HOSPITAL

WARD c/w.

DATE	INVESTIGATIONS		NURSING PROGRESS (Including Non Regular Prescription)	Full Signature
12/4/00.	Urinalysis ✓		Admitted via GP c above history.	
	B.S.U. ✓		Amitop 25mg applied at 19.30.	
	Bloods ✓		E/B Dr Malik, ✓ unable to cannulate,	
	T 39° @ 8.40.		sips of oral fluids taken and same tolerated.	
	BM 3.6 mmol/l @	20.30.	Dr O'Donohue called to see, as child sleepy	
			and lethargic. PR paracetamol 120mg given @ 22⁰⁰	
			Lucy seen by Dr Donohue; bloods taken	
			and cannula inserted into left hand.	
			I.V. fluids of N/18 solution commenced	
			at 22.30 at 100mls/hr, to encourage	
			urinary output. Urine specimen obtained	
			at 21⁵⁰, ketones ++++, protein ++++ on testing	
			Large vomit at 24¹⁵; I.V. fluids remaining	
			at 100mls/hr	
		02⁵⁰	Large soft/runny pale green bowel motion,	
			very offensive smelling, moved into side	
			room. Specimens x3 for MC+S, Rotavirus,	
			E. Coli and adenavirus taken. Apyrexial.	
		02⁵⁵.	E/N. McCaffrey, called by mum buzzing.	
			child rigid in mothers arms.	
		03⁰⁰.	E/N McCaffrey called myself (SN McManus)	
			to see child. Child rigid in mums arms.	

CRAWFORD. LUCY. 123000

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LC-SLT

043-037-078

HOSPITAL

WARD

DATE	INVESTIGATIONS		NURSING PROGRESS (Including Non Regular Prescription)	Full Signature
			no apnoeic no loss of colour, pulse and respirations satisfactory. Dr Malik bleeped to see by EN McCaffrey & Lucy put on to side and oxygen therapy commenced at 5L/minute Lucy remaining rigid with lip smacking and twitching of eyelids when Dr Malik arrived. History given to Dr Malik; and full examination given. P.R diazepam 2·5mg given. Large watery offensive stool within one minute of giving @ 144/84 P=160 R=22 T=36·2°C. B.M. @ 03[15] = 13·4 mmols/l I.V. fluids changed to 0·9% Saline and run freely into I.V. line Decreased respiratory effort noted at 03[20]. airway inserted and bagging commenced by Dr Malik Dr Donohue in attendance. Repeat U+E's ordered ✱ chest and abdominal X-ray ordered and anaesthetist requested to attend.	SMcManus
			Intubation x 2 attempted by Dr Donohue unsuccessful. Bagging continued with good SaO_2 level maintained in the 90's H.R stable @ 120-140. Colour pale ○ B.P 118/83 @ 04:00 ○ Suction P.R.N. S/B Dr Anderson (anaesthetist). Size 4 oral E.T tube inserted @ 04:00 and bagging continued. Flumazenil (Anexate) 1ml = 100 mcg given I.V. @ 04:00. Urinary Catheter size 10 inserted Small amount of clear urine present. Bagging continued with good saturations maintained in the 90's until transfer to Ward 5 @ 05:00 a.m. for transfer to RBHSC.ICU Poor Parents and family present Spoken to by Dr Donohue & Dr Anderson.	T Jones.

SURNAME: CRAWFORD. FIRST NAMES: LUCY. HOSPITAL No.: 123000

043-037-079

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