Day 4 of ICU Ella Age: Day 4 of life wgt: 2.4kg Surgical Admit

## **Admitting Diagnosis:**

Management & repair of Gastroschisis

Previous History: Anti-natal diagnosis at 22wks gestation,

amnio completed- NAD, no other structural abnormalities noted

**IUGR** 

Anti-natal steroids

**History on Admission:** Elective induction at 37wks. Normal vaginal delivery.

Stabilised in NICU, IV access x1 inserted, fluid bolus, organs wrapped for immediate transfer to PICU. Defect- Portion of large intestine, moderate section of small intestine and ovary visible.

## **PICU History:**

DAY 1- Electively intubated in Theatre for full closure of defect.

Did not require silo sac.

CVC- RIJ inserted

ART Line- right radial inserted

Fluid resus 20mls/kg crystalloid, 20ml/kg 5% Albumin first 24hrs.

Post-op = atracurium, morphine & midaz for at least 24 hrs, reg IV paracetamol.

Triple antibiotics, NG tube on free drainage with hourly aspirates - ml for ml replacement of NG aspirates.

DAY 2- Commenced TPN (80ml/kg total intake including drugs & infusions)

Raised lactates resolving- acidotic

Continued morphine & midazolam, D/C atricurium at midday. Reg IV paracetamol

Aim COMFORT Score 10- keep flat.

Full vent support, high peak pressures to maintain TV >5ml/kg

Bedside screen-failed not ready for Spontaneous breathing trial

DAY 3- Aim COMFORT 14-17, Lighten sedation.

Morphine @20mcg/kg/hr, midaz weaned to 1mcg/kg/min

Ventilation weaned to spontaneous CPAP/PS mode

Bedside Screen - failed on pressures, not ready for SBT

DAY 4- Morphine @10mcg/kg/hr, midaz d/c at 0600

Remains Nil PO, NG aspirates 2hrly with ml for ml replacement.

Ventilation weaned overnight

## **DAY 4 ICU - Nurse handover**

#### **RESP:**

3.0 nasal @ 9.5cm tapes secure

Weaned to spontaneous mode yesterday

Ventilation - PS/CPAP

Overnight-Peep weaned to 6, PS weaned to 10

Maintaining TV 5-6mls/kg

FiO2 - 30%- 35%

SaO2-95-100%

RR 35-40 no apnoeas/ no desats

**Physio** reviewed- right upper lobe collapse post-op, resolved on latest C-xray. No treatment needed.

Secretions minimal & mucoid

Failed bedside screen yesterday- PIP too high.

Rescreened at 0600 - Passed

Started SBT @ 0630 —currently 1.5hrs into tolerating well so far, no apnoeas, desats or increased WOB.

#### CVS:

HR 130-150's at rest, 160's on handling.

BP satisfactory MAP 38-35

No fluid boluses, No inotropes.

CRT 2sec central, 2.5 to peripheries.

Femoral pulses palpable.

Access - RIJ CVC, Right radial art, PVL removed

yesterday. All access flushed & secure

 $24 hr \ albumin \ \& \ frusemide \ regime \ completed$ 

Less oedematous flanks, limbs & periorbital

## **BLOODS:**

U&E- Potassium challenging,

3x potassium bolus in 24hrs

Renal function & LFTs normalising

Co-ag normal, HB 127, CRP down 23

#### **NEURO:**

GCS 9/15 – unable to open eyes – puffy

Unable to check pupils- responding appropriately to pain/handling.

Fontanelle soft

COMFORT Aim 14-17 previously

Actual 14-21 – required 2x morphine bolus for

handling/cares

Decreased morphine to 10mcg/kg/hr@ 0600

Midazolam D/C at 0600

Regular IV paracetamol

#### GI:

Continued on TPN @80ML/kg, total intake with

meds/infusions 103ml/kg

Blood sugar stable

Abdo significantly distened but remains pink/ well

perfused- surgeons reviewed happy

Wound intact

NG remains on 2hrly aspirates. 74mls bilious aspirate out & replaced ml for ml with 0.9%NaCl & 10mmol

KCL

# GU:

UOP 2.7ml/kg TDS frusemide

Balance -30ml this morning

Overall balance +300mls oedema resolving

Urinary catheter in situ.

Not passed stool.

### **INFECTION:**

Benzypen D4, Flagyl- D4, Gentamicin D4- level

checked & satisfactory

To complete 7-10 days as per micro

Access:

ET

D4

RIJ D4

Art line D4

NG D4

Urinary cath D4

# **SKIN:**

Nursed on repose air mattress, pressure areas intact.

#### SOCIAL:

Mum now discharged from maternity hospital & expressing EBM to freeze.

# **PLAN FOR TODAY:**

- Uncomplicated post-op course
- VENTILATION- Currently on PS/CPAP appears to be tolerating Spontaneous Breathing Trial well. Will review after the round & most likely extubate.
- ➤ Keep nil PO in view of aspirates
- Adjust TPN to accommodate potassium requirements
- Room to wean morphine. Keep comfortable & pain free, but aim for COMFORT 12-17