

Evaluation/Progress Report

Time:	Evening:	Time:	Night:	Time:
7:15 PM	<p>15 yr old boy with specific Subclavicular transferred from CAH followed by respiratory arrest. UTL for past 10-11 days. Head seizures. An admission had oral b.s tube. U.C.S of 3 Feals fixed & dilated. morning taped at 16-17 cms at lips. Insult to remain in until the first 2 requirements 30%. Ventilated on SIMV PCPS</p> <p>Heat rate increased. Since admission Hypertensive on admission Feals fixed & dilated. Brain stem test done in CAH - moved knee to inform Dr if too much each hour. Requires full assistance with turning / hygiene needs. Nil orally commenced 2/3 maintenance fluids. BM on admission = 5.8. Monitor regularly as BM. U.O.B in CAH & requiring catheter. Mom very upset & angry regarding Connor's plan of care. Dr McVague regarding Arterial line in Subclavia not to be used</p>	<p>2000-2050</p> <p>1A) Ventilation unchanged. ET tube ties were replaced with tape for security and at Mums request that the PE was too tight. no spring breakers. Suction XS: .5</p> <p>1B) Adrenaline being heened. Running @ 0.3 ml/hr. MAP to < 100. Tachycardic. HIMS to 165. Temp unrecordable. Low to warming blanket in situ. IVMS given at 2 AM. Stagger clay doses accordingly. Started on caffeine. First dose given at 3 AM. Blood gases stable overnight. Arterial line in (2) brachial is postural. MIBP to confirm Sp. KIDS NOT USE LINE IN (2) subclavian. H.B. A.C.U. IN AN ARtery. WAS NOT REMOVED AS large dose heparin given. Will be</p>	<p>2000-2050</p> <p>Signature: Dawn Toole</p>	<p>Signature: Connor Mitchell</p>
<p>Signature: Connor Mitchell</p>		<p>Hosp. No. CH 334505</p>		<p>Date: 09/05/03</p>

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			2000-8800	
			removed today.	
			and pain relief or sedation given.	
			D) GCS 3-5. Pupils fixed + dilated.	
			Seen by DR Bothwell. To be reviewed	
			by consultant neurologist today.	
			Initially no response to pin (sternal rub)	
			eye socket, nail bed) but gradually	
			cannot was begun to respond to touch	
			on his bare soles of his feet + opens	
			his mouth his arms when pressure is	
			applied to nail bed.	
			E) Full Maintenance - Drugs = 47ml/hr	
			0.9% NaCl + 10mmol/L KCl Maintenance.	
			NA = 163, K = 3.9, O ₂ = 0.45% NaCl + 2.5%.	
			Dextrose Replacement. CVC in R femoral	
			artery + PL in R wrist patent. Drugs	
			given via PL in R hand - patent.	
			BMS 12.1, 8.6, 4.2. To get ahead	
	Signature:		Signature:	

Hosp. No. _____ Date: _____

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<p>11B Dr. Hicks today also spoke with Genor's uncle. full maintenance feeds @ 25% were stopped this evening. replaced with 0.45% NaCl over 2 hours. To be aspirated @ 10pm. Na = 164.</p>	<p>IP GCS = 3-5. Pupils appear fixed and dilated. NO spore motile (bacteria). Feeds not started.</p>		
<p>Urinary catheter in situ. Urine to be replaced with 0.45% NaCl. If urine output is > 150mls DDAPP is administered @ 12ml due to true balance. ? suppository for same.</p>	<p>AS per PICU cons. Maintenance fluids sent. + kcal. Urinary - outside good. - NO DDAPP given. Urine excess replaced @ 0.45% + 2.5% NaCl. Bed so - 23mls/24 hrs.</p>		
<p>Prone to Marking. Turned 3hly. Breeze pressure mattress used today. Hosi used for weight + moving onto new regularly. Mouth care + eye care given.</p>	<p>1G Turned 3 hourly. Night care given by staff and family.</p>		
<p>Genor's core.</p>	<p>Signature: Alison Shirley</p>		
Hosp. No. _____			
			Date: _____

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1) Ventilation unchanged continues SIMV PCPS 28 An ²	Remains on SIMV PCPS 24.6 on Rate 18.83pm			
Requirements ↓ 25%. Maintaining SaO ₂ high 90's-100%	Rate ↓ 6bpm @ 24.7. SaO ₂ 94-98%			
no spontaneous breathing above ventilator. Commenced on Physiox ²	Sec. 2.P. NO spontaneous effort.			
Secretions minimal. ABGs 4 hrs	(B) Tachycardia: 120, BP 90-100 systolic.			
Remains on adrenaline infusion ↑ 10 10ml/hr. Tachycardia early	Not recording Arterial pressure, (via brachial line) recorded via cuff			
mainline to 170 beats. ↓ Settled at time of report. 120. BP	Adrenaline ↓ 1.0 and 1.5 ml/hr			
Systolic to be kept between 90-100 MAP 80. Sustained ↓	* Arterial line in subclavian leaking ↑↑			
at times. Sensitive to adrenaline change. Arterial line/L	pressure applied + bandage + pressure			
subclavian) to be kept in trial after a further Coag Screen tomorrow	applied. Tube kept in situ until Coag			
Arterial line in L Brachial position slight leak early evening.	returns this evening			
BP monitored using cuff. Temperature quite low 36.5. 100/min	Temp low Remains on blanket, Now 37.2			
blanket remains with IVAB given as per protocol. Ciproxin used	Blanket turned off at minute.			
Given 1st peripheral line vein become red stopped + given centrally.	Ciproxin omitted @ 6am due IV line			
no pain relief required.	slightly stiff.			
1) ACS = 5 pills Arterial dilated size 8 not reacting to light	(C) NO Pain relief required overnight			
Right pupil changed shape appears more oval. No spontaneous	(D) CS 3-5 Pupils remain fixed + dilated			
movements from triceps. C.T Scan retrieved from CAT. + heel	(E) Pupil abnormal shape, (R) pupil			
Further CT Scan this lunch time as per Dr Hicks. Refer	Slight flicker to moim's voice			
Signature:	Signature: NO movement from arms to painful			

Date: 10/5/03
 eyes puffy this a.m.
 stimuli, legs remain flaccid.

Hosp. No. 24.334505

Conor Mitchell

Evaluation/Progress Report

Time:	Evening:	Night:	Time:
<p>to medical notes for results. De Hicks explained current situation (see Dr. Behrman's report) & continues on full maintenance @ 25%. BM's required 4hrly as per Dr. Glastonbury's commences on N.E feeds of 100g TO. = 163. K=3.5 on last UoE. (E) Continues on full maintenance @ 25%. BM's required 4hrly as per Dr. Glastonbury's commences on N.E feeds of 100g TO. = 163. K=3.5 on last UoE.</p>	<p>Spoken with parent's grandmother & Dr. Behrman's report. Commences on N.E feeds of 100g TO. = 163. K=3.5 on last UoE.</p>	<p>(E) Continues on full maintenance @ 25%. BM's required 4hrly as per Dr. Glastonbury's commences on N.E feeds of 100g TO. = 163. K=3.5 on last UoE.</p>	<p>(E) Continues on full maintenance @ 25%. BM's required 4hrly as per Dr. Glastonbury's commences on N.E feeds of 100g TO. = 163. K=3.5 on last UoE.</p>
<p>Seen by Dr. Logan on ward and replacement fluid for urinary output > 20mls/hr. of 0.45%. NaCl + 0.5% Dextrose. If urinary output exceeds 60mls/hr to give D/DIAP sub cut. 100g TO. = 163. K=3.5 on last UoE.</p>	<p>Replacement fluid for urinary output > 20mls/hr. of 0.45%. NaCl + 0.5% Dextrose. If urinary output exceeds 60mls/hr to give D/DIAP sub cut. 100g TO. = 163. K=3.5 on last UoE.</p>	<p>(F) urinary output: to be replaced over 20mls. 1/2 saline + dextrose. Yellow chart. Urinary output @ 8am 135mls. D/DIAP sub cut. output -</p>	<p>(F) urinary output: to be replaced over 20mls. 1/2 saline + dextrose. Yellow chart. Urinary output @ 8am 135mls. D/DIAP sub cut. output -</p>
<p>Requires regular bring? pressure mattress. Haggene needs met by granny & nurse staff. Skin marks easily last remains intact. Attended to Connois needs mostly today.</p>	<p>Pressure mattress. Haggene needs met by granny & nurse staff. Skin marks easily last remains intact. Attended to Connois needs mostly today.</p>	<p>(G) Needs turned 3hrly marks very easily. Needs pressure mattress. All care given as tolerated. 1/2K + 1/2C given by mom & granny. Red areas sudocrem applied. Nurse feet off bed.</p>	<p>(G) Needs turned 3hrly marks very easily. Needs pressure mattress. All care given as tolerated. 1/2K + 1/2C given by mom & granny. Red areas sudocrem applied. Nurse feet off bed.</p>
<p>Spoke to Dr. regarding Connois. Normal therapy which she does with him this may continue. Also spoke to Dr. P. Amino acids from a Doctor who knows - requires further looking into before hand.</p>	<p>Normal therapy which she does with him this may continue. Also spoke to Dr. P. Amino acids from a Doctor who knows - requires further looking into before hand.</p>	<p>Amino acids coming on Monday.</p>	<p>Amino acids coming on Monday.</p>
<p>Conor Mitchell.</p>	<p>Signature: Dana Todd</p>	<p>Signature:</p>	<p>Signature:</p>

Evaluation/Progress Report

Time: 7:30 pm.	Evening:	Time:	Night: 2002-0800	Time:
8am - 8pm	<p>i. Ventilation unchanged 2ml PEPs. Rate remains @ 6/min. \dot{V}_E remains x 2. 1-2 P (puffs rather than nebulizer). ABGs stable. \dot{V}_E 98-99% No spontaneous breaths.</p>	<p>ii. Adrenaline infusion continues @ 1.5ml/hr. Hypertensive episodes on handling. Adrenaline reduced for short period by 100%.</p> <p>iii. Hypertensive divides. Temperature of adrenaline infusion saturate stable. Temperature fluctuating: requires warming blanket to stabilize temperature. Arterial line patent: if not recording accurately from arterial line in early part of day. Antibiotics administered as prescribed. Subclavian central line (in artery) removed by Dr. Loan. Pressure dressing applied.</p>	<p>19. Remains intubated and ventilated on SIMV/PC/PS</p> <p>23% CO₂ corrected regularly</p> <p>0/night. Subclavian 4-5</p> <p>nausea - 1M. Secretions ++</p> <p>OK back of throat.</p> <p>18. Apyretic - wearing blanket remains in situ.</p> <p>Adrenaline infusion @ 1.5ml/hr</p> <p>BP has risen overnight</p> <p>hypertensive - hypotensive.</p> <p>Changes with repositioning.</p> <p>ABG's stable. No gradually dropping. K added to Metoprolol Peds.</p>	<p>NO Pain relief or sedation given. 0/night</p>
	<p>No analgesia or sedation administered. Minimal response to painful stimulus.</p>			<p>Signature: <i>[Signature]</i></p>
				<p>Signature: <i>[Signature]</i></p>

Corcoran M Jrenell Hosp. No. 334505 Date: 11.05.03.

Evaluation/Progress Report

Morning:	Time: 8:00 - 1545	Evening:	Time:	Night:	Time:
Remained intubated and ventilated					
Urinary loss being repleted. This am. IV fluids. IV adrenaline					
b/p ↓ after wearing of abdominal. DPAU given 9:00 AM.					
B/P continued to fall. Administered 4 mg Morphine					
no neurological status. Assessment. No change					
Mum. Family to discuss brainstem testing. Plan agreed to talk to					
Team felt Cornea has no hope of recovery due to his brainstem being dysfunctional. Cranial nerves unresponsive					
We admit to abdominal contrasting which is opposite end					
Family are aware of Uter. Decision made to withdraw					
Westmont and agreed by all family. Abdominal					
abdominal. Disconnected from ventilator. Placed on Mucis					
knee. Specially shifted away. Very peaceful					
throughout. Time of death 1545					
Mum wishes to have Cornea cornea donation but in					
view of viral illness unsure as to use. So refused offer.					
PM encouraged 2 PM Tuesday.					
		Signature: N Green.		Signature:	
CONOR MITCHELL		Hosp. No. CH 334505		Date: 12/05/03	