DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
8/2/93	ADM. for RETROGRADE PYELOGRAM.
	+/o freq. UTIs
	several ureter implantations
	on prophylactic antibiotics — 3
	infections within past 2/12.
PMH:	reflux nephropathy
	fundoplication
	tube feeding.
DH:	cimetidine
	~~fe~~ (NaHCO3,
	? antibiotic suspnde
	no allergies
SH/FH:	[redacted]
O/E:	gen: distressed crying.
	no anaemia, jaun, LNs.
CVS:	P: 96/min.
	HS: I + II.
RS:	chest clear.
GIT:	old scars
	soft non-tender
	BS ✓
+ consent ✓	
	Anaesthetist

055-053-107

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
8-2-93	GA Dr Gallagher Surgeon SB/SBS
	Cystoscopy
	Normal looking bladder apart from
	trabeculation and scarring or [illegible]
	No sign of ureteric orifice despite scarring.
	Attempt to reach (L) kidney also failed
	Kidney small but palpable.
	SB
	Issues c PST - would infusion [illegible] be
	[illegible]
19/2/93.	Attended Ward
	Temp ↑
	Vomiting last pm Not tolerating feeds.
	has been on prophylactic keflex.
	Cystogram on 8/2/93.
	Urine → lab. 400 pus cells
	organisms +.
	Check U&E
	BP 112/64
	temp. 37^8
	O/E Fairly happy
	Ears (R) + (L) slightly dull
	Throat sl red 055-053-108

AS - ROYAL

[illegible]

CVS HR 110/min I + II
2/6 ej s/p @ 4th LSE. (c Hb↓ + pyrexic
sounds flow m)

fem ✓ BP R arm 112/64 R leg 84/49

Abd ohepar

Plan ① U&E FBP anat - if bad → admit
② check leg BP
③ R/v @ when apyrexic.
④ if U&E ok → Sp Septrin 240 mg bd po
+ R/v tomorrow

≤18
have).
wrc

10/3
Has R/v
26 Feb.

Keep in
Commence i/v Ceftazidime while awaiting
MSU results

[signature]

2/2/93 PC ≈ 15/12 ♂ - ? UTI

↑ Temp
"Cider"
Smelly urine.

HPC ≈ - Bilateral obstructed ureters and dysplastic polycystic kidney
diagnosed @ 2 days (through scan on US in pregnancy)
- [illegible] in pregnancy. [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]! BF → A/F. Not [illegible]
- Rx in SCBU for SA due to renal D
- 1st infection @ 2/52 - Recurrent ever since.
- 15 x UTI admissions / R [illegible] [illegible]
- Nov 92 [illegible] 92 - [illegible] surgery to
[illegible] [illegible] & reconstruct urinary tract
+ [illegible] to Reflux (Prior ureteric drainage since

AS - ROYAL

Nov [illegible] v. "cross" [redacted] Temp 39 [redacted]

055-053-109

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

- Calpol not much help / no Fen
- Urine "a bit smelly"
- Response to ibru → [illegible] [illegible] [illegible]
- No focal convulsion. (No [illegible] symptoms [illegible])
- Tube feeds always (+ central line) since reflux

Medications - [illegible]
- Sodium Bicarbonate 7.5mls x TDS
- Ferrami 1ml BD
- Ranitidine 0.2ml TDS
- Cisapride 0.2ml TDS

Allergies:- None known
Vaccination:- Triple vac x3 + HiB No MMR
Development:- A bit behind [illegible]
- 18/12 assessment c HV [illegible]

Nor feeding only

- [redacted]

PMHx - [illegible] Sx to [illegible] Nov 92
- Aspiration [illegible] Nov 92 - Tube feeds since (
- Recurrent UTI

Extensive physiologist re feeding difficulties

SOB - [illegible]

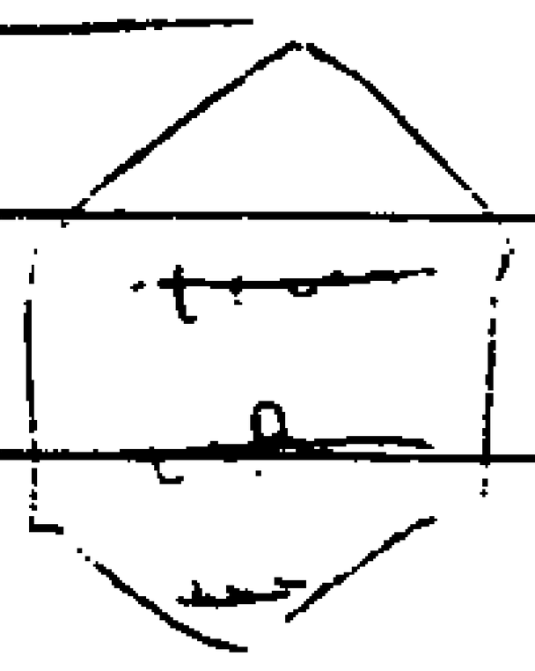
O/E - fractious - does not like med staff!! HC [illegible]
Length 80cm
Lymph nodes - Pale but no [illegible] [illegible]
Wt 11.7k
TM (L) ✓ - [illegible] [illegible]
- (R) ✓ - NG tube (R) nostril.
- Central line [illegible] (R) midline of sternum (Intact dressing)
- Temp 38.7°C sweating mildly

AS - ROYAL [illegible] c/J No [illegible]

055-053-110

CM 364377 Vol 2 Page 4

Date	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Resonant all areas dec BS only
	CVS:- Pulse 96 reg NCh & Vol S1S2 Nil added (BP 112/66
	(R) arm 88/66 (R) leg) ? Soft systolic murmur @ LSE
	Fem P ✓
	Abdo:- Scars of Sx noted Not distended
	Soft Not apparently tender No G / R
	? Palp tip of both Kidney R > L
	(Pt unwilling to be examined!!)
	HO ✓✓ BS ✓
	Urinalysis:- 400 pus cells /organisms Direct Microscopy
	CNS:- Alert PERLA
	Grossly Normal CN ANS
	Reflexes Normal
	[redacted]
	Impressions:-
	- Recurrent UTI
	- FBP ✓ U+E ✓ MSSU ✓
	- For IV Ceftazidime 150mg/kg ÷ 8 hrly TDS
	- Dietician referral ✓ ± ? Referral to Psych - re psycho.
U+E	- Na+ 130 T Prot 67 Creat 372
	K+ 2.8 Ca+ 1.97
	Urea 21.5 Alb 41
FBP	- Hb 8.2 g/dl
	PCV 0.24
	WCC 11.0
	PL 332.
11.2.93	Temp ↑
	1 Litre p. Gastrostomy
	C92 24hrs
	Await Culture.



055-053-111

AS - ROYAL

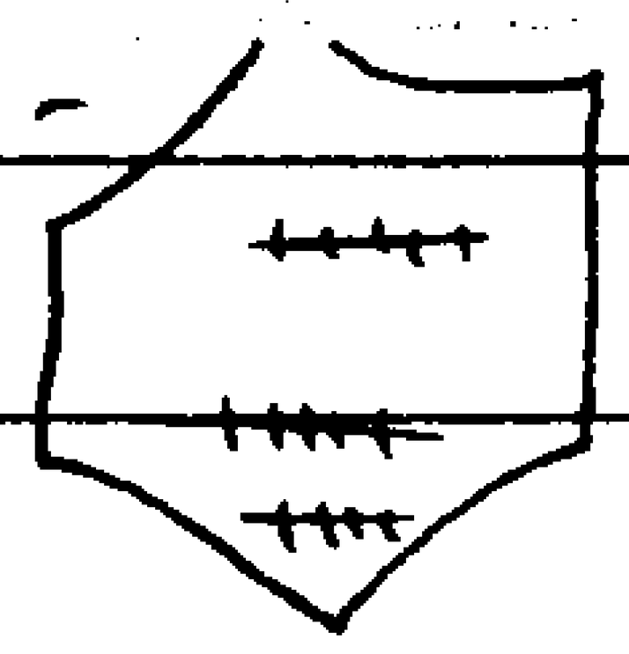
DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
11.2.92. 12 MD	urine culture — pseudomonas. Res to ceftazidime. Sensitivity unknown at present. Contacted bacteriologist. Recommends CIPROXIN.
12/2/92	Clinically settling on ceftazidime. Bact tab → new (S) ceftazidime
	Repeat urine — no growth
1?/2/93	Cued from T↓. DS IVS Home for day
15.2.93	(5/7 CTZ. Rx MSU — Cisapride 2 / Ranitidine 30 | tds for Cip 125 bd 5/7 Review 1/52 MSU
23/2/93	DR. J. M. SAVAGE NEPHROLOGY O.P.D. — wt 12.46 kgs, ht 83.3 cms — urine specimen ✓ Protein + Glucose ++ Finished Ciproxin Friday Now on Keflex Norte No major sickness T° OK. Well in himself Ferromyn | Ranitidine | Bi carb | Cisapride | Keflex └ since Dec O/E B.P. 100/60 Well 055 053-112 6/52

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

On exam^n - Unhappy
but bright. few shotty cervical nodes
T 38⁸.

clinically anaemic
no cyanosis/jaundice
no oedema.

CVS: Rate 96/min.
HS I + II, no (m) BP —
femorals ✓✓
RS: Resp-rate 30/min
[illegible]
BS vesicular
nil added
AS:-  soft, non tender
no hepar/masses
BS ✓

edge of (R) kidney palp.

ENT: (R) TM - Wax
(L) TM - NAD
Throat - sl. red.

Summary: 19/12 boy c̄ h_x of CRF admitted c̄ 1/7 h_x of irritability, pyrexia, ↑ urinary frequency and apparent dysuria. O/E T 38⁸. CVS + RS - NAD. AS - palpable edge of (R) kidney

I_x - FBP, U+E, Blood cultures, ALP, Phosphate.
- MSSU - direct
\ culture.

055-053-113

M. - commence I.V. ceftazidime

AS - ROYAL [redacted] Clumate [redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27/3/93	Adam Strain
12¹⁵ pm.	19/12 [redacted] boy, with a hx of chronic renal failure admitted after attending ward today. He presented with 2-3/7
	(1) General malaise + lethargy
	(2) Pyrexic x 1/7.
	(3) Seems to be in pain on passing urine. Polyuria + urine not noted to be strong smelling. No haematuria
	Vomited on few occasions overnight. No diarrhoea
	No cough/sputum. No wheeze.
	On tube-feeds since Nov. '92
	Birth Hx - Emerg. CS for fail. to progress BW 10 lbs 14 ozs ? SCBU/Renal dialysis
	PMH - Dysplastic kidneys - UTI x 4 in first 3/12 [redacted]
	- Re-implantation of ureter - 22.11.91 [redacted], developed renal failure post-op
	- 28.11.91 - further reimplantation of ureters. x3
	further ops. → Y shaped anastomosis of ureters c insertion of 1 into bladder
	- Lumdopuc^n for Gd reflux. attends psychologist
	- Hx of freq. recurrent UTIs. re learning probs.
	No other surgery. Freq. admissions c UTIs but nil else of note.
	Drug Hx - Cisapride 2mls tid Allergies: None known.
	- Ranitidine 2mls tid
	- Sodium Bicarbonate 7.5mls tid Development: walking
	- Ferrosyn 1ml
	- Keflex 5mls nocte.
	[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
28.3.93	
	3/7 Irritable No vomiting Na 134 Hb 8.5
	Febrile K 3.7 WC 12.3
	Cl 102 Plt 327
	Urine WBC ++ 170 ↑ U 19.7
	c̄ organisms ↑ Cr 367.
	On CTZ
	cisapride 2mg tds
	Ranitidine 30mg tds
	Nystatin 7.5mls tds
	[illegible] [illegible] bd Home Rx
	Check culture
	[illegible]
29/3/93	Await urine sensitivities,
	Temp ↓
	NB – no oral intake
	encourage orals
	Culture sent
	Mum to do IVs.
	Mr Boston ? would see whilst in
	[illegible]
	Mixed growth ? coliforms
	repeat.
[illegible]/3/93	Well
	To have oral [illegible].
	Home
	(See VB Snr). 055-053-115

AS - ROYAL [illegible] π 21 weeks [illegible]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
8.3.93	Nov '91 Bil Reimplant
	Nov '91 T Tubes both sides for renal failure
	Dec '91 Necrosis (L) lower ureter ureterostomy
nephrostomy Jan '92	Dec '91 (L) ureteroureterostomy
	March '92 Pantotication
	Jan '93 Attempted retrograde ‹Failed›
	Creat. 89%
	Book (urgent) cystoscopy arrange to RCB before.
14/4/93	Dr. M. SAVAGE MEDICAL O.P.D.
	Wt 12.74 Kgs
	Ht 84.5 cms
	urine Slight trace Protein
	++ Glucose ++ Blood
	Well pat 2/52
	Last Se Fe low ↑ ferrmyn to 5ml daily
	Creatinine ↑ ing
	?VCI today
	Calcium
	055-053-116
	Check FE Next Visit!! MS

AS - ROYAL

[redacted]

D/	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	On Zantac – stop today
	Cisapride ✓
	Keflex ✓
	Ferrymin ✓ ↑ Fe++ daily
	Sodium Bicarb. ✓.
	* On Admission check ABG Ca/PO4
	may need ↑ Bicarb dose
20/4/93	19 month old boy admitted Musgrave Ward for cystoscopy
	Recurrent UTI – already has scarring of kidneys
	+ CRF – rise of creatinine of 100 mcg over last month
	Bilateral reimplant November 1991 → renal failure → T-tube drainage
	(L) sided ureterostomy December 1991
	Then (L) ureteral ureterostomy
	Unsuccessful attempt at retrograde pyelogram – January 1993
	Last renal USS – small dense (R) kidney
	Recently – anaemia and low Ca^{++}
	Also problem with feeding + vomiting – had fundoplication 1992
	– takes 150 mls milk every 3 hours
	– often vomits after first feed of day
	gaining weight + height
DII –	Soda Bic 8.4% 7.5 mls TID
–	Cisapride 2mls TID
–	Ferramin 5mls nocte.
–	Keflex 5mls nocte

055-053-117

AS - ROYAL

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	PMH — as above
	- nil else.
	Vaccin — HMR ✓ DTP + Polio × 3 Hib ✓
	Development — about 10 words — started speaking "/12
	- started walking at "/12.
	- speech ✓ hearing ✓ sight ✓
	SQ: most recent UTI in March.
	: no other recent illness / infection
	tends to constipation since ferramin started.
	RT- nil of note.
	O/E temp 37°
	Height: 83.5 kg
	Weight : 11.98 kg
	Looks well — not clinically c
	RT Throat ✓
	Lungfields - good AE ē ni
	No cyanosis / distress
Hb 81	
WCC 6.0	CVS Pulse 102 / min Abd
PCV 0.24	IV IIV +0
plat 335	Good colour
	BP 105/50
Na 131	B
K 3.3	Consent ✓ H
U 17.4	Plan. U+E, FBP 1
SBR 7	- iron studies
Alb 41	- Ca++ / PO4
Cl 103.	
AS - ROYAL	[redacted] + bicarb t[redacted] feeds.

B G E REPORT
20 APR 93 16:26

Acc.No 9382 B.P 735mmHg
Arterial sample

PATIENT INFO
Name Adam Strain
Estimated Hb 7.1 g/dL

[illegible] / BLOOD GASES
Measured at 37.0 °C
pH 7.241
pCO_2 31.5 mmHg
?pO_2 28 mmHg

ELECTROLYTES
Na^+ 139 mmol/L
K^+ 3.0 mmol/L

HCT (conductivity)
Hct 21 %

CALCULATIONS
HCO_3^- 13.7 mmol/L
TCO_2 14.6 mmol/L
BE_b -11.8 mmol/L
BE_{ecf} -13.9 mmol/L
?SBC 14.9 mmol/L
?sO_2 c 42.6 %

ERRORS
pO_2 : CALIBRATION

055-053-118

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Boston Coeur
21-4-93	Mme GA
	Cystoscopy & RGP
	Rt ureter opening higher up, gaping slightly ~~Pyelogram~~ Ureterogram showed both ureters filling easily
	PEG Tube insertion - uneventful
	Preeti Misra
22/4/93	Pyrexic since last pm
	Urine 20/4 — pseudomonas (S) ceftazidime
	↓ Bmglur
	~~Pyrexic~~
	Abd soft BSL
	MSU - 21/4/93 - No ~~gr~~ growth
	↓ Ct. ceftaz
	Inc gastroskopy
	growth chart
	055-053-119

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
20/4/93	Mum keen on gastostomy tube — will discuss with Boston in am. Hyperacutely cried tube blocked every 1 min — mum very distressed if replacing it. MCen

Needs

1. Summary sheet broken ? in old notes
2. update growth chart.
3. Fe TIBC ferritin
4. PTH (on ice).
5. ↑ bicarb dose... 5 beds for [redacted]

21/4/93

ADAM STRAIN

B G E REPORT
21 APR 93 09:42

Acc.No 9390 B.P 738mmHg
Arterial sample

PATIENT INFO

Name

Estimated Hb 7.9 g/dL

pH / BLOOD GASES
Measured at 37.0 °C

pH	7.339
pCO_2	32.7 mmHg
pO_2	39 mmHg

ELECTROLYTES

Na^+	125 mmol/L
	4.2 mmol/L

HCT (conductivity)

[illegible]t	24 %

CALCULATIONS

HCO_3^-	17.7 mmol/L
TCO_2	18.7 mmol/L
BE_b	-6.6 mmol/L
BE_{ecf}	-8.3 mmol/L
SBC	19.4 mmol/L
[illegible]	70.4 %

055-053-120

AS - ROYAL [illegible]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
23/4	Temp ↓
	G tube ok
	Ct iv cefTaz awaiting urine culture
	Mr Boston → no obst^{n} on pyelogram
	→ needs micturating cystogram
	Urine 20/4 → pseudomonas. (S) CefTaz
23/4.	Mic cyst booked May 5th 2pm
24/4	temp ↑.
	keep today
25/4	temp settled
	Home today 2 more days IVS.
	Then back on keflex.
	Readmit 4/5/93 for mic cyst 5/5/93
	Mon

055-053-121

DATE	CLINICAL HISTORY, EXAMINATION AND
	Abd Soft Nontender
	No masses.
	Venous Gases:
	U+E Ca++ Creatinine
	FBP
	Plan- IV ceftazidime 200 mg TID.
	- MCUG tomorrow.
	- consent.
4-5-93	[redacted]
	Ht = 84.5 cms.
5/5/93	MCU today.
	x 3 doses ceftaz after (our none)
	Home
	Chest R/v — 3/52 review clinic
15/6/93	DR. J.M. SAVAGE wt 12.6 Kgs urine
	NEPHROLOGY O.P.D. Ht 84.0 cms. Spec to lab
	urine Sent off in the Ward.
	On Cisapride Cloudy urine today.
	No HCO_3
	Furantoin Mum to phone 055-053-122
	Ferrous.
	O/N 700
	Tube feed 1½ Pulse = 800

B G E REPORT
* 04 MAY 93 16:43 *

Acc.No 9476 B.P 762mmHg
Arterial sample

PATIENT INFO
Name Adam Strain
Estimated Hb 5.9 g/dL

pH / BLOOD GASES
Measured at 37.0 °C

pH	7.364
pCO_2	38.5 mmHg
pO_2	34 mmHg

ELECTROLYTES

Na^+	131 mmol/L
K^+	4.0 mmol/L

HCT (conductivity)

Hct	18 %

CALCULATED

HCO_3^-	[redacted]
TCO_2	[redacted]
BE_b	[redacted]
BE_{ecf}	-3.4 mmol/L
SBC	22.9 mmol/L
sO_2c	63.7 %

Adam Strain 364377

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
4/5/93	1 year 9/12 old boy admitted Musgrave Ward to recommence IV antbio prior to ~~cyclospor~~ MCUG
	PMH- chronic renal failure ? to recurrent UTI and bilat scarring of kidneys - recent adm^ 20/4/93 – 25/4/93 – insertion of PEG tube - cystoscopy showed both ureters filling easily - pseudomonas UTI Rx by IV Ceftazidime and then oral Keflex at ho
	DH – Soda Bic 12.5 mls TID - Aspirin 2ml TD - Ferromyn 5ml mane. - Lactulose prn. - Keflex 125mg nocte
	Has been much his usual self over last 3/4 since last discharge. Temp ↑ to 38.3 (axilla) yesterday morning – looked hot. Normal temp since. Tube feeding doing well.
	C Temp 37°C Alert + smiling Mildly clinically anaemic. RT Resp rate 25/min Lungfields clear No cyanosis CVS Pulse 110/min BP 90/45 Sv Tv Sys (M) 3/6 at apex (and ?LSE – bandaging + around line Good pulse pressure.

055-053-123

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27/7/93	**DR. J.M. SAVAGE** Wt 12.68 Kgs
	NEPHROLOGY O.P.D. Ht - 84.4 cms
	Urine - trace Protein, ++Glucose, +blood
	Cisapride - stopped Spec to lab
	- Forsmyn 5mls B.D.
	$NaHCO_3$ 12.5 mmol tds ($NHCO_3^-$)
	Furantoin 5mls nocte
	Still vomits every day (if takes) 150 mls
	Perse 1/52

055-053-124

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Has had 2/12 no U.T.I !!
	Avast today.
30·6·93.	Attended ward - brought by nurse.
5³⁰ pm.	Off form - lethargic for last 3 days
	Urine cloudy
	No T temp.
	Vomited ⟨x 2-3 today.
	Finished Ciproxin 1/52 ago On
	O/E Apyrexic.
	Bright.
	Abd - Soft Non tender.
	Urine - direct - 400 pus cells.
	Impn - Probable UTI - usual orgn - Pseudomonas
	Plan - Change to ciproxin 625 mg bd
	- U+E checked
	- R/V on ward tomorrow ⟨ result msu.
	R Swan (Stto).
7·93	MSU - UTI 7×10^5 orgn - Streptococci -
	Sens - RL / W / A / CE / F / CTX / CXM / CN / NG / AK
	Res - NA.
	055-053-125
	D/w Dr Savage

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
13/8/93.	ADMISSION

2 gravel ↑

~~Admitted~~ from home. ? UTI.

H/O dysplastic kidneys &

VUR - has had reimplantation

surgery x 5.

UTI last week - on ciprofloxacin for

1/52

Attended ward 11/8/93 for check

MSU - pseudomonas spp

group

Admission arranged for today

Cor Rx ? IV Azlocillin.

Adam appears clinically

well at present although had

pyrexia this am + mother

noticed cloudy urine.

FBP

U+E

LFTs

Base profile

Blood cultures.

IV Azlocillin 400mg Q.D.

Urine - direct 100 plus Cells

0/S Pseudomonas spp.

Res	AK	CN	NET
SEN	AZL	PRL	CAZ
MODERATELY SENSITIVE			CIP.

13/8/93 Asmi Electrive adm. for UTI (pseudomonas) 055-053-126

Routine bloods shows Creat 490 & Hb 6.8

Generally in good health Adam

AS - ROYAL

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	To rpt Creat on Am + decide re top-up transfusion
	[signature]
14.8.93	Apyrexial . Better Gen,
	Managing tube feeds
	Abd ✓
	Home - 5/7 total i.v. Azlocillin
	+ Rpt urine after
	Hosp R/V for 8.9.93
19/8.	Repeat urine culture 2 days off i/v Azlocillin
	Now clinically well.
	Cont Furadantin
	JCS
3.3-93	DR. J.M. SAVAGE wt 12.6 kg. ++ Protein ++ Glucose
	NEPHROLOGY O.P.D. ht 84.4 cm spec to lab ✓
	MSU 19.8.93 . No growth.
	On Na HCO3 12.5 ml tds
	Ferrous 5 ml b.d.
	FURANTOIN 2.5 nocte
	No. temp. E
U&E. Creat. CO2	Need to manage gastrostomy button.
	6/52
	[signature]

055-053-122

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DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	22/9/93 WARD ATTENDANCE
	Mother feels that Adam is pale
	+ generally unwell at present.
	° pyrexia
	Urine cloudy
	Specimen → direct Hb 10.6 Na 137
	→ C/S WCC 6.7. K 3.5
	FBP } PCV 0.20 Urea 17.8
	U+E } Plts 299 Creat 476
	Blood cultures } sent TP 64
	To [redacted]
	Urine direct - nil
	No specific action required
	Continue Evaluation at home
	Wt 13.2 kg. urine ++ protein ++ glucose
12/10/93	NEPHROLOGY O.P.D. Ht 86.2cm Spec to lab ✓
	Pyrexia last w/E. - ?mixed growth } urine clearing
	Responding to Cephalexin }
	+ Ferrous ... 5ml b.d
	Na HCO$_3$ 12.5 ml t.d.s
	Return to ward on Thurs to -
	replace foley c size 14.
	+ check FBP. + U.S.E Creat + Co$_2$
	[signature]

AS - ROYAL 055-053

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
16.8.93	Admitted for OGD & sizing of gastrostomy button
	h/o VUR c̄ dysplastic kidneys
	Gastrostomy T-piece in situ.
	Well recently though low grade temp
	this am 37.5°C - settled now
	recent urines no growth.
	O/E Well sl. pallor hydrated
	O c. [illegible]
	[illegible]
	20.5 / [illegible] ♂ Fem [illegible]
	Chest ✓ Abd ✓.
	ENT ✓
	For sizing of gastrostomy button.
	Consent ✓
	[signature]
5pm	GASTROSCOPY
	Normal oesophagus + stomach appearance
	Gastrostomy tube removed c̄ OGD
	Size 12 replacement tube c̄ inflatable
	balloon - ([illegible]) unable to size for
	gastrostomy button
	Plan - Replace with size 14 Flexi in 2-3 wks
	[signature]

055-053-129

DATE: | CLINICAL HISTORY, EXAMINATION AND PROGRESS

2/11/93

DR. SAVAGE

wt
ht.

Iron studies pr starting Epo.
Joanne to teach how to do.

Dietn - would you please assess Adams calorie input. Is it appropriate for his wt. Also his Se Fe is a little low despite supplements - could you help with this. ? Paed Nutrisol.

On Ferrmyn. 40mls/day.
Nitrofurantoin.
Na HCO_3^- — 12 [illegible]

17/11/93 Admitted to Musgrove ward

Problems
1. Wt. loss
2. vomiting °diarrhoea
3. pyrexia
4. pseudomonas in urine. (Sent 16.11.93)

O/E. Pyrexic.

RS AE good R=L
BS normal.

CVS P. 100/min
HS I+II °m.

Abd ↑ gastrostomy tube.
soft
°tender
°LKKS. BS ✓.

ENT mild pharyngitis EarR=L=N Nose ✓.

055-053-130

S/B Dr. Savage U+E/FBP/Cultures.

AS - ROYAL

for 1 [illegible] IV in 24hrs

[redacted]

DATE	CLINICAL HISTORY, EXAMINAT
18.11.93	Se. Na 138. Urine. Na 33
	K 3.8 K 15
Wt - 13.1kg	Ur. 29.5 Creat 51.6
	Creat 447.
	Presently - Gastrostomy 800ml. (4×200 bolus) by day; 800ml nocte } NUTRISON + MAXIJUL + CALOGEN
Hb 7.3	
	Constipated. ++
	Vomited (×1) overnight. Temp settled
	In reasonable form. hydrated
	Chest - clear Abd ✓
	Imp - ? ↑ Urea related to ↑ protein in
SMA -	15g. in 1500ml Nutrison cf. SMA.
Nutrison -	[illegible] in 1500ml [illegible]
	→ [illegible]
	3. See Hb ? EPO. See [illegible]
	4. ↑ Senokot.
	5. ↓ Protein 16 gm/day.
	[signature]
	Feed altered to give: 15.4g Protein, 1200kcal, 1500ml Fluid. + 5.7mg Fe. D Smith Dietitian
19.11.93	Started on EPO. 250 U twice weekly
	Temp ↓
	Dietary change as above
	• ↓ Fe. to [illegible]
	• Ciproxin if sensitivities permit
	• Change to 18 g. Fr + size for gastrostomy button.
	Home. [signature]
	After Ciproxin No prophylactic a/biotic

AS - ROYAL

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