DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	8/12
4/9/87	
	Referred from Ulster.
	P/C convulsions.
	F.T. N.D. / Maternal cousin Ep.
	(1) Started at 6/12 ? febrile x 2
	no documented pyrexia
	1-2 minutes } twitching
	10 minutes. }
	Snuffling
	Afebrile No L.P.
	Rx Amoxil
	(2) OPD -- 3 fits following discharge 1/day
	few days later - eyes Rolling
	shaking 4/8/87.
	Harsh cry last 3 mins H/C 43 cm
	Snorting
	Admitted
	Admission - 2 episodes Absence no twitching
	(3) 2/52 later. 6 generalized convulsions in one day
	Readmitted cyanosis x 1 minute
	3 another day.
	1/3 days
	Start tegretol 24/8/87.
	(4) 2/9/87. 4 fits one day admitted.
	Tonic Clonic few secs

CR - RVH

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Tests ultrasound - Normal 5/8/87
	U/E (Ca/Alb) FBC - Hb 11.3 WBC 11.8 — 53% L / 4% m / 42%
	Normal: urine AAs 7/8 + 28/8.
	urinary sugars
	EEG 7/8
	Mg
	CSF 24/8/87 : Initially clear
	adjusted - blood.
	WBC 30.
	RBC 72,000
	prot. 1.6 g/L
	sug 4.1
	Xanthochromia very slight
	no bacteria.
	Rx Tegretol 1.75ml. BD.
70	35mg BD - about 10/kg.
	level 6.2
	Vaccs. Triple x 2.
	Exam.
	Well nourished H/C 43cm
	Fontanelle open
	Sutures ✓
	Fundi (N)
	(L) eye smaller (R)
	PERL
	Cranial normal
	Sq (+) eye movements ✓ no nystagmus

CR - RVH

090-020-040

DATE | CLINICAL HISTORY, EXAMINATION AND PROGRESS

Trunk normal.

- Head Control normal
- Trunk control poor - cannot sit tripod for long forward
  - no lateral reflexes.
  - rolls semi prone
- Uses of Hands
- Will not reach but holds objects when placed in hands no transfer but will
  Bring hands together + pass attempt to mouth
  Uses (R) better than (L).
- Prone Lifts head + upper chest, attempt to lift on forearm
  no press up.
- Weight bears (+ support no sagging).
- Kicks both legs equally.
- Reflexes seem equal + normal in limbs.
  Plantars equivocal.
- Tone (L) arm little floppier to (R).
  Trunk poor tone
  Otherwise normal.
- Turns head to sound
  follows laterally not upwards.

CR - RVH

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS

Imp

Fits x 7/12 since ?c 6/12
Developmental regression — < 6/12 development

Spoke c̄ mum :-

Showed Health visitor book —
Dev. normal to 6/12 — at 6/12
- rolling reaching for objects + using both hands
no mention of transfer
- Had been reaching + grasping at 4/12

- Sitting momentarily at 6/12 + weight bearing.

- Smiled 5/52

Would feel regressed since 6/12 but probably normal until then.

- Had 2 brief episodes yesterday — lasting few minutes clenching hands, stiffening, slight jerking)
Worsened before onset of fits.
- Mum describes same but recently extends arms + can bend forward
Also describes twitching of eyes + face.
Can cry — sleepy after episode.
Mother also knows it is going to happen because she feels it first.

090-020-042

CR - RVH

• Could ↑ Tegretol if nec. levels lower therapeutic

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
7-9-87.	No further seizures / twitching episodes
	Alert & well otherwise
	? May need [illegible] later.
	CT scan ✓, EEG ✓, [illegible] ✓, Ca++ ✓, U/E ✓, plasma amino ac
	urine for AAs & organic acids ✓, fasting pyruvate &
	lactate ✓, FBP ✓, TORCH screen.
	Tegretol levels later.
	RAM.
8-9-87.	Well for CT scan tomorrow. Consent ✓.
	Verbal EEG report - ? outside normal limits.
	RAM.
9.9.87	CT scan. Only had I.M. atropine for pre-med.
	Methohexitone 225 mgs rectally. Satisfactory sedation
	No problems [illegible] (Sen. Reg. Anaesthetics).
9-9-87.	No problems No further seizures. Afebrile.
	For Tegretol levels & TORCH screen later.
	[illegible] ✓. Dr. Hicks to speak to mother on Friday.
	RAM.
10/9/87.	Behaves normally. No further seizures.
	Alert. Afebrile.
	Good head control. Fixes eyes Hearing ✓.
	Tone ↓ esp in lower limbs. Sitting post.
	CVS RS - clear.
	Await results of [illegible] ? Home soon. [illegible] before
	RAM.
11.9.87	[illegible]
	? home later + review (results)
	[illegible]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
11/9/87	EEG not Hypsarrhythmia CT normal
	Had repetitive seizures yesterday lasting few second arms ↑ legs flexed - like Salaam lying at the time.
	Similar episode this morning.
	? ↑ Tegretol WITHDRAW ? use clonazepam
	Playing with bottles across cot - reaching + grasping ↓ shaking bottle using left better than right. Hitting Bottle right hand WNL
	change to Epilim + wean Tegretol. 200mg BD 2.5mls BD (100mg B.D)
	wean Tegretol. 1.75mls daily x 1/52 ? alt die x 1/52 / 52 then stop
	Sleep EEG on Monday WITHDRAW when sleep
12.9.87	If EEG shows deterioration - hypsarrhythmia Start ACTH 40iu/da - not quite hypsarrhythmia, repeat in 3+ If EEG not worse i.e. NO hypsarrhythmia

CR – RVH

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Ct valproate.
	Ensure full workup for inf. spasms complete
	[signature]
12/9/87	Had further 2 seizures yesterday
	Salaam type.
	Has erythematous rash on
	scalp. — swabs sent.
	To have L.P.
	P. [signature]
	Appearance Blood Stained
	Protein 1.7 g/l
	WCC <1
	RBC 8,400
13/9/87	- One fit yesterday x 2 minutes.
	- Hyperventilation ? a cry.
	- On Epilim.
	CSF Protein ↑ 1.7
	[signature]
14/9/87	Well
	Await sleep EEG. pm
	Will need Epilim levels checked next week.
	[signature]
15/9/87	- Fit today lasting 2-3 minutes
	- Jerking / smacking / cross afterwards
	- Wee Tegretol 35g daily ✗ 1/52.
	- Levels Friday
	- Fit every second day
	Ivn? ? how often staring affects [signature]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
17/9/87	No seizures since 15/9/87 Much brighter than yesterday Weaning off tegretol only 35mg once a day For Epilim levels tomorrow P. Burn
18/9/87	· Mom feels she is brighter since starting Epilim. · 2 day fit free until last night – didn't last as long + mom did not feel it was a strong. Seem to be precipitated by light being switched on + woke from sleep. Had been snorting. · Mom feels fits occur when she is waking from sleep. · Had been getting 2-3/day so some improvement. Check Epilim levels today · Still floppy. Discharge on Epilim 100mg BD. · Weaning off Tegretol. Not to get 3:1. [illegible signature]

ALLEN WARD IN-PATIENT
REVIEW YES/~~NO~~
WHEN No review 21/9/87
WHERE ...RICK/RBHSC
DA... Ulster notes ... 18/9/87

CR – RVH

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
22/9/83	Mother rang up. Claire is still having seizures on alternate days.
	DHW Reg Advised to ↑ Epilim by 10-15mgs daily
	Was taking 2.5mls Epilim B.D.
	Advised to ↑ this to 2.75mls (110mg) B.D.
	R/V to be arranged. (Tegretol as before).
	R Mackle.
	See on Wed 30/9 after ward round a Ward
	[illegible]

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS