DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

Fam & Social

[redacted]

no fam hx of renal problems

+ fam hx asthma – [redacted]

OE

Temp 38°C.

pallor. AF depressed.

bright & alert

panting ? acidotic.

CVS HR 160

HS 1&2

BP 134/82

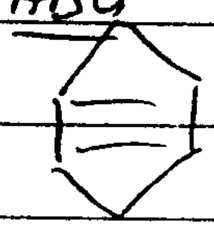
Chest

AE Good

BS Vesicular

Nil Added

Abd



soft, no distension

non-tender

Imp: dehydration 2° to diarrhoea.

?malabsorption +? UTI

Urine culture sent 27.4.92 – 270 pus cells NO GROWTH

Faeces O+S sent 27.4.92 – NO PATHOGEN's.

PLAN 1) Rpt FBP & U+E & Venous BG.

INV 2) Urine direct O+S

3) faeces O+S & for reducing substances

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
30.4.92	Adam Strain Age 9mths
	D.O.B. 4.8.91
	Problems
	1) Constant diarrhoea for 4/7
	2) Pyrexia up to 38.8C today.
	3) Clammy episodes
	Diarrhoea x 8-10 daily - very watery, no vomiting.
	no cough, no sputum, but is panting today. no strongsmell from urine
	feeding well — taking 1200mls daily without difficulty.
	attended ward Monday - 200 pus cells in urine ? UTI
	PMH - * born with dysplastic kidneys
	had UTI x4 within 1st 3 months
	ureters obstructed -
	on 22.11.91 had reimplantation of ureters
	post op dereloped renal failure
	28.11.91 — further reimplantation of ureters
	required CAPD post op for 4hrs.
	required further operations culminating in a Y shaped anastomosis of ureters with one insertion into bladder.
	* had severe G-O reflux - Fundoplication 16.3.92
	subsequently UTI's & yeasts in urine.
	Drugs
	Sodium bicarbonate 8.4% 7.5mls tid
	Fluconazole 50mg 1 daily 053-027-076
	Reflex 125mg tid

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	VBG pH 7.14
	pCO2 25.3
	pO2 45
	HCO3 8.7
	BE -18.1
	dw Dr Dalzell
	Plan - IV Fluids 5% Dextrose 40mls/hr
	30mmol 8.4% NaHCO3 in first 150mls
	E. Clarke
	Result of direct urine
	pus cells >1000
	yeasts +
1/5/92	UR Dr M. Savage.
	GT IV Ciprofloxin. + IV fluids 40mls/hr then
	may need change over to oral fluconazole instead of fluconazole
	Keep for 24 hrs.
	Swab for culture. causing diarrhea? Osmotic
	Asato
2.5.92	Remains Pale + irritable
	Fluid intake ≈ 1200 mainly IV.
	Asleep improved yesterday
	Check Bowels fully
	After feed and finish
	Keep IV fluids 40mls/hr + Review tomorrow
3.5.92	Temp spike Still irritable
	check wire Sensitivities 053-027-077
	AS - ROYAL
	Pt's father wife

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
4/5/92	WRD in Savage
	- had a normal tend ... No diarrhoea
	- G7 I/v fluids + ciprox...
8pm	- I/v line came out - very difficult to resite
	try oral ciproxin + N/G clear fluids
	Asah
4/5/92	Well. afebrile
	no diarrhoea
	tolerated clear fluids n/g well
	try 1/2 strength n/g feeds
	Asah
5/5/92	Well
	had 2 loose stools yesterday
	is on n/g feeds - took about 1 litre
	was on 1/2 strength feeds yesterday
	afebrile BP = 120/70 - check regularly
	- G7 oral ciproxin
	- try full strength feeds
	- stools O/S, stools pH + sugars
	Na - 140
	K = 4.2
	Bu = 5.9
	TP = 70
	SC = 206
	053-027-078
	Asah

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DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
6/5/92 ✓	well. Wt. slightly ↑. Is on full strength Sust - Intake >1000 mls Had loose - semi-did stool. L - Russ - Wheezes - ? home soon
7.5.92 ←	well Temp ↓ Walking feeds poor Aim for 1100 mls total fluid / cog anxiety to wake up Check Renal US before Dx - No change Have a Ciprofloxacin 50mg 30 5/7 NaHCO3 7.5mls tds Mercazole 50mg od Review Thurs 12 Renal Clinic. Septrin Prophylaxis after /

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DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
12/5/92	DR. SAVAGE Wt 11.28 Kgs Ht 72-9 cms. Urine Spec to lab
	Urine sample done in Musgrave Wd. 1 Hr ago sent to lab.
	T° has been up + down past 48 hours 37.5 - 37.9 Irritable Today 38.5 in ward.
	Takes 600 mls/day + spoon orally Then at night he has 500 ⊕ pump up to 1100
	Has had to discontinue sometimes ∴ of nausea.
	Currently on Ciproxin FIRST COURSE 50mg B.D + Fluconazole 50mg note Bicarb 7.5mg tds
	Hb 9.5. PCV 26 WCC 12.7 Pl. 452.
	Pyrexial Intable No tenderness Red throat. MSU sent off
	Stop Ciproxin Commence Septrin B.D. until todays urine cleared Ward Review Friday 10mls 480mg BD.
	053-027-080

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
13/5/92	

Readmitted to Musgrave Wd

Over past 2-3 days has been pyrexial on and off and irritable and off food.
pulling ears. no cough
no pain on micturition
diarrhoea this am
hasn't been able to tolerate oral feeds well.

PMHx/ dysplastic kidneys.
with frequent UTI and had numerous complications after
several operations leading to Y shaped anastomosis
Hx GOR → fundoplication

FHx FHx other
DHx/
Septrin 10 mls bd
Flucloxacillin 50 mg nocte
sodium bicarbonate 8.4% 7.5mls tid

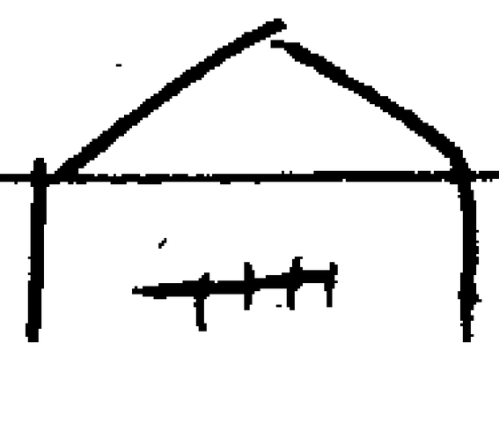
SHx/ as above

O/E Pyrexial
off colour
no neck stiffness
throat - slightly inflamed
ears ✓✓

CVS/ HR = 110 HS I+II no m

053-027-081

RS/ chest clear


scar as shown

[illegible]

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Cont no meningism
	Summary
	P/L ?? boy with dysplastic kidney admitted with pyrexia – ? UTI / URTI
	MSU sent yesterday → no growth
	Plan FBC with Blood culture
	throat swab
	[signature]
	Drinking fair
14.5.92	Febrile — Slightly red fauces — Throat ✓ chest ✓
	Miserable. — Abdo soft
	No obvious focus — 0 renal masses
a Septic / HCO₃ / Mucangole	Check urine
	– IVP today [signature]
CXR NAD	
	14/5. Only apparent focus of infectn is ? throat
	MSU / Blood culture / CXR nad.
	? Cultures for yeasts
	MS
	15/5 Still pyrexial
	Still red throat only clinical sig
	Feeding well > 1L
	All cultures clear.
	IVP awaited — 053-027-082
	MS

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DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
15/5/92	Bag specimen urine
	→ coagulase -ve staphylococci sensitive to nitrofurantoin
	∴ start on this
	[signature]
8pm	Urine - Staph. aureus coag -ve
	(S) to Fucidin. Started orally
	[signature]
16/5/92	- Still Spiking temp's. but in good form otherwise
	- Is on Nitrofurantoin 10 mg tds
	- ↑ . GT Serves
	- get Cul Request - No obstruction
17/5	T° settled in response to Furantoin [signature]
	Allow home continue for 1/52 then
	change to nocte Trimethoprim review Monday week in ward
	[signature]
16/7/92	DR. SAVAGE wt 11.50 kg.
	Recent UTI Rx Keflex. - asymptomatic.
	Repeat shows pseudomonas
	USS no change
	Adam well. Not drinking as well as before
	∴ sure take fluids
	053-027-083
	Repeat MSU today
	[signature]

AS - ROYAL

Advised to restart Duocal - 50g/day, and to commence vits minerals

[signature]