

CLINICAL NOTES

 CH 476554
 MISS ROCHEL FERGUSON

04/02/97

Female

N/D/UP

MISS
CONSULTANT

DATE/TIME

 9/06/01 TRANSFER FROM ALTMAGELWIN → PICU / RBHS
 1350

9yr 4½ old ♀

PC: ↓ LOC

SEIZURE ACTIVITY

CEREBRAL OEDEMA

 HR Admitted to Altmagelwin Area Hospital on
 07/06/01 re acute abdominal pain & Appendicitis
 Had appendicectomy that evening and
 received No 18 sol @ 80mls/hr

 Following day - vomited 6-7 times
 ° pyrexia. Bright / alert / walking
 This am 0300 - incontinent of urine
 unresponsive

 tonic-clonic seizure activity
 lasting ~20 mins
 Received rectal diazepam 5mg
 + 10mg diazepam IV.

 Post ictal - remained unresponsive
 pupils fixed + dilated
 Desaturating - apnoeic

Intubated orally by Anaesthetist
size 6.0 ETT $\circ$ Sedation given

Noted to be hyponatraemic Na = 118
U+E (7/6/01) Na = 137

- fluids changed to N 8AAWt
Given IV Cefotaxime / Benzylpen

- CT BRAIN x 2 AUTNAGELUW
- Cerebral oedema

- $\circ$ FH seizures
- Polyuric - dilute / clear urine

PMH: nil

DH: nil
 $\circ$ allergies

SH: 3 brothers - 1st age 14
2 younger brothers

Immunisation - up to date

Development - $\circ$ concerns

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R/ZDP

NUS58
CONSULTANT

DATE/TIME

O/E T 35.6 ACS 3/15 CRT < 2s
oral ET tube in place

COS P 1.20/m

MS 1+1 0m

BP 92/48

RS Good A/E bilaterally
oadeel soundsGIT soft abdomen
o masses.

	(PUS)	(U)	(R)	(D)
T				
P				
C				
R	++	++	++	++

Pupils - dilated + unreactive to light

Aag reflex - absent

Carnel reflexes - absent

	(U)	(R)	(D)
T			
P			
C			
R	++	++	++
PI	+	+	+

Δ PICP/Cerebral oedema

Central Diabetes Insipidus

Plan - Ventilate - keep pCO₂ 4-4.5 kPa

- Fluid restrict to 2/3 maintenance

- ABC / FBPI / U+E / Ca / Mg / CRP

DATE/TIME	CLINICAL NOTES
	- Urinary catheter - C/w IV A/Bs - Renew CTs - S/w Dr Harradine + Dr Allen will R/V pt - Spoke with parents - told that Rachel is critically ill and that the outlook is very poor - Given 1mg DDAVP IV
	(D/D) to 'Donor' (ub)
7-6-8-30 PM	Offender
11.30 PM	Surgeon
8-6-	- well
	her time started vomiting - (very from 7.6.)
C/O	her nose while vomiting.
	Given ondansetron.
	Started spitting up blood
	Settled - parents home at 12.30 (am)
4.30 am	parents called - Surgeon

CH 476554
MISS RACHEL HARRISON04/02/97
Female

MISS

MAY 1997

LIVESTOCK

DATE/TIME

When found in car still some shivering

Took blood - 1 NC (118)

CT - (S/B M. Ryan - sedation)

(Referral in - contact)

Transferred to here

O/E - Some Reflex movement of legs - not
purposeful

No Corneal

No pupillary
No pupillary
Doll's eye

Reflex.

No response to hypoxia ($CO_2 = 8$).
No response to caloric irrigation.Overall, there appears to be no evidence of
brainstem function - but movements are
not, in my opinion, of cerebral origin

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
BELFAST BT12 6BE

DATE/TIME

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Rachel seems to have come with
probably irreversible brain stem compromise.

She will need a repeat battery of
brain stem tests.

COOK CENTRAL VENOUS CATHETER
PLACEMENT INFORMATION

REMOVE FOR PATIENT RECORDS

CATHETER: SIZE 8 FC TRIPLE LUMEN

WIRE GUIDE:

LOT #

OPERATOR JARA O'DONOGHUE

REORDER #

DATE OF PLACEMENT 9/06/01 TIME 1750

VEIN USED: ☐ Femoral(R or L) ☒ Subclavian(R or L) ☐ Int Jugular(R or L)
☐ Ext Jugular(R or L) ☐ Other:

CATHETER UTILIZATION: ☐ Antibiotics ☐ Blood Products
☐ Chemotherapy ☐ Medications ☐ Blood Sampling ☐ CVP Monitor
☐ TPN ☐ Other:

REMARKS

ASEPTIC TECHNIQUE

Signature Jara O'Donoghue

CVPI 1193

RF - ROYAL

063-009-023