Neonatal Review Report

NHS Number Child A

Datix Number PD

CC Number Child A

Review Group

Dr S Brearey – Lead for Neonatal risk
Eirian Powell – NNU Manager
Yvonne Griffiths – NNU Deputy Manager
Debbie Peacock – Patient & Patient Safety Lead

Assessment

Background: 31+2. Twin 2, birth weight 1660g.
Mother with I&S, I&S
I&S

Stabilisation
Born 20.31hrs PD June 2015. Cat 2 C/S under GA due to hypertension.
Apgars 4@1, 9@5, 9@10.
Neowrap (temp on admission 36.6°C)
HR initially not heard
5 inflation breaths – min chest wall movement → HR 40
5 inflation breaths – poor chest movement → ↑PIP to 30cm
5 inflation breaths – better movement. HR >100
Spontaneous resp effort by 4 min. Crying and vigorous on stimulation. Apnoea without stimulation → IPPV
Sats 95 – 100 → ↓FiO_2 to air
→ to NNU in incubator with CPAP.
IV ABx, IV fluids, caffeine, , parents informed.
Notable practice: Excellent stabilisation & transfer, and documentation of this.

Obstetric Secondary Review Report

Temp 36.6 on admission

23.50hrs – ST4 review. Stable on CPAP in 25 – 30% FiO_2. pH 7.3m pCO_2 6.55
00.00hrs – CXR – NGT too high – advanced. RDS noted
Notable practice: excellent record of CXR result and actions
PD 06/2015
09.45hrs - WR review (ST 3)
CPAP in air. Normal examination
Plan for: 12hrly gas
UVC for TPN
Repeat bloods
16.08hrs – UVC inserted. XR – thought to be in liver. Re-inserted. XR – consultant advised for long line then remove UVC
Correct rates of PN – started. Baby received 2ml EBM
19.00hrs ST4.
Peripheral long line inserted L ACF
XR: tip at R subclavian/SVC → to be pulled back (but unable to pull back as ST4 scrubbed with another patient)
Excellent record of line insertions, XRs and actions
20.20hrs – Nurse noted hands & feet to be white and centrally pale with poor perfusion.
20.26hrs – Baby became apnoeic → Neonpuff inflation breaths. Good chest wall movement noted. Sats 70 – 80%. HR 90 – 110.
20.27hrs – ST4 thought might be related to long line and removed it.
20.28hrs – Intubated. ETT size 3.0, 7cm. Visualised passing cords. ***Not documented in records but medical and nursing staff confirm capnography used.*** HR ↓ 60 – 70. Chest compressions started.
20.31hrs – Fluid 10ml/kg NaCl 0.9%
20.33hrs – Adrenaline given. Consultant arrives (RJ): UVC pulled back 0.5cm. Good chest movement and air entry noted by RJ. No HR heard on auscultation, electrical activity on monitor
Good record of resuscitation
20.35hrs – 2nd adrenaline. No HR heard
20.37hrs – 3rd adrenaline. No HR heard. 2nd 10ml/kg NaCl
20.41hrs – 4th adrenaline
20.43hrs – Na Bicarb 2ml/kg
20.45hrs – 5th adrenaline
20.48hrs – 10% dextrose
20.49hrs – 6th adrenaline
20.50hrs – HR 50 – 60 heard
20.53hrs – 7th adrenaline
20.58hrs – CPr discontinued

RJ discussion with Coroner: for PM.
No definite cause of death.
Possibilities: IVH, tampenade, UVC related or related to **I&S**

Dr Sara Brigham Lead for Obstetric Risk

Neonatal Review Report

Reviewed at PNM on 24th June 2015
Limited microscopic PM: small thrombus at tip of UVC, no perforation. Nil else of note other than crossed pulmonary blood vessels. Probably not significant. Awaiting full PM report.

Note also: collapse of twin 1 24hrs later with successful resuscitation. ??related to I&S

Review

Lessons Learnt

1.

Action plan

Signed **Date 01/07/2015**