CLINICAL NOTES

INPATIENT PICU

DATE/TIME	
13/4/00	18/12 ♀
0830	Dr. ..... Emergency tf from Erne Hospital
	PC Unresponsive Fixed dilated pupils
Initial Ix	Unwell since Tues. Attended G.P — NAD
Hb 12.1	
Wbc 15.0	Yesterday — poor intake x 2/7
Plts 397	occ. sips ↑ temps Vomiting
Na 137	
K 4.1	
Cl 105	A+E last night
CO_2 16	— 3hrs to get IV access
Urea 9.9	- IVF commenced @ 1230
Creat 45	- Antipyretics Rx
glu 45	— ↑ unresponsive during the night
	Developed diarrhoea as inpt
	↓ V. watery + profuse ° Bld / Mucus
	At 3am Mum → erratic breathing
	Given PR diazepam
	No jerking / teeth clenched noted
	Responded to bagging

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN BELFAST BT12 6BE

WNC 762

DATE/TIME

CLINICAL NOTES

Pupils noticed to be fixed + dilated @ ~ 3^{30}
Intubated @ 04^{00}
Mannitol given
Covered for sepsis O Igm Cloforan
BP/HR stable during transfer to NI
Dobutamine infn commenced in ambu because of ↓ in BP @ 07^{30}
PICU arrival @ 08^{00}

O/E - [redacted] Pupils fixed + dilated
Unresponsive to pain
V. floppy

HR 70 ± 8
BP

Hypothermic - temp
Unrecorded

Examined by Reg - no papilloedema

CVS I + II
Resp - no abn findings reported.

(P) BC/FBC/U+E/LFTs/Ca^{2+}/Mg^{2+}/Glu/G+H sent
Arterial + central lines inserted
ET tube changed
Warming
Gmc notes requested for further info

L McHugh
PICU SHO on call

CLINICAL NOTES

(6.

DATE/TIME	
0900	Contacted by Anaesthetist in Erne Hospital.
	Repeat U+E
	Na 127
	K 2.7
	renal function – normal
	L McLaughlin (SHO)
13/4/00	Paed Neurology
10.30	18/12
	11/4 : Vomiting everything – not eating
	Went to baby minder · brought home at 12 → ~~Erne~~ GP
	at 2.30 – checked out – felt to be OK – playing
	Slept quite well Tuesday pm
	12/4 – Boiled water – vomited.
	Father stayed at home – listless
	lethargic
	still vomiting.
	drinking
	Mum home lunchtime – still lethargic →

E/TIME

CLINICAL NOTES

Given Calpol 2pm
Drowsy - fell down
Walked Tweenies 3.30
Still drinking -
Fell asleep, unresponsive -
Rang Contracta 6.30 Still hypotonic
Brought → Out of hours
→ Ente (19.30)

Tried IV placement x 3 hours trying to drink
Dr O Donohoe called
Tried Diclofix
Got IV c. 10pm

Eyes glassy, stare 11.20, went back to sleep
00.15 - rattles, vomited

Offensive bowel → green (02.10)
→ Side ward
"Worse"

3 am - rattles
abnormal breathing
Arms, legs floppy - stare

Pupils not reacting, unresponsive
Intubated 4 am

→ PICU 8 am

CLINICAL NOTES

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DATE/TIME

One under 16

one bottle 13

Bronchiolitis

C/S - mild 7/52 2/7

Vaccination —

• Meds.

? given sedation

—.

O/E - Cold (31°) Pale.

Unremarkable.

Pupils fixed & unremarkable.

No corneal or gag reflex

No doll's eye reflex

Fundi (N) - No haemorrhages

No papilloedema

Reflexes present but diminished

No hepatomegaly

E/TIME	CLINICAL NOTES

Sun — Assuming paralysis has worn off, and she has been given no sedation, findings would suggest that she shows no sign now of brainstem function.

For CT stat, then probably for EEG.

DDx ? infection — ? herpes

? haemorrhagic shock encephalopathy

? metabolic, e.g. urea cycle defect

? cerebral oedema to other cause.

No cause as clinically evident as yet

I would suggest, as well as EEG/CT, the following

already done. — U/E, LFT
Ammonia
Clotting screen, including FDP etc
Herpes titres.

+ Urine for Organic acids. + Toxicology

If for LP, check herpes PCR.

D Mannion

) Stools for culture gone from Erne.

CLINICAL NOTES

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DATE/TIME

13/04/00 13^{40} to cover period from admission to MIDNIGHT PICU at 08^{00} to 09^{00}

received patient from transfer team from the Erne Hospital. Patient intubated (oral tube) and ventilated colour good, AIE both lungs.

dopamine infusion at 1.5 ml via peripheral iv line. HR initially noted to be ~ 110 min but within a few minutes had dropped to 70/min. child hand-bagged and hyperventilated but no improvement in heart rate. peripheral pulse palpable. BP 75/45. pupils fixed and dilated. central line organised.

Dr Chhabra

13/04/00

13^{50} Dr-CHHABRA

- Central line (Right internal jugular vein) inserted + Left femoral Arterial line inserted between 08.35 to 08^{50} hours.

Dr Chhabra

L E/TIME | CLINICAL NOTES

WARD ROUND - THURSDAY 13 APRIL 2000 - PICU
CONSULTANT - DR P CREAN

LUCY CRAWFORD

Eighteen-month old girl, transferred from Erne Hospital this morning.
She has been unwell since Tuesday, poor intake of oral fluids, lethargic.
Yesterday she was pyrexia, vomiting. Was taken to the Erne Hospital last night at 7.00pm, IV access was difficult and the parents say it took three and a half hours to establish an intravenous line.
During this time she was fairly unresponsive.
In the early hours of this morning, mother noticed that her breathing became erratic and she developed a seizure. She was given rectal Diazepam and at 3.30am her pupils were noticed to be fixed and dilated.
She was intubated and ventilated and transferred to the PICU in RBHSC.
She is currently haemodynamically stable on mechanical ventilation and requires an Adrenaline infusion to maintain her blood pressure.
Apparently she has had Manatol and is still polyuric.
She has a metabolic acidosis of -10 and the Sodium on ward testing is 140.
She is unresponsive to painful stimuli and I was able to change her endotracheal tube without any medications.
I am awaiting faxes of her notes from the Erne Hospital and she is to be reviewed by a Paediatric Neurologist this morning.

P Crean

Neurology.

14.00 CT today shows obliteration 1 L frontal sulcus suggesting that she has coned.

17.45 Reasonable white matter / grey matter differentiation seen, but her EEG shows isoelectric pattern.

Her prognosis, in my opinion, is hopeless, and indications are that she is brain dead.
She will need brain Stem tests, and on discussion with her parents, we will defer those until tomorrow.

CLINICAL NOTES

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AFFIX LABEL HERE

Lucy Crawford

DATE/TIME

In the meantime, overnight, if she deteriorates, her parents are agreeable to her not being actively resuscitated.

If she succumbs, a PM would be desirable — coroner will have to be informed.

I will leave tonight by phone, and will perform brainstem tests tomorrow.

Dominic Hanrahan
Cons Paed Neurology

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
BELFAST BT12 6BE

WARD ROUND - FRIDAY 14 APRIL 2000 - PICU
CONSULTANT - DR A M CHISAKUTA

LUCY CRAWFORD

This ~~eighteen~~ Seventeen-month old girl admitted from Erne Hospital yesterday still remains unresponsive.
She has required mechanical respiratory support during the last 24hrs.
An infusion of Desmopressin was discontinued during the night.
At 09.00 this morning, she had a negative brain stem viability test (1st test).

PLAN:
1 Await repeat second set of tests.

10.30 2nd tests Brainstem..
Dr D. Hanrahan + Dr. A. Chisakuta
→ NEGATIVE.

LC-Royal

061-018-066

CS.

DATE/TIME	CLINICAL NOTES
14.4.00	Blood Cultures negative to date. (After 24 hrs)
11.30	
	Phoned Erne lab : Urine culture
#6449	- no significant growth.
	Stools all sent to Altnapelvin.
	Altnapelvin lab :
	· Stool cultures → no pathogens isolated to date.
	· Rota / adenovirus available at 4.30 pm tonight
	· full repair Salmonella + Campylobacter requires further 24 hr culture.
	Transplant team (Eleana Daraghy) contacted again by Dr Hanrahan - will ring back.
	Coroner (Dr Curtis on behalf of coroners) contacted by Dr Hanrahan - case discussed, Coroners PM is not required, but hospital PM would be useful to establish cause of death + rule out other Δ.
	Parents consent for PM. ✓
	CStewart

[redacted]

CLINICAL NOTES

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DATE/TIME

14.4.00 After discussion re. transplant / organ retrieval,
14.30 hrs. Lucy was extubated @ 13.00 hrs
Parents in attendance
13:15 : No heart beat, no signs life.

Spoke to Pathologist Dr D. O'Hara
- Autopsy form ✓
- Consent (written) by parents ✓
- Heart to be retrieved for heart valve donation during PM.

C Stewart
SpR

4/05/00 Contacted by
- re death certificate
- spoke c Dr Stewart - had been waiting for PM result
- PM result on front of chart
- ~~Toxicology~~
- spoke c Dr Hamrahian
- Cause of death 1. Cerebral oedema
2. Dehydration
3. Gastroenteritis

→ will contact Funeral Undertaker

E/TIME	CLINICAL NOTES
	- spoke c̄ undertaker - will send Death Cert
	[redacted]
	[signature]
1/6/00	Interview with parents.
	They have met Dr O'Donoghue, who ~~says that~~ did not have his notes.
	I went over the events around Lucy's death, and encouraged them to re-attend Dr O'Donoghue to clarify events in the Erne.
	I will see them again if required.
	[signature]
14/6/00	Contacted Dr O Donoghue who will see Lucy's parents again, but he would rather wait for the pm report.
	[signature]