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TRAIVAVON HIVER HOSPITAL ACCIDENT AND EMERGENCY DEPT.

TRAIVAVON, CO. ARMACH, B163 RD., N. IRELAND. TELEPHONE NO. [REDACTED]  
Date/Time of arrival 08 MAY 2004 19:31 A/E No. 03/019409

NAME MITCHELL, CONOR DOB 12-OCT-1987 GP Name P. D. WILSON  
Age 15 Address [REDACTED]  
Sex M Occ CHILD  
Tel 322261 (39)

Referral REF. PARENT/GUARDIAN Arrival PRIVATE TRANSPORT Incident NON-TRAUMA CASE  
Med/Trauma 1055 Acuity 2LC Revised Acuity All Episodes 3 This Year Episodes 1

Previous Illness/Trauma Allergies

Medication

Handwritten notes: C.P., well 10/17, Vomits, No diarrhea, Distended tummy, +2, No pain, 22 kg, No ribs, ↑ Aschen, muscle spasm

Investigation Hb 177 T36.8 RR 20. LW 18/69 LCC Urinalysis

Urea 10.1 Creatinine 0.1 Bilirubin 0.1 ALT 18 AST 12 GGT 12 ALP 120

ECG I-II, Abnormal salt, No lead, BS, U. BG PH 7.4

Investigation Hb 1 ure 1 case 1 BS, CRP, Blood cultures, DR. Sig: [Signature], Time: 01A

Final Diagnosis - [REDACTED], IT.T. Course Yr, Humotet [ ]  
IT.T. Reoster Yr, T.T. Course [ ]  
IDR, Y.T. Reoster [ ]  
IGiven By: Nurse

Referral/Management 1U Aschen, Hartmann, 220 mg Bactrim, IRef/Disch [ ]  
IA/E Dress [ ] A/E Physio [ ]  
IA/E Fract [ ] A/E Min. Surg. [ ]  
IA/E Rev [ ] CTMA [ ]  
IA/E OBS [ ] D.M. Wait [ ]  
ICAH Admit [ ] Died [ ]  
ITransfer [ ] School H.C. [ ]  
IC.P.D. CAR [ ] Health Vis [ ]  
IC.P.D. Other [ ] C.A.H.O. [ ]  
Other [ ]

Medication Log: Dose, Route, Ordered By, Given By  
Paracetamol 330mg po, Given by 1150EC  
Aschen Peckin, Received to next best available  
Cefazolin 1g IV, S. B. [Signature], Doctor (s) Coded Y/N  
Primary Nurse Sig: [Signature], Time: 11-10  
Coded Y/N: [Signature], Time: 11-10

Handwritten notes: Suffered a Bacterial Infection, McCampbell, 12.10

**Accident and Emergency Department Craigavon Area Hospital Group Trust Tel (028) 3861 2014**

SURNAME <b>Mitchell</b>	FORENAME <b>Conor</b>	A+E NUMBER	PROBLEM
SEX	AGE <b>12 Oct '87</b>	D.OB	
ADDRESS	MARITAL STATUS	TYPE OF INCIDENT	GP ADDRESS
	MODE ARRIVAL	ACCOMPANIED BY	
	OCCUPATION	TELEPHONE	
	DATE <b>8 May 03</b>	TIME	
Triage <b>2</b> NURSE <b>McCarthy</b> TIME <b>1055</b>		SPECIAL NEEDS	URINALYSIS
PRESENTING COMPLAINT <b>unwell child</b>		TETANUS STATUS	BM
		ALLERGIES <b>NKDA</b>	PAIN SCORE
TEMP <b>36.5</b>	PULSE <b>77</b>	BP <b>118/69</b>	RR <b>20</b>
	PFR	SAO2 <b>97%</b>	GCS
			CAP REFIL

**ASSESSMENT/HISTORY** H/o Cerebral Palsy on epilum  
 unwell for past 10 days ↓ oral intake  
 ↑ Drowsiness. Rash.  
 pale ++  
 Started on A/B ΔUTI

<p><b>NURSING INTERVENTION</b></p> <p>Obs <input checked="" type="checkbox"/></p> <p>Uri bag <input checked="" type="checkbox"/></p> <p>BM <input checked="" type="checkbox"/> 7.9mmols</p>	<p><b>EVALUATION/OUTCOME</b></p>   <p><b>OBS ON DISCHARGE/TRANSFER</b></p> <p>TEMP      PULSE      B/P      RR      O<sub>2</sub>SAT</p>
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<b>MEDICATION GIVEN</b>				<b>RELATIVES PRESENT?</b>	
NAME	ROUTE	DOSE	TIME	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				AWARE <input type="checkbox"/>	
				CONTACTED? YES <input type="checkbox"/>	
				BY WHOM: _____	
				TIME BED BOOKED <input type="text"/>	
				TIME TRANSPORT BOOKED <input type="text"/>	

LPC 03/01/044

SIGNATURE ON DISCHARGE/ADMISSION:

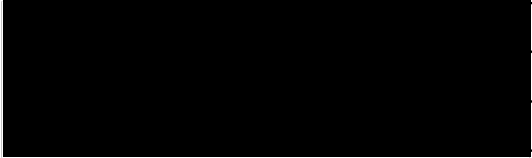
Referral to RBMSC Hospital Date 8/5/03

Consultant ..... Department Paediatrics

Please arrange: Emergency Admission  
Normal / Urgent / Semi Urgent Appointment for O.P Clinic

Details of Patient:  
Surname Mitchell Mr. / Mrs. / Miss  
Forenames Conor  
Previous Surname \_\_\_\_\_ Date of Birth 

12	10	87
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Address  Occupation \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Postcode: \_\_\_\_\_

Hospital Number: \_\_\_\_\_ Date of Last Attendance at this Hospital .....  
Date of Last Attendance at any other Hospital .....  
Name of Hospital: \_\_\_\_\_

Reason for Referral unwell 10 days

History / Examination: not feeding, ↓ fluid intake.  
↑ drowsiness, poor colour.

Provisional Diagnosis: had URTI at start of illness  
had short course of penicillin (2-3 days).  
chest clear, H.R. 62/min reg.

Past History: well perfused, abdo. tender.  
no guarding  
family refuse admission to local hospital

Present Medication: cerebral palsy.  
? cause of deterioration

Known Allergies:

Other Relevant Information:

Doctors Signature [Signature] (Cypher No.) S4W

DOCTOR'S OR PRACTICE STAMP  
DR. DOYLE  
MOORE LANE  
LUEGAN  
BT66 8DW

CAH BIOCHEMISTRY PRELIMINARY REPORT

Patient's Name : CONOR MITCHELL

Date of Birth : 12/10/1987

Ward : A/E

PID No : 1159

UREA	7.8
CRE	57
ALB	45
HC03	21.0
GLUC	7.6
CRP	< 5
NA	138
CL	97

Date : 08/05/2003 Time : 12:09