

Physio Department Assessment/Treatment Form

PICU

CH 334505
MSTR CONOR MITCHELL



12/10/87
Male



SHSCP
CONSULTANT

Date of Admission: 9/5/03
Referral Received - Date: 10/5/03
Referred From: Dr. P. Loan
Treatment Commenced: 10/5/03

MD/OP

H.P.C

P.M.H

15yo \bar{c} spastic quadriplegia + epilepsy. Adm to CAH 8/5/03 \bar{c} \bar{c} lethargy + vomiting. Doug adv multiple events: arm flexed, back + neck hyperextended. brachy rash over head + abd. - lasting few secs. Resp arrest 8:45pm - intubated in ICU CAH. CT - subarachn haem. Remained in CAH overnight \bar{c} resp effort + fixed/dilated pupils. Dev. hypernatremia in am. T. fixed. PICU 10PM 9/5/03. Fully vent. \bar{c} reflexes. \bar{c} obvious spontaneous mot. Brainstem responses - \bar{c} No confirmed diagnosis.

Initial Assessment

Date 10/5/03

Ventilation:

SiMV: 17/6
FiO₂: 0.3
Breath freq: 8
Actual: 8.

Surgical Intervention

Vital Signs

Hr 116
BP 100/58
Resp Rate 8
SaO₂ 97%

Chest Drains

Additional Relevant Info/Results

CT scan 10/5/03
 \bar{c} Significant IC Haem.
~~blood.~~

ABGs pH: 7.36 pO₂: 11.23
pCO₂ 5.95 BE: -1.0
CXR Bicarb: 24.7.

CXR
 \bar{c} Areas of consolidation
scattered secs (R) LL.

Chest Secretions

Thick purulent - 2mp.
Auscultation: Fair A/E
 \bar{c} Audible secs.

PROBLEM LIST	DATE	TREATMENT PLAN
? Breathing Activity. No response post, fully ventilated Retained secs.	10/5/03.	MHI & saline lavage + Exp/Vibs. Suction to clear Secs. Positioning

DATE	TREATMENT	Signature
10/5/03 AM	<p>Pro. Dec Ar. ^{in ASLT sup}</p> <p>Rx. MHI & saline lavage + exp vibs, ET suction to clear. AMP. P HR ~174 during Rx.</p> <p>Repositioned in 15 lying</p>	St. Hayes
	<p>p. R/V PM.</p> <p>3. More settled, cont unresponsive.</p>	
10/5/03.	<p>o. Obs stable. HR: 113 Sat₀₂: 99% on FIO₂ 0.3 = Analyzed</p> <p>Simv 17/6. No spontaneous breathing. creps</p> <p>Rx. MHI & saline lavage + exp vibs in ASLT + saline ET suction - min secs cleared. Obs stable throughout. Repositioned R Side.</p>	St. Hayes
	<p>p. R/V AM.</p>	
11/05/03	<p>o. stable overnight. simv FIO₂ 0.25 Pressures 17/6 RR 6 Sat₀₂ 98%</p> <p>central line leaking + handling in @ SL (N/staff had just turned pt)</p> <p>Bagged & sal vibs on expir + suction to clear IP secs. Tail & well.</p>	H. Callaghan
	<p>pm o- pt now on pressure mattress. central line removed. No change.</p> <p>R Bagged & sal vibs on expir - suction to clear IP secs. No gag or cough present</p>	H. Callaghan

DISCHARGE SUMMARY:

No of emergency treatments:

PHYSIOTHERAPY TREATMENT FORM continuation sheet

NAME: Connor Mitchell CH 334505 DOB 12/10/87

DATE	TREATMENT
12/5/03	O. Stable overnight
	Continues on SIMV fio ₂ 0.21 Pressures 14/15
	Temp 38.3 ABGs good SpO ₂ 100% b
Rx	ASL + sup, MHI c swir, vibs + suction //
	V. minimal mucoid secs cleared.
	Unable to obtain sample.
P. Rlv Pan	Amalhyre
pm.	V. dependant on adrenaline to maintain BP. BP now 85/57.
	Unresponsive Pupils fixed + dilated
	Discussion has been had by medical staff
	re mother + grandmother re poor prognosis
	+ both in agreement to withdraw Rx.
	Braunsten tests have been carried out
	- unable to confirm total braunsten death
	at present, but opinion is that pt will be
	unable to ^{ALIVE} survive at present
A.	Physiotherapy not appropriate at present
	Minimal secs re earlier Rx + not
	warranted in light of poor prognosis +
	possible withdrawal of Rx. BP also unstable now
P.	Rlv if reqd/ Rx at present Amalhyre.

DISCHARGE SUMMARY

