

DIALYSIS CLINIC

U.N. 364377
DATE OF CLINIC 8th June 1995
DATE TYPED 9th June 1995

Dr. Scott
The Surgery
9 Brook Street
HOLYWOOD
CO. DOWN
BT18 9DA

Dear Dr. Scott

RE: ADAM STRAIN [REDACTED] **DOB 04.08.91**

Adam was at the Dialysis Clinic today. There have been a few little problems with him, most important of which has been that he has been vomiting more at night. I therefore thought that in the first place we should start him on some Zantac twice a day to see if that will help settle his tummy down. He is already on Cisapride so we should keep him on that. This will be 2.5mls of each preparation. In an effort to reduce his vomiting we thought we might try and reduce his volume. In the past we have been giving him a lot of water to drink because he tends to be polyuric. We thought we would try giving him 400mls of water less a day. Currently his dialysis removes 400mls so hopefully giving him 400mls less should not cause any problem to his fluid balance in as much as if he really needs that fluid the dialysis will stop taking it off. If however he does look dry or dark eyed his mum will change back to giving him extra fluid. My feeling is that if that stopped him vomiting it probably will not make a big difference since he may well have vomited that volume any way.

The other thing is that his haemoglobin is now excellent at 11.9 and I thought we could cut back his Erythropoietin dosage to a 1,000 units once weekly. He had previously been on 750 units twice a week. This will save him one injection, which he hates.


Adam Strain cont.....

His other treatment is unchanged. His dialysis is 600ml volumes
15 times overnight on the Pac-X machine. He remains on
Keflex, Fersamal, One-Alpha as before.

Yours sincerely,

MAURICE SAVAGE
Consultant Paediatric Nephrologist

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