DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
23/2	- Mild Pyrexia yesterday - Mildly irritable. Feeds ~ 1½ + 1½ TPN + Mg feeds - Check U+E today. - Pre. Blood to be collected.
	Creatinine 241 Urea 12.1
24/2/92	On Fluconazole 12 days Furantoin 3 days — Repeat urine no coliforms Still occas spike T° Next blood sample do a blood culture- TPN screen U+E FBP. — - RESULT
25/2	For theatre today [redacted] Hopefully prior to [redacted] Also for cystoscopy + retrograde Pyelogram. Urine output still Satisfactory 5-600 mls. Input ~ 900 mls Still occasional spike low grade pyrexia Blood cultures sent MSUs from 22/2 No growth. * Last dose cimetidine + ceaspride Friday 24/2 * MS
	Na 142 K 4.6 Urea 11.7 Prot 72 Ce 273

052-023-044

AS - ROYAL [redacted]

DA	CLINICAL HISTORY, EXAMINATION AND PROGRESS
25-2-92	GA Dr taylor
	Cystoscopy — NAD Small rock encrusted Ext pyelogram
26/2	pH prior passed uneventfully - good pain - Wt ↓ - Still vomits - has had studies done today Pyelography - catheter was bent - films not passed - U&E - TPN - LUTH CO3 } a 27/2 may need a repeat Pyelogram if ↑ Bun & creatinine Asel
26/2	Ask Mr Boston to do fundal plication ? next week Perhaps he would repeat retrograde studies at same time HS
27.2	Well Get pH back — 16%. pH < 4%. + Contact MM Bertram Request opinion Calcium ng + TPN protein ng 052-023-045

CS 364377 Vol 4 Page:

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27.2.92	Venous Blood Gas
	pH 7.381
	pCO2 36.0
	pO2 73
	BE -2.3
	HCO3 23.0
	TPN screen sent
	E. Clarke.
28/2	- WR Dr M. Savage / v. Boston.
	- Will do fundoplication + Retrograde Pyelogram
	next week
	- GT long to
	Aravind Sah
29.2.92	pH 7.38
	BXS -2.3.
	Recent more vomiting
	NG fluids as staying here AD
1.3.92	Here for the day ms
3.08	Tg ↑ ↓ Lipid in TPN from Monday
5.04	Chol
	ms
2/3/92	Awaiting Surgery arranged with Mr Boston
3/3	S/B Dr M. Savage
	No change
	052-023-046

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
4/3	
510pm	Pyrexic/Irritable
	no localization
	would need CoR/ FBP/ Bloodcs/ Urine
	to inform Dr M Savage once results are there.
	A Bah
4.3.92	CXR - lung fields clear. rotated? heart enlarged
	FBP Hb 7.7 direct urine 70 pus cells
	PCV .25 no organisms
	WCC 8.7 urine from 3.3.92 150 pus cells
	Plt 305. no growth.
	Temp settled since admission.
	no further rx at present. await urine culture.
	E. Clarke
5.3.92	Red Throat
	TM's ✓
	chest clear
	Urine as above Nitrofurantoin
	Check - Urine Fluconazole.
	- Blood culture
	- TPN Screen
	Treat temp symptomatically
	await cultures
	GP + K notes Madej. no
	[K] S.S. check +
6/3/92	T° more settled adjust TPN conc
	Hypothermic once last night
	Pink after 20mls packed cells
	Well 052-023-047
	[signature]

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
9/3/92. 4.45 am	Asked to see Vomiting throughout night Tube feeds stopped. On TPN (↑) Temp ↑ 39 Slight URTI. O/E Flushed Temp 39 Throat red ++ Pulse 140bpm 2HS RS clinically clear. Δ Probable URTI. Abd soft non tender. – Regular paracetamol – Blood cultures ✓ – Check MSSU | Direct GBrown/SHO)
9/3/92.	S/B Dr. Surage. O/E Throat inflammed TMs ✓ Chest clear Check CXR Commence Amoxycillin. GBrown/SHO)
10/3.	febrile miserable mouth- red. Not much chest ✓ P – Use. If ↑ BL to ↓ TPN Protein to 1.0 gm/kg – CT for Antibiotics

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

11/3 - to discuss c Anaesthetists) re v. beta agent tomorrow morning.

- Check U&E

- ↑ fluids by 100 mls

[signature]

12.3.92

Pharyngitis
Continue fluids IV ← TPN ↑ D/Saline

U/E NAD

Postponed Op till next week

12-3.92
1830 For surgery on Monday @ 0830 AM
provided apyrexial and throat clear
G/S + hold. Creat 223. Urea 24 stable

Ward Dr M. Savage
13/3/92 Still has small spikes of temp.
well otherwise.
4? IV Benzylpenicillin

[signature]

14/3/92 - For Surg. on Monday
- temp. still slightly up at times

[signature]

15/3
afebrile
grex ham
for U+E/FBP/urine
Surg. on Monday / Flucloxacillin ...

AS - ROYAL

052-023-049

[signature]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

Hb 13 8 — Na+ 148
PCV -44 — K+ 4·4
WCC 10 8 — creat 123
plat 236. — urea 15

DATE 15/3/92.

GB

DATE	SURGEON	ANAESTHETICS
16/3/92	[illegible]	[illegible]

Mr [illegible]

16/3/92 — Seems peaceful
No resp problems
Epidural at present
Fluids wants/hr ON

17/3/92 — Agitated this morning — seems in pain despite the epidural
Fluid balance with +ve but some urine perhaps not collected
? commence TPN again today at 35mls/hr
Try small amounts oral fluids + gradually increase if tolerated
Chest clear. Some bowel sounds Apyrexial
HS

17.3.92 — Epidural at 2.2 ml/hr. Working well.
To London Urol today.
P Crean.
052-023-050

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
23/3/92	Spiking pyrexias over W/E Has had diarrhoea Chest clear on dialysis ENT nad Abdomen Soft Most likely source seems urinary tract >1000 pus cells +fungi — has been on tertiary cephalosporin * Needs U+E Creatinine FBP DWCC today On oral fluconazole I/V Amphotericin * Should repeat blood + urine cultures + fresh blood is subcultured on Sabaraunds medium
	HS
	Na+ 151↑ Hb 9.8 Kr 5.1. WCC [redacted] Urea 15.8 + plat [redacted] creat 254 + neutrophils [redacted] lymph [redacted] monocytes 3 eosinophils 7.
24 3 92.	Recheck U+E. ↓ day. (+ creatinine) Loose stool yesterday x 1. Tolerable.
WC↑ 150	Wt ↓ 9.1 kgs from 9.6 kgs (intake unchanged)
Hr 4.4	Chest clear
Urea 15.2	ENT ✓
T.P 66	Abdomen ✓
Creat 233	Doctors to see - I think he needs extra fluids to clear. Mother keen to take home but need to get U+E first. MS
	Direct microscopy 220 pus cells Yeasts +.

AS - ROYAL 052-023-051

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
(C4)	U+E creatinine ?
	FBP
(C)	Continue Cefuroxime
	[illegible]
20/3/92	4/7 Post-op Can regurgitate air
	Now feeding 500mls
	Needs ~ 900/day
	Continue to ↑ oral fluids
	No vomiting.
	On Cefuroxime i/v but apyrexial Continue over W/E
	Can go home by day
	MS
21-3-92	Tolerating orals but febrile 850/day
	Check urine - for sensitivities
	M
	Still spiking pyrexia's. Generally OK.
	Urine yesterday 1/ fungi
	2/ >1000 pus cells
	Suggest restart c fluconazole oral after repeat MSU
	o D/W - Dr Savage re 1/ IV amphotericin
	2/ Stopping cefotaxime
	Probably O.K. to go out for few hrs. to-day
	MDS
	* Send culture from Central line for [illegible]
	fungal culture
	* Started oral fluconazol 50mg Daily
22/3	Temp Settling. Feeding Very well 052-023-052
	Try off cefotaxime. Oral fluconazole MDS
Add	Angha II. 1mg ad. [illegible]

AS-ROYAL

CLINICAL HISTORY, EXAMINATION AND PROGRESS

17/3/92 Summary

Admitted to ICU yesterday for post op care following a fundoplication, which was required for a hiatus hernia & repeated vomiting. (Has been on TPN for many weeks)

Underlying probs: born with congenital dysplastic kidneys on 4/8/91 at ... wt 4940 gm. Had mega ureter. Had ureteric reimplantation on 23/4/91 by Mr Brown - however he developed renal failure & needed bilateral ureterostomies + suprapubic cath. These however leaked peritoneal dialysis fluid around the catheter + silastic cath tube fell out [illegible] require[illegible]

Stent was removed 21/1/92. Suprapubic cath removed on 29/1/92. 11/2/92 DPTH scan showed no evidence of obstruction in renal system but there is evidence of deteriorating renal function. Was due for cystoscopy + retrograde pyelography yesterday at time of fundoplication but not performed (- anaesthetic reasons)

Well today. Pain relief by epidural. For transfer to Barbour Wd today

R Craig
SHO

17/3/92 Transferred to Barbour Wd.

temp ↑ 38°C

Seems chesty

O/E P 120/M T = 38°C

HS I + II 0

Rt coarse breath sounds throughout

~~Commence antibiotics~~ · MSSU

? chest infection · chest X-Ray

AS - ROYAL

052-023-053

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	chest xr ↑ markings ② upper lobe
	Commence cefotaxime iv. dose – 75mg/kg.
	300mg 6d,
	[signature]
18/3/92	"Chesty" some coughing
	A little irritable
	pyrexial. No local signs in chest this am
	Throat red
	CXR no major consolidation
	– on Cefotaxime.
	May need morphine infusion but would avoid this if
	possible
	Regular paracetamol [illegible] initially
	Return to Mulgrave Wd
	M Savage
18/3/92	For transfer to Mulgrave Wd.
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[signature]
18/3/92	direct MSU – pus cells ↑ organisms –
	await culture (from last night) 052-023-054
	[signature]
19. Mar 92	Well Afebrile
	Taking 250mls po yesterday → 900mls TPN!
	(1) Free oral fluids (make up c TPN – 900)
	(2) ↓ Morphine 0.1ml every 2 hrs give paracetamol
	(3) check urine culture

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
25.3.92.	S/B Dr. Savage.
	Check U+E / LFTs
	Continue I.V. Amphotericin

Result Barium meal — Fundoplication is below diaphragm. No hold up of barium or reflux. Gastric emptying occured readily

GBurn (DTN)

26.3.92

Frequent loose bowel motions

Change to mainly I.V. fluids for 24 hrs N/S Saline in dextrose 40 mls/hr. + allow 1-2 oz of milk if desired + icecream or yogurt.

Recultur bld + urine + motions

Repeat CxR.

Commence on Cimetidine.

Continue antifungals. HCS

LFTs T. Bil 4
Alk phos 157 ↑
GGT 207 ↑
AST 25
ALT 150 ↑

Na+ 152 ↑
K+ 3.4
Cl 123 ↑
CO_2 13 ↓

D/W Dr. Dalzell.

For Renal USS ? obstructive nephropathy

GBurn

Dr. Thomas — No evidence obstruction
no dep. change from previous scan

052-023-055

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
28.3.92	Much better less irritable Temp ↓ TMs – Throat ✓ chest – Abdo ✓ Urine yeasts less cells Ampho B } Flucanazole } Allow Home – free intake intake up to 900mls = 5% dextrose o'night J.
30.3.92	off feeds. Temp ↓ For cng feeds if no vomiting with oral. Flucanazol Ampho B. 8/7 check urine J. Tomorrow U+E venous ostrup or CO₂ FBP DNCC
31.3.92	Bloods as above. remains irritable sleeping + Try giving Ampho. at night incase affecting feeding. E. Clarke

052-023-056

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
31.3.92	Venous Blood Gas repeated
	pH 7.08 pH 7.08
	pCO2 24 pCO2 24.4
	pO2 52 pO2 45
	BE -20.6 BE -20.3
	SBC 8.1 SBC 8.1
	dw Dr Dalzell
	for IV Fluids & NaHCO3
22.00	Still v. acidotic pH 7.05 Na 140
	Dry BXS -23.6 K 4.1
BP ✓	Tachypnoeic. U 9.1
perfusion ✓	Cr 269
	For ½ correction c 30mmol 8.4% over 5 hrs in 150mls 5% Dextrose
	- Assumed fluid depletion greatly.
	- Current regime will give 1400mls in 24hrs.
	- No added K+
	- Stop Amphotericin
	- Repeat Astrup / Biochem] 03.00.
	[signature]
	pH 7.22
1/4/92	Astrup + U+E repeated - await results. Bx 16.8.
	Appears more settled [signature]
1.4.92	Better than yesterday Afebrile
	Hydrated
	Chest ✓ wt 9.16kgs.
	Abdo ✓

AS - ROYAL 052-023-057

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Resistent acidosis
	for - 8.4% $NaHCO_3$ 5 mls tds.
	- Continue 50 mls milk
	20 mls 5% Dextrose
	Rpt venous strip
	pH = 7.29
	CO_2 = 27.2 — Keep High fluid intake for
Improving	O_2 = 45 further 24hrs
	Base exc. —11.1
	Std HCO_3 → 15.6
	M [signature]
2/4/92.	Much better form - sucking Wt ↑
	Continue present Rx regimen but stop IV N/5 by
	day + encourage oral feeds
	MS
Check Biochem & strip urine	this afternoon + review fluid Requirements.
	Wt — 9.12 Kgs.
3.4.92	for High fluid input ± 12-1400 mls / day
	cont. fluconazole
	Check Urine
4.4.92	Well this am. (Current Problems)
	052-023-058
	- Poor feeding
	- High fluid Requirements (ng fed)
	- On $NaHCO_3$
	- On fluconazole

Ward 40.
3½ mo.

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
4.4.92	Check - Biochemistry
	— — FBC tomorrow
	Allow away-day today no
5.4.92	Recent Yeast urine Infection responded
	to Ampho MSU - NAD
	stop fluconazole today
	- 1200 mls fluid today.
	- Home today
	- Check MSU.
	- Review 9.3.92 today + tomorrow.
6.4.92	In good form
	still not eating
	Apyrexic
	Weight today → 9.22 further ↓
	~~Check~~ U+E FBP & VBG - 5.4.92 ✓
	Rpt tomorrow E. Clarke.
7/4/92	Spiked pyrexia 39.5°C
	- no focus of infection O/E
	Septic work-up performed
	Urine dipstick → NAD
	Hb 8.3 WCC 8.7 PCV 0.26 052-023-059
	CXR → NAD
	Blood culture from central line + peripheral
	blood culture
	Na 139 K+ 4.0 Urea 7.4 Creat 232

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Now settled and asleep
	Temp ↓ 38°C
	- Rx symptomatically unless further clinical change
	F Cay
7/4/92 6am	Called to see
	Still spiking temps and low grade pyrexia
	septic work up already done
	central line some problems to flushing initially earlier
	but gave blood OK.
	ears ✓✓ throat - slightly inflamed
	no neck stiffness. ? slight cervical lymphadenopathy
	chest clear + abdomen soft.
	WCC count was 8.7
	was still a bit septic earlier
	?? infection from line - need to await cultures
	Rx
	start iv fluids to prevent being more septic
	iv amoxycillin
	review in am c̄ results of cultures from line
	052-023-060
7.4.92	unwell.
	Spiking temp's up to 40.
	Line blocked this am. — Na 139. K^+ 4.0
	urine - direct NAD — U+E urea 7.4
	WCC 7.9. — creat 232
	Central line Blood culture from last pm +
	?what bacteriologist to ring result.

DA.	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	↑HCO3 to 7.5mls tid.
	Informed surgeons about line
7/4	Septicaemia gm-ve bacilli E.Clarke
	1/v gentamicin
	4/v Fluconazole
	Continue current 1/v regimen
	MS
8.4.92	Central line removed yesterday.
	on IV cent ⇨ Coliform septicaemia
	& IV Fluconazole.
	⊕ for gentamycin levels today
	weight 9.880 kg.
	Appetite still poor.
	Temp. settled.
	E.Clarke.
9.4.92	U+E today Venous BG
	Na^+ 136 pH 7.42
	K^+ 4.4 CO_2 35
	Urea 6.1 O_2 55
	Prot 62 B.E. -0.0
	Creat 201 HCO_3 24.6.
	Temp remains settled
	weight ↑ Fagan.
	Cent levels done today.
	Plan ↓ NG feeds to 1100/24hrs Total. E.Clarke
10.4.92	Well. 052-023-061
	Trough Cent this am 2.2.
	needs peak & trough Sat am. E.Clarke.
10/4/92	WR. & DC/~~&~~mix
	has a mild Pyrexia, but otherwise is well.
	Chest Abs abn

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	ℙ – 1's or ↓ genta to 13 mgm bd ∴ ↓ trough levels yesterday
	– Check peak/trough today. – GT during Rx
14.4.92	– Good here – Home for a few hours
12/4	– Trough genta level 4.2 peak 6. – Otherwise well ℙ – Omit evening dose check levels again 15-Apr
13/4/92	Recent coliform septicaemia On NCBi Gentamicin 10mg BD. to adjust levels Has been on gentamicin + Fluconazole for 5-6 days Should continue gentamicin 10 days Cont fluconazole Night tube feeds Kangaroo Pump MS U+E Sodium
14/4	– Afebrile – day 8 of genta – Pale + Resp – Bard ℙ – Levels of genta – GT genta + IV fluconazole

AS - ROYAL

052-023-062

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
15/4	- day (9) of genta ! - afebrile. - good diuresis - gets about 2/3rd of 4/9 Cerebrex feed + 1/3rd of oral feeds has had U+E + drug levels checked today - Stop genta tomorrow - 47 living Rm
16/4	Trough Gentamicin 3·3 Peak 8·5 AB Stop today Continue Fluconazole Urea 6·5 Creatinine 230 Now better Apyrexial Actually taking some [redacted] Feed! Home for Easter — night tube feed [redacted] to keep up to 900 mls MS
18/4	① Blood cx - Enterobacter cloacae (R) to Ampicillin - as child is afebrile not started Rx - awaiting full sensitivities AB
20/4/92 Mon	Mother returned to ward because of irritability + hyperacusis with cough overnight - Few rhonchi. Thrush + ears clear Check MSSU + CxR. → no change compared to 10/4/92. In view of ↑ resp rate - check astrup. If acidotic ↑ oral NaHCO3. If pus cells in urine start oral Keflex - if deteriorating or request oral Keflex IV Claforan. Admit. FBP + Blood cultures taken 052-023-063
	150 pus cells on direct — start oral Keflex - if clinically worse or vomits start IV Claforan

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

20/4/92 Adam Strain 9/12 DoB 4-8-91.

1) DIC - 16/4/92 - Adm c coliform septicaemia

OW DIC { Na 142, K 4.7, Urea 6.5 CR 233
Hb = 9 WC = 10.6 Pl 253
ow septrim. fluconazole.

2) Fundoplication 17/3/92

3) Seen @ OP 17/4/92 - well.
Past 24hrs irritable, rubbing @ eyes, crying
• pyrexic.
no cough or URT problems
no vomiting
loose BM no diarrhoea.
Pling ✓ nok ↑ colour or smell.
feeding. drinking well.
not pulling @ ears.

OH { NaHCO3 7.5mls tid.
Septrin 240mg nocte.
Fluconazole mane.
Para P.R.N.

OE - well perfused, warm, pale, comfortable.
T = 37°C (was 38.5°C this A.M)
not clinically dehydrated
no evidence meningism - no neck stiffness

CVS PR = 140SR 2HS no (m) fems ✓✓

RS { no distress
no indrawing
RR = 30
AE R = L trans. sounds
mic added. 052-023-064 -

AS-ROYAL

DA.

CLINICAL HISTORY, EXAMINATION AND PROGRESS

Abd- soft, n-T, B:S, scars.

IMP- ? UTI
B/C ✓

PLAN – FBP- Hb=8.1 PCV .25 WC=11.1 Pl 315
UE - Na 150, K 2.9, Cl 117, Urea 12.1
Cr= 296.
Ven. Astrup { pH= 7.3(pCO2 21 BE -9.8
HCO3 17 pO2 55.
urine { 140 pus cells
few orgm
start Keflex 125 bd stop septrin
CXR- ✓
D/W Reg – start Kaycel ... c̄ feeds Immol/kg
(wt 9kg) - recheck UE this P.M
– fluids (+) - drinking well @ present
[signature] SHO

20/4/92 - Has been having "watery bowel motions" x 4
4.50pm no vomiting
Started on oral Keflex this a.m. + K+
supplements.
O/E Pale Pyrexial Temp 37.6°C
chest clear
ENT normal
Abd. soft ° masses ° tenderness
↑ B.S ++
- ? Gastroenteritis or GIT upset as 2° to
sepsis elsewhere
Plan ① I.V cannula inserted - commence I.V.
fluids .18 N saline / 5% Dextrose 40mls/hr
initially.
052-023-065
② I.V. Cefotaxime pending cultures

AS-ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	(3) Can have clear fluids orally if Nausea
	(4) stool CTS
	(5) repeat U+E
7pm	repeat U+E Na 150
	K+ 3.2
	Urea 11.7
	Creat 285
	- change I.V. fluid to 10% Dextrose & add Kt 3mmol/Kg/24hr.
	ie. 15 mmol to [redacted] 10% Dextrose
21/4/92 -	Na 146
01.00AM	K 6.2 * (not haem)
	urea 10.2.
	cont ĩ 10% dextrose
	stop K+ overnight.
	recheck U&E. AM
21/4/92	In good form. ~~No further diar~~ diarrhoea x 2 last night
	O/E apyrexial
	Abd - NAD.
	~~CVS~~ Resp - clear.
	. reintroduce 1/2 strength feeds.
	. d/c UVF ✓
	. continue IV dextrose.

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
21/4/92	Much improved
	Brighter, pyrexial
	on ½ strength feeds but reluctant to feed
	on NG feeds overnight
	Mx try + get results of urine [illegible] + Blood culture
	CT IV Claforan today
	U+E ✓ yesterday
	urine — no result yet
	blood culture → ? strep
	Claforan should be OK but if any problems change to
	ampicillin + fungal culture.
	→ urine — no significant [illegible]
22/4/92	Remains pyrexial
	still difficult to feed.
	try to get blood culture report
	CT IV Claforan
23/4	- Pyrexia settled.
	- w IV claforan.
	- all cultures sterile.
	- ↓appetite, gets 807.g feeds 4h night ↑feeds
	wt ↑
	I - CT same Rx
	- UFT-
	052-023-067
	A Sahn
23/4/92	Blood culture → Streptococcus — broadly sensitive
	? contaminant

AS-ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
24/4	afebrile.
	Good fatness..
	Still not feeding v. well.
	P as same Rx
	[signature]
27/4.	Yesterday diarrhoea back but feeding well then + today
	T° 38 this am and 38.2 yesterday
	settled with Calpol.
	Still cross today
	Culture blood
	urine
	faeces
	U+E — check direct microscopy.
	Allow home on Keflex + fluconazole etc. if U+E seem OK
	chs HS
29/4/92	- Mum worried about diarrhea. x 3days
	- loose, watery stools. No blood or mucus. had 9 loose stools yesterday
	- no vomiting. afebrile
	- Oral intake yesterday 150 mls and today has taken 50 mls
	- most of the oral intake is milk, with some fruit juice
	O/E · afebrile Wt. = 10·1 Kgs
	· RR - 46/min chest clear abdo
	· Urine OK on 27/4/92 - No growth
	P NT [signature]
	052-023-068
	D/W Dr [illegible] Na 138
	Check U+E K 3.8
	For [illegible] 0.5mg (2.5ml) [illegible] Urea 11.3
	[illegible] on [illegible] on Friday Prot 77
	[signature] Creat 7

AS - ROYAL