ 40 mcg/kg/hr.
	Personal Data Doctor U I&S

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First N NHS: DOB PD 06/2016 Sex: M

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DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
26/6/16 0030	ST7 Doctor S 31+2 → ① PD Events reviewed today • Re-screened – abx ceft + teic • Re-intubated due to worsening resp distress + ↑HR. • Unsettled. • ↓ U/O R – good gases post intubation – Now 16/5 rate 30/min – Last gas @ 0003 – pH 7.291 gluc 6.3 – pCO_2 6.46 Lac 1.7 – HCO_3 20.9 – BE −4.1 CVS – BP (coff mean 41) CRT <2s. – Pulse ~190/min Fluids – 150ml/kg/day. TPN – Had 1x 10ml/kg bolus saline @ ~2000 due to poor U/O. – Has now prd 28ml in 6hrs = 2.2ml/kg/hr – Nil enterally. min. ogts. BNO. Sepsis – CRP <1 25/6 BC from 22/6 – no growth – on teic + cef Meds – Nystatin teicoplanin Cefotaxime Morphine 40mcg/kg/hr cont→

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in ca
26/6/16 0030	Cont.

Child Q

NHS: Child Q Babyboy
PD [redacted] MALE

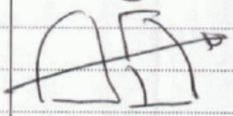
Neuro - Unsettled at times ++ but no rhythmical movements / seizure activity seen.
- Head Cross 23/6 - NAD.

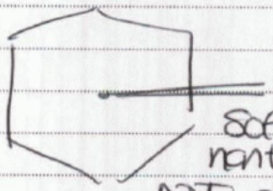
Bloods: As prev. documented
Hb 165, plts 95

CVS Unsettled ++
AF soft
CRT <2s

Pulse 194/min
In air + SATS in 90's

RS (N) Femorals ✓





Soft
non tender no masses
NOT distended

Imp: Unsettled. - ? cause
- ? 2° pain
- ? 2° Sepsis

(P) Try to contain ~~ORAL DOSE. IV NOT APPROPRIATE.~~ ~~Paracetamol loading 20mg/kg as per BNFc (corr GA <32/40)~~
Already morphine 40mg/kg running via UVC
May need to consider midazolam but ideally not
Rpt gas 2hrs

X-Ray Review

Time of X-Ray film: Date: 25/6/16 Time 2025

ET Tube Position: T2 - satisfactory

UAC / UVC Position: T7 → ideally should be withdrawn by 0.5cm → At 9cm on inspection + firmly secure ∴ unable to easily. If pt settles attempt to withdraw later.

Long line Position: _____

OGT / NGT Position: In stomach.

Comments (Viscera / bones / soft tissues):

Sign: PD Date 26/6/16 Time 01:12

Name: Doctor S Designation ST7

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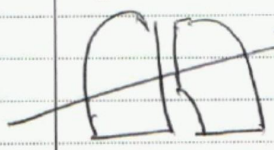
26/6/16 0650	ST7 Doctor S ATSP RE: Poor gas (Resp acidosis) Been Settled last 4hrs - Sleeping In air 16/5 rate 30/min SATS high 90's Pulse ~150-160 Not as active gas @ 0623 - pH 7.193 pCO_2 9.22 HCO_3 20.6 BE -3.8 Nil secretions, good flow loops good chest movement  good AE B/L No added sounds Imp: gas doesn't fit ? Settled clinical picture ↳ May be 2° to sleeping not putting in as much breathing (P) ↓ rate by 20 + re 30mins U+E/bili/CRP to chase PD Doctor S ST7 I&S

DATE and TIME	CLINICAL NOTES (**For all entries** please end each entry with your signature, name in capitals, grade and contact number)
26/6/16 1025	Middlegrade WR
	Δ 31+2 → Day PD → ? PD
	Previously established needs prior to deterioration yesterday.
	→ Currently ventilated on Personal Data SIMV
	Bilious aspirates noted this morning.
V/	SIMV. Last gas:
	PIP 16 / PEEP 5 / Rate 50 / Ti 0.4 / FiO2 24% } VTE 13, leak 4%, (N) loops. pH 7.388, pCO2 5.34, HCO3- 23.3, BE -1.2
	Poor resp effort @ 0700 → hypoventilated ∴ ↑ Rate c̄ good effect.
	3.0 Ø ETT @ 8cm.
	Position @ T2 - T3.
F/	150 ml/kg/day - PN solution @ 9.6 ml/hr, Lipid @ 1.29 ml/hr
	PU ✓
	UO: Good last = 4.8 ml/kg/hr.
	Required 2 x 0.9% Sodium chloride bolus yesterday.
	Bile - 0.5ml dark green bile per OG tube since 0800.
Rx	Teicoplanin
	Cefotaxime
	Morphine @ 40mcg/kg/hr
a/c	Plebaric.
	Temp 36.8°C. ↑ ab yesterday.
	Agitated on occasions - requires swaddling.
CVS	HR 167.
	HS (N).
	Femorals ++.
	CRT < 2 secs.
	BP 69/21 MAP 40.
Resp	ETT @ 8.0cm.
	Synchrony c̄ ventilator.
	No additional sounds - reduced ventilator noise.
	No audible ETT leak.
GI	Abdomen soft.
	↑ Bile via OG c̄ RUQ palpation occurs.