

NEPHROLOGY CLINIC

U.N. 364377

DATE OF CLINIC 2nd November, 1993

DATE TYPED 3rd November, 1993

Dr. Scott
The Surgery
9 Brook Street
HOLYWOOD
CO. DOWN

Dear Dr. Scott,

RE: ADAM STRAIN

Adam was up at the clinic today. His mum wanted to talk to me because she was concerned about the state of his renal function. His most recent urea is 19 with a creatinine of 480. His creatinine is probably much the same as it has been over the summer. However she is very aware he is very close to the edge as far as needing dialysis goes and wanted to talk about when that might happen.

Certainly I expect he will need dialysis in the next year but in children with his sort of kidney sometimes things can suddenly speed up or on the other hand stay stable so it is very difficult to predict. Certainly if we get to the point where I feel he needs dialysis in the near future my plan would be to put him "on call", before he needs dialysis, for a transplant. There is a certain worry that peritoneal dialysis might not be as successful for him as for other children because of his multiple abdominal surgery. However if he does find that peritoneal dialysis is not easily performed we will be able to carry out haemodialysis.

The active problem that he has at the minute is that he is anaemic with a haemoglobin of 6.5 and I want to start him on Erythropoietin 500 units twice weekly. Before doing this I need to check his iron status and this is being done today. Joanne Clingen, our Renal Nurse Specialist, will be in contact with his mum to teach her how to give the Erythropoietin Injections shortly.

Yours sincerely,

MAURICE SAVAGE
Consultant Paediatric Nephrologist

055-031-057

AS - ROYAL

NEPHROLOGY CLINIC

U.N. 364377

DATE OF CLINIC 12th October, 1993

DATE TYPED 15th October, 1993

Dr. Scott
The Surgery
9 Brook Street
HOLYWOOD
CO. DOWN

Dear Dr. Scott,

RE: ADAM STRAIN

Adam attended the ward last week as he has been feeling unwell. MSSU has identified a mixed growth. However he has been responding well to Cephalexin and his mother feels that he is generally improved. He remains on Ferromyn 5mls b.d. and Sodium Bicarbonate 12.5mls tds.

He is coming up to the ward on Thursday to have a replacement Foley Cathether. At that time we will also be checking a full blood picture, U & E, Creatinine, CO2.

He will be reviewed in two months as arranged.

Yours sincerely,

DR. NIGEL ROLLINS
Senior Registrar

/MG

055-031-059