

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
09/04/16	As per protocol Plan (1) To 10% dextrose to 2mls/kg (24hrs) (2) for Prefeed Bm checks (3) - If Repeat SBR < 50 Below line to stop photok. (4) - If Bld cultures -ve @ 36-48hrs & Baby well, to stop IV Antibiotics. PD Lozium paeclprn.
9-4-16 W. Sullivan 1920hrs	9 surser (cons lead) - Persistent hypoglycaemia through afternoon in spite of PIV fluids + no feeds - BUN 1.06-1.2 - Bloods for hypoglycaemia investigations sent - Not symptomatic (P) To go to full IV 12.5% Dextrose @ 2.0mls/kg/day (= 10.2mg/kg/min glucose) - Check glucose 1hr - Needs UVC in use more concentrated dextrose needed Personal Data Personal Data (cons lead on cell)
5	12



NHS Number: _____

CC No: Child L Adm. Child L Trn _____First Name: Child LNHS: PD Sex: PDDOB: PD/04/2016

Surname: _____

Date of Birth: _____

Countess of Chester Hospital **NHS**
NHS Foundation Trust

HISTORY SHEET

LOCATION: NICU

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
10/4/16 0030	<u>Night 12/11</u> BG: 2.4 → 2.2 → 2.1 Glucose requirement: current 10.38 mg/kg/hr Prescribed on 120 ml/kg/day (or 12.5% glucose via cannula) Plan: Reduce IV fluids to 6.5 ml/hr Start milk @ 4 ml 2^o Σ Volume = 139 ml/kg/day Glucose requirement: 10.86 mg/kg/hr 1^o blood glucose measurements → for long line 1^o
	Personal Data Doctor U
10/4/16 0130	<u>Long line</u> Aspirin technique employed 28g Premicath long line inserted into LGIS great saphenous system via 24g Jelco Inserted to 15cm @ skin surface. X-ray chest leg + abdomen required Plan Change IV fluids to: 15% Glucose @ 5.4 ml/hr = 88.4 ml/kg/day OBV @ 4 ml 2^o = 33 ml/kg/day Σ Volume = 121 ml/kg/day Glucose requirement = 10.8 mg/kg/hr

REF1261.208

VYCON

LOT 271116GL 2020 - 12

Insertion Date

CAUTION - do not use
alcohol based solutions
on this catheter

PD

Doctor U

40038544

NHS Number:

CC N

First I

Surnā

Date _____

PD

Child L

Child L

PD

Countess of Chester Hospital
NHS Foundation Trust

NHS Foundation Trust



HISTORY SHEET

LOCATION:

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
0200 14/4/16	STS NEGATIVE ASKEO earlier was on 17 ml 2° 1.7 ml 15% dextrose. 150 ml/kg/day = 18 ml 2° NO more 15% available ∴ T to full feeds for 1ml/hr via long line of 10% dex to keep line patent - check BM in 20 then 6°
	Personal Data
14/4/16 0920	<u>Middlegrade Ltd</u> Δ 33°2 → Personal Data OCFA TWT T Scandize } Reduced Hypoglycaemia } Establishing med. ✓ SUIA. ✓ 165 ml / kg / day ✓ 10% Glucose 1 ml / hr ✓ ON OM 18 ml 2° by NOT / bottle. Σ 103 kcal / kg / day Clinix required 8.4 mg / kg / min 12 <u>None.</u>

PLEASE AFFIX PATIENT LABEL IF AVAILABLE

NHS Number: _____

PAEDIATRIC DEPARTMENT

CC NHS: PD Child L
 Child L twin one
 PD/04/2016
 Fit. [REDACTED]
 St. [REDACTED]
 Date of Birth: [REDACTED]

Countess of Chester Hospital **NHS**
 NHS Foundation Trust

HISTORY SHEET

LOCATION: _____

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
15/4/16 09.30	<u>Abdo</u> 150 - b 1g 1d, 2nd entrl needs 18mls Tolerating all = minimal (0.5ml) nabilins aspirates No vomiting Abdo soft not distended @ - oliguria pot + ans - mec passed by BO regular PU regular <u>Lines</u> leg line removed <u>Meeds</u> Dulcint Folic Acid <u>Mx 1 Metbolic</u> cutly on phototherapy Bili 205 at 0100 (bbl line bt still < 50hla) Phu rpt 1300 hlt. Had been hyperglycemic in pt 48^h bt now resolved -> billy entrl feed - 2nd will go to 3rd ltr so please h pushed check on way to 3rd <u>cut</u>
14	21

DATE and TIME	CLINICAL NOTES (For all entries please end each entry with your signature, name in capitals, grade and contact number)
15/4/16 09.30	<u>Infection</u> No rashes Temp stable in incubator
	Ph - M to 30 feeds with at least 1x BM check - Bilirubin 13.00 - Continue single phototherapy - On CASS - Check cost of hypo screen PD
15/4/16 12.35.	Pharmacist. * Please add syphon on from day PD of life
	Personal Data I&S PD
16.00	SBR: 17.5. Well below phototherapy line. To rpt in 6 hours time.
	Personal Data
15/4/16 1600	<u>Cranial USS</u>
	No obvious bleed or dissection Needs consultant review as we know SBR 17.5 (SS below PTx line 230) lights stopped. Redox @ 2200 Personal Data Doctor U
15	22