

ROYAL LEAST HOSPITAL FOR SICK CHILDREN

CH 364377 Vol 1 Page 104

PA CH 364377 K ADAM STRAIN	PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH INFECTIOUS DISEASES
AD [REDACTED] S 04/08/91	
HO: [REDACTED] CONSULTANT	PREVIOUS ILLNESSES <i>no implantation of teeth & dollars</i>
AGE 7mths D.O.B. [REDACTED]	HOSPITAL ADMISSIONS <i>been in Musgrave ward since 25/8</i>
SEX [REDACTED]	
RELIGION/BAPTISM	
NAME KNOWN BY <i>Adam</i>	RECENT CONTACT WITH INFECTIOUS DISEASES <i>/</i>
	IMMUNISATIONS RECEIVED <i>/</i>
	CURRENT MEDICATION <i>/</i>
	KNOWN ALLERGIES <i>/</i>
	DENTURES (Include crowns, plates) loose teeth <i>/</i>
	OTHER PROSTHESIS <i>/</i>
NEXT OF KIN (Relationship)	
NAME [REDACTED]	
ADDRESS [REDACTED]	
TEL NO. Day [REDACTED] Night	
WHO ACCOMPANIED PATIENT	
WHO MAY CONSENT TO TREATMENT	
SCHOOL/PLAYGROUP/NURSERY	
REASON FOR ADMISSION <i>Indication of epidural infusion - inste</i>	
PARENTS/PERCEPTION OF ADMISSION <i>aware of admission & condition</i>	
DATE AND TIME OF ADMISSION	

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH INFECTIOUS DISEASES	PREVIOUS ILLNESSES <i>no implantation of teeth & dollars</i>
	HOSPITAL ADMISSIONS <i>been in Musgrave ward since 25/8</i>
	RECENT CONTACT WITH INFECTIOUS DISEASES <i>/</i>
	IMMUNISATIONS RECEIVED <i>/</i>
	CURRENT MEDICATION <i>/</i>
	KNOWN ALLERGIES <i>/</i>
	DENTURES (Include crowns, plates) loose teeth <i>/</i>
	OTHER PROSTHESIS <i>/</i>

DISCHARGE DETAILS	COMMUNITY REFERRAL
GP LETTER YES/NO	HEALTH VISITOR
O.P. APPOINTMENT YES/NO	DISTRICT NURSE
MEDICATION YES/NO	SOCIAL WORKER
	OTHERS

USUAL DORMAL ROUTINES

NURSING ASSESSMENT

COMMUNICATING AND SPECIAL NEEDS	COGNITION	VITAL SIGNS
MAINTAINING A SAFE ENVIRONMENT	BEHAVIOR	T. P.
BREATHING AND CIRCULATION	DISCOMFORT	R. B.P.
CONTROLLING BODY TEMPERATURE		HT. WT.
EATING AND DRINKING	OTHER PROBLEMS	URINALYSIS
ELIMINATING	DEVELOPMENTAL	
POSTURE AND MOVEMENT	KNOWLEDGE	CONDITION OF SKIN, HAIR AND TEETH
REST AND SLEEP	CONSCIOUSNESS	
PERSONAL HYGIENE	HEALTH CARE RECEIVED	
DRESSING	HEALTH CARE	
PLAY AND EDUCATION	HOPE AND FAITH	
EXPRESSING SEXUALITY	SEXUALITY	
MEETING SPIRITUAL NEEDS		SIGNATURE OF ACCOUNTABLE NURSE
SOCIAL HISTORY		DATE AND TIME

ALL

AGENT'S NAME.....Adam Stein.....

051-023-106

DATE/TIME			SIGNATURE
11/2/91	3B	Given 2 mg of fentanyl unit at 5am	
8pm-8am	2C	Site of right side strained fluid. Dr. U+E ✓	
	4A	Observations: Sx's. P. 100	SPRO
9-2pm	3B	Seen by Dr. Savage. Fluids giving hopsal h-ly. shly-leads.	
	2C	Feeds may be increased if both neptostomies sites leaking	
	2C	Urinary output good. 1ml stool observed. Stable.	
	7B	Glycine suppository given. Abdomen Mum in attendance	MR Simon
4pm	7B	Abdomen still distended, no gastro green. 4pm feed omitted.	
	6pm	Feeds recommenced. B.O - Appeared more settled. 100cc	

ROYAL INK

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DATE/TIME	NOTES	SIGNATURE
4A	Observations stable. Mum is planning to stay Na+146, Dr. Raju with no potassium. Fluids coming in. Vte to be reduced. Site continues to be OK.	MA-Rishon
3A	Observations stable. S/B Dr. Savage. Fluid functioning well + now. Now 4thly vte. (0.18% NaCl at present) and now commencing oral. Vte sent. Still requiring few points. Observations stable.	BM-Rishon
3B	Mum started. Aware of Dr. De Savage. Commenced on oral feeds. reflux.	AS - ROYAL
4A	Observations satisfactory.	
2C	Drain sites continue to be redressed.	J. Chagen

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051-023-109

ADAM STRAIN

354-33

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

INTENSIVE CARE UNIT

DATE/TIME	PROGRESS NOTES	SIGNATURE
29.11.91	Urinary output overnight v. good.	
8am - 2pm	P.D. catheter flushed & Vancocillin + Gentamicin & disconnected. Some leak around left kidney drain & flushed. Dressing changed and clean.	
	HB 6.5 Having 100ml packed cells & 100ml saline. 200ml morphine & 200ml paracetamol 12 hrs. Unsettled @ 12.30 pm appeared in p.m. given 2nd push of morphine - v. good effect. Face became flushed afterwards. S/B Dr. Gallagher.	
	Urine sent for U&E.	
	Commenced on antibiotics	
	T.P.N. ordered.	J. Chyzer
2-8pm	Top-up transfusion given without latex cover.	
2A	Right subclavian line - tissue swelling on right triple lumen internal jugular, inserted under position satisfactory.	
2C	Small amount leakage from C repositioning.	
3A	TPN commenced - this evening.	
	Seen by Dr. Savage, fluids v. slightly. Previous hour's urinary output divided by 4, plus 5ml equals ml to be administered. Half TPN and half clear fluids.	

OSI-023-110

ROYAL BELFAST HOSPITAL FOR CHILDREN

INTENSIVE CARE

DATE/TIME	PROGRESS	SIGNATURE
28.11.91 8:00 pm	Admitted from theatre following and bilateral nephrostomy month old boy born with kidneys. Has had 4 UTI's of wreters on 23/11/91 as pos decreased, wret. rising, w was anuric / hypoglycaemic required to cause thought of wreters? oedema? Exhibited shortly after admission our - very pale infant rgt double lumen sub-clavian catheter of No 1 solution in and out again - 9 Dialysis fluid was mixed dialysis fluid i.e. it is a positive balance of 5 Observations stable over improving. Fluids worked formula - 4 hrs 5/N saline + KCl. Admission Hb is only 7 - w transfusion	P.D. cannula in is a 3 1/2 disposable Re-implantation urinary output Yesterday dialysis was obstruction readily in the area straight until urine stages of accurate output using it using up

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OSI-023-111

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

INTENSIVE CARE UNIT

DATE/TIME	PROGRESS NOTES	SIGNATURE
2-12-91 2-8pm	Observations stable. Keen to feed @ 6pm - Given 180mls bottle feed T.P.N. ↓ 1ml/hr. Small vomit after feed - to be fed 3 hourly 135mls.	
2-12-91 3pm	Left neoprostomy site leaking - redressed	
2-12-91 6pm	Seemed sore at times - given paracetamol 2 good effect.	K. Hawthorne
2-12-91 7am	100ml feed vomited x 2. Deen restless & agitated + S/B or - to reduce feeds as tolerated.	
2-12-91 11am	NG tube passed and 60mls x 2 wly T.P.N. 10ml/hr.	
2-12-91 1pm	200ml remained agitated + pyrexia from 11pm - 12.30pm	
2-12-91 2pm	Paracetamol given x 3 with poor effect	
2-12-91 3pm	Vomited 60ml feed x 2. Very restless. 8 appears sore	
2-12-91 4pm	Poor night, looks pale and sickly this am	
2-12-91 5pm	Very unstable today. Temp remains elevated despite paracetamol 5x 'fanning'.	
2-12-91 6pm	Spec of fluid sent for culture. Bilateral neoprostomy catheters suprapubic catheter & PD catheter	
2-12-91 7pm	PD catheter flushed & irrigated. Anticoagulants & Gentamicin as prescribed, & I.V. antibiotics, changed to Flucanase & Cefotaxime as ordered by R.H. Savage.	
2-12-91 8pm		
2-12-91 9pm		
2-12-91 10pm		
2-12-91 11pm		
2-12-91 12am		

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

INTENSIVE CARE UNIT

DATE/TIME	NOTES	SIGNATURE
	I.P.N. running @ 15 mls/hr. Feeds 45 mls ~~per~~ + 100 mls be ↑ as tolerated. as ~~at~~ ^{at} ~~feels~~ he is dehydrated. Observations stable. Urinary output good	
2-42-91	Oval feeds ↑ 25 mls/hr. - 3 feeds x 3 hrs. 243 mls/hr TPN 16 mls/hr. → added ~~to~~ ^{to} ~~the~~ ^{the} ~~main~~ ^{main} ~~line~~ ^{line} - 15 mls/hr Urinary output good. Observations stable.	B.M. ~~James~~
8-2 pm 30	Star key or. sange. Oral feeds of 70 mls 3hly-increased as tolerated. TPN at 2 mls/hr - can be adjusted as oral feeds tolerated. Morphine and arterial heparin discontinued. (14) Nephrostomy rate ~~feeding~~ ^{feeding} ~~slightly~~ ^{slightly} - redressed. (12) Nephrostomy rate ~~cleared~~ ^{cleared} ~~and left exposed~~ ^{and left exposed} Urinary output good. (8) Right eye appears ~~itchy~~ ^{itchy}. Swabs taken and sent to lab for CFS.	
10+4A	Observations stable	
3B	Oval feeds taken ~~fully~~ ^{fully} well - Sucks about 1/2 feed from bottle and takes remainder ~~off~~ ^{off} spoon. Tolerated well. Can return to Musgrave Ward - No bed available as yet.	W.D.

051-023-113

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

INTENSIVE CARE UNIT

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AS - ROYAL

051-023-114

INTENSIVE CARE UNIT

051-023-115

ROYAL BELFAS HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26.12.91	Went for ultrasound of kidneys. L&R ureter dilatation. Fluid in abdomen from last scan. Continued to be irritable when disturbed. IV fluids at 5pm to run at 6mls/hr. Urinary output poor. Urine still appearing around 2mmol/l. IF THE PERIPHERAL LIAISON LIES OUT IT MUST BE RESITED. Fluids to be assessed every 4 hours & UTE	<i>[Signature]</i>		
1 pm	Fairly settled evening. BM stress. U remains low - Dr aware to have UTE and Blood sugar checked at 8pm. Urinary output still poor.	A. Johnston		
	IV fluids changed to 75mls 20% dextrose and 75mls of 5% saline	F. Clements		
8pm	Fluids not running & pump Dr informed. ?+ issued.			
28.11.91	IV fluids checked. Running as listed. Nil urinary output, Renal blood stained. Dr informed as to BM's 1-2. overnight. Nil ordered - carbimide dextrose and ivs as prescribed. Nil orally overnight. Gm Dr informed condition unchanged. To discuss with			

PATIENT'S NAME

REG. No.

CHA 213

AS - ROYAL

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ROYAL BELMONT HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26-11-91	Adam was transferred from UHOD & arranged under care of Dr. Savage. Had no indication of wetters last Friday 23-11-91 & since then urinary output has decreased. Looking happy and has gained weight. Admitted for assessment and management.			
27-11-91	Adam was very settled & nearly sleeping. Irritable when handled & asked before pulse called draining minimal amounts hourly or no drainage at all - drainage very bloody. Administered as previously. 20% fluids during @ 6am & hourly - low blood sugar readings. Also checked @ 12 noon & 3 (blue) injections of 20% dextrose & 10% dextrose added @ 1/2 N/Saline - & blood sugar levels have risen slightly - 2.5 mmol/L 6am. Core body temperature overnight despite blankets (2) & clothing - remaining just below 36. Adam's observations within normal range. Blood very pale and choky white overnight. Blood sugar to be checked 1-2hly. Remain on all orally for 24-48 hrs. To 3am.			

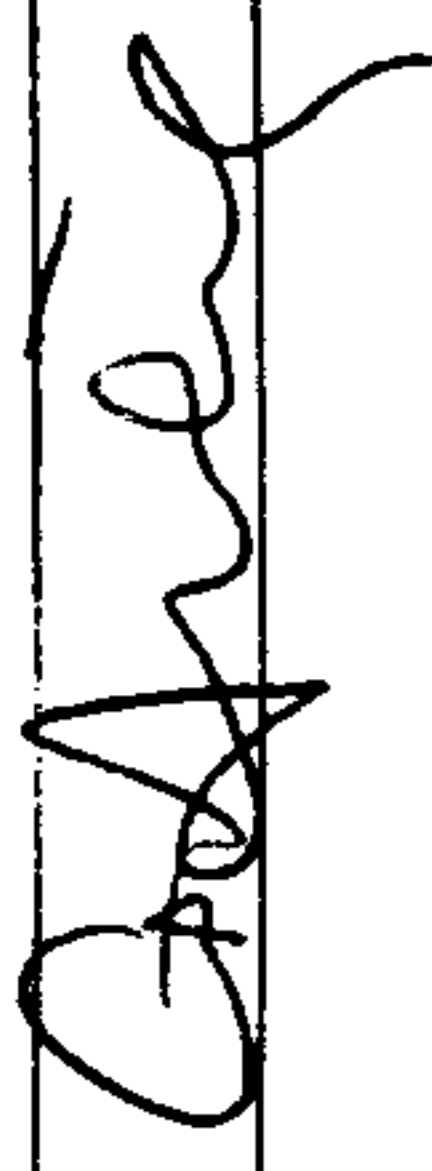
ATIENT'S NAME

REG. No.

AS - ROYAL

05-023-117

ROYAL BELFAS HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
4.12.91	Irritable @ times this am paracetamol given. TPN running @ 30mls/hr Oral feeds made up of 1/2 strength SMA thickened with nestragel. 100mls for feeds but vomited +2 this am Nephrostomy's draining well pus not draining Observations satisfactory Very settled evening. obs stable. 100mls bottle feed and settled. Nephrostomy tubes draining well. TPN running @ 30mls per hr.			
5.12.91	Bottle feeding fairly well, also having TPN Nephrostomy (tubes draining well) ? in pain this morning. Given paracetamol with good effect. Observations stable am fairly settled morning. Brad's done Dressings done - right nephrostomy tube Still leaking. Feeding quite well obs stable left neph dressing changed due to leakage		Dressings ✓ Urine UTE ✓ Bleeds ✓	

AS - ROYAL

PATIENT'S NAME Adam Strain

REG. No.

ROYAL BELLEVUE HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
28.11.91	NR this am. Observations as listed U&E checked, weak TP Blood sugar continue to run low. IV fluids as listed 4 mls of urine passed all day. Mum is very tired. SIA Dr bunge and me Brown. After discussion - this evening for exploration and insertion of P.O. line. Position of central line Consent, weight & amband. To go to 1st floor - ap.	<i>[Signature]</i> Aljohnston		
3.12.91	Returned to ward - IV fluids running via triple lumen line - TPNs to be started. Left a Right nephrostomy tubes draining. No fluid from P.O. line. To have 960 ml/24hrs 720 mls IV of TPN and 240 mls amband. Bottle feeds given but vomited. TPN Started at 30 mls per hr Observations Stable. ~~Some~~ 4.12.91 Very irritable in early part of night. ~~then~~ settled and slept well. No further vomiting - taking clear fluids overnight. Nephrostomy's draining well. TPN continued.	Aljohnston SR Olsen		

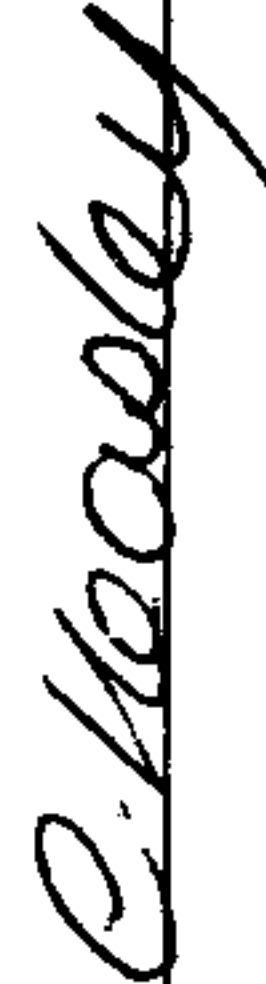
PATIENT'S NAME

Adam Stans

REG. No.

051-023-119

ROYAL BELFRAS HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	1st nephrostomy cont to look had nephrostomy tube appears to be sitting skin. Dr Savage conferred Dr Savage being back this For theatre at 10am. Feet from 6am. TPN continued overnight. Dry bag attached to pd line for free drainage overnight. Very settled night. Paracetamol given regularly. Right nephrostomy tube draining well. Very poor feeding. Observed unsustained Returned from I.C.U today. Draining Surgery on Sunday morning (12/11). He still has right nephrostomy tube and left ureterostomy which is connected out to the abdomen wall via a feeding tube and draining into a colostomy bag. T.P.N running at 35mls/hr. Tolerating dextrose 40mls every 4 hours. Has CAPD catheter and supra pubic catheter. observable.	 C. Hooley		
			Consent ✓	
		e. c. w. d. a.		
8/12/91				
9/12/91				

AS - ROYAL

051-023-120

PATIENT'S NAME Adam Strain

REG. No.

ROYAL BELLEVUE HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
6/12/01	Continued on IV fluids. No oral intake. Tolerated small amount of food overnight. Nephrostomy drainage well. Dressings dry. Irritable at times.	A. Ferguson		
9am	TPN turned down to 15 mls/hr to encourage oral bottles. Dressings dry. Nephrostomy sites leaking. Urine well enough 2 x vomits this morning. Urine draining well.	G. Armstrong		
	Vomits x 2 this pm.	Alan		
6/12/01	Received double feed at 9pm and broke per as appears to have vomited most of it. On rebound TPN turned up to 15 mls/hr. erecting drainage at 10pm.			
	Nephrostomy tubes draining well. no change from a.p. intake. Obvious solid stool.			
	Red small amount without vomiting this am.			
	Volume of I.C., TPN continued.			
	2 nephrostomy drains with small amount of drainage from drains down - drainage from 1 & 2 nephrostomy tubes still.			

PATIENT'S NAME

Adam Strain

REG. No.

364377

CHA 213

AS - ROYAL

051-023-121

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
20.12.91	For theatre this evening for laparotomy - and depending on what is found. Spiked temperature this afternoon, paracetamol given 3 good effect. Sodium still remains high - no sodium added to today's TPN - as yet not erected as away to theatre. Urostomy draining well. In ICU overnight. Transferred back from ICU following surgery: supra pubic catheter (on and) (L) ureter anastomoses to (R) ureter and drainage via 2 fine tubes from bladder. Urine Oozing + from both sites. D's aware drainage not to be touched. TPN running @ 18ml/h and 5% dextrose @ 17ml/h - morphine running @ 1.5ml/h via peripheral line. To aim for 800/24hrs. Catheter draining. Veg settled evening. NG tube on free drainage. Mouth care 2hly	F. Clements	blood cultures	
21/12/91		A. Ferguson F. Clements		

AS - ROYAL

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PATIENT'S NAME Adam Fin

REG. No. 364377

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
19.12.91	Suprapubic catheter stopped draining from 10am yesterday morning. R nephrostomy tube unchanged. No urine to collect today. However drainage slow and dribbling. Output 50ml.			
	Very drizzly / little urine			
19.12.91	From 7pm DPN. cont at 10am for Dex 5.7 " " 10ml/hr			
	For Reped UTE 10pm			
	Not tolerating even small amounts of fluid.			
	S.P. cath not draining. R nephrostomy draining well. Cholecystitis			
	A/B DA drainage 6pm, 8pm, 10pm			
20.12.91	Ops stable - Dr Savage informed g UTE. leave fluids running as ordered. Ops - BP slightly low. band. Wound not good.		Urine from UROSTOMY	
	Remained lethargic this am - wound not feed - continued to vomit + writhen		Urine from UROSTOMY	
	R nephrostomy stopped draining @ mid morning - Dr informed - tube out.			
	Surgeons contacted - S/B Mr. Brown			

PATIENT'S NAME

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

REG. NO.

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051-023-123

AS - ROYAL

ROYAL BELLEVUE HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	Urinary and nephrostomy tubes draining well. Intake > 2000 cc. TPN running as listed. Observations stable. Supra pubic catheter not draining.			
12/12/91 PM	TPN continued at 30 ml/hr. Not keen to feed this evening. Large vomit x1. Remains untable at times. AA Pyrexia 38.2 pm. Paracetamol given.			
13/12/91	Urine available and crying a lot. TPN given. No Jaded. Urine output good. Dry fluids given. Really were omitted. (not seems thirsty and keen to drink.)	A. Ferguson		
	Feed well, for full length feeds.			
	Not keen, dull & ataxic. Feeding 30 ml/hr. Pyrexia @ 2 am. 38.2. V @ 6 pm. 38.5 stable. Supra pubic urine sent for OTS + yeasts. Bleeding per long periods.			

PATIENT'S NAME Adam Strain
 REG. No. 364377

AS - ROYAL

05-023-124

ROYAL BELLEVILLE HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
10.12.91 8am	In good form. Nephrostomy tube draining well. - All from supra-renal. T.P.N. running as listed. Wound at 2cm. Tolerating small amounts of dressing on episode of piss. Bladder on. Observation satisfactory overnight.	Russell		
11.12.91	11/12/91 D.M. bright and alert today. Tissue and fluids very well. Observations satisfactory. T.P.N. running at 25 mls per hr. Settled. Still having loose motions. No problems noted overnight. Tolerating clear fluids. Started on 1/2 st. s.m.A. but not tolerated. Dressings changed on all sites. T.P.N. continued to run @ 25 mls/hr. In good form. Nephrostomy tube draining very well. Remaining observations satisfactory. Specimens sent to the lab for OTS from. Urinary tube & nephrostomy tube. Small amounts of N'lyte given. Watching + + +	DKearney		
12.12.91		DKearney		

051-023-125

AS - ROYAL

051-023-125

PATIENT'S NAME

REG. No.

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
11/12/91	Slept for long periods throughout the night Vomited x1. TPN continued as ordered. All catheters draining well. No further pyrexia all observations satisfactory.	L. Cunningham		
am.	Had vancomycin to P.O canisters. Finding that Adam started shivering and developed a rash all over his trunk. He was then given He was seen by Dr. Gallagher and ordered. Had pyrexia @ 2pm. Paracetamol given. Had vomits x2. Does not seem to be tolerating feeds very well. Pale and lethargic this afternoon. Observations stable. Urea # 20.9.	A. Armstrong		
15/12/91	Apyretic overnight. No he. Savage to commence on rabillin. Continues to vomit oral feeds. TPR running. Urinary output good.	L. Cunningham		
15/12/91	TPN continues at 30 ml/hr. Vomit x 2 this am Pyrexia. Paracetamol given at 11:40 AM. Intake at bus.	A. Forsman	Urine sent for urinary ure.	

PATIENT'S NAME

REG. No: 364377

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
16.12.91	Settled night. Observations stable. Tolerated Bottle Feed x1. Good intake. TPN run cont. S/N saline enabled this run.			
16.12.91	Urine O+S ✓			
	Still vomiting oral feeds. Rt ventral catheter clamped off. To avoid S.I. catheter to drain :- drain.			
	S.I. catheter to drain :- drain.			
	Stable. All observations satisfactory.	S. Gordon		
17.12.91	BP slight elevated this am. TPN running @ 50ml/hr. Refused oral feeds. Loose green diarrhea. Drawing small amount of urine via suprapubic catheter.	D. Abbott		
	slb Mr Brown 'R' nephrostomy tube unclamped. TPN running as listed. Dye given via 'R' nephrostomy then re-checked. In good form. Not keen for feeds. TPN running.		Ultrasound of kidneys	
18.12.91	Not feeding overnight.	Abbott		
18/12/91	Not want to feed today, supra pubic catheter draining well. T.C.N. at 20 ml/hr.	H. Sella		
19.12.91	Settled night. Not keen for oral feeds. TPN running.	Abbott		

PATIENT'S NAME Adam Brown

364333

AS - ROYAL

051-023-127

ROYAL BELFAS HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
22.12.91	Urine continues to leak from cath sites S/B surgeons - dressings to be changed Vaseline applied to skin around catheters Continues to vomit small amounts of bile-stained fluid. Observations remain stable.	F Clements		
23.12.91	9pm Apnoea alarm went off - breathing ceased but started with rise of chest side down. Dr informed, morphine 1.5mls. Large green vomit immediately after. NG tube repositioned and left in place. Stenosis. Nausea observations stable. Percutaneous PR given x2 Rest pain. Urine output good. Large 2000 drain removed tubes. TPN + 50% Dext continued. TPN ↑ 2mls/hr 5% Dext at 15mls. Morphine gradually decreased and discontinued at 4pm. Remains nil orally. Aspirate large. Bile vomits continued. Super pubic catheter to be placed	S. M. Allen		

AS - ROYAL

OS-023-128

PATIENT'S NAME

REG. No. 364377

A 213

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
21/12/91	Observations B Stable. Re-observed @ 8am observe. On nil orally as no bowel sounds as yet	F. Clements		
22-12-91	Very flat although responded to pain. Morphine infusions continued. Nil orally. Observations stable. R+L Nephrostomy tubes draining & sterile. Suprapubic drainage ↓ draining the right TPN ↓ Dextrose infusion continuing. am. wt ↑ today. TPN ↓ 15mls/hr and dextrose ↓ 15mls/hr. very sore this am. - spoken to surgeon. morphine ↑ 2mls/hr - settled well. Suprapubic catheter not draining well to be flushed bhrly. (R) Side of wound draining small amounts (W) Side draining well. Observations satisfactory. Mouthcare given 2hrly. IV netillin H. continued on IV cephradine	P. Brown F. Clements	U+EC Urine from (L) + (R) catheter.	
	Still having bile aspirate at H&B orally. Aden St Kevin			

PATIENT'S NAME

REG. No.

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AS - ROYAL

051-023-129

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

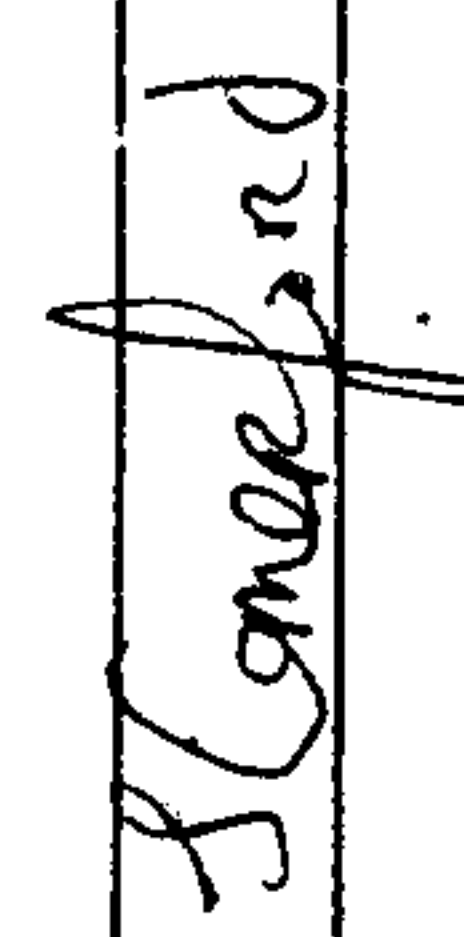
DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	on aspiration? longer NG tube			
	Repassed. Passing good amounts			
	of urine via stent drain. Very			
	little draining via suprapubic catheter			
	longing ttt overnight ~~an~~ apyrexia			
	but a little hypertensive			
	causing blood to leak wound site			
	Reg. aware. ? unresponsive			
	from old ^{left side} ~~right~~ hephectomy site			
	Reg. aware. Skin appears to			
	be quite sore	D. Hearn		
am	Long bile stained vomit. Had ~~care~~ care			
	Urine leaking from (L) side of nephrectomy	Cheerley		
	area			
	Not drain still draining well			
26.12.11	Observations stable			
	Urine draining? some leakage urine	R. Bann		
	Nil oral			
	Morphine infusion discontinued. Fluids running as listed. Continued			
	to have bile stained vomit. Longer NG tube passed. Int ↓		USE	
	Urine output slightly down. 5/6 Reg adjust fluids accordingly			

PATIENT'S NAME Adam Strain 110411 BELFAST HOSPITAL FOR SICK CHILDREN

OS-023-130

AS - ROYAL

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
23/12/91	twice daily. ~~Transcatheter~~ Transcatheteric uraethomy catheters fell out this pm. Dr Savage & Surgeons contacted. to have urethral catheter inserted. Observations stable			
24/12/91	No urine drainage this pm. IV fluids 5mls/hr to avoid overdrawing. Dr Savage to contact Mr. Brown this am. Continues to have bile stained vomito. Went to theatre for Reimplantation of stents to return to ICU. poor exp. peroxide at times this am. Paracetamol given for same. Returned to ward @ 4pm with new stent drainage from NG tube. Drainage very well. No drainage from supra pubic catheter. TPN + 5% Dextrose running as listed. 900 - 1000ml/24hr Morphine infusion running			
25/12/91	TPN running @ 20mls/hr. 5% Dextrose running @ 30mls/hr. Morphine infusion running @ 1.2mls/hr as per Dr. Fitzgerald. Vomiting thick green bile. N/U observed			

AS - ROYAL

51-023-131

PATIENT'S NAME

Adam Strain

REG. No.

364377

WNC 753/OS 3779

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
28/12/91	Insertion of new central line (L) arm this am. Observations stable on return from theatre. Mild pyrexia this afternoon despite good urinary output via s/f cath. Dressings adequate. Vomiting bile coloured fluid several times. Minor noticed twitching of arms this pm. Doctor informed Registrar Dr Barakat. Not ordered.	C. Wilder	Dressings changed ✓	
29/12/91	Cannula resited. Bloods done at 11. FBP & ecd level checked - results good. Continuing to have large green vomits - tube passed but no drain age & no further vomits from then. Observations stable. Urine output ~~very~~ good. Seams unhealing this morning.	V. Platt		
30/12/91	Settled morning w/ T today. Afebrile 80/24hrs. Observations satisfactory. Passing urine well. Had a few bile vomits this am. Tolerated 10mls digoxin @ 12mo. Mild pyrexia @ 2pm. Temp 38.2. Dr Barakat R. Green. Settled & dead.	F. Clements		

AS - ROYAL

051-023-132

PATIENT'S NAME

REG. NO. 364377

WNC 753/OS 3771

ROCK

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26.12.91	Urine output increased had vomit x1 some core around eye Redness DE in face Urine output fair. Stop line site. Observations stable.			
27/12/91	Weight ↓ - 7PN ↑ 400g be given 2 hdy. Low Bo's remains busy & at 1 PM. Paracetamol Very irritable at times Central line stopped - Dr Savage informed Scalp vein erected for for re-insertion of when arranged			
28/12/91	Insertion of central line this am. Feeding from line New fluid's been used. (Tobitaboo) - 1/4 of bottle feeds x 2 feeds. Kne for feeds. 1/3 saline nursing as tested. 20mls water also			

AS - ROYAL

051-023-133

PATIENT'S NAME Adam Strauss WDAV

AVON 30th ANNIVERSARY

REG. NO.

364377

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
1.1.92	Observations stable. IPN continued ↑ 20 mls per hr. Weight ↓ today. Total input in 24 hr. 700 mls. Tried on HN 25 due to loose motions but refused. Continue to encourage oral fluids.			
2-1-92 PM	Bright & smiling when awake. Urinary output very good. -- allowed slightly more I.V. + oral intake than Dr Savage said. Knew to good thickened d'lyte. Vomit x1. Agitated. Bottom remains red.	R. Auley	Memo OTS ✓ Nervous O+E ✓	
AM	Went for Niopam Study this afternoon. The contrast shows slight leakage from the site of the anastomosis of both ureters. Both Dr Savage & Mr Brown know this. Temperature spiked at 2pm. If Adam continues to spike Dr Savage to be informed for antibiotic cover. Continue to vomit & soft to loose stools.		Central line dressing changed	
3-1-92	Temp early note. Dr Savage informed commenced or augmented IPN increased to make 1 liter in 24 hrs. Urinary output good. Contin to spike temps. Paracetamol given 4 hourly. Tepid. Sponged. Not feeding at all. Paracetamol x 3. Dr Johnson	A Johnston R. Auley	Urine OTS & d'lyte ✓	
3.1.92				

PATIENT'S NAME

Adam Scan

REG. NO.

364377

WNC 753/OS 3778

AS - ROYAL

OST-023-134

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	continued to vomit. Small amounts of appetite only. On free drainage.			
	Observations stable. Urinary output good. Restricted to 720 in 24 hrs.			
	From Barium Swallow this am.			
6/1/92.	To have total 840 mls total today.			
	~~Continued~~ to have small m. feeds			
	vomit this am. - fasted for barium			
	Barium swallow & follow through.			
	This pm. Pyrexia 2 times today			
	-rectal paracetamol given	C. Culdran		
7.1.92.	Continued to vomit overnight.			
	Pyrexia this am. One episode			
	of "being jittery" during the night	D. H. 27/1		
7/1/92.	MSS of Abdomen this am. N.A.D. Pyrexia this			
	am. anti-pyretic given. N's & T's continued to			
	be severe. good urine output. Not			
	Temp 10 39.2°C this pm - rectal paracetamol	a. c. 20		
	as ordered. Tolerated sp feed this			
	afternoon	C. Culdran		

AS - ROYAL

Q51-023-136

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
4-1-92	Pyrexia overnight - antibiotics given. Urinary output good. Nil vomiting.			
4-1-92	Continued to vomit. N.G. tube placed and on free drainage. Temperature elevated at 10am. Settled with paracetamol. 8/8 AT Surgery unit ordered.			
	Abdominal girth stable.			
	Adams in quiet restlessness at times.			
5-1-92 7am	Small vomits. Seen by MR PATS. Nil ordered. Given IV Tagamet.			
	In reasonable form. IV fluids as noted.			
	Continues to have coffee grounds in nasogastric drainage.			
	S/B Mr Pats: nil changed. IV drip continued. Nil po continued. Small vomits x 4. Temp 37.5 @ 10am. Apperised @ 2pm.			
	W 1 ↑. Fluids restricted to 750mls TPN due to yesterday output. Dressings satisfactory.			
	Small vomits continue to be coffee ground.			
PM	Apperixic. Urinary output satisfactory.			
6-1-92	(Continued to vomit coffee ground. NG tube placed. NG tube replaced, but			

PATIENT'S NAME

Adam Stain

REG. No. 364377

AS - ROYAL

WNC 753/OS 3779

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
10/1/92.	Scan of abdomen instead of intermitten pyn.		Unnes V	
	Small mucousy vomito.	C. Culora		
	Refusing all bottle feeds.			
	TPN is noted passing bits of			
	urine. Apyrexia.			
11.1.92	Attempted to feed this am. but			
	only made Adam retch.			
11/1/92	Pyrexia this am. Paracetamol given.			
	Not keen to feed. Went home for the			
	afternoon	A. Ferguson		
12.1.92	Slept well. PU satisfactory			
	some fresh blood in urine.			
	Home for afternoon. Temperature stable.		Dressings/	
	at present SB & D stable, allowed home for		Unne -> Lab	
	afternoon. WT ↑ this AM		Yeaks / ONS / Direct	
	Returned this am. Has been miserable.	A. Owens		
	at home. Resp ↑ HR ↑. Rag informed.			
	Blood cultures UTI. Urine directed.			
	Blood gases checked	Englun		

AS - ROYAL

PATIENT'S NAME Adam Strain

REG. No. 364377

AS - ROYAL

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
8/1/92	Pyrexia during the night. T.P. has lasted Chest x-ray ordered. Up on outpatient for R.Brown			
	went to x-ray this a.m. for kidney x-ray. x-ray ordered. 5th x-ray ordered to go back in a.m.	Cheney		
	Good infant subject. T.P. + USS given as noted R + BP stable. Temperature fluctuating at time. R. over.			
9/1/92	Trace of blood in urine. Urine to have urine done in a.m.	A. Geoffrey		
9/1/92	Specimen to lab. WT ↑ T.P. screen done Combined to vomit. Try Zofran nursed weight	Omey		
	Commenced on IV fluconazole + Sodium bicarbonate as noted.			
	Please fast from 4 am for CT scan	C. C. W. R.		
10-1-92	Mum Stayed - Very settled. Mum Stayed.	A. Geoffrey		
	CT scan not ordered this am - USS			

PATIENT'S NAME

Adam Strain

REG. No.

364 377

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
17-1-92	Slept well, Observations satisfactory, TPN as listed	R Brown		
17-1-92 am	Adam is in good form today, bright & happy, loose nappies, Observations are stable, TPN running as listed.	C. A. L.		
18-1-92	All clear			
18-1-92	Good urinary output overnight. 25mls of sterile water passed via supra pubic catheter. Adam then passed this per urethra. Dr. Donnell awake.	H. S. L.		
19-1-92	Home per afternoon	R. A. W.		
19-1-92	Slept well.	C. K.		
19/1/92	Out for afternoon, bladder to be flushed by 25 mls saline tonight on return. Still vomiting ✓ VTE.			
	Stents to be removed by Mr. Brown now.			
	No G.A.	A.		
20-1-92	Settled night.	D. H.		
20-1-92	Very good morning. TPN turned down to try & encourage oral feeding. Continues to vomit. Mr. Brown could not be contacted today. re: removal of stent. R.A.			
	Adam Spavin. Dr. Donnell awake.			

051023-40

PATIENT

REG. No.

364377

AS - ROYAL

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
13-1-92	10pm Acidotic Salts Bc 8.5 Na ⁺ ↑ Fluids changed 5 1/2 % Saline Appt Had TPN, IHE TPN ↓ for ordered. Had spunked it. Had calner flushed which drained out via neg obs stable TPN re-commenced this listed			
14-1-92	Settled night TPN as output > intake Good urinary output TPN SIB Dietham regarding In great form. No trouble night Apixixie. Mum trying various to have DPPT in am Do not give No problems noted Still, reverts good but phlegmy vomits with concentrated urine. Observations			
15-1-92				
16-1-92				
16-1-92				

PATIENT'S NAME Adam Strawn

REG. No. 364377

AS - ROYAL

WNC 753/OS 377

HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
25.1.92	via S.P. site. Sept well Suprapubic line clamped. looked +++ via suprapubic site. Home for afternoon	<i>[Signature]</i> Norton		
26.1.92	no problems can be taken orally	<i>[Signature]</i> Chavner		
28.1.92	Settled overnight To have suprapubic catheter removed tomorrow Please fast from brain Settled night O.G.D and removal of suprapubic catheter carried out in theatre. Urethral catheter inserted	<i>[Signature]</i> D. Henderson <i>[Signature]</i> D. Henderson <i>[Signature]</i> Ettaughery		
29.1.92	no problems overnight Urethral catheter well S/B mr Braun - Urethral catheter draining well	<i>[Signature]</i> D. Henderson <i>[Signature]</i> Ettaughery		
30.1.92	Very settled night, observation stable. Slight leak from suprapubic site. No leak from urethral catheter	<i>[Signature]</i> Chavner		

PATIENT'S NAME

REG. No. 364377

AS - ROYAL

051-023-142

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
20-1-92	Mr. Brown visited - for first thing tomorrow	J. J. J.		
21-1-92	Slept all night TPN continued - still	J. J. J.		
	TPN continued - still			
	Mr. Brown passing			
	I.V.P. tomorrow			
22/1/92	Slept all night TPN continued - still			
am	T.P.N. continuing @ 50 ml/hr			
	feed - passing urine well			
	Catheter			
pm	Had I.V.P. this afternoon			
	S/B Mr. Brown. Having			
	ble occasionally. obs stable			
23/1/92	Slept all night. TPN continued			
am	To have catheter clamp			
	every 4 hrs. Had down			
	this morning as result. obs slightly			
	& obs stable still			
24/1/92	Slept well			
	4 hrs passed per without			
	TP. tube clamped, for some period			
	PATIENT'S NAME Address At home ROYAL BEVERLY HOSPITAL			

AS - ROYAL

05-023-143

REG. No. 364377

ROYAL PEDIATRIC HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
3-1-92	12 good BM, 10 good feeds	R. [Signature]		
3-2-92	Tube feeds 10 per day No's orders, [unclear] very settled overnight	Cheney		
	Do not use H ₂ O			
3-2-92 am	at 10 hrs ↑ is sub per hr overnight. Vomited few mls milk this am. Weighing 10.5 kg removed at 10 pm. 24 hr collection bag applied. Observed Satisfactory. In good form. TPN running as ordered. Passes urine very well. Passing urine. All nipples 2 wounds, tube feeds continue TPN continued No problems overnight Wt ↑ this morning still vomiting	[Signature]		
5-2-92		[Signature]		
5-2-92		[Signature]		

AS - ROYAL

051-023-144

PATIENT'S NAME

Name [unclear]

REG. No.

364344

THE UNIVERSITY OF CHICAGO

PATIENT'S NAME

WNC 7B3/OS 377

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	TPN reduced to 20mls, as listed		Unuric ✓	
	Pyrexia this am Temp 38°C this am		Bloods ✓	
	- paracetamol pr given - good effect	C. Culdr		
7.2.92	10 good bow. T.P.S. + T. looks relaxed better			
	urine was good. BP dropping 78/35. Bed still			
	Now better	C. Culdr		
	Irritable at times. Feasts in urine. D		chest very	
	TPN turned up this pm because of poor	C. Culdr	uric kidneys	
	Spiked temp at 2am x 6am. P			
8.2.92	given Irritable this am. P	C. Culdr		
	Needs catheter in. Remains irritable		UTÉ - fBP	
	Commenced on Fluclonazole and		Blood cultures.	
	Needs regular paracetamol		Direct urine.	
	To have 900mls/24hrs			
2.92 7am	U&E checked, sodium ↑. Seen by			
	5N saline given along with TPN			
	live Bot running at 20ml/hr. P			
	? thrashing episode last pm. Mum			
	him, said his head jerked and			
	fluctuated for few secs. colour appeared			
	BW checked 4 mols. Seen by DE Se			

PATIENT'S NAME Adam Strain

REG. No. 364377

WNC 753/06 3779

AS - ROYAL

05-023-146

ADDITIONAL INFORMATION SIGNATURE

WNC 753/08 1377

PATIENT'S NAME

Adam Strein



1990

(continued)

ROYAL BERNARD HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	TPN + tube feeds	R. McAuley		
	For bloods Saturday			
	Urine to lab.			
	Speech therapist to see today			
	Very settled night			
15/2/92	Agitated tube feeds used	H. Jellman		
15/2/92	In great form today. TPN feeds +1 as Oidium new for few hrs today	C. Cultra	Bloods	
	Paracetamol. Oral intake poor	J. Jellman		
16.2.92	Settled night	J. Jellman		
16/2/92	Home today for few hrs. Not for TPN tube feeds overnight	J. Jellman		
	Aim to reduce TPN and discharge during next week	C. Cultra		
17.2.92	Settled night. Appear to be well	D. Jellman		
	Temperature plotted at 37.7°			
	Paracetamol given			
	Mild pyrexia this am - indistinct HT times	C. Cultra	Bloods	
	Tube feeds tolerated as expected		Urine to lab	

05-023-140

PATIENT'S NAME Adam Strawn BORN 10/01/91 BELIEVED HOSPITAL FOR SICK CHILDREN

REG. No. 364377

AS - ROYAL

ROYAL BELMONT HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
11-2-92	Temperature fluctuating TPN as listed. Some small of vomiting			
11/2/92	Slightly irritability Temp ↑ at lunchtime Urinary catheter removed TPN + tube feeds as 14hrs. Mum remains to by Dr Sahni	E. Quinn		
12-2-92	Settled night. Giving changed gathering up Temp ↓ at 2am. extra blood Feeding well. Urine x Feeds well. Urine wine Feeds - SBS Dr. Savage Pulmonary	C. Culdrin	Please ensure giving set is run through properly all air expelled pay particular attention to the two Y bks	
13-2-92	Tolerated tube feeds Tube Feeds increased. TPN Tube (w/aso gastric prepared) Settled night. No problems	H. Jackson		
14-2-92	↑ wt. SBS Dr. Magill & Dr. Savage. See notes re regime for Adam. Strain NO. 100000 DEFECTIVE	R. Aubrey		

PATIENT'S NAME

REG. No.

364377

WNC 753/C

ROYAL BELFAST HOSPITAL NEWBORN CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
18/2/92	Slept well all night Tube feeds & TPN continued Occasional vomit during WT ↑ this am. D. Mc Gill wants a dose GBs stable. NG feeds @ 25 mls/hr @ 25 mls/hr.	<i>[Signature]</i>		
19.2.92				
19/2/92				
20/2/92	Tube feeds tolerated TPN continued WT stable this AM Low grade this AM Paracetamol given TPN + tube feeds running as Commenced on furazolidone as Ceporex - but remains unwell at times	<i>[Signature]</i>		
21/2/92				
22/2/92	Furazolidone omitted - not tolerated TPN in progress @ 30 mls/hr NG feeds + 25 mls/hr due to vomit. At home today. Pyrexia 38°C at wakening at home. Did not have any TPN + tube feeds in progress this pm	<i>[Signature]</i>		
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29/12/92				
30/12/92				
31/12/92				

051-023150

DATE'S NAME Adam Slavin

364377

AS - ROYAL

5

05H023-151

4377

ROYAL BELLEVILLE HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
2-3-92	Condition unchanged			
3-3-92	Continues to have pink mouth frequently. N.G. feeds & urinate observations satisfactory.			
4-3-92	Continues to have small stools. Went home this morning due to being pyrexia around blood Cultures & urine sample sent.	R. Houghton D. Kealey		
5-3-92	Chest x-Ray done. Apyrexia overnight.	E. Houghton D. Kealey		
Pm	For 180mls packed cells @ 100mls/hr - running @ present. Frusemide 40mg given.	F. Clements		
	Observation satisfactory			
	To have 900mls fluid & packed cells			
	Pyrexia then on paracetamol 500mg			
	Good effect.			
6-3-92	Packed cells 180 mls completed. FPN commenced.			
	Temp & 35 early noon. Continued with warm gamgee & lots of blankets -			
	otherwise very settled.			
PATIENT'S NAME	Adon Stran	D. Kealey		U+E

REG. No. 364 377

AS - ROYAL

OS-023-152

WNC 753/08 37

ROYAL BELLE

HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26-2-92	Slept well overnight PH Studies monitored			
26-2-92	PH monitoring continued relatively moderate vom Near-gastric like regurgitated & blood stained aspirate due to TPN & tube feeds running Continue to vomit occasionally	aceto J. fess.		
28-2-92	Continues to vomit. TPN Recommenced on Cisapride & Zantac S/B Mr Boston for audiotape of round mouth Red - ? cold rash. Still vomiting	R Brown R Anky		
29-2-92	No change Suffy today with Vomiting mouthfuls, NG Control the increased Pyrexia at 3:15 pm - T° 37°5. Paracetamol 20mg given with result	(K...) D. 706		

AS - ROYAL

PATIENT'S NAME

Adam Strain

REG. No.

364377

WNC 753/OS 377

051-023-153

ROYAL BEHRENS HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
7.3.92	Very settled night. Feeds running as before overnight. Obs stable.			
7.3.92	Pyrexia of 38.4°	N Morgan		
8.3.92	Home for day. Home with her.		URINE BAG IN SITU.	
8.3.92	Usual good form. Vomited once.	J Connelley		
9.3.92	Gone Home for the day. Medicines given home.	C. Keenan		
9.3.92	Pyrexia 38°C @ home. Blood cultures done. No fever in am. Persistent vomiting. Three feeds stopped @ home. Vomiting now has coffee ground appearance. TPN as listed.	S. Miller		
9.3.92	Very, very irritable. Paracetamol & morphine. Vomiting coffee grounds. Red throat & redness in mouth. Dr Savage to have I.V. amoxicillin & zantac. TPN continues.	D. Harty		
9.3.92	Irritable thru pm - did not settle until bpm. Coughing started in pm. Commenced Adam Slean. HONAT BEFEVERED 11/1/92	R. McAnulty	TPN screen & U+E	

PATIENT'S NAME

REG. No. 364377

HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
14.8.92 14/3/92	Had a few small worms. No change. TPN changed air listed.	H. J. [Signature] C. C. [Signature]		[Signature]
15-3-92	TPN changed from 50% Dextrose to Pyrexia @ 10° - Paracetamol given. Please fast from 12 noon. Duplication & retrograde Consent to be obtained.	R. Huley [Signature]	FBP + U+E ✓ Consent.	[Signature]
16.3.92	Fast from 12 noon. TPN as charted. TPN changed to 1/5 dextrose. Fed very well overnight.	B. Brown E. Haughery H. J. [Signature]	25/3/92	[Signature]

AS - ROYAL

OSI-023-156

Adam Strawi

364377

WNC 753/OS 3770

ROYAL BAPTIST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	Stained vomit at 3pm.			
	Pyrexia throughout day.			
	up-to-date. To be seen by GP.			
	Good intake approximately 100ml.			
	peripheral line.			
	(2) SIB anaesthetic + theatre in am for femoral hernia.			
	? when to stop TPN?			
	inform us.			
12/3/92	IV 5/N saline discontinued.			
	noct - TPN reduced to allow 1 litre over night.			
	Very cross at intercurrent analgesia given as per chart.			
	Nil by mouth overnight.			
(2)	not for theatre today. SIB ? theatre next week.			
	Tolerated 10mls juice.			
13-3-92	NG tube replaced. Contd on antibiotics.			
	TPN to be replaced when finished.			

051-023-157

AS - ROYAL

PATIENT'S NAME Adam Stroud

REG. No. 364377

FOR SICK CHILDREN

UNIT

DATE/TIME	NOTES	SIGNATURE
17/3/92 Pn.	Respirations slightly for him to see Adem Set out Secured in good	CRW
8pm	Wheezy & disty. a w + Epidural increased If Pyrexia persists Chest x ray ordered	DR Green Bruce Macrae
18/3/92	Unsettled on IV C begin to become infected; exothermic Chest x ray Pv cells & other Pv running on Primary Output Digital Ch. per Unsettled this AM TPN instn as listed	being
19/3/92	P.v. well. Tolerating Slept well. Oral overnight. via Observations satisfactory	Alth
Adam Stearn		CRW

AS - ROYAL

OSI-023-158

WITNESS'S NAME

HOSPITAL NO

FOR SICK CHILDREN

CARE UNIT

DATE/TIME	ADGRESS NOTES	SIGNATURE
16.03.92 12MD	ADAM STRAITS Angioplasty Episodic Mucous Nil orally 10 2L 7A Passing urine Mum inserted	Good post-operative pain control stable at 2mls in 200 progress Oodome mmfey
17.03.92 8pm	Observations In fluid Barbour Ward	
17/3/92	Transferred from Satisfactory given prescribed arm TPN commenced Pyrexia at 6pm rechecked at fluids well	Angioplasty water @ 1.5ml/hr - sub stable Temp 37.7 paracetamol @ 40ml/hr. TPN to be erected. Central line in L Tolerating 10mls hrly. Paracetamol given with poor effect. Fa insitu. Tolerating clear being given at 8pm. P.O

AS - ROYAL

051023-159

PATIENT'S NAME Adam Straits

DISCHARGE NO

364377

ROYAL BELFAST HOSPITAL PEDIATRIC SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
19. 3.92	⑤ Encourage feeds during day with TPN at night to make up to 900mls ⑥ Morphine running @ 6mls/hr.	Excessively		
20/3/92	TPN continued Morphine infusion continued c/o pain at 1am Paracetamol 120mg suppository given good effect. Tolerated 40mls feed Intake: 878mls.	Jt Buslin		
20-3-92	TPN stopped. Eating well Apyrexia - mild pyrexia ② Lunch Time ③ Poor feeding this pm.	Excessively	Wound site dressed. - very clean & dry.	
21/3/92	③ Very keen for oral fluids. ④ T 4 38.7 this am - Antipyretics not charted. ⑤ Urine bag in situ this am ⑥ IM pethidine @ 2 am with effect. IV cefotaxime + oral flucloxacillin continued Pyrexia this am. Not keen for fluids Home for afternoon. ? p.c.e. i.v. ampicillin - may not need to stay on Regular paracetamol needed	Excessively Excessively	Urine 20/3/92 - yeast Urine 21/3/92 ✓ Cultures from central line.	

AS - ROYAL

051-023-160

PATIENT'S NAME Clara Green SEX F DOB 11/02/81 EXCHIDHEM

364377

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	for pair and pyrexia been for feeds but very weak still having sooty cuppers but vomiting	J.E. S. L. M.		
22-3-92	To have C.V. amphotericin tonight. Home for afternoon back then slight pyrexia at home today For be swallow tomorrow	R. H. M.		
23-3-92	Given 11 amphotericin, 11.00 AM Feeding dihydrate feeding for 5am for bein Observations satisfactory	C. C. L. M.		
24-3-92	are Very unstable this am. Temp 37.6 per cent of quies - good Urine sent for culture. Very poor appetite. No interest in feeding			
25-3-92	Observations stable. Fed fairly well D'lyte. Cress at times.	R. Brown		
26/3/92	Tolerated bottle feeds overnight Very, very cross at intervals. Are as charted. Tolerated 8 feeds x 2	H. S. L. M.		
	PATIENT'S NAME Adam Strain	DR. K. G. L. M.		

01-023-161

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
8/4/92	Slept well. N/G tube feeds + low grade pyrexia during the night	RBrown		
8.4.92	Oral intake fair today 120cc/ml of	ACWENS		
9-4-92	Slept well. Tube feeds tolerated	RBrown		
10-4-92	N/G Tube feeds tolerated. Slept well. Pyrexia THIS AM cxx 10 be decreased line needed ✓.	Mr. Buesher		
11.4.92. 7am.	Aggravated the pm. for n.s. feeds	Q. Q. Q.		
am.	Low grade pyrexia. Home for afternoon	AK		
11.4.92.	Slept well. Tube feeds better	Chen		
2pm.	Home for afternoon. Cannula removed	Q. Q. Q.		
	for new cannula in am.			
12.4.92.	Sealed night. Tube feeds +	D. Wenzel		
13-4-92.	In quite good form Dorset tube feeds arranged until 4am because of nausea in early part of night	H. S. S.		
14-4-92.	Taking feeds quite well. In good form. Oral intake 500mls T. Feed commenced at 8pm.	Q. Q. Q.		

PATIENT'S NAME Adam Strain

AS - ROYAL

REG. No. 364377

051-023-162

17

OS-023-163

PATIENT'S NAME Adams, Steven



ROYAL BELFAST HOSPITAL SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
14-4-92	Mum will bring him back early if fluid intake poor.			
5-4-92	Intake poor. Tube feeds started. Tube feed running at 70 ml's per hr. would need to go at 100 ml's/hr. but to get high intake would be too much. In good. C. Keenan	Changley		
6-4-92	Tube fed overnight. Difficult to swallow. S. Keenan			
7-4-92	Pyrexia @ 38.4°C @ 9pm. Full septum up done. Remained pyrexia overnight. Commenced IV antibiotics & IV fluids. Weather +.			
8-4-92	Very unwell this am. Temp ↑ 40°C. Rapid Sparged Temp ↓ 38.5°C. S.B. Dr. Savage. Re-commenced on IV fluconazole. Gentamycin. Remains pyrexia this afternoon. Continuous N.G. feed commenced.			

AS - ROYAL

PATIENT'S NAME Adam Stain

3011377

WNC 753/08 2777

ROYAL BELMONT HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	IV fluids + this am		Urine → lab ✓	
	Home for few hrs today			
	To ensure intake approx 24hrs			
	May need IV fluids re			
	oral intake not adequate	C. Culbra		
29/3/92	IV fluids 5% dextrose			
	Receiving bottle feeds			
29.3.92	Observations stable @ 10am			
	Refused all fluids this am			
	U+E done this am			
30/3/92	Tube feeds given - nil by mouth at night	P. Brown		
31/3/92	More settled night. Continued to feed & give - P. Brown			
	? For home today Amphoterol			
	given tonight Weight ↑ this am	A. Owens		
Am.	To have 950 NG feeds + 200 fluids	F. Clements	Urine → lab ✓	
	Amphotericin to be given after 10am			
	and potassium. astrop to be checked			
	Having loose nappies this am			
	Satisfactory			
1.4.92	Asleep at 9 pm			
	Re further see bio 20 mls in 1SD also 5% dextrose			

PATIENT'S NAME Adam Strawn HOWARD BEVERLY HOSPITAL FOR SICK CHILDREN

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26.3.92	Observations stable this am @ 10			
	Loose nappies continue today - specimens to lab			
	Adam is slightly cross @ intervals			
	Tolerating small amounts of B. fluid			
	No milk feeds today 5/1N Soline over 24 hrs Continue			
	amphotericin May have yogurt ~~dealt~~			
	USS kidneys upper abdomen - nod.			
	Sleeping this pm.			
27/3/92	5/05 it in frequency. Not very room			
	for locked locked water.			
	TV fluids as listed.			
	Smelling diet in much better form.			
	Not room for feeds today even though			
	in much better form.			
	W. dextrose 5% cont to ensure adequate			
	intake.			
	? teething.			
	Ind. fluids overnight			
	Body temperature was only 36.2 rectally			
	at 18pm. He wrapped up warmly and			
	BS normal at the time.			

AS - ROYAL

051-023-167

PATIENT'S NAME

Adam Strain

REG. No.

364377

WNC 763/OS 3779