ALTNAGELVIN HOSPITALS H&SS TRU
PAEDIATRIC ASSESSMENT SHEET

NAME Rachel Ferguson NAME KNOWN BY _____ HOSPITAL NO. 313754

ADDRESS: [redacted]

DATE/TIME OF ADMISSION 4/6/01 @ 9.10pm D.O.B. 4/2/92 AGE 9yrs

TYPE OF ADMISSION Self via A+E CONSULTANT MK Gilliland G.P. Dr Stance, Waterside HC

MOTHER & FATHER'S NAME Raymond + Marie Ferguson. TELE. NO. [redacted]

NEXT OF KIN _____ RELATIONSHIP _____ TELE. NO _____
(if not parent)

ADDITIONAL TELE NO. _____ RELIGION : [redacted] BAPTISED Y N

REASON FOR ADMISSION Sudden onset of abdominal pain @ 4.30pm (central + Rt sided)

No vomiting or diarrhoea

RELEVANT PREVIOUS ILLNESSES No previous hospital admission

RELEVANT FAMILY ILLNESSES None

MEDICATION ON ADMISSION None. Cyclimorph 2mg IM @ 20.20. mate

ALLERGIES None known GUTHRIE Y N

BIRTH PLACE ALT GESTATION FT TYPE OF DELIVERY NVD

LPC 01/00/024

063-028-063

REF: CHW

RF - ROYAL

(62)

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CH 476554 Page:

BIRTH WEIGHT [redacted]

VACCINATIONS UP TO DATE + MEN C

CONTACT WITH INFECTIOUS DISEASES IN LAST 3 WEEKS? Y | N (N)

IF YES, PLEASE SPECIFY _____

SIBLINGS [redacted]

COMMENTS ON SOCIAL CONDITIONS [redacted]

SUPPORT SERVICES *(PLEASE TICK APPROPRIATE BOX(ES))*

HEALTH VISITOR [—] SOCIAL WORKER [ ]

NAME OF HEALTH VISITOR _____

BREATHING *(PLEASE TICK APPROPRIATE BOX(ES))*

NORMAL	[✓]	RAPID	[ ]	CYANOSIS	[ ]
COUGH	[ ]	WHEEZY	[ ]	DEPRESSED	[ ]
NOISY	[ ]				

COMMENT ON BREATHING PATTERN _____

OBSERVATIONS ON ADMISSION *(PLEASE ENTER RATE)*

TEMPERATURE	36	PULSE	97
RESPIRATIONS	24	BLOOD PRESSURE	103/61

WEIGHT ON ADMISSION 25kg

EATING AND DRINKING *(PLESE TICK APPROPRIATE BOX(ES))*

ORDINARY	[✓]	BABY BOTTLES	[ ]
DIABETIC	[ ]	BABY FOOD	[ ]
GLUTEN FREE	[ ]	OTHER	[ ]
VEGETARIAN	[ ]		

TYPE OF MILK Cows milk

TYPE OF FOOD NORMAL

COMMENT ON EATING PATTERN Poor.

DRINKS FROM *(PLEASE TICK APPROPRIATE BOX)*

BOTTLE [ ] FEEDING CUP [ ] CUP [—]

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MOBILITY *(PLEASE TICK APPROPRIATE BOX)*

INDEPENDENT		CRAWLING	
INDEPENDENT WITH SUPERVISION	✓	IMMOBILE	

COMMENTS ON MOBILITY _____

SKIN CONDITION *(PLESE TICK APPROPRIATE BOX(ES))*

INTACT	✓	SCARS	
BRUISING		RASHES	
LESIONS		BIRTH MARKS	
BROKEN AREAS			

COMMENT ON SKIN CONDITION _____

MILESTONES

REACHING NORMAL MILESTONES (Y) / N

COMMENTS ON MILESTONES _____

IDENTIFICATION ARMBAND INSITU (Y) / N

VISITING TIMES EXPLAINED (Y) / N

VISITING PROBLEMS _____

WARD INFORMATION BOOKLET GIVEN (Y) / N

NO SMOKING POLICY EXPLAINED (Y) / N

SECURITY SYSTEM EXPLAINED (Y) / N

ADDITIONAL INFORMATION _____

IS THERE ANY PERSON THAT YOU DO NOT WANT INFORMATION TO BE GIVEN TO NO

INFORMATION OBTAINED FROM Parent

INFORMATION OBTAINED BY D Patterson

NURSE'S SIGNATURE: D Patterson

REF: CHW

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RECTAL ADMINISTRATION OF MEDICATION

CONSENT FORM

While your child is in hospital it may be necessary to administer medication rectally, in suppository form, for pain relief or control of temperature due to your child fasting or vomiting.

Nurse

I have explained the above procedure to:

Name of Parent: Mare Ferguson.

Name of Child: Rachel Ferguson

Signature: Sin Ferguson

Parent or Guardian

I have no objection to the above procedure. The reason for this have been explained to me.

Signature: M Ferguson.

REF: CHW

063-028-066

RF – ROYA

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PAEDIATRIC ASSESSMENT SHEET

URINARY PROBLEMS *(PLEASE TICK APPROPRIATE BOX(ES))*

NONE	✓	RETENTION	
DYSURIA		HAEMATURIA	
INDWELLING CATHETER		ENURESIS	
ILEAL CONDUIT		INCONTINENT	
FREQUENCY			

URINALYSIS _____

ELIMINATION *(PLEASE TICK APPROPRIATE BOX(ES))*

WEARS A NAPPY		LIFTED AT NIGHT	
USES A POTTY		TOILET	✓
WEARS NAPPY AT NIGHT			

FAECAL PATTERN *(PLEASE TICK ONE BOX)*

NO PROBLEMS	✓	CONSTIPATED	
ENCOPRESIS		DIARRHOEA	

COMMUNICATION *(PLEASE TICK APPROPRIATE BOX(ES))*

RIGHT EAR		LEFT EAR	
GOOD	✓	GOOD	✓
POOR		POOR	
DEAF		DEAF	
AID		AID	

EYESIGHT *(PLEASE TICK APPROPRIATE BOX(ES))*

RIGHT EYE		LEFT EYE	
GOOD	✓	GOOD	✓
POOR		POOR	
BLIND		BLIND	

WEARS SPECTACLES Y | N (N circled)

SPEECH *(PLEASE TICK APPROPRIATE BOX(ES))*

GOOD ✓ POOR | APPROPRIATE FOR AGE

USUAL SLEEP PATTERN Sleeps from 10pm - 7am.

FAVOURITE TOY/DUMMY/COMFORTER —

VALUABLES/COMFORTERS TAKEN HOME Y | N (N circled)

RF - ROYAL