DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
15/12/93	Needs KCl supplements to get [K]↑ plus added salt.
	Need to get urine U+E and 24hr urine vol to calc K and Na needs
	Ask Janet to assess Gastrostomy feeds
	MG
	Gastrostomy feed.
	550ml Paediatric Nutrison] ·7 kcal/ml
	80g Maxijul 319mg Na (13·8 mmol)
	75ml Calogen 440mg K (11·6 mmol)
	made up to 1700ml with water] 15g Protein
	ie 1·1g Protein/kg - adequate
	Iron 5·5 mg
	90 kcal/kg - inadequate Rx 100-130 kcal/kg
	↑ 90g Maxijul] → 100 kcal/kg J. Mercer
	90ml Calogen] Dietitian
Medic	
	- NaHCO3 12·5mls tds
	- Ferrous 5mls OD 1α Vit
	- Lactulose 10mls OD
	- Senokot 5ml prn
	- Cipro ... at present ... Nitrofurantoin
	K Low } ↑ NaHCO3 15mls tds
	Na Low } add KCl 10mmol bd
	recheck Biochem Saturday am
	Na 138 K 3·8 Cl 95 U 7.5 MD
	Recheck Tuesday
21/12	T° Settled on Keflex — 3-4 days.
	Clinically better as well
	KCl 10 mls BD
	Na Bicarb 15 mls tds
	Appt 11th Jan Renal Clinic MS

AS - ROYAL

056-037-084

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

DR. J.M. SAVAGE
NEPHROLOGY O.P.D.

14/12/93

Wt ... urine. Spec to lab.

Gastrostomy Foley catheter replaced c̄ 2.4cm #18 button c̄ 1.V cm3 sedation

U+E / Creat, FBC, Bone profile } checked

Urine - Pus cells + Organisms

Plan - Ciproxin 100mg b.d + R/V arranged

NEXT VISIT

* XRay of Epiphysis for evidence of side effects of Ciproxin next visit.

15/12/93 Readmitted to MW due to abnormal U&E. Pt asymptomatic

Wt 13.1kg
Na 122
K 2.7
Urea 12.7
Creat 406

D/W Sen reg 10mmol KCl QID via gastrostomy + 6mls of 29.25% NaCl in 800ml bag

AS - ROYAL 056-037-085

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Wt 14.1 kg
	DR. J.M. SAVAGE Ht 89.7cm
5/2/94	NEPHROLOGY O.P.D. urine glucose ++ protein +
	Spectolab ✓
	Commenced 1 alpha 13/1. Ca^{++} 26/1 still 2.1.
	↓ today to 2 mls (2 /llegm)
	Creatinine ↓
	Urea still OK
	Wt ↓
	Still drinks ~ 2 L / day. — G.T.
	MS
22/2/94	Booked Admission of 2½ yr old
2-00pm	boy c̄ Cystic dysplastic kidneys
	for Insertion of PD Cannula
	Tomorrow.
	Has been in v. good form recently
	Eating well etc
	Wt ↑ from 14.1 kg on 15/2/94
	to 14.3 today
	Also some Leak around gastrostomy
	'button - site' recently → should be
	'fixed' tomorrow in theatre.
PMH	Dysplastic kidneys - x 5 Failed
	Reimplantations ureters
	Fundoplication for GOR

DATE

CLINICAL HISTORY, EXAMINATION AND PROGRESS

11/1/94

DR. J.M. SAVAGE Wt 13.68 kgs urine
NEPHROLOGY O.P.D. Ht 84.5cms Spec to Lab

Before Xmas Keflex + On Note Keflex since

T° last night 39° Cross but settled now

Wt ↑ 1lb in past 2/52
Calories ↑ 1/12 ago in tube feed.

? UTI again

Add 1α vit D. 1ml 0.2mg daily 1α Soln

BP 90/60

↑ Dose Keflex to QDS
until urine culture back. [signature]

FBP | U/E | Creatinine

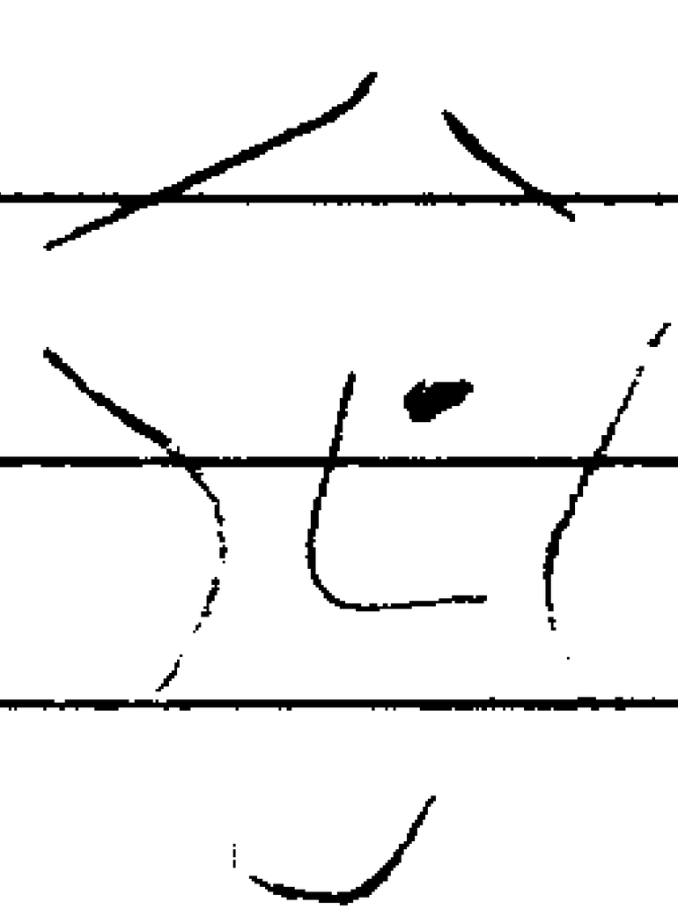
[signature]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
24-3-94	Diet Assessment
	550ml Aechatie Mhtison] 1g Protein/kg i.e. 14.8g
	100ml Calogen] → 95 kcal/kg
	100g Maxijul]
	Requires 3 Ketovite Tablets to complete vitamin supplementation.
	J. Mercer
25.3.94	V well
	Home
	Joanne Coordinate - PD Jun 18
	- Renew OPD
	Readmitted
28/3/94	- Vomiting over weekend
	vomiting after feeds.
	Bile stained initially
	Now mainly his feeds.
	- but tired & lethargic yesterday
	- No temperature
	- No diarrhoea.
	- No jaundice, c/o pain abdomen.
	O/E - Bright & active.
	Apyrexic
	Jaundice
	Chest Clear.
	P/A Soft. BS + +
	Plan
	- Blood - FBP, U+E & Creatinine
	- Urine - MSSU.
	[signature]

AS - ROYAL

056-037-088

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
Drugs	Keflex 125 (5ml)
	1 d (2ml)
	Ferromycin (5ml) [illegible]
	Zantac 12.5ml qid
	KCl 2.5ml [illegible]
	No Allergies
Exam	Happy child Apyrexic
	No An/J/Cy Wt 14.3 kg
	P = 90/ BP 90/55
	HS I + II + ESM 3/6 LSE
RS	clear
Abd	'Button' gastrostomy site



Plan U+E, Cr, Ca++, FBP, ESR

23/3/94 Clear : PEG Gastrostomy CAPD Catheter — 2.4 cm, 18 FG } ? size Button

24/3/94 ↑ oral intake
to Tuesday an clinic [illegible]
Joanne to coordinate
Prochlorp etc