

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME <i>Adam Strain</i>		WARD <i>Musgrave</i>	
ADDRESS [REDACTED]		TEL. NO. [REDACTED]	
HOSP. NO. <i>364377</i>		SEX <i>M</i>	
AGE <i>D.O.B. 4-8-91</i>		RELIGION/BAPTISM [REDACTED]	
CONSULTANT <i>Dr. Savage</i>			
NAME KNOWN BY <i>Adam</i>			
NEXT OF KIN (Relationship) [REDACTED]			
NAME [REDACTED]			
ADDRESS as above			
TEL NO. Day [REDACTED]			
WHO ACCOMPANIED PATIENT [REDACTED]			
WHO MAY CONSENT TO TREATMENT [REDACTED]			
SCHOOL / PLAYGROUP / NURSERY <i>N/A</i>			
REASON FOR ADMISSION <i>Urea + UTI</i>			
REMARKS / PERCEPTION OF ADMISSION <i>Understand need for more intake of fluid</i>			
DATE AND TIME OF ADMISSION <i>26-11-92 6.30pm</i>			

PREVIOUS ILLNESSES / HOSPITAL ADMISSIONS / CONTACT WITH INFECTIOUS DISEASES	
PREVIOUS ILLNESSES <i>None known</i>	
HOSPITAL ADMISSIONS <i>several for dysplastic kidneys + UTI's</i>	
RECENT CONTACT WITH INFECTIOUS DISEASES <i>None</i>	
IMMUNISATIONS RECEIVED <i>NMR, DPT + Hib vial</i>	
CURRENT MEDICATION <i>Aspirin Septin started on 24-11-92</i>	
KNOWN ALLERGIES <i>No</i>	
DENTURE (include crowns, plates) loose teeth <i>N/A</i>	
OTHER ANAESTHESIS <i>N/A</i>	
COMMUNITY REFERRAL	
HEALTH VISITOR	
DISTRICT NURSE	
SOCIAL WORKER	
OTHERS ☒ YES / NO	

054-038-085

COMMUNICATING AND SPECIAL NEEDS	ADJUSTMENT	VITAL SIGNS T 36.4 P 119 R B.P. 103/44 HT WT 10.65kg
MAINTAINING A SAFE ENVIRONMENT		
BREATHING AND CIRCULATION		
CONTROLLING BODY TEMPERATURE		
EATING AND DRINKING	Drinks from feeding cup + sipped with N-G in situ. Solus tube feeds.	
ELIMINATING	Normally no problems passing N-G. in situ. Passing urine well.	
POSTURE AND MOVEMENT	Makes arms. Walks when offered.	
REST AND SLEEP	Sleeps in own cot. Sleets.	
PERSONAL HYGIENE	Dependent.	
DRESSING	Dependent.	
PLAY AND EDUCATION		CONDITION OF SKIN, HAIR AND TEETH All appear clean.
EXPRESSING SEXUALITY		
MEETING SPIRITUAL NEEDS	R/c.	
SOCIAL HISTORY	Single mother lives with grandparents. Relative of 12 WEEK CHILDREN	

SIGNATURE OF ACCOUNTABLE NURSE

DATE AND TIME

054-1038-086

AS - ROYAL

38 3816

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
28.11.92	Observations satisfactory			
29.11.92	No problems - overnight	C. Keenan		
30.11.92	IV fluids & UTI checked. To have 1500mls fluids. Identifying some more frequent amounts. Observations satisfactory. Central line tube feeds good overnight. Normal x 1. Settled night otherwise.	C. Keenan	UTI ✓ urine ✓	
30.11.92	T feeds as listed. T feeds overnight until 5 AM + then clear fluids until 12 MD.	C. Cultrix		
1.12.92	Fasting in am for Ogd. to afternoon. Clear fluids from 12 MD.	C. Cultrix		
1.12.92	Fasting from 12 MD for Ogd in afternoon. Ogd shows oesophagitis - commenced on oral Zantac + appropriate medication tested.	C. Cultrix		
2.12.92	Intake poor during day fasting leg in IV fluids, to try with N/G feeds only. Feeds commenced slowly and ↑ up to 60mls/hr no vomits.	C. Cultrix		
2.12.92	S/B child psychologist this am. Re feeding T feeds tolerated as water HOB.	C. Cultrix		
PATIENT'S NAME Adam Strain				

054-038-087

AS - ROYAL

REG. No. 364377

ROYAL BELFRA

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
26-11-92	Adam was admitted for dehydration & electrolyte imbalance started I.V fluids started at 08:00 hrs commenced on I.V antibiotics Satisfactory right knee aspirated all vitals IV fluids running as listed	[Signature]		
27-11-92	I.V fluids discontinued urine output 10ml checked - ? then none. UTIE checked P-2.5, K 5.0 with 50mmols KCl added. Urine sample collected Ur E rechecked @ 10pm - satisfactory IV fluids remain on programme with added KCL.	[Signature]		
28/11/92	Cross this am - urine sent - UTIE checked pH 4.7 - D performed, maintenance KCL 10mmols added to bag. Had vomit this am. Tray with smaller amounts of feeds brought - more frequently - treated to aim for 1500 / 24hrs. IV 3L HO orally	[Signature]	urine → Lab UTIE —	
PATIENT'S NAME	Adam Selman			

AS - ROYAL

AS - ROYAL

PATIENT'S NAME Adam Sela

REG. No.

ROYAL BELFAST

[illegible]

W. 103/02

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054-038-090

PATIENT'S NAME

REG. No.