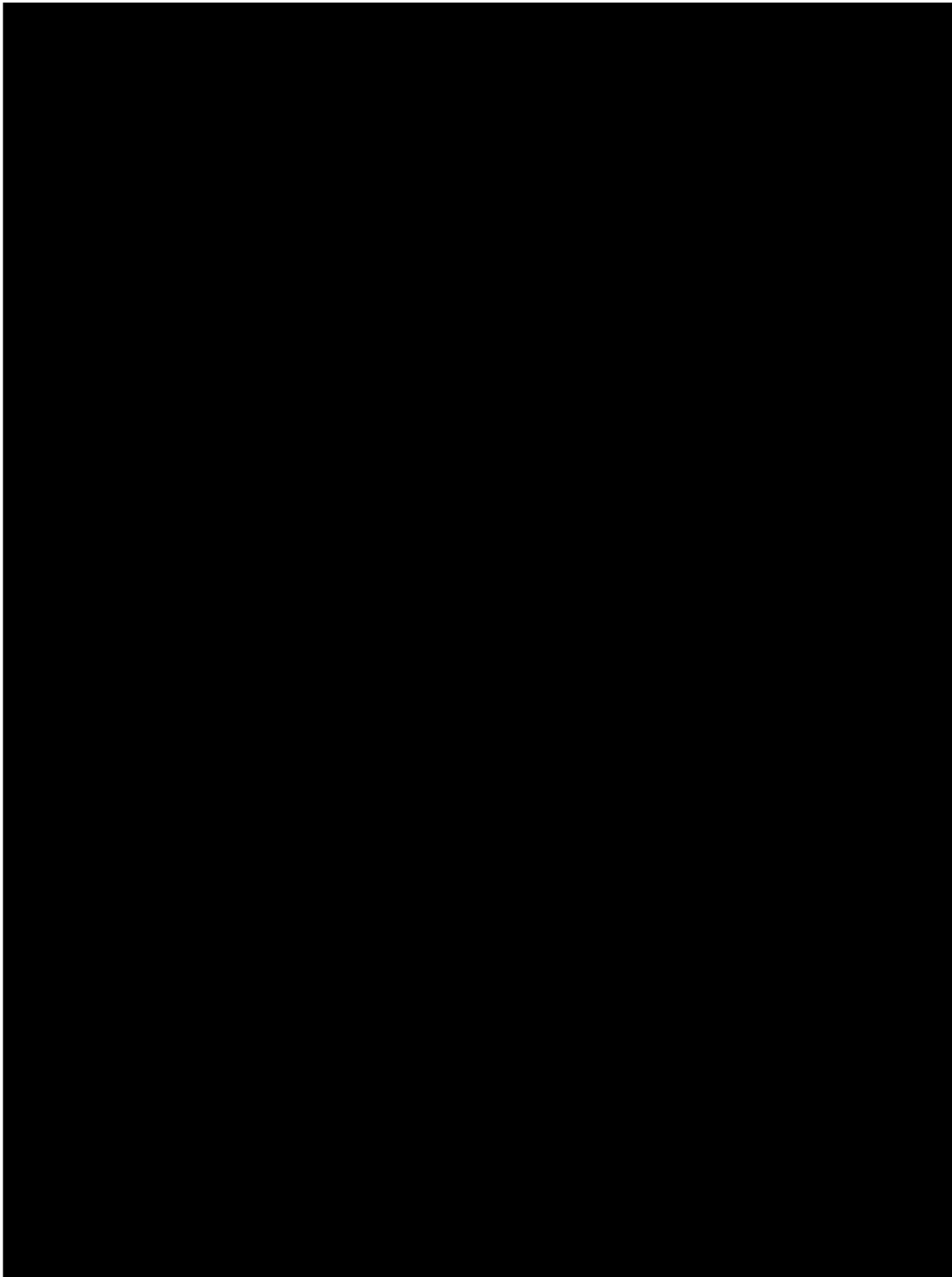


Meeting with Dr. Stewart – 01.06.01



Case 3 – LC

067c-011-021

LC-SLT

Q1. Was the delay to IV fluids significant? Was there sufficient attention to fluid balance?

Q2. Was it reasonable to push oral fluids in the first hours of admission?

Q3. Dr. O' Donohoe came in from home to insert IV line after SHO attempts -- nurses report this in a positive light -- not failure of care?

Q4. Should a urea of 9.9 given rise to major concerns. It corrected to 4.9 within hours.

Q5. Do you really think that the electrolyte changes caused the seizure?

A1 - 5 Capillary refill time, raised urea and CO2 level point to circulatory failure. IV fluids were indicated earlier. Overall amount of fluids once started not a major problem but rate of change of electrolytes may have been responsible for the cerebral oedema. RVH ward guidelines would recommend N-saline not 1/5th normal as the replacement fluid. ★

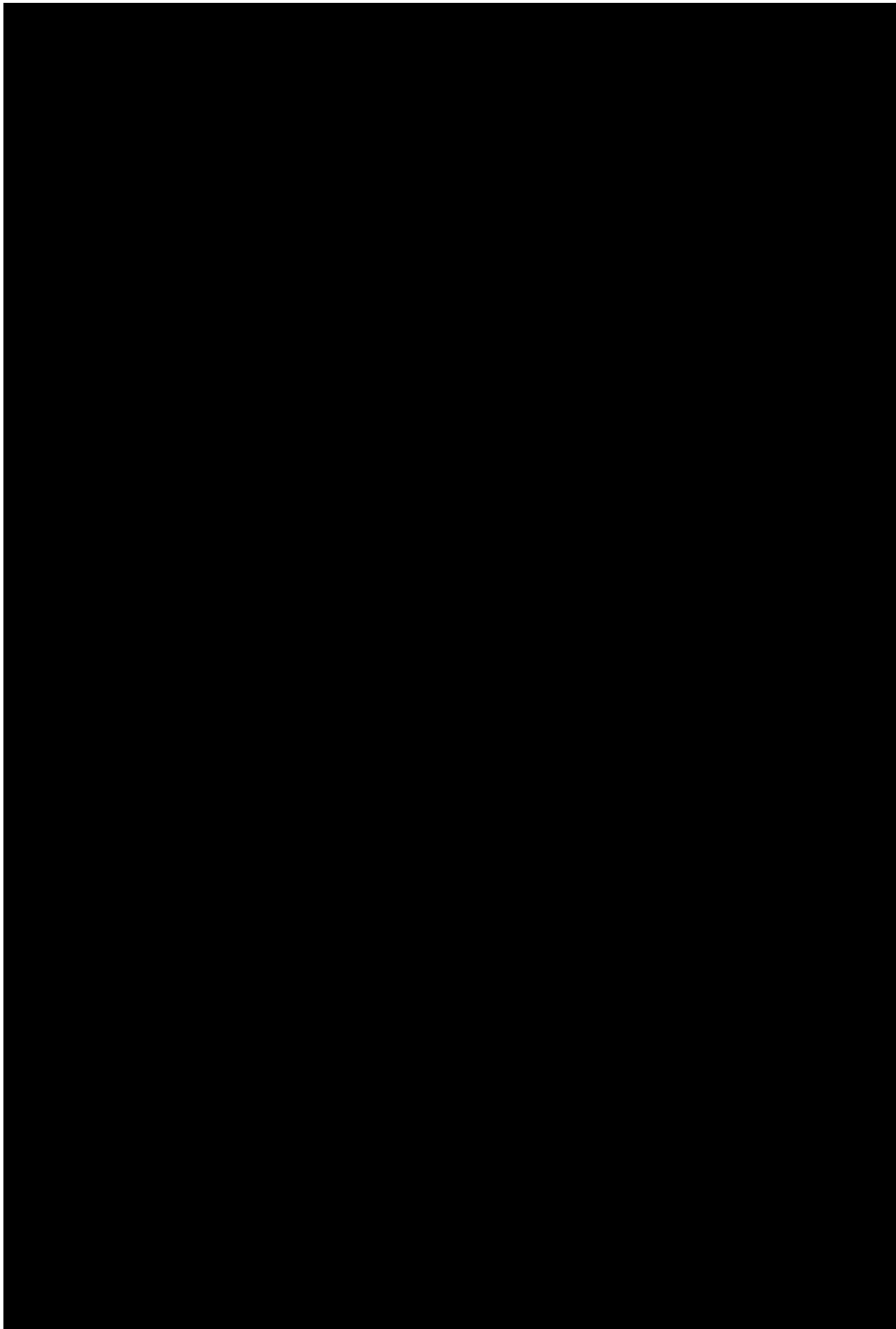
067c-011-022



067c-011-023

LC-SLT

Meeting with Dr. Stewart -- 01.06.01



067c-011-024

LC-SLT

Case 3 – LC

Q1. Was the delay to IV fluids significant? Was there sufficient attention to fluid balance?

Q2. Was it reasonable to push oral fluids in the first hours of admission?

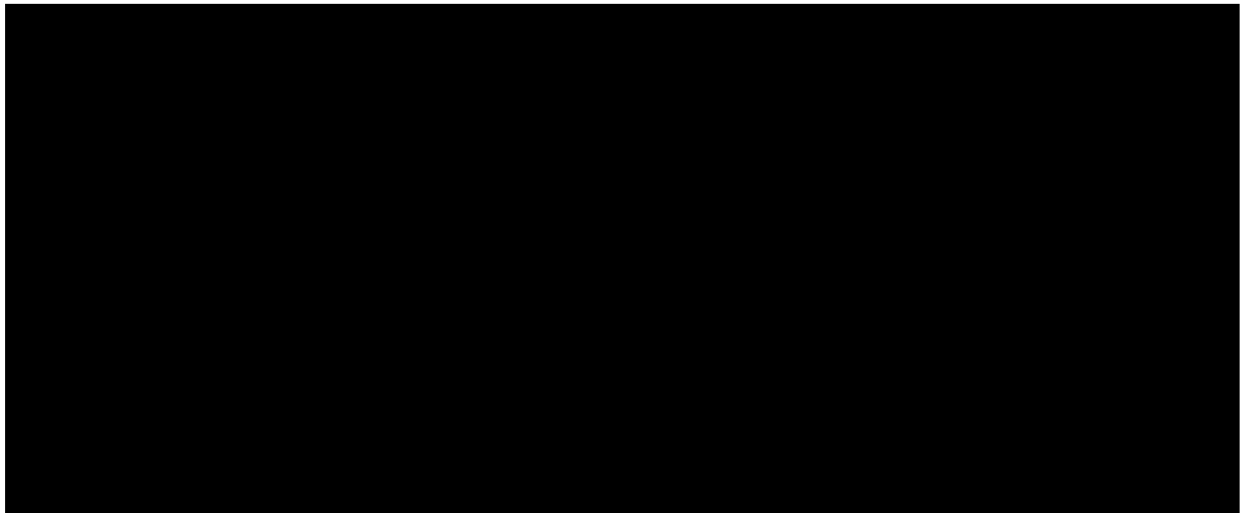
Q3. Dr. O' Donohoe came in from home to insert IV line after SHO attempts – nurses report this in a positive light – not failure of care?

Q4. Should a urea of 9.9 given rise to major concerns. It corrected to 4.9 within hours.

Q5. Do you really think that the electrolyte changes caused the seizure?

A1 - 5 Capillary refill time, raised urea and CO₂ level point to circulatory failure. IV fluids were indicated earlier. Overall amount of fluids once started not a major problem but rate of change of electrolytes may have been responsible for the cerebral oedema. RVH ward guidelines would recommend N-saline not 1/5th normal as the replacement fluid.

Other issues – Was this child bagged with mask for ~ 1hour. (?anaesthetist involvement)



067c-011-025

067c-011-026

LC-SLT