NUTRITION/HYDRATION

Good appetite until 2-3/7 ago
Taking small amount oral fluids only.

On Admission

NUTRITION ASSESSMENT SCORE (6)

Nil By Mouth ❖ Yes

Type of fluids insitu ❖
0.9% normsaline

B.M Stix 7.2mmols ❖

Central line sites no ❖ Day No:

Peripheral line site x1 Right hand ❖ Day No: 1

Arterial line site no ❖ Day No:

Nasogastic tube insitu ❖ Yes/No

Gastrostomy tube insitu ❖ Yes/No

ELIMINATION

Diarrhoea over past 24hrs
otherwise no problems previously

On Admission

Catheterised ❖ Yes/No Size:- 10F Day No: 1

Urinalysis ❖ as per dbs chart

Date of last bowel motion ❖ 13/4/00 diarrhoea.

Wound Drain ❖ Yes/No Site: Day No:

P.D. Cannula ❖ Yes/No

Chest Drain ❖ Yes/No Site: Day No:

Colostomy ❖ Yes/No

Ileostomy ❖ Yes/No

HYGIENE/MOBILITY/WOUND CARE

Requires assistance with hygiene.

On Admission

Skin Intact ❖ Yes/No

Sites of
1. Wounds no
2. Skin Breaks/Pressure Sores no
3. Condition of Mouth dry
4. Condition of Eyes dry
5. Condition of Hair/Nails dirty.

Paralysed ❖ Yes/No

Spontaneous Movements ❖ Yes/No

Any Immobilising injuries/fractures ❖ Yes/No

Site/s ❖

PSYCHOLOGICAL/SOCIAL/CULTURAL

parents present.

On Admission

Comfoter ❖ Yes/No

Toys ❖ Yes/No

Religion ❖

Baptised ❖ Yes/NO

CIRCUMSTANTIAL

PAEDIATRIC INTENSIVE CARE UNIT - R.B.H.S.C.

(8)

NAME:-	DoB:-	HOSP. NO:-	DATE & TIME	NURSES SIGN:-
Lucy crawford	5/11/98	461358	0800hrs 13/4/00	Bmurphy

RESPIRATORY

Bronchitis november 99
Prescribed inhaler at that time - not required.

On Admission

- Maintaining own airway ❖ Yes/No
- Method ❖ Self/oral airway/ET tube/tracheostomy
- Size & length of tube ❖ 4.0cm ? length
- O2 Therapy ❖ Yes/No
- Method ❖ Facemask/headbox/ventilator/T-piece
- Secretions ❖ Type & amount 2ml
- Specimen to lab ❖ Yes/No

CARDIOVASCULAR

no problems noted.

On Admission

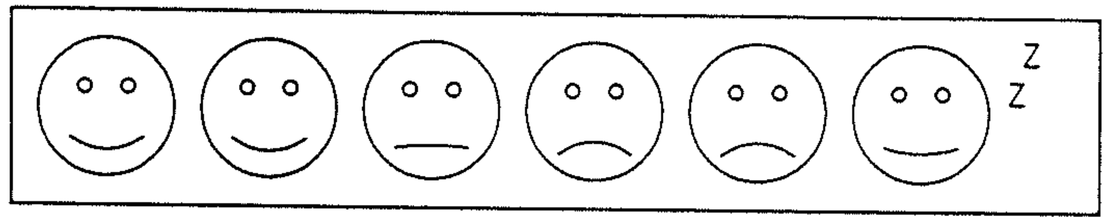
- Colour/perfusion ❖ Pallor/cyanosis/well perfused
- Cardiac rate ❖ Bradycardic/tachycardic/normal
- Cardiac rhythm ❖ Sinus rhythm/arrthymia
- Blood pressure ❖ Hypotensive/hypertensive/normal
- Drug therapy ❖ ----------
- Pacing wires insitu ❖ Yes/No
- Pacing box ❖ Sensing/pacing

PAIN/SEDATION

calpol pm for analgesial pyrexia.

On Admission

- Pain Relief ❖ Yes/No - sedation/analgesia/paralysis
- Mode ❖ PCA/infusion/epidural/oral or rectal prepartion/intermittment



Use pain scale if appropriate

NEUROLOGY

neurologically stable until 3.00am 13/4/00 - seizure activity - PR Diazepam given - pupils fixed + dilated since

On Admission

- CNS status ❖ Conscious/unconscious/irritable/drowsy
- Coma scale ❖ 3
- ICP monitor ❖ Yes/No Type ----------
- Cervical collar ❖ Yes/No ----------

Temperature:- unrecordable Heart Rate:- 64 Respirations:- ventilated Blood Pressure:- 60/40 Weight:- 9.8kgs

CH 461358 Page:

LC-Royal

061-025-081

OS13/447-6

NAME OF G.P. Dr Connor (Elaine)
ADDRESS:
Enniskillen HC

TELEPHONE NUMBER: [redacted]

NAME OF HEALTH VISITOR: [redacted]

ADDRESS: Enniskillen Hc

TELEPHONE NUMBER: As Above.

SOCIAL WORKER/OTHER CONTACTS

RECENT CONTACT WITH INFECTIOUS DISEASES?

Not known.

ALLERGIES:

NKDA

CURRENT MEDICATIONS AND METHOD OF ADMINISTRATION:

No medications.

OTHER RELEVANT INFORMATION

WARD FACILITIES - TICK BOX WHEN EXPLAINED TO PARENTS:

PARENTS ACCOMMODATION WITH NO SMOKING POLICY	☐
PARENT INFORMATION	☐
PARENT SHOWER/TOILET FACILITIES	☐
TELEPHONE	☐
RESTAURANT/CANTEEN	☐
SOCIAL WORKER	☐
CAR PARKING VOUCHERS	☐

IMMUNISATIONS		DATE OR AGE ADMINISTERED
DIPTHERIA	1st	
TET & POLO	2nd	
PERTUSSIS	3rd	
MMR	Yes/No	
BOOSTER (pre school)		
DIP.TET. POLIO	Yes/No	
B.C.G. administered		
DATE OF LAST TETANUS		

All up to date

ANY LOOSE TEETH

NO

OTHER PROSTHESIS?

—

SIGNATURE OF NURSE TAKING HISTORY: B Murphy

DATE: 13/4/00

NAMED NURSE: SN B. Murphy

PAEDIATRIC INTENSIVE CARE UNIT - R.B.H.S.C. HOSP NO: 461358

CH 461358 Page:

FAMILY NAME: crawford

FIRST NAME: lucy
LIKES TO BE CALLED:

CHILD'S ADDRESS: [redacted]

TELEPHONE NUMBER [redacted]

AGE: 05/11/98
D.O.B.: 1yr 5mths
BIRTH WEIGHT:
RELIGION: [redacted]
BAPTISED: [redacted]

NEXT OF KIN: [redacted]
RELATIONSHIP TO CHILD: parents
ADDRESS: as above

TELEPHONE NUMBERS:
WORK: HOME:

WITH WHOM DOES THE CHILD RESIDE? [redacted]

RELATIONSHIP TO CHILD:

WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD? [redacted]

LEPHONE NO:

ME OF SCHOOL/PLAYGROUP/NURSERY:

DATE: 13/4/00

TIME: 0800hrs.

REASON FOR ADMISSION:
↓ level of consciousness
seizure activity
fixed + dilated pupils.

ACCOMPANIED BY: anaesthetist, staff nurse, ambulance crew.

WHY DO THE PARENTS THINK THE CHILD HAS BEEN ADMITTED?
"something to do with her being sleepy"

MEDICAL DIAGNOSIS:

PREVIOUS RELEVANT HISTORY/ADMISSIONS
Admission Nov '99 Bronchitis - needed nebulisers

CONSULTANTS:
Dr crean
Dr Hanrahan

PARENT(S)/CARER(S) RESIDENT? yes

WHERE: room 2.

LIKES TO BE KNOWN AS: [redacted]

DO THEY WISH TO PARTICIPATE IN THE NURSING CARE OF THE CHILD?

SOCIAL ARRANGEMENTS:
[redacted]

NAME & AGE OF SIBLINGS
[redacted]

061-025-083 LC-Royal

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