ACT Government
Health

E-health and Clinical Record Service
Medical Record Department
Yamba Drive, Garran ACT 2605
PO Box 11 Woden ACT 2606
Phone: (02) 6244 2124 Fax: (02) 6244 3316
Website: www.health.act.gov.au
ABN: 82 049 056 234

File No: 53476

19 December 2018

Our Ref: 608552
Your Ref:

ALEXANDER BAYLISS
UNIT 2/9 BRITTAIN CRES
HILLSDALE NSW 2036

Dear ALEXANDER BAYLISS,

Re: Medical Record Access
Name: ALEXANDER BAYLISS (AKA BAILIFF)
DOB: 8/25/1970

Your request for access to your medical records has been approved. Please find them enclosed.

These documents are issued pursuant to *The ACT Health Records (Privacy and Access) Act 1997.*

Should you require any further assistance regarding this matter please contact this department on (02) 6244 2124 Option 2.

Yours faithfully

Donna Gee
Medico-Legal Officer
Clinical Record Service

Enclosed: 155 pages clinical notes

ROYAL CANBERRA HOSPITAL

NEW PATIENT

E

2.

EPISODE No.: 611159 FIN. CLASS: 51 UNIT RECORD No.: 608552

PERSONAL DETAILS	SURNAME	GIVEN NAMES	TITLE
	BAYLISS	ALEXANDER	

ADDRESS: CHAN CREEK RD. HEALESVILLE 3777

AGE	DATE OF BIRTH	SEX	MARITAL STATUS	TELEPHONE HOME	BUSINESS
	25/9/70	M	SINGLE	-	

COUNTRY OF BIRTH	ORIGIN	RELIGION	OCCUPATION
AUSTRALIA	99	R/C	STUDENT

PERSON TO CONTACT/NOK	NAME	RELATIONSHIP	TELEPHONE HOME
	CATHERINE BAYLISS	MOTHER	

ADDRESS: A/A BUS

PREVIOUS ADMISSION	WVH	CAL	LAST RCH DISCHARGE DATE

ADMISSION DETAILS	ADMISSION DATE	TIME	TYPE	SOURCE	WARD
	7/12/85	11AM	U	4	ICU

DISCHARGE DETAILS	DISCHARGE DATE	TIME	DAYS STAY	DESTINATION
	14-1-86			HOME.

MEDICAL OFFICERS	
SPECIALIST	ROBSON
GENERAL PRACTITIONER	NOT KNOWN

EXTERNAL CAUSE OF ACCIDENT, POISONING OR VIOLENCE (Also state where incident occurred)
MVA. (7/12/85)

	P/A		
PRINCIPAL DIAGNOSIS – MANIFESTATION: Neurological deficit. # (L) radius.	P	E	8125
	†	P	8520.
PRINCIPAL DIAGNOSIS – AETIOLOGY		A	8132
ADDITIONAL DIAGNOSES (List all conditions treated)		A	
		A	
		A	

PRINCIPAL OPERATION: Open reduction + fixation # (L) radius	O	5792
ADDITIONAL OPERATIONS/PROCEDURES (Performed within this admission only)	O	3441
	O	
	O	

CT. Brown

HISTOLOGY OF NEOPLASM (Where applicable) P/A M /

Please circle
DEATHS: AUTOPSY / NO AUTOPSY / CORONER'S CASE

IDENTIFICATION SHEET

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2

4

608552 COD

THE PRINCE HENRY HOSPITAL

DISCHARGE SUMMARY

HOSPITAL NUMBER 38 30 65

RB/MS

NAME: BAYLISS Alexander 20.2.86 53
ADDRESS: Chum Creek Rd.,
Healesville. VIC. 3777.
ADMITTED: 21.1.86 7.12.85
DISCHARGED: 14.2.86 14.1.86
DIAGNOSIS: Closed head injury for assessment.

AGE: 15
H.M.O.: Dr. H. Dickson
REFERRING M.O.: Dr. A. Robson
FOLLOW UP: Dr. H. Dickson (17.3.86)

OPERATION & DATE: Nil

TREATMENT ON DISCHARGE: Nil

SUMMARY of history, physical signs, relevant investigations, clinical course & treatment.

HISTORY

This school student was involved in a motor vehicle accident on 7.12.85 (in Canberra), in which he suffered a closed head injury and a fractured left radius. He was unconscious for an unspecified period of time. The patient underwent internal fixation of the fracture.

He was discharged, fully mobile and independent, and returned to Sydney with his family and was referred to The Prince Henry Hospital for further assessment and rehabilitation.

EXAMINATION

On examination, he was alert and oriented, with a good memory, blunted affect, concrete thinking and slightly inappropriate behaviour. There were no significant neurological or other physical deficits, except for a slight weakness in the left upper limb.

Assessment confirmed the above features and suggested subtle right parietal lobe problems (visuo-spatial).

INVESTIGATIONS

CT head scan - 4.2.86 - Possible mild prominence of cortical sulci. No other abnormality detected.

X-ray left forearm - 23.1.86 - The plated radial fracture is in a satisfactory position. Some callus formation is noted.

.../2

BAYLISS Alexander H.N.: 38 30 65

PROGRESS

A recommendation was made that Alexander continue to attend the Occupational Therapy Department as an outpatient after discharge, that he repeat his last year of schooling and that he should not return to school until the end of the 1st term.

Follow up Neuropsychological assessment has been planned for 25.2.86, and he will be reviewed by Dr. H. Dickson on 17.3.86.

Dr. R. Buskell
Rehabilitation Registrar

c.c. Dr. H. Dickson,
Ward 1,
The Prince Henry Hospital.

Dr. A. Robson,
Royal Canberra Hospital,
Acton. A.C.T. 2601.

Medical Records,
Royal Canberra Hospital.

Medical Records.

ROYAL CANBERRA HOSPITAL

RCH

BAYLISS ALEXANDER
[redacted]/08/1970 M R/C S
ROBSON 51

CHUM CREEK RD
IEALESVILLE 3777

608552

DISCHARGE SUMMARY

- Medical Record's Copy — White
- General Practitioner's — Blue
- Medical Officer in Charge — Yellow

This is the final hospital discharge summary. Further details are available from the Medical Officer in Charge.

PRESS FIRMLY — USE BALL POINT PEN ONLY

ADMISSION DATE: 7/12/85 MEDICAL OFFICER IN CHARGE: ROBSON

DISCHARGE DATE: 14/1/86 GENERAL PRACTITIONER: [redacted] Dr Williams

G.P.'s ADDRESS: P.O. Box 1 YASS

REASON FOR ADMISSION MVA. Closed head injury #(L) radius.

DIAGNOSIS ON DISCHARGE: Some residual neurological deficit following closed head injury → MVA.

RELEVANT FINDINGS IN SUPPORT OF DIAGNOSIS (Clinical/Investigations):

Brain CAT scan 7/12/85. cerebral oedema
Blood subarachnoid space
Brain CAT scan 20/12/85 NAD.
X-Ray (L) arm oblique # comminuted fragment.

OPERATIONS PERFORMED/TREATMENT: Open reduction internal fixation (L) radius.

OTHER PROBLEMS:

INVESTIGATION RESULTS NOT TO HAND:

TREATMENT ON DISCHARGE: Out patient apointment at PHH. rehab. clinic.

FOLLOW UP ARRANGEMENTS: see above.

Signature:

*R.M.O./Specialist

Date: 16/1/86

* Delete whichever does not apply.

DISCHARGE SUMMARY

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8.

Royal Canberra Hospital

RCH

REQUEST FOR ADMISSION

BAYLISS ALEXANDER
25/08/1920 M R/C S
ROBSON
CHUM CREEK RD
ALESVILLE 3777

Hospital Use Only

Date Received _____ Admission Date _____ Time of Admission _____ Date Patient Advised 5 1

Date of Operation _____ Time of Operation _____ Ward _____

PATIENT SURNAME Bayliss OTHER NAMES Alexander 608552

AGE _____ SEX _____ MARITAL STATUS _____

ADDRESS _____ 7-12-85

TELEPHONE _____ (H) _____ (W)

DOCTOR _____ DATE _____

PROVISIONAL DIAGNOSIS _____

TREATMENT _____

OPERATION _____ X-RAY CONTROL _____ YES ☐ NO ☐

URGENT ☐ SEMI-URGENT ☐ ELECTIVE ☐

ESTIMATED DURATION OF – OPERATION _____ HOSPITAL STAY _____

WARD _____ BLOOD TRANSFUSION REQUIRED YES ☐ _____ UNITS NO ☐

INSTRUCTIONS _____ PREMEDICATION _____

CONSENT FOR OPERATION AND ANAESTHETICS

I, Mr Bayliss of Hawker

hereby consent to

undergo

the submission of my (child / ward) _____ to undergo

the operation of PLATING (L) radius

the nature and purpose of which have been explained to me by

Dr/Mr Mr Gregor

I also consent to such further or alternative operative measures as may be found appropriate during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date 17/12/85 Signed A. Bayliss
*(Patient/Parent/Guardian)

I confirm that I have explained the nature and purpose of this operation to the *patient/parent/guardian.

Date 17/12/85 Signed _____
*(Medical/Dental Practitioner)

*Delete as appropriate

C 4000 / 34815 / 043

ROYAL CANBERRA HOSPITAL

General Conditions of Admission Form

RCH

Name BAYLISS ALEXANDER

DOB 25/08/1970 M R/C S

ROBSON 51

Sex

CHUM CREEK RD

Doctor FALESVILLE 3777

PINS 608552

Ward

050.86

STOCK NUMBERS: RCH: 34815-088 WVH: CALVARY:

STANDARDISED FORM Not to be amended/altered without approval from the Medical Records Advisory Committee

Patients are strongly advised against bringing valuables or surplus clothing into the Hospital. Any property brought into the Hospital is brought at his/her own risk and under his/her own control; the Hospital will not accept liability for loss or damage to such property.

The complete record of the patient's illness(es), including investigations and treatment, will be retained by the Hospital and any information pertaining to those records will not be divulged to any unauthorised persons without the patient's written consent: The N.S.W. Cancer Registry will be considered automatically to be "authorised".

I have read and understood the above 'Conditions of Admission'."

Witness

Signature *Patient/Parent/Guardian

Date

* Delete inappropriate words

RELEASE AND ACCEPTANCE OF RESPONSIBILITY FOR DISCHARGE

I* ..... am leaving Royal Canberra Hospital on my own responsibility, against the advice of the Medical Officer.

Signature: ..... Relationship if other than parent .....

Witness: ..... Date: / /

(*In the case of a minor, the parent/guardian must sign this indemnity).

DETAILS TO BE OBTAINED BY NURSE DISCHARGING CHILD

NAME OF PERSON TAKING CHILD ..children..... (Relationship) parent.

If not parent, Address: .....

Signature of Person taking child ..... Date: 14/1/86 Nurse .....

ACKNOWLEDGEMENT OF POSSESSION OF PERSONAL BELONGINGS INCLUDING PRIVATE X-RAYS

Signature: ..... Date: 14/1/86

PATIENT'S NOTIFICATION OF LEAVE OF ABSENCE FROM THE HOSPITAL

While I remain a patient of the Hospital I accept that the Hospital has no responsibility for me whilst I am outside the boundaries of the Hospital.

DATE/TIME LEAVING	DATE/TIME RETURNING	RESPONSIBLE MEDICAL OFFICER	~~PATIENT~~/PARENT/~~GUARDIAN~~
5/1/86 ~~am~~/pm	5/1/86 am/pm	J Ward	Peter Bayliss
6/1/86 8 ~~am~~/pm	6/1/86 ~~am~~/pm	[illegible]	G Bayliss.
12/1/86 3 am/pm	12/1/86 5 am/pm	Luke Baker	Peter Bayliss

GENERAL CONDITIONS OF ADMISSION FORM

9

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Royal Canberra Hospital
ACTON, A.C.T. 2601 TELEPHONE 432111 TELEGRAMS CAHOS TELEX AA62509

OCCUPATIONAL THERAPY
DISCHARGE SUMMARY.

Re: Alexander Bayliss
C/- Unit 3
4 Hearn Close
EASTLAKES

D.O.B. 25/8/1970

Coding 608552.

RELEVANT HISTORY:

7/12/1985	Closed Head Injury following MVA, unconsious, responding to painful stimuli, irritable, moving all limbs.
	# (L) radius.
30/12/1985	Conscious, fully mobile, speaking when spoken to.
14/1/1985	Discharged to care of mother.

LIVING SKILLS:

1. Self Care

a) Dressing - independent.

b) Showering - independent on request.

c) Toiletting - independent.

d) Light hygiene - independent on request.

e) Feeding - limited by reduced (L) hand function only.

f) Bowel and Bladder control (nocte) - continent.

2. Communication.

a) Speech - generally appropriate, however some disinhibition noted.

b) Sight - no visual field deficit noted.

c) Hearing - appears appropriate.

d) Writing - was writing in speech therapy.

e) Reading - able to read and follow game instructions.

f) Telephone use - not assessed. Mother reports is able.

3. Mobility.

a) Walking - walks with slightly shuffling gait. Does not appear to be very aware of surroundings as he walks.

b) Transferring - independent.

c) Stairs/inclines/uneven surfaces - independent.

HOME:

1. Roles and Relationships with Significant Others.

Prior to accident lived in Melbourne with mother, Christine, sister, Vanessa, 16 years, and brother, Jean-Paul, 4½ years.

Alex's parents have been divorced/seperated for approximately 3 years. Alex's father, Peter, was living in England at the time of the accident. Peter returned to Australia to be with the family.

The accident occurred as the Bayliss family were going from Melbourne to Sydney in partial preparation to move to live in Sydney. Christine's fiance, Phillip Bates, lives in Sydney and it is to his home that the family have been discharged. Alex enjoys Phillips company and Phillip has provided practical and emotional support to the family.

Alex appears to find Jean-Paul's behaviour, aggravating, however, is very fond of him. Jean-Paul is currently in a full leg hip spica for bilateral # femur sustained in the accident.

Vanessa died in the accident and it appears Alex is still grieving over her death as well as trying to put her death into perspective.

Alex appears to have a good relationship with his mother and is co-operative with her. Mrs Bayliss sustained multiple # and currently relies largely on a wheelchair for mobility.

Having moved to Sydney, Alex is also mourning the "loss" of his Melbourne friends

2. Task Responsibilities

not assessed.

3. Environment

not assessed.

ACADEMIC

Mrs Bayliss states Alex is a good student haveing gained particularly good results in science. Alex states he dislikes mathematics.

LEISURE:

When asked what he likes to do, Alex states he enjoys science. Alex also states he plays cricket and football, although his mother reports he does not enjoy phyical activity.

PHYSICAL STATUS:

1. R.O.M. - limited supination/pronation (L) forearm due to radial #
2. Muscle Tone - normal to slightly low toned.
3. Muscle Strength - reduced slightly.
4. Balance - good
5. Sensation - on initial assessment 30/12/85, tactile sensibility, appeared intact however tactile-spatial relations as in graphesthesia and Steriognosis was poor.

PERCEPTUAL STATUS:

Motor planning appears appropriate.
Generally able to self correct visuo-spatial tasks.
Tends to disregard (L) UL occasionally.

PSYCHO SOCIAL STATUS:

General presentation - timid young boy.
Behaviour - Generally appropriate and compliant on discharge, prior to this, often wandered, was with-drawn and at times passive-aggressive.

Mood-generally happy, however at times reflecting sadness.

Intellectual functioning

a) thought processing - at times slow to respond showing some disinhibition of thought.
- generally rational, however occasionally failing to use logic.

b) Memory - oriented to time, place and person.

c) Concentration and attention - able to concentrate over half hour period.
- some distractibility noted.

ASSETS:

1. Independent mobility.
2. Caring friend in Phillip.

PROBLEMS.

1. Potential perceptial and cognitive status unknown.
2. Grief over death of sister, distruptive to behaviour.
3. Unsettled home situation.

RECOMMENDATION:

Occupational Therapy assessment and intervention in the aforementioned problem areas.

Helen Beale

Helen Beale
Occupational Therapist
23 January 1986

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DR. JONATHAN WILLIAMS
M.B., B.S. (Syd.)

P.O. BOX 1
YASS 2582
TEL. (062) 261019

16

7.12.85

Dear Doctor.

RE ALEXANDER BAYLISS.

Thank you for seeing this boy age under at time of writing. Involved in M.V.A.

Problems:

(1) Severe head injury. Suppose — concussion, v. unstable. Pupils. ECR. react slowly to light.

(2) Laceration (R) side of neck.

(3) Minor laceration + graze dorsum (R) foot.

. Head injury is much the most

important problem.

No skull xray as yet,
send urgently to Canberra

Thank you for taking him

J Williams

ROYAL CANBERRA HOSPITAL

TRANSFER FORM ACCIDENT & EMERGENCY TO WARD

RCH

P.I.N.S.

BAYLISS ALEXANDER
25/08/1970 M R/C S
ROBSON 51
~~Aubrey Creek Rd~~ BAYLIS
TEALESVILLE 3777
Age 14
0 0 8 5 5 2

18

DATE & TIME	TEMP.	PULSE	RESPS.	B.P.	P.V. LOSS	OTHER OBSERVATIONS OR REMARKS.
7.12.85 9.25a	37 pa.	120	28	140/70		
10.30		116	28	110/50		→ Scan + XR
11 Am.		120	28	112/55		

INVESTIGATIONS PERFORMED: IF YES - SPECIFY.

Blood Tests	(YES)/~~NO~~	Sa, Astra 8, Group + Hld.
X-Rays	(YES)/~~NO~~	Skull, Cervical, Chest, (L) arm.
Urinalysis	YES/NO	
Specimens sent	(YES)/~~NO~~	Bloods.
E.C.G.	YES/(NO)	
Other	C.T. Scan. - diffuse Hub - small clot ~(R)	
SUTURING	(YES)/~~NO~~	to (R) side of neck. Steri-strip to (L) groin.

ALLERGIES: NKA.

MEDICATIONS ADMINISTERED:

DRUG	DOSE	ROUTE	DATE	TIME

N 20/84

TRANSFER - ACCIDENT & EMERGENCY TO WARD

REGULAR MEDICATIONS AND DOSE:

Drugs sent to Ward YES/NO

Medical Records called for: YES/NO Sent with patient: YES/NO

Next of Kin: _____ Relationship: _____ Phone: _____

Address: _____ Notified of Transfer YES/NO

Valuables: YES/NO _____
If yes - specify

Sent to: _____ Receipt to Ward YES/NO

Dentures: YES - UPPER ☐ LOWER ☐ NO

Glasses: YES/NO

Patient seen by Minister of Religion/Priest: YES/NO

NURSING HISTORY/SPECIFIC NURSING CARE.

BIA from Yass Hosp @ 9.25am - following MVA @ 6am
Responding to P/Stimuli - irritable - airway inserted -
on 4L O_2 via Hudson mask.
IVT in progress L Hand. ½ Sod DEXTROSE added @ 1ml/min commenced
large laceration to R/side of neck - Cervical Collar applied.
Small lac. to R/foot
For C.T. scan:- scattered blood.
(L) arm.
IDC inserted.

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

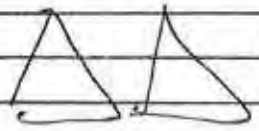
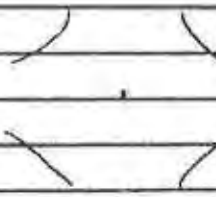
RCH

BAYLISS ALEXANDER
25/08/1970 M R/C S
Alexander BAYLISS 51

CHUM CREEK RD
HEALESVILLE 3777

608552

C4000/34815/040

DATE	
7/12/85	Surg Registrar. A 15 year old boy involved in MVA today transferred from Yess ? head injury. Details: Head on accident ~ 6am today Unconscious but breathing O/E: Unconscious • Responding to painful stimuli by localising. • BP P RR. H+N: pupils E + R Fixed lesion inside Airway in situ. Laceration on (R) side of neck - superficial - no deep structures involved Cx spine - collar on.  clavicles ✓ 2nd entry ✓  abdo lax °bowel sounds BS - very scanty. pelvis - no crepitus. Periphery: Ue - (L) forearm crepitus + sl. deformity LL - NAD. Neuro: Ue (R) (L) Tone N N Reflexes ++ ++ ++ ++

PATIENT PROGRESS

08

81

DATE	
	LL: (R) (L)
	Tone N N
	Reflexes +++ +++
	+++ +++
	pl ↑ ↑
	bilateral sustained clonus.
	Ax: 1 Closed Head injury
	• no localizing signs.
	2. # in (R) forearm.
	Xrays: Cx Spine ✓
	CXR – NAD on supine.
	(R) forearm – # (1) radial midshaft ± displacement
	~~of~~ dizm of bone.
	• ulna # seen.
	p/ Admit ICN.
	CT scan – diffuse blood
	– no operable lesion
	HIC.
	– restrict sports.
	IV fluids – decannulation at 4 hrs. (continue)
	Suture neck lac
	Ebb to # – notify Orthopaedic surgeon.

Baylis Roome a/w
Post MVA
7/12/85 12 mid

58

TEMP	37.0
HB	12.1
PH	7.415
PCO2	33.6
PO2	85.9
HCO3	21.2
TCO2	22.2
DE	-002.3
SDE	-002.7
SAT	95.5
SBC	22.3

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ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

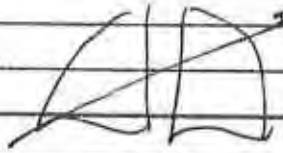
RCH

P.I.N.S.

BAYLISS ALEXANDER
[illegible]/1977 M R/C S
[illegible] BSCN 51
[illegible] CREEK RD
[illegible] FALESVILLE 3777

108552

C4000/34815/040

DATE	
ICU	~~Bayliss~~ Alexander BAYLISS. 15 07 12 85
	P.S. MVA - Head on collision
	Problems
	① Head Injury Closed
	② Midshaft #ⓡ Radius
	Unconscious but localising to pain - very irritable - not responding to voice
	O/E P 120 Restless.
	BP 110/70
	Hydration adequate
	HS Dual °Added
	Chest ↓MC
	
	Ⓡ c Ⓛ = Vesic
	°Added
	
	GIT
	Bruise ② lower chest (- Tender over spleen
	Abdo - ?sl tende
	Bowel sounds absent
	CNS PECCRL Fundi - unable to vis
	Moving all limbs equally
	No facial assymetry or deformity
	Reflexes Ⓡ = Ⓛ = Normal Plant ↓↓
	Tone Ⓡ = Ⓛ = Normal
	Power Ⓡ = Ⓛ = Normal
	Sens Unable to test Ears.

PATIENT PROGRESS

DATE	
	CT Scan – diffuse blood – ° Local collection
	– For – ABG's
	O_2
	1500mls restrict
	Dexamethasone
	Neuro obs
	WCC 14,700 U 6·2
	Hb 11·3 Na 138
	K 3·8
	Alb 37. Cr 92
	RKane
	SXR / CXR / Cerv spine NAD
	SR Dr Andrea – abdo – NAD – observe.
1445 hrs	OBSERVATIONS T: 37 HR 120–160 RR 30 BP 110/70 – 150/90 [illegible]
MR	Neuro: [illegible] – localising to pain, mild weakness [illegible]
	legs, mild weakness in arms – Back slab – (L) forearm
	Fluids – 2.5% Dex N/S 70 mls/hr (40 mls/hr [illegible])
	Dexamethasone 8 mg QID. First dose given at 1500 hrs
	Output: [illegible] 30–60 mls/hr
	Progress – Episodes of [illegible], patient becoming very agitated [illegible]. Rivotril 1mg IV c effect. BP increased to 150/96 – pupils became fixed and dilated during an episode, [illegible] [illegible] spontaneously – [illegible]

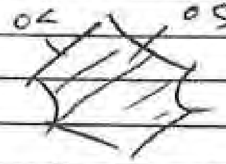
Alexander Bayliss
6-30pm Hud
7/12

	75
TEMP	37.0
HB	10.3
PH	7.448
PCO2	28.7
PO2	79.9
HCO3	19.6
TCO2	20.4
BE	-003.1
SBE	-003.7
SAT	95.2
SBC	21.6

– Haematemesis x 1 – 8 pm.
Old blood – ? from Pharynx

T 38⁷ P 160 BP 120/75
PECCRL
Remains unstable

?Tender abdo



NG Tube. – Some bright blood suctioned from Pharynx – ? Swallowed

For Review by Surg Reg RKane

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ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER
25/08/1970 M R/C 5
R BSON 51

CHUM CREEK RD
HEALESVILLE 3777

1 0 8 5 5 2

C4000/34815/040

07 12 85

DATE	
7-12-85 8⁴⁵pm	Evening report. Continuous cardiac monitor c̄ alarms on. Febrile this shift - Pt temp 37 → 38⁶. RMO aware. Fan/tepid sponges used per MD order. Apical rate 118-160 bpm. Rate ↑'s c̄ agitation, but ↓'s when at rest. Resps 28-40 per min. Oral airway size 4 used. Resps stertorous + noisy. Lung sounds clear. No audible bowel sounds. BP variable - 110/60 → 150/80. RMO kept up to date on obs throughout shift. Bandage to laceration (R) neck Δ'd x2 for mod amt bloody drainage. Protected c̄ combine over NAD because of ↑'d oral secretions. Receives O₂ 6l via Hudson mask. ABG's performed @ 6³⁰pm + are to be repeated @ 10pm. Turned from side to side 2/24. Frequent oral care. Peri toilet, + gen nursing care attended. Level of conciousness ∴ localizes to pain. (L) side appears weaker than (R). Legs weaker than arms. PEARL, size 5-6. Does not obey commands. Groans occ, no intelligible sounds. At 8pm, coughed out mod amt dck fluid, in all probability old blood — rusty color c̄ coffee ground appearance. #14 Salem sump introduced to stomach - to 2nd mark on tube. Placement verified by air injection technique. To free drain c̄ immediate return 3 ml. Airway suctioned for lrg amts old blood + mod amts bright red blood. Frequent pt care. Bumper pads on bed when agitated, rails ↑ @ all times. Anointed by priest @ 6³⁰pm. Mother up on 3D. Aunt came by for visit x1. For CXR in am, + urine C+S. Blood cultures x2 this shift. — [signature] RN
8.12.85	N/R 0500. OBS - T° 38³ - 37⁵ Pulse Sinus Rhythm / Tachycardia 156 - 114, Resps 24 - 44, - using all accessory muscles with Rattling resps. BP 120/80 - 152/90. Guth 6 7 8 ... 6500. Neurologically Eyes Not opening. Occasional groaning. Not obeying commands. Pupils R < L reacting - Except (R) ... Size 1 Not Reacting.

PATIENT PROGRESS

MB

DATE	
	Hands [illegible] R > L in strength
	[illegible] remains [illegible] L arm - [illegible]
	Severe weakness in legs.
	3am. Pt [illegible] R arm
	INPUT. IVT - 40mls/hr.
	Output IDC - 30-100mls/hr
	NG tube - minimal free drainage overnight. Manual asp ↑ 255mls.
	Black coffee grounds. Vomited x [illegible]
	O_2 @ 8L/min via Hudson mask
	Pt has required constant suctioning - [illegible] large amts old + [illegible] blood + occasional small amts fresh blood.
	Requiring constant oral [illegible] Guedel's airway, remains [illegible] turned [illegible] / side 2/24.
	Dr's aware of Patients GIT blood loss + Neuro Condition.
	Commenced on Ranitidine IV. [signature] [illegible] R.N.
8.12.85	Condition remains serious but stable.
2:45 pm	Neuro - remains unconscious; does not open eyes; occasional groan; occasionally moves spontaneously but mostly flexion + extension to painful stimuli.
	Pupils: R < L, both reacting briskly to light.
	Severe weakness in legs. Mild weakness in R) arm. L) arm unable to fully assess.
	Resp. Chest sounds clear.
	Suctioning small amounts of cloudy - brown sputum from pharyngeal area via Guedel's airway.
	O_2 ↓ to 6 L/min via Hudson mask
	ABG's @ 0900: pH 7.43 pO_2 195 pCO_2 36 HCO_3^- 23.7 TCO 24.8 BE -0.1
	Using abdo. muscles + intercostal muscles for breathing at times. Breathing is mostly relaxed.
	Obs. T 37 - 37.5 PA HR 108 - 123 R 20 - 28 BP 120/70 - 140/70 Girth 65-66cm
	Input ~~##~~ IV therapy @ 40 ml/hr
	Remains nil by mouth
	Output IDC 20 - 100 ml/hr
	NGT - min free d'age but 60 - 150 ml dk brown fluid aspirated 2 - 3/24, especially when lying on R) side.
	Bowel sounds present, bowels not open, no flatus passed

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH
BAYLISS ALEXANDER
25/ 18/1971 M RAC S
MABSON 51
CHUM CREEK RD
HEALESVILLE 3777

60 85 52

96

C4000/34815/040

DATE	
3.12.85 cont.	Wounds Melolin applied to suture line on (R) side of neck — min. haemoserous ooze on old dressing.
	Melolin applied to laceration on (L) foot — slight h/s ooze.
	POP b/slab in place on (L) arm — colour, warmth movement of fingers satisfactory.
	Social Visited by mother (brought down by bed from 3D) and aunt. Father phoned from London — will arrive on Tuesday.
	[signature] RN
	PHYSIOTHERAPY
	15 yr old ♂ involved MVA 7/12 near Yass — 4 yr old brother (P1) & mo. (3D) involved too + sister died
	→ closed HI. → unconsc.
	#(L) radius → LAPOP slab.
	O/E AE L=R
	creps° rhonchi°
	Rx exp vibes.
	suction 3/10 → m/a old blood
	[signature]
3/12/85	15 ♂
	MVA
	Problem ① Closed Head Injury
	② # (L) Radius
	CT - Diffuse blood over surface brain
	Today - much less irritable sitting quietly
	- Responds to pain but not to voice.
	Some spontaneous movement all limbs
	O/E P 114
	BP 130/80

PATIENT PROGRESS

JB

DATE	
	Chest clear
	HS Dual
	Abdo - soft ? tenderness
	U/O adequate
	Input / Output
	PEARL
	Reflexes briskly brisk
	Plant ⇐ (R) ↓(L)
	Withdrawing from pain
	No change Mx
	Cont IV Fluids
	Dexamethasone
8/12/85	OBS: T 37.6 HR 100 - 130, RR 22 - 26, BP 140/- 150/-
	O2 via Hudson mask ...
	...
	Neuro - Pupils ...
	...
	Girth measurement 65cm
	Input: N/G ...
	Output: ...
	...
	Visited by mother and relatives
9.12.85	N/R 0300
	...
	...
	OBS - T° 37.6 ...
	P - ...
	Resp - 20 - 24 ...
	...
	BP 140/... 114/70
	NEUROLOGICAL ...
	...
	...
	...
	PEARL ... X2
	...
	... 1/3 ...

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH
BAYLISS ALEXANDER
25/08/197[illegible] M R/C S
ROBSON 51

CHUM CREEK RD
HEALESVILLE 3777

608552

C4000/34815/040

DATE	
	N/R cont. - 08 12 85
9.12.85	Limbs - good power in legs. Mild weakness remaining in L arm. Circ. also good.
	• input: 140 mls/hr IVT
	IVT Resited midnight.
	• output: IDC [illegible] 90 - 25 mls/hr
	NG 15 - 5 mls h.
	[illegible] only [illegible].
	Black fluid 2 am [illegible] changed to Bile.
	[illegible] Stable 65 [illegible] - [illegible]
	- [illegible] [illegible] [illegible]
	[illegible]
	- [illegible] [illegible] [illegible]
	- Suctioned constantly for first 2 hrs - [illegible] and [illegible]
	- amt [illegible] [illegible] gradually [illegible]
	- all care [illegible]
	[illegible signature]
[initials]	**SOCIAL WORK** Alexander's mother is on 3rd floor and younger brother Jean-Paul aged 4½ is on P1. His father who has been in England is on his way back and will be in Canberra tomorrow. ~~Mrs~~ Alexander's cousin Annie Barker is taking a lot of responsibility at present. She is concerned that the father (Peter Bayliss) will find ICU difficult, based on past experience. Will staff please notify me when he arrives.
	M Wilkinson

PATIENT PROGRESS

DATE	Condition / remains much the same
9.12.85 2.30 pm	Neuro : Unconscious, responding to painful stimuli – occasionally localizing but mostly flexion or extension. Starting to move around spontaneously a lot more since mid day. Pupils mainly equal + reacting briskly to light; occasionally L > R. Mild weakness in legs + R) arm. L) arm in POP b/slab.
	Resp: Suctioned 1–2/24, small – mod. amts of creamy sputum. Chest sounds clear. CXR taken. O_2 @ 4 l/min.
	Obs: T 36.5–37.1 HR 78–104 R 18–22 BP 100/60 – 130/60
	Girth measurements ceased, stable at 64–65 cm.
	Input: IV therapy @ 40 ml/hr until 1000 hrs, then capped. N/G feed commenced via Kangaroo Pump 5% Dextrose @ 30 ml/hr
	Output: NGT: 0.05 mls aspir. prior to starting feed. IDC: 35–60 ml/hr
	Bowel sounds present, no flatus passed.
	Wound: POP b/slab in situ L) arm – colour, warmth + movement satisfactory of fingers
	Melolin applied to R) side of neck, L) foot – small haemoserous ooze from L) foot, min. ooze from suture line.
	Social: Visited by cousin who is staying in Bennett Hse.
	Pathology: Blood taken for SMAC + FBC Hb 10.1 ↓ from 11.5 yesterday.
	ABG's taken: pH 7.394 pCO_2 36.5 pO_2 142.1 HCO_3 21.9 BE –2.5 on O_2 6 l/min O_2 ↓ to 4 l/min via Hudson mask.
	L Bonnyer RN
	PHYSIOTHERAPY
4pm	Chest physio – per abdomen O/P s/o – spont cough at times Med creamy sputum
	S Brunner
9/12	remains unconscious not responding to voice but responding briskly to painful stimuli all limbs + withdrawal.
	Recording lights this evening more spontaneous movements, non-specific localisation.
	- maintaining airway + Guedel's
	- fluids changed to N/G – tolerating

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH
BAYLESS ALEXANDER
25/18/197? M R/C S
ROBSON 51

CHUM CREEK RD
HEALESVILLE 3777

608552

C4000/34815/040

DATE	
	NR cont - 08 12 85
9.12.85	Limbs - Good power in
	legs. Mild weakness remaining
	in L arm. Circ. also good.
	• input: 140 mls/hr IVT
	IVT Resited midnight.
	• output. IDC 90–25 mls/hr
	NG 15–5 mls h.
	Copiously early in night.
	Black fluid 2am & changed
	changed to Bile.
	girth. Stable 65 cms - abdo soft
	- O2 continues 6L via Hudson
	mask.
	- Quiet & [illegible]
	- [illegible] constantly for first
	2 hrs - [illegible]
	- and [illegible] gradually
	[illegible]
	- all care attended
	[signature]
	SOCIAL WORK
[illegible]	Alexander's mother is on 3rd
	floor and younger brother Jean-Paul
	aged 4½ is on P1. His father who
	has been in England is on his way
	back and will be in Canberra tomorrow.
	~~Mrs~~ Alexander's cousin Annie Barker
	is taking a lot of responsibility at
	present. She is concerned that the father
	(Peter Bayliss) will find ICU difficult,
	based on past experience. Will staff
	please notify me when he arrives.
	M Wilkinson

PATIENT PROGRESS

DATE	Condition / remains much the same
9.12.85 2.30 pm	Neuro : Unconscious, responding to painful stimuli – occasionally localizing but mostly flexion or extension. Starting to move around spontaneously a lot more since mid day. Pupils mainly equal + reacting briskly to light; occasionally L > R. Mild weakness in legs + R) arm. L) arm in POP b/slab.
	Resp: Suctioned 1–2/24 small – mod. amts of creamy sputum. Chest sounds clear. CXR taken. O_2 @ 4L/min.
	Obs: T 36°–37.9 HR 78–104 R 18–28 BP 100/60 – 130/60
	Girth measurements ceased, stable at 64–65 cm.
	Input: IV therapy @ 40 ml/hr until 1000 hrs, then capped. N/G feed commenced via Kangaroo Pump: 5% Dextrose @ 30 ml/hr
	Output: NGT 1.0–1.5 mls aspir prior to starting feed. IDC: 35–60 ml/hr
	Bowel sounds present, no flatus passed.
	Wound: POP b/slab in situ L) arm – colour, warmth + movement satisfactory of fingers
	Metalin applied to R) side of neck, L) foot – small haemoserous ooze from L) foot, min. ooze from suture line.
	Social: Visited by cousin who is staying in Bennett Hse.
	Pathology: Blood taken for SMAC + FBC
	Hb 10.1 ↓ from 11.5 yesterday.
	ABG's taken: pH 7.394 pCO_2 36.5 pO_2 142.1 HCO_3 21.9 BE –2.5 on O_2 6 l/m
	O_2 ↓ to 4 L/min via Hudson mask.
	L Dunne RN
	PHYSIOTHERAPY
4pm	Chest physio – PEV adequately O/P s/o – frequent cough at times Thick creamy sputum J Brunner
9/12	remains unconscious not responding to voice but responding briskly to painful stimuli all limbs c withdrawal. Recording lights this evening more spontaneous movements, non-specific localisation - maintaining airway c Guedel's - fluids changed to N/G – tolerating

IE

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ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER
25/ 8/1977 M R/C S
51
ROBSON

CAMP CREEK RD
BALESVILLE 3777

UR 0 8 5 5 2

C4000/34815/040

DATE	
	09 12 85 quite day - urine output 1120 urine output maintained. - Dr Vance to see tomorrow re (L) ? radius DM Vance (RMO)
9.12.85 E/R	- Pt appears to becoming lighter this evening → making "incomprehensive sounds" intermittently; — localising to pain at the majority of times; eyes flickering but not voluntary opening them; more restless. —
	S/B RMO - please above for report. —
	Normal power in Rt arm; weakness in Lt due to ATP appears to be normal power in both legs
	Afebrile all evening
	BP, pulse + resps - all stable + stationary today
	Pupils equal + both reacting to light —
	Frequent suctioning - creamy white sputum (small amts)
	1/24 IDC measures - 30-80 mls/hr —
	5% Dextrose via NG tube 4 to 60 mls/hr at 6pm
	Wound dry + intact - nil ooze
	IV cannula insitu - Medications as per chart.
	Vance AV
10.12.85 MR	Patient appears to remain unconscious, although very restless - throwing himself around the bed. Patient localising to pain, pupils equal + reacting - pupils appear to range from 3-7. Normal power in (R) arm, weak in (L) arm. Normal power in legs. Afebrile overnight. BP - stable. Pulse 68-92. Resps 20-24. IDC on low suction measure 35-70 mls per hr. Naso-gastric - 5% Dextrose 60 mls/hr - Ph 1 at 6am. Patient turned 2hrly overnight. IV Cannula - 1/2 Clotex. O2 continuously 4 lts. Patient suctioned infrequently - small amounts

PATIENT PROGRESS

DATE	
10.12.85	of creamy sputum. Urinalysis this am Ph 6 SG1020 Protein +, Blood - trace. Patient on continuous monitoring - sinus rhythm. Mouth care attended
	RN [illegible]
10/12	long arm POP applied (L), # site moulded.
	For post reduction X Ray
	[illegible]
2r 10/12/85	Patient appears to be becoming lighter this am - making incomprehensive sounds - opening his eyes - intermittently moving limbs frequently. (L) Arm POP applied this am → X-ray attended (L) Arm. Neuro - obs - appear stable - pupils size 4.2 - reactive. Plaster observations - (L) Arm - warm pink nil swelling -
Patient	sponged this am. Mouth care given. Naso gastric feeds - 60mls hr 1/2 strength osmolite - Patient suctioned x1 this shift - Patient remains in sinus rhythm. [illegible]
10.12.85 1pm	**PHYSIOTHERAPY** Chest sounds clear - gentle [illegible] with breaths to facilitate deep breathing - regimen encourage [illegible]
10/12/85. 8.30p	Pt. appeared more awake this pm, opening eyes, scratching face, wiping saliva away from mouth. Unresponsive to verbal orders, Moving restlessly around bed at times.
	Neuro: pupils variable, 3-5mm on scale - reacting to light as charted. Responsive to pain when asleep & moving unassisted from side to side when awake.
	Resp: Pt. salivating lge amts. Coughing spontaneously c̄ ml sputum resulting. Suctioned n/t.

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER
(25/10/19?) M R/C 5
BSCN 51

CHUM CREEK RD
PALESVILLE 3777

H 0 8 5 5 2

C4000/34815/040

09 12 85

DATE	
10/12/85 cont.	Observations: Temp 36.5 pA, Resps 16-24, Pulse 51-96 B.P. 90/60 - 150/90. Input: Osmolite 250mls 1/2 hr 250mls continues at 60 mls/hr via Kangaroo Pump. Output: I/C remains patent + 1/24 urine measures continue as charted. Pt. urinating around catheter x 3 this shift, further 2mls h2o instilled. Plaster: remains intact, obs satisfactory as charted. Wound: suture line to (R) side of face oozing scant haemoserous drainage on pillow. Same cleaned. Pt. visited by father this pm, (pt. EA) SMcK
addit.	Monitor: Sinus rhythm SMcK
11-12 85	NR Patients conditions appeared much the same opening eyes at times, wiping face and moving around the bed. Neuro obs remain stable pupils 3-6 prone open eyes to painful stimuli turned at 2a.m., mouth care attended. Catheter patent 1hr urine measures 36-75. Urinalysis SG 1020, Ph 6-5, Protein - trace, ketones NAD Blood - nil Blood - mod. Continuously monitored - sinus rhythm. Suture line (R) nostril dry & intact. Osmolite 2 strength to 60 mls/hr. Plaster dry & intact overnight - plaster remains damp. Ph 2 at 6am RN Honeysett
Addit	Patient bradycardic overnight. RN Pr
11/12	remains drowsy restless at times, occasional purposeful movements, eye opening. - not responding to vocal commands - afebrile Pr variable (<50 at times) BP ~ 110/70 reasonable urine output (note urine osmolality 1100)

PATIENT PROGRESS

DATE	
	tolerating 60mls/hr Osmolite.
	HS R R ° carotid bruits
	good peripheral perfusion
	chest - resonant
	BS vesicular c adequate AE
	abdo - soft L°S° °masses
	active bowel sounds.
	pupils PEARL (brisk)
	fundi - discs clear lack reflexes -
	no neck stiffness
	tone R=L = ↓
	power - moves all limbs strongly.
	responds to pain with withdrawal all limbs
	reflexes R=L = brisk
	plantars ↑↑
	Plan: continue present care. DM Jones (RMO)
11/12/85. 2.30p	Pts condition remains unchanged. See RMO's notes above.
	Obs: B.P. 130/90 - 110/70 pulse 42 - 82. Resps: 14-16. Temp 36°
	Input: Pt comm. on full strength osmolite 2pm. continues at 60mls/hr.
	Output: IDC remains patent + draining fair amts - 2/24 urine measures continue.
	Plaster: Dry + intact. hand obs ✓
	Suture line: Ⓡ side of face cleaned, sutures remain insitu.
	General: skin condition good. 2/24 turning attended.
	Oral hygiene attended + teeth cleaned.
	Pt. visited by father, + other relatives, this am. [signature]
4.30pm 11/12/85	**PHYSIOTHERAPY** moving in bed - Chest check.
	Vibes with DB. Chest clear. [signature]

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ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER
[illegible] M R/C S
[illegible] 51

CHUM CREEK RD
HEALESVILLE 3777

60 85 52

C4000/34815/040

DATE	
11 12 85 8.40 pm	E/R: Patient appears more awake this evening 12 85 Moving from side to side in bed and opening eyes. Responding to painful stimuli but not to vocal commands. WARD
	Obs: B.P. - 110/70 → 130/80 ; P - 54 → 76 ; R. - 16 → 18 T. - 36° → 36.4 P.A.
	Input: Full strength Osmolite via kangaroo pump at 60 mls/hr.
	Output: I.D.C. remains insitu draining 90 → 160 mls/hr. Hourly measures continue.
	I.V. cannula remains insitu flushed 11/24 and medications given as ordered. Gastric Ph 3 at 3pm. Pressure area care attended 2/24
	Required suctioning x 2.
	Patient visited by mother and other family members this evening. [illegible] Duggan RN
12 12 85 1.30	Patient's condition remains the same. Moving around the bed and opening his eyes at times. Squeezed my when asked once overnight obs Pupils 3-6, reacting to pain BP 110/80 - 130/90 Apebetic, pulse 52-60, R 16-20.
	Input continues on full strength Osmolite 60ml/hr output the urine had dropped to 20ml/hr resident notified.
	Barbie left arm remains pink, warm, oedema has slight movement.
	IV cannula on 2/24 Clubes - IV medications given Monitored continuously - remains in sinus Rythm. Sutures line dry & intact. Pressure care attended. Bruised twice overnight - small amount creamy white sputum. Seen by Mary Freeman - commenced on Haemacel 60ml/hr Urine output increased to 90-50ml/hr at 6am, more very concentrated and amber appears tinged changing.

PATIENT PROGRESS

DATE	
	RN [illegible]
	Night RMO
12/12	↓ u/o overnight BP/Pulse stable
	not peripherally shutdown
	Haemacel 60mls/hr ē improvement
	↓ to 0mls/hr 8am
	Review by dayteam M Freeman
	8am
MIR 12/12/85	Appears to of lightened over the morning. Neurologically, opens eyes to speech, turns head, obeys some commands, utters sounds in complete sounds on inflicting pain. Limbs, leg, good power, arms R good power (L) completely limited movement → no swelling warm to touch, pink colour. Vitals T 36[11] P 70 B/P 140/90 R 16. Input, Haemacel ceased at 11.00hrs N/G, Osmolite F/S 60mls → 85mls/hr NBM. Output, PDC 40mls to 80mls. Salivating copious amounts, but not swallowing. ~~Stimulat~~ stimulation of throat given. SOOB, managing to sit without problems, stood up with assistance of physiotherapist. Movement stimulation given. Visited by father this morning; O/E mouth care given – bowels not opened. IV cannula (R) hand flushed at 1300hrs
	[signature] RN
EK 75 12/12/85	Patients condition appears stable at time of report. Bowels were opened this shift. Osmolite NG feed remains at 85 mls per h full strength – Neuro obs – Pupils – size + reactive – Moving lower limbs frequently. Responding to Painful Stimuli – But not vocal commands – Visited by father mother + stepfather this evening. Urinary output – Between 40 – 126 ml h/ly, 2 hrly Turns + nursing care attended – Patient has a small ulcer on tongue. Plastic Obs ✓ IV cannula patent (R) hand. Sutures (R) side of neck dry + clean.
	Addit – Neuro obs – Opening eyes to speech moves head from side to side. [signature]

FE

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ROYAL CANBERRA HOSPITAL RCH

PATIENT PROGRESS

P.I.N. BLISS ALEXANDER
[illegible] 5
51
[illegible] CREEK RD
[illegible]LESVILLE 3777
408552

C4000/34815/040

DATE	
	N/R 6.15am.
13.12.'85	Pupil changes occurred during the night.
	1.00 am (L) pupil size 7 (R) pupil size (5) both reacting to light.
	2.00 am. (L) c6½ (R) 6 and @ 3.00 a.m equal again
	4.00 am both pupils equal/reacting constricted @ size 2
	Assessed by RMO. NFOs.
	7.00 am (L) pupil again appeared larger @ size 7 (R) size 6
	Other neuro obs remain stable - but difficult to rouse @ 4.00am - perhaps in deep sleep.
	Urine output fluctuated from 4 mls → 100 mls/hr.
	Analysis this a.m. shows large blood, large nitrates.
	Afebrile. Oral care attended. Coplan saline.
	N/G tube - osmolite @ 85 mls/hr.
	Pt. actively changing position. Appears to be making purposeful movements eg. drawing covers over his body.
	Visited by father @ 7.00 am and Alex responded well to [illegible] commands again making responsive grunts and using hand to grasp father's
	IV cannula maintained.
	Night RMO
13/12	Pupil changes during night as documented by RN
	Nil alteration BP/Pulse.
	Pt s/l. Less responsive but appears orientated to (P) am.
	[illegible]
	13/12.
13.12.85	Alex's condition remains stable
	Neurologically - Pupils ERTL size 5-6mm.
	Not obeying commands but opening eyes spontaneously and to speech.
	Moving all limbs well. L arm in POP, mild weakness.

PATIENT PROGRESS

DATE	
(cont)	Flexing limbs to pain Observations stable. Placed on 4/24 obs Input - nasogastric feeds of F/S osmolite @ 85mls/hr Output - 1000 hrs 36 messages 36 - 100mls/hr. Urine very murky ↑c sediment present. MSU sent. Turning his own position. Good for 2 hrs this am. Coughing up small amounts of sputum. Suctioned x2. Pt personal hygiene attended. Bids taken for 36hrs @ 0500. IV cannulae flushed & patent. TR Read RN.
13·12·85	E/R. 2030hrs. Condition improving. Eyes open spontaneously. Obeying commands. Waving on command. Moving self in bed. Pupils (R) 4mm RTL (L) 5mm RTL → R/O awake. Afebrile P-88 R-20 BP 120/80. N/G tube feeds → F/S Osmolite @ 85mL/hr. PDE Tolerated a small amt of ice-cream tonight → nil problems. IDC in situ - good output. All care attended. Father in to visit. C Eagle RN). Sutures from (R) neck removed. CE

Baylis
10-30 pm 7/12/85

B2	
TEMP	37.0
HB	11.1
PH	7.435
PCO2	30.4
PO2	79.5
HCO3	20.2
TCO2	21.1
BE	-002.7
SBE	-003.3
SAT	94.3
SB	24.0

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ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER

R/C 5

51

CHUM CREEK RD

HEALESVILLE 3777

60 85 52

C4000/34815/040

DATE	
14/12/85 0200.	Pt. removed I.G. tube. Have replaced by myself. Position checked by Dr Partridge & DR McGregor. [signature] RN
14.12.85 N/R 7am	Reasonably comfortable night. Obs: 4/24 BP 115/90 132/86 HR 76-80 Resp 18-20. Neuro obs: - Responding to speech & simultaneously - eyes equal & reacting - POP (L) arm. Input: N.G. feeds @ 85 mls/hour of full strength isomolite. Output: IDC 1/24 measures 25-80 mls/hour. Physio: Moving in bed well. Nursing care: When pulled out N.G. gastric ph 3. Replaced see above. All cares attended. [signature] EN/RN
14-12-85	NR/2pm. Condition improving. NG feeds continue at 85ml/hr. Tolerating small amount of soft diet orally. IDC draining 30-90ml/hr. Afebrile. Circulation obs satisfactory. IV cannula removed - for oral medications. Seen by Dr Kenny - remove IDC ✓ & NG tube. Responding to speech simultaneously. Bath attended, sat out of bed for short period, walked back to bed with assistance. Obeying commands at times. RN [signature]
14/12	continues slow improvement more aware of surroundings following ? eyes at times able to use spoon to feed himself with some help. remains sleepy. chewing movements remain; drooling - nasogastric feeds good urine output.

PATIENT PROGRESS

DATE	
	PR ~ bo BP ~ 120/bo afebrile
	HS R N
	1 2
	chest - few fine basal crepts.
	abdomen soft active BS
	pupils - EERL
	fundi - discs normal
	tone rel
	power moves all limbs well
	reflexes brisk (R) (L) (Down not tested)
	toes ↓ D.
	- Drug growing ? Staph
	commenced on septrin syrup
	(sensitivities available tomorrow)
	indwelling urinary catheter removed
	N/G tube to be removed when able to
	eat + drink adequately.
	- continue obs BP pulse, chest physio.
	needs plenty of stimulation
	DM Lee (RMO)
14/12.	Condition satisfactory
EK	Neurologically awake most of the afternoon
	making incomprehensible sounds at times.
	some purposeful movements on command
	Pupils size & equal and reacting to light.
	General obs: Afebrile BP 140/90 P 100 R22
	Sitting out of bed most of the afternoon.
	Nasogastric fluids completed 4pm and
	pt removed catheter.
	Tolerating very small amounts of food,
	chewing slowly
	Reluctant to drink.
	Has voided x 5 times post catheter
	removal. Incontinent.
	Moist strong cough, mostly unproductive
	Visited by father.
	Simmonds RN

14 40

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

RCH

BAYLISS ALEXANDER

M R/C S 51

COMM CREEK RD
HEALESVILLE 3777

608552

C4000/34815/040

DATE	13 12 85
	Condition stable
15.12.85 MN 7am	Appeared to sleep intermittently, restless at times thrashing around bed.
	Obs: T 36.4 BP 118/88 – 120/90 HR 72–92 Resp 16–18. afebrile.
	Neuro: eyes open + reacting to light : hand to name : ? obey commands
	Input: small amount of fluids + biscuit at 7am.
	Output: wet bed x1 urodome drainage 800mls till 7am.
	Chest: Pressure + vitals attended. Very wet cough phlegm green sputum. Turns self mostly in bed.
	Nursing: Guides teeth oral hygiene. All care given. [signature]
15.12.85	AR 2pm. Condition stable. Drinking well (holding cup himself) Eating small amount of soft foods. Voided x1 into bottle. Incontinent x1. Bottle offered 2/24. Walked to bath & back. Assisted with bath & drying self. T. 36 P. 80 R. 18 BP. 110/70. 4/24 Neuro obs pupils equally reacting to light. Obeying commands sometimes. Moist cough persists. Oral hygiene attended. [signature] RN
15/12	nasogastric tube out managing to eat + drink adequately (can hold cup, spoon etc.) continues to be able to walk needing two supports. communication remains poor. urine growing Staph aureus sens to cotrimoxazole
	→ continue on Septrin syrup

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	incontinent of urine - beginning to be able to use bottle, urodome at other times.
	CXR - clear
	DMcKee (RMO)
	Unable to use bottle all day has pu x 4 since midday even though given bottle.
	Ate most of dinner with help.
	Assist only with brushing teeth
	Walked with 2 supporters
	Sat out all afternoon bar ½ hour sleep.
	Medications given
	No bowel movts.
	Skin good.
16.12.85 N/R Som.	Seemed to rest a lot easier tonight not as restless as past few nights. Seemed to sleep for relatively long periods. ¼hr obs stable BP 106/68 - 112/88 HR 68-72. Resp 18 afebrile. ¼hr neuro obs stable. Responding to speech & spontaneously. Making some verbal sounds. Seems a lot more alert and responding to nursing interaction. pupils EATL size 7. Input: Taking small amounts of fluids with medication. Output: Wet bed x 1 approx 150mls. Urodome insitu & replaced x 2. Urine to bar 420 mls. Turns and moves relatively spontaneously. Mitten on (R) hand so that urodome wasn't removed. All leave lines. [illegible] RN [illegible]
	SPEECH PATHOLOGY
16/12.	Condition noted by speech therapist. Alex referred by OT Jan Rogers re: spl log / feeding for assessment when more stable & appropriate physically. P.Green
16.12.85	OCCUPATIONAL THERAPY REFERRAL. Review of bed [illegible] Statement
	MEDICAL BACKGROUND - HI (MVA) 7-12-85 initially unconscious (responding only to painful stimuli; CT scan - diffuse blood - no operable lesion; condition has been steadily improving since
	INITIAL ASSESSMENT (18-12-85)
	Able to voluntarily move all limbs (apart from (L)

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	16.12.85 WARD 1
	arm - in plaster) ; great difficulty in focusing - gaze wanders; tried simple activities - able to pass object appropriately on one occasion
	PM Pt more consistently following simple commands. Spoke with father about appropriate stimulation - left a variety of activities for him to try with Alex
	PLAN - to present various activities to improve visual attention, concentration & purposeful activity
	- to encourage independence in functional activities e.g. feeding, showering
16.12.85 2-3pm.	Satisfactory day. Bathed this am per Aide is able to help dry himself & wash himself and walked well to & from bathroom.
	Eating well, encourage fluids though.
	Incontinent x 3, not responding to use of bottle.
	Slept for long periods. Taken in wheelchair to see Mum's brother this pm.
	Possibly to go to ward today.
	Obs stable, pupils equal & reacting. [signature]
6:30pm.	arrived in H.Ward in wheelchair accompanied by Rn + wardsman - F Heaney En.
	OT tomorrow 10.30am for reduction # wrist - FHeaney En
E/R 9pm	sleeping most of evening, wet bed x1. S.O.O.R for bed change and a drink otherwise R.I.B. - F Heaney En.
17.12.85 N/C.	Unable to use bottle overnight. Unable to keep C bottle in situ. Incontinent of urine x 3.
	Fasting from 12MN. for O.T. this a.m. [signature] RN

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DATE	
17/12/85	Open Reduction + Internal fixation of (L) Radius
	Post Op.
	Routine post Op Obs - circul
	try elevation of hand in gallows sling if tolerated.
	S6 (thorn)
	X Ray
	[illegible signature]
17.12.85	PREMED not ordered.
	TO O.R. 10⁴⁵ am.
	R.T.W. 1³⁰ pm.
	OPERATION open reduction + internal fixation of (L) radius.
	OBS. Temp 36 P 76 R 16 BP 120/80
	I.V. THERAPY saline.
	DRESSINGS (L) forearm bandaged. fingers appear pink cool. capillary return good.
	DRAINS - I.D.C. Nil.
	SPECIFICS -
17.12.85.	NURSING EVALUATION: Satisfactory post op. Obs stable. Pt seen by Dr Robson. No orders by Dr. Circulation obs Pt fingers feel cool. Capillary return good. Pt too sleepy to ask to move this afternoon.
5³⁰ pm	S/B Dr McGregor: Pt IV hydrocortisone 100mg given as oral Dexamethasone not tolerated. Please omit 1pm + 7pm oral doses today. Recommence oral dose 1am 18/12/85. Richardson RN.
17/12	6.i.v. Dexamethasone at 9pm please [illegible signature]
7.30pm	NURSING EVALUATION
	Post-op obs - within normal limits
	Pt. very restless - difficult to keep
	(L) arm elevated. Fingers blush but warm
	I.V. Therapy patent
	Pt. unco-operative - nil orally tolerated at time of report.
	P.U. in bed.
9.00.	S.O.O.B. for short period. C. Butt RN
	Small sip H_2O taken.
	1 am. Analgesic given. ½ good effect.

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DATE	
	Resting quietly at time of report hand elevated on pillow, colour of fingers much improved and quite warm.
	I.V. Dexamethasone given 9pm by R.M.O as per Drug chart — C. Butt RN
18.12.85 N/L	Neuroobs stable. Condition unchanged. 4/24: within normal range. Not restless overnight. Incontinent of urine. IV. therapy continues - patent. Not tolerating oral fluids. RMO gave I.V. dexamethasone at 2am — RN
18/12	Day I post Op
	O Circulation / radial pulse / responsive to pain only (R) pupil good response (L) not as good.
	chest creps ... (R) lung
	A ... may be just related to Op.
	P ...
	Chest physio please — KPmg
18/12/85 5pm.	Nursing Evaluation. Neuro obs (R) pupil reacting good to light (L) pupil sluggish reaction to light. Pupil reaction appears to change & level of conciousness. Afebrile ↑ 38 PR BP ↑ 150/100.
	Drinking small amounts of fluid orally when conciouslevel is light
	Incontinent of urine x3
	Responds to painful stimuli
	IV patent
	(L) arm appears warm circulation in fingers appear pink fingers turn blue when arm is not elevated on pillows. (R) arm difficult to keep

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	elevated as pt is so restless
	Pt sponged in bed this am.
	All pressure care attended.
	Pt appears to have a moist cough
	to be seen by physio
	K Richardson EN
	SPEECH PATHOLOGY
18/12	Visited by Speech Pathologist – OT referral
	awake, unfocused gaze
	NR to speech
	To check c resident re: need for R
	Patience Green (+2335)
18/12/85	S/B Dr. Robson:
	- Appears well. Drinking when alert.
	- IV off when tolerating fluids.
	- Please ask for both chest and neuro physios please.
	- Review on round tomorrow.
E/R 8¹⁵pm	**NURSING EVALUATION** S/B Dr Robson 5.15pm as above, neuro state appears to change in conscious level, restless at times moving self around in bed, ate a good tea ½c full assist feed, drinking well with assistance, incontinent of urine x5, B.N.O. Pupils (R)+(L) 6m.m. sluggish but reacting to light, IVT maintained bandage (L) forearm dry + intact arm has been elevated on pillow most of shift, S/B physio late afternoon, cough appears to be moist, medications given as ordered, temp PR 37-37², BP 140/100 – 130/100 pulse 72-80 — H Heaney EN Rebecca (RN)
19.12.85	N/R Conscious level: appears not to have changed from day report. Pupils (R)+(L) 5mm. – reacting to light – not so sluggish. Arm remains elevated on pillow. Tolerating small amounts fluid. I.V.I. continues. Incontinent of urine, although used bottle x1.
	B. Priestley RN
	PHYSIOTHERAPY
19.12.85	Unconscious not responding to voice
	Chest: ↓ A.E. Basal creps.
	Rx. Perc + vibes
	S/O via nose S/A sl blood stained creamy sputum.
	Strong spontaneous moist cough.

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19.12.85	Swallowing sputum.
	Limbs: Limb movts performed.
	Full ROM of (L) wrist + elbow not attempted.
	Moving (R) hand purposefully + accurately in response
	to unpleasant stimuli eg suction.
	M.McDonald
	11am. Chest: Perc + vibes
	Spontaneous cough
	Swallowed sputum. M.McDonald
	SPEECH PATHOLOGY
19/12/85 (AM)	Chas d by Speech Pathologist Ref by O. Rowe reviewed
	Alex not directly attending to Brot fathers
	At times though does demonstrate comprehension
	- following simple command eg drink, touch some
	[illegible]. Recognizing some common objects
	Doing purposeful movts
	Gaze unfocussed + staring.
	Occ. vocalises but no functional speech
	Consciousness level still fluctuating.
	Drinking / eating - no coughing
	Chewing movts. noted [illegible] lip tone [illegible].
	For followups, communication board
	P.Green
	PHYSIOTHERAPY
	1.15 pm. R- Perc Vibs [illegible] side lie.
	→ Spontaneous moist cough.
	[illegible]
M/R 2.30pm	NURSING EVALUATION conscious level still fluctulating, eyes-pupils
	size 5 equal and reacting to light sluggish at times, afebrile
	S.O.O.B for meals, managed to eat a little lunch himself
	with direction, drinking well holding own cup most times
	walked to bath and back with full assistance of two nurses

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Morning Report cont.	otherwise R.I.B. IVT removed. (L) arm bandage intact, arm elevated on two pillows most of morning, circulation obs satisfactory. S/B physio + Speech therapist see previous page — [illegible] EN [illegible]
	B.N.O. [illegible]
3pm	While changing pt's wet bed, Alex said "Oh...." very clearly — [illegible] EN [illegible]
19.12.85	OCCUPATIONAL THERAPY - ON-GOING TREATMENT
	Called on pt. previous 2 days - too drowsy to participate in therapy.
	Presented simple task of picking up object to put in box - unable to carry out whole task himself but carried out various components for continued Rx
	J. Rogers OT.
19/12/85 5pm	Nursing Evaluation:
	Neuro obs: appear stable.
	Afebrile
	Alex fed himself dinner c̄ minimal assistance
	Drinking well holding cup himself.
	Walked to toilet c̄ assistance of two nurses. Incontinent x 4 this shift.
	(L) arm appears satisfactory circulation obs appear satisfactory.
	All nursing care attended as per nursing care plan.
	[illegible]
	[illegible] RN
20.12.85 [illegible]	Condition appears unchanged overnight.
	Incontinent of urine x 4 BNO
	Neurological obs stable
	Occasionally responding to voice by opening eyes. - grunting at times.
	Tolerating: small amounts of fluid
	M. M[illegible] RN

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	PHYSIOTHERAPY
20.12.85	Sleepy +++. Tries to sleep at any opportunity.
	Shows remarkably good balance in sitting
	Stands ± minimal assistance but sits again immediately.
	Difficulty keeping head up. Only opens eyes briefly
	Unfocussed gaze.
	No active movt. of (L) arm seen.
	Pt. Stood + walked ± minimal assistance
	Tends to fall to (L).
	Passive movt (L) arm - trying to encourage active movt
	No sign of pain in arm.
	Needs as much stimulation as can be given.
	M. McDonald
	SPEECH PATHOLOGY
20/12/85 AM	Alex seen awake
	Recognises some familiar objects by function + occ. by name
	Slow to process questions + follow command
	Inconsistent.
	Dysarthria. No facial asymmetry.
	No apraxia. Occ. word finding difficulties.
	Poor attention to people
	Needs to be encouraged to make eye contact
	P Green
20/12/85 12.30 pm	Nursing Evaluation
	Neuro Obs appear stable
	Afebrile.
	Alex very sleepy today.
	Pt encouraged ± feeding + walking
	Tolerating diet + fluids well
	Treatment x 1 this shift. K Wheatley

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20	12/85 Day 3 post op. Elev + dry.
	KMG
3.40	To Nuclear Med for CT Scan. ——— [signature] RN
8.15pm	Pt lightening to an extend; spoken a couple of words to OT; remains incontinent; drowsy later in evening Pupils size 7; obs remain stable; drinking & tolerated evening meal; Dressing S/B Dr McGregor for light bandage review in a couple of days — Rebecca RN
21-12-85 NR	Drowsy during night — Neuro OBS stable Incontinent of urine several times — Restless for short periods. [signature]
21-12-85 MR 2pm	NURSING EVALUATION Pt assisted on commode chair this morning. S.O.O.B for meals. Eating and drinking well, feeding himself with assistance. Incontinent of urine x1. BNO Neuro obs stable. Pt very drowsy for most of shift. D. Schoo SN. [signature] RN
E/R.	Neuro obs stable Incontinent x 4 this shift. Eating + drinking well feeding himself. Sleeping most of shift [signature]
22-12-85 NR	Neuro OBS stable — Incontinent of urine + Slept for long periods — Restless at times. [signature]
22-12-85 MR 2pm	NURSING EVALUATION Pt had a bath this morning with the assistance of two nurses. Walked to and from bath with assistance. Pt incontinent of urine x 2 BNO. SOOB for meals and eating and drinking well. Pt spoke a few words to his father this morning. Neuro obs stable. Sleeping most of shift. D. Schoo SN. [signature]
22-12-85	NURSING EVALUATION 8.45pm. Eating + drinking well trying to self feed well c some assistance. Has spoken to father + to staff this shift once each. Incontinent x 2 this shift. Used urinal x3 c assist; good amounts. Wound left arm clean + dry covered c bandage for protection. He also is assisting staff in procedures like undressing;

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22.12.85	+ measuring blood pressure. Shows great dislike to the neuro torch being shone in his eyes. Levels of response are fluctuating. Is afebrile. BNO this night. SN. Cassandra Schmidt.
22.12.85	Neuro obs stable — Alex appears restful for long periods then periods of restlessness and shouting + swearing — Incontinent of urine + a — Medications taken. Kleinpell RN
	PHYSIOTHERAPY
23.12.85	Much the same as 20.12. Verbalised x 2 - swear words only Sat on edge of bed Able to maintain balance but will fall over if left alone. Wants to sleep all the time. Opened eyes occassionally. *No movt of (L) arm observed - passive movts done M. McDonald
23/12/85 1.00pm	Nursing seen by Dr Robson — No further orders Continue walking patient as much as possible (RN)
23-12-85.	PT appears much the same today. Incontinent x 3 this night Taking a drinking well. — S/N Mackie S/B Dr's orders as above. (RN)
23/12/85	SPEECH PATHOLOGY Alex remains very sleepy Occ. opens eyes attends briefly to vis/tactile stimuli then closes eyes Occ. slowly follows simple commands but not consistently eg recognizes & demonstrates occ. object but used for Rating scale

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Speech (continued).

DATE	
	things in mouth inappropriately.
23/12/85	No2 speech elicited.
pm).	Occ grunting & vocalising unintelligibly
	P.Green
23/12/85	OCCUPATIONAL THERAPY
	Able to engage pt in simple reach/grasp/carry release activity requiring rolling.
	No eye contact, used proprioception/kinesthesia/tactile cues.
	Unable to alert further. H.Beale
23/12/85 7^50 pm.	Neuro-obs appear stable. Incontinent x3 of urine. Pt appears quite constipated. 1 Microlax enema administered c̄ minute result, manual removal of faeces was quite ~~more~~ successful, although pt seems impacted quite high into his rectum. Pt eating + drinking quite well, yelling out at times. Taken for 3 walks this shift. All nursing care attended J.Stubbs S/N
24.12.85	N/R Unchanged overnight. Incontinent of urine x2. Obs. stable. D.Priestley S/N
24/12/85	PHYSIOTHERAPY OCCUPATIONAL THERAPY
	Attempted sensory motor style Rx.
	Little initiation of movt, little cognitive involvem't in activity, altho' when did look & attend to task, performed well.
	Continually trying to lie down to sleep. H.Beale
	24/12 P remove s-lure please
	Care Booth
	Depart a/f/u on 27/12 ✓
24/12/85 M/R:	Condition appears unchanged. Incontinent of urine x3 in 1½ hrs, commenced on fluid balance chart. Neuro obs appear stable. Eating + drinking very well. Ambulating slowly c̄ assistance. Pt restrained c̄ posey belt. Pt appears very drowsy this shift. Wound recovered c̄ velco for removal of suture all care attended J.Stubbs S/N
	K.Richardson RN

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	S/B Speech Pathologist
24/12	now understanding most of what I said to him. Recognises objects
	Able to WRITE knows I wrote that he is in shock that sister died.
	asked to spk to mo re: sister, accident
	Able to read name, familiar words.
	*Needs writing pad + paper. please - also encourage verbal. as well
	Couldnt elicit any autom. sp. ? hysterical
	may need a lot of counselling ++. latt.
	to be reviewed mon
	Pepper
24.12	Nursing Patient communicating via pen & paper. See above. Patients mother aware of the same & spent quite some time with Alex. Patient remains incontinent of urine. Bowels opened well this shift. Cooperating with nursing staff
	[signature]
25.12.85	N/C Unchanged overnight. Obs. stable. [signature] RN
m/r	satisfactory Morning. Remains incontinent of Urine +++. neuro obs remain stable, appears quite tired. All nursing care attended — [signature] S/N
	Up walking with his father. [signature]
26.12.85	N/C Has slept for long periods. [signature] RN
26.12.85	m/r 2.50 pm. Satisfactory day. Alex has been taken to the toilet and PU'd in toilet ×2 & BO ×1 in toilet today. However remains incontinent of urine at other times. No change in observations. Afebrile. Eating & drinking well. Down to visit mum today. Understanding most conversations & motioning answers. Showered this morning
	[signature]

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DATE	
26/12	Satisfactory. Wandering @ times. Wet bed x2 otherwise to toilet. S Hander RN
27/12/85	N/R. Up wandering in early part of night. Toileted – did not use same. Incontinent of urine x1 overnight. Taking fluids. Wheatley RN
27/12/85 E/R	Continuous sutures removed. Wound clean & dry. Wound left open. Beading applied @ ends of suture line. S/N Mackie
E.R. 2³⁰pm	Pt up to shower, and showered self c̄ supervision. Pt communicationing appropriately with pencil & paper and nodding or shaking his head. No verbal communication. Eating large amounts. Drinking. Left arm elevated in a sling but pt keeps removing. Pt had BO x1 this shift. Passing urine in toilet when taken. Incontinent of urine x1 this shift. Neuro obs stable. Lifting left arm when asked however will not use it by himself. Smiling occasionally otherwise face expressionless. Slept for short periods this morning. [signature] S/N [signature] (RN)
28/12/85 E/R	Pt roaming occasionally but cooperating with staff when asked to come back. Incontinent x3 this shift. Neuro obs stable. Eating & drinking well. Mother wishes to see a dietitian re: Alexander's diet as she thinks Alex is not eating enough fruit – S/N Mackie. [signature]
27/12/85	9pm. Alexander has commenced speaking fluently & using appropriate conversation tonight for about the last hour. He has been down to speak to his mother. Still confused at times however these are much less frequent now. Very tired tonight – after starting to speak again. Spoke to his father on the phone. [signature]
28.12	N/R Settled & sleeping early appears to have slept well. Elenghell RN
28/12/85 M/R.	Nursing Evaluation. Pt showered c̄ assistance this A.M. Continuing to speak to staff & answer questions. Incontinent x2 this shift but will go to toilet if toileted in time.

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	Pt not wandering to-day but appears quite drowsy and sleeping lots of the shift. Eating very well but needs slowing down as pt tends to fill his mouth without swallowing the previous mouthfull. Neuro obs stable. All care given - S Whacke
E/K	satisfactory evening. Talking to staff, ·/c appropriate conversation, however remains confused at times. Incontinent of urine in bed x10. Pt's appetite very good, and states after every meal "still hungry". Pt able to use bottle if in time. Pt wandered into corridor ·/out any clothes on wanting some Ryand points. All G.N.C attended - Johnson SN
29.12.85	N Sleeping early and appears to have slept well - Incontinent of urine over night. Campbell RN
M/K 12pm.	Pt showered ·/c assistance, very tired this shift. Visited mother. At present visiting John paul in P1 ·/c mother & father. Speaking well ·/c appropriate conversation. B.O x1 this shift, passing urine in toilet if in time. All G.N.C attended - Johnson SN. Nil urinary incontinence this shift
30.12.85	N settled early & sleeping well - Incontinent of urine over night. Campbell RN
	PHYSIOTHERAPY
30.12.85	
	Huge improvement since I saw him on 24.12.85. Talking + using appropriate words. Walks very well - some muscle weakness from prolonged immobility. (L) arm. able to move all joints through range. Is not

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	using (L) arm much because of pain. M. McDonald.
30/12/85	**OCCUPATIONAL THERAPY** SENSORY ASSESSMENT able to identify sharp/dull, light touch & to localise to touch. some bizarre responses re quality of stimulus if opened ended response desired is better able to choose between 2 qualities. poor proprioceptive & kinesthetic ability seen on testing - possibly more due to poor volition than actual poor sensation. GENERAL lacks volition to perform motor tasks ∴ requires encouragement & direction to do so. Able to carry out motor & spatial tasks, once assisted initiated. H. Beale
	SOCIAL WORK Dr Robson asked me to tell Mrs Bayliss that Alex will be assessed by WVH Rehab. Staff on Thursday & will be transferred there as soon as a bed is available. Mrs Bayliss ambivalent about this - talking about Sydney but seems to have some acceptance of the plan for A. to get to WVH. I will investigate the Sydney scene & talk to WVH staff Nancy Wilkinson
30/12/85	Nursing Evaluation: Pt showers & this morning with assistance. Sleeping most of day. Voided this shift, Pt has not been incontinent. B.W.O. Eating & drinking large amounts. Neuro obs and blood sugar obs normal. All care given S/N Mackie

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31-12-85	N/R Settled early and has slept well. Incontinent of urine x 2 overnight. Wheatley RN.
31.12.85	**DIETITIAN** Mrs Bayliss asked to see me re extra food for Alex — he says he is still hungry after meals. Mum is reluctant for him to have regular midmeal snacks but wishes larger helpings at meals + extra choices. Wt 46 kg (30/12/85). (P) — Alex will be provided with a special (green) menu + General menu for extra choice. Both should be returned attached to each other to Diet Office. — Special milkshake to be provided for morning tea. Alison Carter x 2263
m/r	Satisfactory morning. Showered /c assistance. Appears quite tired. Pt has not been incontinent to time of report. Eating + drinking well, large amounts. Friend from Melbourne to visit him this afternoon. All nursing care attended. — J Tibbs RN
31-12-85.	**PHYSIOTHERAPY** Alex's physical state shows great improvement He has good control of his head, trunk + limbs. When walking he has a tendency to throw his legs about but this may be due to ↓ muscle strength around his hips

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	& knees.
	He is using his (R) hand a little more + has good ROM except for supination (limited about 50%)
	c/o pain in base of (L) thumb on thumb movement
	R: Harder balance activities in standing
	(L) hand ex. M.McDonald
31-12-85	SPEECH PATHOLOGY
	Session with Alex in his room. Answering questions appropriately but c delayed response. Speech is clear but slow + deliberate. Some articulation errors - may have been present before. Did initiate questioning a couple of times but flat affect generally c little initiation
	? some higher level comprehension deficits - more likely lack of concentration + motivation.
	To assess language skills, articulation, pragmatics. Ruth Boake.
31/12	Spoke c nursing supervisor Prince Henry Hosp. Sydney - There are beds available in Rehab. Need to start arrangements after Dr FAIRBAIRN assessed.
	[illegible]
31/12/85 PR	Pt appears well speaking with school friend. Identified all of school class in a school photo. Obs stable. Eating & drinking well. S/N Mackie
1/1/86 N/R	Alex was thirsty in early part of night and clearly and politely asked for drinks. He also awoke during the night and took himself to the toilet which he used. D Priestley RN
1-1-86	Nursing Evaluation: Pt well this shift eating & drinking really well. Neuro & base line obs satisfactory. Pt not incontinent. Is [illegible] not using (L) arm very well. All care given S/N Mackie
E/R.	Alex has been pacing the ward most of the evening - speech is appropriate. Neuro & general obs stable. D. Elliott RN

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25/08/1970 M R/C S
ROBSON 51

CHUM CREEK RD
HEALESVILLE 3777

608552

ROYAL CANBERRA HOSPITAL

PATIENT PROGRESS

P.I.N.S.

Stock Numbers:
RCH: C4000/34815/040
WVH:
CALVARY

Standardised Form
Not to be amended/altered without approval from the Clinical Record Advisory Committee

DATE	
2/1/86	N/R Has slept well overnight. Up to toilet x1 & incontinent of urine x1 overnight. [illegible] RN
10am	**DIETITIAN** Review of ordering of diet needed as Alex is being selected what appears to be excessive quantities of food. He was asleep when visited so the selection was discussed with mum. It was suggested that Alex be given a sandwich + yoghurt between meals rather than ordering these at meals & that meal sizes be reduced. T. Williams
2/1/86	[illegible] Recovering well from [illegible] [illegible]. Good progress. His mother indicated she & he wanted [illegible] going to [illegible] probably. If this does not work out he could come to WVH. Will see again next week. [signature]
2·1·86	**NURSING EVALUATION** 2·20pm Eating + drinking well. Continues to answer appropriately + pace the ward area. Is afebrile. NOT incontinent of either urine / faeces. Alex still isn't using his (L) arm. SN Cassandra [illegible]. D. Elliott RN

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DATE	
	2.1.86 9pm ~~33~~ Incontinent of urine x 1 ate a big meal tonight & drank good amount of [illegible] Paul de Leeuw
3/1/86	N/R. Incontinent of urine x1. Has slept well. Priestley RN
3/1/86	9am Dr Robson - who also spoke to Mum. 11am Dr Van Gelder gave permission for Alex to have a leave pass this afternoon — SEN. B RYAN
3.1.86	**PHYSIOTHERAPY** Using (L) hand a little more Supination still ↓ Alex has really move beyond the physio services that can be provided here. I feel he needs more strenuous activities to ↑ muscle strength & improve his coordination. M. McDonald
3/1/86	**OCCUPATIONAL THERAPY** O/E: looking volition ↓affect. Rx: perceptual-motor performing colour sorting & visual matching activities. H. Rook
3.1.86	Speech Therapy Came to see Alex but Pt. asleep. Will see him on Monday
3-1.86 PM	230 pm. Good day. Eating & drinking well. Incontinent x 1 Showered & Hair Washed. Visited Play room in Vaccination for hour of activities — SEN B RYAN
4.1.86 AM	Incontinent of urine x 2 - Pacing up the corridor - "Looking for Library" Back to bed & appears to have slept well. Campbell RN
	NORMAL: p/R Ate breakfast & little assistance To paediatrics & mother. MSU collected on R.N. Spent rest of morning in mother's room & Lisa made & auntie. Paul de Leeuw

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DATE	
	E.1.86 NB Alex settled early — Appears to have slept well — Incontinent of urine +2. KCampbell pn
	NURSING EVALUATION
	12 mg Showered & assistance, able to wash himself partially. Had a sleep on bed after breakfast & spent most of morning in parents. Feeding himself well. Not incontinence this a.m. KCampbell pn
	E/R Satisfactory Out on short leave Passed pass this afternoon
6.1.86 NB	Slept well — Incontinent of urine +1 — Up to toilet +1 KCampbell pn
mk	Nursing Evaluation — Showered self this shift, only needed minimal assistance. Eating well. Not incontinent this shift. Talking to mother most of shift. — MKibble
6/1/86	OCCUPATIONAL THERAPY
	dE – affect flat lacking volition approach to tasks presented not systematic speaking little short answers when questioned. P – perceptual-motor & using visual discriminat tasks + cognitive tasks.
6.1.86	Nursing Evaluation – Satisfactory evening*
E/R 8.00pm	Observations remain stable – afebrile. Uri incontinence this shift. Has spent most of shift with parents and visiting brother – Eating and drinking well. — A having S/N 9pm and on Leave Pass & parents from 8 – 9.30pm RSelden

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DATE	
7-1-86	N/R. Returned to ward at 9.30pm. Settled at 10pm & appeares to have slept well. D Priestley RN
	RMO: — 15 yo. C.L.I. # ⓛ Radius + Ulna → ORIF Nov Lowlat. [signature]
8/1/86	**OCCUPATIONAL THERAPY** O/E – motivation ↓, altho' initiating some activity. "passive-aggressive" type mood. speaking only when questioned. Rx – visuo-spatial tasks/perceptual-motor Rx. performed visual tasks ☐ reasonable accuracy → able to self correct. H. Beale.
7-1-86 N/E 2-7pm	Nursing Evaluation – Showered without assistance this morning. Nil incontinence this morning. Eating well. Has spent most of shift with his mother. ——— A. Lowrey S/N
	4.30pm Dr Rabson come – but didn't see Alex as he wasn't in ward. He said a social worker is attempting to contact appropriate people in Sydney re transfer. Paul Wheeldon.
E/R 7pm	Comfortable evening. No c/o. Still very vague to talk to. Nil incontinence. [signature] RN
8.30.	A went missing for 15 mins @ 8.15 – found in Bathroom covered in powder – wouldn't talk, do any staff at all. [signature] RN
8-1-86	N/R. Has slept all night. Vague before settling home and not speaking to anyone. Nil incontinence. D Priestley RN.

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DATE	SPEECH PATHOLOGY
8.1.86	Have been trying to catch up c̄ Alex to begin assessment this week but he has never been on the ward when I've arrived.
	Spoke c̄ mother today for a long time. If Alex is going to Sydney v. soon there is not much point in commencing extensive input but some language evaluation would be useful. Perhaps some contact c̄ the child psychologist would be useful for Alex - seems v. depressed & angry. This was put to Mother but she was not keen.
	R. Beale
m/r 2.30pm	Fair day. Sleeping in bed most of morning. No c/o. Eating, drinking & voiding well. Managed shower. E/R. Satisfactory.
	[signature]
9-1-86	N/R Has slept all night. D Priestley RN
9/1/86	OCCUPATIONAL THERAPY
	On request to go c̄ Ψist to Occ Therapy Dept, Alex told Ψist to "go away". He stated he had "another teacher", when giving reason for his demand.
	I will supply his mother with appropriate cognitive & perceptual remediation games maybe Alex will be more willing to co-operate c̄ her.
	As for speech Pathology, referal to child psychologist may be appropriate.
	M. Beale
	NURSING EVALUATION. Pt brighter and slightly more talkative this am. Showered self. R.I.B for short periods. S/B Occ pat. therapist refer above.
	[signature] RN Dianne [signature] S/N

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DATE	S/P Speech Pathologist
PM 9/1/86	* Alex more verbal and responsive in afternoon. possibly because I was ~~present~~ before when he began to initiate written communication * Seems to have high level / verbal expr + comprehen. probs (eg abstract) * able to read, write, calculate, converse (perhaps short sentences) lacks initiation and spontaneity at times. * Memory probs * at times is inappropriate and lacks a bit of insight. some disinhibition overall - tends fluctuate a lot. * Requested Sp Rpt see new admission * will be forwarding report to P. M. Thorp re sp R follow up. * Mo says does want psych follow-up but in Sydney (psych. up there a friend) P Green (2331)
9/1/86	Satisfactory evening. Spent day (& mother + Jean-Paul, visited by Jackie — Sp Pathologist
10-1-86	N/R Appears to have slept overnight. B Priestley RN

SPEECH PATHOLOGY

10/1 (am)	alex initiating more speech today but still needs encouragement affect not as flat as yesterday — a bit more cheerful. still verbally a bit disinhibited, chatting on at times w/o monitoring speech or really listening. Speech still inappropriate at times. Didn't need speech therapists name today w/o prompting Sleepy feels more 'chatty' + talkative than was before accident ↑ level of comprehension/expression still ↓ reasoning Letter to be placed in file for P. M. H. — therapist P Green

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Phillip Beeton
Unit 3/1064
Room Close Eastlakes.

DATE	
19/1/86	Dr Rickson Prince Henry - Hospital in Sydney Rehab Unit Contacted. PHH not accepting patients until 20/1/86. Will accept Transfer after then & will notify Date. Jeanette Slater.
	Satisfactory morning, showered self. Eating & drinking very well, ambulating as desired all care attended — Jane Baker

SOCIAL WORK

Alex seems to have better memory of past years than he did last wk. He is still very bland and shows no emotion when talking about Vanessa. Affect is flat on all subjects discussed. Knows that plan is to go to Sydney and says he is looking forward to this, although he admitted that he will miss his friends. I rang Dr Lambach to see what the picture is at WVH Rehab. in case Dr Robson wanted to move him there - but this will not be possible until the end of next wk when Dr F. comes back from leave.
M Wilkinson

10.1.86	NURSING EVALUATION 8.25 pm. Attending to most own needs i minimal encouragement. Feeds himself well. Is afebrile Answers appropriately most times. Not incontinent Has spent a lot of time this evening i mother Father to

PATIENT PROGRESS

DATE	
10·1·86	writing at moment. Nil complaints of pain. Still reluctant to use (L) arm unless he absolutely has to. SN Cassandra Lachs Mahon (RN)
11·1·86	Settled late but appears to have slept well. Campbell.
11·1·86	NURSING EVALUATION 2·45 pm Showered self in am competently. Answers appropriately. Becoming more modest about himself. And is also showing + voicing his curiosity more eg. He asked me "What's next door?" referring to the burns bathroom. I showered him and he seemed fully satisfied. He is also curious about next week + being moved, reassurance given. Visited by father since mid-morning. Still ignores left arm + hand. SN Lachs. P McKaren R.N.
12·1·86 NB	Again late to settle but appears to have slept well. Slight puffiness above scar on face. Campbell RN. 2.30 pm m/R Showered & little assistance. Appears happy & bright today. Work parents this morning. For walk in Rollator this pm. Alex was talking when was leaving to Sydney. Upset for short period this morning when thinking about his deceased wife. Pearl Schell RN
13·1·86 NB.	Settled early and appears to have slept well. Campbell RN
	NURSING EVALUATION: Showered self. Ambulating around ward. Pt appears happy and is quite talkative. Seen to be rude to domestic staff. Questioning staff about his unconscious state. Pt going to ICU for a visit this afternoon. Dianne Pope S/N K Richardson RN

SPEECH PATHOLOGY

13/1 pm	Alex very chatty + freq. inappropriate in his speech. making up stories about people & events. Seems partly disinhibited verbally at the moment + inappropriate, childlike in reasoning, laughing + giggling + making jokes. Prosody monotone. His speech at times not oriented time fully language

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10.86

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	Self Exam is to be appropriate but his [illegible] seems a bit disinhibited Has more insight into what has happened however. Fluctuates between depr + excitement on following. P Green.
	NB Talking about death in his conversations and absent thoughts, making of jokes about it.
	Sw nurse re: management of his inappropriateness. P Green.
13/1/86	**OCCUPATIONAL THERAPY**
	Participate in mathematical matching game on request of therapist. Remembered when it came to his turn, understood instruction of game, concentration fair-good. Did not always show mathematical ability appropriate to age & education. H Beat
	SOCIAL WORK
	Arrangements are getting underway for Alex to go to Prince Henry Hosp Sydney. RMO Dr Chaussowert has left a message for Dr Hugh Dixon Deputy Director of Rehab. at PHH and will recontact tomorrow AM. N Wilkinson
1/8 8pm	Alex seems cheeky & chatting this shift talked to friends in Melbourne on the phone & was in fine spirits. Rebecca (RN)

PATIENT PROGRESS

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DATE	
14 / 86	N/R Settled early + appears to have slept well.

15-1-86 8.20 p

Rehabilitating

Sydney

to see Lord in Sydney