Evaluation/Progress Repor

Morning: Time:	Evening: Time:	Night: Time:
G) All care required.		
# Parents and relatives in attendance.		
Rachel confirmed dead @ 12.09pm.		
For Coroners Pm		
R.I.P.		
Thanks		
Signature: Thanks	**Signature:**	**Signature:**

Name: Rachel Ferguson Hosp. No. 47655K Date: 10/2/01

RF – ROYAL

063-017-041

Evaluation/Progress Repo

Morning: Time:	Evening: Time:	Night: Time:
(A) Ventilation unchanged. Removed		
from ventilator for brain stem		
testing.		
O_2 ↑ 40% O_2 Sats 98%		
No spontaneous breathing.		
Δ Brain stem death. Ventilator		
removed @ 11.35am.		
(B) Cardiovascular status unchanged.		
Temp within normal limits.		
BP falling 68 systolic.		
C.V.P. line blocked.		
(C) No sedation / pain relief		
required		
D) Neurological status unchanged.		
Pupils fixed + dilated.		
E) Fluids as prescribed. 2/2 hourly		
(F) Urinary output large. Dr's aware		
bits.		
Signature:	Signature:	Signature:

Name: ______________ Hosp. No. ______________ Date: ______________

RF - ROYAL

063-017-042

OS13447-