DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
27/11/95	Adam
	Age 4yr 3/12, Reflux nephropathy + renal dysplasia
	1st (R) cadaveric renal tx. RIGHT KIDNEY Damaged
	Donor, age 16, + Subarach. Haem Adam
	A +ve CMV neg A +ve -- CMV n
	A 1, 29 A 1, 32
	B 8, 44 B 44, 14
	DR. 3, 7 DR 7, 8
	mismatch = 1, 1, 1
	Retrieval @ 01^{42} 26/11/95
ocular anaesthesia ~ 10^{30} am 27/11/95	CADAVER Transplant P Keane, S Brown } Surgeon; Bob Taylor Anaesthetist
	Incis ~~Left~~ Right Muscle Split RIF
	Findings Adhesions to Previous ~~Replant~~ !!! X
	Normal Calibre Vessels
	Pelvis of Right Kidney overlying Ext Iliac Vein
	Procedure 2 Arteries on Widely Separated Patched Joined c̄ 6/0 Prolene.
	~~Artery~~ Vein to Ext Iliac
	Arterial Patch Sewed to Ext Iliac c̄ 6/0 Prolene.
	Ureter Reimplanted by Snell

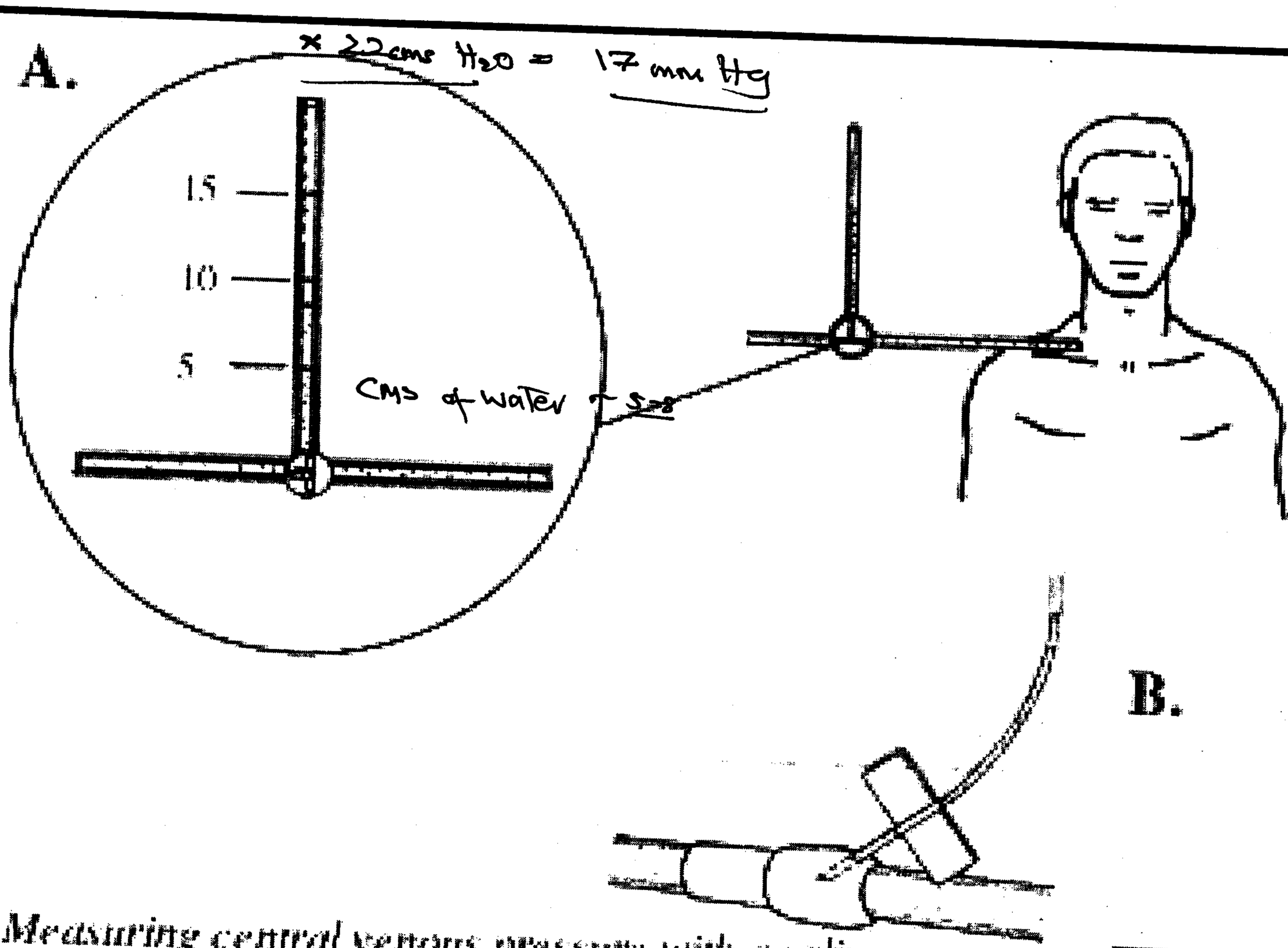
DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Sub mucosal Tunnell.
	#8 Feeding Tube
	#14 Malecot.
	Closure Vicryl
	Catgut
	Vicryl
	PDS
	[signature]
	Kidney perfused reasonably at end
	[signature]
12:05 pm.	Returned to ITU post Tx.
	Post operatively — did not breathe
	- fixed dilated pupils.
	No instability cardiovascularly intra-op.
	~~BP 118/78~~
	CVP ~ 30 !!! (was 17 at start of procedure
	uncertain if this was accurate
	as multiple venous access
	before + jugular vessels tied off).
	Epidural @ 06^{30} this am — not problematic
	No evidence CSF leak.
	Drugs in theatre: Augmentin
	methylprednisolone 200mg
	Azathioprine 25mg iv [illegible]

OS 381

AS - PSNI

094-131-344

DATE	CLINICAL HISTORY, EXAMINATION AND PROGRESS
	Output : 49 mls urine &far
	0 from Ex kidney
	Imp: ? reason for CNS problem
	? high epidural
	or more likely – coned in theatre
	(high fluid input + abnormal
	Cerebral venous drainage).
	Plan ① 50 ml mannitol stat
	② ventilate CO_2 ~ 28-30 mm Hg
Hb 10.6	③ Fluids – replace output @ present.
WCC 8.7	prob will need to restrict further
Plat 140 000	④ need neurology opinion.
PCV 0.29	⑤ Dr Savage / Dr Taylor will speak c̄ mother
	M O'Connor
1 am	Fluids ↓ 10 mls/hr.
	· cyclosporin 3mg/kg/12 hrs.
	· dopamine 2.5 μg/kg/m
	BP now 159/99
	await emergency CT scan brain.
	no antihypertensives @ present as may ↓ CPP.
	M O'Connor
	As above. Surgical procedure performed with apparently cardiovascular stability but failure to breathe spont post op. Dilated pupils O/E with bilateral papilloedema + haemorrhages. CVP 12 but steadily rising BP



A. Measuring central venous pressure with a saline manometer and 3 way tap; B. Measuring CVP using a butterfly needle inserted into the rubber part of a standard IV fluid set

Fig 4

ROYAL BELFAST HOSPITAL FOR SICK CHIL

NURSING CARE PLAN - INTENSIVE CARE U

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PROBLEM	GOAL	NURSING CARE PLAN	Date	EVALUATION
Potential risk of urinary Retention. ______ has a size ______ urinary catheter. FEEDING TUBE SIZE 8 INTO NEW URETER	To monitor and record accurate urinary output.	Record urinary output accurately. Observe colour and odour of urine. Record 6 hourly urinalysis. Catheter care 4 hourly.	27.11.95 12^{00}-14^{50}	(1) urinary output good from supra-pubic catheter (is normally polyuric + has had [illegible]) No output as present from new kidney [illegible]
			2pm-8pm 20^{00}-8^{00}	(i) (iv) (8pm) [signature] (1) urine output satisfactory maintenance fluid commenced running @ previous low CVP K unless output exceeds 50mls/hr then loop fluid only at 50mls/hr (11) [illegible]
______ is being dialyzed via peritoneal route or haemodialysis.	To maintain fluid / electrolyte balance.	Perform dialysis as per nephrologist's instructions.		
Potential risk of constipation / inability to empty bowel.	To have regular bowel movements.	Observe for passage of faeces and record type / amount on fluid balance chart.	28.11.95	Catheters remain in situ until the post mortem (1pm) [signature]
______ has a colostomy / ileostomy	To monitor bowel function.	Observe stoma 4 hourly for colour / bleeding and report. Change dressing 4 hourly initially. Place stoma bag on as per surgeon's instructions. 058-038-170		

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PATIENT'S NAME ADAM STRAIN

HOSPITAL NO. [illegible]

DATE 27/11/95

094-131-347