PAEDIATRIC INTENSIVE CARE UNIT - R.B.H.S.C. **HOSP NO:** 476554

FAMILY NAME: Ferguson

FIRST NAME: Rachael
LIKES TO BE CALLED:

CHILD'S ADDRESS:
[redacted]
TE

AGE: 9
D.O.B.: 4/2/92
BIRTH WEIGHT: [redacted]
RELIGION:
BAPTISED: [redacted]

NEXT OF KIN:
RELATIONSHIP TO CHILD:
ADDRESS:

TELEPHONE NUMBERS:
WORK: HOME:

WITH WHOM DOES THE CHILD RESIDE?
parents.

RELATIONSHIP TO CHILD:

WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD?
parents.

TELEPHONE NO:

NAME OF SCHOOL/PLAYGROUP/NURSERY:

DATE: 9-6-01

REASON FOR ADMISSION:
for neurological assessment & further care.

ACCOMPANIED BY: Nurse & Doctor from Altnagelvin.

WHY DO THE PARENTS THINK THE CHILD HAS BEEN ADMITTED? For neurological assessment and further px.

MEDICAL DIAGNOSIS:
? hypernatraemia

PREVIOUS RELEVANT HISTORY/ADMISSIONS
Appendicectomy on 7/6/01

CONSULTANTS:
Dr Crean
Dr Marrahen.

TIME: 12.30 pm.

PARENT(S)/CARER(S) RESIDENT?

WHERE:

LIKES TO BE KNOWN AS: Raymond Marie

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

SOCIAL ARRANGEMENTS:

NAME & AGE OF SIBLINGS
[redacted]

063-015-035

RF - ROYAL

OS13447-6

NAME OF G.P. Dr. E.M. Asthurst.
ADDRESS: Waterside MC
Glendermott Rd.
L'Derry
BT 47 1AU.

TELEPHONE NUMBER: [redacted]

NAME OF HEALTH VISITOR:

ADDRESS: —

TELEPHONE NUMBER:

SOCIAL WORKER/OTHER CONTACTS

IMMUNISATIONS		DATE OR AGE ADMINISTERED
DIPTHERIA	up to date. 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		

Men. C.

RE NT CONTACT WITH INFECTIOUS DISEASES?

NO.

ALLERGIES:

up to date.
none known.

CURRENT MEDICATIONS AND METHOD OF ADMINISTRATION:

ANY LOOSE TEETH

OTHER PROSTHESIS?

NO.

SIGNATURE OF NURSE TAKING HISTORY: AMcDonald

DATE: 9/6/01

NAMED NURSE: AMcDonald S/N

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	☐

063-015-036

RF - ROYAL

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

NAME:-	DoB:-	HOSP. NO:-	DATE & TIME	NURSES SIGN:-
Rachael Ferguson	4/2/92	476554	9/6/01 12:30pm	.

RESPIRATORY

No problems.

On Admission

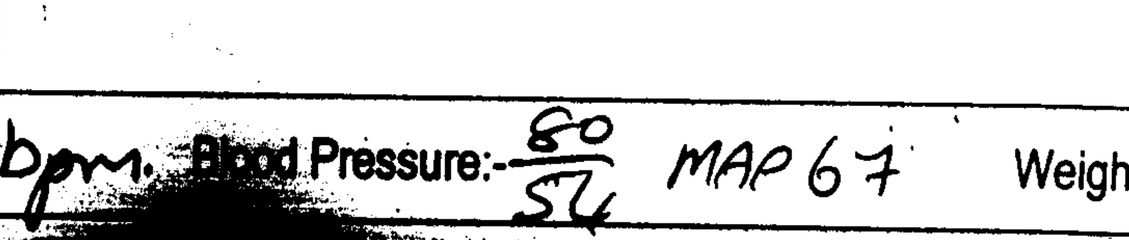
Maintaining own airway	❖ Yes/(No)
Method	❖ Self/oral airway/(ET tube)/tracheostomy
Size & length of tube	❖ 6.0 oral cuffed ? 17cms @ lips
O2 Therapy	❖ (Yes)/No
Method	❖ Facemask/headbox/(ventilator)/T-piece
Secretions	❖ Type & amount
Specimen to lab	❖ Yes/No

PAIN/SEDATION

On Admission

Pain Relief ❖ Yes/(No) sedation/analgesia/paralysis

Mode ❖ PCA/infusion/epidural/oral or rectal prepartion/intermittment



Use pain scale if appropriate

CARDIOVASCULAR

Normal.

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	❖ ---- No ----
Pacing wires insitu	❖ Yes/(No)
Pacing box	❖ Sensing/pacing

NEUROLOGY

Normal.

On Admission

CNS status	❖ Conscious/(unconscious)/irritable/drowsy
Coma scale	❖ 3 pupils size 7 unreactive
ICP monitor	❖ Yes/(No) - Type ----
Cervical collar	❖ Yes/(No) ----

Temperature:- 35° Heart Rate:- 109 Respirations:- 18bpm. Blood Pressure:- 80/54 MAP 67 Weight:- Est 25 kg.

063-015-037

RF – ROYAL

NUTRITION/HYDRATION

fussy eater.
normal diet.

On Admission

NUTRITION ASSESSMENT SCORE ( )

Nil By Mouth	❖ yes.	
Type of fluids insitu	❖ 0.9% Nad Ekal.	
B.M Stix	❖ 5.8 mmol/l.	
Central line sites	❖ —	Day No:
Peripheral line site	❖ (L) brachial	Day No: ?
Arterial line site	❖ no	Day No:
Nasogastic tube insitu	❖ (Yes)/No	
Gastrostomy tube insitu	❖ Yes/(No)	

ELIMINATION

normal.

On Admission

Catheterised	❖ (Yes)/No	Size:- 10F	Day No: ?
Urinalysis	❖ Sp 1010 ph 5.		
Date of last bowel motion	❖		
Wound Drain	❖ Yes/(No)	Site:	Day No:
P.D. Cannula	❖ Yes/(No)		
Chest Drain	❖ Yes/(No)	Site:	Day No:
olostomy	❖ Yes/(No)		
Ileostomy	❖ Yes/(No)		

HYGIENE/MOBILITY/WOUND CARE

Independent

On Admission

Skin Intact ❖ Yes/No

Sites of
1. Wounds (R) ulnar crest.
2. Skin Breaks/Pressure Sores ----------
3. Condition of Mouth ----------
4. Condition of Eyes dry red.
5. Condition of Hair/Nails nail polish on toes.

Paralysed	❖ Yes/(No)
Spontaneous Movements	❖ Yes/(No)
Any Immobilising injuries/fractures	❖ Yes/(No)
Site/s	❖

PSYCHOLOGICAL/SOCIAL/CULTURAL

On Admission

Comfoter	❖ Yes/(No)
Toys	❖ Yes/(No)
Religion	❖ [redacted]
Baptised	❖ [redacted]

CIRCUMSTANTIAL

RF – ROYAL

063-015-038