

Child P

Triplet pregnancy (1) (same as **Child O**)

Antenatal steroids

PD 6.16

14.23 Em CS

Male

33/40

2066g

Apgars 5, 7, 8 at 1, 5, 10 minutes

Presumed sepsis, RDS

CPAP

Antibiotics, iv glucose

17.00 Mild respiratory acidosis

21.58 Normal blood gas values

22.6.16

Optiflow

Caffeine

Donor EBM

Antibiotics discontinued

Normal blood gas values

23.6.16

Screened and treated for infection and NBM in light of death of triplet

AXR NAD

10.00 Abdomen appears full not distended

Abx stopped 23/6 – SHO Cooke

18.00 Abdomen mildly distended

Mild erythema at base umbilicus – SHO Cooke

Start cefotaxime and flucloxacillin

01.31 Ellis – one desat (80s) and brady (90s) self-correcting -at times low HR – high 90s-110

06.39 25ml air asp'd from NGT by Ward

24.6.16

09.35 Abdominal distension – and bloated. Skin slightly mottled

Desat bradys. Mildly pale – locum Spr Ukoh

Dr V ~9.30 called – Ukoh and Letby present. Seen “just a few mins earlier”, d/w SpR – to do bloods – deteriorated shortly after and Ukoh started to bag. “I/V access x1 was lost as not flushing”

Doctor U and I were present with **Child P** through the day”

Frequent collapses with desats and brady on ventilation

Echo (Brearey) mild TR - “possibility of pulmonary hypertensive episodes”

09.50 Cardiorespiratory arrest.

SpR **Dr U** HR80, SpO2 60

Powell MD
Bennion LD

Nurse W LD
Bissell LD
Jeffells LD
Simcock L

Blamire LD

Night
Oakley
Butterworth
Davies
Ellis

Thomas

Bennion LD
Taylor LD
O'Brien LD
?Griffith tb4

Gibson LD

Night
Oakley
Davies
Ellis

Thomas
Blamire

23/6
Farmer PD
Booth LD
O'Brien LD
Taylor LD
Letby LD

Night
Ward
Simcock
Jeffells
Ellis

24/6
Farmer PD
Booth LD
Griffith LD

Nurse Y
LD
Letby LD