



**Business Services
Organisation**

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

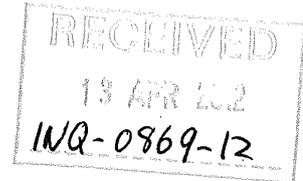
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:

Our Ref:
HYP B04/01

Date:
13.04.12

Mrs A Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and Dr Rosalie Campbell's witness statements. I note that you are already in possession of the theatre logs which detail the cases in which Dr Campbell was involved in on the morning of 27th November 1995. I now enclose a copy of the redacted Anaesthetic Records which in respect of same for your attention. I understand that Dr Campbell may wish to refer to same during her oral evidence.

Yours faithfully,

Joanna Bolton
Solicitor Consultant

Email: [REDACTED]
Tel: [REDACTED]

Providing Support to Health and Social Care



**THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD**

Date of Surgery Year Month Day

95	11	27
----	----	----

[REDACTED]

PRE-OPERATIVE RECORD: T/P/R 36.9 / 88 /
 Wt. 21 BP _____ Hb. _____ g/L K+ _____ mmol/L

DCU _____ Mr. Brown

Other Lab _____
 Last Solid 26/11/95 Time 6:45 pm Last Liquid 26/11/95 Time 6:45 pm Consent _____

Proposed Procedure _____

PREMEDICATION:	Dose	Route	Time
<u>nil</u>			

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY nil

SIGNIFICANT FAMILY HISTORY _____

CURRENT MEDICATION nil

PREVIOUS ANAESTHETIC prev GA for excision lump (R) neck

PHYSICAL EXAM:		Normal	No
Airway		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loose Teeth	No	<input type="checkbox"/>	<input type="checkbox"/>
E.N.T.	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resp.	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C.V.S.	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C.N.S.	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatic/Renal	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DRUG REACTION OR ALLERGY NKA

ANTICIPATED PROBLEMS: _____ PROPOSED MANAGEMENT: _____

SURGICAL SPECIALITY _____ PATIENT'S STATE ON ARRIVAL _____ ANAESTHETIST'S SIGNATURE: [Signature]

DATE 27.11.95

TIMES:
 SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

COMPLICATIONS

yes no

RESPIRATORY COMPLICATIONS

- 1 Upper Airway Obstruction
- 2 Laryngospasm
- 3 Lower Airway Obstruction
- 4 Pneumothorax
- 5 Atelectasis

Discharged to:

- Ward
- D.C.U.
- I.C.U.

Airway Required

- 1 Oral
- 2 Nasal
- 3 Endotracheal

Ventilatory Assistance Required

Manual

CARDIOVASCULAR COMPLICATIONS

- 1 Hypotension
- 2 Hypertension
- 3 Tachycardia
- 4 Bradycardia
- 5 Arrhythmia
- 6 Cardiac Arrest
- 7 _____ Open Cardiac Compression
- 8 _____ Closed Chest Cardiac Compression

Discharge Time: hrs

DISCHARGE

SEDATION SCORE

- 0 Awake/Crying
- 1 Settled
- 2 Semi-conscious
- 3 Unconscious

PAIN SCORE

- 0 No Pain
- 1 Mild
- 2 Moderate
- 3 Severe

VOMITING

Y
N

DISCHARGED BY

Nurse N. [Signature]
Anaesthetist [Signature]

WT. 21 KG. ESTIMATED BLOOD VOLUME _____ ML.
 Hb. _____ g/L ESTIMATED FLUID DEFICIT _____ ML.
 CALCULATED INTRAOP MAINTENANCE _____ ML/HOUR

DRUGS																				
atropine			0.2																	
STP																				
propofol			80mg																	
atracurium			10mg																	
neostig							0.1ml													
FLUID INTAKE																				
Hartmann's																				
1/5N Saline/4%																				
Packed Cells																				
Plasma/FFP																				
LOSSES																				
Swabs																				
Suction																				
Towels																				
Other																				
Total																				

Cumulative Urine Output		15	30	45	15	30	45	15	30	45	15	30	45
TIME	i												
L/MIN.													
O ₂													
N ₂ O													
AIR													
F ₁ O ₂													
% VAPOUR	3.0												
<u>Halothane</u>	2.5												
	2.0												
	1.5												
	1.0												
	0.5												

ECG	✓ = NSR												
SpO ₂													
ETCO ₂													
CVP													
HR	•	38											
BP	X												
	◀ x O	36											
		34											
		32											
		30											
		20											

Parental Presence Y N

INTRAOPERATIVE RECORD

REGIONAL

Caudal

Spinal

Epidural

Other

Procedure _____ Drug _____ Conc. vol _____

GENERAL

INDUCTION Preoxygenation Rapid Sequence with Cricoid Pressure Precurarization mg

STP _____ mg Propofol 80 mg Atropine 0.2 mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal _____ mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep Awake E.T.T. in situ Tracheostomy tube Size _____ Laryngeal Mask

Endotracheal tube: Oral Nasal Cuffed Non-Cuffed Direct Vision Blind

Tube type and Size: PVC RAE S.S Other

Cuff inflated ml. Bilateral Air entry Throat Pack Used Air Leak

Protection of Face Eye

MAINTENANCE

CIRCUIT

- T-piece
- Bain
- ADE
- Bronchoscope

- Ventilation
- Spontaneous
- Manual
- Ventilator Control

Ventilator type

W. field. Control

R.R. 16 /min

Tidal volume 190 ml.

P.I.P. 18 cm H₂O

PEEP _____

MONITORS

Supportive

- Warming Blanket (temp.) _____
- Humidifier (temp.) _____
- Radiant Heater
- Gas Scavenging
- Blood Warmer
- Blood Microfilter
- Stethoscope Precordial/Esophageal
- Electrocardiogram
- BP Cuff _____
- Dinamap
- Temp. Probe Loc. _____
- SpO₂
- ETCO₂
- O₂ Analyzer/mixer
- Agent Monitor

ANAESTHETIC AGENTS

Inhalation

- Air
- O₂
- N₂O
- Halothane
- Isoflurane

Intravenous

- Fentanyl
- Morphine infusion
- Ketamine
- Alfentanyl

POSITION

- Supine
- Prone
- Lateral
- Lithotomy

RELAXANTS

- Atracurium
- Vecuronium
- Suxameth

Peripheral IV	1. Location	Type	Size
	<u>22G @ hand</u>		
	2. Location	Type	Size
Arterial Line	Location	Type	Size
CVP Line	Location	Type	Size

FLUID BALANCE

Blood Loss

Swabs	
Suction	
Towels	
Specimens	
Total	

ml.

Total Urine Output

ml.

Intake

1/5N Saline/4%	
Hartmanns	
10% Glucose	
Plasma/F.F.P.	
Packed Cells	
Total	

ml.

Final Fluid Balance _____

**THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD**

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date of Surgery

Year	Month	Day
95	11	27

PRE-OPERATIVE RECORD: T/P/R 36.5/88/1

Wt. 30kgs BP _____ Hb. _____ g/L _____ K+ _____ mmol/L

Other Lab _____ Mr Brown

Last Solid 26/11/95 Time 10.30pm Last Liquid 26/11/95 Time 10.30pm Consent

Proposed Procedure _____

PREMEDICATION:	Dose	Route	Time

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY nil

SIGNIFICANT FAMILY HISTORY asthma

CURRENT MEDICATION nil

PREVIOUS ANAESTHETIC prev. GA - no probs.

PHYSICAL EXAM:		Normal	No
Airway		<input type="checkbox"/>	<input type="checkbox"/>
Loose Teeth	No	<input type="checkbox"/>	<input type="checkbox"/>
E.N.T.	Normal	<input type="checkbox"/>	<input type="checkbox"/>
Resp.	Normal	<input type="checkbox"/>	<input type="checkbox"/>
C.V.S.	Normal	<input type="checkbox"/>	<input type="checkbox"/>
C.N.S.	Normal	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic/Renal	Normal	<input type="checkbox"/>	<input type="checkbox"/>
Other	Normal	<input type="checkbox"/>	<input type="checkbox"/>

DRUG REACTION OR ALLERGY NKA

ANTICIPATED PROBLEMS:

PROPOSED MANAGEMENT
Severed +
not found surg

SURGICAL SPECIALITY _____ PATIENT'S STATE ON ARRIVAL _____

ANAESTHETIST'S SIGNATURE [Signature]
 DATE 27.11.95

TIMES:
 SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST

ASSISTANT

SURGEON

OPERATION

ANAESTHETIC TIME , TO

POST-OPERATIVE ASSESSMENT

Awake
 Rousable
 Unconscious

Spont. ventilation
 Ventilation problem
 On Ventilator
 Orotracheal tube
 Nasotracheal tube
 Tracheotomy tube

CVS — No Problem
 BP ↓
 BP ↓
 Dysrhythmias
 Temp. > 38°C
 Temp. < 35°C

Recovery
 I.C.U.
 Other

POST OPERATIVE INSTRUCTIONS

PARACETAMOL 480mg
 p.o. 6 hourly PRN

Checked by [Signature]
 Given by P.M. Haggan
 2:25pm

ANAESTHETIST'S SIGNATURE:

[Signature]

COMPLICATIONS

yes

no

RESPIRATORY COMPLICATIONS

- 1 Upper Airway Obstruction
- 2 Laryngospasm
- 3 Lower Airway Obstruction
- 4 Pneumothorax
- 5 Atelectasis

Discharged to:

- Ward
- D.C.U.
- I.C.U.

Airway Required

- 1 Oral
- 2 Nasal
- 3 Endotracheal

Ventilatory Assistance Required

Manual

RDIOVASCULAR COMPLICATIONS

- 1 Hypotension
- 2 Hypertension
- 3 Tachycardia
- 4 Bradycardia
- 5 Arrhythmia
- 6 Cardiac Arrest
- 7 _____ Open Cardiac Compression
- 8 _____ Closed Chest Cardiac Compression

Discharge Time: 15:45 hrs

DISCHARGE

SEDATION SCORE

- 0 Awake/Crying
- 1 Settled
- 2 Semi-conscious
- 3 Unconscious

PAIN SCORE

- 0 No Pain
- 1 Mild
- 2 Moderate
- 3 Severe

VOMITING

- Y
- N

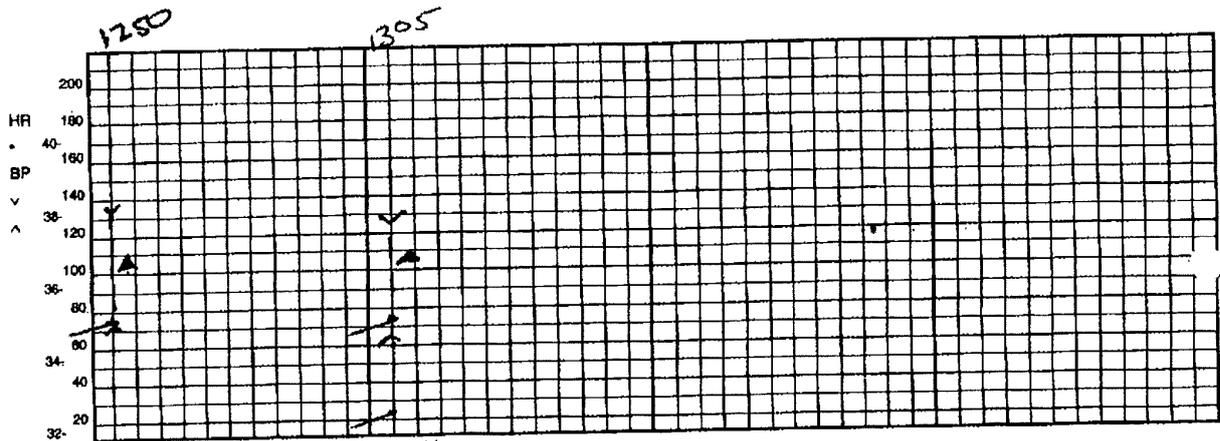
DISCHARGED BY

Nurse Y. B. Bradley

Anaesthetist [Signature]

RECOVERY WARD

ADMISSION TIME 1250



1250
1305
SpO₂ 99%

100%

RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arousable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Airway requires attention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving involuntarily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- 1. Mask
- 2. Endotracheal
- 3. Other

HUMIDITY:

DRUGS DOSE ROUTE TIME GIVEN BY CHECKED BY

1. PCA _____
2. Morphine Inf _____
3. Epidural _____
4. Other _____
5. _____

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

1. ml/hr

2. ml/hr

3. ml/hr

NG/DRAINS DRAINAGE

1. m/s

2. m/s

3. m/s

WOUND:

WT. 30 KG.
 Hb. _____ g/L

ESTIMATED BLOOD VOLUME _____ ML.
 ESTIMATED FLUID DEFICIT _____ ML.
 CALCULATED INTRAOP MAINTENANCE _____ ML/HOUR

DRUGS																				
	atropine																			
	STP																			
	propofol		150mg																	
FLUID INTAKE																				
	Hartmann's																			
	1/5N Saline/4%		100ml																	
	Packed Cells																			
	Plasma/FFP																			
LOSSES																				
	Swabs																			
	Suction																			
	Towels																			
	Other																			
	Total																			

Cumulative Urine Output		TIME	15	30	45	1.5	30	45	15	30	45	15	30	45
L/MIN.	O ₂ N ₂ O AIR F.O ₂													
% VAPOUR	3.0 2.5 2.0 1.5 1.0 0.5													
	Hal.													
ECG	✓ = NSR													
SpO ₂			96	98	98									
ETCO ₂			50	50	57									
CVP														

	°C	mmHg
HR •	38	200
BP X		180
◀ x O	36	160
		140
	34	120
		100
Axillary	32	80
Nasopharyngeal		60
Rectal		40
Start of operation:	30	40
↑	20	20

Parental Presence Y N

INTRAOPERATIVE RECORD

REGIONAL

Caudal

Spinal

Epidural

Other

Procedure BUPWACKINE Drug 30ml 0.125% Conc. vol _____

GENERAL

INDUCTION Preoxygenation Rapid Sequence with Cricoid Pressure Precurarization mg

STP _____ mg Propofol 150mg Atropine _____ mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal Voltaren 25mg @ 1240 mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep Awake E.T.T. in situ Tracheostomy tube Size _____ Laryngeal Mask

Endotracheal tube: Oral Nasal Cuffed Non-Cuffed Direct Vision Blind

Tube type and Size: PVC _____ RAE _____ Other _____

Cuff inflated ml. Bilateral Air entry Throat Pack Used Air Leak

Protection of Face Eyes taped closed.

MAINTENANCE

CIRCUIT	MONITORS	ANAESTHETIC AGENTS	POSITION
<input type="checkbox"/> T-piece <input type="checkbox"/> Bain <input type="checkbox"/> ADE <input type="checkbox"/> Bronchoscope	Supportive <input type="checkbox"/> Warming Blanket (temp.) <input type="checkbox"/> Humidifier (temp.) <input type="checkbox"/> Radiant Heater <input checked="" type="checkbox"/> Gas Scavenging <input type="checkbox"/> Blood Warmer <input type="checkbox"/> Blood Microfilter	Inhalation <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> O ₂ <input checked="" type="checkbox"/> N ₂ O <input type="checkbox"/> Halothane <input type="checkbox"/> Isoflurane	<input checked="" type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Lateral <input type="checkbox"/> Lithotomy
<input checked="" type="checkbox"/> Ventilation <input type="checkbox"/> Spontaneous <input type="checkbox"/> Manual <input type="checkbox"/> Ventilator Control	<input checked="" type="checkbox"/> Stethoscope Precordial/Esophageal <input checked="" type="checkbox"/> Electrocardiogram <input type="checkbox"/> BP Cuff <input checked="" type="checkbox"/> Dinamap <input checked="" type="checkbox"/> Temp. Probe Loc. <u>Ar</u>	Intravenous <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine infusion <input type="checkbox"/> Ketamine <input type="checkbox"/> Alfentanil	RELAXANTS <input type="checkbox"/> Atracurium <input type="checkbox"/> Vecuronium <input type="checkbox"/> Suxameth
Ventilator type _____ R.R. _____ /min Tidal volume _____ ml. P.I.P. _____ PEEP _____	<input checked="" type="checkbox"/> SpO ₂ <input checked="" type="checkbox"/> ETCO ₂ <input checked="" type="checkbox"/> O ₂ Analyzer/mixer <input checked="" type="checkbox"/> Agent Monitor		
Peripheral IV 1. Location <u>(U) hand</u> Type <u>guel call</u> Size <u>22</u> 2. Location _____ Type _____ Size _____			
Arterial Line Location _____ Type _____ Size _____			
CVP Line Location _____ Type _____ Size _____			

FLUID BALANCE

Blood Loss

Swabs	
Suction	
Towels	
Specimens	
Total	_____ ml.

Total Urine Output _____ ml.

Intake

1/5N Saline/4%	
Hartmanns	
10% Glucose	
Plasma/F.F.P.	
Packed Cells	
Total	_____ ml.

Final Fluid Balance _____

**THE ROYAL BELFAST HOSPITAL FOR SICK CHILDRE
ANAESTHETIC RECORD**

Date of Surgery

Year	Month	Day
915	111	217

[Redacted]
[Redacted]
 DCU
 MR BROWN

PRE-OPERATIVE RECORD: T/P/R 1/1 DCU

Wt. 28kgs BP _____ Hb. _____ g/L _____ K+ _____ mmol/L

Other Lab _____

Last Solid 26/11/95 Time 8.30pm Last Liquid 26/11/95 Time 8.30pm Consent

Proposed Procedure _____

PREMEDICATION: Dose Route Time

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E

SIGNIFICANT HISTORY h/o asthma

SIGNIFICANT FAMILY HISTORY nil of note

CURRENT MEDICATION ventolin

PREVIOUS ANAESTHETIC _____

PHYSICAL EXAM: Airway	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Loose Teeth	No	<input type="checkbox"/>		<input type="checkbox"/>
E.N.T.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Resp.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
C.V.S.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
C.N.S.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Hepatic/Renal	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>

DRUG REACTION OR ALLERGY _____

ANTICIPATED PROBLEMS: _____

PROPOSED MANAGEMENT

bandaid + Volt

SURGICAL SPECIALITY _____ PATIENT'S STATE ON ARRIVAL _____

ANAESTHETIST'S SIGNATURE: _____

DATE: 27/11/95

TIMES:
 SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
FGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST	ASSISTANT	SURGEON
OPERATION		
ANAESTHETIC TIME . TO		

POST-OPERATIVE ASSESSMENT

Awake <input type="checkbox"/>	Spont. ventilation <input type="checkbox"/>	CVS — No Problem <input type="checkbox"/>	Recovery <input type="checkbox"/>
Rousable <input type="checkbox"/>	Ventilation problem <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	I.C.U. <input type="checkbox"/>
Unconscious <input type="checkbox"/>	On Ventilator <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	Other <input type="checkbox"/>
	Orotracheal tube <input type="checkbox"/>	Dysrhythmias <input type="checkbox"/>	
	Nasotracheal tube <input type="checkbox"/>	Temp. > 38°C <input type="checkbox"/>	
	Tracheotomy tube <input type="checkbox"/>	Temp. < 35°C <input type="checkbox"/>	

POST OPERATIVE INSTRUCTIONS

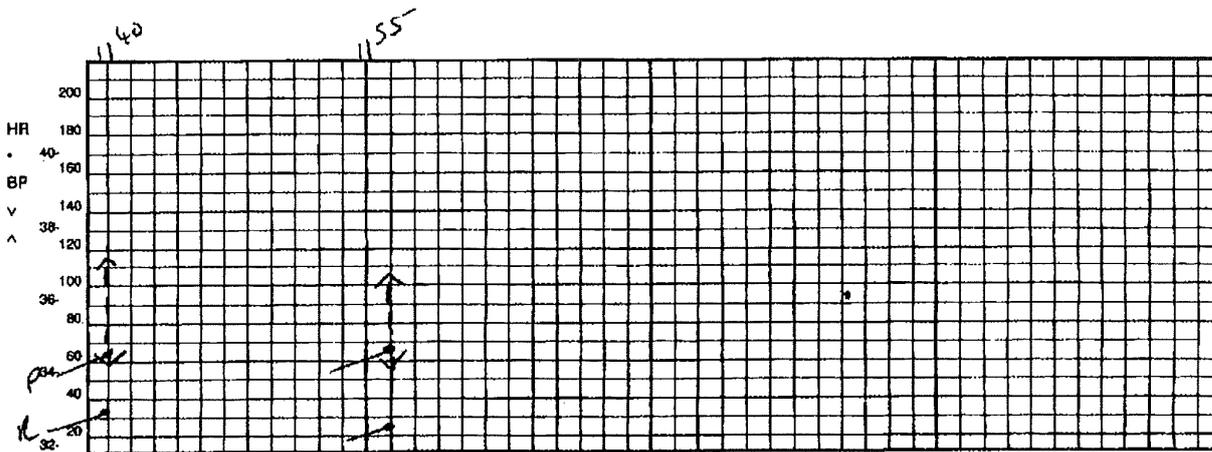
PARACETAMOL
 360 mg — given at
 po 12.25pm
 R.urgence.
 bloody
 pm

ANAESTHETIST'S SIGNATURE:

[Handwritten Signature]

RECOVERY WARD

ADMISSION TIME 11:40



RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arousable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Airway requires attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving involuntarily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- 1. Mask
- 2. Endotracheal
- 3. Other

HUMIDITY:

DRUGS	DOSE	ROUTE	TIME	GIVEN BY	CHECKED BY
1. PCA					
2. Morphine Inf					
3. Epidural					
4. Other					
5.					

INTRAVENOUS FLUIDS

SITE:	SOLUTION:	RATE
1. ml/hr
2. ml/hr
3. ml/hr

NG/DRAINS	DRAINAGE
1. ml/s
2. ml/s
3. ml/s

WOUND:

Parental Presence Y N

INTRAOPERATIVE RECORD

REGIONAL

Caudal

Spinal

Epidural

Other

Procedure Caudal Drug Propofol Conc. vol 0.5g, 20ml

GENERAL

INDUCTION Preoxygenation Rapid Sequence with Cricoid Pressure Precurarization mg

STP 200 mg Propofol _____ Atropine _____ mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal _____ mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep Awake E.T.T. in situ Tracheostomy tube Size _____ Laryngeal Mask

Endotracheal tube: Oral Nasal Cuffed Non-Cuffed Direct Vision Blind

Tube type and Size: PVC RAE Other

Cuff inflated ml. Bilateral Air entry Throat Pack Used Air Leak

Protection of Face _____

MAINTENANCE

CIRCUIT	MONITORS	ANAESTHETIC AGENTS	POSITION
<input type="checkbox"/> T-piece	Supportive	Inhalation	<input type="checkbox"/> Supine
<input type="checkbox"/> Bain	<input type="checkbox"/> Warming Blanket (temp.) _____	<input type="checkbox"/> Air	<input type="checkbox"/> Prone
<input type="checkbox"/> ADE	<input type="checkbox"/> Humidifier (temp.) _____	<input type="checkbox"/> O ₂	<input type="checkbox"/> Lateral
<input type="checkbox"/> Bronchoscope	<input checked="" type="checkbox"/> Radiant Heater	<input checked="" type="checkbox"/> N ₂ O	<input type="checkbox"/> Lithotomy
	<input checked="" type="checkbox"/> Gas Scavenging	<input type="checkbox"/> Halothane	
	<input type="checkbox"/> Blood Warmer	<input type="checkbox"/> Isoflurane	
	<input type="checkbox"/> Blood Microfilter		
<input type="checkbox"/> Ventilation		Intravenous	RELAXANTS
<input type="checkbox"/> Spontaneous	<input checked="" type="checkbox"/> Stethoscope Precordial/Esophageal	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Atracurium
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Morphine Infusion	<input checked="" type="checkbox"/> Vecuronium
<input checked="" type="checkbox"/> Ventilator Control	<input type="checkbox"/> BP Cuff _____	<input type="checkbox"/> Ketamine	<input type="checkbox"/> Suxameth
	<input checked="" type="checkbox"/> Dinamap	<input type="checkbox"/> Alfentanyl	
Ventilator type _____	<input type="checkbox"/> Temp. Probe Loc. _____		
R.R. <u>16</u> /min	<input checked="" type="checkbox"/> SpO ₂		
Tidal volume <u>300</u> ml.	<input checked="" type="checkbox"/> ETCO ₂		
P.I.P. <u>20cmH₂O</u>	<input type="checkbox"/> O ₂ Analyzer/mixer		
PEEP _____	<input type="checkbox"/> Agent Monitor		
Peripheral IV	1. Location <u>226 (L) hand</u>	Type _____	Size _____
	2. Location _____	Type _____	Size _____
Arterial Line	Location _____	Type _____	Size _____
CVP Line	Location _____	Type _____	Size _____

FLUID BALANCE

Blood Loss

Swabs	<input type="checkbox"/>
Suction	<input type="checkbox"/>
Towels	<input type="checkbox"/>
Specimens	<input type="checkbox"/>
Total	<input type="checkbox"/>

Total Urine Output ml.

Intake

1/5N Saline/4%	<input type="checkbox"/>
Hartmanns	<input type="checkbox"/>
10% Glucose	<input type="checkbox"/>
Plasma/F.F.P.	<input type="checkbox"/>
Packed Cells	<input type="checkbox"/>
Total	<input type="checkbox"/>

Final Fluid Balance _____

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD

Date of Surgery

Year	Month	Day
95	11	27

[REDACTED]
 DCU = 1
 MR BROWN

PRE-OPERATIVE RECORD: T/P/R 36.9/104/
 Wt. 11kgs BP _____ Hb. _____ g/L _____ K+ _____ mmol/L
 Other Lab _____

Last Solid 26/4/95 Time 8pm Last Liquid 27/11/95 Time 7am Consent

Proposed Procedure _____
 PREMEDICATION: Dose Route Time
 _____ ml _____

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E
 SIGNIFICANT HISTORY ml

SIGNIFICANT FAMILY HISTORY ml
 CURRENT MEDICATION ml
 PREVIOUS ANAESTHETIC ml - no premed Gt

PHYSICAL EXAM: Airway Normal No
 Loose Teeth No
 E.N.T. Normal No
 Resp. Normal No
 C.V.S. Normal No
 C.N.S. Normal No
 Hepatic/Renal Normal No
 Other Normal No

DRUG REACTION OR ALLERGY NKA

ANTICIPATED PROBLEMS: _____

PROPOSED MANAGEMENT
 Ceftazidime x
 Voltaren
 ANAESTHETIST'S SIGNATURE
 DATE 27.11.95

SURGICAL SPECIALITY _____ PATIENT'S STATE ON ARRIVAL _____

TIMES:
 SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST	ASSISTANT	SURGEON
OPERATION		
_____ _____		
ANAESTHETIC TIME ,		TO
_____		_____

POST-OPERATIVE ASSESSMENT

Awake <input type="checkbox"/>	Sport. ventilation <input type="checkbox"/>	CVS — No Problem <input type="checkbox"/>	Recovery <input type="checkbox"/>
Rousable <input type="checkbox"/>	Ventilation problem <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	I.C.U. <input type="checkbox"/>
Unconscious <input type="checkbox"/>	On Ventilator <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	Other <input type="checkbox"/>
	Orotacheal tube <input type="checkbox"/>	Dysrhythmias <input type="checkbox"/>	
	Nasotracheal tube <input type="checkbox"/>	Temp. > 38°C <input type="checkbox"/>	
	Tracheotomy tube <input type="checkbox"/>	Temp. < 35°C <input type="checkbox"/>	

POST OPERATIVE INSTRUCTIONS

① O₂ 6L/min until awake

② Propofol 12mg 2.5ml/hr

ANAESTHETIST'S SIGNATURE: *[Signature]*

COMPLICATIONS

yes no

RESPIRATORY COMPLICATIONS

- 1 Upper Airway Obstruction
- 2 Laryngospasm
- 3 Lower Airway Obstruction
- 4 Pneumothorax
- 5 Atelectasis

Discharged to:

- Ward
- D.C.U.
- I.C.U.

Airway Required

Ventilatory Assistance Required

- 1 Oral
- 2 Nasal
- 3 Endotracheal

Manual

CARDIOVASCULAR COMPLICATIONS

- 1 Hypotension
- 2 Hypertension
- 3 Tachycardia
- 4 Bradycardia
- 5 Arrhythmia
- 6 Cardiac Arrest
- 7 _____ Open Cardiac Compression
- 8 _____ Closed Chest Cardiac Compression

Discharge Time: hrs

DISCHARGE

SEDATION SCORE

- 0 Awake/Crying
- Settled
- 2 Semi-conscious
- 3 Unconscious

PAIN SCORE

- 0 No Pain
- 1 Mild
- 2 Moderate
- 3 Severe

VOMITING

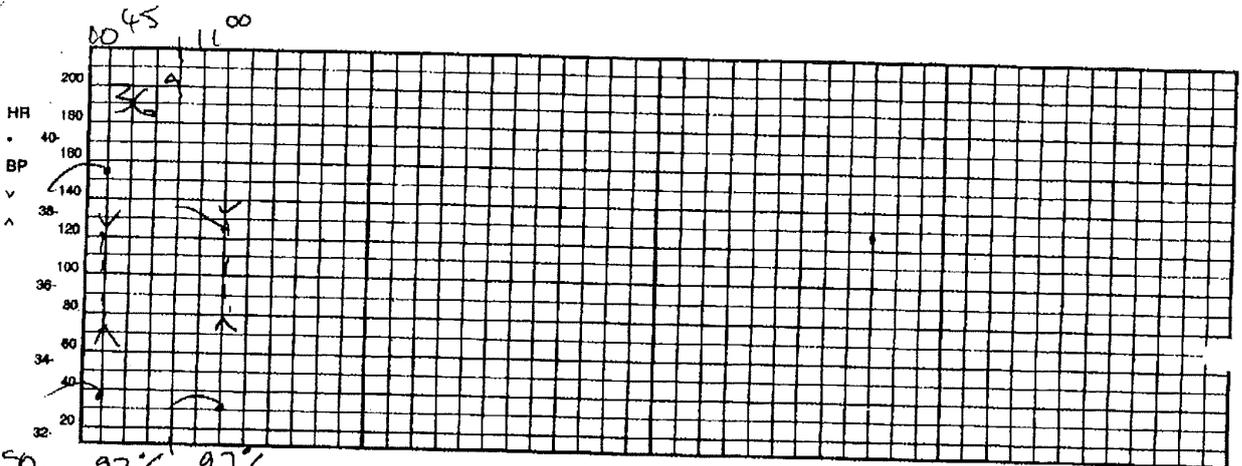
Y
N

DISCHARGED BY

Nurse *N. King*
Anaesthetist *R. O. Bell*

RECOVERY WARD

ADMISSION TIME 10:45



% SO_2 97% 97%

RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake Arousable Not responding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry Breathing easily Airway requires attention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully Moving involuntarily Not moving	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

- | | |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | 1. Mask |
| <input type="checkbox"/> | 2. Endotracheal |
| <input type="checkbox"/> | 3. Other |

HUMIDITY:

DRUGS **DOSE** **ROUTE** **TIME** **GIVEN BY** **CHECKED BY**

1. PCA _____
2. Morphine Inf _____
3. Epidural _____
4. Other _____
5. _____

INTRAVENOUS FLUIDS

SITE:

SOLUTION: RATE

1. ml/hr

2. ml/hr

3. ml/hr

NG/DRAINS DRAINAGE

1. m/s

2. m/s

3. m/s

WOUND:

INTRAOPERATIVE RECORD

Parental Presence Y N

REGIONAL

Caudal

Spinal

Epidural

Other

Procedure Cerebral Drug Bupivacaine 0.125% Conc. vol 2 Caudal

GENERAL

INDUCTION

Preoxygenation

Rapid Sequence with Cricoid Pressure

Precurarization mg

STP 75 mg Propofol _____ Atropine 0.2 mg Sux 10 mg Location _____

Inhalation _____ I.M./Rectal Volthane 12-Sug mg 10

Topical Spray _____ mg Other _____

Intubation: Asleep Awake E.T.T. in situ Tracheostomy tube Size _____ Laryngeal Mask

Endotracheal tube: Oral Nasal Cuffed Non-Cuffed Direct Vision Blind

Tube type and Size: PVC _____ RAE _____ Other _____

Cuff inflated ml. Bilateral Air entry Throat Pack Used Air Leak

Protection of Face _____

MAINTENANCE

CIRCUIT	MONITORS	ANAESTHETIC AGENTS	POSITION
<input checked="" type="checkbox"/> T-piece	Supportive	Inhalation	<input checked="" type="checkbox"/> Supine
<input type="checkbox"/> Bain	<input type="checkbox"/> Warning Blanket (temp.) _____	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Prone
<input type="checkbox"/> ADE	<input type="checkbox"/> Humidifier (temp.) _____	<input type="checkbox"/> O ₂	<input type="checkbox"/> Lateral
<input type="checkbox"/> Bronchoscope	<input type="checkbox"/> Radiant Heater	<input checked="" type="checkbox"/> N ₂ O	<input type="checkbox"/> Lithotomy
	<input type="checkbox"/> Gas Scavenging	<input type="checkbox"/> Isoflurane	
	<input type="checkbox"/> Blood Warmer		
	<input type="checkbox"/> Blood Microfilter	Intravenous	
<input checked="" type="checkbox"/> Ventilation	<input checked="" type="checkbox"/> Stethoscope Precordial/Esophageal	<input type="checkbox"/> Fentanyl	RELAXANTS
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Morphine infusion	<input type="checkbox"/> Atracurium
<input type="checkbox"/> Manual	<input type="checkbox"/> BP Cuff _____	<input type="checkbox"/> Ketamine	<input type="checkbox"/> Vecuronium
<input type="checkbox"/> Ventilator Control	<input type="checkbox"/> Dinamap	<input type="checkbox"/> Alfentanyl	<input type="checkbox"/> Suxameth
Ventilator type _____	<input type="checkbox"/> Temp. Probe Loc. _____		
R.R. _____/min	<input type="checkbox"/> SpO ₂		
Tidal volume _____ml.	<input type="checkbox"/> ETCO ₂		
P.I.P. _____	<input type="checkbox"/> O ₂ Analyzer/mixer		
PEEP _____	<input checked="" type="checkbox"/> Agent Monitor		

Peripheral IV	1. Location	Type	Size
	2. Location	Type	Size
Arterial Line	Location	Type	Size
CVP Line	Location	Type	Size

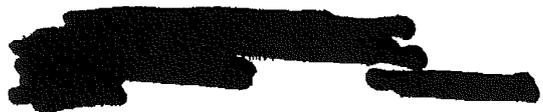
FLUID BALANCE

Blood Loss	Total Urine Output	Intake
Swabs	<input type="text"/> ml.	1/5N Saline/4%
Suction		Hartmanns
Towels		10% Glucose
Specimens		Plasma/F.F.P.
Total		Packed Cells
		Total
Final Fluid Balance		ml.

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
ANAESTHETIC RECORD

Date of Surgery Year Month Day

95	11	27
----	----	----



PRE-OPERATIVE RECORD: T/P/R 356/86/1 DCU MD/JP CONSULTANT Mr BROWN
 Wt. 43kg BP _____ Hb. _____ g/L _____ K+ _____ mmol/L
 Other Lab _____

Last Solid 26/11/95 Time 10pm Last Liquid 27/11/95 Time 6.30am Consent

Proposed Procedure _____

PREMEDICATION:

	Dose	Route	Time
<u>Asul</u>			

PRE-OPERATIVE ASSESSMENT A. S. A. CLASSIFICATION 1, 2, 3, 4, 5, E
 SIGNIFICANT HISTORY nil of note

SIGNIFICANT FAMILY HISTORY nil

CURRENT MEDICATION Tagamet

PREVIOUS ANAESTHETIC yes - no process

PHYSICAL EXAM:

Airway	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Loose Teeth	No	<input type="checkbox"/>		<input type="checkbox"/>
E.N.T.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Resp.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
C.V.S.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
C.N.S.	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Hepatic/Renal	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Normal	<input type="checkbox"/>	No	<input type="checkbox"/>

DRUG REACTION OR ALLERGY NKA

ANTICIPATED PROBLEMS:	PROPOSED MANAGEMENT
_____	_____
_____	_____
_____	_____

SURGICAL SPECIALITY _____ PATIENT'S STATE ON ARRIVAL _____ ANAESTHETIST'S SIGNATURE [Signature]

DATE 27.11.95

TIMES:
 SENT FOR ARRIVE IN THEATRE ANAESTHETIC SURGERY

Parental Presence Y N

INTRAOPERATIVE RECORD

REGIONAL

Caudal

Spinal

Epidural

Other

Procedure _____

Drug _____

Conc. vol _____

GENERAL

INDUCTION Preoxygenation Rapid Sequence with Cricoid Pressure Precurization mg

STP _____ mg Propofol 80 mg Atropine _____ mg Sux _____ mg Location _____

Inhalation _____ I.M./Rectal _____ mg.

Topical Spray _____ mg. Other _____

Intubation: Asleep Awake E.T.T. in situ Tracheostomy tube Size _____ Laryngeal Mask

Endotracheal tube: Oral Nasal Cuffed Non-Cuffed Direct Vision Blind

Tube type and Size: PVC _____ RAE 7.0 Other _____

Cuff inflated ml. Bilateral Air entry Throat Pack Used Air Leak

Protection of Face Eyes taped.

MAINTENANCE

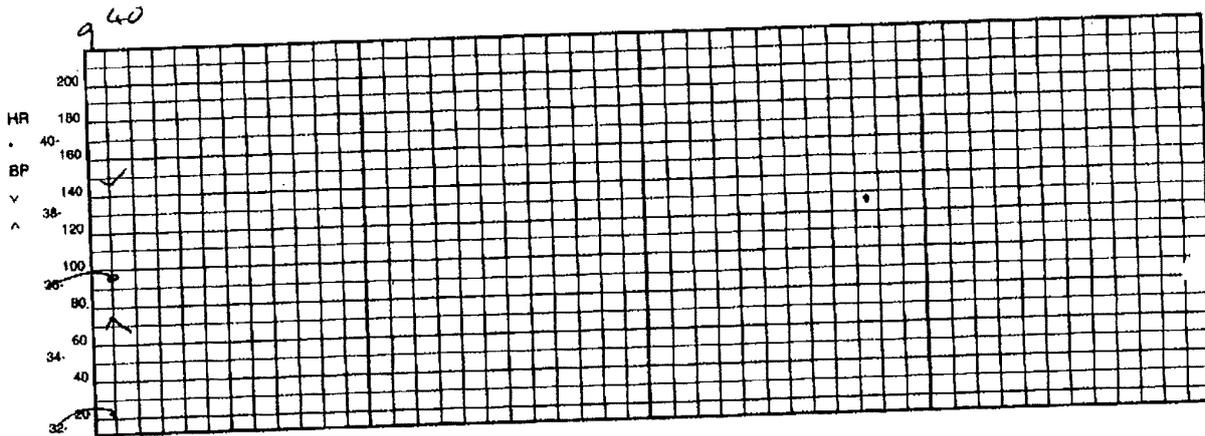
CIRCUIT	MONITORS	ANAESTHETIC AGENTS	POSITION
<input type="checkbox"/> T-piece <input checked="" type="checkbox"/> Bain <input type="checkbox"/> ADE <input type="checkbox"/> Bronchoscope	Supportive <input type="checkbox"/> Warming Blanket (temp.) _____ <input type="checkbox"/> Humidifier (temp.) _____ <input type="checkbox"/> Radiant Heater <input type="checkbox"/> Gas Scavenging <input type="checkbox"/> Blood Warmer <input type="checkbox"/> Blood Microfilter	Inhalation <input type="checkbox"/> Air <input type="checkbox"/> O ₂ <input type="checkbox"/> N ₂ O <input type="checkbox"/> Halothane <input type="checkbox"/> Isoflurane	<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Lateral <input type="checkbox"/> Lithotomy
<input type="checkbox"/> Ventilation <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Ventilator Control	<input type="checkbox"/> Stethoscope Precordial/Esophageal <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> BP Cuff _____ <input type="checkbox"/> Dinamap <input type="checkbox"/> Temp. Probe Loc. _____ <input type="checkbox"/> SpO ₂ <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> O ₂ Analyzer/mixer <input type="checkbox"/> Agent Monitor	Intravenous <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine infusion <input type="checkbox"/> Ketamine <input type="checkbox"/> Alfentanil	RELAXANTS <input type="checkbox"/> Atracurium <input type="checkbox"/> Vecuronium <input type="checkbox"/> Suxameth
Ventilator type <u>Perseus</u> R.R. <u>12</u> /min Tidal volume <u>450</u> ml. P.I.P. <u>20</u> PEEP <u>—</u>			
Peripheral IV 1. Location <u># 02 (L) wrist</u> Type <u>Quickath</u> Size _____ 2. Location _____ Type _____ Size _____			
Arterial Line Location _____ Type _____ Size _____			
CVP Line Location _____ Type _____ Size _____			

FLUID BALANCE

Blood Loss	Total Urine Output	Intake
Swabs <input type="checkbox"/>	<input type="text"/> ml.	1/5N Saline/4% <input type="checkbox"/>
Suction <input type="checkbox"/>		Hartmanns <input type="checkbox"/>
Towels <input type="checkbox"/>		10% Glucose <input type="checkbox"/>
Specimens <input type="checkbox"/>		Plasma/F.F.P. <input type="checkbox"/>
Total <input type="checkbox"/> ml.		Packed Cells <input type="checkbox"/>
Final Fluid Balance _____		Total <input type="checkbox"/> ml.

RECOVERY WARD

ADMISSION TIME 9:40



$\%SO_2$ 98%

RECOVERY ROOM SCORES:

		ON ADMISSION	5 MIN	15 MIN	30 MIN	DISCHARGE
AWAKE	Fully awake Arousable Not responding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION	Can cough or cry Breathing easily Airway requires attention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVEMENT	Moving purposefully Moving involuntarily Not moving	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OXYGEN:

1. Mask
 2. Endotracheal
 3. Other

HUMIDITY:

DRUGS	DOSE	ROUTE	TIME	GIVEN BY	CHECKED BY
1. PCA					
2. Morphine Inf					
3. Epidural					
4. Other					
5.					

INTRAVENOUS FLUIDS

SITE:	
SOLUTION:	RATE
1. ml/hr
2. ml/hr
3. ml/hr
NG/DRAINS	DRAINAGE
1. ml/s
2. ml/s
3. ml/s

WOUND:

ANAESTHETIC COMPLICATIONS

INTRAOPERATIVE LAB RESULTS

ANAESTHETIC COMMENTS:

Time	
Temp.	
EGF	
pH	
pCO ₂	
pO ₂	
HCO ₃	
Na ⁺	
K ⁺	
Ca ⁺⁺	
Glucose	
Hct	

ANAESTHETIST _____ ASSISTANT _____ SURGEON _____
 OPERATION _____
 ANAESTHETIC TIME . _____ TO _____

POST-OPERATIVE ASSESSMENT

Awake <input type="checkbox"/>	Spont. ventilation <input type="checkbox"/>	CVS — No Problem <input type="checkbox"/>	Recovery <input type="checkbox"/>
Rousable <input type="checkbox"/>	Ventilation problem <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	I.C.U. <input type="checkbox"/>
Unconscious <input type="checkbox"/>	On Ventilator <input type="checkbox"/>	BP ↓ <input type="checkbox"/>	Other <input type="checkbox"/>
	Orotacheal tube <input type="checkbox"/>	Dysrhythmias <input type="checkbox"/>	
	Nasotracheal tube <input type="checkbox"/>	Temp. > 38°C <input type="checkbox"/>	
	Tracheotomy tube <input type="checkbox"/>	Temp. < 35°C <input type="checkbox"/>	

POST OPERATIVE INSTRUCTIONS

ANAESTHETIST'S SIGNATURE: _____

