

SURGICAL

SURNAME

RACHJ.

FIRST NAME(S)

Ferguson.

DATE OF BIRTH

4/02/92

HOSPITAL NO.

DATE

CLINICAL NOTES

surgical site review

7/6/01 Per abdominal pain started at 4 PM

pain is constant, shifted mainly to the

Right iliac fossa.

no vomiting

She had her dinner at 5.10 PM.

no appetite & eat at the moment.

last bowel motion the PM - 6 hours.

no urinary symptoms.

PMH no asthma, no heart problems, no diabetes,
no operations

Med. -

Allergy no known drug allergy

Genl Lives with parents

F.H no history of another problem.
Heart disease with family

Syst no sore throat
no chest symptoms

a Ex

Apycain

p. 100 / -

Bq 126

76

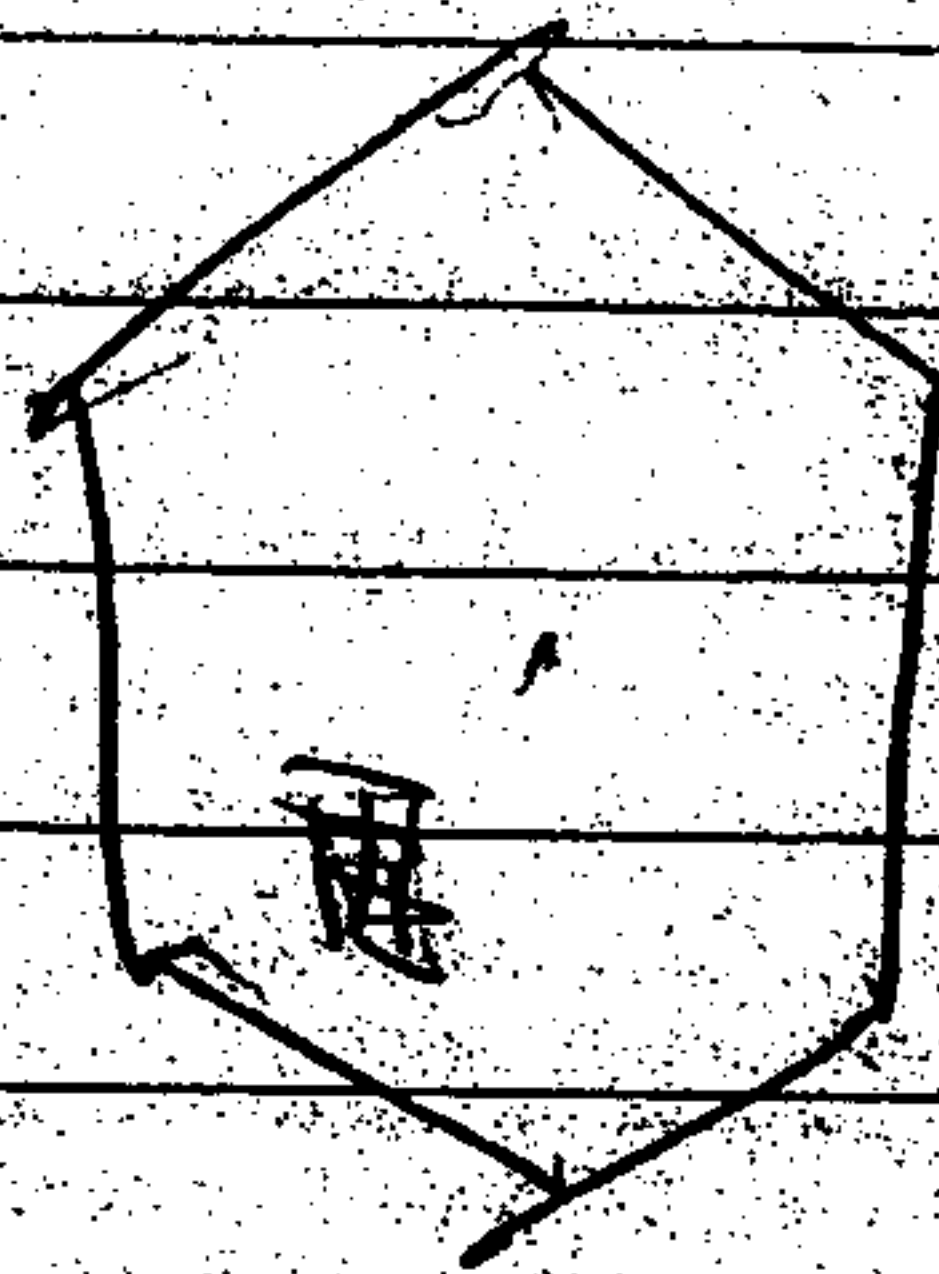
chest → clear

lungs → WVD

c. v. s. → grossly intact

throat → not congested
slight enlarged tonsils

Abdomen →

positive pain over
McBurney's point

Tender Right iliac foss.

+ Guarding

mild rebound

mildly tender - periumbilical

7/6/01

Bowel sounds → normal

Hb - 13.7

tc - 3.6

Chl - 1-107

Co2 - 22

tues - 4.8

tues - 7.2

creatin - 47

T Pch - 69

Hb - 11.7

Hbc - 9.06

Plt - 539.

open → acute appendicitis / obstructed
Appendix

Plan → Fasting

11.5 fluids

Consent → done.

Appendectomy

B/S
S/S

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WESTERN HEALTH AND
SOCIAL SERVICES BOARD

Altnagelvin Group of Hospitals

SURGICAL

DATE

CLINICAL NOTES

8/6/01

Post appendectomy
Bleed of blood Arterial
Co. to stomach

9.6.01 J. Johnson 0315

Called to see regarding Rt.
Day 1 postop appendectomy.
Unresponsive for 5-10 mins to stimulation +
flexion of upper limbs
Not classical tonic-clonic
No urinary incontinence.
Unresponsive to 5mg diazepam pr.
Given Diazepam 10mg

Re Appt 26.

Still unresponsive due to diazepam.
P 80bpm regular rhythm normal character +
volume. JVP 2 hs 1+1+1+1
Chest clear good a.e. vesicular R.

nb No known history of epilepsy
Rt postop complication

? 20 vomiting + electrolyte abnormalities.

DW PRN Urgent check EP, Ca²⁺, Mg²⁺, PBP ☐
ECG ☐

✓ by reg/consultant

Jeremy Johnson ~~Jeremy Johnson~~

9.10

Called to see patient

- A/O Appendix & many Headache
- Had fit 2 sec to electrolyte
imbalance 3 Meningitis

- It is on intubation, being
monitored. Rash on upper half
p/A - soft Pupil dilated & fixed

- Distension

- Resuscitation being carried out

- NGT

- Catheter

- Repeat use of electrolyte

Imp.

Fit sec. to Electrolyte
imbalance / Meningitis
urgent CT scan is
organised