

13-FEB-2004 15:30 FROM: MN SECTION

13 FEB '04 14:20 MURNAGHAN & FEE

P.9/2708

13/04/06 08:53 FAX

6/1/R

ERNE HOSPITAL

SURNAME	FIRST NAME(S)	HOSPITAL NO.
CRAWFORD	LUCEY	123 000

CONTINUATION SHEET

DATE	
12/9/00	Chet: Clear As. 5, 15, + 0
19:30	Abd. Soft - B S + Me.
	CHS. NAD. ▷ Viral illness.
	<u>Plan:</u>
	- Administ + observe + encourage feeding
	- Check urine for leukocytes + nitrate
	- Bloods EBC, U/E + glucose + CRP, B/Culture
	- 1/2 fluid after 1/2 cannulation
	HB = 12.1 WBC = 15.0 Neut = 13%
	Plts = 397
	NR 137. K = 4.1. CR105. Ca 16. U = 9.9. Gf = 95
	Cr = 45
	Urinalysis - Protein ++ Ketones ++. No hematuria
	~ 2300 - I.V. and monitor Driff
	[REDACTED] Dr. McQuinn
13/14/00 2:15	Called Dr. O'Donoghue to assess the condition Driff
13/14/00 OS:	OS ^o motion noticed Lucy rigid to Sx later → Acute diarrhea 2.5ms
	P.R.
	There had been diarrhea before this episode and subsequently
	→ to see office
	→ Beg vomit
	Pulse 140/minute throughout - On anti

MURNAGHAN & FEE

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P.10/27

DATE

BS. ¹⁵⁰ ^{~08:30}
any ^{capillary refill}
L2 ^{pulse} ^{swifly} ^{fall}. ^{pupils}
dilated = unresponsive

U+E: Na: 127 K+: 2.8
Urea: 4.9
Creat: 28

Dextrose 12% = normal
saline.

Dr Mc Keague RUM
- for ^{monitor} - ? cause of
respiratory arrest
convulsion

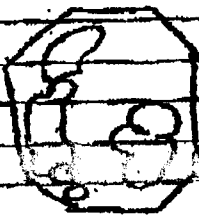
ICU. ~ 05:00

Crabtree 10m I.V. ^{100%}
monitor ^{0.5} 5m I.V. ^{max} 4 hours

Donohue

OS10: O2, N2O

A/R: 9m +- ? cause + on 100% I.V. ^{100%}



Donohue

ERNE HOSPITAL

SURNAME	FIRST NAMES	HOSPITAL NO.
CRAWFORD	LUCY	12300

CONTINUATION SHEET

DATE	
13/14/02	Called to see Lucy who had a fit
2:58	according to nurse Respiratory Rate 36/min HR 140/min. Advised. Rectal diazepam as she was still twitching her hands.
3:15	Called Dr. O'Donoghue to assess the patient
3:20	Dr O'Donoghue came to see the patient had developed respiratory arrest and was making few respiratory efforts. Ponko bagging done, Cardiac Flap oximeter attached.
	Passed large foul smelling stool, Nuch 97 50ml give over 60 minutes Anaesthetist called put in endotracheal tube Pupil sized + non responding to light. Heart rate above 100 during the whole time BP 90/60 - on average. Did not develop cyanosis. O2 sat - 65% to 60% Catheterized (urinary).
4:45	Shifted Adult ICU. He shifted to ICU bed in RBHSC by Dr O'Donoghue Dunphy

13 FEB 2004