ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	1/s W at 6 mls/hr. Cannulae rested this afternoon	P. Ellis c		
9.30 pm.	First dose of I.V Acyclovir erected by doctor and run over one hour.		Line inserted (R) hand	
	Hypnoval infusion increased by 0.1ml every 5 minutes until running at 3mls/hr as prescribed by doctor - completed at 10.40 pm.		Bloods - U+E phenytoin level.	L McCann S/N.
11pm	I.V phenytoin erected by doctor and run over one hour - cardiac monitor in situ throughout infusion			
	Due to U+E results NO 18 solution with 20 mmols KCL erected as ordered by Registrar. To have fluid restriction of 4 mls/hr.			
	Hourly CNS observations recorded - temperature elevated at 10pm - paracetamol given (at 8.30 pm) by day staff		Glasgow coma scale 6.	L McCann S/N
	other observations within normal limits.			
23/10/96 - 2.30 am.	Slight tremor of right hand noted lasting few seconds. Breathing became laboured and grunting - Respiratory rate 20 per minute O2 saturations 97%. Claire stopped breathing			

CR – RVH

090-040-138

PATIENT'S NAME Claire Rohert

328770

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
	Dr contacted immediately			
	Oxygen and suction given. Registrar			
	attempted to pass ET tube but			
	unsuccessful – anaesthetist called and			
	ET tube inserted.			
	Transferred to intensive care unit at			
	3.25 am. No medication / drugs given	L McCann S/N		

CR – RVH

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PATIENT'S NAME _____

REG. No. _____

WNC 753/OS 3779

CR - RVH

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
21/10/96 10pm	9 year old girl with H/O mental handicap and severe learning difficulties. Admitted via casualty with H/O vomiting this afternoon, slurred speech, drowsiness, pallor. ?seizure.		FBP ✓ U+E ✓	SNGm'Bondal.
			Bl. cultures ✓	
			Urine direct ☐	
	O/A to ward, child pale and lethargic. Apyrexic, observations		O+S ☐	
	within normal limits. Bloods taken, IV fluids 5/N Saline			
	commenced at 61mls/hr. Two small bile-stained vomits			
	following admission to ward.			
	S/B Dr. and Registrar - to be reviewed following blood			
	results and erection of IV fluids.	SNGm'Bondal.		
22/10/96 7am	Slept well. Much more alert and brighter this morning.			
	One further bile-stained vomit. IV fluids continued as			
	listed. No oral fluids taken. Apyrexic, observations			
	satisfactory.	SNGm'Bondal.		
3pm - 2pm	Slept for periods during early morning			
	- bright when awake, no vocalisation but			
	arms active. Late morning Claire			
	became lethargic & "vacant".			
	Parents concerned as Claire is usually			
	very active. Seen by Dr Swan -			
	?status epilepticus - non fitting continued overleaf.			

090-040-140

PATIENT'S NAME Claire Roberts

328770

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

DATE/TIME	EVALUATION	SIGNATURE	ADDITIONAL INFORMATION	SIGNATURE
22.10.96	Rectal diazepam 5mg PR given +			
-2pm.	commenced on CNS obs hourly.			
	PEARL BP 120/[illegible] P 88 R 28 T 37°C			
	To be seen by Dr Webb + ? CT scan in am/Sheila S/N.			
2pm.	Seen by Dr Webb - to have IV phenytoin/Sheila SN			
	Parents not in attendance.		Due phenytoin	
-28p.	Continues on hrly CNS obs		levels at 9pm.	
	GCS 6-9: Stat dose IV phenytoin		TD 23.4.	
	at 2.45pm - to have B.D. SPBDr			
	Webb still status epilepticus given			
	Stat I.V hypnovel at 3.25pm			
	Continuous infusion running			
	at 2mls/hr of hypnovel - to be			
	↑ by .1ml/5mins until up to 3mls/hr.			
	-Dr to write up. Given stat dose			
	epilim at 5.15p.m. Very unresponsive			
	-only to pain. Remains pale.			
	Occasional episodes of teeth clenching			
	commenced on I.V cefotaxim and			
	I.V acyclovir. 1st dose cefotaxim			
	at 9.30pm. Parents in attendance	[illegible] Sr		

CR - RVH

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PATIENT'S NAME _____

REG. No. _____