Child E

1a) Necrotising enterocolitis

b) Prematurity (No PM)

29^{+5} gestation twin 1327g. Delayed cord clamping. Signs of maladaptation (high glucose, bile stained aspirates). Large amount of blood (12ml) from NGT prior to arrest despite clotting being only mildly deranged. Teicoplanin not started with Cefotaxime as per guideline. AXR some time before arrest showed no obvious evidence for NEC. No major haemorrhage policy for neonates currently but not in LWH either or any national guidance.

MCDA twin pregnancy
Oligohydramnios, dilated bowel loops, reversed end diastolic flow
IUT from LWH for capacity
Antenatal steroids, magnesium sulphate

PD

.7.15
17.53 El CS
Male
29/40
1327g
Heart rate >100, no respiratory effort
Mask ventilation, no chest wall movement. Increased inspiratory pressure and jaw thrust. Chest wall movement and spontaneous breathing
Spontaneously breathing in air
Antibiotics, iv glucose, caffeine
22.30 Desaturations. CPAP

30.7.15
11.10 Long line inserted
13.00 CPAP discontinued
Normal blood gas values
Antibiotics discontinued
Hyperglycaemia. Insulin

31.7.15
EBM

1.8.15
Hyperglycaemia. Insulin

2.8.15
Oxygen requirement, quiet on handling. Infection screen, antibiotics

3.8.15
Hyperglycaemia. Insulin
22.10 Gastric bleed. Ranitidine
22.21 Respiratory acidosis
23.00 Gastric bleed, desaturation. Intubation planned
23.40 Desaturation and bradycardia, abdomen purple
23.45 Intubated, 100% O_2

4.8.15
00.25 Consultant attended
00.36 Desaturation, cardiac arrest. Full resuscitation attempt. Severe mixed acidosis.
01.23 Resuscitation discontinued, RIP
Referred to coroner, no PM report in records
Blood cultures negative

Delayed cord clamping policy confirm with staff.
Ranitidine in preterm babies – revise guidance based on evidence.