E-mail Message

From:	Conlon, Bernie (IHRD) [redacted]
To:	Devlin, Denise [redacted]
Cc:	
Sent:	05/09/2012 at 09:02
Received:	05/09/2012 at 09:02
Subject:	FW: C Roberts- PICU Fluid Balance Charts
Attachments:	CR PICU chart.pdf

From: Angela Crawford [mailto [redacted]
Sent: 29 August 2012 10:00
To: Conlon, Bernie (IHRD); Devlin, Denise
Cc: Wendy Beggs; Alphy Maginness
Subject: C Roberts- PICU Fluid Balance Charts
Importance: High
Sensitivity: Confidential

"This email is covered by the disclaimer found at the end of the message."

Dear Bernie/Denise

Further to our email correspondence yesterday, please now find attached scanned copies of the PICU Fluid Balance Charts, which I have just received from my Client.

A further letter in response to JOH-0273-12 (received yesterday) will follow later.

Kindly acknowledge safe receipt hereof.

Kind regards

Angela

Angela Crawford

Solicitor

Directorate of Legal Services, Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ

Tel: [redacted] | Email: [redacted]

PLEASE ENSURE DLS CASE REF IS QUOTED ON ALL CORRESPONDENCE TO THIS OFFICE

96-187

RBHSC - PICU - CODING FORM

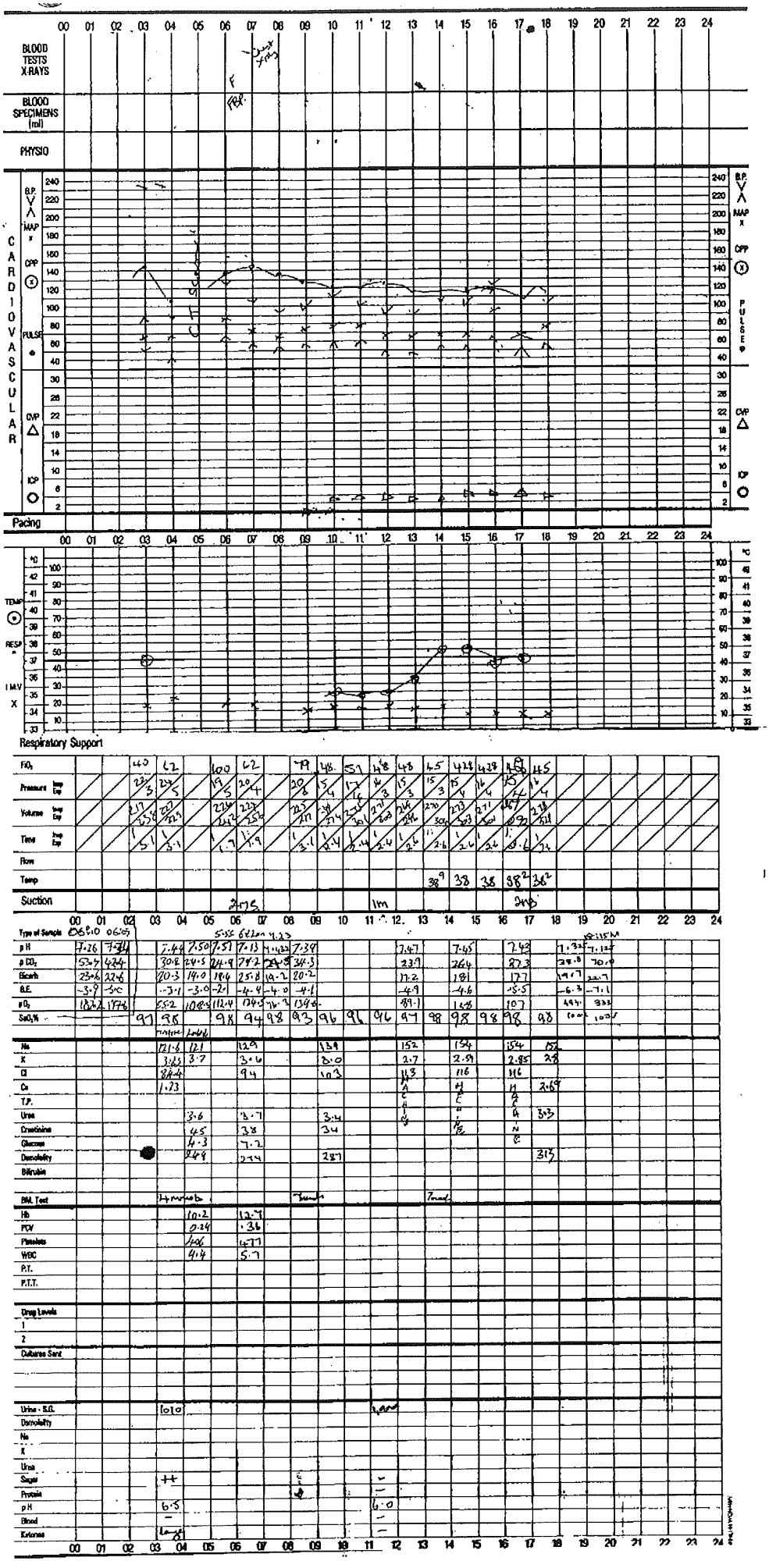
PATIENT'S NAME: CLAIRE ROBERTS HOSP. NO. 328770.

DATE OF BIRTH: 10-1-87

DATE	COMMENT
23/10/96	ADMITTED FROM WARD FOLLOWING
	A RESPIRATORY ARREST.
	INTUBATED. VENTILATED.
	ARTERIAL LINE
	CENTRAL LINE.
	CT scan.
	iv infusion inotropes.
	brain stem tests x2
	Hyponatraemia.
	Hypernatraemia.
	Hypokalaemia.
	concentrated KCl Potassium infusion.
	DIED.
	J Mahaigne.
	Mr Jewell 23/10/96

THIS FORM IS TO BE RETAINED IN THE UNIT FOR CODING CLERK (MARGARET - EXT 3728)

(forms/Cod.doc)


BLOOD TESTS X-RAYS
BLOOD SPECIMENS (ml)
PHYSIO
CARDIOVASCULAR
B.P.
MAP
CPP
PULSE
CVP
ICP
Pacing
TEMP
RESP
I.M.V.
Respiratory Support
FiO2
Pressure
Volume
Time
Flow
Temp
Suction
Type of Sample
pH
pCO2
BE
pO2
Sat0,%
Na
K
Cl
Ca
T.P.
Urea
Creatinine
Glucose
Osmolality
Bilirubin
BM. Test
Hb
PCV
Platelets
WBC
P.T.
P.T.T.
Drug Levels
Cultures Sent
Urine - S.G.
Osmolality
Na
K
Urea
Sugar
Protein
pH
Blood
Ketones

Section		Score	Item	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CORTICAL RESPONSES		T	Trach./Intubated					I		I			C			C	I		I	I	I	I					
		P	Paralyzed																								
	EYE OPENING	4	Spontaneously																								
		3	To speech																								
		2	To pain																								
		1	None					ET		ET			ET			ET	ET		ET	ET	ET	ET					
	MOTOR RESPONSE	6	Obeys commands																								
		5	Localizes pain																								
		4	Flexion withdrawal																								
		3	Flexion - abnormal																								
		2	Extension																								
		1	Flaccid					✓		✓			✓			✓	✓		✓								
	VERBAL RESPONSE	5	Oriented, converses																								
		4	Disoriented, confused																								
		3	Inappropriate words																								
		2	Incomprehensible sounds																								
		1	None					ET		ET			ET			ET	ET		ET	ET	ET	ET					
	TOTAL (G.C.S.)							3		3			3			3	3		3	3	3	3					
	SEIZURES		Generalized convulsion																								
			R - UL																								
			- LL																								
			L - UL																								
			- LL																								
BRAIN STEM	COUGH		Spontaneous																								
			To tracheal stimulation																								
	GAG REFLEX		Present																								
			Absent										✓			✓	✓		✓	✓	✓	✓					
	SPONT. RESPIRATION		Present																								
			Absent					✓		✓			✓			✓	✓		✓	✓	✓	✓					
	PUPILS	LEFT	Size					7		8			7			7	7		7	7	7	7					
			Reaction					–		–			–			–	–		–	–	–	–					
		RIGHT	Size					7		7			7			7	7		7	7	7	7					
			Reaction					–		–			–			–	–		–	–	–	–					

PUPIL SCALE (mm): 1 2 3 4 5 6 7 8

REACTION: ++ = Brisk. + = Sluggish. – = No reaction. C = Eye swollen shut.

Claire Roberts
DOB 10 [illegible]
Hosp. No. 328770.

ETT Day No.	1	Art Line Day No.	1
Tube Size	6.0	Site	Rt Dorsal
Tube Length	@ nose 19 cms	CV Line Day No.	1
Trach Day No.		Site	Rt Jugular
Trach Size		Weight	Gain	Loss
Vent. Day No.	1		

DATE 22/10/96 DAYS IN ICU 1

VENTILATION THERAPY

TIME	FLOW	PIP	PEEP	TIDAL VOL.	I.T.	RATE	FiO_2	SIGNED

MONITORING

TIME

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Name ..... Hospital No. ..... Date ..... D.O.B.

TIME	INPUT: INTRAVENOUS	OUTPUT: ASP./VOMIT Amt.	ASP./VOMIT Total	URINE Amt.	URINE Total	STOOL	DR 1 Lev.	DR 1 Total	DR 2 Lev.	DR 2 Total	DR 3 Lev.	DR 3 Tota
09												
10.00												
11.00												
12.00												
13.00												
14.00												
15.00												
16.00												
17.00												
18.00												
19.00												
20.00												

Intravenous Total	
Oral Total	
DAY TOTAL INTAKE	

Urine output	
Other output	
DAY TOTAL OUTPUT	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name Blaine Roberts Hospital No. 328770 Date 22·10·96 D.O.B. 10·01·87

TIME	INPUT: INTRAVENOUS Mannitol	Mannitol Total	Dopamine	Dopamine Total	Cefsec in Hepsal	Cefsec in Hepsal Total	Hepsal	Hepsal Total	S/Nacl	OUTPUT: ASP./VOMIT Amt.	ASP./VOMIT Total	URINE Amt.	URINE Total	STOOL	DR 1 Amt.	DR 1 Total	DR 2 Amt.	DR 2 Total	DR 3 Amt.	DR 3 Total
21.00																				
22.00																				
23.00																				
24.00																				
01.00																				
02.00																				
03.00																				
04.00	125	–	46	–						105	105	NWLR								
05.		125			3	–	3	–				90	90							
06.00			41	5	3	3	3	3				320	410							
07.00			40	11	3	6	3	6				220	630							
08.			35	16.	3	9	3	9.	150 –			185	815							
												300	1115							

Intravenous Total	159
Oral Total	
NIGHT TOTAL INTAKE	159.

Urine output	815
Other output	105
NIGHT TOTAL OUTPUT	920 / 1115

70% maintainance = 47ml/h

Weight.....

INTRAVENOUS FLUID PRESCRIPTION SHEET

mls/kg.....

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1	125ml	10% Mannitol		~~Keep~~ 500ml/hr				
2	50ml	NSaline	375mg Dopamine	1-4ml/hr				
3	50	Dextrose 5%	20 mmol KCl	0-8.			JP McGuigan	8:00
4	~~500~~	~~Dextrose 4% Saline 0.18%~~						
5	500ml	N Saline		47ml/hr				
6								
7								
8								
10								
11								
12								

NUTRITION PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime.....

ENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N_G	CHO_G	FAT_G	Na	K	Ca	Mg	PO_4	VITAMINS	TRACE ELEMENTS	OTHER ADDITIVES	ENERGY CAL/ml	N/CAL RATIO
TOTAL INFUSED																
TOTAL per kg																

24 HR. INTAKE

FLUID		
BLOOD		
PLASMA		
	INTRAVENOUS	
	ORAL	
	TOTAL	

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	
TOTAL	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name CLAIRE ROBERTS Hospital No. 328770 Date 23.10.96 D.O.B. 10.1.81

TIME	INPUT														OUTPUT											
	INTRAVENOUS														ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
	N/SALINE		CVP HEPSAL		ART LINE HEPSAL		DOLANINE		PATH FEED		HUBF		ORUP.		Amt.	Total	Amt.	Total		Lev.	Total	Lev.	Total	Lev.	Total
09.00	130	20	3	3	3	3	31	4	45	5	150 50 150	150 200 350					300	300					✓		
10.00	100	50	3	6	3	6	26	9	40	10	150 150 105	500 650 755					320	620					✓		
11.00	85	75	3	9	3	9	21	14	36	14	45 H	800	34	-			270 145 280	890 1035 315					✓	✓	PHW
12.00	47	110	3	12	3	12	16	19	33	17			34	-	45	45							✓		
13.00	17	140	3	15	3	15	11	24	29	21	150	800	33	1			90	1403					✓		
14.00	2/150	155	3	18	3	18	6	29	24	26	0/50	950	32	2			65	1468					✓	✓	KLyc
15.00	128	188	3	21	3	21	5/49 45	31	20	36	0	1000	31	3			2	1470					✓		
16.00	SLOW 92	SLOW 223	3	24	3	24	40	36	16	34			29	6			NIL	1470					✓		
[redacted]	60	283	3	27	3	27	35	41	12	38			27	7			-	470					✓	✓	OH
1	20	293	3	30	3	30	30	46	4	46			25	9			✓	1470					✓	✓	
19.00																									
20.00																									

Intravenous Total	
Oral Total	
DAY TOTAL INTAKE	

Urine output	
Other output	
DAY TOTAL OUTPUT	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name ..... Hospital No. ..... Date ..... D.O.B.

TIME	INPUT														OUTPUT											
	INTRAVENOUS														ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
															Amt.	Total	Amt.	Total		Amt.	Total	Amt.	Total	Amt.	Total
21.00																									
22																									
23.00																									
24.00																									
01.00																									
02.00																									
03.00																									
04.00																									
05.00																									
06.00																	~								
07																									
08.00																									

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

Urine output	
Other output	
NIGHT TOTAL OUTPUT	

(70' (maint)) 47 ml/hr

Weight.. **INTRAVENOUS FLUID PRESCRIPTION SHEET** mls/kg..

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1	200ml	HPPF		over 10 min			[illegible]	[illegible]
2		CVP Hepsal		3			[illegible]	
3		Art. Hepsal		3			[illegible]	
4	50 ml	(N) Saline	Dopamine 375mg	5			[illegible]	[illegible]
5	500 ml	(N) Saline		32			[illegible]	[illegible]
6	50ml	5% dextrose ~~(N) Saline~~	KCL 20mmol	4			[illegible]	
7	39ml ~~40ml~~	(N) Saline	DESMOPRESSIN 4 µg	1			[illegible]	[illegible]
8	600 ml	HPPF		over ~ 1hr			[illegible]	[illegible]
	200 ml	HPPF		over 30 min			[illegible]	[illegible]
10	500ml	NO. 1? soln		32			[illegible]	[illegible]
11								
12								

NUTRITION PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime..

RENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N_G	CHO_G	FAT_G	Na	K	Ca	Mg	PO_4	VITAMINS	TRACE ELEMENTS	OTHER ADDITIVES	ENERGY CAL/ml	N/CAL RATIO
TOTAL INFUSED																
TOTAL per kg																

24 HR INTAKE		
FLUID		
BLOOD		
PLASMA		
	INTRAVENOUS	
	ORAL	
	TOTAL	

24 HR. OUTPUT	
URINE	
ASPIRATION	
DRAINAGE	
TOTAL	

CR - INQ 302-114-009