

SURNAME	FIRST NAME(S)	HOSPITAL NO.
CRAWFORD	LUCY.	123000

CONTINUATION SHEET

DATE	
12/4/00	<p>Check: Clear.</p> <p>U₁, F₁, T₁ + 0</p>
19:30	<p>Abd. Soft BS + me.</p> <p>CNS. NAD.</p> <p style="text-align: right;">→ Viral illness.</p>
	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Admit + observe + encourage feeding - Check urine for leucocyte + Nitrate. - Bloods FBC, U/E + glucose CRP, B/culture - 1/2 fluid after 1/2 cannulation
	<p>Hb = 12.1 WBC = 15.0 Neuts = 13.7</p> <p>Plts = 397</p> <p>Na 137. K = 4.1. Cl 105. CO 16. U = 9.9. Gl = 4.5</p> <p style="text-align: right;">Cre 45.</p>
	<p>Urinalysis - Protein ++ Ketones ++. No leucocyte</p> <p>≈ 2300 - I.U. line increased. <i>JMP</i></p> <p style="text-align: right;">Dr MC Koyne.</p>
13/4/00 3:15	<p>Called Dr O'Donohue to assess the condition <i>JMP</i></p>
13/04/00	<p>OS:</p> <p>≈ 03⁰⁰ mother noticed Lucy rigid. ≈ 5 mins later → rectal diazepam 2.5mg PR.</p> <p>There had been diarrhoea before this episode and subsequently</p> <p>→ resp effort</p> <p>→ Bag + mask.</p> <p>Pulse palpable throughout - O₂ sat 92</p>

DATE

~ 0330

BS - 100 over eye. Capillary refill
L2 sec. Pulse easily felt. Pupils
dilated + unresponsive

U+E: Na: 127 K+: 2.8
Urea: 4.9
Creat: 28

Dehydrated ~ 12 ∴ NADA normal
saline.

Dr Mc Keague RUM
- for seizure - ? cause of
respiratory arrest
? post
convulsion.

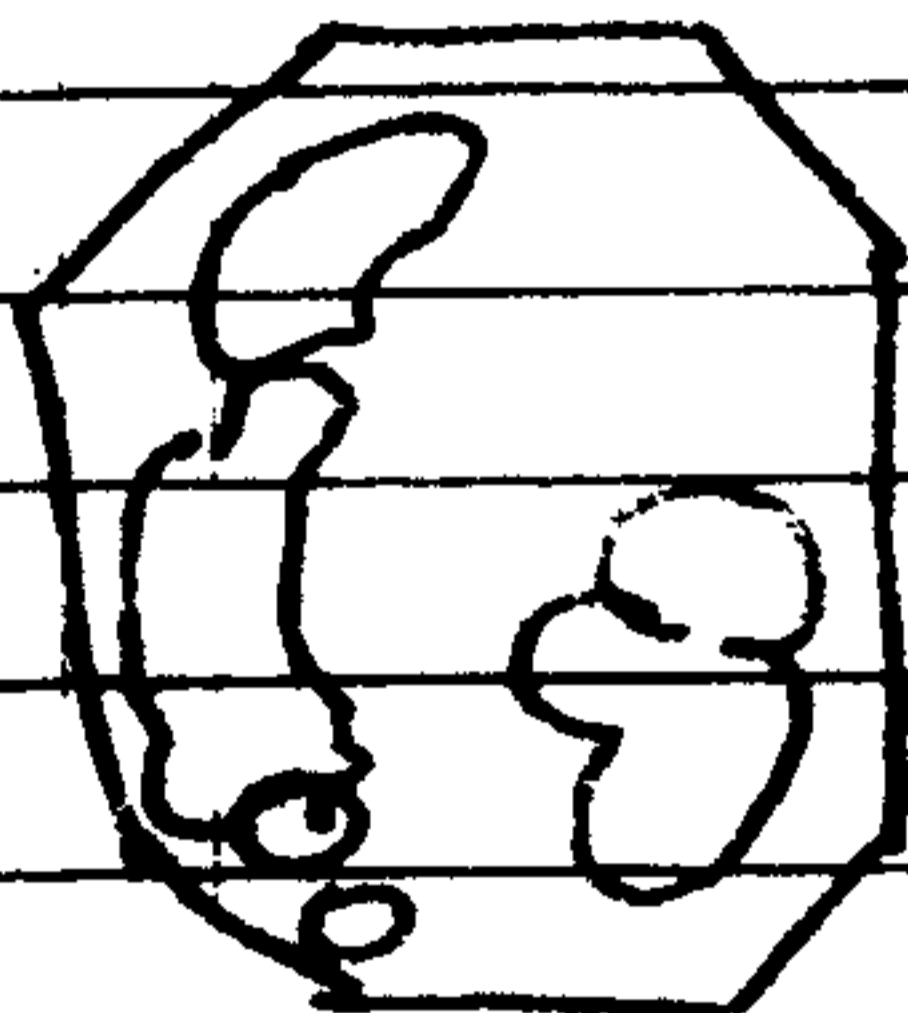
→ I.C.U. ~ 0500

Clonidine 1gm I.V. STAT
monitor 0.5gm 5gm I.V. over 1/2 hour

Donohue

0500: CXR: NAD.

AXR: air in ? colon + small intestine



Donohue

ERNE HOSPITAL

SURNAME	FIRST NAME(S)	HOSPITAL NO.
CRAWFORD	LUCY	123002

CONTINUATION SHEET

DATE	
13/4/00	Called to see Lucy who had a fit
2:58	according to nurse. Respiratory Rate 36/min HR. 140/min. Advised. Rectal digoxin as she was still twitching her hands.
3:15	Called Dr. O'Donohue to assess the patient
3:20	Dr O'Donohue came to see the patient had developed respiratory arrest and was making few respiratory efforts. Ambro bagging done, Cardiac + pulse oximeter attached.
	Passed large foul smelling stool, NaCl 9% 500ml given over 60 minutes. Anaesthetist called put in endotracheal tube Pupil fixed + non responding to light. Heart rate above 100 during the whole time BP. 90/65 - on average. Did not develop cyanosis. O2 sat - 85% to 100%.
	Catheterized (urinary).
4:45	Shifted Adult ICU, to be shifted to ICU Paed in RBHSC by Dr O'DONOHUE <i>Duffy</i>
14/4/00	Yesterday Dr Peter Crain rang from PICU RBHSC to enquire what fluid regime Lucy had been on. I told him a bolus of 100ml over 1 hour followed by 0.18% NaCl / Dextrose 4% at 30 ml / hour. He said he thought that it had been NaCl 0.18% Dextrose 4% at 100ml / hour. My recollection was of having said a bolus over 1 hour and 30 ml / hour as above. * Lucy had had 50ml of fluid PO before. I saw her 1 hour for 100ml.

LPC 3/86/024

DATE

while waiting for the EMLA cream to take effect.

Maintenance $\approx 100 \text{ ml/kg} \approx 1000 \text{ ml}$
- (50 PO + 100ml solus) = 750 $\approx 30 \text{ ml/hour}$

Immediately per transfer I had discussed the fluid rate for the journey. Dr Antonson calculated 40ml/hour ($? = 1000/24$) but I thought continuing at 30ml was appropriate.

J. Donohoe

18/4/00

09¹⁵ :- PM - verbal report via PICU R.U.H.

ROTA gastroenteritis + medical occlusion.

18/4/00

11⁰⁰

Blood culture: no growth

Urine: no significant growth (white top bottle)

Spec: sent to Altnagelvin re DIST
- NO specimen received.

but remaining +

parvovirus negative

J. Donohoe