[redacted]

DATE	CLINICAL HISTORY, E
1.7.95	3pm Temp >39 for last hour ; in good form despite this
	Note : gastrostomy aspirate sl. blood stained
	still % pain around site. → sent for C+S.
	ESR 68 } 30.6.95
	WCC 13.6 }
	Urine culture -ve }
	Blood cultures ; fungal cultures ; FBC ; viral screen repeated ✓
	Cr as before.
	CStewart.
1.7.95 8[45] pm	MARSHALL (SURG SHO) Bp 2199
	Thanks.
	Nearly 4 ♂.
	PEG button for renal anorexia.
	P/C + pain @ PEG stoma x 1/52 ; serosanguinous ooze around button, + aspirate this a.m. slightly blood-stained.
	° resistance to PEG feeding.
	C/E : Abd soft non-tender.
	° swelling / redness around PEG stoma
	° obvious granulation tissue.
	Button rotates in stoma c̄ ease + pulls back against abd wall without pain.
	Imp : granulation tissue internally lining stoma accounts for serosanguinous ooze + aspirate
	° evidence of stomal infⁿ.
	Will r/v on request thanks.
	A Marshall (SHO)
2.7.95	Still swinging fevers but no localizing source sepsis
	Repeat urine culture negative.
	Dialysis and gastrostomy feeds as usual
	Cr on nitrofurantoin.
	?change A'biotics.
	CStewart.

058-033-113

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

3/7/95 Temp still ↑↓ but in good form.
Cultures still -ve.
No vomiting. Gastrostomy tube feeds going ok.
- Need to get renal USS report
- swab throat.
Mum keen to get Adam home - d/w Dr Savage
stay until bacteriology results confirmed.
C Stewart.

3/7. Still PUO
PD fluid clear
Most recent MSU <10,000 - on furantoin
Blood Cultures x2 - need to confirm negative.
Urine ? have yeasts been sought.
* Throat Swab to be done. ✓
CXR. clear
Renal USS unchanged
ESR | CRP
↓
6 5
DWCC 13 but mainly neutrophils.
* Heart USS * ? SBE.
↳ Jayne Rodgers will do today.
CS.

3.7.95 Echo
No evidence of vegetations
Rodgers

3/7/95 ① Need Labelled WCC study organised ← Gary / Jeff 3550
2080 2325 Dr Laird.
② Brucella titre. ✓
Monospot ✓ Paul Bunnell titre ✓
Mycoplasma titre ✓
③ Blood for virology screen ✓

Commence i/v Cefotaxime + Flucloxacillin

058-033-114

Adam Strain 364377

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
3.7.95	Na 140
	K 3.5
	U 19.0
	Creat 604
	Alb 34 HPatten
4/7/95	Had x3 doses IV Cefotaxime - temp still ↑ but also ↓ 36.5 Form much the same. Does not appear sick even when T ↑. Bacteriologist has reviewed all cultures. No fungi. Suggest Cefotaxime for 4/52. Add in Fluclox to cover staph. Plan today - Throat swab. - CRP + repeat ESR. - Ct Antibiotics. CStewart.
	ESR N150!
11am	Erythematous rash ± urticaria after IV Fluclox. Mostly in groin + axilla. No wheeze. No tachy. Given oral piriton. - Stop fluclox meantime CS.
3pm	talked to Dr Laird - will arrange labelled WBC test.
5.7.95	Remains very cross + irritable +++ Mum feels his personality has changed over last 2-3wks ?limping on (L) leg. Intermittent. (fell (L) leg 31/52 ago). Temp still ↑↓, 39.0 this morning. Plan - Hip uss. → no effusion. - labelled WCC study ?thursday. - ?? needs LP or CT head. Ct IV Cefotaxime. Chase for Monospot etc. results Paul Burnell -ve (<4) CStewart. CRP = 154.

[redacted]

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

5/7 Ward review of PUO ē Dr Shield + Dr Cason + [illegible]

ESR 150 now   WCC not markedly ↑ predom Neutrophils

Hb ↓ 3gm

Urine PD. Blood culture negative

USS Kidneys no change   Gp/Holo/Coombs ✓

USS Hips NAD.   Coag Sc. ✓

CXR nad   Bld Cult. ✓

Brucella etc titres awaited   (3) LFT's ✓

(1) Stools/Throat swab virology/org ⟶ (4) USS - diaphragm - appendix - all organs

(2) Salmonella ~~titres~~ ⟶ (5) LP.

↳ stool samples for enteric pathogens (as per microbiologist)

(6) Vasculitis Ref/Rh'oid serology ✓

(7) Mantoux 1:1000 ✓

(8) Emergency CT { abdomen / Skull

[illegible signature]

Discussed antibiotic Rx ē Christopher Anthony Reg. Bact. [illegible signature]

5 July 199[illegible]

Thank you for asking me to see this patient. I feel that further bacteriological investigation of urine is required. This will involve centrifugation and 1° sensitivity tests. Current Cefotaxime therapy to remain [illegible] with a view to either stopping completely plus reculture of all relevant sites or a change of therapy influenced by the results of the urine culture. Intra-abdominal abscess cannot be ruled out but tests already in hand will help to clarify position. Will visit again tomorrow.

[illegible signature]

Repeat ESR >150.

058-033-116

[redacted]

MSTR ADAM STRAIN

[redacted]

04/08/91
Male

DATE	CLINICAL HISTORY, EXAMIN.
6/7/95	Pyrexia continues.
	LP attempted last night - unsuccessful.
	small amt blood stained fluid sent for culture.
	Day 3 iv Cefotaxime + oral fucidin.
	Plan · Ba meal today
	· USS abdomen
	· Early am urine sampling for centrifuge
	→ (C+S).
	Mantoux in (R) leg at 5pm yesterday. Read 48hrs.
	Repeat FBP: Hb 7.4 ESR (in lab) 140
	WCC 9.1 Coag Sc Normal.
	Plat 480
	CStewart.
6/7 3pm	yeasts + coag -ve Staph from urine sample from 5/7.
	? needs short course of fluconazole.
	off all A/B at present.
	[signature]
7/7/95	18.5 Kgs ← Weight
7/7/95	CT scan brain + abdomen (with contrast)
	Brain: Normal.
	Abdomen: Residual [illegible] present I can see no abnormality but this is outside my field so I will send the scans over to Dr Thomas.
	Dr [signature]
	Neuroradiology [illegible]
7/7/95	GA for CT
	Intermittent [illegible]. Total dose 110 [illegible]
	Atrop 330 μg. [illegible] [illegible]. Awake at the
	end of scan. [illegible] from 112° [illegible]
	[signature]

058-033-117

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
7/7/95 3pm	verbal report of labelled WC scan. small rounded area of high uptake left of midline upper abdomen. -deeper to this ill defined area of low uptake 10 cm across. not localised like abscess but inflammatory tissue spleen modestely enlarged, nil else. Elliott.
	refeed blood cultures, FBC, U+E etc sent BF
7.7.95	SURGICAL.
	s/b Mr Swann (SR): infected collection in ant abd wall around PEG stoma (as per labelled WCC scan). probably needs antib's prior to change of button to tube in 2-3/7. to confirm c Mr. Potts before feeding him tonight. D'Arcy Hall (SHO).
8/7/95	Temp 37.8. No further spikes. In usual form SIB Dr Savage, will speak to surgeons about speeding surgery Macmahon SHO
8/7/95 10.30 am	SIB Mr Potts. Spoke c grandmother If antibiotics getting time, hold off surgery. Will review tomorrow

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
9/7/95. 9am	In generally better form -3x temperature spikes in past 24hrs -button tube playing up- leaking around tube - this has been an intermittent problem ~~since~~ for past month Surgeons to R/V ~~tomorrow~~ this morning Amarjeet SHO
9/7/95	SLB Dr Savage for theatre at 2pm → Removal gastrostomy / insertion of new gastrostomy tube Will have tissue typed blood x1u tomorrow (Hb today latest 6.4 from 7/7/95 consent✓ Amarjeet SHO
9/7/95	- Button peg tube inserted - Removed - Size 8 foley Catheter Replaced. Aspirate Gastric → Acid pH - Passed in situ Allan
10.7.95	Still ↑↓ temp, 39.5 this am. New gastrostomy catheter working OK. Hb ↓ 6.4 ? transfuse. On Flucanazole / Fucidin / Aproxin / Rifampicin. ? PD cannulae blocked - to be ~~reparanised~~ today. Shared tissue typing → will try to get one unit Stewart.

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
11.7.95	SIB & Savage : temp settling a little Form improving check LFT's and 10mls clotted blood to tissue typing. * May have blood ~~tomorrow~~. BCH. Cr on antifungal / antibacterial & over. Check C Bacteriology ? Sutton seut for culture. ↳ no specimens recieved Cstewart. from theatre! Plan : Allow home after blood tests. Mum to continue oral drugs at home RV on friday for blood transfusion. CS. (14-7.95) Need for tissue typing if LFT's N
14.7.95	Admitted Day Case (Allerwd) for transfusion. Temp ↓ over last 3 days; only one temp spike at home. Generally better form at home. Gastrostomy site oozing + pain. (silastic catheter in situ) Plan - repeat FBP, ESR, Blood cult U+E + Creat, LFT. - Ct mixture of CIPROXIN from 7/7 FLUCONAZOLE from 6/7 RIFAMPICIN from 7/7. FUCIDIN. from 4/7 - transfuse 1 ⊙ filtered (WBC poor) tissue typed blood SLOWLY ~ 40 mls/hr.
Hb 5.7	
PCV .17	
WCC 7.4	
Plat 461	
ESR ↓ 65.	
	Home after it well. Cstewart.

[redacted]

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

17/7 Summary of Recent Events c̄ Adam

Now PUO > 3 weeks

Repeated cultures Blood Exit sites
urine Throats
PD fluid Stool

No conclusive +ve cultures only yeast from gastrostomy

CAT scan head + Abd } no subphrenic or other abscess
USS abd

Virology* screen CMV etc -ve

Brucella* Monospot✓ Paul Bunnell✓ Mycoplasma* -ve.

ESR 65 140

CRP 140

Cardiac Scan no evidence SBE

Mantoux negative

LFT's nad

Rh'oid screen negative

Adenovirus, psittacosis, Q fever, mycoplasma, infl. A+B } Negative

CNS:
CMV - Neg.
← HSV - weakly +ve IgM.
Measles, Mumps, VZV } Negative.

* Need these results

Results of FBP U+E etc from last week

Results of Blood culture from Friday

Isotope Labelled WCC scan showed only hot spot around gastrostomy

Now has had ~~1 week~~ 10 days + Fluconazole - yeasts in gastrostomy
Fucidin / rifampicin - antistaph
ciproxin - gm -ve in gastrost. swab

On Parental Request has been at home over W/E but report still spiking T° 39.5 on occasions

Hb has fallen steadily from 10.5 → 5.5 WCC 7.4

Will consult c̄ Dr Dempsey

? Repeat LP

? Bone Marrow

HS

058-033-121

checked today:
FBP✓ ESR✓ U+E+creat✓
Viral HSV repeated✓

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
19/7/95	Ward Review – Antibiotics all stopped 48 hrs ago.
	Form still good. Mum thinks he is improving.
	% pain at gastrostomy site.
	Temp : usually ~ 38.0 ; no calpol given, no spikes.
	Peritoneal dialysis as usual – no problems.
	Temp now 38.0.
	Bloods from 17/7/95 :
	Hb 10.8 DWCC 50%N ESR 130.
	PCV .33 38%L
	WCC 7.0 9%M → No abnormal cells
	Plat 602 3%E slides S/B Dr Dempsey.
	Plan –?? Admit.
	–? Gastrostomy change – will ask Surgeons.
	Cstewart.
21/7.	Further ward review
	Clinically better less irritable indeed happy
	T° One spike >38
	Usually ~ 37.5.
	Discussed ± Dr Christie
	Toxoplasma titre – 5mls blood
	Acyclovir x5 days in view of H. Simplex titres.
	Review 1/52 Ward. ± Dr Stuart
	KS
28.7.95.	Generally better. Temp. has been normal.
	Behaviour difficult at times.
Repeat	Also complains of discomfort after feeding.
S/MSK	Discussed ± Surgical Reg – no intervention at present.
FBP / ESR	See next week.
Tissue typing	Back on Keflex.
Toxoplasma.	