

# Summary of cases

## 1. Child A

31<sup>st</sup> twin 2 1660g born PD June, died 8<sup>th</sup> June 2015

**Irrelevant & Sensitive** and severe hypertension. CVA aged 22, 5 years ago.

Born after CS and was bradycardic. Required 3 sets of inflations breaths before heart rate improved. Stabilised easily on NNU and receiving CPAP, iv antibiotics and iv fluids. UVC inserted but tip was noted to be in left lobe of liver. Peripheral long line inserted. Sudden respiratory arrest and subsequent cardiac arrest at PD hours of age. Did not respond to resuscitation.

Twin 1 had a respiratory arrest PD hrs later but responded to resuscitation. Case discussed with specialists in Liverpool and a number of blood investigations undertaken. Management recommended for Twin 1 no different to twin 2.

Awaiting full PM report. Preliminary report did not identify any macroscopic abnormalities. UVC in liver but no significant clots present and no perforation.

## Learning from these cases

There was notable excellence in practice and record keeping in all three cases. Although, the following points are unlikely to have influenced the outcome, the following points for discussion and improvement in practice were noted:

1. No record of capnograph use following intubation. However, doctor recorded see ETT pass clearly through cords and good chest movement verified by consultant. ETT left in for PM – no comment that it was incorrectly placed on preliminary PM report.  
Delay in debrief.

S Brearey

1<sup>st</sup> July 2015