AFFIX LABEL OR ENTER (IN BLOCK LETTERS)

SURNAME Feguson
FIRST NAME(S) Rachael
DATE OF BIRTH
HOSPITAL NO. AH 313854.

WESTERN HEALTH and SOCIAL SERVICES BOARD

Altnagelvin Group of Hospitals

INTENSIVE CARE

CLINICAL NOTES

DATE	
9/6/01 8.30.	A. Date (Anaesth)
	fast bleeped to Wd 6 @
	F/8yr. had appendicectomy ↓ GA the night before.
	- Had been vomitting during the day suddenly started twitching → had a convulsions. → Airway & sats maintained but suddenly SaO_2 ↓ to 80s & stopped breathing
	On my arrival → pt was cyanosed SaO_2 ≈ 70% Apnoeic.
	IPPV c̄ bag & mask SaO_2 improved to ≈ 80%
	but vomitting +
	∴ intubated c̄ No 6.0 cuffed tube → cuff +
	Copious dirty secretions → sucked out
↓ Na.	Rest of Mx → as per paed notes
↓ Mg.	oro gastric tube +
	C.T. Scan ⇒ ? subarachnoid haemorrhage.
	Neurosurgeons informed → want a contrast C.T scan to rule out

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LPC 3/97/128

020-023-048

DATE

abscess in the brain
Taken back to the C.T scan for contrast C.T Scan
↓
no new findings.
Neurosurgeon contacted →
Nothing surgical seen on the scan
- Not for tx
- But for transfer to RBHSC when bed available.

May contact Dr Hanna for advice ~~as for is~~ on call for paed neurology at RBHSC.

Back to ICU

On Dräger Ventilator Servo 300 ventilated
200 X 8 FiO_2 50%
SpO_2 100% Chest clear

HR → 93/- BP 105/62 S.S →

U O/P → 100-400ml/hr

Na ↓

Plan:- for transfer to RBHSC when bed available
- ↑ Na gradually over 24 hrs.
- Cefotaxime & benlen given
- IVF → 1000ml (N) saline } 40ml/hr.
+ 40mmol KCl

EVALUATION SHEET

Date	Time	Prob. No.	Evaluation	Signature	B.O.	Communications/Instructions/Investigations
			Ventilated — fluids changed to 0.9% NACL			
			Sod to 40ms HR.			
			1M MGSO4			
			2.4mg IV Cefotaxime. } 5am.			
			1.2 mg IV Benzylpenicillin given			
			Catherized size 10 foley (5ml water)			
			CT Scan ordered			
			(Initially sub-achnoid haemor found			
			& evidence ↑ ICP. — Transferred to			
			ICU 7am Ventilation commenced via			
			SERVO.			
			Repeat CT Scan. — taken 9am.			
			Obs. (See chart) stable;			
			GCS 3. — Unresponsive Pupils			
			Large fixed + dilated.			
			Bed available in Sick Children's RVH.			
			Racheal fully attended | Family informed			
			Aware of condition — RVH by Ambulance			
			+ police escort. 11.10am.			
			Uneventful journey to Belfast Arrived 12.20pm S/N [redacted]			
			Neg balanced IL Obs satisfactory			
			Hypothermic. T 33.5 on departure to RVH.			
			FBP COAG EP Bone Profile MgSO4 sent.			
			Results given to staff in Sick Childrens.			

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020-023-050

Na

Hospital Number:

Ward:

HC5

EVALUATION SHEET

Date	Time	Prob. No.	Evaluation	Signature	B.O.	Communications/Instructions/Investigations
9/6/01.	10·10pm		New patient age 9yrs Rel R/C. from WD 6			
			at 7am with history as follows.			
Family attended			- admitted to WD 6 on 7/6/01 c̄ abdominal			
Confirmed			pain. No past medical history. Δ Appendicitis.			
by Dr			Appendix removed Thursday night - mildly			
Mullan.			inflamed - No problems during op.			
			on 8/6/01 - no concerns - Vomited x 6-7 times			
			during day - was able to walk. No temps /			
			diarrhoea.			
			Check by nurses 3am, - incont urine			
			- unresponsive - tonic seizure HR ↑ 160.			
			Recieved 5mg Diazepam P.R.			
			10mg IV diazemuls. - Seizure lasted 15mins			
			Bloods FBP / U+E / Ca / Mg / Cultures taken.			
			4·10am. Very unwell. Pupils dilated.			
			& unresponsive HR ↑ 160 min. Pyr			
			Rash Petechia upper chest ? 2° Vomiting.			
			? Asp. SAO2 98% initially 98% 08L O2			
			but sats ↓ quickly + became apnoeic.			
			Intubated c̄ Anaesthetist Size 6 ETT orally			
			(No drugs given prior to intubation).			

Name: Racheal Ferguson   Hospital Number: AH·313854   Ward: ICU

HC5

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020-023-051