Adam Strain [redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Recent U.T.I with cloudy urine
	Commenced on Ciproxin
14/9	5th day on Ciproxin 125mg B.D. BP 95/50
	T° settled quickly

Change of foley to gastrostomy tube needed undescended testis fixed at same time.
— will be done in Oct.

-Spoken to VB. Mariad MS

IF MSO clear stop Ciproxin.

Mum worried about behaviour in class

DATE	SURGEON	ANAES
18.10.95	Syrana	Local

EUA + LEFT ORCHIDOPEXY

- LEFT TESTIS IMPALP.
- ON EXPL. AT INTRA
MOBILISED
BROUGHT TO SCROTUM
UNDER TENSION
- WILL PROBABLY
NEED 2ND STAGE

CHANGE OF PEG - TO COMPACK BUTTON
No 18 (2.4cms)
- GASTROCOLIC AIR FLUID NOT
CARCINOMA - VISUALISED CHR
- ∴ should have contrast
study to confirm
patency.

058-035-12

AS – ROYAL

DATE

CLINICAL HISTORY, EXAMIN.

[redacted]

Postop : Contrast study through
PEG - if satisfactory position
- can start using it
Routine care.
Review 6 wks for check orchidopexy
- will need 2nd stage
at later date.

Entered

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
17/8/95.	Pyrexia resolved Behaviour a big problem still got cross To Normal Dialysis no problems G tube still a problem — needs a proper tube
	O/E NAD BP 100/60 ~~Dry lab weight~~ Still polyuric
	4 Vol
21.9.95 2pm	Attended ward for Re-insertion of Gastroshoy last abe early thurs an No allergies. Consent ☑ ~~Antibiotics~~ Weight - 20.4kg
21.9.95	ACTON LOAN.
	PEG tube 12 gauge inserted. Fistula suite tight.
20/40	Well Back to normal self. → home.

CH 364377
MSTR ADAM STRAIN
[redacted]
04/08/91
Male
[redacted]
EHSSB
WD/DP CONSULTANT

JHW,

058-035-127

AS – ROYAL

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
25/9/95	Pyrexia since gastrostomy tube changed Need * blood cultures * + loading dose G+F I/V. MSU ✓ Commence 1) oral Flucloxacillin (NG tube) 125mg QDS 2) Gentamicin 5mg/kg in PD fluid Also C/O sore legs — PO_4 ↑↑ commence $CaCO_3$ 1200mg Susp in tube feeds loading dose 60mg Stat Gent I/V Fluclox 125mg I/V. Stat.
29/9/95	Mum phoned re Gentamycin level 3.5 Dr Savage informed of result and Adam to have Gentamycin until Monday J. Clogan
12/10/95	T° Normal Form good — has been well for 2/52 off all a/biotics except nocte Keflex School things moving Change tube to Button. Letter to SCMO Tues

[redacted]

CHL 364377
MSTR ADAM STRAIN
[redacted]
04/08/91
Male
[redacted]
EHSSB
WD/OP
CONSULTANT

DATE	CLINICAL HISTORY, EXAMINA[redacted]
18/10/95	Adm. for orchidopexy
	+ insertion gastrostomy
	button.
	HPC. H/o reflux nephropathy
	On peritoneal dialysis at home
	Also H/o feeding probs.
	Fundoplication in past for GOR
	Gastrostomy feeds at home
	Booked adm. for (L) orchidopexy +
	insertion gast[redacted]
	well recently
	Had bacteraemia after gastrostomy tube
	changed ~3 wks ago.
	DH $NaHCO_3$ 12.5 mls qid
	$CaCO_3$ 10mls daily
	Keflex 5mls nocte
	Ketovite III daily.
	1-alpha 3mls daily
	Fersamal 4mls daily
	~~ø known allerg~~
	RXN TO VANCOMYCIN IN PAST.
	ø known allergy to penicillin
	O/E Bright + alert.
	Pale.

058-035-129

AS – ROYAL

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	CVS Pulse 100 bpm, reg, good vol
	H_3 $\bar{E}$ + $\bar{U}$ + O
	Resp Chest clin. clear
	Abd Soft, non tender
	GASTROSTOMY TUBE PD CATHETER o palp. masses or LKICS
	BS (N)
	(C) testes not in scrotum.
	SUMMARY
	4yr old ♂ adm. for insertion gastrostomy button + (C) orchidopexy. H/O reflux nephropathy. On peritoneal dialysis
	Plan – Anaesthetist informed to give 60 mg gentamycin } start IV en 125 mg flucloxacillin } theatre – To have U/E today (K+) - consent for gastrostomy button + ? (C) orchidopexy (formal decision in theatre)
	T Cantwell SHO
18/10/95	Na^+ 142
	K^+ 4.0
	Urea 11.7
	TP 65
	Ca^{2+} 2.32
	Creat 642
	PO_4 1.38

ADAM STRAIN [redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
26.11.95	admission for renal transplant
11.30pm	
	P Medhx reflux nephropathy
	peritoneal dialysis at home
	fundoplication for GOR
	gastrostomy feeds.
	well at present
	GIT → NAD. bowels regular.
	CVT → NAD.
	resp → °cough °...
	Medics as report
	O/E alert, bright
	temp 36.4. pulse 97
	[redacted] 56 wt 20.2
	O2 sat 97
	HS I II
	chest clear
	abd soft non tender gastrostomy tube ✓
	°masses PD catheter ✓
	°HO enlct
	Femorals Rt ✓ Lt

AS – ROYAL

058-035-131

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	leg MRI

Dr. [redacted]

ADAM STRAW [redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27/4/95.	Transplant cross match favorable Planned for theatre 7am Viral Studies negative incl CMV negative Herpes Simplex ve Fully Hstory of urological problems — ? bladder function X Rays all available + present P.D. fluid O/N c Vanc + Gent. Electrolytes Satisfactory — should be repeated Acyclovir just flush in am — on Diurgyte O/N rather than Nutrazon.
	In theatre to have (i) [redacted] (ii) Augmentin (iii) (Double or) triple lumen line for Drugs/sampling/CVP (iv) Dopamine 2-3 mcg/Kg/min I/V. No mannitol in view of natural polyuric state Ht 102 cm Wt 21 Kg S.A. = 0.75 [redacted] Post op Acyclovir in view of Herpes Simplex + as per protocol

058-035-133

AS – ROYAL

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

27/11/95 Adam

Age 4yr 3/12, Reflux nephropathy + renal dysplasia
1st (R) cadaveric renal tx.

Donor, age 16, + Subarach. Haem — Adam
A +ve CMV neg — A +ve .. CMV neg
A 1,29 — A 1,32
B 8,44 — B 44,14
DR. 3,7 — DR 7,8

mismatch = 1,1,1

Removal @ 01^{42} 26/11/95

vascular anastomosis ~ 10^30 am 27/11/95

CADAVER Transplant — P Keane, S Brown } Surgeon; Bob Taylor Anaesthetist

Incision ~~Left~~ Right Muscle Split RIF

Findings Adhesions to Previous Renal transplant
Normal Calibre Vessels
Pelvis of Right Kidney overlying Ext Iliac V.

Procedure 2 Arterys on Widely Separated Patched Joined
c̄ 6/0 Prolene
~~Artery~~ Vein to Ext Iliac
Arterial Patch Sutured to Ext Iliac c̄
6/0 Prolene.

Ureter Reimplanted by Snall

AS – ROYAL

058-035-134

DATE	[redacted] CLINICAL HISTORY, EXAMINATION AND PROGRESS

Sub mucosal tunnell.
#8 Feeding tube
#14 Malecot.

Closure Vicryl
Subcut
Vicryl
Prolene

Kidney perfused reasonably at end

[redacted]

1205 pm. Returned to ITU post Tx.
Post operatively — did not become
- fixed dilated pupils.

No instability cardiovascularly intra-op.
BP ~ 118/78
CVP ~ 30 (was 17 at start of procedure
uncertain if this was accurate
as multiple veins access
below + jugular vessels used-ITU).

Epidural @ 0630 this am — not problematic
NO evidence CSF leak.

Drugs in Theatre: Augmentin
Methylprednisolone 200mg
Azathioprine 25mg IV @ 1030hrs

[redacted]

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

Fluids in theatre:
losses — 911 blood (in suction bottle)
input — 3000 (HPPF 1000, Hartmanns 500, N/5 NaCl 1500.)
+250 packed cells
KIDNEY — looked 'blush' at end of theatre.

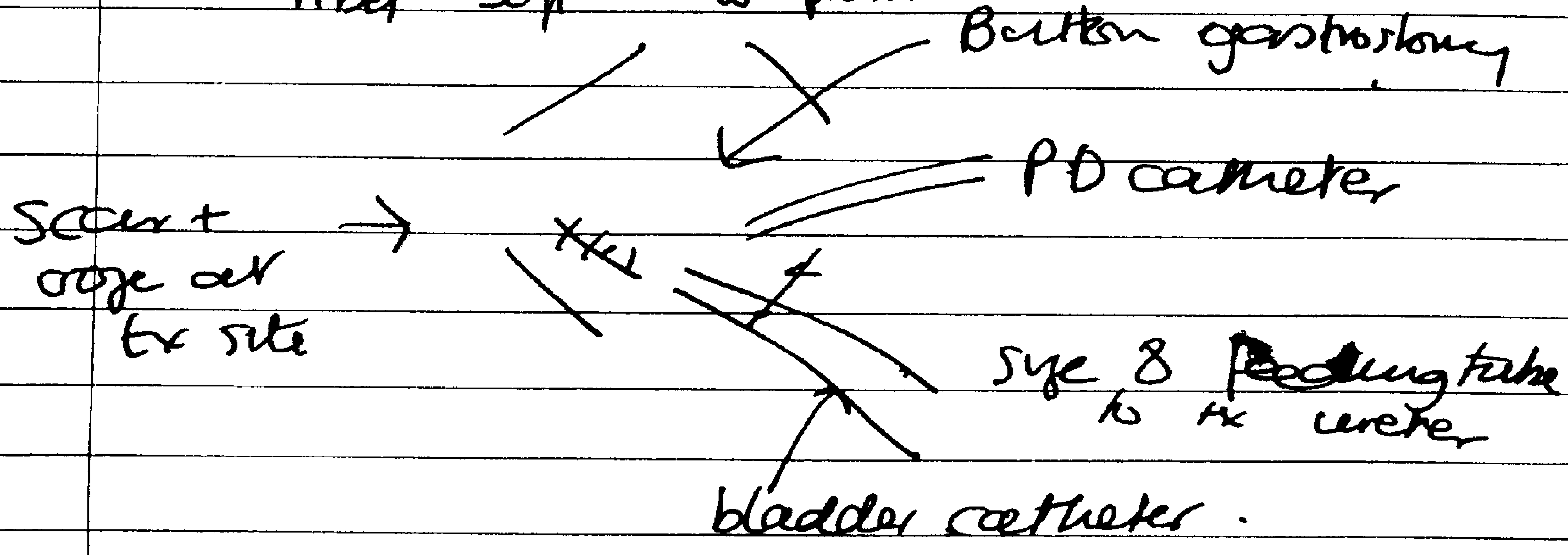
o/E Pupils 7mm R=L
Fixed
(R) fundus — disc indistinct
haemorrhage @ 12 o'c

(L) fundus — disc indistinct.
haemorrhage @ 9 o'c, 11 o'c

[redacted] CVP = 11
Perip Reflexes not present (also had epidural)
Plantars ⊖

Ventilated.

CVS p 107 BP 1°
RS A/E R=L
Abd Soft. BS present.



[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Output : 49 mls nocte & for 0 from tx Monday
	Imp: ? reason for CVS problem ? high epidural or more likely – caused in theatre (high fluid input + abnormal cerebral venous drainage)
	Plan ① 50 ml mannitol stat
	② ventilate CO2 ~ 28–30 mm Hg
Hb 10.6	③ Fluids – replace output @ present.
WCC 8.7	prob will need ↑ pushed further
Plat 140^{000}	④ need neurology opinion.
PCV 0.29	⑤ Dr Scevage / Dr Teagle will speak to
	Mother
	W McComiskey
1pm	Fluids ↓ 10 ml/hr.
	• cyclosporin 3mg/kg/12hrs.
	• dopamine 2.5 µg/kg/m
	BP now 159/99
	await emergency CT scan brain.
	no antihypertensives @ present as may ↓ CPP.
	W McComiskey
	As above. Surgical procedure performed with apparently cardiovascular stability but failure to breathe spont post op. Dilated pupils O/E with bilateral papilloedema + haemorrhages CVP 12 but steadily rising BP over past hour. Rx I/V diazepam + if no
	W McComiskey

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
12-pm	Response needs antihypertensive Rx — BP now 170/100 S/L nifedipine 5mg. stat.
12pm	diazemuls 6mg IV given in case ↑ ICP = seizure — no effect
	[redacted]
[redacted]	27/11/95
K 4·8	CT scan Dr.
U 221·4	
Hb 11·5	There is marked generalized cerebral swelling with compression of the lateral ventricles and obliteration of the third and fourth ventricles, basal cisterns and cortical sulci. No focal abnormality seen.
TP 41	
Creat 477	
? dehydrated	Dr Chitty
	Neuroradiology RVH.
27/11/95	Position + prognosis fully explained to mother + relatives. Explained [cerebral oedema 'brain swelling' with pressure on vital control centres. Have explained we will try to reduce swelling but that hope of recovery is remote. I have said we will continually assess situation + make further decisions after 24 hrs
	Dr Webb — Wednesday
	will come 5ish pm ~ 7pm ve

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27/11 17[10]	Now noted to have some decerebrate movement.
	Fluids — output 529
	BP — was 145/110 earlier had 10 mg S/L nifedipine
	if persistently high later — hydralazine 0·2 → ~~per kg~~ 0·2mg/kg stat followed by hourly infusion of 0·2mg/kg/hr → 1mg/kg/h as required.
	Aim MAP >90 to maintain CPP.
	~~Systolic~~ Systolic < 150 Diastolic ≤ 100
	Mean
27.11.95 19.30.	Neurology. Thank you
	. 4 yr old boy post Renal transplant today.
	Noted peripupesatively to have 'fixed dilated' pupils @ 12 NOON
	CT Scan Reviewed. shows diffuse generalised cerebral oedema with obliteration of basal cisterns (Contrast).
	· ON NO muscle Relaxants OR sedation
	Vital Signs - HR 140/min BP 180/88 Temp 36.5
	O_2 98%
	- Fully ventilated. - No spontaneous resp. effort
	No Response to deep supraorbital pain
	- No eye opening
	- No autonomic Response
	- No Limb movement or facial grimace
	Pupils 6 - 7 mm fixed + unresponsive
	No Corneal Response

AS – ROYAL

058-035-139

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	No eye movements to 'dolls eye' Gross fundal Haemorrhages - both eyes Cold aloric to both ears - No autonomic or eye response Suctioning + tongue depression - No gag Apnoea test - No spontaneous resp. effort Nerve stimulation - (N)
	Imp - Adams examination is comparable with brain stem death 2° severe acute cerebral oedema. This may have occurred on the basis of unexplained fluid shifts - 'osmotic disequilibrium Syndrome'. I would be available to Repeat the examination tomorrow Am DMcL (VP 407147)
8.30pm	Informed parents of neurology opinion Heart cannot be cannot recover. Has offered his other organs but not Keen as P.M. Very upset. Also spokane Aleutians Output 800mls since coming back from theatre input 200 Repeat CXR at bed time to see if pulmonary oedema cleared. Repeat U+E tonight check LFTs at same time. MSyn
11pm	Situation stable but [K] rising - now 6.0mmol/L Rx. Ca Resonium Rectally 15gms Se [Na] still low commence N Saline at 10mls/hr
WR Dr Savage	- commence dialysis 10 x 3min cycles. Recheck U+E in am. DrR Cstld

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
28-11-95	BP dropping over past hr
1am	MAP ↓ 70.
	O_2 Sats 97→98%
	— V. pale but still fairly well perfused
	↑ metabolic acidosis — HCO_3^- 16.3 BXL — 7.8
	CVP ↑ 7.
	— total output so far ↑ 1200 mls
	— intake <300 mls.
	— dopamine ↑ 5mcg/kg/min.
	— bolus of 100 mls HPPF given stat.
	— good response to above measures → MAP ↑↑ 100.
	— Continue c̄ dialysis
	— 4 hourly ABG if stable
	— bolus of HPPF as indicated → if BP still falling may require some maintenance (N) saline.
	— repeat U+E 7am.
	[signature] (locum registrar).
28-11-95.	— peritoneal dialysis attempted earlier tonight
3 am.	— initial dwell of 500 → 320 out, rest leaked out through wound. cycle bypassed → further 500ml dwell → leaked +++ through wound.
	— BP beginning to fall again MAP → 85.
	— Discussed c̄ D surgeon → stop dialysis
	+ repeat U+E in am.
	[signature]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	- fluids. - (N) Saline 50 mls/hr initially - vary according to Urinary output + BP. 4 hrly ABG. Jan Wilson.
	Repeat CXR 10 pm - Still quite marked pul oedema. fluid in horizontal fissure.
28/11/95 07.45 am	Unchanged CNS stable overnight. Diffuse oedema on CXR. Ventilation is stable. Electrolyte/fluid problems. overnight - P.d. unable to get -ve balance.
	Anaesthetic record & printout of Monitor included in notes R Thor.
28.11.95	Brain stem death criteria fulfilled on Repeat examination
9.10. Am	This morning with Dr O' Connor. D Wells (IP 407147)
28.11.95	Matter drawn to re organ donation - subject raised by matter. Consent obtained for corneal donation + donation of heart for valves. Cleared Sandra Co-ordinator
	Anaesthetists note Relatives advised against organ donation in view of medico legal issues As the expected tests confirmed brain stem death it is decided to discontinue the ventilation which will now in the presence of Dr Savage and the child mother (with their consent) consultant anaesthetist

Aadan [illegible] 102cm 25-50th

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS 20.9kg 97°C
9/11/95	Age 4yr 3/12
	PacX dialysis - Since 2 [illegible]. Sept 94.
	Reflux nephropathy
	Bloods oct - ok
	Last pTH Sept - 229 pg/ml
	gastrostomy swab → pseudomonas, green discharge.
	Drugs: Na bic 12.5 mls qds (gastrostomy)
	Ca carbonate 10mls od (1200mg)
	(mixed c̄ tube feed) 60mg/kg/.
	Keflex 5ml nocte
	Resonium 4ml od
	1α 3ml od
	Ketovite III daily
	EPO 1000 u x twice a week.
	= 100 u/kg/week.
	Dialysis: Dry wt 20kg.
	750 ml x 15 cycles. 1/2 hr dwell
	13 hrs.
	PU ++ ? how much ? [redacted]
	feeds gastrostomy - 3x200 bolus
	(button). 1500 ml O/N.
	? how many calories
	1540 kcal = 77 kcal/kg.
	Sucks bread. No fluid.
	Seen by Geraldine Walford c̄ Adam this week
	Mum seeing alone next week

058-035-143

AS – ROYAL

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	School – CMO Dr Burns
	awaiting appt c̄ Ed Psych.
	~~may~~ will be statemented
	will have classroom assistant
	St Patricks PS. Hollywood. Reception.
	Xray –
26/11/95	9.30PM
	Pt attended ward for possible renal transplant
	FBP ✓
	Coag screen –
	U+E, Alb, Bone profile
	Virology for CMV titre ✓
	Gp + CXM – 4 (u) packed cells ordered
	WC filtered + CMV negative
	Informed by lab staff that WHOLE BLOOD is NOT available at such short notice.
	To have IV fluids @ 75mls/hr (maintenance)
	J. [illegible] SHO
26.11.95 11.00pm	Hb 10.5 — Na 134 — Prothrombin time 12.3
	PCV 0.32 — K 3.6 — PTTK 28.4
	WCC 9.1 — U 16.8 — Thrombin Clotting 20.6
	Plt 336 — Ca 2.54 — Fibrinogen 3.58
	Creat 702 — XDP <250
	Alb 40
	Phos 1.28
	[signature]