

**Admitting Diagnosis:**

Respiratory Tract Infection- ? RSV / Bronchiolitis

**Previous History:** Full term normal delivery. No SCBU.

Previously well baby. No past medical or surgical history.

**History on Admission:**

Coryzal symptoms, cough, lethargy & decreased feeding 5 days ago.

Pyrexial up to 39 responding to antipyretics.

Attended GP- advised viral illness

Next day significant disimprovement, mum attended A&E @17.30

On arrival saturating low 80's on room air, cyanosed and significant increased work of breathing. Trialled on high flow with no significant improvement, intubated & ventilated, IV access x1 inserted, arterial line inserted and transferred to PICU.

**PICU History:**

Day 1- Admitted to PICU at 0500 from referring A&E.

Nasally intubated & ventilated on SIMV +PC/PS

Arterial line in situ, peripheral access right foot. Second IV line inserted in left hand.

Commenced Cefuroxime & azithromycin in referring hospital

–continued awaiting septic screen & pertussis result.

NPA & virology screen repeated-

-RSV negative, Influenza A positive-Tamiflu commenced @ 22.00

Chest x-ray on admission Right upper lobe collapse & left lower lobe consolidation.

Commenced chest physio.

Significant desaturation with coughing spasms.

Morphine & midaz to wean as tolerated, aim COMFORT B of 12-17.

Commenced in NG feeds, titrating IV fluids accordingly.

Day 2- Difficulty oxygenating, required increase PEEP & Oxygen overnight.

Secretions mucopurulent secretions required additional physio review overnight.

Significant desat & bradycardia with coughing spasms requiring hand bagging on 100% O2 and sedation bolus to recover. Atracurium bolus x2 overnight for spasms.

Morphine & midazolam increased overnight.

Peripheral line in left foot removed. PVL inserted in right hand.

Full NG feeds tolerated, IV fluids D/C

## DAY 4 ICU - Nurse handover

### RESP-

4.0 nasal @ 12cm tapes secure  
Ventilation – SIMV PC/PS  
Oxygenation challenging overnight.  
Peep increased to 7 , PS 10 - 12  
Maintaining TV 5-6mls/kg  
FiO2 – 40-50 %  
SaO2- 95-100%  
RR 35-40  
Significant desat & brady with coughing spasm  
Physio reviewed- TDS treatment, reviewed overnight.  
Secretions mucopurulent  
C-xray reviewed- consolidation left lower lobe  
Suggest a trial of pulmazyme?  
Bedside screen for readiness to wean- not suitable for  
SBT on current support.

### CVS-

HR 130-150's at rest, 160's on handling.  
BP satisfactory  
CRT 2sec central & peripheries.  
Femoral pulses palpable.  
Pyrexia x 1 to 38.3 overnight, did not spike over 38.5  
did not require further cultures.  
Access – PVL X2 patent, Left radial art  
Dressings intact and secure.

### BLOODS-

U&E, Renal function & LFTs normal. HB dipped to 98,  
CRP up to 87, WCC raised trending down.

### NEURO-

GCS 10/15- responding appropriately to  
pain/handling. Goes for tube when stimulated/awake.  
COMFORT Aim set previously at 14-17  
Actual 12- 18 – significant desats with associated loss  
of colour & bradycardia with coughing spasms  
overnight.  
Required 8x morphine bolus and 2x atcurium bolus  
for coughing spasms overnight.  
Morphine 20mcg/kg/hr, midazolam increased to  
2mcg/kg/min overnight.  
Paracetamol x2  
Can we address sedation?

## PLAN TODAY:

- Influenza A positive and still getting worse
- Single organ – needs better airway clearance,  
commence pulmazyme.
- Too awake at present, need to take over  
ventilation completely and increased sedation  
to tolerate
- Aim for lower COMFORT B of 10-12 to prevent  
coughing spasms & fighting vent

### GI-

100ml/kg total intake  
93ml/kg NG feed – reviewed by dietician happy with  
feeds  
Blood sugar stable  
Abdo soft- bowel sounds present.

### GU-

UOP 4.1ml/kg/hr  
Stat dose frusemide yesterday, none overnight.  
Balance this morning -155ml, overall balance +35mls  
  
Mild periorbital oedema, hand/feet  
  
Passed stool x2 normal consistency, no concerns

### INFECTION:

NPA RSV neg  
Pertussis neg  
Virology screen- Influenza A + ve  
Commenced Tamiflu last night.  
Full septic screen sent:  
Secretions- No growth at 24 hours  
Urine- No growth at 24hrs  
Blood Cult- no growth at 24 hours.  
All require follow up.  
IV antibiotics- Cefuroxime D3, azithromycin D3

### Access:

ET	D3
PVL right hand	D1
PVL left hand	D2
Art line	D3
NG	D3

### SKIN:

Nursed on repose air mattress, pressure areas intact.

### SOCIAL-

Parents staying alternate nights, resident in parents'  
accommodation. 2 older siblings sick at home.

- Infection follow up on cultures
- Aim negative balance
- Failed bedside screen- not ready for  
Spontaneous Breathing Trail yet.
- Ventilation aim for TV 5-6ml/kg, SaO2 >92%  
wean oxygen as tolerated.
- Not quite ready to wean ventilation or  
sedation.