HOAM SHAHID

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
26.11.95	admission for renal transplant
11.30pm	P/Medics renal nephrology peritoneal dialysis at home Fundoplication for GOR gastrostomy feeds.
	well at present GIT → NAD. bowels regular. CVT → NAD. resp → °cough °sputum Medics as report C/E alert, bright temp 36.4. pulse 97 BP 108/56 wt 20.2 CVS RS P/A HS I II chest clear chest soft no bruits gastrostomy tube in sutures PD catheter in site clean wt - wt

059-006-009

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	legs MAE

ADAM STILMAN

DAT	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 History of urological problems — ? bladder function X Rays all available + present P.D. fluid O/N c Vanc + Gent. Electrolytes Satisfactory — should be repeated Acyclovir first thing in am — on Dialyte O/N rather than Nutrazon. In theatre to have (i) Methyl Prednisolone 10mg/kg I/V Stat i.e 200mg. before clamps released (ii) Augmentin 500mg I/V Stat (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 Post op Acyclovir in view of Herpes Simplex + as per protocol H Savage

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. CM
	A 1,29 — A 1,32
	B 8,44 — B 44, 14
	DR. 3,7 — DR 7,8
	mismatch = 1, 1, 1
	Retrieval @ 01^{42} 26/11/95
vascular anastomoses ~ 10³⁰ am 27/11/95	Cadaver Transplant — P Keane, S Brown } Surgeon; Bob Taylor Anaesthetist
	Incision ~~Left~~ Right Muscle Split RIF
	Findings: Adhesions to Previous Reimplant
	Normal Calibre Vessels
	Pelvis of Right Kidney overlying Ext Iliac Vein
	Procedure 2 Arteries 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 S...?

059-006-012

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Sub mucosal tunnell.
	IF 8 Feeding Tub
	IF 14 Malecot.
	Closed Dicyl
	Catgut
	Vicyl
	PDS
	Pthen
	Kidney profused reasonably at end-
	Pthen
1205 pm.	Returned to ITU post Tx.
	Post operatively — did not breathe
	- 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 venous access
	before + jugular vessels tied off).
	Epidural @ 0630 hrs am — not problematic
	NO evidence CSF leak.
	Drugs in Theatre: Augmentin
	Methylprednisolone 200mg
	Azathioprine 25mg IV @ 1030hr

ATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

Fluids in theatre:

losses — 911 blood (in suction bottle

input — 3000 (HPPF 1000
Heartmans 500
+250 packed cells N/5 Wacq 1500.

KIDNEY — looked 'bluish' at end of theatre.

OE Pupils 7mm R=L

Fixed

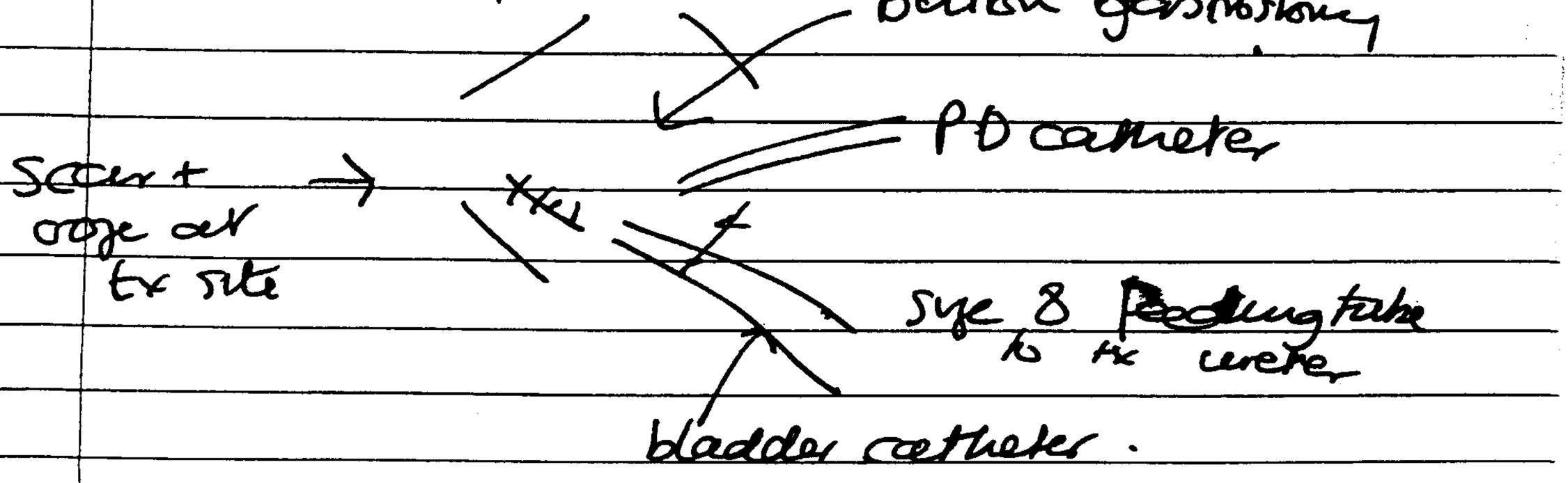
(R) fundus — disc indistinct
haemorrhage @ 12°c

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

Puffy, CVP = 11)
Peripheral oedema (also hand oedema)
Plantars ⊖

Ventilated.

CVS p 107 BP 1°
RS NAD R=L
Abd Soft. BS present.



Output : 49 mls urine so far
0 from tx kidney

Imp: ? reason for CNS problem
? high epidural
or more likely – coned 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 to restrict further
Plat 140 000 ④ need neurology opinion
PCV 0.29 ⑤ Dr [illegible] / Dr [illegible] will speak c̄
mother

McConn

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.

McConn

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

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	~~Page~~
12~pm	Response needs anti hypertensive Rx — BP now 170/100
	S/L nifedepine 5mg stat.
12~pm	diazemuls 5mg IV given in care ? BP = Seyn
	- no effect
	HE
	CXR — CVP line going up neck vessel
	? obstructing venous return.
Na 119	27/11/95
K 4.8	CT scan brain
~0221.4	
Urea 11.5	There is marked generalised cerebral swelling with compression
TP 41	of the lateral ventricles and obliteration of the third and fourth
Creat 477	ventricles, basal cisterns and cortical sulci. No focal
? dehydrated	abnormality seen.
	Dr Chang
	Neuroradiology RAH.
27/11/95	Position & prognosis fully explained to mother +
	features. 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 reassess situation + make further
	decisions after 24 hrs
	H Wragg
	Dr Webb — Neurology
	will come this pm ~ 7pm ve

27/11 17[10] Now noted to have some decerebrate movement
Fluids — output 529

CP — was 145/110 earlier
had 10 mg S/L nifedipine

if persistently high later —
hydralazine 0.2 → ~~[illegible] per kg~~
0.2mg/kg stat followed by
hourly infusion of 0-2mg/kg/hr ⇒ 1mg/kg/
as required
Aim - MAP >90 to maintain CPP.
~~[illegible]~~ { Systolic <150
Diastolic ≤ 100 mean

7.11.95 19.30. Neurology. Thank you
. 4 yr old boy post Renal transplant today.
Noted perioperatively to have 'fixed dilated' pupils @ 12 NOON
CT Scan reviewed. shows diffuse generalised cerebral oedema
with obliteration of basal cisterns (Coning).

· ON NO MUSCLE RELAXANTS OR SEDATION
Vital Signs - HR 140/min BP 110/88 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

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

No eye movements to 'dolls eye'
Gross fundal Haemorrhages - both eyes
Cold calorics 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 his examination tomorrow Am

DMcL

(VP 407147)

9:30pm Informed parents of neurology opinion Kieran cannot be cannot recover. Has offered his other organs but not Keen as P.H. Very upset. Also spoken to Aletta's

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 LFT's 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

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 ↑ 5 mcg/kg/min.
– bolus of 100 mls HPPF given stat.
– fair response to above manoeuvre → MAP ↑↑ 100.

– Continue c dialysis
– 4 hourly ABG if stable
– boluses 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 bygone
3am. – initially dwell of 500 → 320 out, rest leaked
out through wound cycle bypassed → further 500 ml dwell
→ leaked +++ through wound.
– BP beginning to fall again MAP ↑ 85.
– Discussed c Dr [illegible] Savage → 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 ABV.
	Dr Wright.
	Repeat CXR 10 pm - Still quite marked pul oedema. Fluid in horizontal fissure.
28/11/95 07⁴⁵ am	Unchanged CNS state overnight. Diffuse oedema on CXR Ventilation is stable. Electrolyte/fluid problems overnight - P.U. unable to get -ve balance
	Anaesthetic record + printout of Monitor included in notes
28.11.95 9.10. Am	Brain stem death criteria fulfilled on Repeat examination Has Morning with Dr O' Connor.
	Dr Webb (RP 407147)
28.11.95	Matter drawn to re organ donation - subject raised by nurse. Consent obtained for corneal donation + donation of heart for valves. Cleared by Coroner Transplant Co-ordinator
	Anaesthetic 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 may have in the presence of Dr Savage and the child mother (with their consent)

Aadan Strain   H-4   '02cm   25-30

DATE   CLINICAL HISTORY, EXAMINATION AND PROGRESS A.49/95/45/5 Page: 20.9kg 97°C

9/11/95

Age 4yr 3/12
PacX dialysis. — Since 2 [illegible]. Sep 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/l
Keflex 5ml nocte
Ferrsamal 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 ? 1-2 litres

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

059-006-021

[redacted]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	School – CMO Dr Burns
	awaiting appt c Ed Psych.
	~~may~~ will be statemented
	will have classroom assistant
	St Patricks PS. Holywood. Reception.
	Xray –
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 (O) packed cells ordered
	WC filtered + CMV negative
	Informed by Cells 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 9.7 U 16.8 Thrombin Clotting 20.6
	Plt 336 Ca 2.54 Fibrinogen 3.58
	Creat 702 XDP. <250.
	Alb 40 [signature]
	Phos 1.28