

on arrival
✓

2 1/5 TmO₂ FiO₂ 60%

Good chest wall movt good air entry

Various gas pH 7.23 pCO₂ 7

Given 12 only supplemented @ 0.245 → FiO₂ 50%
Fluently IV access obtained

BM = 4

Commenced 10% dextrose @ 60 ml/kg/day

Specs Blood culture sent
Commenced IV penicillin + gentamicin

Wkely

- Vit K 1M 0.5mg
- SL Pen 1000k
- Morphine 20 min/kg/day

1 Exam

Pink. Tone good
LVS (Lubert) - Refill 2 sec
1+0

RS Good chest wall LTR
Good air entry LTR

Abdom Soft

LVS Tone good

① A/W Neonatal transport team
- Advised that they will transfer
to Angew Park when umbilical lines
placed + X-ray done
- Labels updated

- At 0330 hrs 0350 hrs sudden deterioration
- O₂ sat₁ dropped to = 40%

- Bagged via ET tube with Neopuff - CO₂
monitor not changing colour + poor
chest movt
- Cold light → normal



NHS Number: _____

CC Number: _____

Child KFirst Name: *F. INFANT*

Surname: _____

Child K

Date of Birth: _____

PD *2-16*

Countess of Chester Hospital



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)
	<ul style="list-style-type: none"> - Tube removed & bagged via facemask → Sats recovered quickly - Reintubated by Dr Smith after bolus of 100 ml by morphine - Size 2.5 ETT tube placed, 6.5 cm @ lips - Good air entry LTR - Vent settings as previously <p>PLAN - Await line placement then contact transport team.</p> <p>- Parents have visited baby on unit & have been updated.</p>
PD 12/16. <i>Written in retrospect 0540am</i>	Curosurf 120mg/vial given Batch no: 1028329 Batch no: 1029819 One vial spilt, one vial used.
PD 2-16 <i>Written 750am</i>	<i>5mm H₂O</i> UVC inserted by Dr Smith 9 cm @ cord UAL would not pass XR - UVC in UVC @ lung base @ @ 615 began to have lower sats & @ TV down to 2-5 ml PTO

DATE and
TIME

CLINICAL NOTES

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

- ~~BD~~ top Gas - pCO₂ 12.8
- pH 7.07
- Bx 5 - 3

- ~~Given~~ Given 20 ml/kg saline bolus
as mean BP 20
- In spite of this, O₂ sat's to 75%
- Tube pulled back to 6 cm → Sat's dropped
further & stimulated
- Responded to bagging
- Reintubated @ 2.56 TT by Dr. Smith
6.5 am @ LHR

- Settled for next 30 mins
0725 - Mean BP dropped to 14 ∴ further bolus
of 10 ml/kg N. saline given.
- After this Sat's increased to 96%
- Then sudden drop in sat's & HR dropped
to < 100
- Switched to IPPV via Neopuff
& cardiac compressions commenced for 1 min
- Tube asked to have slipped to 8 cm @
LHR → could run & heart rate picked up
immediately.
- Now stable.

Current situation

✓ 23/5 TmO₂ rate 50 FLO₂ 70%
Good dead not
morning good LHR

Fluids D/L. dex 60 ml/kg (day)

meds Ben Pen / best D

Morphine 20 mcg/kg/hr

For commence dopamine 10 mcg/kg/min

Results CAP < 1 H₂O 7.5 1.75 1.29 uO₂ 10-4

Lines Beryl line (R) arm
UVC

CVS BP 25 mean (leg cuff)
Cap refill < 2 sec
(HR 130 max)