Name: Lucy CRAWFORD.

D.O.B.:

Hosp. No.:

Date: 13/4/00.

Named Nurse:

Associate Nurse:

Consultant Anaes: Dr Anderson.

Consultant: Dr O'Donghue

Ventilator Name: Bennett.

Serial No:

Diagnosis: Respiratory arrest post Epileptic fits.

No. of days in unit: 1st

No. of days intubated: 1st

Allergies: None known

APACHE Score:

VOLUMETRIC & SYRINGE PUMPS

TYPE	SERIAL NUMBER

LPC 08/98/082

LABORATORY RESULTS

							OTHER RESULTS
	TIME						
	SIGNATURE						
UREA & ELECTROLYTES	SOD						
	POT						
	CHLORIDE						
	TCO_2						
	TOTAL PROTEIN						
	UREA						
	CREATININE						
	GLUCOSE						
	CALCIUM						
	ALBUMIN						
	PHOSPHATE						
	MAGNESIUM						
BLOOD GASES	FIO_2						
	pH						
	PCO_2						
	BICARB						
	TCO_2						
	BASE EX						
	PO_2						
HAEM	HB						
	WCC						
	HCT						
	PLATS						
	ESR						
COAG.	PT						
	APPT						
	FIBRINOGEN						
	INR						
ENZYMES	AST						
	LDH						
	CK						
	CKMB						
LIVER FUNCTION	TOTAL BILI						
	AST						
	ALT						
	ALP						
	GGT						
	ALB						

53

043-034-072

LC-SLT

ERNE HOSPITAL I.C.U.

DATE

TIME	00 08	00 09	00 10	00 11	00 12	00 13	00 14	00 15	00 16	00 17	00 18	00 19	00 20	00 21	00 22	00 23	00 24	00 01	00 02	00 03	00 04	00 05	00 06	00 07
40.0 220																								
39.5 210																								
39.0 200																								
38.5 190																								
38.0 180																								
37.5 170																								
37.0 160																								
36.5 150																								
36.0 140																								
35.5 130																								
35.0 120																								
110																								
100																								
PULSE (RED) 90																								
80																								
70																								
60																								
BP (BLACK) 50																								
40																								
TEMP. (BLACK) 30																								
20																								
10																								
0																								
R R																								
S																								
PUPILS EQUALITY																								
L R																								
S																								

220	40.0
210	39.5
200	39.0
190	38.5
180	38.0
170	37.5
160	37.0
150	36.5
140	36.0
130	35.5
120	35.0
110	
100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	
R = REACTION	
YES ✓ NO -	
S = Size • ● ⬤	
E = Equal	
RECORD LARGER	

	04	05	06
R	—	—	—
S	●	●	●
PUPILS EQUALITY	E	E	E
R	—	—	—
S	●	●	●

	04	05	06
CARDIOVASCULAR			
CVP			
PAP			
PAWP			
CO			
CI			
SVR			
VENTILATION MODE	SMV	SIMV	
TID. VOL.	0.15	0.15	
AIRWAY PRESSURE	35.1	34.2	
RESP. RATE	20	20	
OXYGEN	100%	100%	
SPONTANEOUS	—	—	
MIN. VOL.	1.76	1.67	
CPAP PEEP			
PRESSURE SUPPORT			
SENSITIVITY			
CUFF AMOUNT			
SATURATION	100%	97%	98%
PH			
PCO2			
PO2			
HCO_3			
BASE EXCESS			
SECRETIONS			
PHYSIOTHERAPY			
INFUSIONS			

VENTILATION

INFUSIONS

SPECIMENS SENT	TIME

URINE TESTING			
TIME			
SPG			
SUGAR			
ACETANE			
BLOOD			
PROTEIN			

54

043-034-073

LC-SLT

FLUID INTAKE MLS PER 24 HRS								OUTPUT								
TIME	P.O.	NG	IV1	IV2	IV3	IV4	IV5	URINE	BOWELS	NG ASPIRATE	NG FREE DRAINAGE	DRAIN 1	DRAIN 2	VOMITUS	BM's	REMARKS
8 am																
9 am																
10 am																
11 am																
12 md																
1 pm																
2 pm																
3 pm																
4 pm																
5 pm																
6 pm																
7 pm																
SUB-TOTAL																
8 pm																
9 pm																
10 pm																
11 pm																
12 mn																
1 am																
4 am																
5 am			0.5ml	30												
6 am				30												
7 am																
SUB-TOTAL																
24 HR TOTAL			2.5	310												
				Total Intake mls x 24 hrs							Total Output mls x 24 hrs					

ALLERGIES:

DRUG PRESCRIPTION									DRUGS DISCONTINUED	
DATE STARTED	DRUG/ SOLUTION	DOSE	FREQ	ROUTE	DR'S SIGN	TIMES AND SIGN	BATCH NUMBER	NURSE SIGNATURES	DATE DISCONT.	DRS SIGN
3/04/00	Claforan	1gm	8HRLY	I.V.	[illegible]	0 5'S [illegible]				
3/04/00	MANNITOL	0.5gm	8HRLY	I.V.	[illegible]	(25 mls 20% solution)				

THIS INFUSION CONTAINS AN ADDITIVE

ADDED BY [illegible] / [illegible]

TIME 5:45 pm DATE 13.4.00

PATIENT'S NAME [illegible]

55

ADDITIVE	AMOUNT	BATCH
Dopamine	200 mgm	5052291
Dex. 5%	45ml	9811 4550

043-034-074

LC-SLT

PRESCRIPTION FOR INTRAVENOUS FLUIDS									ADMINISTRATION RECORD				
DATE OF INFUSION	SOLUTION STRENGTH BATCH NUMBER	VOL (MLS)	BATCH NUMBERS ADDITIVES/DOSE	ROUTE OF ADM.	DURATION	DR'S SIGN	DRIP RATE	BATCH NO. OF G. SET	BAG ERECTED BY	BAG & LABEL CHECKED BY	USE 24HR CLOCK START	FINISH	SERIAL NO OF PUMP

NURSING CARE

	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00
WOUND CHECK																								
DRESSINGS																								
DRAINS																								
ABD. GIRTH																								
PRESSURE AREA CARE																								
MOUTH CARE																								
EYE CARE																								
CATHETER CARE																								
CENTRAL LINE																								
ARTERIAL LINE																								
PERIPH. LINE																								

	DATE INSERTED & BATCH NO.	SIZE	SITE	TO BE CHANGED	DRESSED		DATE INSERTED & BATCH NO.	SIZE	SITE	TO BE CHANGED	DRESSED
ET / TRACHE		4.0	Lt Nostril			PERIPH. LINES			Rt hand		PKN
ART LINE											
CENTRAL LINE											
SWAN GANZ						NG TUBE					
						FOLEY CATHETER		10	P.U.		

50

043-034-075

LC-SLT