DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
28.3.94	As noted Not dehydrated Urea 10 Creatinine - 520 Urine Occasional pus cell. WCC - 4.0
	Abd - sl. blood oozing from gastrostomy bolus. B.S ~ abd - soft.
	Imp - ? viral illness Check T.D Fluid None if all clear 2 hrs
	Gastrostomy tube.
	Otherwise well.
	B.P. 90/40
17.4.94	Pyrexia last night Vomiting Abdomen soft. PD exit site inflamed B.S ~ Imp - local cellulitis. Plan - Fluclox 125 - qid + ½ SL

[redacted]

DA	CLINICAL HISTORY, EXAMINATION AND PROGRESS
18.4.99	Returned c̄ further abdominal pain
	°cough °vomiting
	Resistant to examining abd - still soft
	Urine - Amorphous material
	• Flush PD line → lab - direct + O&S
	• ± Vancomycin / Gent.
16.30hrs	Mild pharyngitis - Irritable (++)
	c̄ Flucloxacillin
	No other signs
[redacted]	[redacted]
	Wt 14.6
	Ht 89.1
12/5	Was getting Epo 250 T.W
	not 500 T.W as thought
	↑ to 750 W. today
	Not to go call as yet
	Eating only tiny amounts
	Does not even drink now!
	Tube 2,100 mls O/N 150 mls/hr
	4 feeds by day most days.
	Cuff protruding

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
3.6.94	Attended ward. re: 217. H/O
	pyrexia - irritability & back pain.
	Urine looks cloudy but DIPSTICK - NAD. (3.6.94)
	No cough No vomiting Drinking ok.
	Abd - soft
	Chest - clear. ? crepts.
	Check ?U. fluid
	+ U&E / FBP.
	[redacted]
	Creatinine > 600 if same today
	to come in for training.
	* Ideally for mon. 18th July. *
	CMV / HIV / AA. — OK for mon.
	Tissue typing fam.
14/7	
	Pseudomonas U.T.I. — on Ceproxin — good response.
	To be admitted Tuesday for transp
	Hpanuse line
	— arrange more of Robert McWilliams

[redacted]

DA	CLINICAL HISTORY, EXAMINATION AND PROGRESS
10/8/94.	P-D line came out. for replacement soon (Mr Boston) Well otherwise. FBP, U+E, Cr, Bone profile ✓ given stat vancomycin ip. 100 mg. Start on Augmentin 125 mg tid 1/52
	Well. 1x UTI since - 1 course Ciprofloxacin urine. culture/direct - NAD.
PMH	As above Ureters reimplantations. Fundoplication for GOR. Not eat orally - feeds via gastrostomy → gaining weight well.
DH.	Sodium Bicarb 0.4% 12.5 mls qds. Ketovite ½ mane ½ nocte. Ferromyn - changed to One-Alpha 2ml/0.4 mcg. Keflex 125mg (5ml) nocte Kay Cee-L 2.5 ml "

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

RUA/SAT As before

O/E. Well - Active.
Anaemic. °c/LN.
↓° (N)

CVS. P. 90/min reg BP 108/45
2HS+0 °ur

RS Clear L=r (Central line in Situ)

Abd [redacted] Sept Non-tender °mass

[redacted]

Plan FBP, U+E, Creatine ✓
Consent for PD line insertion ✓

Adm S140

Last GA 23/3/94

24/VIII/94 VEB Chen
Insertion of peritoneal dialysis line.
Old scar excised
Peritoneal cavity open minimal adhesion
P.D. catheter inserted to pelvis
Wound closed c 4/0 PDS.
Catheter wound closed c 4/0 PDS
Cuti-pleat

AS - ROYAL

057-102-181

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
24/8/94 1-45pm	Asked to see, regarding ↓BP, following surgery.
	O/E Apyrexic
	Agitated.
	Wound → relatively dry
	°obvious oozing.
	CVS
	BP 76/28. Pulse 100min⁻¹, regular HS I+II no murmurs
	Plan HPPF ~~2~~80mls @ 100ml/hr
	15min BP's until stable
	[redacted]
24/8/94	PD cannula inserted
	Short cycles. 300ml cycles ℞ rapidly
	untill no blood. then stop
	(signature)
25-8-94	still bloody ~~bag~~ drainage
	no B/S.
	for U+E ~~i~~ract
	further cycle to clear blood
	(signature)
26-8-94	Drainage fluid clear
Na 131	dialysis line heparinised
K 3-5	morphine D/C
Cl 100	⊗ abd. soft BS⁺.
urea 7-3.	Plan D/C IV
prot 6~~2~~	start oral feed
creat 525.	how later?

AS – ROYAL

057-102-182

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
2/9/94	Age 3yrs
	Admission for teaching of dialysis technique to mother
	PD catheter placed 1wk ago.
	Patient well recently. No recent flu, fever or chills.
	DH - $NaHCO_3$ 12.5ml qid
	[illegible] 5ml qd
	1α 2ml qd
	KCl 5ml qd
	Ketovite 1 tab tid
	[illegible] 125mg qd
	O/E - afebrile Alert Well
	CVS - HR 110 SR HSI+II no rubs
	RS - Clinically clear
	Abd - Catheter site clean.
	Teaching underway
	No change to meds.
	Now on Day 3 Fludox.
	10pm. 5/9/94.
	Phonecall from D/ Savage.
	Needs urgent microscopy PD fluid ✓
	" " urine ✓
	Blood culture central line ✓
	FBC ✓ U+E. ✓
	If no signs peritonitis + systemically fairly well,
	then home after stat dose I-V Augmentin.
	mcmg
	300mg I-V @ 12 MN

057-102-183

AS - ROYAL

[redacted]

	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	11.15PM. Ward Assessment.
	Temp 4-6hrs. In v. good form.
	~~Diarrhoea~~ Loose stools last night.
	x 1 loose stool ~ fowl smell this a.m.
	Vomit x 1 this pm.
	No sore ears / throat / cough.
wt-15kg.	c/o sore head this pm
	"hearing noises in ears"
	o/e v. well + bright T=38°
	EarsW
	[redacted]
	Abd- soft + non tender BSV
	No rash
	Wound round central line - dry + clean.
	Abd catheter site - mild inf. persists - dry - no pus -
	non tender - nothing to swab
	Imp well
	? viral GE
	A' biotics not changed from fluclox.
	await blood / culture results
	if all safe → home + d/w D/ Savage mane re further
	Augmentin
	mangova
	paed. reg.
	T=38°
DO-4S.	Hb = 7.8 PCV = 0.25 WCC = 7.6 Plt = 282
	Na+ = 140 K+ = 3-5 urea = 5.4
	URNE - occ pus cells
	PD FLUID. WCC = 45 mg / litre NO RBC No organisms

AS – ROYAL

057-102-184

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	∴ Home now.
	- Take temp again mane.
	- mum to ring in to ward to say how he is.
	- Chart out for Dr Savage mane
	mcmq.
6/9	Spoken c̄ mum this am. Still pyrexial
	Has had one i/v dose Augmentin
	Will come up again today to see Dr Dalzell (7 am in BCH)
	PD fluid 45 wc's - seems pertonitis unlikely
	? UTI ? line infectn /septicaemia.
	If in doubt to stay in. While awaiting results continue
	Augmentin
7/9/94	Blood Culture → no result available yet
	Peritoneal Culture → no growth.
	Urine Culture → no growth.
	on Flucloxacillin, Keflex
	Culture (-ve)
	for Ciprofloxacin + Review
	150mg bd
	Discussed. Mother
7/9/94	Blood culture grew Diptheroid ? Signifance
	Repeat blood culture from central line.
	SHO

057-102-185

AS – ROYAL

[redacted]

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

4/10/94 KCL ↓ to 2.5mgs daily
Dialysis increased to every night from
alternate nights
J. [illegible]

13/10/94
WT 16.2kgs
HT 98cms

↑ Dialysis to dialysis 1 week
∴ Creatinine high
Should have one night
HS

18-11-94 Came to ward
B/P 115/65.
pyrexia + off food × 4/7
no resp. related urinary symptom
better this am
tolerating fluids

O/E v. lively.
ENT ✓
RS clear
abd-soft line O.K.

Imp: URTI? now improving
no amount since yesterday
Plan: check BP
for blood cultures from line
c/t [illegible]
~~Mum~~ Phone Mum if bloods abnormal
[illegible]

AS - ROYAL
057-102-186

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	DIALYSIS CLINIC B.P 120/65.
11/94	2L Fluid Nutrazon 1·2 L O/N + 4 bolus 250ml calogen / Salin etc. Dialysis O.K. 8 x 300 all 1·36% MS Gpo T.W.
	DIALYSIS CLINIC
12/1/95	Dialysis 8 x 500 all 1·36% 5 nights Dialysis vol 4ed : wra was up BP 100/52 Nutrazon 1·2 L O/N + 4 x 250 bolus. N/G tube * ↑ 6 nights 600mls x 10 shortned *
19/1/95	Check Tests at next Clinic 23/1 To come to ward tonight 5pm 1) Aspirate I/V line and culture 2) Instill 250mg Vancomycin with Heparin — hepsal 3) ~~Start course Augmentin 250mg tds~~ ? +ve MSU 1 week course of Trimethoprim MDunne rxn to vancomycin — hypotension backpain flushing + sweaty!!

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
23/1/95 6p	Observations Stable BP Stable Tolerating diet Headache & back pain subsided In great form S/B Dr Savage - allowed Home Amelia [illegible] SN
24.1.95 7[30]pm	apparently blood cultures showed diphtheroid Peripheral blood cultures ✓ Central line blood cultures ✓ McCanny.
27/1/95 5PM	Readmitted to Ward today Diphtheroids B/C +ve Central line x 2 over last ok. x 2 rigors at home in last 2/52 related to flushing of Central line. Otherwise well °Vomiting °diarrhoea °Febrile at home °Headaches. o/e Apyrexic Central line insertion pt - °erythema P-100 S.S no. Wgt 16.5 kg. Chest clinically clear. Abd Soft nontender Plan D/W Dr Webb = 165mg stat teicoplanin loading 10mg/kg IV Stat now. teicoplanin 6mg/kg daily (~~3 daily after~~ every 3rd day) ie Mon / Thurs / Sun 15 / 770 / 70 To attend Ward on Mon for pre-level and 2nd dose IV.
2/2/95	DIALYSIS CLINIC Feeding Clinic - appt organised Dialysis 6 times week 4 10 cycles 4 600ml all 1.36% On Teicoplanin 3 times every 3 days 100mg each time Blood culture + trough level No rigors or shakey episodes

AS – ROYAL 057-102-188

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	– Send MSU. –
2.2.95	Teicoplanin level = 19.1 &
9/2/95	For Removal of Central line today
	- Consent
	- U&E
	[signature] 9/2.
9/2/95	– Booked volunteer for removal of
	central line
	[redacted]
	– complaint
	O/E - chest clear
	abdomen NAD
	obs stable.
	– consent ✓
	– U&E ✓
	– tissue glue ✓
	OPERATION NOTE SAAD/CHISAKUTA [signature] SHO
9/2/95	Broviac Line removed under GA
	Betadine dressing done
	cuff & catheter tip sent for culture
	[signature] 9/2
14.2.95	Feeding Clinic Initial Assessment – see report letter
	enclosed. Julie [signature]

SPEECH THERAPY DEPARTMENT

Tel. [redacted] Exts. [redacted]

AS - ROYAL

057-102-189

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
20.~.95	2nd Feeding Appointment Speech Therapy Dept. - discussed PH studies today. re. ?GO reflux + possible negative effect of probe placement. Barium through tube may be a more cautious initial step. M° to consider + discuss ē Dr. Savage next week, though limited results. Julie Dick.
	DIALYSIS CLINIC
2/3/95	Discussion ē Julie Dick * Ba Meal via gastrotomy to see if reflux GOS Bolus feeds - ? smaller volumes ? more conc * Long line Gags but advance to mouth complex
	DIALYSIS [redacted] Julie Hindle [redacted] O.K. 2 bowels off at night Still polyuric
	Try cisapride
13/4/95	Wt 17.5 kg Hc Barium - No Reflux Less vomiting Continuing contact ō Julie Dick - some BP 98/68
	Dialysis slow to fill - heparin Dwell to 20 min - shorter by 10 mins 15 cycles 600ml. ? uroKinase into tube
	Feeds smaller volume / more conc 180 mls bolus x 3-4 } 2100 o/N 1500 mls Ht steady 25th Wt steady ~ 80th centile has not [illegible]

AS-ROYAL

[redacted]

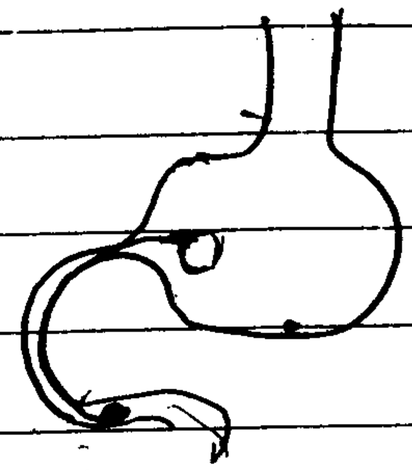
DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Calorie intake 1500 cals 600 ✓
	Protein 1.9/kg
	Rx.
	Instill 10,000 units Urokinase in 10 mls Hdevaget
	into PD cannula
	Undescended testes
11/5/95.	Stop NaHCO3 prior to next visit.
	Dialysis 600 x 15 No. LFB
	Eating battle — eats a little at his own + swallows.
	— Wt steady. HS
18/5.	Line heparined. HS
8/6	Vomiting is worse 100.1 cm.
	esp at night
	Night feeds 1560 + 500
	180 x 3 bolus 180 - 200 mls/hr nocte
	Reduce to 100 mls/hr temporarily then build up.
	Zantac
	Change Fluids 400 mls H_2O less
	200 x 3 boles
	100 mls/hr O/N for 4 hrs.
	HS
	Phase in Fluids

AS-ROYAL

057-102-191

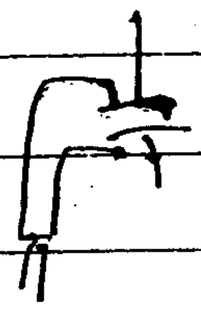
[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS



* HEIGHT NEXT VISIT *

Hot easily tired
Sore tummy



Adam says pain comes with G tube feed
Vomits with + with out pain

2/6

No wt loss.
When will vomited maybe x2/day
Now vomits up to 6 times - Sometimes unrelated to feeds and new vomits at night.
- volume/rate ↓ from 200-150

SI T° - 38.2 yesterday
PD fluid clear.
Needs urine ① MSU
② PET

Mum goes to bed at 6.30 pm.

Flucloxicillin
Mucopin Oint
↑ vol to 700mls
↑ cisapride 5mls tds

750ml cycles = 1L/m²

MB

2^20 pm ADAM STRAIN [redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
25/6/95	Admitted directly to ward
	HPC
	4 yrs 10 months old
	h/o chronic renal failure ← cystic dysplastic obstructive kidneys ā ?path
	PEG tube – feeding diff
	Undescended testis
	Gets P. Dialysis
	Gastro-oesophageal reflux – fundoplication
	Bilat reimplants ureters
	Recurrent UTIs
	5/7 h/o ↑temp. c/o sore abd around PEG site ~~blood from PEG site~~
	~~PMH~~ Bad BM. urine – no smell
	~~As above~~ vomiting ~~[illegible]~~ over last few days. ° diarrhoea
	S/B Dr Savage ~~Thursday~~
	Not as much ooze from Peg site nice Bactroban
	FMH
	As above
	DH
	Cisapride 5mls tid
	Zantac 2.5mls bd
	$NaHCO_3$ 12.5mls qid
(N)	Keflex 5mls nocte
	1α 3mls ~~mane~~ nocte
	~~Fersamin~~ Fersamal 4mls nocte
	At present Trimethoprim 100mg bd since 4/7 ago
	No more Flucloxacillin
	° known allergies
	Immunisations ✓
	PH & SH
	° siblings –

AS - ROYAL

057-102-193

WNC 762/OS 4043

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	NAD else of note ..
	O/E temp ↑ 38.2°C. Gross cervical LN ++
	ENT ✓ ✓
	chest clear
	Abdomen soft
	ooze – PEG site.
	BS ✓
	Plan
	① FBP, U+E, Creatinine, Blood cultures
	② swab ~~[illegible]~~ PEG site – O+S
	③ urine – O+S, DM.
	④ Calpol PRN
	⑤ Await Dr Savage for further Mx,
	(SHO).
5pm	S/B Dr Savage. Cultures sent (Blood, urine, PD fluid)
	Temp 38.5 ? source of infection.
	Urine from 22/6 coliform <10^4 ? contamination
	Plan · Start oral Augmentin
	· Allow home
	C Stewart.
	Urine Direct – occ neutrophil PD fluid – WCC 30.
	occ epith cell mostly lymphocytes
	No orgs. – No orgs.
	CS.

AS – ROYAL 057-102-194

[redacted] Adam Strain 364377

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
29/6/95	3'12 4/0 ♂ admitted as per Dr Scrape
	-CRF - cystic kidneys. } on PD. -obstructive uropathy } polyuric
	PEG tube - feeding difficulties
	-GOR - Nissen fundoplication
	bilat reimplantation of ureters.
	Recurrent UTI's - On PD since Sept 94.
PC	Pyrexia - since Sunday.
	some vomiting, not any more than normal
	no diar, tends to constipate
	no Resh/cough
	no recent contact ? infectious diseases
Meds	as before.
	on Monoterm since Wed.
O/E	temp 38.5
	bright + alert.
	BP 98/33
	throat - clear some C+ LN.
CVS	2HS TO, no m
RS	chest clear
Abd	Soft non tender
	BS -
	no Resp / meningism
Plan	admit
	observe temp FBC
	FBP / DWCC / U+E+Creat + BP + CXR /
	blood cultures / fungal blood cultures

AS - ROYAL

057-102-195

WNC 762/OS 4043

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Urine → direct, O+S, yeasts
	PD fluid → direct, O+S yeasts
	for CKR - clear
	Hb 9 Na+ 137
	PCV 0.27 K+ 3.7
	WCC 13.9 Cl- 92
	plts 457 urea 16.2
	TP 80
	Creat 615
	Qbtt
9pm	PD fluid direct: 9 WBC
	2 RBC
	[redacted]
30.6.95.	Readmitted yesterday - unexplained ↑ temp for 9/7.
	Temp ↑↓ 39.3 last night.
	listless + lethargic, lying down all day at home.
	Yeasts isolated from skin around PD cannulae.
	Direct urine - Nil.
	No pain around gastrostomy site; tube feeds going ok.
	On Trimethoprim.
	get cultures today. CStewart.
	* Urine culture from 26/6 - mixed growth
	COLIFORMS } sens to
	ENTEROCOCCUS } Nitrofurantoin only.
	- change A'biotics CS.
1.7.95	Still swinging pyrexias, but generally good form.
	No further growth on cultures
	Commenced on Nitrofurantoin.
	Repeat BC + fungal culture when temp ↑. CS.

AS-ROYAL

057-102-196