EXHIBIT S

CARDILLO GRAY PARTNERS

PO Box 409
Newcastle NSW 2300

Level 1, Cnr of Auckland & Hunter Streets
(Entry via Auckland Street)
Newcastle NSW 2300

P: 02 4910 0677 | F: 02 8287 2506

law@cardillograypartners.com.au
www.cardillograypartners.com.au

ABN: 83 144 875 755

Inquiry into the Convictions of Kathleen Megan Folbigg

Documents served by the Crown Solicitor's Office relating to Patrick Folbigg from the 'First Tranche'

Pages 403 - 861

ability limited by a scheme approved under Professional Standards Legislation.

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

WARD: 4G

M.R.N.: 0360390
EOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 01/05/90 SEX: Male AGE: 0
H.M.O: DR D COOPER D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE
LAB.NO: 90R009843

Specimen : URINE ?TYPE
Exams : UC on 01-May-1990 at 14:42

CLINICAL NOTES: 5/12 old boy serizure.

URINE MICROSCOPY

White cells	x 10^6/L	7
Red cells	x 10^6/L	1
Epithelial cells	x 10^6/L	2
Organisms		-
Yeasts/hyphae		-
CASTS		-

CULTURE

No significant growth.

DR. W.MERRELL/H.BUTT

Printed 19/10/90 12:48 FINAL REPORT

NEW SOUTH WALES

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1995

BIRTH CERTIFICATE

REGISTRATION NUMBER
109740/1990

1 CHILD	
Family Name	FOLBIGG
Christian or Given Name(s)	Patrick Allan David
Sex	Male
Date of Birth	03 June 1990
Place of Birth	Waratah (Western Suburbs Hospital)
2 MOTHER	
Family Name	FOLBIGG
Maiden Family Name	MARLBOROUGH
Christian or Given Name(s)	Kathleen Meagan
Occupation	-
Age	22 years
Place of Birth	Sydney, NSW
3 FATHER	
Family Name	FOLBIGG
Christian or Given Name(s)	Craig Gibson
Occupation	Manager
Age	28 years
Place of Birth	New Lambton, NSW
4 MARRIAGE OF PARENTS	
Date of Marriage	05 September 1987
Place of Marriage	Newcastle, NSW
5 PREVIOUS CHILDREN OF RELATIONSHIP	Caleb G deceased
6 INFORMANT(S)	
Name	C. FOLBIGG
Address	36 Rawson St Mayfield Father
7 REGISTERING AUTHORITY	
Name	V. M. Bennett, Principal Registrar
Date	20 June 1990

8 ENDORSEMENT(S)
Not any

Before accepting copies, sight unaltered original. The original has a coloured background.

REGISTRY OF BIRTHS
DEATHS AND MARRIAGES

SYDNEY 17 Jan 2000

I hereby certify that this is a true copy of particulars recorded in a Register in the State of New South Wales, in the Commonwealth of Australia

Registrar

THIS IS A MULTI PART SET
PLEASE PRESS FIRMLY TO GIVE GOOD COPY

PUBLIC HOSPITAL ADMISSION FORM

HOSPITAL/AREA: NWSH	MEDICARE No.	HOSPITAL CODE No.: 8 2 1 2	MEDICAL RECORD No.: 4 7 2 4 8 7

SURNAME: FOLBIGG	GIVEN NAMES (IN FULL): KATHLEEN MEGAN	SEX: M ☐ F ☒	MARITAL STATUS: M ☒ S ☐ W ☐ D ☐ SEP ☐ NK ☐
MAIDEN NAME: MARIBOROUGH			
HOME PHONE: 67 2155 BUSINESS PHONE:	USUAL ADDRESS (PLEASE PRINT) STREET No.: 36 STREET NAME: RAWSON STREET		
OCCUPATION:	RELIGION:	SUBURB, TOWN OR LOCALITY: MAYFIELD	POST CODE: 2304
LANGUAGE USED AT HOME: ENGLISH 1 1 0	COUNTRY OF BIRTH: AUSTRALIA 0 1	ABORIGINE: Y ☐ N ☒	BIRTH DATE: 14 / 06 / 1967
PERSON FOR NOTIFICATION: CRAIG GIBSON	RELATIONSHIP: HUSBAND	ADDRESS: ASSISTANT MANAGER CROSSROADS MOTORS	PHONE:
REFERRING M.O./AGENCY:	ADDRESS:	SOURCE OF REFERRAL: BORN IN HOSP ☐ CAS ☐ CHS ☐ OPD ☐ AREA HOSP → HOSP CODE ☐ OTHER HOSP. ☐ NURS. HOME ☐ MED. PRACT. ☐ OTHER AGENCY ☐ MEDICAL RECORD No. ☐	
LOCAL MEDICAL OFFICER: 39999	ADDRESS:		

PREVIOUS ATTENDANCE: INPATIENT ☐ OUTPATIENT ☐	YEAR: 3/90	ATTENDING MEDICAL OFFICER: DR DAVIDSON	ADMISSION DATE: 3 / 6 / 19 90	TIME: 0900	WARD: P/SINGLE
REPATRIATION No.:	PATIENT STATUS: NON CHARGEABLE ☐ CHARGEABLE HOSPITAL DR ☐ CHARGEABLE OWN DR. ☐	WORKERS COMP. Y ☐ N ☐	M.V. 3RD PARTY Y ☐ N ☐	HOSPITAL INSURANCE Y ☐ N ☐	
	WAS PATIENT ADMITTED TO A PSYCH UNIT? Y ☐ N ☐	DATE OF SEPARATION: 8 / 6 / 19 90	TIME: 1145 hrs		

REFERRED TO: OPD ☐ CHS ☐ DNS ☐ MED PRACT ☐ GROUP HOME ☐ OTHER ☐ NOT REF ☐ NOT KNOWN ☐

MODE OF SEPARATION: DISCH BY HOSP ☐ TRANS NURSING HOME ☐ TRANS OTHER HOSP ☐ DEATH AUTOPS ☐ DISCH OWN RISK ☐ TRANS AREA HOSP ☐ DEATH NO AUTOPS ☐

PRESENTING PROBLEM *

PRINCIPAL DIAGNOSIS * (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)	6424 1
OTHER CONDITIONS PRESENT *	6614 1 V1273 ☐ ☐ ☐ ☐ ☐
ICD-9 CODE FOR AETIOLOGY OF PRINCIPAL DIAGNOSIS (NOTE NOT APPLICABLE FOR ICD-9CM CODING)	E ☐
PRINCIPAL OPERATION OR MAJOR PROCEDURE / SURGEON / DATE	7569
OTHER OPERATIONS OR PROCEDURES	☐ ☐ ☐
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE) / PLACE OF OCCURRENCE	E ☐

SELECTED COMPLICATIONS OF HOSPITALISATION
ADVERSE EFFECTS ANTIBIOTICS ☐ | ADVERSE EFFECTS OTH. DRUGS ☐ | PULMONARY EMBOLUS ☐ | DEEP VENOUS THROMBOSIS ☐ | BED SORES ☐ | WOUND HAEMORR/ HAEMATOMA ☐ | WOUND INFECTION ☐ | URINARY TRACT INFECTION ☐ | BLOOD TRANSFUSION REACTION ☐

CORONERS CASE: YES ☐ NO ☐

MO CODES: 4112

ATTENDING MEDICAL OFFICER

MEDICAL OFFICER *

* NOTE CANCER CASES MUST ALSO BE NOTIFIED ON SCHEDULE 13A

A1 SET PART A

© Kalamazoo Order Ref. L229221p-11¾x8¾

NEWCASTLE WESTERN SUBURBS HOSPITAL

HSMR 7

REQUEST FOR ADMISSION AND CONSENT FORM

6

U.R. No.: .....

FROM: ..... TO: ..... HOSPITAL DATE: .....

MR.
MRS.
SURNAME: MISS ..... OTHER NAMES: ..... SEX: .....

ADDRESS: ..... D.O.B.: .....

BRIEF HISTORY AND INSTRUCTIONS: .....

.....

.....

.....

..... (P.T.O.)

PREFERRED DATE OF ADMISSION: ..... ESTIMATED LENGTH OF STAY: .....

SPECIALIST MEDICAL OFFICER: .....

SIGNATURE OF MEDICAL OFFICER: .....

CONSENT TO SURGICAL OPERATION, PROCEDURE OR MEDICAL TREATMENT

I, KATHLEEN JOLBIGG

of 36 RANSON ST, MAYFIELD

agree to the procedure of CONFINEMENT + ASSOCIATED PROCEDURES being performed on me,

the effects of which have been explained to me by Dr. DAVIDSON .

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr DAVIDSON has explained to me that I need to have medical attention for my present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in my interest to have the procedure/treatment.

Signed K Jolbigg Date: 3-6 19 90

Patient's signature witnessed by: .....

Witness' name (BLOCK LETTERS): .....

CONSENT BY RELATIVE OR LEGAL GUARDIAN

I, ...

of .....

agree to the procedure of ..... being performed on,

..... the effects of which have been explained to me by

Dr. .....

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr ..... has explained to me that he/she needs to have medical attention for his/her present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in his/her interest to have the procedure/treatment.

My relationship to the patient is .....

Signed: ..... Date: ..... 19 .....

Signature witnessed by: .....

Witness' name (BLOCK LETTERS): .....

* Strike out and initial those which are not acceptable.

NORMAN MORRISS PRINTERS — 29-1859

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

LABOUR WARD ADMISSION

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR1.

UNIT NUMBER 8

[illegible]
36 Beaver Street, [illegible]
DOB 14-Jun-1961 SEX F
[illegible]

WARD:

DATE 3 June '90 TIME 0915 a.m./p.m.

REASON ESTABLISHED LABOUR

OBSTETRIC HISTORY	Term 1	Premature 0	Abortions 0	Living 0	
GESTATION 39	Weeks	Sure/Unsure	Notes		
FROM		Unbooked	Clinic		
		(referral)	Other hospital		

EXAMINATION	General PALE-LOOKING LADY, DISTRESSED ON ARRIVAL			
VITAL SIGNS		Pulse 92 min.	BP 150/95	Temp 36.2
URINE	NAD	Protein	Glucose	Ketones
ABDOMEN		Fundal height 34 cms	Estimated fetal weight 2800 g	FH 120 bpm
ESTIMATED AMOUNT OF LIQUOR		(Normal)	Excess	Reduced
FETUS	(Cephalic)	Breech	Other	
ENGAGEMENT		5.5	4.5	3/5
		(2.5)	1.5	0.5
FETAL POSITION	LOA	Anterior	Lateral	Posterior
CERVIX		Dilation 7 cm	Length 75% eff. cm	Consistency Soft
LIQUOR	(None)	Clear	Meconium	Bloody
		Other		

THIS PREGNANCY:	Antenatal care by Dr DAVIDSON			from weeks
EARLY BLEEDING (before 20 weeks)	(None)	< 12 weeks single	10-20 weeks single	Repeated any stage
MEDICAL/SURGICAL	None	Specify ? UTI		
HYPERTENSION	(None)	Mild (BP 140/90-159/99)	Moderate (160/100-169/109)	Severe (>170/110) Increase +30 +15
PROTEINURIA (greatest recorded)	(None) Trace	+	+ +	+ + +
FETAL PROBLEM	(None)	Twins etc.	Polyhydramnios	Unstable lie
		Breech >36w	Isoimmunisation	Suspects IUGR
		Malformation	Other	
ANTEPARTUM HAEMORRHAGE	(None)	Abruptio placentae	Placenta praevia	Unknown
		Other		
DRUGS	None	Specify		

ONSET OF LABOUR	None	(Spontaneous)	Amniotomy	Oxytocin
		Cervical ripening		
REASON FOR INDUCTION:	No induction	Pre-eclampsia	Hypertension	Isoimmunisation
		APH	Postdates	Suspect IUGR
		Other		

1-1-86

Dr Reid (Reg 407)

DATE: 3 June '90 PARTOGRAPH Kathleen Eldridge & Craig

MOTHER'S BLOOD GROUP A pos

X–MATCHED

FETAL HEART RATE

(C) LIQUOR

(+,++,+++) CAPUT

(+,++,+++) MOULDING

SVD 9 lbs 4 oz @ 1106

CERVIX DILATATION (cm)

DESCENT (O)

CERVIX (cm) LENGTH

CONTRACTIONS in 10 min

BLOOD PRESSURE

PULSE

TEMPERATURE 36.5

URINE Protein Ketones Volume

OXYTOCIN U/L Rate.

TIME 10 11 12

DRUGS

LABOUR AND DELIVERY SUMMARY — Nursing Staff

LENGTH OF LABOUR

	Date	Time	Duration
1st Stage	3 JUNE '90	0600	
2nd Stage	"	1040	4 HR 40'
Time of Birth	"	1106	— 26'
3rd Stage	"	1116	— 10'
		Total:	5 HR 16'

Membranes ruptured ARM @ 1015 3.6.90

W Reed
Registered Nurse's Signature

MEDICAL OFFICER'S SUMMARY

AUGMENTATION	None	Diagnosis			
		Management			
CTG MONITORING (any stage)	Not done	Normal		Poor variability	Early decel.
	Mild Variable decel.	Tachycardia		Late decel.	Severe variable decel.
		Other			
SCALP SAMPLING (lowest recorder)	None	>7.30	7.25-7.30	7.20-7.25	<7.20
MECONIUM LIQUOR	None	Light staining		Thick staining	
ANALGESIA	None	Narcotics		Inhalation	Phenothiazines
		Combination		Other	
ANAESTHESIA	None	Perineal		Pudendal	Caudal
		Epidural		General	Combination
PRESENTATION (at end 2nd stage)	Vertex OA	Vertex OP/OL		Breech	Face
		Brow		Other	
DELIVERY	Spontaneous	Low forceps		Mid forceps	Forceps and rotation
		Ventouse		Assisted breech	Breech extraction
		Caesarean elective		Caesarean non-elective	Eclampsia
HYPERTENSION	None	Mild (BP 140/90 - 159/99)		Moderate (BP 150/160 - 169/109)	Severe (BP >170/110)
INDICATIONS FOR FORCEPS	Not relevant	Failure to progress		Fetal distress	Other
INDICATIONS For C/S	Not relevant	CPD		Failure to progress	Fetal distress
		APH		Breech	Combination
		Other			
DELIVERY COMPLICATIONS	None	Cord entanglement		Cord prolapse	Shoulder dystocia
		Failed forceps		Other	
MATERNAL TRAUMA	None	Minor tear/Sutured		Episiotomy	3° tear
		Cervical tear		Other	
BLOOD LOSS	Total. 300 ml	Intrapartum ml		Postpartum ml	
THIRD STAGE	Spontaneous	Cord traction		Expressed	Manual removal
PLACENTA		Weight 920 g		Incomplete	Abnormality
MEMBRANES	Complete	Incomplete			
CORD BLOOD	Not taken	Taken for		UA/UV	pH =
		PO_2 =		PCO_2 =	BE =
CONDITION OF INFANT		Apgar 1 min = 7		5 min = 8	min =
		Fresh stillborn		Macerated	
SEX		Male		Female	Weight gm

POST PARTUM BP: 140/90

Medical Officer's Signature

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

[illegible]
BOLRIGG, Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 14-Jun-1967 SEX F
[illegible] SINGLE

HSMB16
10

WARD:

LABOUR WARD NOTES AND INSTRUCTIONS

This chart to be used by medical and nursing staff.

Date & Time	G2P1 Apos (include Drug and Epidural notes) 39/40
3 June '90	New pt admitted in established labour,
0920	distressed on arrival. Contracting well,
	4 in 10'. Membranes intact, no show
	CTG satisfactory, FHR baseline 140²,
	good beat-to-beat variability — DJReid (Sen)
0930	PVE/ Cx 7cm dilated, bulging membranes
	felt, pp -2. — DJReid (RGN, Sen)
0945	Dr Davidson aware of pt's progress. Given
	Pethidine 100mg IM1 @ 0940 by pt's request.
	Dr Davidson to review pt shortly —
	DJReid (RGN, Sen)
	BP 140/98 @ 0950, ? due to pain, BP
	140/90 @ 0955. CTG reapplied — DJReid (Sen)
1015	S/B Dr Davidson, PV/ 6cm dilated, Amn
	performed, clear liquor draining - DJReid.
1040	Strong urge to push. PV/ fully dilated
	Dr Davidson notified — DJReid (RGN, Sen)
1200	Progressed to SVD of 1M1 @ 1106. Third
	stage complete. Syntocinon 10iu/1 amp
	given IM1 after baby birth. Second degree
	tear sutured with 2/0 cog Vicryl
	1cm x central, moderate Rubra. Lochia.
	Refreshments given — DJReid (RGN, Sen)
1400	Up to shower, unable to void. Lochia
	appears heavy. Felt faint in shower, back to
	bed DJReid (Sen)

DISCHARGE. Date..... Time.....a.m./p.m.
Delivered/Undelivered.
To:— Home/A-n Ward/P-n Ward/Other Hospital/or .....
Reason (if not to Wards) .....

1-1-86

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER

[illegible]
FOLBIGG, Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 14-Jun-1957 SEX F
[illegible]

HSMR1-

Sheet 1

LABOUR WARD NOTES AND INSTRUCTIONS

WARD:

This chart to be used by medical and nursing staff.

Date & Time	(include Drug and Epidural notes)
3/06/15 1415	HPU. Fundus c/c, moderate rubral loochia - (P) Rud Hansen

DISCHARGE. Date..... Time.....a.m./p.m.

Delivered/Undelivered.

To:– Home/A-n Ward/P-n Ward/Other Hospital/or .....

1-1-86

25

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PLEASE PRESS FIRMLY TO GIVE GOOD COPY

PUBLIC HOSPITAL ADMISSION FORM

HOSPITAL/AREA	MEDICARE No.	HOSPITAL CODE No.	MEDICAL RECORD No.
N.W.S.H.	2317572104Q 2 1 1 2.		52188

SURNAME	GIVEN NAMES (IN FULL)	SEX	MARITAL STATUS
FOLBIGG.	n/B of Kathleen	☑ M ☐ F	☐ M ☐ S ☐ W ☐ D ☐ K

MAIDEN NAME	USUAL ADDRESS (PLEASE PRINT)	STREET No.	STREET NAME
		36	Rowson Street

HOME PHONE	BUSINESS PHONE	SUBURB, TOWN OR LOCALITY	POST CODE
587144		Mayfield	2304

OCCUPATION	RELIGION	COUNTRY OF BIRTH		ABORIGINE	BIRTH DATE
		AUST	011	☐ Y ☑ N	3 6 90

LANGUAGE USED AT HOME		RELATIONSHIP	ADDRESS	PHONE
	1			

PERSON FOR NOTIFICATION	RELATIONSHIP	ADDRESS	PHONE
Kathleen	Mother	as above.	

REFERRING M.O./AGENCY	ADDRESS	SOURCE OF REFERRAL
		☐ BORN IN HOSP ☐ CAS ☐ CHS ☐ OPD ☐ AREA HOSP → HOSP CODE ☐ OTHER HOSP. ☐ NURS. HOME ☐ MED. PRACT. ☐ OTHER AGENCY MEDICAL RECORD No.
LOCAL MEDICAL OFFICER	ADDRESS	

PREVIOUS ATTENDANCE	YEAR	ATTENDING MEDICAL OFFICER	ADMISSION DATE	TIME	WARD
☐ INPATIENT ☐ OUTPATIENT		Dr Davidson	3 1 6 1990		P/

REPATRIATION No.	PATIENT STATUS	WORKERS COMP.	M.V. 3RD PARTY	HOSPITAL INSURANCE
	☐ NON CHARGEABLE ☐ CHARGEABLE HOSPITAL DR ☐ CHARGEABLE OWN DR.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

WAS PATIENT ADMITTED TO A PSYCH UNIT?	DATE OF SEPARATION	TIME
☐ Y ☐ N	3 1 6 1990	1130

REFERRED TO	MODE OF SEPARATION
☐ OPD ☐ CHS ☐ DNS ☐ MED PRACT ☐ GROUP HOME ☐ OTHER ☐ NOT REF ☐ NOT KNOWN	☐ DISCH BY HOSP ☐ TRANS NURSING HOME ☐ TRANS OTHER HOSP ☐ DEATH AUTOP ☐ DISCH OWN RISK ☐ TRANS AREA HOSP ☐ DEATH NO AUTOP

PRESENTING PROBLEM *

PRINCIPAL DIAGNOSIS * (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)

OTHER CONDITIONS PRESENT *

ICD-9 CODE FOR AETIOLOGY OF PRINCIPAL DIAGNOSIS (NOTE NOT APPLICABLE FOR ICD-9CM CODING) +

PRINCIPAL OPERATION OR MAJOR PROCEDURE	SURGEON	DATE

OTHER OPERATIONS OR PROCEDURES		

EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)	PLACE OF OCCURRENCE
	E

SELECTED COMPLICATIONS OF HOSPITALISATION

☐ ADVERSE EFFECTS ANTIBIOTICS ☐ ADVERSE EFFECTS OTH. DRUGS ☐ PULMONARY EMBOLUS ☐ DEEP VENOUS THROMBOSIS ☐ BED SORES ☐ WOUND HAEMORR/ HAEMATOMA ☐ WOUND INFECTION ☐ URINARY TRACT INFECTION ☐ BLOOD TRANSFUSION REACTION

CORONERS CASE YES ☐ NO ☐

MO CODES

ATTENDING MEDICAL OFFICER

MEDICAL OFFICER

A1 SET PART A

* NOTE CANCER CASES MUST ALSO BE NOTIFIED ON SCHEDULE 13A

© Kalamazoo Order Ref. L229221p-11¼x8⅛

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REFERRING LETTERS AND DOCUMENTS

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	UNIT NUMBER 72
OTHER NAMES	Sheet N
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

Attach letters below

Newcastle Western Suburbs Hospital
a unit of the Greater Newcastle Area Health Service
Box 21, P.O., WARATAH, N.S.W., 2298.
Telephone: 68-1453 (3 lines)

Dear Richard,

Baby F of L GGG 3.6.90,

doing well — ECG ✓ electrolytes ✓

Only sibling, a male, died at 20 days of age — no previous significant problems

Autopsy — NAD

For sleep studies as planned

Regards,

Les Morris

Norman Morriss Pty. Limited — 29-1859
1-1-85

Pharmacia
Growth Service

Pharmacia (Australia) Pty Ltd
Incorporated in New South Wales
4 Byfield Street (PO Box 175)
North Ryde, NSW 2113
Telephone: 888 3622
Telex: AA26991
Telefax: 888 7298

BOYS — IN UTERO 24–42 WKS POST NATAL 0–3 YEARS

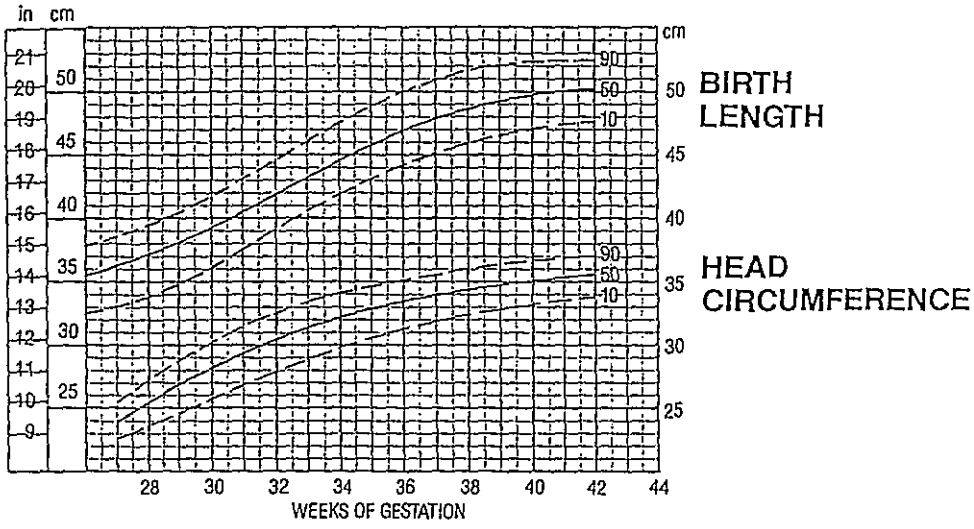
DATE OF BIRTH_____

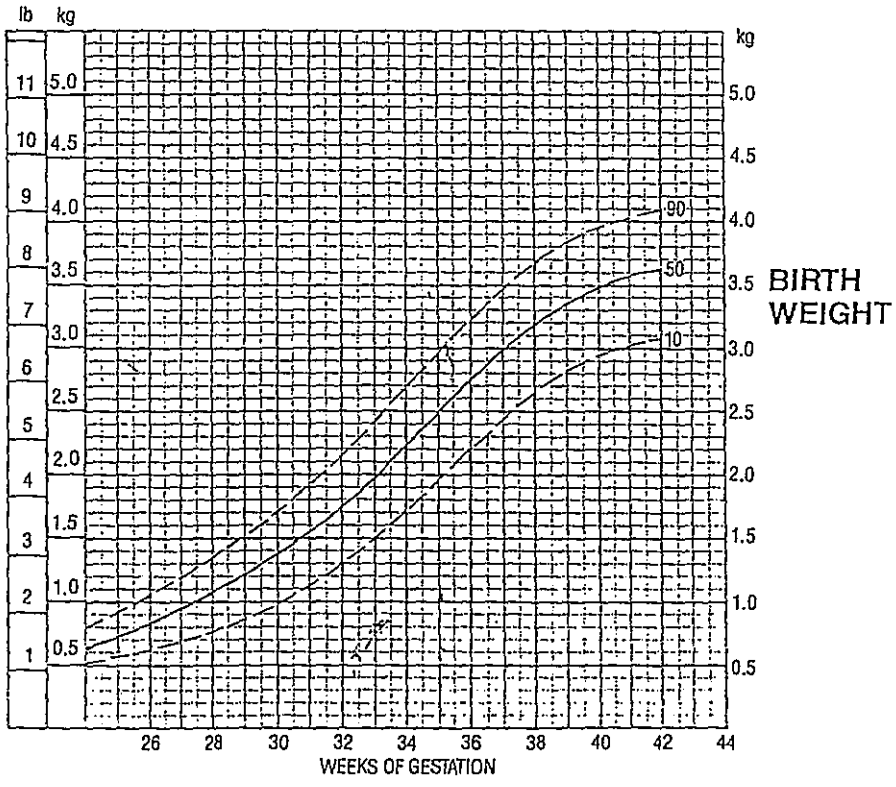
INTRAUTERINE GROWTH CURVES (COMPOSITE MALE/FEMALE)

Measuring techniques: (as for ages 0–36 months – see over page)

Additional Notes: Gestational ages are recorded in completed weeks from the first day of the mother's last menstrual period. Foetal growth is influenced by many factors including age, body weight, height, parity, ethnic origin of the mother and sex of the foetus. Corrections for some of these factors are found in the quoted reference.

Data Source: W.H. Kitchen et al *Revised intrauterine growth curves for an Australian hospital population. Aust. Paediatr. J. (1983) 19:157–161.*





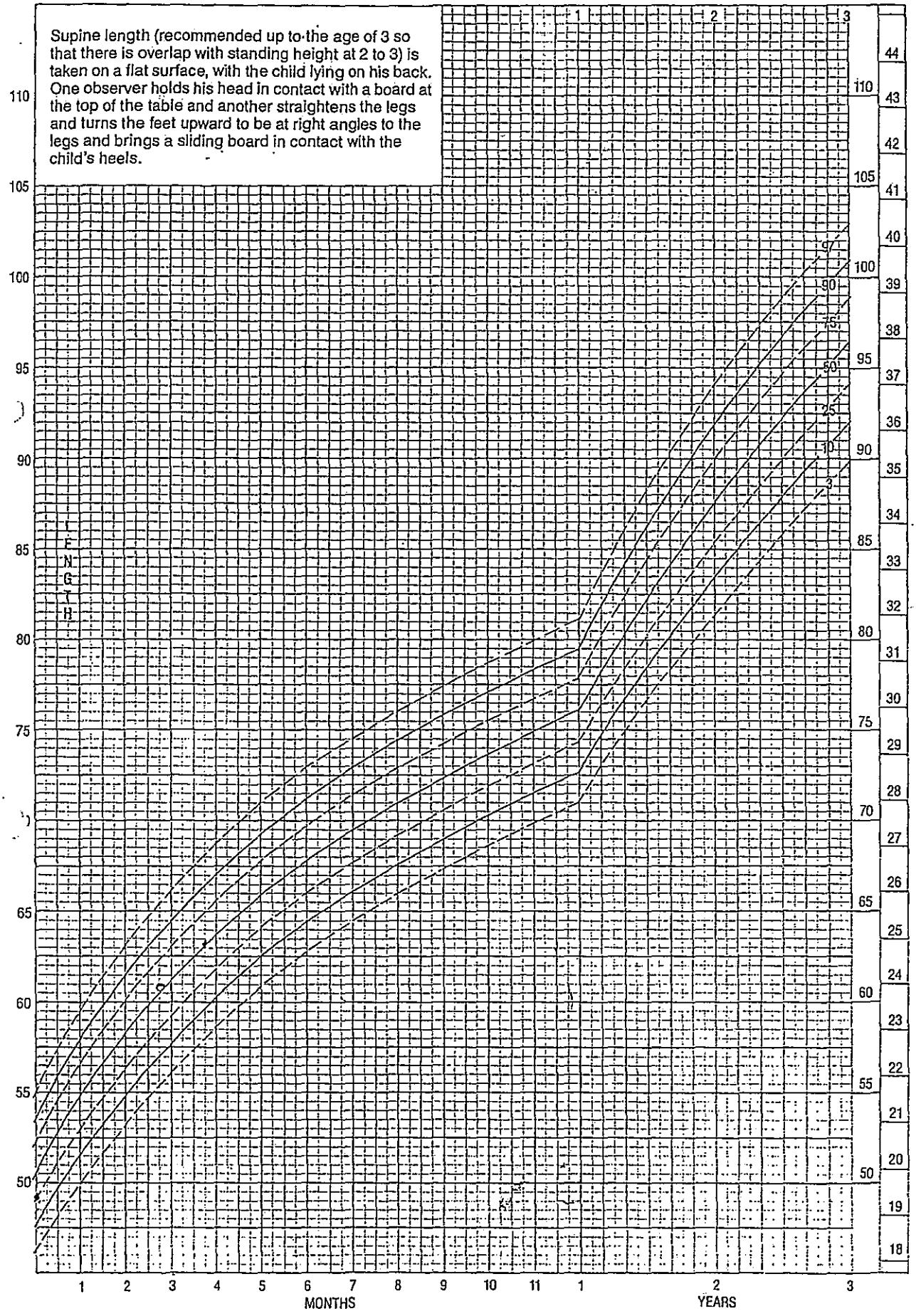
Designed by the Department of Endocrinology, The Adelaide Children's Hospital, 1989.

Boys In utero 24-42 weeks Postnatal 0-3 years

BOYS 0–3 YEARS
LENGTH PERCENTILE CHART

cm MOTHER'S HEIGHT_____ FATHER'S HEIGHT_____ cm in

Supine length (recommended up to the age of 3 so that there is overlap with standing height at 2 to 3) is taken on a flat surface, with the child lying on his back. One observer holds his head in contact with a board at the top of the table and another straightens the legs and turns the feet upward to be at right angles to the legs and brings a sliding board in contact with the child's heels.



Data Source: Hamill P.V.V. NCHS growth curves for children. DHEW publication (PHS) 78–1650.

BOYS 0–3 YEARS
WEIGHT PERCENTILE CHART

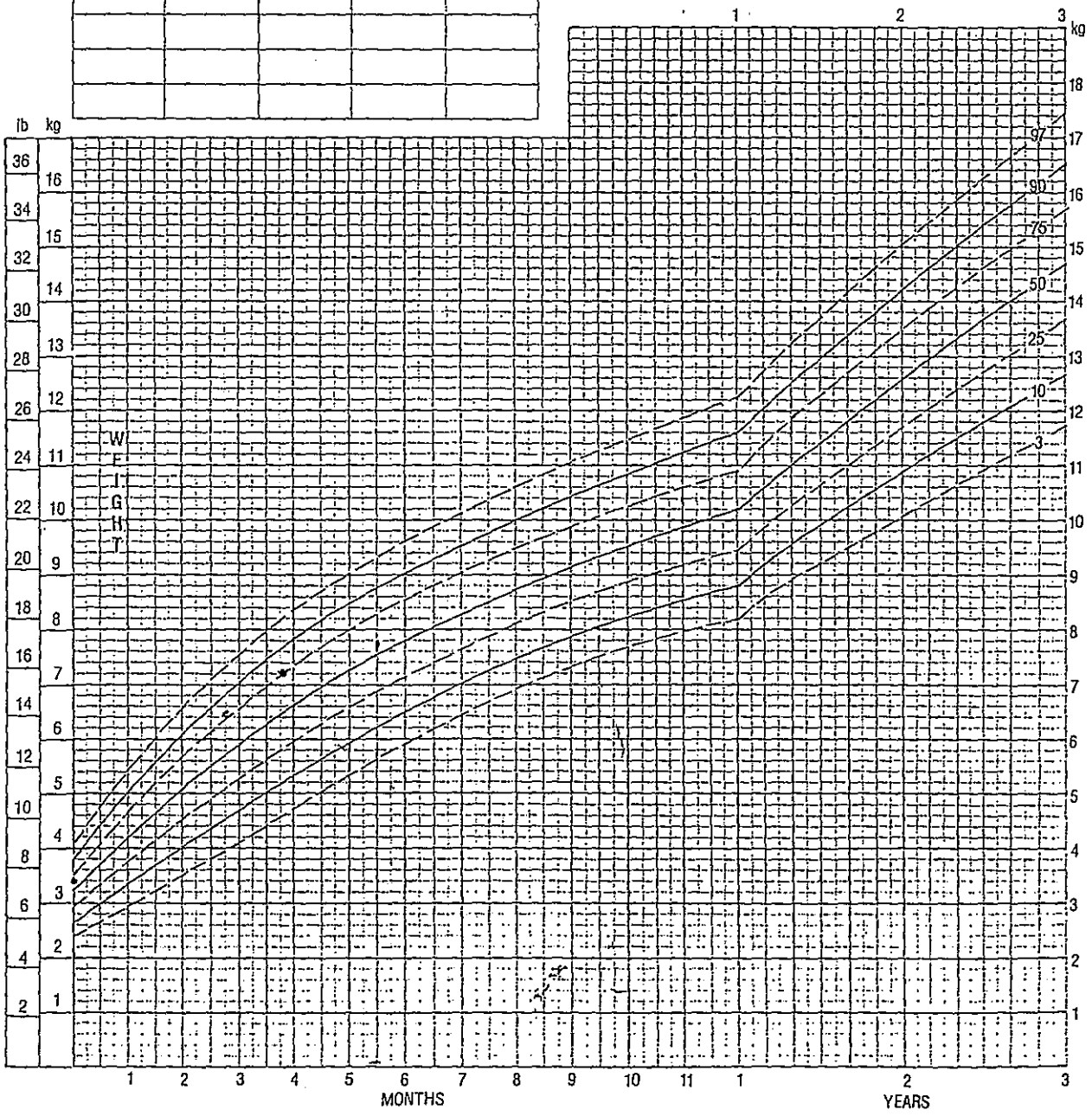
Weight should be taken in the nude, or as near thereto as possible. If a surgical gown or minimum underclothing (vest and pants) is worn, then its estimated weight (about 0.1 kg) must be subtracted before weight is recorded. Weights are conveniently recorded to the last completed 0.1 kg above the age of six months. The bladder should be empty.

DATE	AGE	LENGTH	WEIGHT	HEAD CIRCUM.
3/6/90	0	48·3	3410	33·5
~~23/6/90~~	~~8~~	~~65~~	~~7·5kg~~	~~41·7~~
	11	61	6·458	41·7
	15	63	7·15	43

SIMPLIFIED CALCULATION OF BODY SURFACE AREA (BSA)

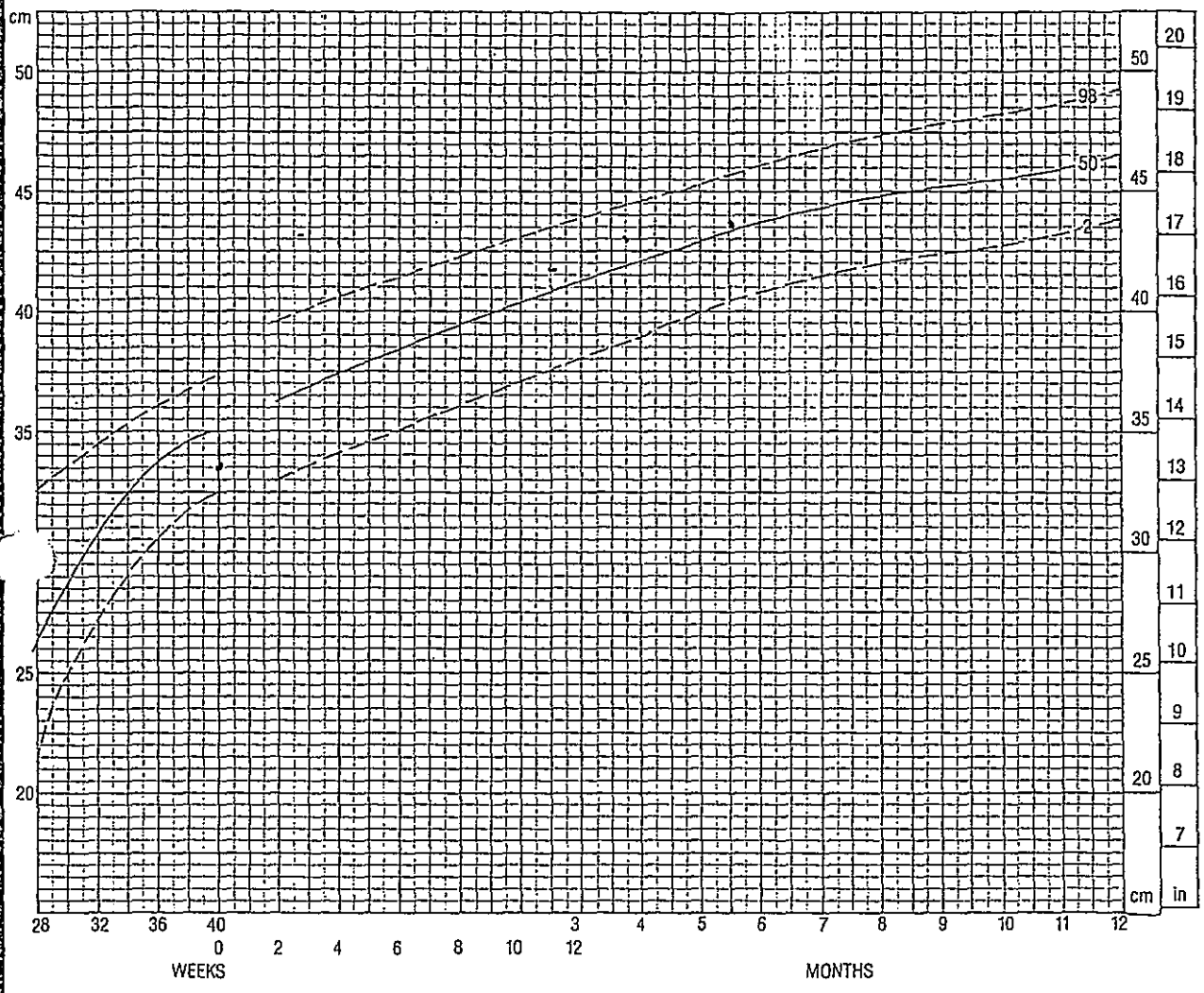
$$BSA\ (m^2) = \sqrt{\frac{Ht\ (cm) \times Wt\ (kg)}{3600}}$$

Ref: Mosteller R.D.
Simplified calculation of body surface area
N.Engl. J.Med. 1987; 317:1098.

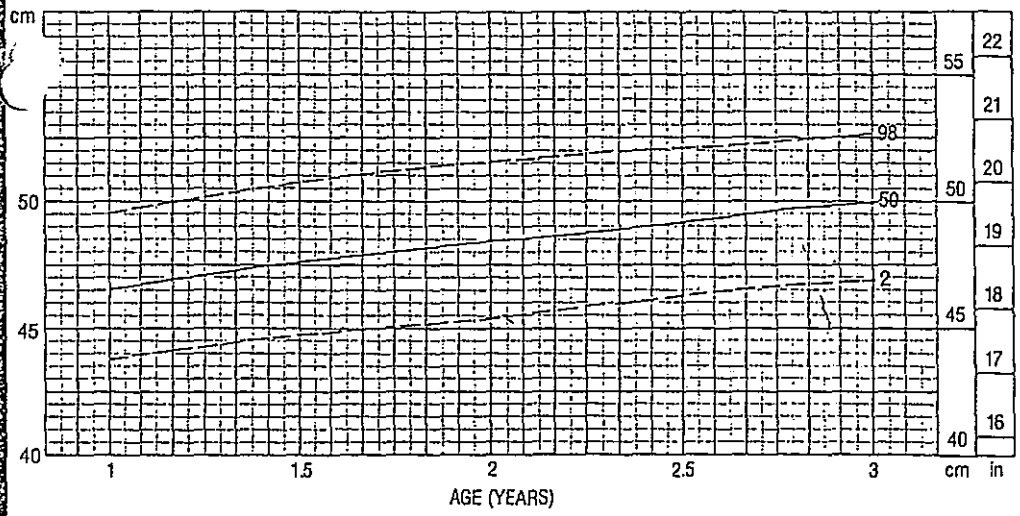


Data Source: Hamill P.V.V. NCHS growth curves for children. DHEW publication (PHS) 78–1650.

HEAD CIRCUMFERENCE
BOYS
In utero 28–40 weeks, 0–12 months



1–3 years



MEASURING TECHNIQUE
HEAD CIRCUMFERENCE

The tape should be placed over the eyebrows, above the ears and over the most prominent part of the occiput taking a direct route. A paper tape is preferable to plastic which stretches unacceptably. Record to nearest 0.1 cm.

SOURCES

Head circumference 0–3 years from NSW Health Commission Publication (Jones DL and Hemphill W, 1974).

Head circumference 28–40 weeks gestation from Kitchen WH Aust. Paediatr. J. *(1983) 19:157–161).*

THE NEWCASTLE WESTERN SUBURBS HOSPITAL

NEONATAL BILIRUBIN GRAPH

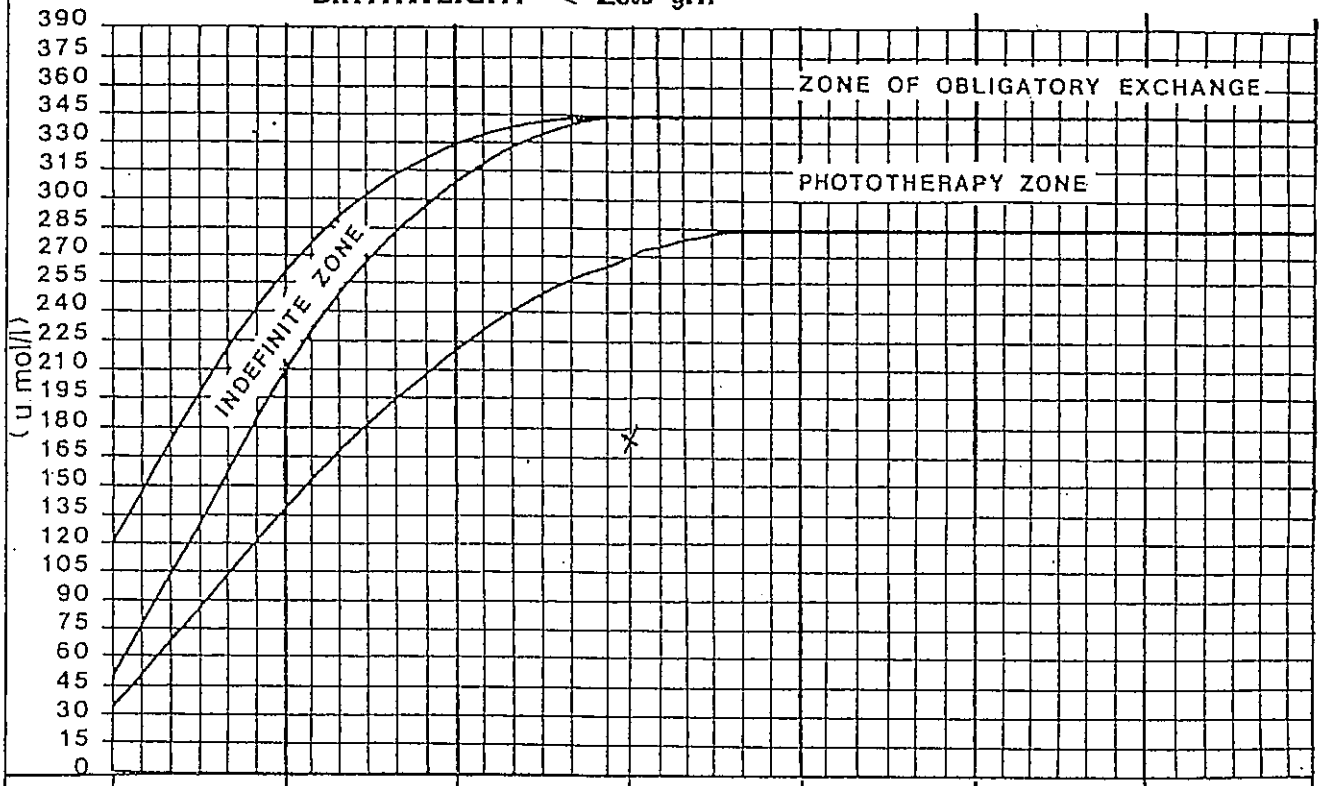
PLEASE USE CORRECT LABEL IF AVAILABLE

521-35-75
FOLBIGG, Baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 SEX F

23

WARD:

BIRTHWEIGHT < 2500 gm



SBR D							
SBR T 1106				173			
TIME 3/6/90	4/6	5/6	7/6				
S. PROT.							
Hb							
DATE							
DAY							

Maternal Group:..... Baby's Group:..... Coombs' Test:.....

Blood Film:.....

Micro-urine:..... G-6-PD:..... Urine Red-Subs:.....

Other Tests:.....

.....

Presumed Cause of Jaundice:.....

Phototherapy Started:..... Stopped:..... Duration:.....

1-1-86

NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE [UNIT NUMBER]

[illegible]
[illegible], Baby of Kathleen
35 Raveen Street, MAYFIELD 2304
DOB 13-Jun-1990 [illegible]
DAVIDSON

24
Sheet No.

NURSING CARE PLAN — INFANT CODE

( ) Checked
Routine
Within Normal Limits
A Assessment of Needs
M Morning
E Evening
ND Night Duty
4/24 4th Hourly

Birth Weight 3410 Gestational Age

Guthrie Test performed (Date)

DATE	3.6.90			4.6.90			5.6.90			6.6.90			7.6.90			8.6.90		
Age of Baby (days)	ND	M	E	ND	M	E	ND	M	E	ND	M	E	ND	M	E	ND	M	E
Identification: I.D. Band — Arm		✓			✓			✓			✓							
I.D. Band — Leg		✓			✓			✓			✓							
Observations Temperature					36.5						36			36.5			36.3	
General Behaviour	new born				N			✓			✓			✓			alert.	
Fontanelles	✓				✓ ✓			✓			✓ ✓			✓ ✓			soft	
Colour	pink				pink.			✓			✓			✓			sl jaund	
Bare Weight								3320.			—			—			3480	
PU					✓			✓			✓			✓			✓	
BO					✓			✓			✓			✓			✓	
Variations																		
Condition of: Eyes	✓				✓ ✓			✓			✓			✓			✓	
Mouth	✓				✓			✓			✓			✓			✓	
Skin	✓				✓			✓			✓			sl. jaund.			slightly jaund.	
Cord	✓				✓			✓			clo			clot			clot	
Finger Nails	✓				✓			✓			✓			✓			✓	
Buttocks	✓				✓			✓			✓			✓			✓	
Mothercraft: Feeding	ENF				NF.			Enfalac			Enfalac			Enfalac			Enfalac	
Bathing Baby																		
Nappy Change	initial bath				nappy			nappy ?			✓			nappy			nappy	
Cord Care																		
SIGNATURE & TITLE OF PLANNER	[illegible]				[illegible]			[illegible]			[illegible]			[illegible]			[illegible]	

Date Time	Assessment/ Problem	Nursing Action (plan care)	Signature/ Title

DISCHARGE PLANNING:
FEEDING:

PAEDIATRIC REVIEW:	OTHER:
ORTHOPAEDIC REVIEW:	
BABY HEALTH CLINIC:	
GUTHRIE:	

NORMAN MORRISS PRINTERS — 29-1859

PERSONAL HEALTH RECORD

5-1-65
BOLDIGH, Baby of Kathleen
36 Benson Street, ANNERLEY 4104
SUB 01-JUN-1965 6lbX 11

RACGP

DEPT. OF HEALTH N.S.W.

(10.45am)

KG	LBS OZS
2.0	4.6½
2.05	4.8
2.1	4.10
2.15	4.12
2.2	4.14
2.25	4.15½
2.3	5.1
2.35	5.3
2.4	5.5
2.45	5.6½
2.5	5.8
2.55	5.10
2.6	5.12
2.65	5.13½
2.7	6.15
2.75	6.1
2.8	6.3
2.85	6.4½
2.9	6.6
2.95	6.8

KG	LBS OZS
3.0	6.10
3.05	6.12
3.1	6.13½
3.15	6.15
3.2	7.1
3.25	7.2½
3.3	7.4½
3.35	7.6
3.4	7.8
3.45	7.10
3.5	7.11½
3.55	7.13
3.6	7.15
3.65	8.1
3.7	8.2½
3.75	8.4
3.8	8.6
3.85	8.8
3.9	8.9½
3.95	8.11

KG	LBS OZS
4.0	8.13
4.05	8.15
4.1	9.1
4.15	9.2½
4.2	9.4
4.25	9.6
4.3	9.8
4.35	9.9½
4.4	9.11
4.45	9.13
4.5	9.15
4.55	10.0½
4.6	10.2
4.65	10.4
4.7	10.6
4.75	10.7½
4.8	10.9
4.85	10.11
4.9	10.13
4.95	10.14½

KG	LBS OZS
5.0	11.0½
5.05	11.2
5.1	11.4
5.15	11.6
5.2	11.7½
5.25	11.9
5.3	11.11
5.35	11.13
5.4	11.14½
5.45	12.0
5.5	12.2
5.55	12.4
5.6	12.5½
5.65	12.7
5.7	12.9
5.75	12.11
5.8	12.13
5.85	12.14½
5.9	13.0
5.95	13.2½

KG	LBS OZS
6.0	13.4
6.05	13.5½
6.1	13.7
6.15	13.9
6.2	13.11
6.25	13.12½
6.3	13.14
6.35	14.0
6.4	14.2
6.45	14.3½
6.5	14.5
6.55	14.7
6.6	14.9
6.65	14.10½
6.7	14.12
6.75	14.14
6,8	15.0
6.85	15.2
6.9	15.3½
6.95	15.5

KG	LBS OZS
7.0	15.7
7.05	15.9
7.1	15.10½
7.15	15.12
7.2	15.14
7.25	16.0
7.3	16.1½
7.35	16.3
7.4	16.5
7.45	16.7
7.5	16.8½
7.55	16.10
7.6	16.12
7.65	16.14
7.7	17.0
7.75	17.1½
7.8	17.3
7.85	17.5
7.9	17.6½
7.95	17,8

[redacted]

PERSONAL DETAILS OF CHILD

Surname: [redacted] Given Names: Patrick Allan David

Sex: male Date of Birth: 3rd June [redacted] Time of Birth: 11:06am

Birth Weight 7 lbs 5½ kg Discharge Weight 3.4xx kg Medicare No. _____

Address: [redacted] Address: _____ Address: _____

[redacted]
(complete when you change address)

PARENTS/GUARDIANS

Father [redacted] Business Tel. [redacted] Date of Birth [redacted]

Home Tel. [redacted]

Mother [redacted] Business Tel. — Date of Birth [redacted]

Home Tel. [redacted]

RECORD NUMBERS: (Hospital, Community Health or General Practice)

SOURCE	NUMBER
HAHS	12385
Mater Hospital	07985 (baby ward)

[redacted]

DOCTOR AND NURSE DETAILS

octor _____ Doctor _____ Doctor _____

ss _____ Address _____ Address _____

_____ _____ _____

el. _____ Tel. _____ Tel. _____

EARLY CHILDHOOD NURSE (BABY HEALTH)

ame _____ Name _____ Name _____

ddress _____ Address _____ Address _____

_____ _____ _____

el. _____ Tel. _____ Tel. _____

lease keep this record up to date when you change your doctor or nurse.

NEWBORN HEALTH EXAMINATION

SURNAME: Lochiel FIRST NAME Patrick Alan David SEX: Male/~~Female~~

DOB: 3.6.90 MEDICAL RECORD No: 521375

NEWBORN BLOOD SCREENING TESTS: Guthrie TAKEN: 7-6-90 (Date)

APGAR AT 1 MIN 07 5 MINS 08 TYPE OF DELIVERY: NORMAL ☑ BREECH ☐

FORCEPS ☐ CAESAREAN ☐

VACUUM EXTRACTION ☐ OTHER ☐

NOTE: Write in figures for weight, length and head circumference. For other items:

✓ for Normal | ? for Recheck | X Requires or Receiving Treatment

	FINDINGS			FINDINGS	
WEIGHT (kg)	3410		SKIN	✓	
LENGTH (cm)	48.3		ABDOMEN	✓	
HEAD CIRCUMFERENCE (cm)	33.5		UMBILICUS	✓	
EYES	R ✓	L ✓	ANUS	✓	
EARS	R ✓	L ✓	GENITALIA	✓	
MOUTH	✓		TESTES	R ✓	L ✓
FONTANELLES	✓		HIPS	R ✓	L ✓
COLOUR	✓				
CVS: HEART	✓		REFLEXES – MORO	✓	
FEMORAL PULSES	R ✓	L ✓	SPINE	✓	
CHEST	✓		LIMBS – UPPER	R ✓	L ✓
			LOWER	R ✓	L ✓

EVALUATION: Normal Newborn

Sibling SIDS at 21 days

EXAMINER'S SIGNATURE: [signature]

DESIGNATION: Paediatrician

DATE OF EXAMINATION: 4/6/90

*IF A HOSPITAL COPY IS REQUIRED, PLEASE PHOTOSTAT

HEALTH SCREENING EXAMINATION GUIDE
BIRTH TO PRE-SCHOOL

NOTE 1: If "Newborn Health Examination" has not been recorded, please tick appropiate items:
2: Write in figures for weight, length and head circumference and plot on charts:
For other items:

✓ for Normal | ? for Recheck | X Requires or Receiving Treatment

RECOMMENDED AGE OF VISIT	DATE	AGE	WT. (kg)	LENGTH (cm)	H.C. (cm)	IMMUNI-SATION	HIPS	VISION L	VISION R	HEARING L	HEARING R	TESTES	SPEECH/ LANGUAGE
2-4 Weeks	27/6	2 weeks	4.5kg	51cm	-	--	✓	✓	✓	✓	✓	? ✓	
2 Months	8/9	8 weeks	6.9kg	--	39cm	DUE		✓	✓	✓	✓	✓	
4 Months	10/10	4 months	7.9kg	65cm	45cm	DUE ✓		✓	✓	✓	✓	✓	
6 Months	25/1/91	6mths 17days				DUE ✓							
9 Months													
12 Months													
15 Months						DUE							
18 Months						DUE							
2½ Years													
PRE-SCHOOL						DUE							

* ANY VISIT TO A HEALTH PROFESSIONAL AT ANY OTHER TIME MAY BE RECORDED IN THE PROGRESS NOTES.

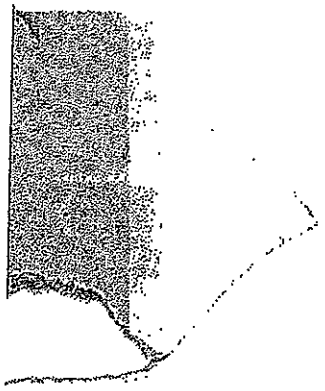
HEALTH PROBLEM SUMMARY

(to be completed preferably by doctors/nurses)

For long-standing illnesses or problems only

ALLERGIES:

DATE	AGE	PROBLEM	MANAGEMENT PLAN & MEDICATION
27.6.90	3 weeks	SIDS	Sleep studies - normal Blood chemistries - normal Swallow - normal MORRIS
6.8.90	9 weeks	Torticollis to Left. No tumour in sternomastoid	Observe MORRIS
3.9.90	3 months	TORTICOLLIS persists Good general progress	Observe further
2.11.90	5 months	Recently in NMH 2/52 - presenting as apnoea → seizures - Multiple type investigations → possible diagnosis of encephalitis	
		Now on phenobarbitone 30 x 2 - seizure free for 10 days	
		URTI → paracetamol	Repeat PB's blood level MORRIS



PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	(Kg) Findings (L)	(HC) Plans
18·6·90	2/52	wt + 1kg	
27·6·90	24 days	general checkup. All well	revisit 6 weeks
28/7/90	8/52	snuffle + cough ↑ bile chest ✓ ears ✓ Throat	
		(P) N. saline drops	
2/8/90	9/52	immunization wt 6·9kg	HC 41·5 TA/Sabin
7/8/90	9 weeks	checkup Morris, knock + appointment 1mth for M	
	10 weeks	start OJ - very watery (not like much ?)	
		starting to eat faces	1kp everyday + dicap.
		talking sounds, smiling +	attempts at laughter
		neck stronger, Turning head, hands + legs acti	
		milk - 180mls 4 times - 5 daily.	
		(Kg) (L)	(HC)
23·8·90	11 4/7	6.95 61	41·7
		Rice cereal, Stewed Pear +	apples - everything f

ON

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

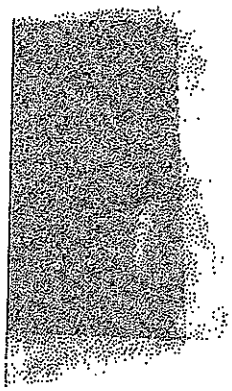
Date	Age	Findings	Plans
2.9.90	13 weeks	Tastes expanding. likes vegetables sometimes! tried juices again? Strong in legs - more active. Trying to roll over. notices sounds follows whatever moving. Can see approx 15 mts. Rubs eyes when getting tired. sleeps average 10-12 hrs night time Cradle cap almost all gone.	still not accepting
20.9.90	15w 4days	Has discovered Tounge. Blowing Raspberries lovely. Can grab + play with thing when in reach + sight. Feeds 4 bottles 2 small meals a day. Coping well.	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
20.9.90	15 4/7	7.15kgs 263 HC43	
24.9.90	16 1/7	7.1kgs 263 HC43	Had immunisation Shot.
18.10.90	19 weeks	7.85kg 267cm HC- 45.	Unsettled, crying, hard to settle 6 o'clock AM labored, Pale, very dispirited
		2pm -	Had bad stomache Pains
		looks like caught Virus → Cryed distressly	
		for approx 1hr — 2pm Finally comfortable	
		enough to sleep.	
		Ruled out - Respitory, Meningitis, Bowel? Virus?	
		Keeping in For Few days For observation!	
19.10.90		High temp, but seemed okay. Was fine in AM	
		morning, by afternoon - not a very well	
		boy!	



PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
19.10.90	19 weeks	(A) High Temp around 2pm, vomiting - not well.	
		(A) 9pm that night had a convulsion Fit (physical shaking) from then on has had approx 15 fits ⇒ stiffing of neck, eyes open, glazed fixed stare. No change in colour & breathing Pattern. Longest in fit state for 30sec.	1 min 10 sec. Stoteg-ss
		(SB) given Valium and a anti fitting drug. Seems to be working.	
		(A) Apetite very reduced, but still eating. (Possible long term Problem) ?	
21.10.90	19 weeks	Presented - Dilantin + Fenobarbital - (Drip) also - anti viral drug (Sunday).	
			(Possible metabolic breakdown) ?
23.10.90.		Progress slow, occasional fitting, levels ? Sent test for Metabolic screening?	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
27·10·90	20 weeks	Improved greatly. no fits for 4 days, upped dilantin level. On last dose of anti viral drug today, may not need drip in much longer. Taking both anti fit drugs orally now. Seems happy, bright & relatively back to former self.	
		Started back on solids 28·10·90 (cereal etc in morning vegetables & custard at night improved drinking as well.	
		(Been in hospital 10 days	
	N·B	(Had developed Croup on 23-10-90, still hanging on, but not too severe?)	
29·10·90	20 wks	Had a fine week, hadn't had any fits since Tuesday. Discharged — sent home still on Dilantin 75mls & feno Barbitol 8mls twice a day. Apetite returned, eating cereal at	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
29.10.90	2 weeks	Breakfast time, vegetables (potato-Pumpkin). Plus something for dessert eg fruits or custard & yogurt. All test results for metabolic screening due back within next month. See mums on Friday. Had put on weight & grown in length. 67cm long. Released home.	
4th.11.90 (5mth)		Progress till now excellent. Eating 3 meals per day + 3 bottle 180mls - 200mls. Gradually starting to sleep of nighttime. 6.20pm back to MATER, had siezure (eyes glued to top of head, crying & otherwise with us). brought on? by fever. Had been running slight temperature for last few days. Hit foot, Siegures - 1st one lasted 5mins,	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
	Five mins later another one	testing ½ of an hour.
	Chest xray & lumbar Puncture - normal. More	
	blood taken for testing.	(Viral infection?)
	Had runny nose, cough and eyes red	
	and irritated (conjunctivitis?).	
8th 11.90	been in hospital 4 days - no seizures	
	used. Pheno barbital	level to 11mls 2x's a
	day?	
	Cat scan - shows something? need first	
	one to compare with?	
	E.E.G done again (3rd one) result?	
	Still has inflamed eyes, nose not so	
	bad a cough considerable down, but still	
13-11-91	these.	
	feeding very well.	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
21st. 11.90	(5½ mths)	Back in hospital, been in for about 1 week. has a gastro bug at present. Just a bit of diahoera, vomiting badly over weekend but not since then. Seems to be okay at the moment, going back to sleep.	
		* was Brought in, in First Place, because of a Fit & virus attack.	
		Is in isolation at present.	
		* on Phenobarbitol & Tegratol.	
		Possibly will only have to be on 1 seen (here)	
4.12.90	6mths	Been home 2 weeks — no siezures	
		* Possible Vision problem - deteriorating seems to be noticing more now, but not sure whether he's Focusing properly?	
		Still on Pheno & Tegratol.	
		raised his level of Tegratol - because it	

PROGRESS NOTES

(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

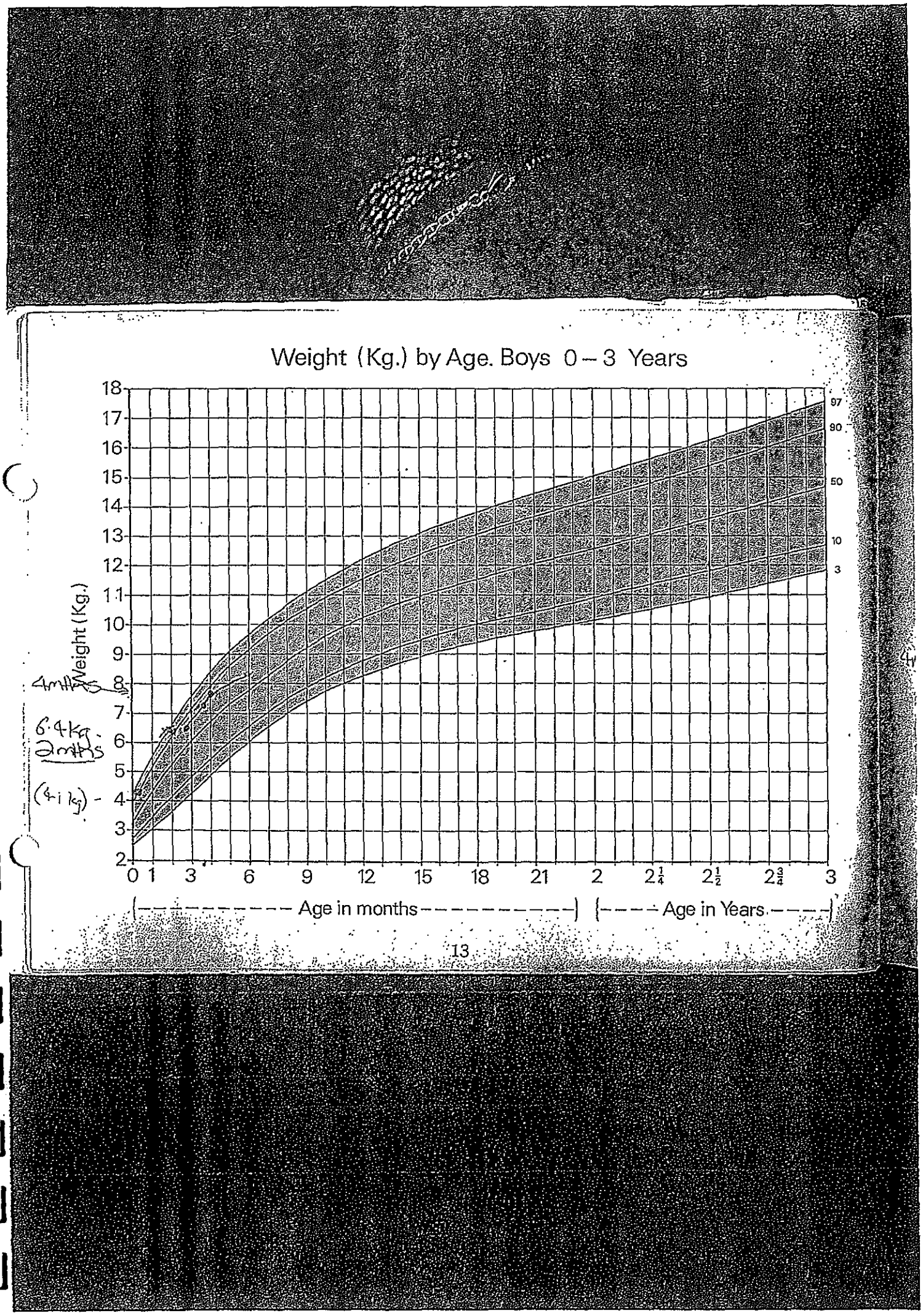
Date	Age	Findings	Plans
		has way to be	
		* meeting with Dr Wilkinson on the 17th	
		for a major discussion of where to go fro	
		here.	
		* Feeding very well, 3 meals a day, 3-4 bott	
		per day, at 220mls each, drink & juices.	
		Will cut bottle at during afternoon, because	
		he's not really drinking it anyway. See how	
		we go.	
		* Starting to form regular sleeping patter	
		Usually goes down at 7pm → 5-6.30 am.	
		Very pleased, concidering the changes his ho	
		lately.	
		* Still have bad rash — could suffer from	
		most of the time.	

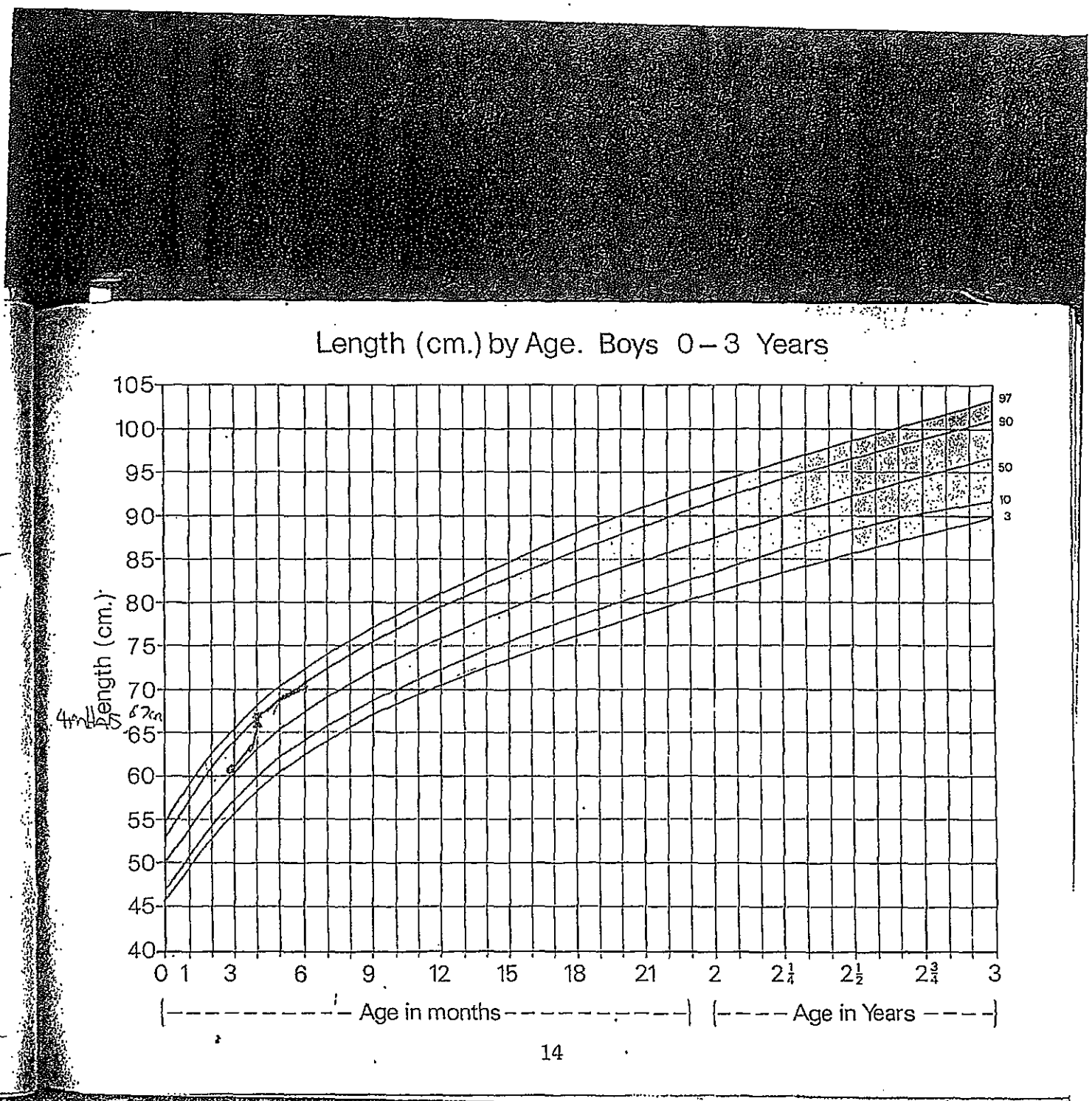
PROGRESS NOTES

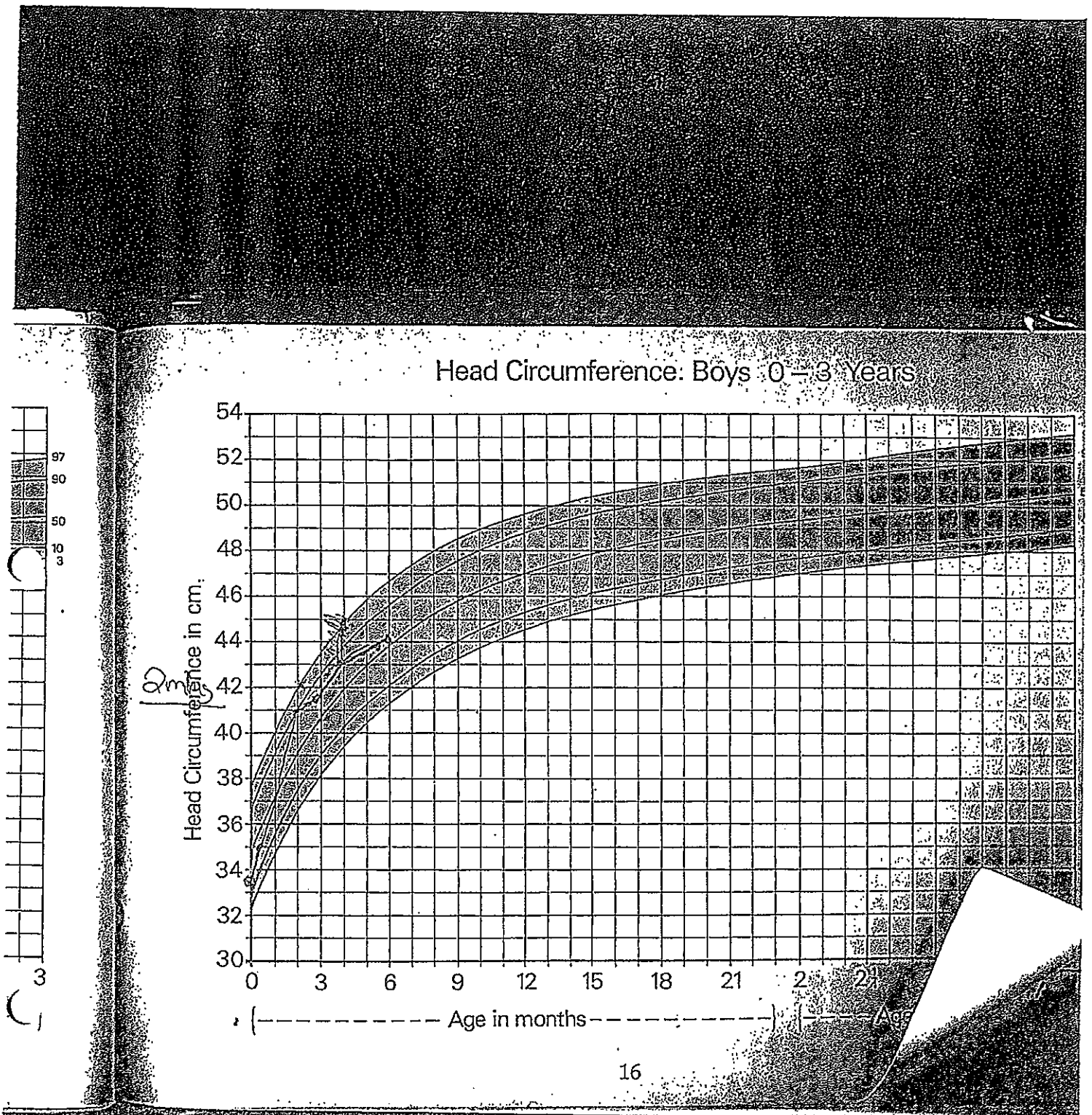
(to be completed at every visit by health professional or parent)

Please note any long term problems on the Health Problem Summary Chart

Date	Age	Findings	Plans
13.12.90	6mths	Doing well - feeding etc seems to be handling drops well. Due for shots now.	No fits for 3 weeks
22.12.90			
23-12-90	6mths	Admitted again - temp 39.1 - eye muscle spasm? (fit)? 10am - Temp 38. Went down by itself Apetite still good - 3 meals a day started on cows milk - okay still drinking Enfalac while in hospital. Okay very tired - lethargic (no) Still due for shots (no) delayed cows milk till 10 months	Panadol - (no)
		JANUARY 1991	
14th JAN 91	9mths	- last Physiotherapy - development good a leach to twist trunk.. vegetable - not quite so pureed handling well	


Weight (Kg.) by Age. Boys 0 – 3 Years
Weight (Kg.)
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
97
90
50
10
3
0 1 3 6 9 12 15 18 21 2 2¼ 2½ 2¾ 3
Age in months
Age in Years
4mths
6·4kg.
2mths
(4·1kg)


Length (cm.) by Age. Boys 0 – 3 Years
105
100
95
90
85
80
75
70
65
60
55
50
45
40
Length (cm.)
97
90
50
10
3
0 1 3 6 9 12 15 18 21 2 2¼ 2½ 2¾ 3
Age in months
Age in Years


Head Circumference: Boys 0 – 3 Years
97
90
50
10
3
54
52
50
48
46
44
42
40
38
36
34
32
30
Head Circumference in cm.
0
3
6
9
12
15
18
21
2
Age in months

HEARING

Parents please answer the following questions by ticking:

	YES	NO
1. Have any close relatives been deaf from birth?		✓
2. Did you have german measles (rubella) when pregnant?		✓
3. Did your baby have severe problems with breathing at time of birth?		✓
4. Did your doctor say your baby had any serious illness such as meningitis?		✓
5. Did your baby have jaundice requiring an exchange transfusion?		✓
6. Was your baby lighter than 1500 gms at birth?		✓
7. Was your baby in intensive care after birth for longer than 24 hours?		✓

If the answer to any of these questions is YES, tell your doctor or nurse.

Please complete next page

A B 1 2 A 1 A 1 2 3 4 A 1 2 3 4 A 1 2 A 1 II

CAN MY CHILD HEAR?

Answer the following questions about your child by ticking:

YES	NO
	✓
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

BIRTH TO 8 WEEKS

1. Jumps (startles) at sudden loud noises (e.g. shout, dog barking).
2. Stops sucking, calms down, when there is a sudden new sound outside his line of vision e.g. voice, music etc.

AT ABOUT 3 MONTHS

1. Turn the eyes, or begins to turn the head, to a sound outside the line of vision.

AT ABOUT 6 MONTHS

1. Turns in the general direction of a new or sudden noise.
2. Usually stops crying when spoken to by mother.
3. Makes a happy sound when about to be fed.
4. Chuckles, gurgles or laughs when playing.

AT ABOUT 9 MONTHS

1. Responds to own name, to "No" and "Bye-Bye".
2. Looks directly at a new noise or voice.
3. Knows if person's voice sounds friendly or angry.
4. Imitates speech but does not use real words.

AT ABOUT 12 MONTHS

1. Says "Mama" and "Dada".
2. Responds to own name.

AT 24 MONTHS

1. Puts 2 words together (mummy drink).

If the answer to any of these questions is NO, then see your doctor or clinic nurse, they may arrange a hearing test.

CAN MY CHILD SEE?

Answer the following questions about your child by ticking:

	YES	N
AT 3 MONTHS		
1. Follows your face from side to side.	✓	
2. Smiles at an individual.	✓	
3. Interested in faces held close.	✓	
AT ABOUT 6 MONTHS		
1. Reaches out to be picked up by someone in the family.		
2. Both eyes move together.		
3. Reaches out for objects.	✓	
AT 9 MONTHS		
1. Watches nearby activities of people and animals.		
2. While sitting will take a small toy in each hand.		
3. Plays peek-a-boo.	✓	
AT 12 MONTHS		
1. Able to recognise familiar people from at least 6 metres (20 feet) away.		
2. Picks up cotton threads and "hundreds and thousands" using thumb and first finger.		

If the answer to any of these questions is NO, or if you notice one of your child's eyes is turned in or out (a squint) or if your child closes one eye or narrows his eyes often, or if you are at all anxious about your child's eyes, then seek advice from your doctor or clinic nurse.

YOUR CHILD'S DEVELOPMENT

Most parents like to know that their baby is developing at a normal rate. So fill in the "EARLY MILESTONE" table and discuss these with your doctor or nurse.

EVENT	AGE	EVENT	AGE
Smiles	3weeks +21days	Waves bye-bye	
Holds a rattle	10 weeks	Stands holding on	
Laughs	10weeks	Stands alone	
Rolls over	5mths	Walks one hand held	
Sits up	Still need help 6mths	Walks alone	
Shy with strangers		Says Mama, Dada to parents	
Drinks from cup		Climbs stairs alone	
Puts biscuit in mouth		Puts two words together	
First tooth		Dry by day	
Babbles	Kind of. — 6mths	Dry by night	
Plays peek-a-boo		Dresses self without help	
Arms held out to others		Manages buttons	
Uses thumb and first finger to pick things up		Talks in adult sentences	
Claps hands	6mths	Ties shoe laces	

IMMUNISATION RECORD – to be completed by doctor/nurse giving immunisation.

AGE	IMMUNISATIONS	Date Given	Batch No.	Date Next Dose	SIGNATURE/STAMP/NOTES
2 months	DPT (Triple Antigen) SABIN (Polio)	2/8/90	23003	2/10/90	Dr Nesbitt
4 months	DPT (Triple Antigen) SABIN (Polio)	23/8/90		-	Dr Morley. (doctor didn't sign)
6 months	~~DPT~~ CDT (Triple Antigen) SABIN (Polio)	27/12/90.			
15 months	MEASLES MUMPS RUBELLA				
18 months	DPT (Triple Antigen)				
Pre-school or School	CDT (Double Antigen) SABIN (Polio)				
10-15 years	RUBELLA (girls only)				
School Leaving 15 years	ADT (Adult Diphtheria and Tetanus) SABIN (Polio)				

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

SIGNATURE IDENTIFICATION FORM

To be completed once by anybody making an entry in the medical record.

521-3-15
FOLBIGG, Baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 SEX M

26

INITIAL	SIGNATURE	PRINT YOUR NAME	DESIGNATION e.g. R.M.O.	DATE
EK		EKNIGHT	RN	5.6.90
OB		OBAKER	RM	5/6/90
PP		P.PEERS	RN	6.6.90
LM		L.MAYHEW	EN	6.6.90
JD.		J. DOHERTY	RM	7.6.90

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE WESTERN SUBURBS HOSPITAL

Ward: NURSERY

521375
FOLBIGG, B/O KATHLEEN
36 RAWSON STREET, MAYFIELD

Dr. MORRIS

Male DOB: 03-Jun-1990 AGE: 4 days

TEST	RANGE	UNITS	BLOOD 145503 14:30 5Jun 1990	BLOOD 145579 11:34? 7Jun 1990
BLOOD				
Sodium	132-142	mmol/l	135	....
Potassium	4.0-6.4	mmol/l	4.9	....
Chloride	96-106	mmol/l	106	....
Total Bili	<205	umol/l	....	173

GLD

This report was printed 15:51 07-Jun-90
Updated interim report - please replace previous interim report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: FOLBIGG, Baby Of Kathleen | UNIT NUMBER: 541-35-75

36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 SEX M

HSMR 28

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

4.6.90 DAY 1. Admitted by ambulance to nursery. Initial birth details recorded - HPU HNPU rec.

5.6.90 Baby bottle fed on enfalac and sucks well. For paed consult in am. Dr Morris please re previous sibling lost death @ 20 days age. HNPU. Settled well between feeds. Passed mec. O'Baker RN 2100

6.6.90 N/R baby 2. Unsettled later on the night. Cared for by staff educated formula. By. O'Gorman Taylor RN 0600

4.6.90 Previous baby - no significant problems in pregnancy
- ill only for short period
Subsequent good progress
Sudden death
autopsy - no cause identified
male child

This baby vigorous + doing well
minor deficiency of foreskin
HS ✓

Normal neonate
Later electrolytes
ECG tracing

Dr MORRIS

D/R S/R Dr Morris as above ÷ Bottle feeding on Enfalac Taking small amounts, sleepy babe PU+BO Yes. Later Electrolytes ✓ ECG tracing, ? prior to discharge
- O'Baker RN 1500

5.6.90 DAY 3 Settled night. Fed on enfalac. Passed urine and bowels open. Fed 0535 hrs

M/R Breastfeeding. Enfalac feeding with demand. UP ✓ BO ✓ cord ✓

Yeomans 6

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
5/6/90	Electrolytes result to hand - See attached. Feeding well DBaker RN 2200
6.6.90	DAY 4. Small frequent feeds overnight. Bottle fed by mother. Settled between ——— TReynoRN
	arrangements made for sleep study 14/6/90. at MMH — Dr Henry's Rooms. Dr Morris aware. ———
6.6.90	• FEEDING WELL THIS A/M ———
1330	• SETTLES ——— JCaughtrey RM
N/R	Babe bottle feeds well — consulted at ... Lewis PM —30 Jackey RN
7.6.90 D/R	S/B Dr Morris sleep studies arranged - appointment given to mother + letter from Dr Morris - to see Dr Morris Unit following sleep studies. Fo— SBL today Babe jaundiced SBLr 173. ——— DBaker RN.
N/R.	Babe bottle feeds well on ad lib demands frequently Jackey RN
	• PHONED DR MORRIS IF BABY CAN BE ———
8.6.90	DISCHARGED — MUM WANTS TO GO HOME ———
1000	• CAN BE DISCHARGED TODAY ———
	• SLEEP STUDY 14.6.90 ——— J Caughtrey RGON

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

521-3-75
POLBIGG, Baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 SEX M

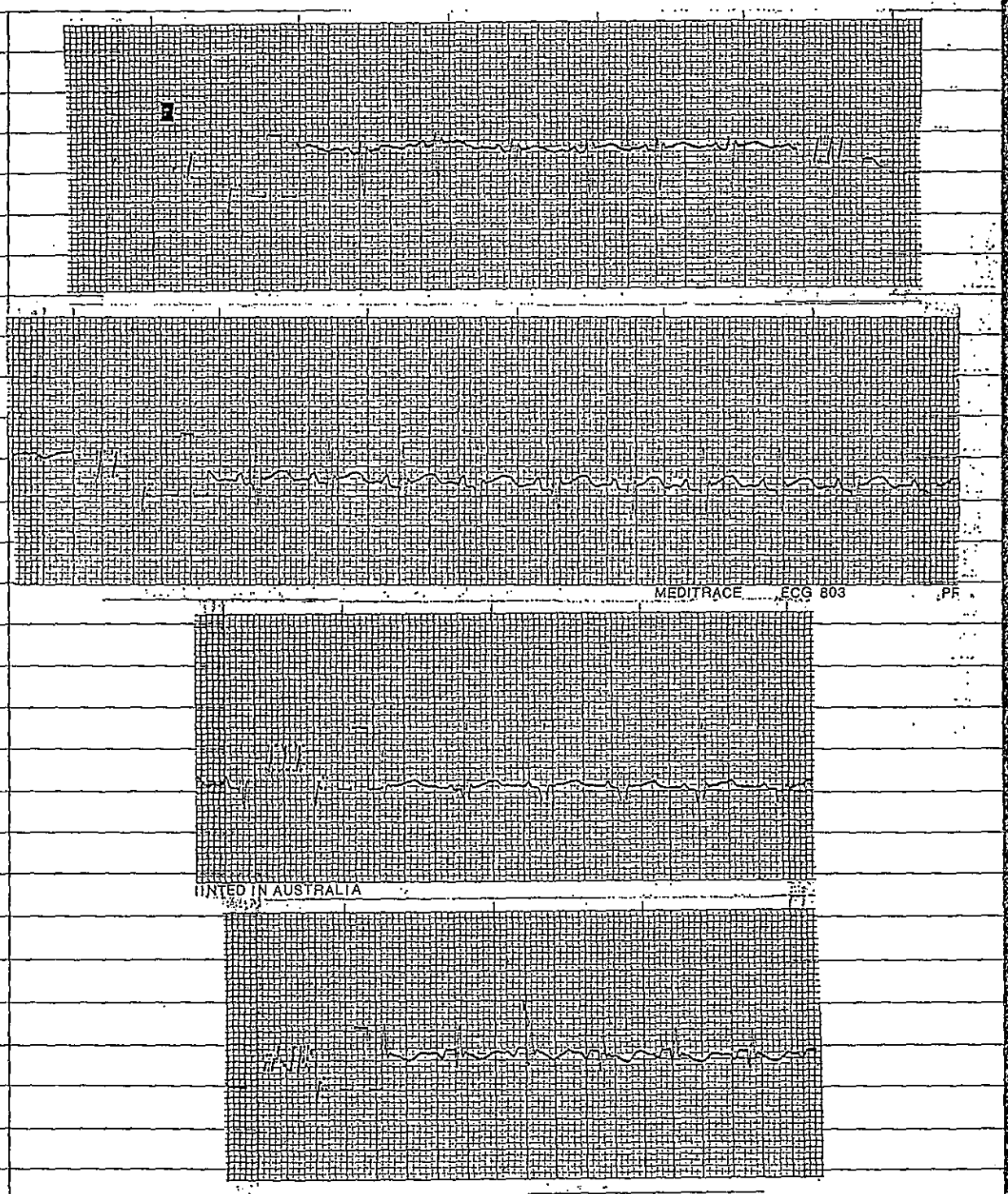
SHEE

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

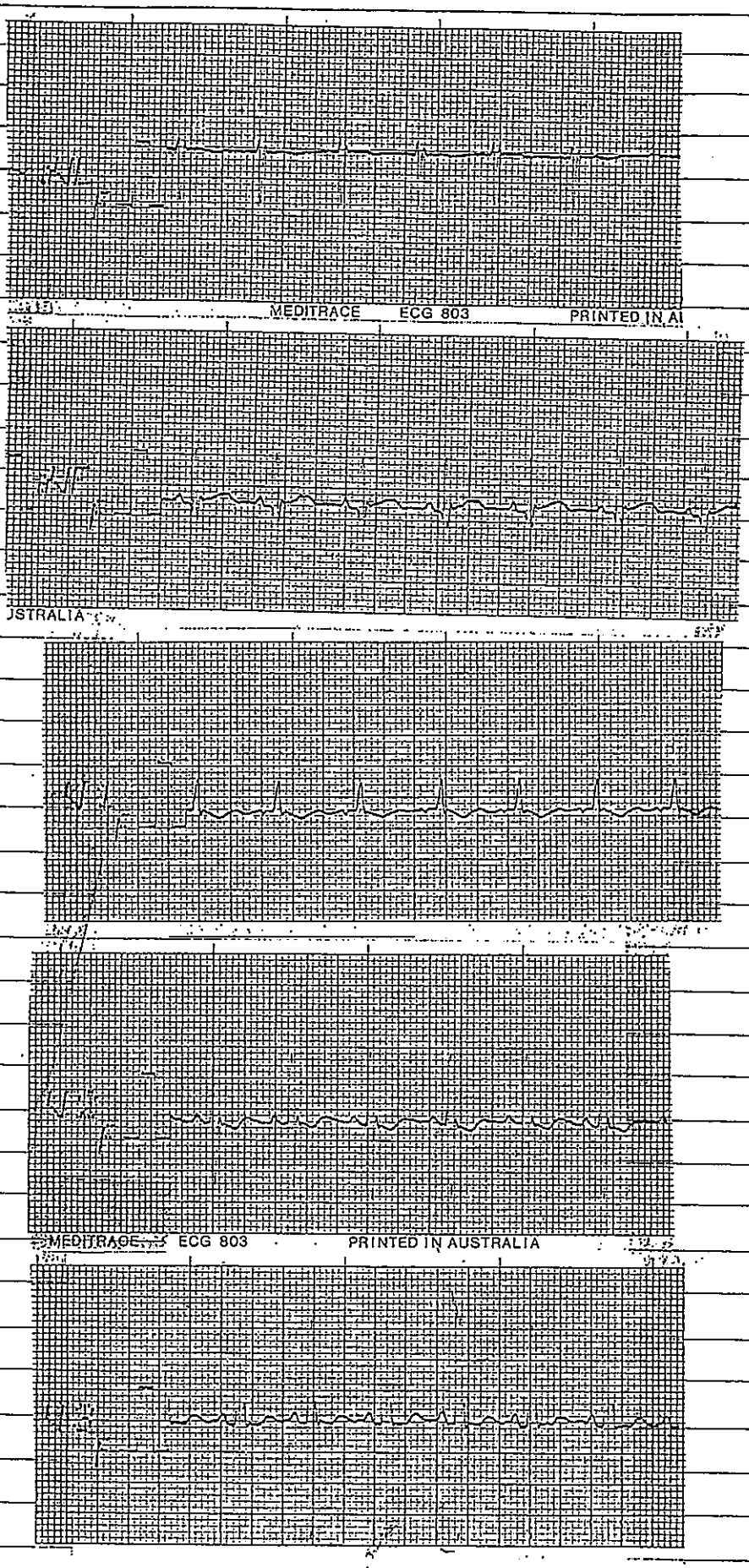
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE



SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE



HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

521-3-75
FOLBIGG, Baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 SEX M

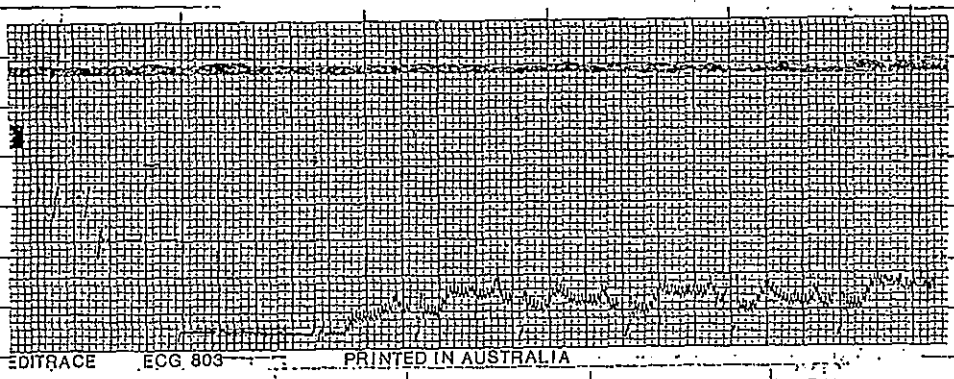
SHEET

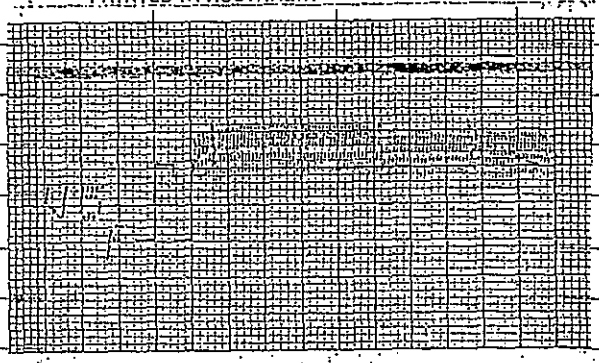
HISTORY, EXAMINATION AND PROGRESS NOTES

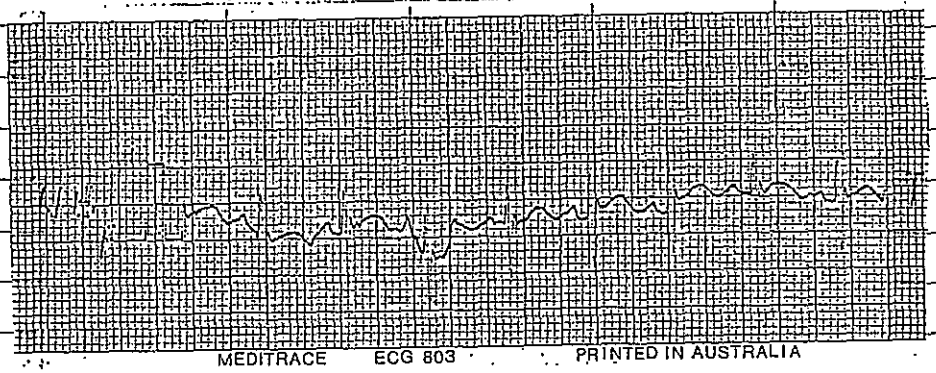
WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE







1-1-85

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE WESTERN SUBURBS HOSPITAL

Ward: NURSERY

521375
FOLBIGG, B/O KATHLEEN
36 RAWSON STREET, MAYFIELD

Dr. R.B.MORRIS

Male DOB: 03-Jun-1990 AGE: 3 days

TEST	RANGE	UNITS	BLOOD 145503 14:30 5Jun 1990
BLOOD			
Sodium	132-142	mmol/l	135
Potassium	4.0-6.4	mmol/l	4.9
Chloride	96-106	mmol/l	106

This report was printed 11:05 06-Jun-90
Interim report - please retain until replaced by a permanent report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE WESTERN SUBURBS HOSPITAL

Ward: NURSERY

521375
FOLBIGG, B/O KATHLEEN
36 RAWSON STREET, MAYFIELD

Dr. MORRIS

Male DOB: 03-Jun-1990 AGE: 4 days

TEST	RANGE	UNITS	BLOOD 145503 14:30 5Jun 1990	BLOOD 145579 11:34? 7Jun 1990
BLOOD				
Sodium	132-142	mmol/l	135	....
Potassium	4.0-6.4	mmol/l	4.9	....
Chloride	96-106	mmol/l	106	....
Total Bili	<205	umol/l	....	173

his report was printed 15:51 07-Jun-90
pdated interim report - please replace previous interim report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

[illegible]
EGLB1166, Baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 03-Jun-1990 [illegible]
[illegible]PSON

22
SHEET N

FEEDING RECORD

WARD

DATE	TIME	TEST-WEIGH	METHOD AND TYPE OF FEEDING	AMOUNT	VOMITUS	URINE	BOWEL MOTIONS
4.6.90	4pm		Enf - Nappy	60mls	lge ✓	✓	✓
	6pm		Enf - Nappy	40mls		✓	✓
	1.30pm		Enf	60mls			
	11pm		enf	50mls		✓	
7/6	2.30		enf	30		✓	
	5am		Enf	30		✓	✓
	3.45		enf	20			
	7.15		enf	50mls			?
	10am		enf	40mls		✓	
7/6/90	1.15pm		enf, nappy	50mls		✓	✓
	3pm		1/0	10ml		✓	—
	3.40		enf	40mls			
	7pm		enf, nappy	50		✓	✓
	9.30		ISNF	60		✓	
	11.30		enfalac	50		✓	
8/6	1.30		ENF	Good			
8/6/90	3am		Enfalac	50mls			dummy
	5.10		enfamlac	55mls			
	6am		Enfalac	40mls		✓	
	7.20		nappy			✓	✓
	8.30am		enf	40mls		✓	

NORMAN MORRISS PRINTERS — (049) 29-1859

NEWCASTLE WESTERN SUBURBS HOSPITAL

SOLBIGG, baby Of Kathleen
36 Rawson Street, MAYFIELD 2304
DOB 02-Jun-1990 22X

SHEET N

FEEDING RECORD

WARD

DATE	TIME	TEST-WEIGH	METHOD AND TYPE OF FEEDING	AMOUNT	VOMITUS	URINE	BOWEL MOTIONS
3.6.90	2.30		ENF	[illegible]			
	8PM		ENF	30ml			✓
	11.45pm		ENF	30mls		✓	
4.6.90	2.30am		ENF	40mls		✓	✓
	6.00		ENF	30ml		✓	
	9.30		Bath / Cuddles			✓	✓
	10 00		ENF (Lactulose)	20mls			
	3 30am		ENF	40mls		✓	
	6.30pm		ENF (MAD FED)	45mls		✓	
	8.30am		ENF	40mls		✓	
5.6.90	12.30		nappy enfalac	40mls		✓	✓
5.6.90	3.15pm		nappy enfalac	30mls		✓	✓
	1.30pm		nappy enfalac	30mls		✓	✓
	4.30pm		enfalac	60mls			
	12.50am		enfalac	40mls		—	
	5.20am		enfalac	40mls		✓	
	8.30pm		ENFALAC	40mls		✓	
	8pm		[illegible]			✓	
	11pm		ENF	50mls		✓	
6.6.90	2.30am		ENF	55mls		✓	
	3.35		enf	20mls			
	6.45		ENF	30mls		✓	
	6.55am		enf.	50mls		✓	
	9am		Nappy			✓✓	✓
	12.35pm		enf + nappy	60mls		✓✓	

NORMAN MORRISS PRINTERS — (049) 29-1859

HUNTER AREA HEALTH SERVICE
NEWCASTLE WESTERN SUBURBS HOSPITAL

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 27

HSMR12

NEONATAL RECORD

GOLDING Kathleen
36 Rawson Street, MAYFIELD 2304
202 [illegible] LEX

(17)

Obstetrician: .....

Family Doctor: ..... Ward: GF 17

39/40.

DELIVERY DETAILS:

Parity: G2P1 Prev. baby died NNA 20 days old (CDH death)

Maternal blood group: A pos Antibodies: NIL

Liquor: CLEAR Duration of ruptured membranes: > 1/24

Duration of labour - 1st stage: 4 hr 40' 2nd stage: 26'

Time of delivery: 1106 am/pm Date of delivery: 03 JUNE '90

Pain relief and time - ☑ narcotics 0940 ☐ epidural .....; ☐ caudal .....; ☐ G.A. .....

F.H.S. - ☑ normal; ☐ tachycardia; ☐ decel. - type .....; ☐ other .....

Delivery complications - ☑ cord; x1 ☐ shoulder dystocia; ☐ other .....

Placental weight: 520 gm. Abnormalities: NIL

Complications during labour: NIL

SVD.

NEONATAL HISTORY:

Sex - ☑ male; ☐ female; ☐ indeterminate

Birth weight: 3410 gm. Length: 48·3 cm. H.C.: 33·5 cm.

Resuscitation - ☑ aspiration ☐ oxygen ☐ bag and mask

☐ tracheal intubation ☐ mec. asp. from trachea ☑ drugs: NEONATAL NAECA 0.5mL IMI @ 1114.

Time of initiation of normal respiration: 90 SECS

Apgar:

	Heart rate	Resp. effort	Muscle tone	Reflex irritability	Colour	
1 min.:	2	2	1	1	1	Total: 7 @ 1'
5 mins.:	2	2	1	2	1	Total: 8 @ 5'

Cord blood collected - ☑ No; ☐ Yes - tested for: .....

Cord vessels: (number) 3

Konakion 1mg. given by: D/Reid Checked by: .....

Feeding intention - ☐ breast; ☑ artificial formula: Enfalac.

Comments: HPU, HNPMEC. NAD

Baba tobe s/B Paed.

Signature: D/Reid (ECP, SCN) (Labour Ward Sister)

DISCHARGE SUMMARY:

Feeding - ☐ fully breast fed ☐ breast fed and comp. ☑ artificial feeding

Cord - ☑ on; ☐ off Guthrie Test - date: 7-6-90

Weight: 3480 gm H.C.: ..... cm.

Date of discharge: 8/6/90.

Comments: .....

Sleep Study 14/6/90 2° x-App't Dr Morris 3/52

Signature: ..... (Sister)

F1-87

NEONATAL RECORD

INITIAL MEDICAL EXAMINATION:

Date of birth ..... Time of birth ..... Assessment of gestational age ..... wks

Age at examination .....hours/days Small for dates: Yes ☐ No ☐

Activity: ..... Moulding/Caput: Yes ☐ No ☐

NEWBORN HEALTH EXAMINATION

SURNAME: Lochrie FIRST NAME ..... SEX: Male/~~Female~~

DOB: 3.6.90 MEDICAL RECORD No: 521375 GOTHRIE

NEWBORN BLOOD SCREENING TESTS: ..... TAKEN: 7.6.90 (Date)

APGAR AT 1 MIN 07 5 MINS 08 TYPE OF DELIVERY: NORMAL ☑ BREECH ☐

FORCEPS ☐ CAESAREAN ☐

VACUUM EXTRACTION ☐ OTHER ☐

NOTE: Write in figures for weight, length and head circumference.
For other items:

✓ for Normal | ? for Recheck | X Requires or Receiving Treatment

	FINDINGS		FINDINGS
WEIGHT (kg)	3410	SKIN	✓
LENGTH (cm)	48.3	ABDOMEN	✓
HEAD CIRCUMFERENCE (cm)	33.5	UMBILICUS	✓
EYES	R ✓ L ✓	ANUS	✓
EARS	R ✓ L ✓	GENITALIA	✓
MOUTH	✓	TESTES	R ✓ L ✓
FONTANELLES	✓	HIPS	R ✓ L ✓
COLOUR	✓		
CVS: HEART	✓	REFLEXES – MORO	✓
FEMORAL PULSES	R ✓ L ✓	SPINE	✓
CHEST	✓	LIMBS – UPPER	R ✓ L ✓
		LOWER	R ✓ L ✓

EVALUATION: Normal Newborn

EXAMINER'S SIGNATURE: .....

DESIGNATION: Paediatrician

DATE OF EXAMINATION: 4/6/90

IF A HOSPITAL COPY IS REQUIRED, PLEASE PHOTOSTAT

15

Referred to Special Care Nursery: Yes ☐ No ☐ Reason: .....

Abnormalities: .....

Consultation: Yes ☐ No ☐ Paediatrician: ..... Other: .....

Comment: .....

DISCHARGE EXAMINATION:

Date: ..... Age at examination ..... days/weeks

Infection	Jaundice	Hernia	Normal	Abnormal
☐ Eyes	☐ No	☐ No	☐	☐ Head & Fontanelle
☐ Nails	☐ Yes	☐ Yes - Specify	☐	☐ Respiratory System
☐ Skin		.....	☐	☐ Heart sounds & murmurs
☐ Mouth			☐	☐ Femoral pulses
☐ Cord	Head Circumference: ..... cm		☐	☐ Abdomen
☐ Other - Specify			☐	☐ Hips

Summary: .....

M.O. Signature: .....

E.D.C 8-6-90 Revised E.D.C. . Because 6 z P,

Previous antenatal care by Scarborough Rees ..... from ..... weeks (Attach records)

Date	Duration (Weeks)	Fundal Height (cm)	Girth (cm)	Pres. / Stat	FHS (US/P)	Urine Pr	Urine Gl	Urine K	B.P.	Weight	OTHER e.g. Cigs/day, Alc/day, Oedema
5 OCT	? :					No	Spec		120/70	72.0	Scan
13 NOV	7.	14	–	–	✓	0	0		110/90	69.5	(4)
11/12/89	ECHOGRAM: BiPØ = 20mm. Plac: Anterior wall. Single foetus = 14-15 weeks.										
11 DEC	14+	T	–	–	✓	0	Tr		120/70	67.0	
5 FEB	22	25	–	–	/	0	0		110/50	72.0	(4)
5 MAR	26	27	C	F	✓	0	0		120/55	74.5	(4)
19 MAR	Hb	106 G/L., P.C.V.			31	%					
2 APR	30+	34	C	F	/	0	0		120/70	77.0	(2)
18 APR	33	35	C	F	✓	0	0		120/60	78.0	(2)
2 MAY	35+	36	C	F	/	0	0		110/50	79.0	(1)
9 MAY	36	37	C	✓	/	0	0		110/70	78.0	(1)
16 MAY	37	37	C	✓	/	0	0		110/70	79.0	(1)
23 MAY	38	37	C	✓	✓	+	0		120/65	79.5	(1)
30 MAY	39	39	C	✓	✓	+	0		140/70	80.5	(1)

BLOOD GROUP: A Rh POSITIVE

SPECIAL INSTRUCTIONS:

(1)

NEWCASTLE MATER MISERICORDIAE HOSPITAL – *We Care* | HOSPITAL CODE 70

CLASSIFICATION: Chargeable, own doctor | M.R.N. 36-03-90

MEDICAL OFFICER/S: DR. R. HENRY

SURNAME: FOLRIGG | GIVEN NAMES: PATRICK

ADDRESS: 36 RAWSON STREET MAYFIELD 2304 | HOME PHONE: 672155

DATE OF BIRTH: 03-Jun-1990 | AGE: 0 | SEX: M | MARITAL STATUS: Single

COUNTRY OF BIRTH: Australia | LANGUAGE SPOKEN: English | RELIGION: NIL | CHRISTENED: ANOINTED: —

REFERRED BY/ADDRESS: DR R.HENRY

FAMILY DOCTOR/ADDRESS: DR C.MARLEY KING STREET, NCLE

OCCUPATION PATIENT/PARENT: FATHER/ SALESMAN | REPAT NUMBER: | MAIDEN NAME: MARLBOROUGH

ADMITTED TO WARD: 4G DATE: 14-6-90 TIME: 1800 HRS | PREV. ATTEND.: NO .

INTERNAL TRANSFERS: TO WARD: DATE: TIME: HRS | TO WARD: DATE: TIME: HRS

DISCHARGED/ DIED FROM WARD: AC 16-6-90 DATE: 1350hrs TIME: HRS | MEDICARE No.: 2155425821

DESTINATION ON DISCHARGE:

NEXT OF KIN: MRS KATHLEEN FOLRIGG RELATIONSHIP: Parent PHONE: DAY: 672155
ADDRESS: A.A. NIGHT: 585166 FATH/WK

NEXT OF KIN: RELATIONSHIP: PHONE: DAY:
ADDRESS: NIGHT:

I HEREBY GIVE MY CONSENT FOR INFORMATION FROM MY MEDICAL RECORDS TO BE FORWARDED TO MY FAMILY DOCTOR AND/OR REFERRING MEDICAL PRACTITIONER AND ANY FUND/PERSON RESPONSIBLE FOR THE COST OF TREATMENT.

SIGNED: X K Folrigg DATE 14/6/90 WITNESSED: G Kalus

PROVISIONAL DIAGNOSIS: INVESTIGATIONS

AFFIX "ALLERGIC TO" LABEL HERE, IF APPLICABLE.

FINAL DIAGNOSIS

PRIMARY 770.8.

SECONDARY

DATE AND NATURE OF OPERATIONS

SIGNATURE OF MEDICAL OFFICER: PLEASE PRINT NAME DATE: / /

14/6/90. 6pm

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PAEDIATRIC SHORT STAY RECORD

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 73

FOLBIGG, Patrick 36-03-90
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
M.O.: DR. R. HENRY

WARD:

DATE OF ADMISSION: 14.6.00.

REASON FOR ADMISSION: 11 day old, well child, sibling of S.I.D.S. SLEEP STUDIES.

HISTORY OF PRESENT ILLNESS: Pregnancy - viral illness at 26 weeks. Full term delivery, normal delivery. No problems to date. Fundal fields. NIL.

SIGNIFICANT MEDICAL CONDITIONS: Well child.

PRESENT MEDICATION: NO

PREVIOUS MEDICATION: NO

ALLERGIES: NIL

EXAMINATION GENERAL: Well looking child

WT 3540. KG
HT 50.05 CM
HC 37.5 CM

URINAL AYSIS:

BP: - Pulse: 186.

Resp: 52. Temp: 37

CVS: H/S dual no murmurs good femoral pulses

RESP/ENT: AE fair ENT N/AD Breath sounds (N)

ABD/GENITALIA: Soft non tender no masses.

NEUROL: Grossly N/AD (N) Moro

DIAGNOSIS: Well child

FAMILY HISTORY: SIDS in Sibling at 20 days.

RMO NAME: Ramos.

Aneesthetic comps/bleeding in fami

Signature: M Ramos

FEEDING:
BREAST: NO.
BOTTLE: YES.

FEEDING CUP NO
CUP: NO.

FORMULA ENFAMAC. ~~FEED~~
TYPE: AS PER PREVIOUS.
FREQUENCY: 3/24

QUANTITY: 70-80 mls
TEAT; PUR.

SOLIDS: NO
BREAKFAST: NO
LUNCH: NO
TEA:
LAST FED: 1700hrs.
DUMMY: YES
SPECIAL TOY:

PROGRESS NOTES:

DATE :

'90

2230 hrs Routine admission to ward for overnight studies. Commenced on overnight study @ 1930 hrs. Draper RN (DRAPER).

15-6-90 0600 Slept well. Nil alarms Monitor ceased. Daniels RN Daniels.

15/6/90 *Barium Swallow. — No gastrooesophageal reflux. Contrast ⇒ noise ? inco-ordination of swallow.

FBC - WCC - 10.1 (Differential TF) MBA - no result available yet
Hb - 14.8
plts - 625.

15/6/90 Discharged - Visit to see Dr. Henry to be arranged by Mother -

Un-signed RN

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

HSPM46

74

36-03-90
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
M.O.: DR. R. HENRY

WARD:

Date		14.6.90	15.6.90				
Time		8P	2, 10, 2, 6, 10				
°C / Temperature	41						
	40						
	39						
	38						
	37						
	36						
	35						
Blood Pressure V	200						
	190						
	180						
	170						
	160						
	150						
Blood Pressure Λ	140						
	130						
	120						
	110						
	100						
	90						
Pulse •	80						
	70						
	60						
	50						
	40						
Respirations	35						
	30						
	25						
	20						
	15						
	10						
BP A.M.							
BP P.M.							
URINE Vol.							
URINE Sp. Grav.			1010				
URINE pH			5				
URINE Protein			N				
URINE Glucose							
URINE Ketone			A				
URINE Bilirubin							
URINE Blood							
URINE Nitrate			D				
URINE Urobil.							
Bowels							
Weight							

1-1-68

M.R.N: 0360390
FOLKIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

SEX: Male AGE: 12D
D.O.B:03-Jun-1990

R.M.O:DR R HENRY
WARD/CLINIC: 4G

REG.NO: 89N012004

Exams : OESO on 15-Jun-1990 at 10:29

BARIUM SWALLOW There is free flow of contrast down into the oesophagus showing no evidence of stricture, ulcer crater or mass lesion. There is however some reflux of contrast into the nasal cavity noted. Contrast is seen going through the duodenum from with stomach with ease. The fourth part of the duodenum appears in the normal position.

There s no spontaneous reflux demonstrated.

IMPRESSION Apart from some in-coordination of swallowing no significant pathology demonstrated.

DR J. LAI

Printed 18/06/90 13:29 FINAL REPORT

Mater Haematology

NEWCASTLE MATER HOSPITAL
TELEPHONE
HAEMATOLOGY: 67 9648

Ward: 4G
Dr. R.HENRY

360390
FOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 12 days

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR
** FULL BLOOD COUNT **			
WCC	5.0-19.5	10^9/l	10.1
RCC	... ...	10^12/l	4.24
Hb	... ...	g/dl	14.8
PCV	... ...		42.6
MCV	... ...	fl	100.5
MCH	... ...	pg	34.9
MCHC	... ...	g/dl	34.7
RDW	11.5-14.5	%	15.6*
Platelets	... ...	x10^9/l	625
** INSTRUMENT DIFF **			
Granulocytes	... ...	%	SMD
Lymphocytes	... ...	%	SMD
Monocytes	... ...	%	SMD
** DIFFERENTIAL **			
Neutrophils	... ...	%	27
Band forms	... ...	%	1
Eosinophils	... ...	%	1
Lymphocytes	... ...	%	65
Monocytes	... ...	%	6
** MORPHOLOGY **			
Anisocytosis	... ...		+
Poikilocytes	... ...		+
Macrocytosis	... ...		OCC
Film comment	... ...		STHR

SR = See request form for clinical notes.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
INSDIF = PLEASE NOTE: The group of three tests, Granulocytes, Lymphocytes and Monocytes is an automated differential provided by the Coulter Haematology Analyzer. Granulocytes includes Neutrophils, Eosinophils and Basophils. These results will appear until the blood film is examined microscopically at which time these results MAY be replaced by a manual differential.
STHR = Slight thrombocytosis

Report printed at 15:00 15-Jun-90
DR P.HARRISON - DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

NEWCASTLE MATER HOSPITAL - PHYSIOLOGICAL MONITORING REPORT

PATIENT DATA:	NAME	UR NUMBER	BIRTHDATE
	PATRICK FOLBIGG	360390	3/6/90
		STUDY DATE	AGE (WKS)
		15/6/90	1.7

RESULTS:	APNOEA>10	APNOEA>12	PB%
	0.00	0.00	6.04

MINUTES OF MONITORING:--- 540

SHANNON & KELLY'S DATA -

AGE (WKS)	APNOEA>10	APNOEA>12	PB%
0 - 4	1.9	0.3	3.5
4 - 8	1.2	0.2	2.5
8 - 20	1.4	0.2	1.5
20 - 52	1.6	0.6	1.0

COMMENT: NORMAL TRACE

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

UR/MR: 71

36-03-90

FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
M.O.: DR. R. HENRY Ph: 672155

Top Copy — Med. Records
Second Copy — L.M.O.
Third Copy — V.M.O.

CHARGEABLE.

Referred by: Dr. Henry / Dr. Morley, Newcastle,

Date of Admission: 14.6.90 ~~Emergency~~/Elective Date of Discharge: 15.6.90

Final Diagnosis: Sleep study

Sibling of SIDS.

Other Diagnosis: 1:

2:

3:

4:

5:

Past History: Pregnancy - viral illness - 26 weeks.

Full term. S.V.D.

(N) reonatal period

Operations/Management: Mgt. (1) Overnight sleep study

(2) Ba swallow - No G-O reflux, contrast → nose - ?some incoordination of swallow.

(3) FBC / MBA. results not available yet.

↳ WCC 10.1 Hb. 14.8 plts - 625.

Drugs on Discharge: (Dose, Frequency, Duration):

Nil

Information Given to Patient:

Information will be available this afternoon - ring with results / information

Follow-up: Dr. Henry - as arranged.

Adverse drug reaction (specify drug):

Karen A. O'Brien (O'BRIEN - Paed Cemp)

Medical Officer (print name)

4-1-86

489

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE SUMMED LABEL IF AVAILABLE

SURNAME: FULBIGG

UNIT NUMBER: 35-03-90

Sheet No.: 75

GIVEN NAME: Patrick

ADDRESS: 36 Rawson Street MAYFIELD 2304.

DOB 03-Jun-1990 SEX M

DATE OF ADMISSION:

M.O.: DR. R. HENRY

WARD:

FORMULA:

ENFALAC.

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
14-6-90	1915	Enfalac (110)	70				New Admission
15-6-90	0200	Enfalac	95			✓	
	0530	Enfalac	80				
	0730	Enfalac	90.		✓	✓	
	12:30pm	Enfalac	90			✓	

Mater Haematology

80

PAGE: 1 : 0

NEWCASTLE MATER HOSPITAL

Ward: 4G

360390

FOLBIGG, PATRICK

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 12 days

TELEPHONE HAEMATOLOGY: 67 9648

Dr. R.HENRY

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR
** FULL BLOOD COUNT **			
WCC	5.0-19.5	10^9/l	10.1
RCC	... ...	10^12/l	4.24
Hb	... ...	g/dl	14.8
PCV	... ...		42.6
MCV	... ...	fl	100.5
MCH	... ...	pg	34.9
MCHC	... ...	g/dl	34.7
RDW	11.5-14.5	%	15.6*
Platelets	... ...	x10^9/l	625
** INSTRUMENT DIFF **			
Granulocytes	... ...	%	SMD
Lymphocytes	... ...	%	SMD
Monocytes	... ...	%	SMD
** DIFFERENTIAL **			
Neutrophils	... ...	%	27
Bandforms	... ...	%	1
Eosinophils	... ...	%	1
Lymphocytes	... ...	%	65
Monocytes	... ...	%	6
** MORPHOLOGY **			
Anisocytosis	... ...		+
Poikilocytes	... ...		+
Macrocytosis	... ...		OCC
Film comment	... ...		STHR

SR = See request form for clinical notes.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
INSDIF = PLEASE NOTE: The group of three tests, Granulocytes, Lymphocytes and Monocytes is an automated differential provided by the Coulter Haematology Analyzer. Granulocytes includes Neutrophils, Eosinophils and Basophils. These results will appear until the blood film is examined microscopically at which time these results MAY be replaced by a manual differential.
STHR = Slight thrombocytosis

Report printed at 15:00 15-Jun-90
DR P HARRISON - DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

TELEPHONE:
GENERAL 26 6460
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR J F DICKESON

Newcastle Mater Misericordiae Hospital

Ward 4G 360390

FOLBRIGG, PATRICK

Dr R HENRY 36 RAWSON ST,MAYFIELD 2304

Male AGE: 12 days

BLOOD

364255

09:25

15Jun

Test	Range	Units	1990
BLOOD			
Sodium	132-142	mmol/L	142
Potassium	4.0-6.4	mmol/L	5.4
Chloride	96-106	mmol/L	105
Bicarbonate	18-27	mmol/L	30*
Urea	1.8-5.4	mmol/L	2.7
Creatinine	0.02-0.06	mmol/L	0.05
Urate	0.22-0.52	mmol/L	0.16*
Calcium	1.90-2.97	mmol/L	2.68
Phosphate	1.58-2.87	mmol/L	2.75
Protein	55-75	g/L	57
Albumin	25-40	g/L	38
Bilirubin	1-50	umol/L	68*
GGTP	4-120	U/L	141*
ALT (SGPT)	10-44	U/L	54*
Alk Phos	1-250	U/L	154
CK	75-400	U/L	106
AST (SGOT)	23-73	U/L	35
LD	350-1000	U/L	261*
Glucose	2.9-11.0	mmol/L	4.9
Calc Ion Ca	1.09-1.28	mmol/l	1.49*

Printed 14:19 15-Jun-90

Interim report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

82

M.R.N: 0360390
FOLRIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 12D
D.O.B:03-Jun-1990

R.M.O:DR R HENRY
WARD/CLINIC: 4G

REQ.NO: 89M012004

Exams : OESO on 15-Jun-1990 at 10:29

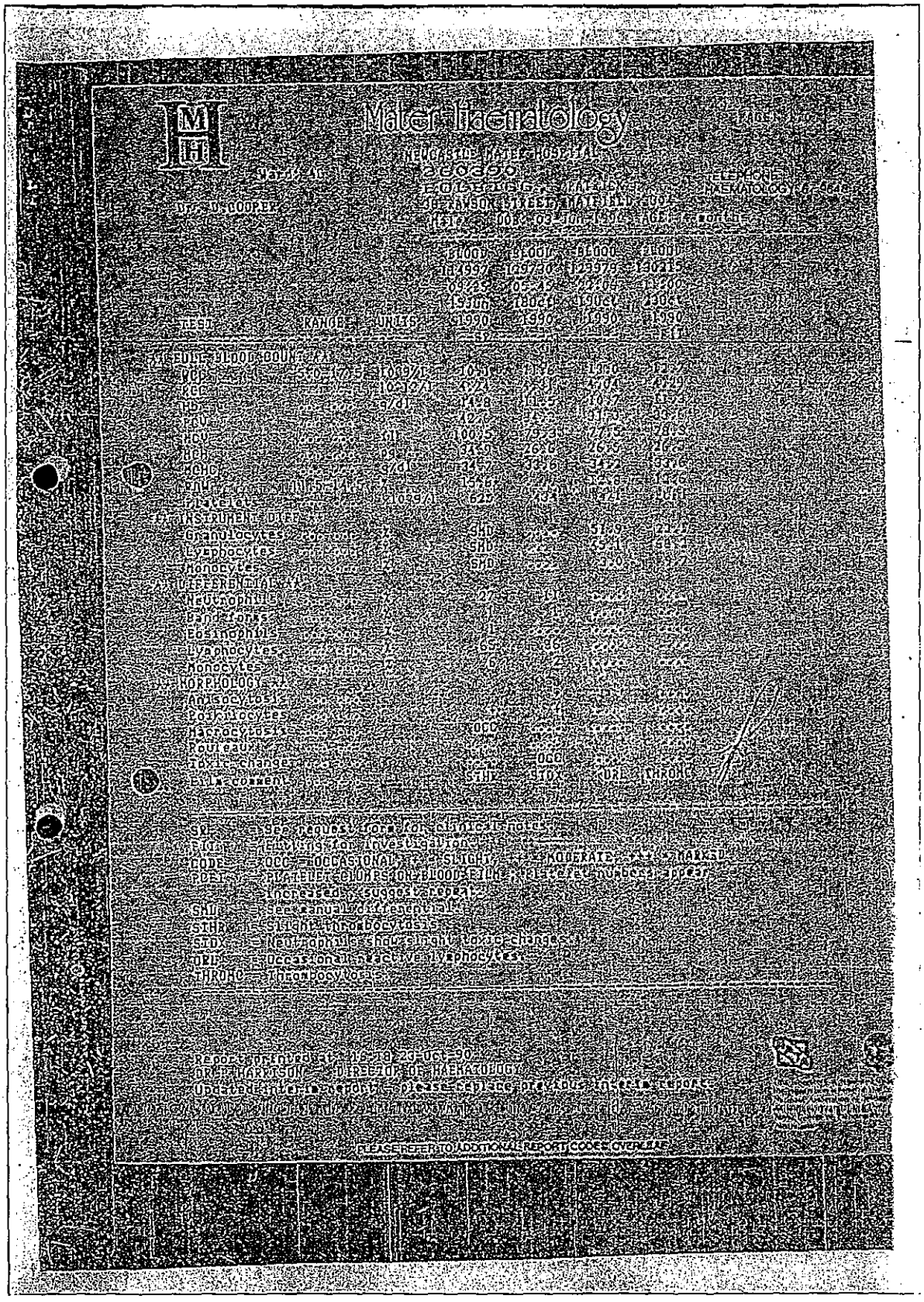
BARIUM SWALLOW There is free flow of contrast down into the oesophagus showing no evidence of stricture, ulcer crater or mass lesion. There is however some reflux of contrast into the nasal cavity noted. Contrast is seen going through the duodenum from with stomach with ease. The fourth part of the duodenum appears in the normal position.

There s no spontaneous reflux demonstrated.

IMPRESSION Apart from some in-coordination of swallowing no significant pathology demonstrated.

DR J. LAI

Printed 18/06/90 13:29 FINAL REPORT



Mater Haematology

NEWCASTLE MATER HOSPITAL

FOLBIGG, PATRICK MATER

ST LAWSON STREET MAYFIELD 2304

DOB: 03-Jun-1990 AGE: 2 months

DR: O'COOPER

TEST	RANGE	UNITS	01-Aug-90	20-Aug-90	20-Oct-90	20-Oct-90
SPECIMEN: BLOOD COUNT			BLOOD	BLOOD	BLOOD	BLOOD
WCC	5.0 - 17.5	10^9/L	10.9	11.6	11.0	12.7
RBC	3.9 - 5.4	10^12/L	4.71	4.11	4.04	4.20
HB	11.5 - 14.5	g/dL	14.8	13.5	13.7	13.3
PCV	0.35 - 0.45		0.42	0.39	0.39	0.40
MCV	77 - 91	fL	100.5	79.3	77.5	78.5
MCH	25 - 31	pg	31.4	26.6	26.5	26.6
MCHC	32 - 36	g/dL	34.7	33.6	34.2	33.6
RDW	11.5 - 14.5	%	13.6	14.6	14.8	14.6
Platelets	150 - 400	10^9/L	625	521	424	444
INSTRUMENT: DIFF			SMD	SMD	SMD	SMD
Granulocytes		%		51.9	22.9	
Lymphocytes		%		43.1	68.1	
Monocytes		%		3.0	9.7	
DIFFERENTIAL						
Neutrophils	2 - 7	%	27			
Bands	0 - 1	%	1			
Eosinophils	0 - 4	%	4			
Lymphocytes	40 - 70	%	66			
Monocytes	0 - 10	%	2			
MORPHOLOGY:						
Anisocytosis						
Poikilocytes						
Macrocytosis			OCC			
Rouleaux						
Toxic changes			OCC			
Film comment			SMHX	TOX	ORL	THRONC

SR - See request form for clinical notes

RIGN - Envelope for investigation

CODE - OCC = OCCASIONAL, SLIGHT, MODERATE, MARKED

PCEL - PLATELET CLUMPS ON BLOOD FILM, platelet numbers appear increased, suggest repeat

SMD - See manual differential

STHR - Slight thrombocytosis

TOX - Neutrophils show slight toxic changes

ORL - Occasional reactive lymphocytes

THRONC - Thrombocytosis

Report printed: 18:28 20-Oct-90

DR: HARRISON DIRECTOR OF HAEMATOLOGY

Updated results for this report - please refer to previous report

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL
TELEPHONE
HAEMATOLOGY: 67 9648

Ward: 3D
360390
FOLBIGG, PATRICK
Dr. R.MORRIS
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR	BLOOD 129730 05:45 18Oct 1990 -------	BLOOD 129979 22:06? 19Oct 1990 -------	BLOOD 130215 11:00 23Oct 1990 --FIT	BLOOD 131392 19:44? 4Nov 1990 --SR
*** CONTINUATION ***							
Film comment			STHR	STOX	ORL	THROMC	AEC

SR = See request form for clinical notes.
FIT = Fitting for investigation.
STHR = Slight thrombocytosis
STOX = Neutrophils show slight toxic changes.
ORL = Occasional reactive lymphocytes.
THROMC = Thrombocytosis.
AEC = Awaiting blood film comment by Haematologist.

Report printed at 15:26 05-Nov-90
DR P. HARRISON - DIRECTOR OF HAEMATOLOGY
Updated interim report - please replace previous interim report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

GENERAL 26 6469
DRUGS 26 6729
ENDOCRINE 26 6579
DIRECTOR DR J E DICKESON

The Hunter Biochemistry Service

Newcastle Mater Misericordiae Hospital

Ward: 4G 360390

FOLBRIGG, PATRICK

Dr D COOPER 36 RAWSON ST MAYFIELD 2304

Male AGE: 4 months

Test	Range	Units	BLOOD 364259 09:25 15Jun 1990	BLOOD G23737 11:00 23Oct 1990	BLOOD G25753 09:24? 25Oct 1990
BLOOD					
Sodium	132-142	mmol/L	142		
Potassium	3.7-5.6	mmol/L	5.4	....	....
Chloride	96-106	mmol/L	105		
Bicarbonate	18-27	mmol/L	30*	....	....
Urea	1.8-5.4	mmol/L	2.7		
Creatinine	0.01-0.05	mmol/L	0.05	....	....
Urate	0.22-0.52	mmol/L	0.16*		
Calcium	2.25-2.82	mmol/L	2.68	....	....
Phosphate	1.36-2.26	mmol/L	2.75*		
Protein	58-78	g/L	57*	....	....
Albumin	32-45	g/L	38		
Bilirubin	1-22	umol/L	68*	....	....
GGTP	5-65	U/L	141*		
ALT (SGPT)	10-50	U/L	54*	....	....
Alk Phos	1-250	U/L	154		
CK	30-145	U/L	106	....	....
AST (SGOT)	17-58	U/L	35		
LD	250-600	U/L	261	....	....
Glucose	2.9-11.0	mmol/L	4.9		
Calc Ion Ca	1.09-1.28	mmol/l	1.49*	....	....
Phenytoin	40-80	umol/L	....	20*	8*
Phenobarb	40-215	umol/L		130	94

Printed 16:33 25-Oct-90

Interim replacing report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

GENERAL 266469
DRUGS 266729
ENDOCRINE 266679

The Hunter Biochemistry Service

DIRECTOR: DR J E DICKESON

Newcastle Mater Misericordiae Hospital

Ward: 4G 360390

FOLBRIGG, PATRICK

Dr D COOPER 36 RAWSON ST MAYFIELD 2304

Male AGE: 4 months

Test	Range	Units	BLOOD 364259 09:25 15Jun 1990	BLOOD G23737 11:00 23Oct 1990	BLOOD G25753 09:24? 25Oct 1990
BLOOD					
Sodium	132-142	mmol/L	142	....	....
Potassium	3.7-5.6	mmol/L	5.4	....	....
Chloride	96-106	mmol/L	105	....	....
Bicarbonate	18-27	mmol/L	30*	....	....
Urea	1.8-5.4	mmol/L	2.7	....	....
Creatinine	0.01-0.05	mmol/L	0.05	....	....
Urate	0.22-0.52	mmol/L	0.16*	....	....
Calcium	2.25-2.82	mmol/L	2.68	....	....
Phosphate	1.36-2.26	mmol/L	2.75*	....	....
Protein	58-78	g/L	57*	....	....
Albumin	32-45	g/L	38	....	....
Bilirubin	1-22	umol/L	68*	....	....
GGTP	5-65	U/L	141*	....	....
ALT (SGPT)	10-50	U/L	54*	....	....
Alk Phos	1-250	U/L	154	....	....
CK	30-145	U/L	106	....	....
AST (SGOT)	17-58	U/L	35	....	....
LD	250-600	U/L	261	....	....
Glucose	2.9-11.0	mmol/L	4.9	....	....
Calc Ion Ca	1.09-1.28	mmol/l	1.49*	....	....
Phenytoin	40-80	umol/L	....	20*	8*
Phenobarb	40-215	umol/L	....	130	94

Printed 16:33 25-Oct-90

Interim replacing report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

GENERAL 26 6468
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR J E DICKESON

Newcastle Mater Misericordiae Hospital

Ward 4G 360390

FOLBRIGG, PATRICK

Dr D COOPER 36 RAWSON ST MAYFIELD 2304

29.10 c/d Male AGE: 4 months

Test	Range	Units	BLOOD 364259 09:25 15Jun 1990	BLOOD G23737 11:00 23Oct 1990	BLOOD G25753 09:24? 25Oct 1990	BLOOD G29766 09:10 29Oct 1990
BLOOD						
Sodium	132-142	mmol/L	142			
Potassium	3.7-5.6	mmol/L	5.4	....	....	....
Chloride	96-106	mmol/L	105			
Bicarbonate	18-27	mmol/L	30*	....	....	....
Urea	1.8-5.4	mmol/L	2.7			
Creatinine	0.01-0.05	mmol/L	0.05	....	....	....
Urate	0.22-0.52	mmol/L	0.16*			
Calcium	2.25-2.82	mmol/L	2.68	....	....	....
Phosphate	1.36-2.26	mmol/L	2.75*			
Protein	58-78	g/L	57*	....	....	....
Albumin	32-45	g/L	38			
Bilirubin	1-22	umol/L	68*	....	....	....
GGTP	5-65	U/L	141*			
ALT (SGPT)	10-50	U/L	54*	....	....	....
Alk Phos	15-250	U/L	154			
CK	30-145	U/L	106	....	....	....
AST (SGOT)	17-58	U/L	35			
LD	250-600	U/L	261	....	....	....
Glucose	2.9-11.0	mmol/L	4.9			
Calc Ion Ca	1.09-1.28	mmol/l	1.49*	....	....	....
Phenytoin	40-80	umol/L	....	20*	8*	9*
Phenobarb	140-215	umol/L	....	130	94	84

inted 16:14 29-Oct-90

terim replacing report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL

Ward: 3B 46

360390

FOLBIGG, PATRICK

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TELEPHONE HAEMATOLOGY: 67 9648

Dr. R.MORRIS

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR	BLOOD 129730 05:45 18Oct 1990	BLOOD 129979 22:06? 19Oct 1990	BLOOD 130215 11:00 23Oct 1990 --FIT	BLOOD 131392 19:44? 4Nov 1990 --#A
COMMENT							SR
** FULL BLOOD COUNT **							
WCC	5.0-17.5	10^9/l	10.1	11.6	13.0	12.7	13.0
RCC	... ...	10^12/l	4.24	4.31	4.04	4.29	3.63
Hb	... ...	g/dl	14.8	11.5	10.7	11.3	9.6
PCV	... ...		42.6	34.2	31.3	33.6	27.7
MCV	... ...	fl	100.5	79.3	77.5	78.3	76.4
MCH	... ...	pg	34.9	26.6	26.5	26.3	26.4
MCHC	... ...	g/dl	34.7	33.6	34.2	33.6	34.6
RDW	11.5-14.5	%	15.6*	....	12.8	12.6	12.9
Platelets	... ...	x10^9/l	625	434	471	PCFI	762.
** INSTRUMENT DIFF **							
Granulocytes	... ...	%	SMD	....	51.9	22.1	SMD
Lymphocytes	... ...	%	SMD	....	45.1	68.2	SMD
Monocytes	... ...	%	SMD	....	3.0	9.7	SMD
** DIFFERENTIAL **							
Neutrophils	... ...	%	27	11	....	....	58
Band forms	... ...	%	1	1	....	....	3
Eosinophils	... ...	%	1	....	....	....	....
Lymphocytes	... ...	%	65	86	....	....	25
Monocytes	... ...	%	6	2	....	....	14
** MORPHOLOGY **							
Anisocytosis	... ...		+	+	+	....	+
Poikilocytes	... ...		+	+	....	....	+
Macrocytosis	... ...		OCC	....	....	....	....
Hypochromia	... ...		....	....	....	....	+
Rouleaux	... ...		....	....	+	....	+
Toxic change	... ...		....	OCC	....	....	OCC

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
PCFI = PLATELET CLUMPS ON BLOOD FILM ; Platelet numbers appear increased , suggest repeat.
SMD = See manual differential.

Report printed at 12:19 06-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

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PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL

Ward: 3D

360390

EOLBIGG, PATRICK

TELEPHONE
HAEMATOLOGY: 67 9648

Dr: R.MORRIS

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990	BLOOD 129730 05:45 18Oct 1990	BLOOD 129979 22:06? 19Oct 1990	BLOOD 130215 11:00 23Oct 1990	BLOOD 131392 19:44? 4Nov 1990
COMMENT			SR			FIT	FA SR
CONTINUATION							
Film comment			STHR	STOX	ORL	THROMC	BT7538#

SR = See request form for clinical notes.
FIT = Fitting for investigation.
STHR = Slight thrombocytosis
STOX = Neutrophils show slight toxic changes.
ORL = Occasional reactive lymphocytes.
THROMC = Thrombocytosis.
BT7538 = Slight anaemia
Slight thrombocytosis
Dr S. Deveridge

Report printed at 12:19 06-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

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Mater Haematology

NEWCASTLE MATER HOSPITAL — TELEPHONE HAEMATOLOGY: 67 9648

Ward: 3D

360390

EOLBIGG, PATRICK

Dr. R.MORRIS

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR	BLOOD 129730 05:45 18Oct 1990	BLOOD 129979 22:06? 19Oct 1990	BLOOD 130215 11:00 23Oct 1990 --FIT	BLOOD 131392 19:44? 4Nov 1990 --SR
*** CONTINUATION ***							
Film comment			STHR	STOX	ORL	THROMC	AEC

SR = See request form for clinical notes.
FIT = Fitting for investigation.
STHR = Slight thrombocytosis.
STOX = Neutrophils show slight toxic changes.
ORL = Occasional reactive lymphocytes.
THROMC = Thrombocytosis.
AEC = Awaiting blood film comment by Haematologist.

Report printed at 15:26 05-Nov-90

DR P. HARRISON - DIRECTOR OF HAEMATOLOGY

Updated interim report - please replace previous interim report.

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Mater Haematology

NEWCASTLE MATER HOSPITAL
TELEPHONE
HAEMATOLOGY: 67 9648

-- Ward: 3D/4A

Dr. R.MORRIS

360390
EOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR	BLOOD 129730 05:45 18Oct 1990	BLOOD 129979 22:06? 19Oct 1990	BLOOD 130215 11:00 23Oct 1990 --FIT	BLOOD 131392 19:44? 4Nov 1990 --SR
** FULL BLOOD COUNT **							
WCC	5.0-17.5	10^9/l	10.1	11.6	13.0	12.7	13.0
RCC	... ...	10^12/l	4.24	4.31	4.04	4.29	3.63
Hb	... ...	g/dl	14.8	11.5	10.7	11.3	9.6
PCV	... ...		42.6	34.2	31.3	33.6	27.7
MCV	... ...	fl	100.5	79.3	77.5	78.3	76.4
MCH	... ...	pg	34.9	26.6	26.5	26.3	26.4
MCHC	... ...	g/dl	34.7	33.6	34.2	33.6	34.6
RDW	11.5-14.5	%	15.6*	...	12.8	12.6	12.9
Platelets	... ...	x10^9/l	625	434	471	PCFI	762.
** INSTRUMENT DIFF **							
Granulocytes	... ...	%	SMD	....	51.9	22.1	SMD
Lymphocytes	... ...	%	SMD	....	45.1	68.2	SMD
Monocytes	... ...	%	SMD	....	3.0	9.7	SMD
** DIFFERENTIAL **							
Neutrophils	... ...	%	27	11	....	....	58
Band forms	... ...	%	1	1	....	....	3
Eosinophils	... ...	%	1	....	....	....	....
Lymphocytes	... ...	%	65	86	....	....	25
Monocytes	... ...	%	6	2	....	....	14
** MORPHOLOGY **							
Anisocytosis	... ...		+	+	+	....	+
Poikilocytes	... ...		+	+	....	....	+
Macrocytosis	... ...		OCC	....	....	....	....
Hypochromia	... ...		....	....	....	....	+
Rouleaux	... ...		....	....	+	....	+
Toxic change	... ...		....	OCC	....	....	OCC

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
PCFI = PLATELET CLUMPS ON BLOOD FILM ; Platelet numbers appear increased , suggest repeat.
SMD = See manual differential.

12.11.90

Report printed at 15:25 05-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Updated interim report - please replace previous interim report.

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TELEPHONE:
GENERAL 26 6469
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR J.E. DICKESON

Newcastle Mater Misericordiae Hospital

Ward 4G 360390

FOLBIGG, PATRICK

361 36 RAWSON ST MAYFIELD 2304

Male AGE: 5 months

Test	Range	Units	BLOOD 364259 09:25 15Jun 1990	BLOOD G23737 11:00 23Oct 1990	BLOOD G25753 09:24? 25Oct 1990	BLOOD G29766 09:10 29Oct 1990	BLOOD H05856 20:00 4Nov 1990
BLOOD							
Sodium	132-142	mmol/L	142				
Potassium	3.7-5.6	mmol/L	5.4	....	....	....	....
Chloride	96-106	mmol/L	105				
Bicarbonate	18-27	mmol/L	30*	....	....	....	....
Urea	1.8-5.4	mmol/L	2.7				
Creatinine	0.01-0.05	mmol/L	0.05	....	....	....	....
Urate	0.22-0.52	mmol/L	0.16*				
Calcium	2.25-2.82	mmol/L	2.68	....	....	....	....
Phosphate	1.36-2.26	mmol/L	2.75*				
Protein	58-78	g/L	57*	....	....	....	....
Albumin	32-45	g/L	38				
Bilirubin	1-22	umol/L	68*	....	....	....	....
GGTP	5-65	U/L	141*				
ALT (SGPT)	10-50	U/L	54*	....	....	....	....
Alk Phos	1-250	U/L	154				
CK	30-145	U/L	106	....	....	....	....
AST (SGOT)	17-58	U/L	35				
LD	250-600	U/L	261	....	....	....	....
Glucose	2.9-11.0	mmol/L	4.9				
Calc Ion Ca	1.09-1.28	mmol/l	1.49*	....	....	....	....
Phenytoin	40-80	umol/L	....	20*	8*	9*	....
Phenobarb	40-215	umol/L		130	94	84	103

inted 16:44 09-Nov-90

rmanent report - please discard previous permanent report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

Mater Haematology

Ward: 9/4

NEWCASTLE MATER HOSPITAL
360390
FOLBIGG, PATRICK ALAN
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 08-Jun-1990 AGE: 5 months

TELEPHONE
HAEMATOLOGY: 67 9648

Dr. CMO

TEST	RANGE	UNITS	BLOOD 114997 09:25 15Jun 1990 --SR	BLOOD 129783 05:45 19Oct 1990 ---	BLOOD 129979 22:06? 19Oct 1990 ---	BLOOD 130215 11:00 23Oct 1990 --FIT	BLOOD 131893 19:44? 4Nov 1990 --SR	BLOOD 133504 13:41? 14Nov 1990 ---
** FULL BLOOD COUNT **								
WCC	5.0-17.5	10^9/l	10.1	11.5	13.0	12.7	13.0	39.4**
RCC	... ...	10^12/l	4.24	4.31	4.04	4.29	3.63	4.07
Hb	... ...	g/dl	14.8	11.7	10.7	11.3	9.6	10.2
PCV	... ...		42.6	34.2	31.3	33.3	27.7	30.7
MCV	... ...	fl	77.3	79.3	77.3	78.3	76.4	75.5
MCH	... ...	pg	34.9	26.6	26.5	26.3	26.4	25.1
MCHC	... ...	g/dl	34.7	33.3	34.2	33.6	34.6	33.2
RDW	11.5-14.5	%	15.6*	....	12.8	12.6	12.9	13.2
Platelets	... ...	x10^9/l	625	484	471	PCFI	762.	730.
** INSTRUMENT DIFF **								
Granulocytes	... ...	%	SMD	....	51.9	22.1	SMD	SMD
Lymphocytes	... ...	%	SMD	....	45.1	68.2	SMD	SMD
Monocytes	... ...	%	SMD	....	3.0	9.7	SMD	SMD
** DIFFERENTIAL **								
Neutrophils	... ...	%	27	11	....	....	38	75
Band forms	... ...	%	1	1	....	....	3	....
Eosinophils	... ...	%	1	....	....	....	....	....
Lymphocytes	... ...	%	65	86	....	....	35	20
Monocytes	... ...	%	6	2	....	....	14	5
** MORPHOLOGY **								
Anisocytosis	... ...		-	-	+	....	+	+
Poikilocytes	... ...		-	+	....	....	+	+
Microcytosis	... ...		....	....	....	....	....	+
Macrocytosis	... ...		OCC	....	....	....	....	....
Hypochromia	... ...		....	....	....	....	+	+
Rouleaux	... ...		....	....	+	....	+	....
Toxic changes	... ...		....	....	....	....	OCC	....

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
SCALE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
PCFI = PLATELET CLUMPS ON BLOOD FILM ; Platelet numbers appear decreased , suggest repeat.
SMD = See manual differential.

Report printed at 15:36 14-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Signed results - please replace if not a pathologist.

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PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

SURNAME	FOLBIGG	UNIT No.	360390
OTHER NAMES	Patrick		
ADDRESS	36 Rawson St Mayfield	Sheet No.	
DATE OF BIRTH	3-6-1990	V.M.O.	

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION: Baby

EMPLOYER: /

☐ T. PTY. ☐ W. COMP. – ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

8 OCT 1990

A/E

TIME OF ARRIVAL 0500

TIME SEEN BY R.M.O

TIME OF DISCHARGE

Via Amb.
Triage 0455 hrs
19/52 child. Col S.
Hx 3 days. mother said breathing, deep breaths
O/E Baby pale, lethargic, arching of back. when disturbed ? Left tense fontal
T2 Resp. Therap. RN
T. P.136. R.60. Wt 7.32kg.

A/E

DATE 4 NOV 1990

TIME OF ARRIVAL 1815

TIME SEEN BY R.M.O

TIME OF DISCHARGE

TRIAGE: 1815 ? seizure
ages old bub in hand
child back on arrival
crying vomited x2
resus. O'Brien (BRIGHT R
P-176 T-40
Wt 7.74kg
Dx: Oculogyric crises
? post encephalitic BG involvement

505

Please use gummed label if available

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

SURNAME	UNIT No.
Foldig	360390
OTHER NAMES: Patrick	
ADDRESS: 36 Rawson St, Mayfield	Sheet No.
DATE OF BIRTH: 3.6.90	V.M.O.

RELIGION: MEDICARE NUMBER: 2155421582/1 HEALTH FUND:

TELEPHONE: 67215 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K. SEX: M

OCCUPATION: —

EMPLOYER: —

☐ T. PTY. ☐ W. COMP. — ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

A/E
LATE 14 NOV 1990
TIME OF ARRIVAL 1030
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

TRIAGE: 1030 via amb
H/o falling this morning
(P2) Rees [illegible] (BRIGH) R

T-36.7 P-168 R-36 Wt 7.78kg

26/11 9 Lacs Phenytoin
Carbamazepine

RLR

A/E
LATE 22 DEC 1990
TIME OF ARRIVAL 2013
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

TRIAGE: 2015 eyes rolled back in head H/O seizures (P2) Rees [illegible] (BRIGH) R

T-39 R-90 P-172 wt. 8.27kg

3×

Sign, Date and Record Designation for all Entries

DATE

AE
DATE 13 FEB 1991
TIME OF ARRIVAL 1025 ← 1020
TIME SEEN BY R.M.O. 1020
TIME OF DISCHARGE

T - P - R - Wt -

Asystolic arrest of 8/12 old boy

Background Presented 5/12 of age apnoeic & floppy.
Subsequently: resuscitated
? encephalitis / encephalopathy
seizure disorder — difficult to control previously, better control of late.
cortical blindness
developmental regression

Brother died 1989 19/52 old "SIDS" — Caleb.

Last night ? seizure
mild ↑ Temp
otherwise no problems.

This am 0730 — Patrick put back to sleep was 'well'
930 — 10 — Mum found baby.
Rang husband. Rushed home from work No heart beat or breathing. Commenced CPR, Ambo & phoned.
Paramedics arrived: No heart beat. No reflex. CPR continued. Baby's colour "good" and still warm.
1020: Arrived Mater Cas.
Asystole on monitor.
ETT & IV cannula inserted.
1020 5mls of 1:10,000 adrenalin given ETT
1022 5mls of 1:10000 adrenalin IV given.

N.M.M.H.

OUTPATIENT CONTINUATION RECORD

Sign, Date and Record Designation for all Entries.

Please use gummed label if available

SURNAME Foldigg	UNIT NUMBER
OTHER NAMES Patrick	
ADDRESS	
DATE OF BIRTH	WARD
V.M.O.	R.M.O.

5mls ie 1/1 mixes. Ca Gluconate

13/2/91 1025 ~~5ml~~ Ca gluconate given IV

1029 2.5mL 1:10,000 adrenalin given IV

1032 2.5mL 1:10,000 adrenalin given IV

Only alteration from asystole was the transient development of an agonal rhythm after the dose of adrenalin

S/B Dr Dzendolet, Dr I. A. Wilkinson. Resus team led by Dr Walker

CPR continued until arrival of mother. With both parents at bedside, Dr Wilkinson explained that there would be no benefit from further efforts.

1040 Resuscitation ceased and life pronounced extinct.

Parents seen in "family room"

Parents s/b Dr Wilkinson & pastoral care people, Leanne Ellison (SWO)

Post mortem desired. — paternal permission

WALKER

8/12 ♂ Child with Hx Epilepsy
2° Cortical Blindness

Mother found child apnoeic + bradycardic + called Dr Wilkinson + called her husband from work

Mr Folkigg arrived from Kolora [illegible] Comment

Bystander CPR on arrival. Ambulance (non paramedic) arrived ~1010 — transferred to NMMH arrived 1020 Am. on monitor

On arrival Asystolic Apnoeic. Receiving expired air resuscitation.

Sign, Date and Record Designation for all Entries.

DATE	
	6.5 non cuffed ETT
	Give Adrenaline 0.01ml 1:10,000 diluted to 1cc via ETT.
	Then Adrenaline 5ml 1:10,000 IVI = 0.5mg
	followed by 2 further doses Broncho 0.5mg / IVI
	Continuous cardiac / ECG
	Agonal Rhythm 10 beats/min obtained on E.C.G monitor after Adrenaline
	no output obtained
	Resuscitation ceased after 20min at 1040
	Pt pronounced deceased. 1040 hrs
	viz no BP
	nil pulse
	nil spont. respirations
	Dr Williamson has filled in an intention to sign death certificate + form for Autopsy obtained.
	Anesthetist
	Williamson
	6/5/15

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

36-03-90
FOLRIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

98
Sheet No

FLUID BALANCE SUMMARY SHEET

WARD:

DATE	INPUT				OUTPUT				Balance	Weight (kg)
	Oral/ N.G.	I.V.I.		Total	Urine	bowel	Vomit/ Aspirate	Total		
25/10/90	720mls	250		970mls	9	1		9		
26/10/90	830	125		955	x 7	1		7		
29/10	1090	5			13	1				

TELEPHONE:
GENERAL 26 6469
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR J F DICKESON

Newcastle Mater Misericordiae Hospital

Ward: 4G 236390

FOLBRIGG, PATRICK

Dr D COOPER 36 RAWSON ST MAYFIELD 2304

29.10 cD Male AGE: 4 months

Test	Range	Units	BLOOD 364259 09:25 15Jun 1990	BLOOD G23737 11:00 23Oct 1990	BLOOD G25753 09:24? 25Oct 1990	BLOOD G29766 09:10 29Oct 1990
BLOOD						
Sodium	132-142	mmol/L	142			
Potassium	3.7-5.6	mmol/L	5.4	....	....	....
Chloride	96-106	mmol/L	105			
Bicarbonate	18-27	mmol/L	30*	....	....	....
Urea	1.8-5.4	mmol/L	2.7			
Creatinine	0.01-0.05	mmol/L	0.05	....	....	....
Urate	0.22-0.52	mmol/L	0.16*			
Calcium	2.25-2.82	mmol/L	2.68	....	....	....
Phosphate	1.36-2.26	mmol/L	2.75*			
Protein	58-78	g/L	57*	....	....	....
Albumin	32-45	g/L	38			
Bilirubin	1-22	umol/L	68*	....	....	....
GGTP	5-65	U/L	141			
ALT (SGPT)	10-50	U/L	54*	....	....	....
Alk Phos	1-250	U/L	154			
CK	30-145	U/L	106	....	....	....
AST (SGOT)	17-58	U/L	35			
LD	250-600	U/L	261	....	....	....
Glucose	2.9-11.0	mmol/L	4.9			
Calc Ion Ca	1.09-1.28	mmol/l	1.49*	....	....	....
Phenytoin	40-80	umol/L	....	20*	8*	9*
Phenobarb	40-215	umol/L		130	94	84

Printed: 06:14 29-Oct-90

Interim replacing report - discard when superseded.

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ATE
.7.1990

Paediatric Summary

IN FUND

Master FOLBIGG | 30.16.48

GIVEN NAMES
Patrick Allan David

DATE OF BIRTH
3.6.1990

COUNTRY OF BIRTH

ADDRESS
36 Rawson Street
MAYFIELD 2304

SEX
(M)

NEXT OF KIN
Kathy Folbigg (Mother)

HOSPITAL

RELIGION

TELEPHONES
HOME PARENTS BUSINESS
67 2155

SCHOOL

BLOOD GROUP Rh

Social and Family History

Born 3 days 16/7 "Calvo"

Antenatal History L.M.P. E.D.D. Weeks Gestation | Mother's Blood Rh Groups Fathers Rh

Positive Findings

39/40.

Examination at Birth and Hospital Progress

Method of Delivery
SVD

Labour Time Hrs 5 Min 1st Stage | Hrs Min 2nd Stage

APGAR 1 min 7 5 min 8.

Length

Weight

HC

CC

Birth Examination
BW 7lb 8ozs. 3.4kg.

Drugs Used

Phenylketonuria

Feeding Breast Weeks Other

HOSPITAL SUMMARY

PROGRESS Date –	Weeks 2/8/90	3 Months / /	6 Months / /	10 Months 25/11/91	18 Months / /	3 Years / /	5 Years / /	7 Years / /	10 Years / /	14 Years / /
Length / Height	HC 41.5			99cm						
Weight	6.41kg			9.2kg						
Dentition										
Vision L										
Vision R										
Urine										
Motion										
Development										
Immunisations	TA Sabin	TA SAB	DDT/SM							

Allergies:

NKA

Date	No.	Problem	Code	Management	Date Resolved etc.
4/90		Sibling sudden death F. Hx		- Sleep study - normal Dr Swallow ENT DR Norris. Dr Williams → phenobarb + carbamazep ET - occipital infarct. ? Ulrich	

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Paediatric Summary (continued)

Date	No.	Problem	Code	Management	Date Resolved
20/7/94	ⓒ	runny eyes several days awoke with cough + snuffle - once, unsettled feeding + well nappies okay	ⓒ	N. saline drops PJH	
	ⓒ	T 36.7 ENT clear			
21/9/94	ⓒ	8kg 41.5cm. 6.4kg Still slightly snuffly. alert smiley HS and ears clear chest lungs.		TA - /salon Fenbec Inf	
29/9/94	S.	T/F/vomit: >-3/7 HC eyes HS / chest fine under tests of development /		T/F/sub	
3/11/94	S.	Recently fitting - reigne frei 10/7 HC 44 cm 8.4kg. 50 RVT - slept unhappy. chest / abdo /	T.	phenobarbitone 30mg BD. (6mg/kg).	
4/11/94	S	acute cough - productive. O. alert chest clear. afebrile. ears clear. (10) mild otitis media left	T.	Amoxil suspension. see chart below NB. mother sick on eye.	

No.

Progress Notes

RACGP HEALTH RECORD

SURNAME

GIVEN NAMES

	Prob No.	SOA	FINDINGS: Subjective, Objective, Assessment	DTI	PLANS: Diagnostic, Therapeutic (including medication), Information

PEPCIDINE
H, ANTAGONISM REDUCED

PAGE NO. 2

Progress Notes

SURNAME: POLBIGG | RECORD NO.

GIVEN NAMES:

DATE	Prob No.	SOA	FINDINGS: Subjective, Objective, Assessment	DTI	PLANS: Diagnostic, Therapeu (including medication), Informa
3/6/91			22/11 Mabs O/c.		
			① Sleeping disorder ② Visual disturbances } 2° to [illegible]		postal infarct
					D/W Dr Williams 25/11/91
					CST
					Ultrasound C/S
					T: Tegretol 5ml bd (20mg/ml 300mg/d
					Phenobarb 35mg h.s.
					TCA = same.
			S: S/v. Warned.		
			3/52 comp. USS. Mod. T=.		
			Lies flat ok. Aware pregn in Nov.		
			No prob dozing		
			O: Happy. Eyes - not breaking		
			Resp 60. TMs ñ pharyngeal Resp ñ		
		P	Mucosa ? blind		
			Letter Dan Williams ⇒ problem ↓ weight.		
			on Phenobarb		
			↓ Tegretol,		
			↑ epileptic fits, increased drowsiness.		
			↓ to 15mg/d		
12/9/91			CDT/SLD - blind slowly		
					phenobarb 45mg BD
					60mg/ml.
			Letter Dan Williams ⇒ ↑ Tegretol		
			⇒ happy		↑ global development.
11/9/91			S.		
			dark.		
			swipes.		135mg BD
			regrell.		60mg/ml.
			② Rash.		Tegretol 300mg/d
					typhoid.
					Coeliac / chronic [illegible]
13/6/91			S-I D S.		

DATE 7.1990

Paediatric Summary

PMS REPAT WCA VA OTHER
IN FUND

SURNAME Master FOLBIGG

RECORD NO. 30.16.48

GIVEN NAMES Patrick Allan David

DATE OF BIRTH 3.6.1990

COUNTRY OF BIRTH

ADDRESS 36 Rawson Street MAYFIELD 2304

SEX (M)

NEXT OF KIN Kathy Folbigg (Mother)

HOSPITAL

RELIGION

TELEPHONES HOME 67 2155 PARENTS BUSINESS

SCHOOL

BLOOD GROUP Rh

Social and Family History

Brother dies aged 16/7 "Cot death"

Antenatal History L.M.P. E.D.D. Weeks Gestation 39/40. Mother's Blood Groups Rh Fathers Rh

Positive Findings

Examination at Birth and Hospital Progress

Method of Delivery SVD

Labour Time Hrs 5 Min Hrs Min 1st Stage 2nd Stage

APGAR 1 min 7 5 min 8

Length

Weight

Head Circ.

Birth Examination BW 7lb 8 kgm. 3.4 kg.

Drugs Used

Phenylketonuria

Feeding Breast Weeks Other

HOSPITAL SUMMARY

PROGRESS Date –	8 Weeks 2/8/90	3 Months / /	5 Months / /	10 Months 25/1/91	18 Months / /	3 Years / /	5 Years / /	7 Years / /	10 Years / /	14 Years / /
Length / Height	HC 41.5			99 cm						
Weight	6.4 kg			9.2 kg						
Nutrition										
Vision L										
Vision R										
Urine										
Defecation										
Development										
Immunisations	TA Salon	TA SWS	DDT/GM							

Allergies: NKA

Date	No.	Problem	Code	Management	Date Resolved etc.
90		Sibling SIDS F. Hmg		- Sleep Study - normal Dr Neo Surveillance → DR Norris. Dr Williams → phenobarb + carbamazepine CT - occipital infarct. ? Virus	

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Paediatric Summary (continued)

Date	No.	Problem	Code	Management	Date Resolved/etc.
2/7/96	①	runny eyes several days			
		awoke with cough +			
		snuffle - sneeze, unsettled			
		feeding + weaning	ⓒ	N. saline drops	
		nappies okay		PSH	
	②	T 36° ENT ✓ chest			
10/9/96	⑤	8kg 41.5cm.			
		6.4kg dull slightly snuffly.		TA - /salbu	
		alert smiley		Fenbu Inh	
		NAD ear ✓ chest ✓			
		throat ✓ hips.			

24/4/96 S TA/mds.

> - 3/7 HC

eyes ✓ NS ✓ chest ✓ ear

pulse rate ↓/↓

development ✓

TA/salb

11/96 S. Recently settling - resume free 10/7

HC 44 cm

8.6kg.

ENT ✓ dull

wrinkly.

chest ✓ abdo ✓

T. phenobarbitone 30mg BD. (6mg/kg).

11/96 S acute cough - productive.

O. alert dull/ill

opht. ears ✓

ENT ✓ mild otitis media

T. Augmentin

resume ✓ ✓

NB - mother sick ✓ ✓ age.

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME FOLBIGG	UNIT NUMBER 85
OTHER NAMES PATRICIA	Sheet No.
ADDRESS	
DATE OF BIRTH	M.O.

WARD: 4G

STATIM MEDICATION

PREVIOUS DRUG ALLERGY:	ADVERSE DRUG REACTION THIS ADMISSION:

PRESCRIBER				ADMINISTRATOR		
Date	Time to be given	Drug (Generic Name); Dose; Route	M.O. Signature & Print Name	Date	Time given	Signature
18/10/90	1730	Paracetamol 1.40mg P.O.		18/10/90	1730	
18/10		MYLANTA 4mls		18/10/90	10pm	
18/10/90		Panquil 2.5mls STAT		18/10/90	2225	
20/10/90		Phenobarb 2n 10mls b/s 75mg 2/0 20 mins		20/10/90	0550	
20/10		Phenobarbitone 50mg IV over 20 minutes		20/10/90	0550 am	
20/10/90	1200	Phenobarbitone 100mg IVI stat. (over 20 mins).	O'BRIEN	20/10/90	1200	
20/10/90	2030	Phenytoin 125 mg IVI stat (over 20 mins).	O'BRIEN	20/10/90	2030 2100	
~~20/10~~ 23/10	~~2045~~	Chloral hydrate	375 mg stat 11.00am	23/10/90	11.15 am	
23/10/90	12	Dopamine 200 10mls 78 mg/kg IV		23/10/90	12	
	24/10/90	phenytoin ~~50mg~~ diluted to ~~4ml~~ 25mls NS given over 30 minutes		24/10/90	0900	

1-1-86

The Royal Newcastle Hospital
Department of Clinical Neurophysiology

E.E.G. REPORT

DATE: 18/10/90

NAME: FOLBIGG PATRICK ALAN DOB: 3/6/90 MRN: 521375

ADDRESS: 36 RAWSON ST MAYFIELD SEX: M No.: M90/1144

REFERRED BY: DR COOPER MATER HOSP

HISTORY:

(ioea, ? seizure.

REPORT:

The bulk of the recording is done in stage 2 sleep.

The 14 Hz sleep spindles are extremely well formed and distributed and although frequently asynchronous there is no overall asymmetry noted.

The background activities are normal and symmetrical with a very well formed frequency amplitude gradient and the appearance from time to time of cone wave posteriorly.

The arousal response at the end of the recording is normal and symmetrical.

CLINICAL INTERPRETATION:

T(is a normal EEG for this age and the states of sleep.

J. T. HOLLAND

DEPARTMENT OF HEALTH, N.S.W.
AMBULANCE SERVICE
GRADE 1 2 (3) 4 5
REGION H-TR

AMBULANCE REPORT

DATE	JULIAN	CASE No.	PATIENT	SEX	AGE
18/10/90	291.090.01		1 OF 1	M	4

CALL TYPE	AUTHORITY	STN. No.	RADIO No.	RESPONSE	CATEGORY
CA	CALL	0781	A58	1	M1

TIME BOOKED	TIME OUT	LOCATION	DEPART	DESTINATION	CLEAR
0430	0431	0441	0445	0452	0518

18. OCT. 1990

OFFICE CC

PATIENT DETAILS

CODE	TITLE	SURNAME	FIRST NAME	D.O.B	STRETCHER S / WALKING W / W CHAIR C
B	BABY	FOLBIGG.	PATRICK.	3.6.90	5

ADDRESS: 36 RAWSON ST MAYFIELD — CODE: 2310

DEBTOR DETAILS

W/COMP ☐ 3rd PARTY ☐

CHG. CODE	AMOUNT	CHG. KM	CODE	TITLE	SURNAME/BUSINESS	INITIALS
N		16			N.I.B.	

PENSION No : WARRANT No. | ADDRESS | CODE

OCCUPATION | EMPLOYED BY: Dec. 2624E

		FROM	CODE	TO	CODE
ODO IN	201790	RESIDENCE	2M04	MATER HOSP	9211
ODO OUT	201798				
TRIP KM	8				

HISTORY (State chief complaint first)

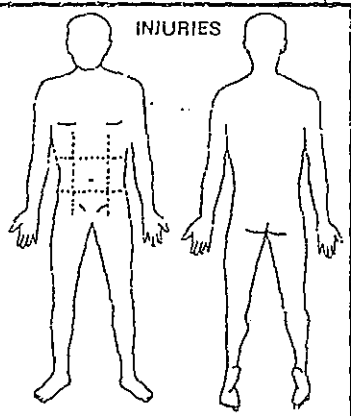
O/A 4½ BABY RESPIRATORY DIFFICULTY
I.E. INTERCOSTAL RECESSION.
HARD TO WAKE UP HAS HAD COLD
FOR 2 DAYS. ? P.V.C.
O/E PT WAS PALE & VERY LISTLESS → BABY
IS NORMALLY HAPPY & DYNAMIC

EXAMINATION

AIRWAY	☑ Clear	☐ Obstructed	
BREATHING	☐ Present	☐ Absent	
	☐ Shallow	☑ Deep	
CIRCULATION	☑ Present	☐ Absent	
Buccal Mucosa	☐ Pink	☐ Blue	☑ Pale
Skin temp.	☐ Normal	☐ Cold	☑ Hot
Sweating	☑ Nil	☐ Mod.	☐ Profuse
Vomiting	☑ Nil	☐ Small	☐ Large
Fitting	☑ Nil	☐ Yes	Number
Burns	☑ Nil	☐ Superficial	%
		☐ Deep	%
Blood Loss (External)	☑ Nil	☐ Under 500ml	☐ Over 500ml

Site .....

INJURIES



F Fracture H Haemorrhage B Burn
L Laceration T Tenderness P Pain
A Abrasion C Contusion
S Swelling D Dislocation

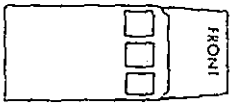
Specific observations ☐ Nil

PREPARED BY .....

CHECKED BY .....

Breath Sounds .....

× Position of Patient
→ Point of Impact
▨ Damaged Area
Seat Belt Not / Worn



Estimated Impact Speed High Medium Low

ROAD USER: 1 Driver 2 Passenger 3 Motorcyclist & Pillions 4 Pedal Cyclist 5 Pedestrian 6 Others

	Time	Pulse	Blood Pressure	Capillary Filling	Respiration Rate	Respiration Effort	L Level of Cons.	Total Score
	4.45	142	NIL	2	30	1	2	
	500	132		2	32		4	

Pupils — Size (T / R / L) = = — React. (R / L) — —

	Eye Opening	Motor Response	Verbal Response	S
	2	3	2	—
	4	5	3	1½

Vital Signs Points			Add Vital Sign Points
	First	1	+ 2 + 3 + 1 + 2 =
	Final	1	+ 2 + 3 + 1 + 4 =
			Difference Between Total Score ±

Eye Opening: 4 Spontaneous; 3 To Speech; 2 To Pain; 1 NIL
Best Motor Response: 6 Obeys; 5 Localises; 4 Withdraws; 3 Abnormal Flexion; 2 Extends; 1 NIL
Verbal Response: 5 Orientated; 4 Confused Conversation; 3 Inappropriate Words; 2 Incomprehensible Sounds; 1 NIL

TABLE. | 14⇨15 = 5 | 11⇨13 = 4 | 8⇨10 = 3 | 5⇨7 = 2 | 3⇨4 = 1

TREATMENT BEFORE ARRIVAL
(0) Nil 1 CPR within 3 mins.
2 First Aid 3 Medical

Patient's state prior to arrival
(A) Conscious C Unknown
B Unconscious Mins. .....

PREVIOUS ILLNESS
(☒) Nil ☐ Renal
☐ Unknown ☐ Stroke
☐ Hypertension ☐ Epilepsy
☐ Cardiac ☐ Psychiatric
☐ Respiratory ☐ G.I.T.
☐ Diabetes
☐ Other .....

Allergies (☒) Nil ☐ Unknown

Present Medication (☒) Nil ☐ Unknown

Comments .....

TREATMENT

AIRWAY 1 Suction
1 Oral Airway
2 Nasal Airway
☐ ETT

BREATHING 1 RM
2 RS
3 ..... (other)
1 IPPV

CIRCULATION 1 Cardiac Compression

POSTURE 1 Lateral
(2) Supine MOTHER
3 Sitting
4 Legs Elevated

O_2 THERAPY (1) High Conc. Mask
2 Nasal Prongs
3 28% Ventimask
(1) 14L 2 8L 3 4L
1 Demand Valve

HAEMORRHAGE CONTROL ☐ Dressing ☐ Elevation ☐ Pressure

IV CANNULATION 1 Type .....
2 Unsuccessful
3 In Situ
Local given ☐ No ☐ Yes

INTUBATION 1 Type .....
2 Unsuccessful
3 In Situ

ANALGESIA
E Entonox 1 Not Effective
N Narcotic 2 Part Effective
3 Effective

SPLINTS
1 Hare 5 KED
2 Thomas 6 Other
3 Air 7 Donway
4 Cervical Collar

MAST Suit - Inflated
1 Under 500ml 2 Over 500ml (External blood loss)

TOURNIQUETS
1 Rotating
2 Arterial
3 Lymphatic
Time On .....

STRETCHER
1 Carry Chair 4 Carry Sheet
2 Back Board 5 Other
3 Jordon Frame

KITS
1 Poison
2 Burns
3 Maternity
4 Other

BLOOD SAMPLE TAKEN
Glucose Est. .....
Blood Type & Cross Match.....

TYPENEX No.

RHYTHMS MONITORED
(Abbreviations in heavy print)
1 Sinus Rhythm
2 Sinus Bradycardia
3 Sinus Tachycardia
4 Prem. Atrial Cont.
5 SupraVent. Tachy
6 Atrial Fib/Flut.
7 IdioVent. Rhythm
8 Asystole
9 Pacemaker Rhythm ☐
10 Prem. Vent. Cont.
Frequency .....
Runs ☐
R on T ☐
Multifocal ☐
11 Vent. Tachycardia
12 Vent. Fibrillation ☐
13 1° Heart Block
14 2° Heart Block
15 3° Heart Block
16 Junctional
17 Multiple Arrhythmia
18 Elect. Mech. Dissn.

TIME	ECG	TREATMENT	DOSE	ROUTE	SHOCK	RESULT	AUTH.

COMMENTS, MEDICAL ASSISTANCE, PROBLEMS, INSTRUCTIONS, ETC.

Dr's Signature .....

Condition at Destination ☐ Improved ☐ Unchanged ☐ Deteriorated

Officer 1 Driving PRINT NAMES Officer 2
L. MORLEY D. HOPKINS

SIGNATURES & EMPLOYEE No's
1601

ATTACH ECG STRIPS HERE

TRANSTAT

	BYSTANDER
	Effect
	ROAD USER
	Severity
	TREATMENT before arrival
	Conscious Unconsc.
	SUCTION
	AIRWAY
	BREATHING
	IPPV
	CIRCULATION
	POSTURE
	O_2 THERAPY
	Litre
	DEMAND VALVE
	CANNULATION
	INTUBATION
	ANALGESIA
	Effects
	SPLINTS
	SPLINTS
	MAST SUIT
	TOURNIQUETS
	STRETCHER
	KITS
	ECG
	ECG
	ECG
	D.C. SHOCK
	FLUID/DRUG
	Units
	FLUID/DRUG
	Units
	FLUID/DRUG
	Units
	FLUID/DRUG
	Units
	FLUID/DRUG
	Units
	PROTOCOL
	PROTOCOL
	PROTOCOL
	PROTOCOL
	RESCUE
	COMPLICATIONS
	HAZARDS
	TENS PNEUM RELIEF
	COMMENTS
	MEDICAL REVIEW

CASE No. 291 007

CAR No. 58 STATION A

TIME RECEIVED 4 30

ETO ADVISED

TIME OUT 4 31

SUBURB	MAYFIELD	1
OFFICERS ON CASE	L-YORKE	2
3	D HOPKINS	3
4		4
5		5
6		6
7		7
8		8

CALLED BY MRS SOLBIGG PHONE 672158

NAME OR LOCATION Patrick SOLBIGG

36 RAWSON ST

CROSS STREET OR LANDMARK WATSON ST

NATURE OF EMERGENCY CHILD – RESP DISTRESS

No. OF INJURED

TO MATER

Paramedic response	Yes	
Breathing difficulty	/	
Chest pain		
Severe bleeding		
Severe injury/burns		
Fitting		
Others		

RESCUE VAN

RECEIVED BY

POLICE

CONTROL OFFICER 1

CONTROL OFFICER 2

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

WARD: 4G

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 18/10/90 SEX: Male AGE: 4M
H.M.O: . NOT STATED D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE
LAB.NO: 90P009816

Specimen : BLOOD CULTURE
Exams : BC on 18-Oct-1990 at 10:59

CLINICAL NOTES: ? Menigitis.
CULTURE

No growth at 24 hours.
POSITIVE B/C: Growth in 1:2 bottles after 1 day.
Coagulase negative Staphylococcus has been isolated.
? significance.
Sensitivities available on request.

SENSITIVE	RESISTANT

No growth in remaining bottle after 7 days.

DR. W.MERRELL/H.BUTT

Printed 26/10/90 13:05 FINAL REPORT

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

WARD: 4G

M.R.N.: 0360390
EOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 18/10/90 SEX: Male AGE: 4M
H.M.O: DR D COOPER D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE
LAB.NO: 90P009832

Specimen : URINE ?TYPE
Exams : UC on 18-Oct-1990 at 14:46

CLINICAL NOTES: Apnoea,vomiting.

URINE MICROSCOPY

White cells	x 10^6/L	Nil seen
Red cells	x 10^6/L	300
Epithelial cells	x 10^6/L	-
Organisms		Nil seen
Yeasts/hyphae		-
CASTS		-

CULTURE

No significant growth.

DR. W.MERRELL/H.BUTT

Printed 19/10/90 12:48 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

36-03-50
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

87 15
SHEET No

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
1/10/90 3.15pm	New admission to 4G this am 7.30 am Quiet babe accompanied by parents. D/by Dr's Henry, Morris & Wilkinson & For following investigations : NPA ✓attended; Head U/S ✓; E E G; and Bag Urine. Nil episodes of apnoea ~~or~~ funny turns this shift. MR 10 in situ. Observations satisfactory. Feeding well. Parents in attendance. U/A SG 1025 pH 5 NAD. Mellitest Ellico HPN.

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

36-03-90
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

SHEET No

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	AMILTÉE
18/10/90	HEAD U/S:- No haemorrhage or ventricular dilatation has been demonstrated. Appearances are WNL.
	URINE MICROSCOPY
	White cells - nil No organisms
	Red cells - 300
	Epithelial cells - nil
	BARIUM SWALLOW
	inco-ordinate swallow & reflux into nasopharynx, but no significant pathology demonstrated.
	PAEDS
	Asked to R/V as has been crying non stop all afternoon.
	Admitted with Apneic spell.
	x 1 loose motion yesterday, cough x 3.
	Parents not available for a history.
	OE Pale; Crying, ~~Active~~
	Cries non stop for 1 minute stops for another 1 minute.
	Poke a sweaty.
	P 120 Resp No. M Temp Chest - Auscultation difficult because is crying

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE BLOCK LETTERS — 35-03-90
FOLRIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER
M.O.:

92
SHEET N

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE 0600

19/10/90. 5 month boy. apnoeic episode noted by mum at ~~2.30~~ am. Brother Caleb died last year age 10 weeks from "SIDS".

Hx of presenting Illness.
- Has been snuffly past 3 days with dry coughs & some vomits post bottle feeds. Otherwise well, behaving normally. no fevers. Coughs not paroxysmal
- Has not received any medications
- Has been in contact with other children neighbours with coughs & one with gastro.

- Seen by mum at 300 am because heard him coughing. at 430 mum heard him gasping. Was blue around the lips, lifeless, floppy making minimal respiratory effort & CPR not performed. Later made a high pitched cry.
- Roused slightly when paramedics administered Oxygen about 20 minutes later.

- ~~Other~~

Fam Hx
No Hx of epilepsy
No Hx of Neurological diseases
Immunisations — TAG/SABIN #1, #2

Development
- Smiling <6 weeks
- Laughs, vocalises
- Nearly rolls over
- Bears weight on legs
- Plays with fingers

Birth born at 38+2 weeks SVD (Western Districts)

533

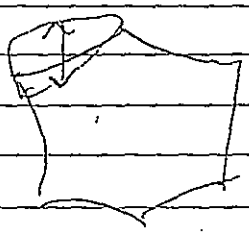
1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

O/E. Initially T 35 PR PR 160 RR 60 BP 90/50
perpherally Cyanosed. Lethargic
responding only to painful stimuli. Dilated pupils bilat,
reactive. Pulse Oxim 88% on air ⇒ Oxygen via
Hudson's Mask
After about 15 minutes - became much more alert & pink
on air
Mouny head floppy & arching back — (always does this)
Large anterior fontanelle, not tense, not bulging
Saddle nose
Ears, Throat NAD

Chest: No recession No stridor
Widespread wheeze, Scattered Crackles

Abdo.  liver span 2 cm,
2 cm ↓ costal margin
no masses.

CVS - ~~good~~ pulses initially difficult to feel
Later good pulses, all equal, good femorals

- Normal precordium. No thrills.
- Apex not displaced
- S1 S2 No Murmurs.

CNS. Head Cfx 44 cm = 75th centile
(no previous ones for
comparison)

pupils = 2 reactive
fundi - R - well visualized normal
L - not well visualized
No ~~gaze palsy~~ nystagmus
V, VII ✓
IX, X, XI, XII ✓ ~~ac~~

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

UNIT NUMBER
32-03-90

SHEET

FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

doe dose does

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

d.

DATE

Tone – normal, normal posture but arches rock
Power – Supports weight on legs
– moves all limbs against gravity
& against resistance.

Reflexes – not elicited
plantars – ↑ ↑.

Impression: ? Mild bronchiolitis. Central apnoea
? Epileptic Seizure
? post ictal
? "Near SIDS"

Chest XRAY NAD
Fingerprick 7 moles

Na 142 K 5.7 Urea 4.3 Creat 0.07 Alb 48
Ca 2.52 Mg 1.2

WCC 11.6 11% N
86% Lymphocytes
1% Basos
2% Monocytes

Hb 11.5 plats 434
Blood Culture – pending
Urine (BAG) +++ Glucose
Small = blood
++ protein

For Head Ultrasound – form
EEG – form – need to book.
NDA – ↑

535

I-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

To ward, with approx monitoring
& Dr Cooper informed
S/B Tony Mullens (Anaesthetics Reg)

Elective Admission at 12 days of age
for Sleep study — normal
— Ba Swallow — no reflux
please collect another Bag urine
3 Small Vomits — gastric fluid (aliquot
in CAS — no resp distress with these
Continue oral feeds
18/10/99
Pants. Coughing leading to gasping,
cyanosis & Apnoeic episodes. Remained
very ill-looking for 1st around in hospital
Now — subdued
— little spontaneous movements
The DTRs in the lower limbs are
somewhat brisk
Fundus disc undetermined
Hc 43.4.
Impression The physical examination at the
moment is probably related to the recent
events — in a transient fashion
However needs — EEG
— U/S head
— C.T. BS if there's
another event

NEWCASTLE MATER MISERICORDIAE HOSPITAL – *We Care* | HOSPITAL CODE 88

CLASSIFICATION: Chargeable, own doctor | M.R.N. 36 03 90

MEDICAL OFFICER/S: DR. D. COOPER → R Morris

SURNAME: FOLBIGG | GIVEN NAMES: PATRICK

ADDRESS: 36 RAWSON STREET MAYFIELD 2304 | HOME PHONE: 672155

DATE OF BIRTH: 03-Jun-1990 | AGE: 0 | SEX: M | MARITAL STATUS: Single

COUNTRY OF BIRTH: Australia | LANGUAGE SPOKEN: English | RELIGION: NIL | CHRISTENED: ANOINTED:

REFERRED BY/ADDRESS: CAS

FAMILY DOCTOR/ADDRESS: DR C.MARLEY KING STREET, NCLE

OCCUPATION PATIENT/PARENT: FATHER/SERVICE CONTROLLER | REPAT NUMBER: | MAIDEN NAME: MARLBOROUGH

ADMITTED TO WARD: 3D | DATE: 18/10/90 | TIME: 0500 HRS | PREV. ATTEND.: yes

INTERNAL TRANSFERS: TO WARD: | DATE: | TIME: | HRS | TO WARD: | DATE: | TIME: | HRS

DISCHARGED/TRANSFERRED FROM WARD: | DATE: 29/10/90 | TIME: 1300 HRS | MEDICARE No.: 2155425821

DESTINATION ON DISCHARGE:

NEXT OF KIN: KATHLEEN & CRAIG FOLBIGG | RELATIONSHIP: Parent | PHONE: DAY: 672155
ADDRESS: A.A. | NIGHT: AUNTY 674658

NEXT OF KIN: | RELATIONSHIP: | PHONE: DAY:
ADDRESS: | NIGHT:

I HEREBY GIVE MY CONSENT FOR INFORMATION FROM MY MEDICAL RECORDS TO BE FORWARDED TO MY FAMILY DOCTOR AND/OR REFERRING MEDICAL PRACTITIONER AND ANY FUND/PERSON RESPONSIBLE FOR THE COST OF TREATMENT.

SIGNED: P Folbigg DATE 18/10/90 WITNESSED: B Madden

PROVISIONAL DIAGNOSIS: BRONCHIOLITIS

AFFIX "ALLERGIC TO" LABEL HERE, IF APPLICABLE.

FINAL DIAGNOSIS

PRIMARY	Seizure Disorder ? encephalitis	780.3
SECONDARY		0323.9.
	Acute Laryngo-Tracheitis	464.20.

DATE AND NATURE OF OPERATIONS

	03-31.
	89.14.

SIGNATURE OF MEDICAL OFFICER: R.L Morris (PLEASE PRINT NAME) DATE: 29/10/90

537

NEWCASTLE MATER MISERICORDIAE HOSPITAL

INFANT NURSING HISTORY

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: 36-03-50 UNIT NUMBER
01 FOERIGG, Patrick
36 Rawson Street NAYFIELD 2304
AD DOB 03-Jun-1990 SEX M
WARD 4G
DA M.O.: DR. D. COOPER

WARD:

Admission Date: 18/10/90 Time: 7.30am

Accompanied by: Parents From: casuality

HISTORY: Born at: WSH Term: 39/40 Delivery: N V O

Prenatal influences: Birth weight: Baptised:

Father's name: CRAIG Age: 28 Ethnic group: Aus Occupation: Service Advisor

Mother's name: Kathleen Age: 23 Ethnic group: Aus Occupation: Youngstreet Home duties

Siblings: (name)	Age:	Wellbeing:

PREVIOUS HEALTH: Illness: Well

Hospitalization: Sleep studies

Operations: Nil

IMMUNIZATION HISTORY: x2

MEDICATIONS: Nil known Dose: Frequency:

ALLERGIES: Nil known

MILESTONES: Present age: 2½/12 Smiled: 3 wks. Sat unaided: mths.

Crawled: mths. Walked unaided: mths. Speech:

Vision: Method of settling: Prosthetic aids:

NUTRITION: Breast fed:

Bottle: Formulae: Enfalac Quantity: 200 Frequency: x3

Feeding cup: Teat:

Solids: Breakfast: Rice breakfast Lunch: Vegies

Dinner: Vegies custard

NURSING OBSERVATIONS:

Emotional state: Stable / quiet

Physical condition: Good

Temp. 36.6 Pulse. 160 Resp. 60 BP. HC. Weight. 7.3kg Length. 67 cm

Urinalysis: pH 5 SG 1025 NAD. Other: NPA ✓ Bag urine ✓

Head U/S ✓

HISTORY COMPLETED BY: M Elliott EEG ✓ 19/10/90

NEWCASTLE MATER MISERICORDIAE HOSPITAL

CASUALTY NURSING NOTES

Surname Folbigg
Other Names Patrick
Address 36 Ransom St Maryfield
Date of Admission 18-10-90
Mode of Transport Amb
Next of Kin Kathleen
Allergies NIK

Transferred to Ward 4G
U/R Number 360390
Religion Unit Sex M
Marital Status Sgl
Date of Birth 3-6-90 Age 19/52
Phone 672155
Time of Admission 0455 hrs
Accompanied by mother
(Present) / contacted

Belongings list: Yes / (No)
S/B Minister of Religion: Yes (No)

Previous admissions: Yes (No)
Anointed: Yes / No

History given by mother
Admitted following Cold for 2 days. breathing difficulties
Condition on arrival in Casualty Dyspnoeic

EMOTIONAL ASSESSMENT (TICK AFTER appropriate word) (✓)

Co-operative | apprehensive | nervous | depressed | hostile
frightened | crying | other:

MENTAL ASSESSMENT

Alert | orientated | confused | conscious | semi-conscious
unconscious | other:

PHYSICAL APPEARANCE

Well looking | obese | thin | emaciated | dyspnoeic
in pain | sweating, pale | cyanotic | other:

Observations on admission to Casualty: Temp ..... Pulse 152 Resp .....
B.P. ..... Weight 7.32kg Urinalysis 3/1030. PH 5 ++++ Glucose. Small blood ++ Prot.
Neurological Observations recorded: Yes / No
Seen by Dr. Dr Smith Time .....
Provisional Diagnosis 1. Meningitis 2. Bronchiolitis
Any other relevant illnesses? —
Name of V.M.O./s Cooper Notified: Yes / No
Tests ordered: ECG Yes / No X-Ray: .....
FBC UEC's
Pathology: Na 142 K 5.7 Urea 4.3 Gent 0.9
Alb 48 Ca 2.52 Mg 1.2
Treatment given: I.V. Cannula/Therapy (Yes) / No ..... mls/hr
Cardiac monitoring: (Yes) No (02 Therapy:) Prong/s (Mask/E.T. Tube 14 ... litres/min
Identification bands (2) on: Yes / No Allergy band on: Yes (No)
Consent form signed, witnessed and dated: Yes (No)
Is patient on special diets? (Yes / No) (if Yes specify) .....
Is patient on medications? Yes / (No) (if Yes specify) .....

SIGNATURE 539

TREATMENT IN CASUALTY

S.6
86
172

INSTRUCTIONS TO WARD

admit to ward

SIGNATURE .....

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

MISCELLANEOUS PATHOLOGY MOUNTING SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

110
Sheet No

WARD:

Attach 9th report here

Attach 8th report here

Attach 7th report here

Attach 6th report here

Attach 5th report here

Attach 4th report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

ORY No.	DATE COLLECTED	UR
V90-3594	18/10/90	360390

ME	CHRISTIAN NAMES	AGE	SEX	WARD
FOLBIGG	PATRICK	3.6.90	M	4G

SS 36 RAWSON STREET MAYFIELD

MEDICAL OFFICER
DR. D. COOPER

ary of Clinical Findings:
APNOEA

Request: NPA

Report:
LOW GRADE VIRUS DETECTED FOR RESPIRATORY SYNCYTIAL VIRUS
ANTIGENS
RSV; parainfluenza; influenza; adenovirus & chlamydia
- ALL NEG.

Viral culture: NO VIRUS ISOLATED

Form No. 3A

Form No. 3A

Form No. 3A

Attach 2nd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.			
V90-3594	18/10/90	360390			
SURNAME MR. MRS. MISS	CHRISTIAN NAMES	AGE	SEX	WARD	
FOLBIGG	PATRICK	3.6.90	M	4G	
ADDRESS		MEDICAL OFFICER			
36 RAWSON STREET MAYFIELD		DR. D. COOPER			

Summary of Clinical Findings:

APNOEA

Request: NPA
Report:

ANTIGENS

RSV; parainfluenza; influenza; adenovirus & chlamydia

- ALL NEG

viral culture: TF 18/10

Form No 3A

542

1-1-85

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

SEX: Male AGE: 4M
D.O.B:03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ.NO: 89M019804

Exams : CHEP on 18-Oct-1990 at 06:20

CHEST: Cardiac shadow not enlarged. Both lung fields are of large volume. There is increased lung markings seen in the perihilar region.

IMPRESSION: Picture is compatible with bronchiolitis.

AJB
26.10.90

DR J. LAI

Printed 18/10/90 16:47 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
ULTRASOUND

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 4M
D.O.B: 03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ. NO: 89U002129

Exams : USCR on 18-Oct-1990 at 09:44

HEAD ULTRASOUND

No haemorrhage or ventricular dilatation has been demonstrated.
Appearances are within normal limits.

DR J. ASHCROFT

Printed 18/10/90 14:40 INTERIM REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

MISCELLANEOUS PATHOLOGY MOUNTING SHEET

SURNAME	UNIT NUMBER
OTHER NAMES	Sheet No
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

Attach 9th report here

Attach 8th report here

Attach 7th report here

Attach 6th report here

Attach 5th report here

Attach 4th report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

ORY No:	DATE COLLECTED	U.R.
V90-3594	18/10/90	360390

ME	CHRISTIAN NAMES	AGE	SEX	WARD
FOLBIGG	PATRICK	3.6.90	M	4G

SS 36 RAWSON STREET MAYFIELD — MEDICAL OFFICER DR. D. COOPER

ary of Clinical Findings:

APNOEA

Request: NPA

Report:

LOW GRADE

ANTIGENS

RSV; parainfluenza; influenza; adenovirus & chlamydia

– ALL NEG.

Viral culture: NO virus isolated

Form No. 3A

RB 12/11

Form No. 3A

Form No. 3A

Attach 2nd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.			
V90-3594	18/10/90	360390			
SURNAME MR. MRS. MISS: FOLBIGG	CHRISTIAN NAMES: PATRICK	AGE: 3.6.90	SEX: M	WARD: 4G	
ADDRESS: 36 RAWSON STREET MAYFIELD			MEDICAL OFFICER: DR. D. COOPER		

Summary of Clinical Findings:

APNOEA

Request: NPA
Report:

ANTIGENS

RSV; parainfluenza; influenza; adenovirus & chlamydia
– ALL NEG

viral culture: TF 18/10

Form No 3A

546

1-1-85

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

107

NEWCASTLE MATER HOSPITAL

Ward: 4G

360390

FOLBIGG, PATRICK

Dr. D.COOPER

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 4 months

TEST	RANGE	UNITS	BLOOD 153436 05:59? 18Oct 1990	BLOOD 153447 22:00 19Oct 1990	FLOX 154380 09:11? 20Oct 1990	EDTA 154381 09:12? 20Oct 1990	CSF 153452 13:00 20Oct 1990
BLOOD							
Sodium	132-142	mmol/l	142	138	....	....	....
Potassium	3.7-5.6	mmol/l	5.7*	5.0	....	....	....
Urea	1.8-5.4	mmol/l	4.3	3.7	....	....	....
Creatinine	0.01-0.05	mmol/l	0.07*	0.06*	....	....	....
Glucose	3.5-7.8	mmol/l	....	5.9	....	....	....
Calcium	2.22-2.82	mmol/l	2.52	2.68	....	....	....
Magnesium	0.60-0.90	mmol/l	1.20*	....	....	....	....
Albumin	32-45	g/l	48*	....	....	....	....
EXTRA BLOOD TESTS							
Ammonia	29-57	umol/l	....	....	....	16*	....
Lactate	0.6-2.0	mmol/l	....	....	1.6	....	....
CEREBROSPINAL FLUID							
Protein	0.15-0.45	g/l	....	....	....	....	0.22
Glucose	2.8-4.4	mmol/l	....	....	....	....	4.2

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

EAA

report was printed 11:18 22-Oct-90
ted interim report - please replace previous interim report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR3

SURNAME: Folbigg | UNIT NUMBER: 360390 | Sheet No

OTHER NAMES: Patrick

ADDRESS:

DATE OF BIRTH: 3/June/90 | M.O.:

WARD:

PREVIOUS DRUG ALLERGY

ADVERSE DRUG REACTION THIS ADMISSION

CODE FOR DRUGS NOT GIVEN: Circle Code Letter
F—Fasting R—Patient refused drug
A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
Phenobarbitone	15mg BD	O	25/10/90
Phenobarbitone	24mg 12hrly	O	25/10/90
Phenytoin	45mg 12hrly	O	25/10/90

M.O. SIGNATURE & PRINT NAME: Joe Dezoete

PHARMACY NOTES & SPECIAL INSTRUCTIONS

TIME ↓	25/10/90	26/10/90	27/10/90	28/10/90	29/10/90
0800	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2000	[illegible]	[illegible]	[illegible]	[illegible]	
0830	[illegible]	[illegible]	[illegible]	[illegible]	
2030	[illegible]	[illegible]	[illegible]	[illegible]	

548

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	Tolbigg	UNIT NUMBER	360390
OTHER NAMES	Patrick		
ADDRESS	36 Ransom		
DATE OF BIRTH	3-6-90	M.O.	Mayfield

WARD: A / E

96 Sheet No

1ml ~ 60 water
0.5ml ~ 1ml

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	R			REMARKS
18-10-90	0745	35⁵	132	90/50	40.			wt. 7.32kg
	0630		172.		36.			
	0800	36⁶	160		40			
	1130	36⁶	142		40			
	2pm	36⁵	140		40			
	4pm		156		36.			
	5pm 30	38			crying			
	7pm 30		140		32.			
	9pm 45	36	140		36.			
19-10-90	2030	37⁸	126					
	2100	Fitted - jerking all limbs ~ 3-4 mins.						
	2115	37²						
	2155	? Fitted - stiffened all limbs						Starey ~ 40 secs.
	2210	? Fit - stiffened neck, Starey.						~ 40 secs.
	2310	Fit - stiffened neck, back arch						Staring upwards 40 secs
	2325	Fit	stiff neck	arch	back			Star. 50 secs
	2330		stiff neck	arch	back			60 secs
	2332		stiff neck	staring				
	2335		"	"	"			70 secs

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR47

SURNAME	FOLBIGG	UNIT NUMBER	
OTHER NAMES	PATRICK		Sheet No.
ADDRESS			
DATE OF BIRTH	M.O.		

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	RR.			REMARKS
20/10/90	0200		128		32.			
	0200		130		32.			
	0600	36.6	140		48			
	0800	37.5	140		40			
	1000	37.3	136		40			
	1400	37.5	136		40			

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR47

Sheet No.:

35-03-50
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	RESPS			REMARKS
23.10.90	0830	36^{5}	158		44			Crying during obs
	1000	36^{5}	130		38			
	1200	36^{4}	136		32			
	1400	37	152		36			
24.10.90	9am	36^{3}	140		38			IV Dilantin loading dose 78mg.
	10^{20}		152					
	12^{20}	36^{2}	135		38			crying during obs.
	1^{20}		140					
	2^{20} pm	36^{3}	132		32			

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

AE = C ÷ R = N

Abdo Soft - when not crying
BS ✓ Masses
PR - Soft Faeces

ENT ears ✓
throat ✓
Neuro fontanelle soft, Active; Combative
Imp - Sandifer Syndrome
(back arching & screaming
and ↓ ✓ Oarphagia ✓

- ~~Abx~~ - ECG
Need ECG to
exclude anomalous coronary
Artery syndrome.

ECG Axis = 60°
Sinus Rhythm R - 130
~~No~~ trace within normal
limits ✓

Sullen.

10
10[15] pm REVIEW

- has been crying on + off all night
- still has ~~not~~ opened bowels / ~~has~~ no bloody stool.

O/E: • settled no more crying
• fontanelle soft
• abdo soft / no masses ⇒ intussusception unlikely.

Plan: • settle for night / try Bnurofen
• review labs

552

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

36-02-90
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

83
SHEET No

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE 18/10/90 10.30pm. NURSING: Patient unsettled, crying most of night; sleeping very short periods only. afebrile. S/By DR Pallos & DR Carmody as above. Mylanta 4mls given 6.10pm & very little effect. Panquil 2.5mls given 10.30pm. Babe settled at time of report
— L Wilkinson WILKINSON RN HNA

19.10.90 Slept well most of the night following panquil during the evening. Woke at 0530 — fed reasonably well although arching back when feed. Parent arrived 0630 — child awake playing and responding to parents appropriately afebrile. — Leleasa

19/10/90. S/B Dr Henry
In view of ↑RC's in urine
to do U/S of abdomen (kidneys particularly) (F)

19/10 Schwenke Hmo.
Verbal report of U/S — N.A.D

4pm. Back to usual self this am then; not as well this p.m. Temp ↑ 37.5 at 2pm. T 37.7 at 3.30pm. Dr Schwenkie notified. Not feeding as well - taking only small amts. E&C - normal as per Dr I Wilkinson. NC removed this am following Dr K O'Brien's orders. Mother in attendance most of shift. M Ellicott RN.

19.10.90 EEG (18.10.90) - normal — Ha Brien

12/pm MSU: No WBC
300 RBC
Wil Occ/No Growth
Blood cultures: No Growth 24/24
Head U/S and: Normal
CXR c/f Bronchiolitis

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

9:30 pm LAB rang re BLOOD CULTURES
1 bottle grew Gram +ve cocci
appears to be COAG neg.

ASP re: FITTING

9 pm: • Generalised seizure
• initially involving (R) leg + (R) arm + then (L) leg + (R) arm.
• jerking movements
• face ON
• lasted ~ 3-4 mins / 1 observed last ½ min.
After FIT called / lethargic for ~ 10 mins

9:55 pm • further seizure
• lasted ~ ½ min
• eyes deviated to (L) / (R) sided jerky movt of (R) arm.
DIAZEPAM not given (seizure stopped before drawn up / IV in situ)

• has been febrile today / up to 37°/ never high
• O/E: • FONTANELLE soft ⇒ OFTEN FIT ~ ½ hr
• no neck stiffness / alert
• tone (R) = (L) = (U)
• moves all limbs symmetrically
Chest: clear / no wheezing
CVS: HS I + II / no m
Ears: (R) = (L) ✓
Nose: ✓
Throat: ✓
GIT: UA (U)
Imp: Generalised Seizure / not related to high temp
EEG today (U) / need c/s and (U)
Plan: (1) FBC / diff
(2) IV access give IVI Valium ∴ for FIT
0.2mg/kg/dose = 1.4mg/dose

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

6/12/75 pono

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME | UNIT NUMBER

35-03-90

FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

HSMR 15

SHEET No

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

D/E Mum about to ↓

① ANTIBIOTICS
if FBC suggests sepsis
dc CP and cover E PEN/FLUCLOX
for gram +ve cocci (also reculture)

② ANTICONVULSANTS
- withhold phenytoin
- Rx further fits E VALIUM via IV-line

FBC: WCC 8.0 = 81%G, 15%L, 3% mono
Hb 10.7
Plats 471

↓ no sign of Δ from FBC on 18/10
WC = 11.6

Plan: • observe q/d on general wards
• if fits give up to 1.4 mg VALIUM IVI
• review later.
• FIT CHART

pm Remains unwell. T 37.6 - 37.9
9pm 140mg oral Paracod given, followed by generalised seizure, lasting 3-4 mins - as above.
Two further ? seizures - stiffening neck and fixed gaze.
Plan - as above for IVI Valium & when fitting.
Mum + Dad aware and staying the night.
Taking small amounts of oral fluids.
Dr Edwards [illegible]

555

1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

Overall 8 FITS tonight
Late ones short-lived / had VACUUM IVI x
last 2 seizures

D/W Dr. Morris
FOR: PHENOBARBITONE

as per Children's Hospital handbook
- 10mg/kg loading dose over 20 mins IV
- 3-4 mg/kg/day maintenance PO commence 8 hrs after IV loading dose

20/10 Further fits since initial LD:
- phenobarb (10mg/kg) = lower limit LD
- Eyes deviated to RHS
- Generalised stiffening } lasting 45 seconds
- Irritable, variable arousal
- No neck stiffness or drowsy on plenty fontanelle, + ve pupils
- Further 50mg IV slowly at 06.00
- Focal Fits, obviously needs CT scan

20/10/90 0630hrs Fitting (Focal) frequently at beginning of shift. IV anticonvulsants given as charted by Dr Carmody when she resuscitated Patrick. Patrick slept soundly from 0230hrs to 0250hrs. He fitted once at 0250hrs (Focal fit) then settled till 0510hrs when he began focal fitting again. Dr Dzendi contacted and reviewed Patrick and gave IV anticonvulsant. Settled post medication. Vomited x 1 this shift. Afebrile. Parents in attendance all night
M Hodges (Hons 3) yr

20/10 0800 No convulsions 2 hours. Afebrile at present
Baby feeding well
Fontanelle tension normal
Eye movements ✓ Fundi - no abnormality observed
Head lag + some generalised hypotonia
TNR +
Convulsions: aetiology
For metabolic screen + review by Dr I Wilkinson
Dr MORRIS

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR 15

SURNAME | UNIT NUMBER | SHEET No

FOLBIGG, Patrick 36-03-50
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX-M
WARD 4G
M.O.: DR. ~~P. COOPER~~

WARD: Morris

HISTORY, EXAMINATION AND PROGRESS NOTES

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
Henry	Clearly not a respiratory problem I will cease involvement. Dr Morris & Dr Wilkinson will manage
20.10.90 1130	O'BRIEN (Paed Reg) Continues to fit - fits occur in clusters - 2-4 fits every 2hrs. - fits variable in type:- - either/- episodes of staring with eyes open. ; non responsive to stimuli (even occured whilst blood being taken) - last 20secs - 60secs or/ twitching of (R) leg, associated with open eyes & deviated to (R) - leg twitching continued ~ 30secs when he was otherwise aroused. Currently on phenobarb — 75mg (10mg/kg) — loaded. (at 12 midnight). — further 50mg at 0600. Blood collected - s. lactate, ~~ammonia~~ ammonia (F) ✓ Urine collected for metabolic screen (F) ✓ OIE Fontanelle ✓ Afebrile. Eyes ✓ Moves all limbs Problems - Persistent convulsions. For Review by Dr. Wilkinson — Hagen
1200.	S/8 Dr. Wilkinson Fit witnessed - eyes open / staring, to (R) side lasted ~ 90 secs. OIE Moves all limbs ? more movement from (R) side. (reaches with (L) arm) No parachute reflex. Fontanelle ✓ Minimal popping reflex (L) side. Fundi ✓ Results: ammonia - 16 lactate - 1.6. For (1) L.P today - exclude herpes (2) Further phenobarb IV loading dose - 100mg/kg now. maintenance (phenobarb 2.5mg/kg/day bd) If further fits ~~[illegible]~~ next 2 hrs — load with phenytoin 17 mg/kg/dose. IV — Hagen

1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

20.10.90 O'BRIEN (Paed Reg)

Using asepic technique
- L.P performed. ~5 mls clear CSF sent to lab
· CSF → biochem — pressure not measured
↳ micro — M, C&S
+viral titres.

Await results. — KaBrien

20/10/90 1350hrs Microbiology Results: WCC - 0
RCC - 3
Gram Stain — no white cells
+ve bacteria.

C.S.F. Results
Glucose - 4.2 mmol
Protein - 0.22 — SBaillie RGN

1500hrs - No further seizure activity, babe sleeping but consolable. Urine for Metabolic Screen collected, to Pathology. Parents in attendance — SBaillie RGN (BAILLIE)

20.10.90 1800 O'BRIEN (Paed Reg)

Review:- No further fits since Phenobarb at 12 midday.
sleeping peacefully.
O/E T-38.2
Chest - clear.
Abdo - soft, non-tender.
Results — L.P - clear.
Discuss Dr. Wilkinson
For (1) Rely on phenobarb for antiepileptic control. maintenance dose Phenobarb 15mg b.d. (P.O)
If further fits tonight - please contact Paed. Registrar (K.O'BRIEN) re. further management.
** DO NOT add phenytoin until d/w Paed. Registrar — KaBrien

20.10.90 2200 O'BRIEN (Paed Reg)

3 further fits from 18.40 - 20.10.
- all associated with (R) leg twitching
- eyes closed
- longer duration - 90secs → 2min 30sec.
O/E. Appears well now. Low grade temp.
Feeding
For (1) Load with phenytoin 17mg/kg/day → 125mg given at 2030.
for maintenance dose 3mg/kg - 6 hrs later (charted)
(2) cont phenobarb b.d
Dr. Morris aware — KaBrien

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME / UNIT NUMBER

36-03-90

FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

HSMR 15

SHEET N

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

21/10/90 330 am Generalized seizure, at least three minutes, quite different to previous ones, violent flinging movements of limbs & flexion of legs. Temp 35.9. Irritable following this, thrashing around, arching back. Otherwise subdued & sleepy but rousable. No meningism. Fontanelle soft. Moving all limbs equally. Impression: ? Infantile spasms. Hopefully will not recur after next IV dose of phenytoin, now due, is given. (1)

0600hrs Slept soundly until 0250hrs, then began jerking - moving all limbs but not simultaneously. Eyes not focusing and rolling around. Dribbling and not responding to painful stimuli. No colour change. Very irritable & crying post ictal. Seen by Dr Rigordi as above. IV cannula dislodged and re-sited. Temp at 0200hrs 35.9; 0600hrs 36.1

HHodges HODGES RN

21.10.90 S/B Dr. Wilkinson. a Morris

Loaded with phenytoin last night

Further generalised convulsion at ~ 250 am

- lasted ~ 3 mins.

- afebrile at time.

O/E Asleep - easy to arouse. Low grade temp yesterday

Looking round. Afebrile this am

Fontanelle - fuller, but soft.

Moves all limbs

Difficult to exclude herpes infection

For (1) Acyclovir - 110 mg q8h. (15 mg/kg/dose)

(2) Cont phenobarb bd P.O + IV phenytoin 25 mg q12h.

1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

21/10/90 Patrick left most of the day.
Mid seizures - Dr Morris - NFO.
& Dr Wilkinson - IV Drugs given as Rx.
1400hrs - cannula site appears to be tissued
Dr McKean notified & will Replace this afternoon
Taking fluids fairly well - needs prompting when awake. ——— L Bradley RN.
Unsettled for part of shift. RMO called to review IV site - flushed easily therefore IV antibiotics given as charted at 1630hrs
However after IV drugs given at 2030hrs IV obviously tissued - cannula removed and RMO notified. No fitting observed - ft/s (F+H) RN

* IV Rested, please dilute phenytoin up to 10mls

22.10.90 0630hrs Slept for long periods / IV cannula resited at 0330hrs IV running at 7 mls/hr. Nil fitting observed afebrile. D Hodgson (HODGSON) RN

22/10 24 hour period free of convulsions. Afebrile at present
Subdued but at times bright alert + responsive
Fontanelle ✓
Tone ? minor hypotonia
Jon MORRIS

22.10.90
WA DR WILKINSON. . above noted
PLAN. for repeat EEG this am ✓
, continue present dosages of anticonvulsants + acyclovir.
, not for serum drug levels at this stage
j mackean

22.10.90. 15.00. Satisfactory day. No further seizures. EEG performed. Intravenous infusion continues at 7ml/hour. Drugs given as charted. Feeds taken & tolerated. D Kneafsey (FANSHAWE)
pm All care given. Medications as charted.
Seizure at 7.45 pm ~ approx - 60 secs. RM.
Taking fluids well. B McEdwards (EDWARDS)

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	Folbigg	UNIT NUMBER	
OTHER NAMES	Patrick		
ADDRESS			
DATE OF BIRTH		M.O.	

HSMR 15

SHEET N

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

23/10/90 0630: Slept soundly. No further seizures M.R. IO monitor insitu. I.V fluids maintained @ 7mls/1hr. Afebrile. E. Fowest (RN)

23.10.90 WA DR WILKINSON.

Afebrile last 24/12. 1 Seizure at 7.45 pm last evening Mother notes that child not using (L) upper limb.

P, T= 36° P 100 - 110

RESULTS: EEG → (L) FRONTAL LOBE DISCHARGE.

PLAN: for phenobarb and phenytoin levels today.
: FBC (repeat)
: Ig M for Herpes. [serum + chase results CSF viral titres]
: book CT scan please.

23/10 Croup - obvious stridor - slight associated recession. No distress Observe. Dr MORRIS

23.10.90. 1430 HRS. NURSING: Chat well Adm. Has croup & evident stridor - S/B Dr Morris - as above. IV. TKVO - running well - IV. medications as Rx. Fasting from 9Am. For CT Scan RMH. FBC, Phenobarb & Rivotril levels attended 11Am. See above for EEG results. Fairly settled return from X ray. 2/24 obs attended - Sam Stable. Afebrile. Rutland. RGN (GLENHAVEN) will further progress today

24-10-90 0600hrs Settled overnight IV cannula remains patent. afebrile D. Greenhill RN

561

1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
23/10	FBC WBC 12.7 (G 2201, L 6802, M 90) Hb 11.3 Plats – dumped – ? thrombocytosis suggest repeat FBC ✓
	Phenytoin 20 (40–80) ⇒ ↑ by 15%
	Phenobab 130 (40–95)
2000	Seizure at 1850 HRS lasting 90 secs. IV therapy continues, medications given. Irritable at times, feeding well. P. Kiehas RN
24-10-90	0000 hrs. Settled overnight. IV cannula remains patent. afebrile. D. Rawnsley RN
24-10	Further convulsive episode well at present – Cranium obvious but causing no problems Fontanelles ✓ Sutures ✓ Tone ✓ Eye movements ✓ for MORRIS
	One further fit Bld. continues to be weekly afebrile Many bot L lucencies equally
	CT Scan – demonstrating hypodense areas in bot L temporal + occipital lobes consistent but not altogether typical of Herpes
	5/23 Dr Welkin for further LD / therapy Obstacles discussed Programme screen from Oliver Latham

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME | UNIT NUMBER

36-03-50

FOLDIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

HSN

SHE

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

24/10/90 2pm

Irritable & unsettled at times. Taking fluids only this shift no solids. Afebrile - Further loading Dose of anticonvulsant administered IV at 9am. Nil episodes of fits or funny turns witnessed this shift. Mother in attendance at times, IV c site appears satisfactory. Mother states that Patrick tends to be irritable during Dilantin Infusion. A/Reg Drs Morris & Wilkinson Rx see notes. — M Elliott, Elliott RN.

N.B. Bloods today
Co-Lemen-Lobe Acetate
~~Amino~~ Organic acid & lactate and screen request
Amino acids pending
B/U Dr Wilkinson
for urine metabolic & full metabolic
work up

JK

Patrick was very irritable this evening. esp when acyclovir was given
frequent episodes of staring, Pupils dilated, legs extended - mother not staying tonight

Broadley RN

25-10-90 0630hrs. Slept soundly. Feeding well. Nil seizures observed. IV remains patent. D — C Rumbill RN

Addit. "Croupy" cough persists. D — C RN

The seizure disorder is certainly peculiar. Last shown the CT by John Dean who "agrees about a very definite abnormality in occipital lobe — possibly to do with H Simplex and was tapped, and certainly worrying

563

1-1-85

possibility of metabolic disorder

Send bloods to RCH addressed
for - lysosomal enzymes
- long chain F.A.
- urine metabolic

Check S. Pb and S. DPH
level ; consider adding
oral Rifadin and leaving Pb

25/10/95 1315 hrs. - Bloods collected.
I.V. started at 1050 am, Jane remains patient.
Spasmodic type cough troublesome at intervals.
Sleeping for long periods unsuitable at times
for feeding episodes this shift. [illegible]

25/10/ Metabolic Screen to Adelaide this morning
phenobarb level 94 (40-80)
phenytoin level 8 (40-30)
D/w Dr Williams
↑ phenobarbitone to 24mg 12 hrly
↑ phenytoin to 45mg 12 hrly
drowsiness would not be unexpected with this ↑

( )- If fits occur inspite of this, to start
oral Clonazepam 0.1mg tds
- failing this ↑ ACTH.

+ Must have levels of all drugs on Monday - for ↑

- Other possible diagnoses is Non Ketotic Hyperglycenaemia
- to contact Olive Latham tomorrow re method
of diagnosing this
- Also, to arrange rectal biopsy - Dr Wright's
rooms notified.
- Needs 7 further days of Acyclovir Joe Dzoric

564

PAEDIATRIC NURSING CARE P[illegible]

REASON FOR ADMISSION:

26-03-90
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

SPECIAL ORDERS: MR 10

	DATE and TIME:	18/10/90 8am	19/10/90 11.15	21/10/90	22.10.90	23.10.90	25.10.90	26-10-90
OBSERVATIONS	Temperature	4th hrly	4 hrly	4/24	4 hrly	4/24	4 hrly	4th hly
	Pulse	2nd hrly	4 hrly				hrly x4	4th hly
	Respirations	2nd hrly	4 hrly				hrs post IV Dilantin loading	4th Hly
	B.P.	No	No	NO	No	NO	No	No
	Fluid Balance	NO	No	No	Yes	YES	Yes	yes
	Feeding Chart	Yes	Yes	yes	Yes	YES	No	NO
	Urinalysis	Yes	NO	NO	NO	NO	NO	NON
DIET	Normal	No	Yes	Yes	Yes	YES	Yes	yes
	Nil orally	No	NO	NO	No	NBM 9AM. NO ONLY	No	NO
	Fluids only	Yes	NO	NO	NO	NO	NO	NO
HYGIENE	Assist/Sponge	No	No	No	YES	YES	No	No
	Bath/Shower	Yes	Yes	yes	Yes	Yes	Yes	yes
	Pressure care	NO	No	NO	NO	NO	No	NO
ACTIVITY	Bed rest	Yes	Babe	Baby	Baby	Babe	Babe	Babe
	Ambulant	NO						Babe
	Toilet privileges	Babe						Babe
SECURITY	Cot sides	Yes	Yes	yes	Yes	YES	Yes	yes
	Rooming in	?	No	yes	Yes	YES	Yes	yes
TREATMENT	I.V. Fluids	NO	No	PRN	Yes	Yes	Yes	yes
	Medications	NO	No	yes	Yes	YES	Yes	yes
	Injections	IV	No	yes	Yes	YES	Yes	yes
	Nebuliser	NO	No	NO	NO	NO	No	NO
	Croupette	NO	No	NO	NO	NO	No	NO
	Wound care	NO	No	IV site	IV Site	IV Site	No	NO
	SIGNATURE (R.N.)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 36-02-90

FOLDING , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

95
Sheet No.

WARD: 4G.

Date	18·10·90				19.10.90				20/10/90				21/10/90				22/10/90				23/10.				24/10			
Time	1800	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10

°C 41 40 39 38 37 36 35 — Temperature •

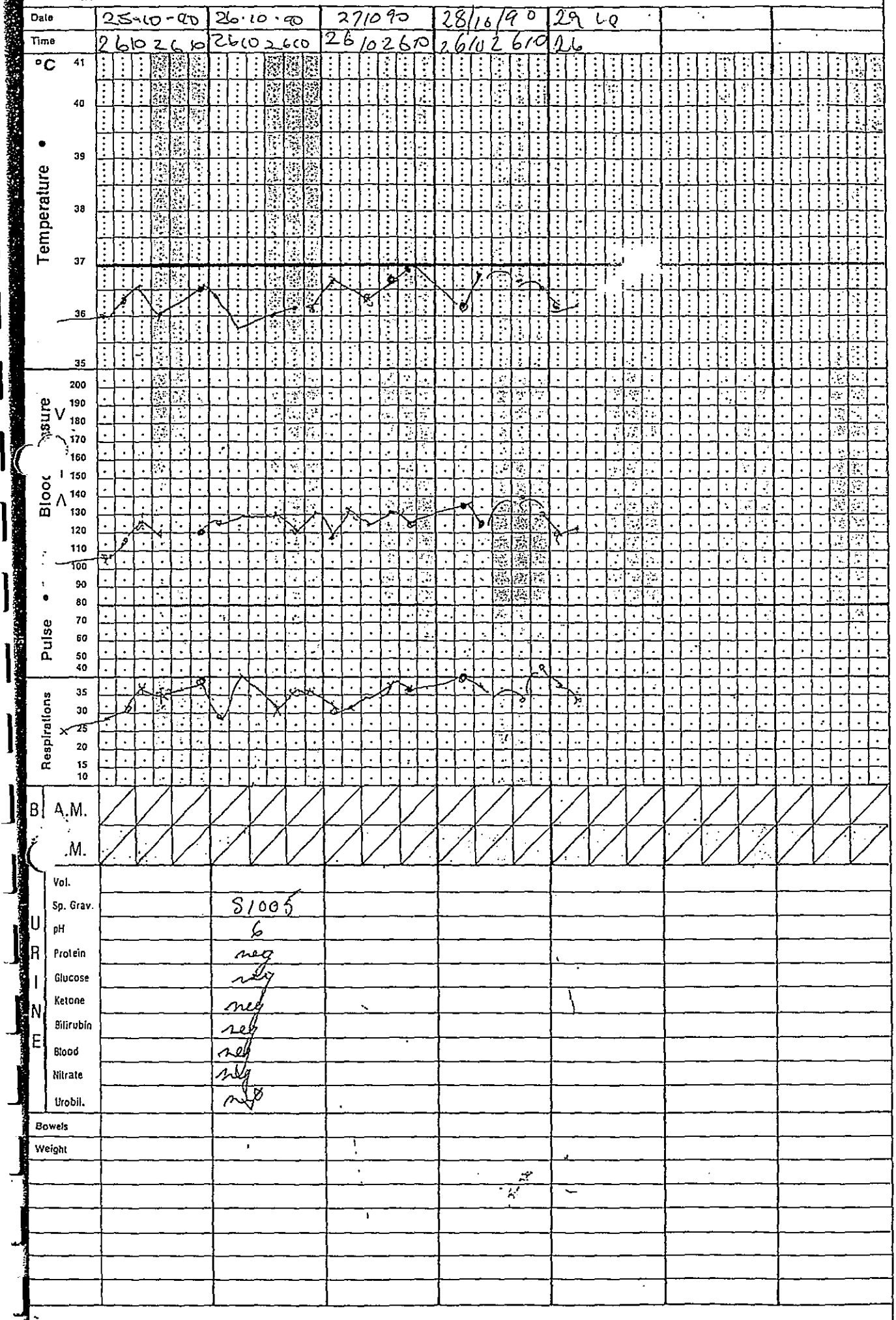
Blood Pressure V I I A — 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 — Pulse •

Respirations × — 35 30 25 20 15 10

B P	A.M.																											
	P.M.																											
URINE	Vol	Cloudy/sediment.																										
	Sp. Grav.	1025																										
	pH	5																										
	Protein																											
	Glucose	N																										
	Ketone																											
	Bilirubin	A																										
	Blood																											
	Nitrate	D																										
	Urobil.																											
Bowels																												
Weight	7.3kg.							DX ST 5.2MM 1540 HRS.																				
Length	67cm																											
OFC																												

1-1-88 1540-90 2000hrs

V/A - SC - 1015


Date
25-10-90
26·10·90
27/10/90
28/10/90
29 10
Time
26/10 26/10
26/10 26/10
26/10 26/10
26/10 26/10
26
°C
41
40
39
38
37
36
35
Temperature
Blood Pressure
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
Pulse
Respirations
35
30
25
20
15
10
B
A.M.
P.M.
URINE
Vol.
Sp. Grav.
pH
Protein
Glucose
Ketone
Bilirubin
Blood
Nitrate
Urobil.
S1005
6
neg
neg
neg
neg
neg
neg
Bowels
Weight

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

HSRM46

UNIT NUMBER 35-78-46

Sheet No.

GRIEP , Emily Cecilia
7 Fishermans Bay Rd, ANNA BAY 2
DOB 10-Apr-1990 SEX F
M.O.: DR. J. STUART

WARD: 4G

| | | |

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

97

Sheet No.

UNIT NUMBER 36-05-50

COLRIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 46
M.O.: DR. D. COOPER

WARD:

FORMULA: Enfalac 230×3 and Strains

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
18.10.90	9am	Enfalac	120				
	11am	Rice cereal	s/amt				
	11.30am	Enfalac	90			✓✓	
	1.30pm	Vegies	s/amt				
	1.45pm	Enfalac	30			✓	
	2.30pm	Enfalac	50		✓s/amt formula		
	4pm	Enfalac	90			✓	
	8pm	Enfalac	120			✓✓	
18.10.90	2400	TOTAL	500		1	7	
19.10.90	0530	Enfalac	90			✓	
	7am	cereal with fruit	—				
	8am	Enfalac	100mls				
	10.45am	Enfalac	40				
	10.45				✓	✓	lge amt soft yellow/brown stool.
	11.05	Enfalac	100mls	—	—	—	—
	2.45pm			✓Fair amount.		✓	brought up he had custard earlier
	4pm				✓		lge amt soft yellow brown stool
	5.45	Enfalac	110mls			✓	Had Bath to cool down
	7.15	ENFALAC.	50ML				
		TOTAL	490ML	1	2	4	

Patrick

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
20/10	0330	Enfalac	100			✓	
	05??			M/A undigested milk			
	8am	enfalac	120mls				
	1030	enfalac	40			✓	30mls for metabolic screen
	6pm	enfalac	40			✓	
	7.30pm	enfalac	150mls			✓	
	1730			M/A Watery fluid		✓	
	6.30	enfalac	20mls				
	8.30pm	enfalac	80mls			✓	
	2400	TOTAL	550			x6	
✓	0300					✓	
21.10.90	0530	Enfalac	60			✓	
	8.30	Enfalac	120			✓	
	11.25	Enfalac	90			✓	awake + loud Bath. seems okay!
	1030	IV → (35ml)					
	3.10pm	Enfalac	170mls			✓	
	4.15pm	Enfalac	120mls.			✓	
		IV → 35mls.					
	8pm	Enfalac	80			✓	
	10pm	Enfalac	90			✓	
22.10.90	2400	TOTAL	750			x8	
	8.15am	Enfalac	130mls			✓	

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

MHR53

35-78-46
GRIEP , Emily Cecilia
7 Fishermans Bay Rd, ANNA BAY 2
DOB 10-Apr-1990 SEX F
Ward 4E
M.O.: DR. J. STUART

Sheet No.

WARD: 4G

FORMULA: Breast Fed. Solids

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
27.10	1600	breast	good			✓	
27.10	1730	small amt. Solids - veges					
27.10	1915	Breast -	small			✓	
27.10	2030	Breast	mod				
27.10	2330	Breast	small			✓	
28/10/90	0045	Breast	small				✓
	0515	Nappy				✓	
28.10.90	0530	Breast	good				
28.10.90	0830	Solids - rice cereal	small			✓	
28.10.90	0915	Breast	mod.				
28.10.90	1200	Breast	mod.				
28.10.90	1145					✓	Bathed
28.10.90	1230	Breast	good				
28.10.90	1345				Well open	✓	
28/10/90	1630	Breast	mod			✓	small
28.10.90	1745	Solids - veges	very small				
28.10.90	1845					✓	"
28.10.90	2000	Breast	good				
28.10.90	2245	Breast	good			✓	mod.
		TOTAL	3 F 8		1	7	

BF

Emily

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
29/10/90	0600	Breast	good			V+	
	0715	Ria cereal	good				
	0900	Breast	good				Sleep - 2hours
	1015					V	Bathed
	1100	Breast	mod.				

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE 3 SIGNATURES 32-03-90 HSMR
FOLBIGG, Patrick
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER
MRN.
SHEET

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE 0600

19/10/90. 5month boy, apnoeic episode noted by mum at 0530 am. Brother Caleb died last year age 19 weeks from "SIDS".

Hx of presenting Illness.
- Has been snuffly past 3 days with dry coughs & some vomits post bottles. Otherwise well, behaving normally. no fevers. Coughs not paroxysmal. Has not received any medications.
- Has been in contact with other children neighbours with coughs & one with gastro.
- Seen by mum at 300 am became head hum coughing, at 430 mum heard hum gasping. Was blue around the lips. Lifeless, floppy making minimal respiratory effort & CPR not performed. Later made a high pitched cry.
- Roused slightly when paramedics administered Oxygen about 20 minutes later.
- Other

Fam Hx
No Hx of epilepsy
No Hx of Neurological disease
Immunisations - TAG/SABIN #1, #2

Development
- Smiling <6 weeks
- Laughs, vocalises
- Nearly rolls over
- Bears weight on legs
- Plays with fingers

Birth born at 38+ weeks SVD (Western Creek)

1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

O/E. Initially T 35 RR PR 160 RR 60 BP 90/50
perpherally Cyanosed. Lethargic
responding only to painful stimuli. Dilated pupils bilat,
reactive. Pulse Oximetry 88% on air ⇒ Oxygen via
Hudson's Mask
After about 5 minutes - became much more alert & pink
on air
Mouny head shape & arching back - (always does this)
Large anterior fontanelle, not tense, not bulging
Saddly nose
Ears / Throat N&D

Chest: No recession No stridor
Widespread Wheeze. Scattered Crackles

Abdo. liver span 7 cm
2 cm ↓ costal margin
no masses...

CVS - good pulses initially difficult to feel
Later good pulses, all equal, good femorals

- Normal recordings. No thrills.
- Apex not displaced
- S1 S2 No Murmurs.

CNS. Head Cfx 44 cm = 75th centile
(no previous ones for
comparison)

pupils = E reactive
fundi - R - well visualised normal
L - not well visualised
No gaze palsies, strabismus
V, VII ✓
IX, X, XI, XII ✓

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR NUMBER 36-03-90

FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 40
M.O.: DR. D. COOPER

SHEET

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

Close
Low dose dives

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

C1

DATE

Tone – normal, normal posture but arches rock
Power – supports weight on legs
– moves all limbs against gravity
& against resistance.

Reflexes – not elicited
plantars – ↑ ↑.

Impression: – Mild bronchiolitis, central apnoea
? Epileptic Seizure
? Post ictal
? "Near SIDS"

Chest X-ray NAD
Finger prick 7 mmoles

Na 142 K 5.7 Urea 4.3 Creat 0.07 Alb 48
Ca 2.52 Mg 1.2

WCC 11.6 11% N
86% Lymphocytes
1% Basos
2% Monocytes

Hb 11.5 Plat 434
Blood Culture – pending
Urine (BAG) +++ Glucose
Small blood
++ protein

For Head Ultrasound – form
EEG – form – need to book
NAA – ↑

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

To ward, with apnoea monitoring
& DT Cooper - NBR/ed
S/B Tony Mullens (Headington Rep)

Elective Admission at 12 days of age
for sleep study — normal
— Ba Swallow — no abnormality

please collect another Bag urine.

3 Small Vomits — gastric fluid (about
in CAS. no resp distress at this time

Continue oral feeds

18/10/99

Lardy: Coughing leading to gagging
Cyanosis. Listless. Remained
very ill-looking for 1st around in hospital
Now - subdued
- little spontaneous movements
The DTR's in the lower limbs are
somewhat brisk
Lumbar puncture undertaken
WC 43.4.

Impression: The physical examination at the
moment is probably related to the recent
events — in a transient fashion.
However needs - FEG
— U/S head
— C.Ca, BS if there's
another event

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

UNIT NUMBER 36-03-50

FOLRIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O/A DR. D. COOPER

SHEET

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
13/10/90 3:15pm	New admission to 4G this am at 7:30 am Quiet baby accompanied by parents. D/Dy Dr's Henry, Morris & Wilkinson Rx For following investigations: NPA ✓attended; Head U/S ✓; E.E.G; and Bag Urine. Nil episodes of apnoea or funny turns this shift. MR 10 in situ. Observations satisfactory Feeding well. Parents in attendance. U/A SG 1025 pH 5 NAD. M Elliott Ellicott RN

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

UR No. 36-03-50
GOLDIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

HSMR

SHEET

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	A.MILLER
18/10/90	HEAD U/S:- No haemorrhage or ventricular dilatation has been demonstrated. Appearances are WNL.
	URINE MICROSCOPY
	White cells - nil No organisms
	Red cells - 300
	Epithelial cells - nil
	BARIUM SWALLOW
	inco-ordinate swallow ± reflux into nasopharynx, but no significant pathology demonstrated.
	PAEDS
	Asked to R/V as has been crying non stop all afternoon.
	- Admitted with Aphonic spell.
	x 1 loose motion yesterday, cough x 3.
	- Parents not available for a history.
	OE Pale, Crying, ~~Arch~~
	Cries non stop for 1 minute stops for another minute.
	Poke & sweaty.
	P 120 Reg No M Rem
	Chest - Ascultation difficult because is crying

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

RE = C & R = N

Abdo Soft — when not crying
NS / Masses
BS / PR — Soft Faeces

ENT eos /
throat /
Neuro fontanelle soft ; Active ; Combative
Imp — Sandifer Syndrome
(back arching & screaming
and ↓ ✓ Darphug. ↑s ✓

— Abd — ECG
- Need ECG to
exclude — anomalous coronary
Artery syndrome.
✓

ECG Axis = 60°
Sinus Rhythm R - 130
No trace within normal
limits =

Stella.

10
10[15] pm

REVIEW

- has been crying on + off all night
- still has not opened bowels / no bloody stool.

Obs: • settled no more crying
• fontanelle soft
• abdo soft / no masses ⇒ intussusception unlikely.

Plan: • settle for night / try Bonjela
• review tdy

579

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

36-03-50
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

HSMB

SHEET

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE 18/10/90 10.30pm. NURSING: Patient unsettled, crying most of night, sleeping very short periods only. Afebrile. S/By DR Pallas & DR Carmody as above. Mylanta 4mls given 6.10pm & very little effect. Panquil 2.5mls given 10.30pm. Babe settled at time of report
Gillinson WILKINSON RN/HNA

19.10.90 Slept well most of the night following panquil during the evening. Woke at 0530 – fed reasonably well although arching back when feed. Parents arrived 0630 – Lild awake playing and responding to parents appropriately Afebrile. Teresa

19/10/90. S/B Dr Henry.
In view of ↑RC's in urine to do U/S of abdomen (kidneys particularly) (F)

19/10 Schwenke Head.
Verbal report of U/S – N.A.D

4pm. Back to usual self this am then; not as well this p.m. Temp ↑ 37.5 at 2pm. T 37.7 at 3.30pm. Dr Schwenkie notified. Not feeding as well – taking only small amnts. EEG – normal as per Dr I Wilkinson. NC removed this am following Dr K O'Brien's orders. Mother in attendance most of shift. M Ellicott RN.

19.10.90 EEG (18.10.90) – normal — Fabrien

19/10 8pm MSU: No WBC
300 RBC
Lit GBS/No Growth
Blood cultures: No Growth 24/24
Head U/S and: Normal
CXR n/f

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

9:30 pm LAB rang: re BLOODCULTURES
1 bottle grew Gram +ve cocci
appears to be CoAG neg.

AESP re FITTING

9pm: • Generalised seizure
• initially involv ⓟ day + ⓟ am + then
ⓡ day + ⓡ am.
• jerking movements
• face ↓
• lasted ~ 3-4 mins / 1 observed last ½ min.
After FIT quiet/lethargic for ~ 10 mins

9:55 pm • further seizure
• lasted ~ ½ min
• eyes deviated to ⓛ / ⓡ sided jerky movt
& ⓡ am.
Diazepam not given (seizure stopped before drawn up/IV in situ)

• has been febrile today / up to 37°/never high
• O/E: • FONTANELLE soft ⇒ AFTER FIT ~ ½ hr
• no neckstiffness / alert
• tone ⓡ = ⓛ = ⓤ
• moves all limbs symetrically
Chest: clear / no wheezy
CVS: HS I II / am
Eyes: ⓡ = ⓛ ✓
Nose: ✓
Throat: ✓
GIT, UAI

Imp: Generalised Seizure / not related to high temp

EEG today ⓤ / head c/s and ⓝ

Plan: ① FBC/diff
② IV access site IVI valium ± fever FIT

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

6/12/13 Dono

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE
SURNAME | UNIT NUMBER | HSMR | SHEET
36-03-90
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER
WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

D/E Noon ABOVE) Rx
① ANTIBIOTICS
if FBC suggests sepsis
do LP and cover E PEN/FLUCLOX
for gram +ve coccy (also reculture)

② ANTICONVULSANTS
• Withhold phenytoin
• Rx Keppra 500 E VALIUM via IV-line

FBC: WCC 8.0 = 81%G
45%L
3% mono
Hb 10.7
Plate 471

⇒ no sig Δ from FBC on 18/10
WC = 11.6

Plan: • observe O/N on general meds
• if FITS give up to 1.4 mg VALIUM IVI
• review later.
• FIT CHART

PM Remains unwell. T 37.6 - 37.9
9pm 140mg oral Panadol given, followed by generalised seizure lasting 3-4 mins - as above.
Two further ? seizures - stiffening neck and fixed gaze.
Plan - as above for IVI Valium & when fitting.
Mum + Dad aware and staying the night.
Taking small amounts of oral fluids.
Dr Edwards Edwards

582

-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

19/10 Overall 8 FITS tonight
late ones short-lived / had VACUUM IVI ☆
last 2 seizures

⇒ D/☆ Dr. Morris
FOR: PHENOBARBITONE
- 10mg/kg loading dose over 20 mins
+ then
- 3-4 mg/kg/day maintenance PO
commence 8 hrs after IV loading dose

as per CHILDREN'S HOSPITAL handbook

20/10 Further fits since initial L.D. ✓
of phenobarb (10mg/kg) = lower limit L.D.
~ Eyes deviated to RHS } lasting 45 seconds
Generalised stiffening }
in between these is irritable, vacant a/cable
~ No neck stiffness or drawn on peering fontanelle, but pulsating
~ Further 50mg IV, slowly at 06.00
~ Focal Fits, obviously needs CT scan ✓

20/10/90 0630hrs Fitting (focal) frequently at beginning of shift. IV anticonvulsants given as charted by Dr Carmody when she reviewed Patrick. Patrick slept soundly from 0230hrs to 0250hrs. He fitted once at 0250hrs (focal fit) then settled till 0510hrs when he began focal fitting again. Dr Bondi contacted and reviewed Patrick and gave IV anticonvulsant. Settled post medication. Vomited x 1 this shift. Afebrile. Parents and attendance all night

M Bolger (Hons) RN

20/10 No convulsions 2 hours Afebrile at present
0800 Baby feeding well
Fontanelle tension normal
Eye movements ✓ Fundi - no abnormality observed
Head lag + some generalised ↑ hypotonia
TVR +
Convulsions - ? aetiology
For metabolic studies + review by Dr I Wilkinson

583

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME FOLBIGG, Patrick | UNIT NUMBER 36-03-50 | HSMR | SHEET

36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX-M
WARD 46
M.O.: DR. ~~B. COOPER~~

WARD: MORRIS

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
HENRY	Clearly not a respiratory problem I will cease involvement. Dr Morris # Dr Wilkinson will manage
20.12.90 1130	O'BRIEN (Paed Reg) Continues to fit - fits occur in clusters - 2-4 fits every 2 hrs. - fits variable in type:- - either/- episodes of staring with eyes open ; non responsive to stimuli (even occured whilst blood being taken) - last 20 secs - 60 secs or/ twitching of (R) leg ; associated with open eyes + deviated to (R) - leg twitching continued ~ 30 secs when he was otherwise aroused. Currently on phenobarb — 75 mg (10mg/kg) — loaded. (at 12 midnight). — further 50 mg at 0600. Blood collected — S. lactate, ammonia (F) ✓ Urine collected for metabolic screen (F) ✓ O/E Fontanelle ✓ Afebrile. Eyes ✓ Moves all limbs Problems — Persistent convulsions. For Review by Dr. Wilkinson — O'Brien
1200.	S/B Dr. Wilkinson Fit witnessed - eyes open / staring to (L) side lasted ~ 90 secs. O/E Moves all limbs. ? more movement from (R) side. (reaches with (L) arm) No parachute reflex. Fontanelle ✓ Minimal propping reflex (L) side. Fundi ✓ Results: ammonia - 16 lactate - 1.6. For (1) L.P today - exclude herpes (2) Further phenobarb IV loading dose - 100mg/kg now. maintenance (phenobarb 2.5mg/kg/day bd) If further fits ~~before~~ next 2 hrs — load with phenytoin 17 mg/kg/dose IV — ring

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
20.10.90	O'BRIEN (Paed Reg) Using aseptic technique — L.P performed. ~5 mls clear CSF sent to lab · CSF → biochem pressure not measured ↳ micro — M, C&S +viral titres. Await results. —— K.O'Brien
21/10/90	1350hrs Microbiology Results: WCC - 0 RCC - 3 Gram Stains — no white cells & no bacteria. C.S.F. Results Reviewed. Glucose - 4.2 ~~2.20~~ Protein - 0.22 —Bailli RN 1500hrs - No further seizure activity; babe sleeping but rousable. Urine for Metabolic Screen collected; to Pathology. Parents in attendance —— Bailli RN (BAILLIE)
20.10.90 1800	O'BRIEN (Paed Reg) Review:- No further fits since Phenobarb at 12 midday. sleeping peacefully. O/E T-38.2 Chest - clear. Abdo. - soft, non-tender. Results — L.P - clear. D/W Dr. Wilkinson For (1) Rely on phenobarb for antiepileptic control. maintenance dose Phenobarb 15mg b.d. (P.O) If further fits tonight - please contact Paed. Registrar (K.O'BRIEN) re. further management. ** DO NOT add phenytoin until d/w Paed registrar —— K.O'Brien
20.10.90 2200	O'BRIEN (Paed Reg) 3 further fits from 18.40 - 20.10. - all associated with (R) leg twitching - eyes closed — longer duration - 90secs → 2 min 30sec. O/E. Appears well now. Low grade temp. Feeding For (1) Load with phenytoin 17mg/kg/day → 125mg given at 2030. for maintenance dose 3mg/kg - 6 hrs later (charted) (2) cont phenobarb b.d Dr Morris aware

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE
SURNAME. UNIT NUMBER HSMR
36-03-90
FOLRIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER
SHEET

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

21/10/90 330 am — Generalised seizure, at least three minutes, quite different to previous ones, violent flinging movements of limbs & flexion of legs. Temp 35.9. Irritable following this, thrashing around arching back. Later, subdued & sleepy but rousable. No meningism. Fontanelle soft. Moving all limbs equally. Impression: ? Infantile spasms. Hopefully will not occur after next IV dose of phenytoin, now due, is given. J

0200hrs Slept soundly until 0250hrs, then began fitting - moving all limbs but not simultaneously. Eyes not focusing and roaming around. Dribbling and not responding to painful stimuli. No colour change. Very irritable & crying post ictal. Seen by Dr Regondi as above. IV cannula flushed and re-sited. Temps at 0200hrs 35.9 ; 0600hrs 36.1

HHodges HODGES RN

21.10.90 S/B Dr. Wilkinson. a Morris

Loaded with phenytoin last night

Further generalised convulsion at ~ 250 am
- lasted ~ 3 mins.
- afebrile at time.

OE Asleep - easy to arouse. Low grade temp yesterday
looking round Afebrile this am
Fontanelle - fuller but soft.
moves all limbs

Difficult to exclude herpes infection

For. (1) Acyclovir - 110 mg q8h. (15 mg/kg/dose)
(2) Cont phenytoin bd P.O + IV phenytoin 25mg q12h

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

21/10/90 Patrick slept most of the day.
Mid sessions - Dr Morris - NFO.
& Dr Wilkinson - IV drugs given as Rx.
1400hrs - cannula site appears to be tissued
Dr McKean notified & will replace this afternoon
Taking fluids fairly well - needs prompting when awake
— Bradley RN.
Unsettled for part of shift RMO called to review IV site - flushed easily therefore
IV antibiotics given as charted at 1830hrs
However after IV drugs given at 2030hrs
IV obviously tissued - same removed and
RMO notified. No fitting observed - fits (Fits) RN

+ IV Rested, please dilute phenytoin up to 10mls

22.10.90 0630hrs Slept for long periods / IV cannula resited at 0330hrs IV running at 7 mls/hr. Nil fitting observed afebrile.
M Hodges (HODGES) RN

22/10 24 hour period free of Convulsions Afebrile at present
Subdued but at times bright alert + responsive
Fontanelle ✓
Tone ? minor hypotonia
JH MORRIS

22.10.90
WA DR WILKINSON. above noted
PLAN: for repeat EEG this am ✓
: continue present dosages of anticonvulsants + acyclovir.
: not for serum drug levels at this stage
j mckean

22.10.90. 15.00. Satisfactory day. No further seizures EEG performed Intravenous infusion continues at 7ml/hour. Drugs given as charted. Feeds taken & tolerated M Fairbrother FAIRBROTHER
pm All care given. Medications as charted.
Seizure at 1445 pm ~ approx 60 secs. RMK
Taking fluids well. M Edwards (EDWARDS)

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: Folbigg	UNIT NUMBER:	HSMR:
OTHER NAMES: Patrick		SHEET:
ADDRESS:		
DATE OF BIRTH:	M.O.:	

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

23/10/90 0630: Slept soundly. No further seizures M.R. 10 monitor insitu. I.V fluids maintained @ 7mls/hr. Afebrile. E. Fowest (RN)

23.10.90 WA DR WILKINSON.

Afebrile last 24/24. 1 Serepax at 7.45 pm last evening. Mother noted that child not using (L) upper limb.

P + T - 36° . P 100 - 110

RESULTS: EEG → (L) FRONTAL LOBE DISCHARGE.

PLAN: for phenobarb and phenytoin levels today.
: FBC (1 repeat)
: 1g IM for Herpes. [serum + those results CSF viral titres]
: book CT scan please.

23/10 Gasps - obtain stridor - slight associated recession No distress observed. jmedlow

Dr MORRIS

23.10.90. 1430 HRS NURSING: Chat well Ann. Has episode ? ? incident stridor - 5/8 Dr Morris - as above. IV. TKVO - running well - IV. medications as Rx. Fasting from 9AM. For CT Scan RMO. FBC, Phenobarb & Phenytoin levels attended 11.45pm. See above for EEG results. Fairly settled return from X-ray. 2/24 obs attended - Sam Stable. Afebrile. Gubbins PIN (GEEHAM) Still fluids & nil orders today

24-10-90 Bloods taken & sent overnight. IV cannula remains patent. afebrile D. Gubbins RN

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
23/10	G 220 l FBC WBC 12.7 < n 68.2 < n 90 Hb 11.3 Plats – dumped – ? a thrombocytosis suggest repeat FBC ✓ Phenytoin 20 (40–80) ⇒ ↓ by 15% Phenobarb 130 (40–95) Mary
2000	Seizure at 1850 HRS lasting 90 secs. IV therapy continues, medications given. Irritable at times. feeding well. P. Kiehne RN
24-10-90	0600 hrs. Settled overnight. IV cannula remains patent. afebrile. D. Kerwin-Hill RN
24-10	Further convulsive episode well at present – Grunts obvious but causing no problems Fontanelles ✓ Sutures ✓ Tone ✓ Eye movements ✓ Dr MORRIS One further fit But continues to be well & afebrile Many bed & chair eg rash CT Scan – demonstrating hypodense areas in both temporal & occipital lobes consistent but not altogether typical of Herpes 5/23 D-Wilkinson for fourth LD & plasma Obtain consent Organise screen Joan Oliver-Latham

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME — UNIT NUMBER

36-03-50

FOLDING, Patrick

36 Rawson Street MAYFIELD 2304

DOB 03-Jun-1990 SEX M

WARD 4G

M.O.: DR. D. COOPER

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

24/10/90 2pm

Irritable & unsettled at times. Taking fluids only this shift no solids. Afebrile. Further loading Dose of anticonvulsant administered IV at 9am. Nil episodes of fits or funny turns witnessed this shift. Mother in attendance at times. IV C site appears satisfactory. Mother states that Patrick tends to be irritable during Dilantin Infusion. A/Reg Drs Morris & Wilkinson R. see notes ---MELISSA ELLICOTT RN.

N.B. ~~Dr Healy~~

Co-Trimoxazole

~~Dr~~ Organic Acid & Lactate and Screen request

Amino Acids pending

B/W Dr Wilkinson

for urine metabolic & full metabolic work up

JK

Patrick was very irritable this evening. esp when acyclovir was given. frequent episodes of Staring Pupils Dilated, legs extended - mattie not staying tonight

Brodleyn

25-10-90 0630hrs. Slept soundly. Feeding well. Nil seizures observed. IV cannula remains patent. D—S Rundell RN

Addit. "Croupy" cough persists. D—S RN

The seizure disorder is certainly peculiar & have chosen the CT to John Dean who agrees about a very definite abnormality in occipital lobe — possibly to do with H Simplex but best to repeat and certainly

590

F-1-85

possibility of metabolic disorder

Send bloods to RCH Adelaide
fo - lysosomal enzymes
- Long chain F.A.
- urine metabolic

Check S. Pb and S. DPH
levels. Consider adding
oral Rifadin and ceasing Pb

25/10/95 1315 hrs. - Bloods collected.
I-V reacted at 1050 am, Same remains patient.
Spasmy type cough troublesome at intervals.
Sleeping for long periods unsuitable at times
No fitting episodes this shift. Mary Bruce RN

23/10 Metabolic Screen to Adelaide this morning
phenobarb level 94 (40-80)
phenytoin level 8 (40-80)
D/W Dr Williams
↑ phenobarbitone to 24mg 12 hrly
↑ phenytoin to 45mg 12 hrly
drowsiness would not be unexpected with this ↑

If fits occur inspite of this to start
Oral Clonazepam 0.1mg tds
- failing this ? ACTH.

Must have levels of all drugs on Monday - for ↑

Other possible diagnoses eg Non Ketotic Hyperglycinaemia
to contact Olwe Latham tomorrow re methods
of diagnosing this
Also, to arrange rectal biopsy - Dr Wright's
rooms notified.
Needs 14 further days of Acyclovir Joe Dzoriki

581

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NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

ST UNIT NUMBER
96-03-90
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	Head Injury
25/10/90 1730	Rectal Lindcan Bolus
	Gentamicin IV Loading
	Only 1 specimen received - inadequate - Instrument failed after this. Can be repeated later if necessary
2200	Satisfactory evening - no seizures observed cannula site appears satisfactory A Bradley
26-10-90	0500hrs Kept soundly IV continues TWO NIL PR bleeding observed Cronpix "cough" remarks D Corrigan RN
26/10/90	1420 hrs Satisfactory morning - No seizures observed Unhappy cough observed at times - I.V remains patent, site satisfactory. Medical Rd
26/10	No further fits Afebrile Continues to look well.
	- Amino Acid Screen Negative
	- Investigations for Non Ketotic Hyperglycaemia not indicated according to Dr Whitham at Oliver Latham
	- Drug levels Loading. for Dr Cook.
27/10/90	0600 No fits. Phyed on and off 0000 to 0200 hrs and then stopped. IV site N&O. Good urine output. Mr Gaynes cared. S Bradley

592

-1-85

27/10/90 - Lovely Baby - Interacting well with his Parents.
No seizures - Continues to have a croupy cough.
S/B Dr Morris - NFO - all Medication
given as Rx — S Bradley RN.
28/10/90 0600 N/C Slept well, fed well. No fits. Canula capped. S Bradley
Satisfactory - S/B Dr Morris - NFO No fitting - S Bradley
28.10.90 2200 hrs. Tolerating oral fluids a small amount puree
diet. Unsettled latter part of evening. Paracetamol 140mg
given @ 2100 hrs. More settled @ time of report. T. P. Scott R/N
29/10/90 0600 Slept well after he finally went to sleep at 2000. Observations

29/10/90 Has remained well. Temp improving
Alert, not irritable + feeding well.

Fontanelle ✓ sutures ✓ tone ✓ head control ✓ Fundi ✓

For discharge on phen + dilantin (after blood levels)

Follow up as outpatient

Dr MO R.C.H.

Bloods collected - sent + Discharge letter given
Discharged 1800 HRS with mother S Bradley

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

Ward: 3B 4C

NEWCASTLE MATER HOSPITAL
360390
FOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

Dr. MORRIS

TEST	RANGE	UNITS	BLOOD 153436 05:59? 18Oct 1990	BLOOD 153447 22:00 19Oct 1990	FLOX 154380 09:11? 20Oct 1990	EDTA 154381 09:12? 20Oct 1990	CSF 153452 13:00 20Oct 1990	BLOOD 153673 19:35 4Nov 1990
BLOOD								
Sodium	132-142	mmol/l	142	138	....	....	....	135
Potassium	3.7-5.6	mmol/l	5.7*	5.0	....	....	....	4.6
Urea	1.8-5.4	mmol/l	4.3	3.7	....	....	....	3.1
Creatinine	0.01-0.05	mmol/l	0.07*	0.06*	....	....	....	....
Glucose	3.5-7.8	mmol/l	....	5.9	....	....	....	....
Calcium	2.22-2.82	mmol/l	2.52	2.68	....	....	....	2.36
Magnesium	0.60-0.90	mmol/l	1.20*	....	....	....	....	0.79
Albumin	32-45	g/l	48*	....	....	....	....	....
EXTRA BLOOD TESTS								
Ammonia	29-57	umol/l	....	....	....	16*	....	....
Lactate	0.6-2.0	mmol/l	....	....	1.6	....	....	....
CEREBROSPINAL FLUID								
Protein	0.15-0.45	g/l	....	....	....	....	0.22	....
Glucose	2.8-4.4	mmol/l	....	....	....	....	4.2	....

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

E64

report was printed 07:52 05-Nov-90
red permanent report - please replace previous permanent report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL

Ward: 4G

360390

FOLBIGG, PATRICK

Dr. MORRIS

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 153436 05:59? 18Oct 1990	BLOOD 153447 22:00 19Oct 1990	FLOX 154380 09:11? 20Oct 1990	EDTA 154381 09:12? 20Oct 1990	CSF 153452 13:00 20Oct 1990	BLOOD 155022 08:21? 4Nov 1990
BLOOD								
Sodium	132-142	mmol/l	142	138	....	....	....	....
Potassium	3.7-5.6	mmol/l	5.7*	5.0	....	....	....	....
Urea	1.8-5.4	mmol/l	4.3	3.7	....	....	....	....
Creatinine	0.01-0.05	mmol/l	0.07*	0.06*	....	....	....	....
Glucose	3.5-7.8	mmol/l	....	5.9	....	....	....	....
Calcium	2.22-2.82	mmol/l	2.52	2.68	....	....	....	....
Magnesium	0.60-0.90	mmol/l	1.20*	....	....	....	....	....
Albumin	32-45	g/l	48*	....	....	....	....	....
Total Bili	0-20	umol/l	....	....	....	....	....	2
ENZYMES								
ALP	20-250	U/L	....	....	....	....	....	114
ALT	10-50	U/L	....	....	....	....	....	22
AST	17-58	U/L	....	....	....	....	....	35
EXTRA BLOOD TESTS								
Ammonia	29-57	umol/l	....	....	....	16*	....	....
Lactate	0.6-2.0	mmol/l	....	....	1.6	....	....	....
CEREBROSPINAL FLUID								
Protein	0.15-0.45	g/l	....	....	....	....	0.22	....
Glucose	2.8-4.4	mmol/l	....	....	....	....	4.2	....

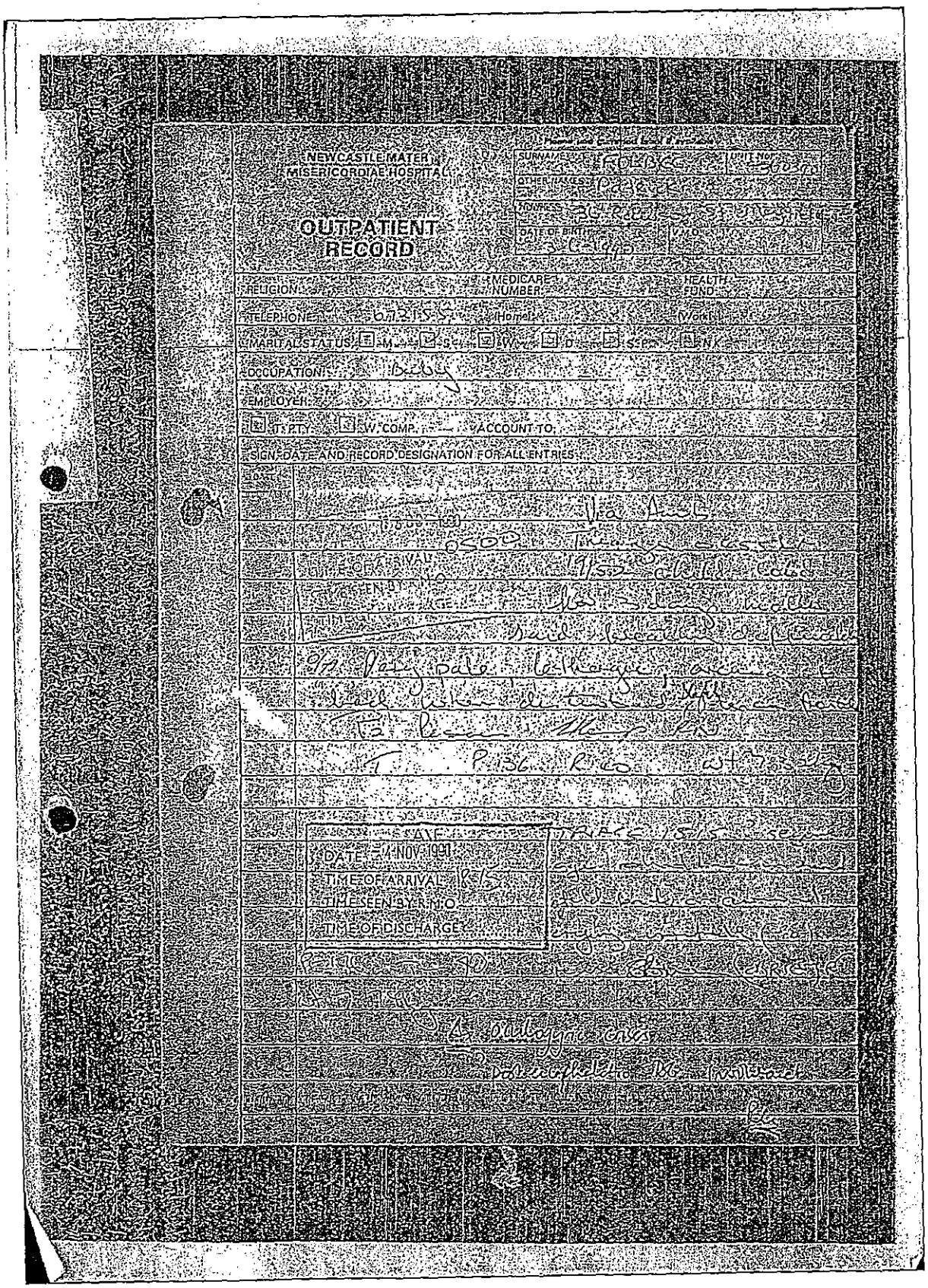
LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

report was printed 12:29 05-Nov-90
nent report - please retain in medical record.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

2. Correspondence

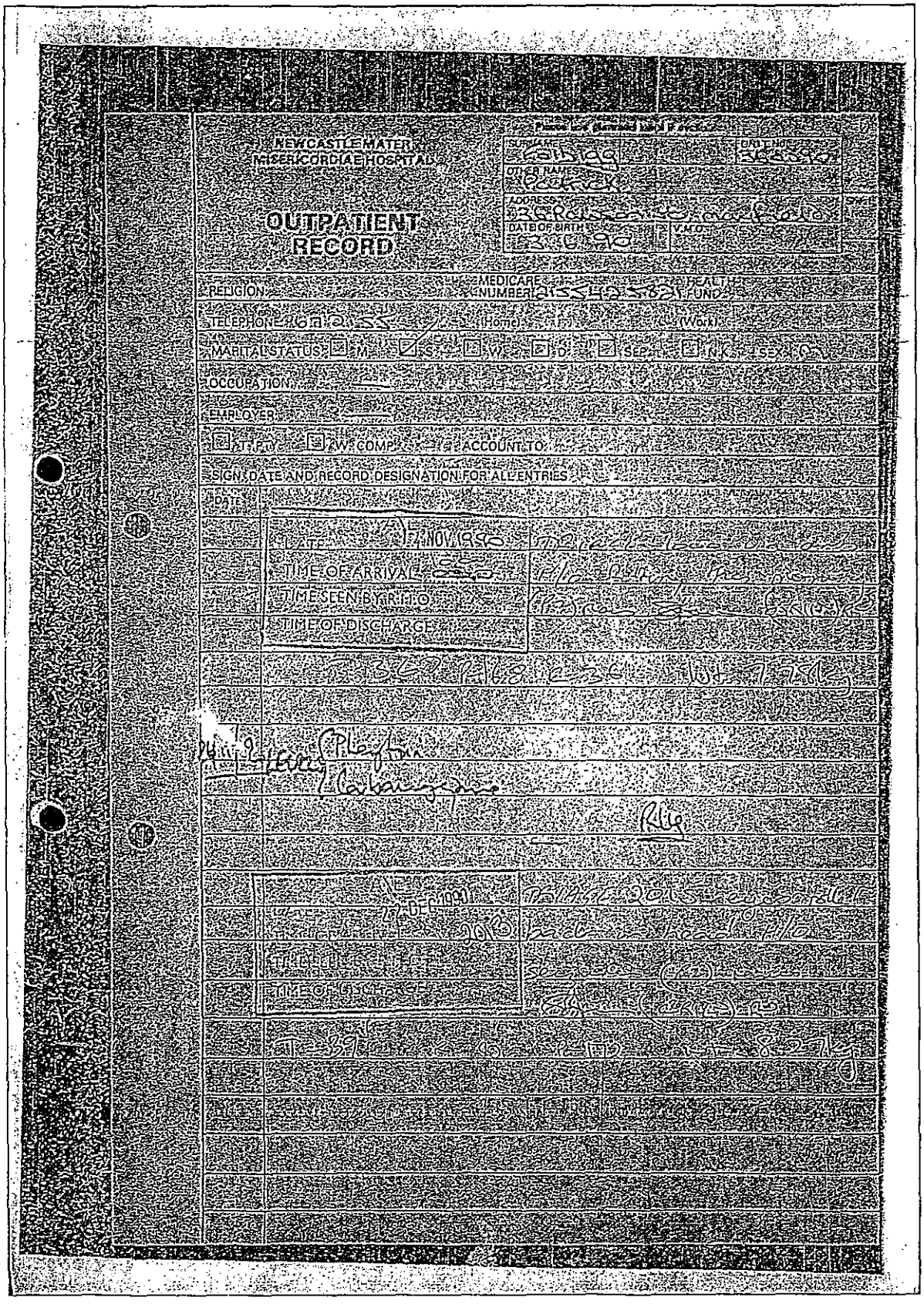
2.1. Other Hospital Information (HNE411550)


NEWCASTLE MATER
MISERICORDIAE HOSPITAL

OUTPATIENT
RECORD

SURNAME: FOLBIGG UNIT No: 3627[illegible]
OTHER NAMES: Patrick
ADDRESS: 36 Rod[illegible] St [illegible]
DATE OF BIRTH: 3-6-1990 V.A.D. I.D.
RELIGION: MEDICARE NUMBER: HEALTH FUND:
TELEPHONE: 672[illegible] (Home) (Work)
MARITAL STATUS: M S W D S N/K
OCCUPATION: Baby
EMPLOYER:
PTY W.COMP. ACCOUNT TO:
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

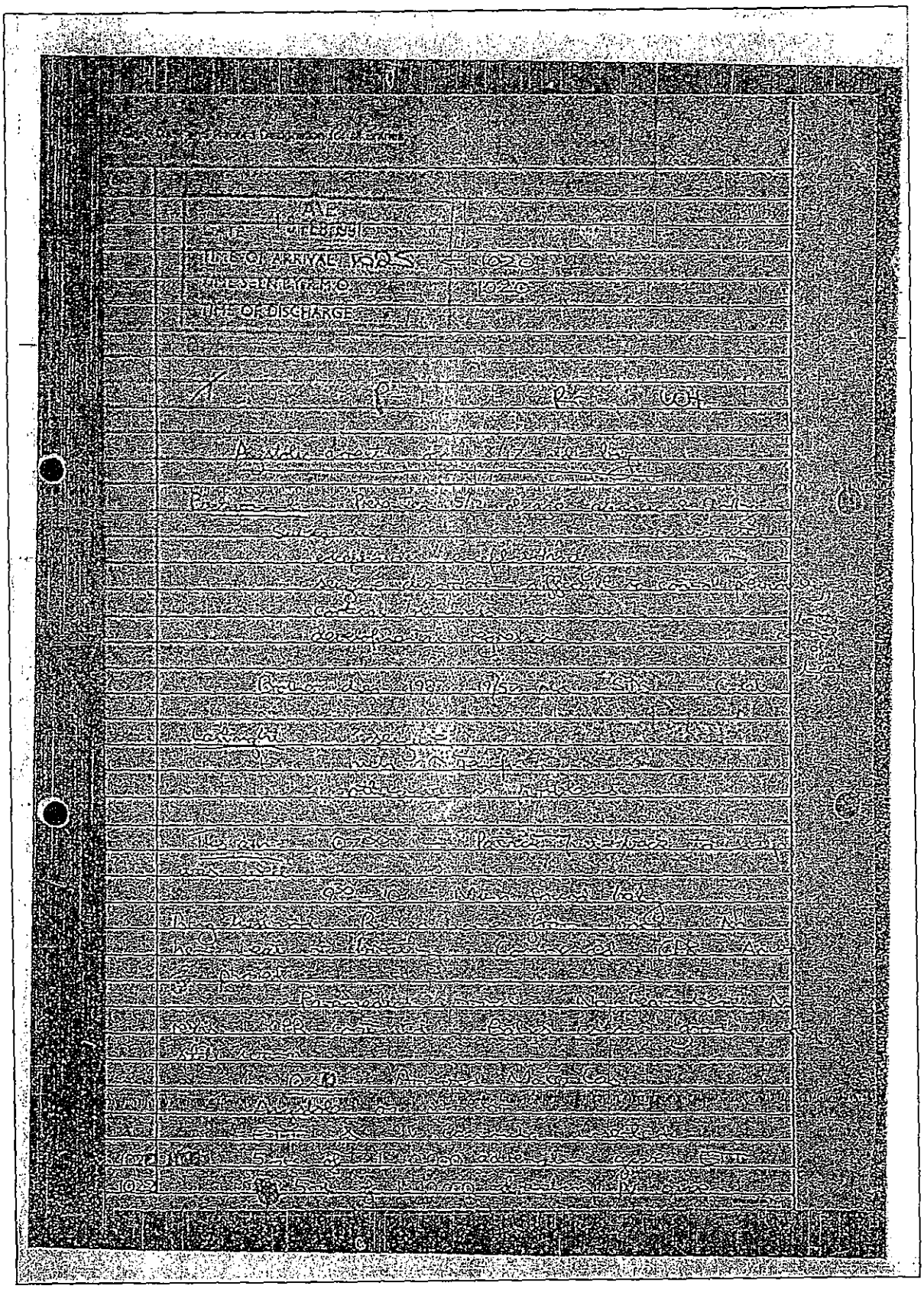
DATE OF A/E: 7 NOV 1991
TIME OF ARRIVAL:
TIME SEEN BY R.M.O.
TIME OF DISCHARGE:

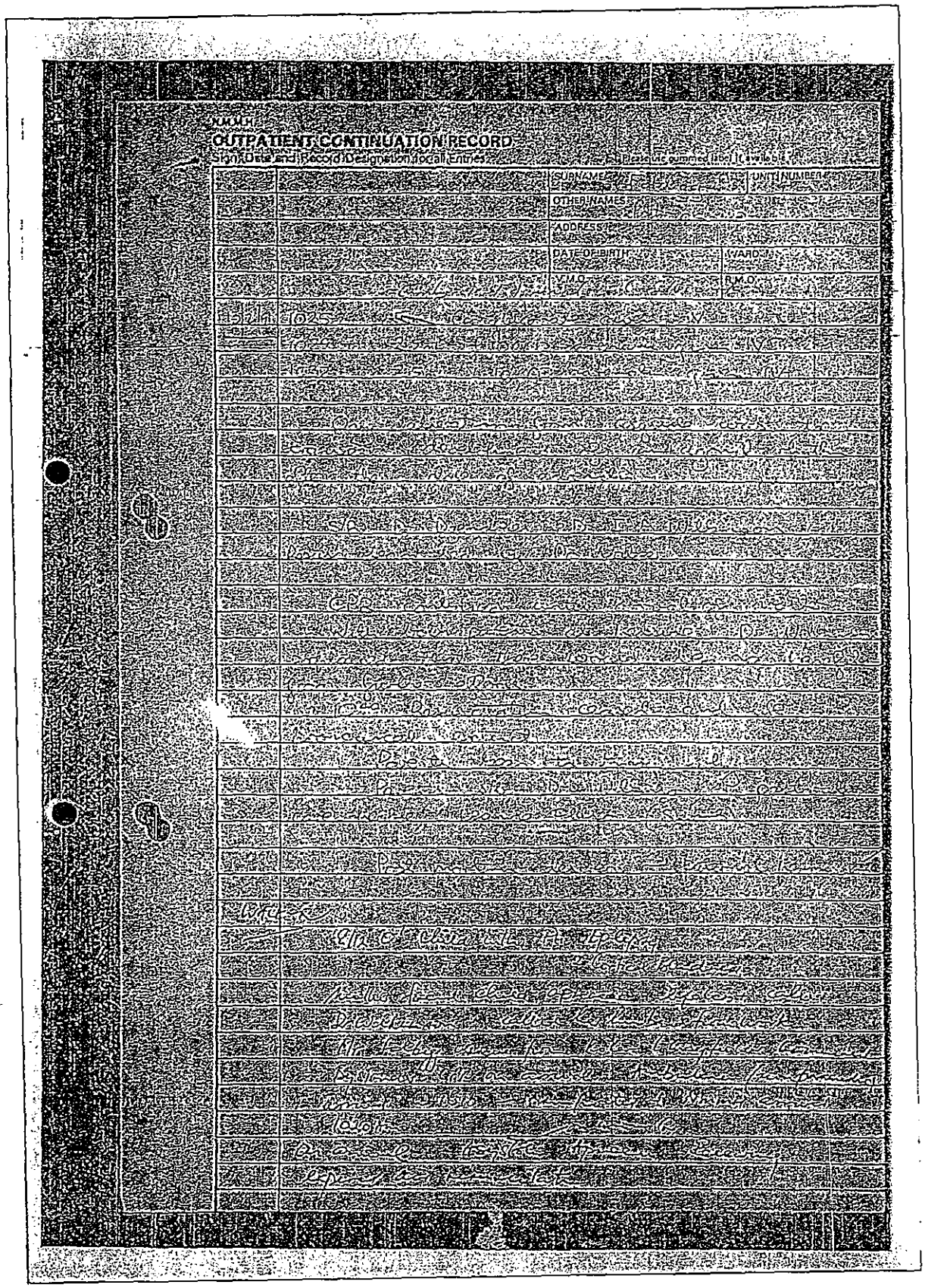


NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

SURNAME
OTHER NAMES
ADDRESS
DATE OF BIRTH
V.M.O.
RELIGION
MEDICARE NUMBER
HEALTH FUND
TELEPHONE (Home) (Work)
MARITAL STATUS M S W D SEP N.K SEX
OCCUPATION
EMPLOYER
ACCOUNT TO
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES
DATE
TIME OF ARRIVAL
TIME SEEN BY R.M.O
TIME OF DISCHARGE



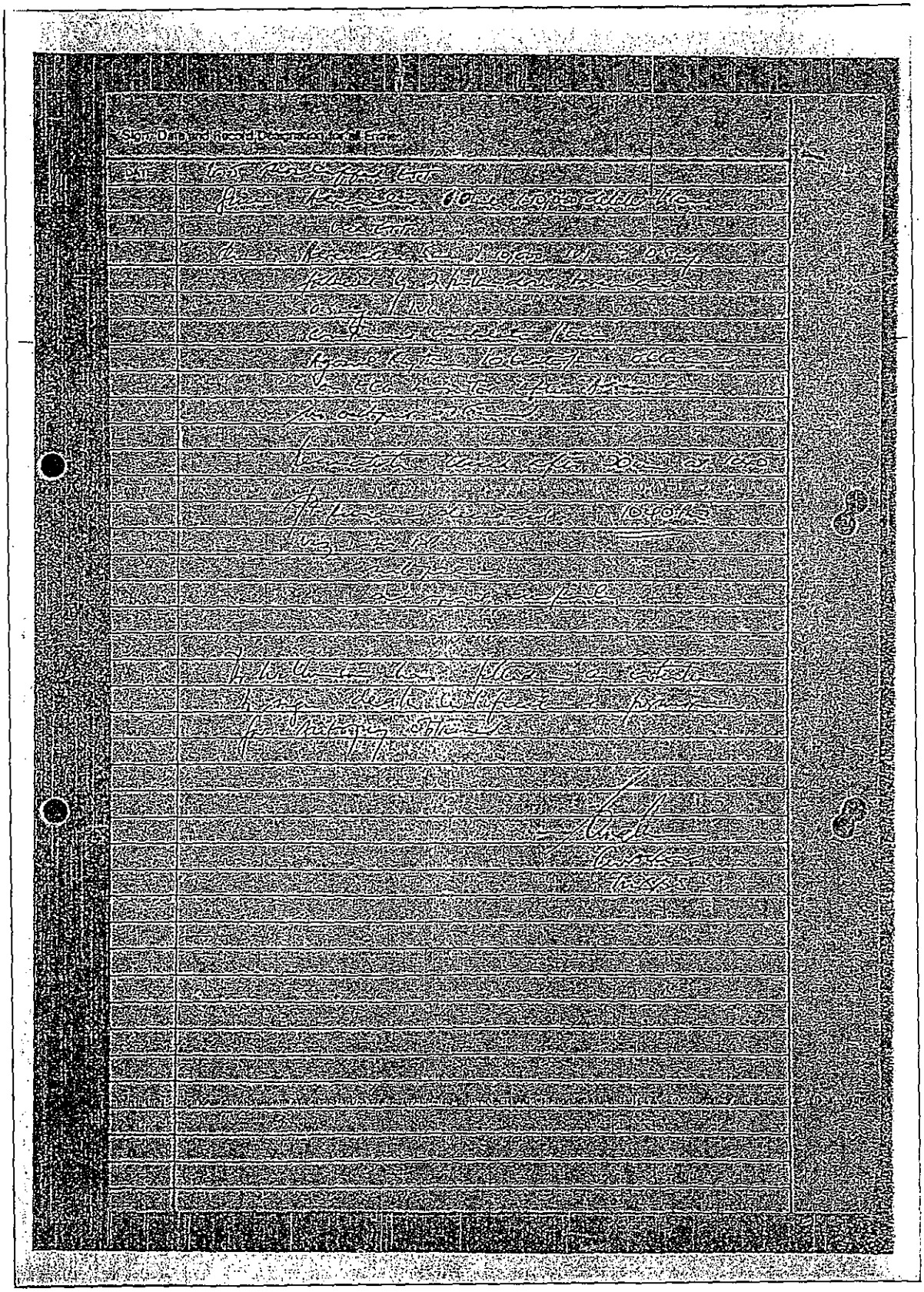


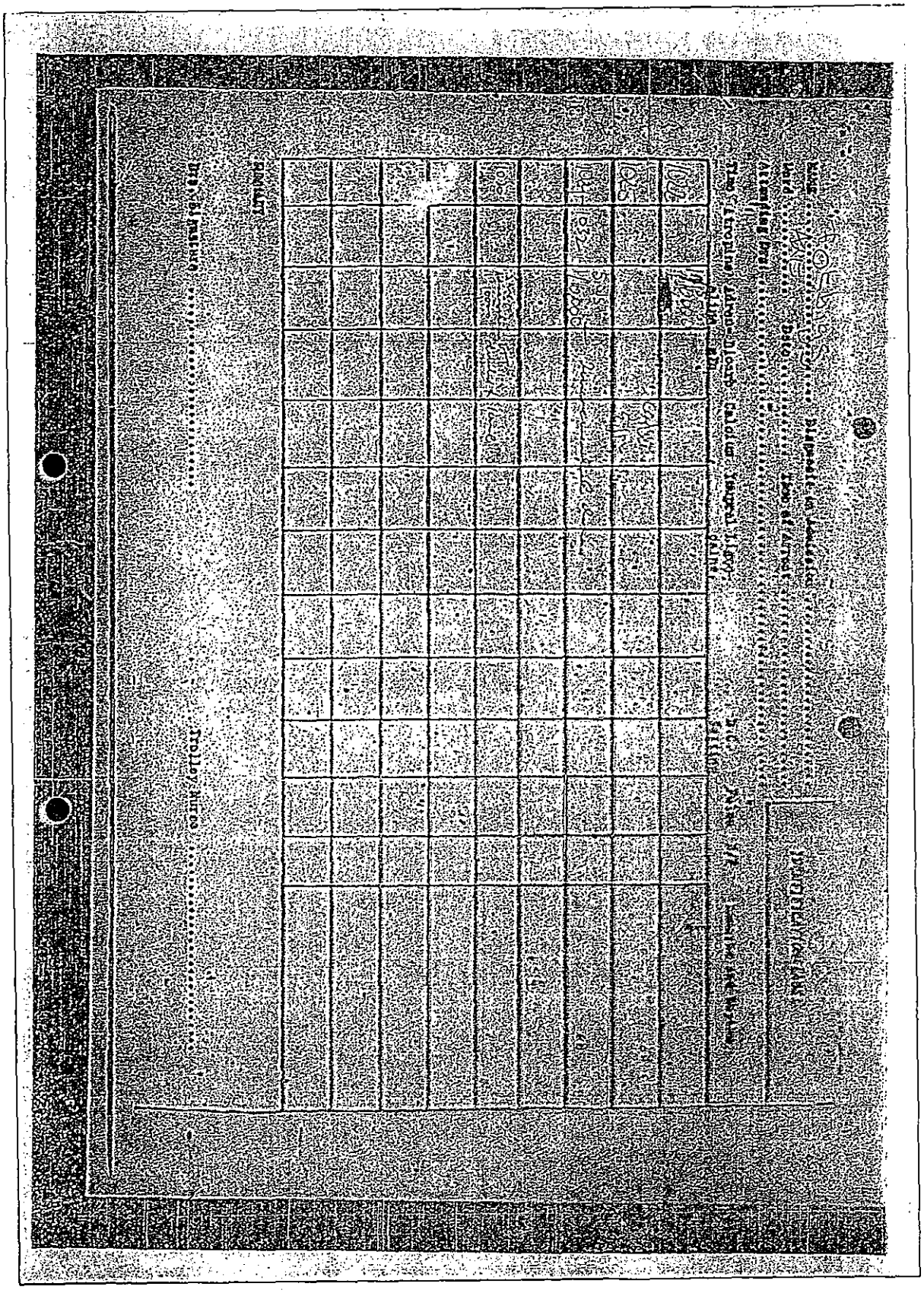
NUMACH

OUTPATIENT CONTINUATION RECORD

Sign/Date and Record Designation of all Entries

		SURNAME		UNIT NUMBER
		OTHER NAMES		
		ADDRESS		
		DATE OF BIRTH	WARD	
		V.M.O.	R.M.O.	





NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
ULTRASOUND

M.R.N: 0360390
FOLBIGG, .Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 4M
D.O.B: 03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ. NO: 89U002135

Exams : USWA on 19-Oct-1990 at 12:47

ULTRASOUND OF RENAL SYSTEM

Both kidneys are smooth in outline and normal in echogenicity, shape and size. Normal axis. No peri-nephric collection seen. No decrease in movement demonstrated. Both collecting systems are not dilated. The right kidney measures 5.7 cm and the left kidney measures 6.3 cm.

Both liver and spleen are normal. No abnormal fluid collection seen.

DR J. LAI

Printed 22/10/90 08:04 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: FOLBIGG | UNIT NUMBER: 86

OTHER NAMES: PATRICK | Sheet No.

ADDRESS:

DATE OF BIRTH: | M.O.:

PRN, VARIABLE DOSE DRUGS

WARD: 7

PREVIOUS DRUG ALLERGY:

ADVERSE DRUG REACTION THIS ADMISSION:

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
~~Morphine~~					

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
Reclomd	140mg 9/9/02 PRN		PO	~~PHARMACY NOTES & SPECIAL DIRECTIONS~~	18/10/02

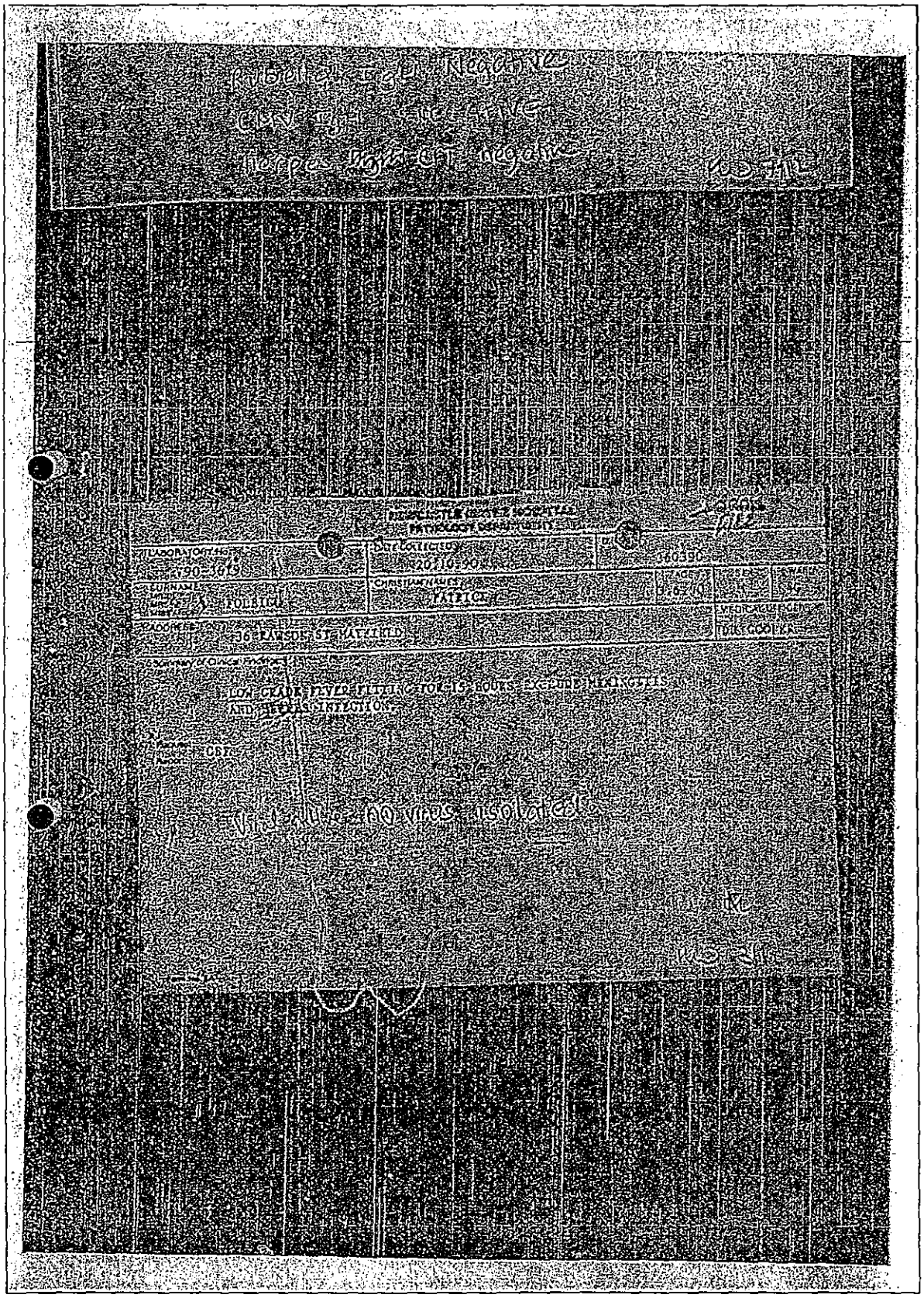
DATE	TIME	DOSE	GIVEN BY	CHECKED BY
19-10-02	2400	140mg	EMEdwards	
20-10-02	0210	140mg	ABradley	
20-10-02	0840	140mg	JHills	
21-10-02	2030	140mg	KLeslie	
25-10-02	0430	140mg	[illegible]	
25-10-02	2110	140mg	IC-Bale	

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
DIAZEPAM	up to 1.4mg IVI		IVI	only when ventilated	18/10/02

DATE	TIME	DOSE	GIVEN BY	CHECKED BY
19-10-02	2340	1.4mg	KHodges	

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
DIAZEPAM	up to 1mg IVI PRN		IVI		22/10/02

DATE	TIME	DOSE	GIVEN BY	CHECKED BY



Department of Health, N.S.W.
OLIVER LATHAM LABORATORY
N.S.W. BIOCHEMICAL GENETICS SERVICE

TELEPHONE ENQUIRIES:
CLINICAL GENETICIST 887 565
SENIOR SCIENTIST 887 564
RESULTS 887 566

1.0

REFERRED BY:MATER NEWCASTLE

Ward: 4G 36-03-90

FOLBIGG, PATRICK

Dr. COOPER

Male DOB: 03-Jun-1990

TEST	REF RANGE	UNITS	URINE 902746 10:50 20Oct 1990
URINARY AMINO ACID PATTERN			
AMINO ACID PATTERN			NAD
UNIDENT. COMPOUND ? PARACETAMOL			+
METHYLMALONIC ACID SCREEN			
METHYLMALONIC ACID			NEG
URINARY ORGANIC ACID PROFILE			
ORGANIC ACID PROFILE			NAD
LACTIC ACID			NI

NAD = NO ABNORMALITY DETECTED
\+ = SLIGHT INCREASE
NEG = NEGATIVE
NI = NOT INCREASED

SENIOR SCIENTIST:MS J HAMMOND

REPORT PRINTED 09:38 29-Oct-90

CLINICAL GENETICIST (BIOCHEMISTRY):DR B WILCKEN BW

PLEASE RETAIN UNTIL SUPERSEDED BY A REPORT WITH 3 SAMPLES' RESULTS.

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

WARD: 4G

M.R.N.: 0360390
EOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 20/10/90 SEX: Male AGE: 4M
H.M.O: DR D COOPER D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE LAB.NO: 90P009905

Specimen : CEREBROSPINAL FLUID
Exams : CSEC on 20-Oct-1990 at 13:23

CLINICAL NOTES; Low grade fever, fitting x 15 hours despite of Phenobarb. Exclude meningitis and Herpes .

CELL COUNT

White cells x10^6/L Nil seen
Red cells x10^6/L 3

GRAM STAIN

Pus cells = Nil seen
Epithelial =
Organisms = Nil seen

CULTURE

No growth at 24 hours.
No growth at 48 hours.

DR. W.MERRELL/H.BUTT

Printed 23/10/90 13:18 FINAL REPORT

Attach 3rd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.		
V90-3619	20:10.90	360390		
SURNAME MR. MRS. MISS FOLBIGG	CHRISTIAN NAMES PATRICK	AGE 3.6.90	SEX M	WARD 4G
ADDRESS 36 RAWSON ST MAYFIELD			MEDICAL OFFICER DR COOPER	

Summary of Clinical Findings:

LOW GRADE FEVER FITTING FOR 15 HOURS EXCLUDE MENINGITIS AND HERPES INFECTION.

Request:
Report: CSF

Viral cultwe: TF

22/10

Form No. 3A

Form No. 3A

1-1-85

NEWCASTLE MATER MISERICORDIAE

PLEASE USE GUMMED LABEL IF AVAILABLE HSMR3

SURNAME UNIT NUMBER

Attach 2nd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

~~MORRIS~~ FILE

LABORATORY No.	DATE COLLECTED	U.R.			
V90-3619	20.10.90	360390			
SURNAME MR. MRS. MISS FOLBIGG	CHRISTIAN NAMES PATRICK	AGE 3.6.90	SEX M	WARD 4G	
ADDRESS 36 RAWSON ST MAYFIELD			MEDICAL OFFICER DR COOPER		

Summary of Clinical Findings:

LOW GRADE FEVER FITTING FOR 15 HOURS EXCLUDE MENINGITIS AND HERPES INFECTION.

Request: CSF
Report:

Viral culture: NO virus isolated.

MD 3/12.

Form No. 3A

608

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	Fahrig	UNIT NUMBER	103
OTHER NAMES	Patrick		SHEET N
ADDRESS			
DATE OF BIRTH		M.O.	

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	TIME	Duration	Description
20/10/96	0010	40 sec	Neck stiffness, starring upwards to the right Phenobarbitone 75mg IV No colour change
	0030	20 sec	Limbs asleep - eyes stopped open - head arched back " " " "
	(2300-0300) 0250	(30-60sec) 50sec	" " " " " " " "
	0510	40sec	" " " " No colour change
	0515	50 sec	" " " " " " " "
	0520	1min 10sec	Neck stiffness, arms stiff. starring upwards to the right side. No colour change.
	0540	1min	"phenobarbitone 50mg" IV
	0815	30sec	Eyes open, staring, no response to stimuli
	0900	10 secs	Eyes open, staring. No response to stimuli
	0905	30secs	Eyes open, staring. No response to stimuli.
	1050	1min-30secs	eyes open, deviating to right, no response to stimuli, very difficult to rouse. post-ictal.
	1100	90secs	eyes open, deviate to (R) right (R) leg twitching, no other limb involvement, (L) leg twitching post ictally. (30 secs longer)
	1130	90	DR Willimson Eyes open & deviating to R
	1200	90	Eyes open, deviating to (R) (R) leg twitching.
	1840	90	(Rt) leg twitching - eyes shut - breathing colour pink DX ST 5.2 mmol
	1910	2 MIN.	Rythmical twitching (Rt) leg lasting 2 MIN. No colour change
	2010	2 MIN 30sec.	Twitching (Rt) leg - Irritable Dribbling Post Ictal 30 secs
21/10	0250	3min	Moving all limbs but not similtaneously. Not responding to painful stimuli Eyes roaming & not focusing Dribbling. No colour change Very irritable and crying post ictal

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	TIME	Duration	Description
22/10/90	745	45 secs	Eyes deviating to (R) legs and feet shiff (L) hand jerking
	→	30 secs	(R) leg jerking. Vomited s/a
23/10/90	18 50	90 sec	Body & limbs flaccid eyes fixed and baby unresponsive.
24-10-90	24/10/90	- 8pm	→ 8pm frequent episodes of staring, Pupils Dilated, legs extended, lasting 10-30 secs.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR37

SURNAME: FOLBIGG	UNIT NUMBER	Sheet No
OTHER NAMES: PATRICK		
ADDRESS		
DATE OF BIRTH	M.O.	

WARD: 4C

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → / TIME ↓: 21/10/90 | 22/10/90 | 23/10/90 | 24/10/90 | 25/10/90 | 26/10/90

DRUG (GENERIC NAME): Heparin Na — 50 Units/5ml
DOSE/FREQUENCY: 3mls
M.O. SIGNATURE & PRINT NAME: Joe Dezoete
ROUTE: IV
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 21/10/90

0430 — IV
0830 — IV
1430 — IV
2030 — IV — Cease

DRUG (GENERIC NAME): ACYCLOVIR in 10mls W/Fluid over One Hour
DOSE/FREQUENCY: 100mg 8h
M.O. SIGNATURE & PRINT NAME: O'BRIEN
ROUTE: IVI
PHARMACY NOTES & SPECIAL INSTRUCTIONS: (15mg/kg/dose)
DATE: 21.10.90

0230 — IVI
1030 — IVI
1830 — IVI — last dose 27/10/90 pm

DRUG (GENERIC NAME): Push with NS 2.5mls before & after Phenytoin in 10mls of NS over 20 minutes
DOSE/FREQUENCY: 25mg 12h
M.O. SIGNATURE & PRINT NAME: O'BRIEN
ROUTE: IVI
PHARMACY NOTES & SPECIAL INSTRUCTIONS: Please Dilute As Instructed (7mg/kg/day)
DATE: 21.10.90

0830 — IVI — MG
2030 — IVI — PK

DRUG (GENERIC NAME): Phenytoin
DOSE/FREQUENCY: 38mg 12h
M.O. SIGNATURE & PRINT NAME:
ROUTE: IVI
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 23/10/90

08.30 — IVI — see oral chart sheet
2030 — IVI — PK — Cease 25/10/90

DRUG (GENERIC NAME): Phenytoin
DOSE/FREQUENCY: 30mg ORALLY 12hrly
M.O. SIGNATURE & PRINT NAME: Joe Dezoete
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 25/10/90

0830 — O
2030 — O — Ceased

1-1-86

611

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 35-03-90

FOLDICG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

94

Sheet No.:

I.V. FLUIDS

PRESCRIBING INSTRUCTIONS:

1. The first person prescribing must ensure that the patients full name and unit number are on this form.
2. The signature of the first prescriber must appear on the sticky label.
3. All staff must sign their name once overleaf to clarify their initials.
4. All drug names, dosages and directions must be printed.
5. **EACH BOTTLE MUST BE PRESCRIBED SEPARATELY.**
6. **ORDERS MAY ONLY BE WRITTEN FOR A 24 HOUR PERIOD.**
7. If you wish to cancel an order write "Suspended" in the order column and sign it. Re-write the new order in the next space.

PHARMACY NOTES:	PREVIOUS DRUG REACTION:	ADVERSE DRUG REACTION THIS ADMISSION:

DATE	SOLUTION AMOUNT	ADDITIVE DOSAGE	ML PER HOUR	PRESCRIBER'S SIGNATURE AND PRINT NAME	DATE	TIME	GIVEN, CHECKED
22/10	4/ Dex 5%		5mls	Joe Dezoete		0330	
	500		7				
22-10-90	N. Saline 500 ml		5mls	O'BRIEN	22/10/90	0830	
23/10/90	N Saline 500ml		5ml	Joe Dezoete			
23/10/90	N Saline 500ml		5ml		24-10-90	0200	
24/10/90	N Saline 500mls		5mls	Joe Dezoete	25/10/90	0300	
26/10/90	500mls Normal Saline		5mls	Schwenke	26-10-90	0200	
26/10	N.S. 500mls		5mls	Joe Dezoete			

1-1-86

612

The Royal Newcastle Hospital
Department of Clinical Neurophysiology

E.E.G. REPORT

DATE: 22/10/90

NAME: FOLBIGG PATRICK DOB: 3/6/90 MRN: 521375

ADDRESS: 36 RAWSON ST MAYFIELD SEX: M No.: M90/1156-2

REFERRED BY: DR COOPER MATER HOSP

HISTORY:

Focal fitting on right side of body. Febrile.

REPORT:

The patient was reasonably co-operative, although he took some time to settle. The background rhythms consist of a mixture of frequencies with some delta activity, but dominated really by theta.

There is some sharply contoured activity of low voltage seen frequently in the left frontoparietal region, and on some occasions manifests as a definite phase reversing sharp wave in that area. As the patient enters sleep, the background rhythms become more regular and the theta is better seen.

CLINICAL INTERPRETATION:

Asymmetry of background rhythms is not persistent, and of doubtful significance. There is an act of potential epileptogenic focus as described in the left fronto-parietal region. The pattern of this EEG does not suggest herpes simplex encephalitis.

I. WILKINSON

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
COMPUTERISED TOMOGRAPHY

M.R.N: 0360390
FOLBIGG, .Patrick
36 RAWSON STREET
SEX: Male LD 2304 4M
D.O.B: 03-Jun-1990

R.M.O: DR D COOPER
WARD/CLINIC: 4G

REQ.NO: 89C001317

Exams : CB3 on 23-Oct-1990 at 11:00

CT BRAIN (pre and post contrast scans)

In the pre contrast scant there is a decrease in attenuation seen in both occipital lobes, temporal lobe and left frontal lobe. The grey/white matter differentiation is lost. Ventricular system not dilated. No haemorrhage seen. Minimal widening of the peripheral cerebral sulci is seen in the frontal and the parietal lobes.

Post contrast scan with thin cuts over the posterior cranial fossa and temporal lobe shows the hypodense areas involving both posterior parts of the temporal lobes and occipital lobes. Abnormal enhancement demonstrated. The intra-cranial vessels are well enhanced. No abnormal fluid collection seen.

IMPRESSION

The picture is compatible with encephalitis involving both temporal lobes, occipital lobes and left frontal lobe. Herpes encephalitis has to be considered.

DR J. LAI

Printed 23/10/90 14:58 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL *We Care*

89

REQUEST FOR ADMISSION AND CONSENT FORM

26-03-90

FROM: ..... TO: FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

MR.
MRS.
SURNAME: MISS .....

ADDRESS: ..... D.O.B.: .....

BRIEF HISTORY AND INSTRUCTIONS: .....

.....

.....

.....

..... (P.T.O.)

PREFERRED DATE OF ADMISSION: ..... ESTIMATED LENGTH OF STAY: .....

SPECIALIST MEDICAL OFFICER: .....

SIGNATURE OF MEDICAL OFFICER: .....

CONSENT TO SURGICAL OPERATION, PROCEDURE OR MEDICAL TREATMENT

I, ...

of .....

agree to the procedure of ..... being performed on me,

the effects of which have been explained to me by Dr. .....

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr ..... has explained to me that I need to have medical attention for my present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in my interest to have the procedure/treatment.

Signed: ..... Date: ..... 19 .....

Patient's signature witnessed by: .....

Witness' name (BLOCK LETTERS): .....

CONSENT BY RELATIVE OR LEGAL GUARDIAN

I, Cathy Folbigg

of Mayfield with consent

agree to the procedure of CT Scan of Brain being performed on,

Patrick Folbigg the effects of which have been explained to me by

Dr. Dr. [illegible]

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr Dr [illegible] has explained to me that he/she needs to have medical attention for his/her present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in his/her interest to have the procedure/treatment.

My relationship to the patient is Mother

Signed: [signature] Date: 27/4/19 90

Signature witnessed by: Dr [illegible]

Witness' name (BLOCK LETTERS): D COOPER

* Strike out and initial those which are not applicable

NORMAN MORRISS PRINTERS — 29-1858

615

NEWCASTLE MATERNITY HOSPITAL
ORGAN IMAGING DEPARTMENT
COMPUTERISED TOMOGRAPHY

MRN: 03603390
TOLLEGGS, [illegible]
86 RAWSON STREET
SEX: M DOB: 08-Jun-1990 AGE: 4M
I.D.D.: 08-Jun-1990 R.M.O.: DR J COOPER
WARD/CLINIC: 46
RDD/NO: 89C001317

Exams : CB3 on 23-Oct-1990 at 11:00

CT BRAIN (pre and post contrast scans)

In the pre contrast scant there is a decrease in attenuation seen in both occipital lobes, temporal lobe and left frontal lobe. The grey/white matter differentiation is lost. Ventricular system not dilated. No haemorrhage seen. Minimal widening of the peripheral cerebral sulci is seen in the frontal and the parietal lobes.

Post contrast scan with thin cuts over the posterior cranial fossa and temporal lobe shows the hypodense areas involving both posterior parts of the temporal lobes and occipital lobes. Abnormal enhancement demonstrated. The intra-cranial vessels are well enhanced. No abnormal fluid collection seen.

IMPRESSION

The picture is compatible with encephalitis involving both temporal lobes, occipital lobes and left frontal lobe. Herpes encephalitis has to be considered.

DR J. LAI

Printed 23/10/90 14:58 FINAL REPORT

Attach 2nd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.
V90-3674	23.10.90	360390

SURNAME MR MAS MISS	CHRISTIAN NAMES	AGE	SEX	WARD
FOLBIGG	PATRICK	3.6.90	M	4G

ADDRESS	MEDICAL OFFICER
36 RAWSON ST MAYFIELD	DR COOPER

Summary of Clinical Findings:

FITTING

Request:
Report: SERUM

Herpes simplex virus IgM NEG.

2/1

No. 3A

Adelaide Children's Hospital

North Adelaide,
South Australia. 5006
Telephone: (08) 267 7000
Telex: ACHOSP 89178
Fax: (08) 239 0417

A Division of the

ADELAIDE MEDICAL CENTRE FOR WOMEN & CHILDREN

Department of Chemical Pathology
indial (08) 267.7294
departmental facsimile (08) 267.5961

EFR/sl

8 November, 1990

Dr. Ian Wilkinson,
Paediatric Neurologist,
115 Elder Street,
LAMBTON N.S.W. 2298.

Dear Ian,

Re: Patrick FOLBIGG, d.o.b. 3.6.90, NMMH UR 36-03-90

Blood, 25.10.90

PERIPHERAL BLOOD LEUCOCYTES
Units: nmol/min/mg protein

β-Galactosidase	-	3.9	(1-6)	: Acid Phosphatase	-	83	(20-160)
Total β-Hexosaminidase	-	25	(10-40)	: β-Glucuronidase	-	1.1	(0.5-3.4)
β-Hexosaminidase A	-	69 %Total	(40-85)	: α-Mannosidase	-	6.7	(2-16)
Arylsulphatase A	-	2.3	(1.0-5.0)	: α-Fucosidase	-	1.5	(0.4-2.7)

Units: pmol/min/mg protein

β-Glucocerebrosidase	-	620	(600-3200)	: Sphingomyelinase	-	64	(20-120)
β-Galactocerebrosidase	-	11.6	(2-30)	: Sulphatidase	-	115	(100-550)

PLASMA
Units: nmol/min/ml

β-Glucuronidase	-	1.1	(0.1-2.0)	: α-Mannosidase	-	2.0	(0.5-3.0)

COMMENT: All the above results are NORMAL. These virtually exclude GM1 and GM2 gangliosidoses, and MLD; Gaucher's, Krabbe's and Niemann-Pick diseases; Mannosidosis, Fucosidosis, Mucolipidoses II and III, and Mucopolysaccharidosis VII.

Plasma, 25.10.90	Very Long Chain Fatty Acids $C_{26}:C_{22}$ ratio	$C_{24}:C_{22}$ ratio	Phytanic acid (mg/100 mL)
- Patrick F. (test)	0.021	0.911	0.10
Normal range (M+F)	< 0.035	0.550 - 1.150	<0.5
ALD Hemizygotes (M)	0.057 - 0.320	1.432 - 2.589	

COMMENT: The above NORMAL test pattern, as far as we are presently aware, would appear to rule out the possibility of ALD/AMN, Refsum's disease, Zellweger's and other generalised peroxisomopathies.

.../2.

Urine, 25.10.90

Mucopolysaccharide Screen

Semiquantative MPS (Alcian Blue Complex) - 38 g/mol Creatinine (NR <40)
Qualitative MPS pattern by High Resolution Electrophoresis - Normal

COMMENT:

The normal urinary MPS by these present techniques virtually eliminates the possibility of there being any one of the presently enzymically recognisable forms of mucopolysaccharidosis.

Urine Amino Acids by quantitative column chromatography - No abnormality detected

Urine Organic Acids by gas chromatography - No abnormality detected

Plasma, 25.10.90

	CARNITINE (μmol/L)			Ratio
	Total	Free	Acylated	(acylated/free)
- Patrick F. (test)	63	52	11	0.21
Normal Range	35-65	30-60	-	0.10-0.75

COMMENT: The above carnitine values are NORMAL.

Yours sincerely,

Dr. W.F. Carey
Chief Hospital Scientist

cc Dr. D. Cooper, NMMH
Case Notes, Medical Records, NMMH
Pathology Department, NMMH

a:wfc12
Nov90sl

PLEASE USE GUMMED LABEL IF AVAILABLE

ST: UNIT NUMBER

35-03-90

FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

Bleed Sug

25/10/90
17.30 Rachael Sundram Biopsy

[signature]
MR Registrar

Only 1 specimen obtained - a degrade
- instrument jerked after this.
Can be repeated later if
necessary

2200 Satisfactory evening - no seizures observed
cannula site appears satisfactory [signature]

26-10-90 0500hrs dept soundly IV continues TKVO
Nil PR bleeding observed Croupy "cough" persists
[signature] RN

26/10/90 1420 hrs
Satisfactory morning. No seizures observed.
Croupy cough observed at times -
I.V cannula patent, site satisfactory. [signature] RN

26/10. No further fits
Afebrile
Continues to look well.
- Amino Acid Screen Negative
- Investigations for Non Ketotic Hyperglycaemia
not undertaken according to Dr Wilkinson
at Oliver Latham
- Drug levels Monday. Joe Dezoete.

27/10/90 0600 No fits. PR'ged on and off 2000 to 0200 hrs and Has
stopd. IV site N/A. Good urine output. Has croupy cough.
[signature]

622

1-1-85

27/10/90 - Lovely Baby - Interacting well with his Parents.
No seizures - Continues to have a croupy cough.
A/B Dr Morris - NFO - all Medication
given as Rx — A Bradley RN.

28/10/90 0600 N/C Slept well, fed well. Nofth. Canula capped. A Bradley RN
Radiography - A/B Dr Morris - NFO. No fitting - A Bradley RN
28.10.90 2200 hrs. Tolerating oral fluids a small amount puree
diet. Unsettled latter part of evening. Paracetamol 140mg
given @ 2100 hrs. More settled @ time of report. T.P. Scott R/N
29/10/90 0600 Slept well after he finally went to sleep at 2000. A Bradley RN

29/10/90 Has remained well. Cramp improving
Alert, not irritable + feeding well.

Fontanelle ✓ Sutures ✓ Tone ✓ Head control ✓ Fundi ✓

For discharge on ph's + Dilantin (after blood levels)

Follow up as outpatient

— Dr MO R&C

Bloods collected Sent + Discharge letter given
Discharged 1300 Hrs with mother A Bradley RN

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR3

SURNAME: Folbigg | UNIT NUMBER: 360390 | Sheet No

OTHER NAMES: Patrick

ADDRESS:

DATE OF BIRTH: 3/Jun/90 | M.O.:

WARD:

PREVIOUS DRUG ALLERGY

ADVERSE DRUG REACTION THIS ADMISSION

CODE FOR DRUGS NOT GIVEN: Circle Code Letter
F—Fasting R—Patient refused drug
A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → / TIME ↓ | 25/10/90 | 26/10/90 | 27/10/90 | 28/10/90 | 29/10/90

DRUG (GENERIC NAME): Phenobarbitone — DOSE/FREQUENCY: 15mg BD
M.O. SIGNATURE & PRINT NAME: Joseph DeZoete — ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE: 25/10/90
0800 | 2000

DRUG (GENERIC NAME): Phenobarbitone — DOSE/FREQUENCY: 24mg 12hrly
M.O. SIGNATURE & PRINT NAME: Joe DeZoete — ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE: 25/10/90
0800 | 2000

DRUG (GENERIC NAME): Phenytoin — DOSE/FREQUENCY: 45mg 12hrly
M.O. SIGNATURE & PRINT NAME: Joe DeZoete — ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE: 25/10/90
0830 | 2030

DRUG (GENERIC NAME) — DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME — ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

DRUG (GENERIC NAME) — DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME — ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

93

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: GRIER | UNIT NUMBER:

OTHER NAMES: EMILY | Sheet N

ADDRESS:

DATE OF BIRTH: | M.O.

PRN, VARIABLE DOSE DRUGS

WARD:

PREVIOUS DRUG ALLERGY:

ADVERSE DRUG REACTION THIS ADMISSION:

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
Panadol	160 mgs Q4H prn fever	O	27/1.0

M.O. SIGNATURE & PRINT NAME: [illegible]

PHARMACY NOTES & SPECIAL DIRECTIONS:

DATE	TIME	DOSE	GIVEN BY	CHECKED BY
27/1	0015	1 Cap	[illegible]	[illegible]
28/1	1405	1 Cap	Schofield	[illegible]

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE

M.O. SIGNATURE & PRINT NAME:

PHARMACY NOTES & SPECIAL DIRECTIONS:

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE

M.O. SIGNATURE & PRINT NAME:

PHARMACY NOTES & SPECIAL DIRECTIONS:

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PAEDIATRIC NURSING CARE PLAN/WARD REPORT

CONTINUATION SHEET

35-78-46
GRIEP , Emily Cecilia
7 Fishermans Bay Rd, ANNA BAY 2:
DOB 10-Apr-1990 SEX F
WARD 45
M.O.: DR. J. STUART

DATE	ACTUAL & POTENTIAL PROBLEM	EXPECTED GOAL	NURSING ACTIONS, INSTRUCTIONS & COMMENTS	EVALUATION
27·10·90	Fever	Relieve	· reg. wbar panadol.	
			· monitor TPR.	
	Maintain		· breast fed on demand.	
	Hydration			

NEWEY & BEATH PRINT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

Sheet No

36-03-90
FOLKIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DRUG (GENERIC NAME)	DOSE/FREQUENCY
Hep Solv Flush	5mls 9/24
M.O. SIGNATURE & PRINT NAME	ROUTE
	IV
PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
	28/10

DRUG (GENERIC NAME)	DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME	ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE

DRUG (GENERIC NAME)	DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME	ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE

DRUG (GENERIC NAME)	DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME	ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE

DRUG (GENERIC NAME)	DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME	ROUTE
PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE

DATE → / TIME ↓	28/10	29/10
0000	SH	SH
0600	SH	SH
1200	SH	
1800	SH	

1-1-86

627

PAEDIATRIC NURSING CARE PLAN

REASON FOR ADMISSION:

Identification Label

Patrick Folbigg

SPECIAL ORDERS:

		DATE and TIME: 28/10/90						
OBSERVATIONS	Temperature	4/24						
	Pulse							
	Respirations							
	B.P.	NO						
	Fluid Balance	NO						
	Feeding Chart	yes						
	Urinalysis							
DIET	Normal	yes						
	Nil orally	NO						
	Fluids only	NO						
HYGIENE	Assist/Sponge	NO						
	Bath/Shower	yes						
	Pressure care	NO						
ACTIVITY	Bed rest							
	Ambulant	to toilet						
	Toilet privileges							
SECURITY	Cot sides	yes						
	Rooming in	NO						
TREATMENT	I.V. Fluids	NO						
	Medications	yes						
	Injections	yes						
	Nebuliser	NO						
	Croupette	NO						
	Wound care	cannula						
SIGNATURE (R.N.)		J Bradley RGN						

PAEDIATRIC NURSING CARE PLAN

REASON FOR ADMISSION:

35-78-46
GRIEP , Emily Cecilia
7 Fishermans Bay Rd, ANNA BAY 2
DOB 10-Apr-1990 SEX F
WARD 45
M.O.: DR. J. STUART

SPECIAL ORDERS:

		DATE and TIME:	28.10.90					
OBSERVATIONS	Temperature	4/24	4/24					
	Pulse	4/24	4/24					
	Respirations	4/24	4/24					
	B.P.	—	—					
	Fluid Balance	NO	No					
	Feeding Chart	Yes	YES					
	Urinalysis							
DIET	Normal	Yes	YES					
	Nil orally	No	No					
	Fluids only	NO	No					
HYGIENE	Assist/Sponge		—					
	Bath/Shower	Yes	YES					
	Pressure care		—					
ACTIVITY	Bed rest	Yes						
	Ambulant	NO	baby					
	Toilet privileges	Nappy						
SECURITY	Cot sides	Yes	YES					
	Rooming in	Yes						
TREATMENT	I.V. Fluids	NO	No					
	Medications	NO	No					
	Injections	NO	No					
	Nebuliser	No	No					
	Croupette	No	No					
	Wound care	NO	No					
		Catheter Specimen						

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

25-03-50
FOLKIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

Sheet N

WARD:

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → / TIME ↓ — 28/10 — 29/10

DRUG (GENERIC NAME): Hep Soln flexible — DOSE/FREQUENCY: 5mls 9/24

M.O. SIGNATURE & PRINT NAME — ROUTE: IM

PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE: 28/10

TIME	28/10	29/10
0000	SH	SH
0600	SH	SH
1200	5mls	
1800		

DRUG (GENERIC NAME) — DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME — ROUTE

PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

DRUG (GENERIC NAME) — DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME — ROUTE

PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

DRUG (GENERIC NAME) — DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME — ROUTE

PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

DRUG (GENERIC NAME) — DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME — ROUTE

PHARMACY NOTES & SPECIAL INSTRUCTIONS — DATE

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

Sheet No

36-03-90
FOLRIGG, Patrick
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

WARD:

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → 28/10/90 29/10

TIME ↓

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
Hep Solve Flexible	5mls 9/24	IM		28/10
DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE
DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	PHARMACY NOTES & SPECIAL INSTRUCTIONS	DATE

TIME	28/10/90	29/10					
0000	SH	SH					
0600	SH	SH					
1200	BMS						
1800							

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME FABIG	UNIT NUMBER 360390
OTHER NAMES Patrick	
ADDRESS 56 RAWSON st MAYFIELD.	
DATE OF BIRTH 3/JUNE/90	M.O. ROB MORRIS

91

Top Copy Med. Records
Second Copy L.M.O.
Third Copy V.M.O.

Lmo DR C. MARLEY chgable

Referred by:

Date of Admission: 18/10/90 Emergency/Elective Date of Discharge: 29/10/90.

Final Diagnosis: 1) Intractable Seizures probably Viral Encephalitis.

Other Diagnosis: 2) Bronchiolitis #Brother died age 19 days last year in sleep.
2: 5month boy presented as apnoeic-stele, floppy, regurned
3: simple resuscitation by paramedics & was well
4: in hospital until developed series of generalized &
5: also right sided focal fits associated with low fevers.

Past History: Required large doses of IV phenobarbitone & then IV phenytoin to settle. Started on IV Acyclovir. → 7day course for presumed Herpes Encephalitis. Fit-free from third day of Acyclovir.

Operations/Management:

~ ESF — Normal — Herpes Culture Negative.
~ Serum Herpes Ig M pending (Westmead)
~ Cranial U/Sound Normal
— Cranial CT scan — Hypodense areas in temporal & occipital lobes.
? Encephalitis ? demyelination.

Drugs on Discharge: (Dose, Frequency, Duration):

— Chest X ray Slight hyperinflation & ? markings in keeping with bronchiolitis
— EEG — Left Frontal lobe discharge
— Metabolic WORK UP — pending (Adelaide Childrens)
— Rectal biopsy — pending

Information Given to Patient:

— Serum: lactate, ammonia, Calcium, Mg, Gluc all normal
— Urine Metabolic screen: negative amino acids & negative organic acids, negative, lactic acid negative

Follow-up:

— Currently on phenytoin 45mg 12hrly phenobarbitone 24mg 12hrly
Levels done on day of discharge & will adjust if needbe by phone
— Review by Dr Morris 7days

Adverse drug reaction (specify drug):

Medical Officer (print name)

632

IW/bw
October 30, 1990.

Dr. R. Morris,
61 Dennison Street,
HAMILTON. 2303

c.c. Dr. G. Cooper
Dr. C. Marley
Dr. W. Carey, Adelaide Children's Hospital

Dear Rob,

Re: Patrick FOLBIGG
20 Rawson Street, MAYFIELD.

Thanks for asking me to see this young man.

The story is someone who presented with what sounded initially like apnoea, but who subsequently in the ward demonstrated that he was clearly having seizures, mainly right sided.

On examination, I could not find any neurological problem.

His tone and deep tendon reflexes are normal, and he appears active and interested. There was some suggestion of the right side not functioning as well as the left, but the signs are not marked.

The history was of great interest, in that he had a male sibling, who died at 20 days of unexplained causes, but who previously had a "floppy larynx".

A serum lactate and ammonia were within normal limits, and I understand at this stage that the urinary organic acids are normal, but the urinary amino acid pattern is still being processed.

The most worrying thing is the CT scan, which shows symmetrical areas of hypodensity in occipital regions posteriorally. These changes certain suggest the possibility of a metabolic disorder, although Herpes encephalitis cannot be ruled out absolutely. He had been febrile at various times in his illness, although he had no white cells in his spinal fluid, and only three red cells.

We have chosen to treat as though he might have Herpes Simplex encephalitis, with Acyclovir, but his fits have been quite resistant to treatment, and currently he is on Phenobarb and Dilantin, and we may need to add Rivotril depending up what levels show.

We are sending blood off to the Adelaide Children's Hospital, to look up the lysosimal enzymes, but also the long chain fatty acids. It is a little bit late for him to present with the commatal form ALD, and he does have reflexes, but there may be some other disorder affecting myelination.

I will be away for 16 days in Japan, and I hope that some of these answers will come back by the time I return.

If the Rivotril is not successful, and if the metabolic studies appear normal, then I wonder wether this young man might be a candidate for a course of A.C.T.H., perhaps in a dose of 20 units a day, to try and pull up these fits.

With kind regards.

Sincerely,

Ian Wilkinson.

Dictated by Dr. Wilkinson,
signed in his absence.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PLEASE USE SUMMER LABEL

MISCELLANEOUS / MOUNTING S.

ALWAYS CONFIDENTIALITY

Summary of Clinical Findings:

ADDRESS 36 DARSON STREET MAYFIELD

SURNAME FOLBIGG	CHRISTIAN NAMES PATRICK	AGE	SEX M	MEDICAL OFFICER
LABORATORY No.	DATE COLLECTED	U.R. No.		

PATHOLOGY DEPARTMENT
NEWCASTLE MATER HOSPITAL

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No. V90-3842	DATE COLLECTED 4.11.90	U.R. No. 360390		
SURNAME MR/MRS/MISS FOLBIGG	CHRISTIAN NAMES PATRICK	AGE 3.6.90	SEX M.	W.
ADDRESS			MEDICAL OFFICE MORRIS	

Summary of Clinical Findings:
FEVER, FITTING

CONJUNCTIVITIS

Request: SERUM

Report: Herpes IgM: Negative

MO 8.11.90.

Chlamydia pneumoniae.

No. 3A

1-85

635

NEWCASTLE MATER MISERICORDIAE HOSPITAL

MISCELLANEOUS PATHOLOGY
MOUNTING SH

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No. V90-3842	DATE COLLECTED 4.11.90		U.R. No. 360390		
SURNAME FOLBIGG	CHRISTIAN NAMES PATRICK		AGE 3.6.90	SEX M.	
ADDRESS				MEDICAL OFFICER MORRIS	

Summary of Clinical Findings:

FEVER, FITTING

CONJUNCTIVITIS

Request: SERUM

Report: Herpes IgM: Negative

MO 8.11.90.

Chlamydia pneumoniae.

No. 3A

1-85

6

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

MISCELLANEOUS PATHOLOGY MOUNTING SHEET

SURNAME	UNIT NUMBER
OTHER NAMES	Sheet No
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

Attach 9th report here

Attach 8th report here

Attach 7th report here

Attach 6th report here

Attach 5th report here

Attach 4th report here

10/11 ~~ieN~~
FILE

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

ATORY No.	DATE COLLECTED	U.R. No.		
V90-3838	4/11/90	360390		
AME FOLBIGG	CHRISTIAN NAMES PATRICK	AGE 3.6.90	SEX M	WARD 4G
RESS 36 RAWSON ST, MAYFIELD			MEDICAL OFFICER MORRIS	

mmary of Clinical Findings:

FITTING, FEVER

Request:
Report: CSF for viral culture: negative

MW 3/12.

MW 3/12.

Form No. 3A

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PAEDIATRIC NURSING CARE PLAN/WARD REPORT

CONTINUATION SHEET

25-03-90
FOLBIGG , Patrick ... I.P.
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
MAYFIELD
M.O.: DR. R. MORRIS

DATE	ACTUAL & POTENTIAL PROBLEM	EXPECTED GOAL	NURSING ACTIONS, INSTRUCTIONS & COMMENTS	EVALUATION
4/4/90	Risk of Fitting		OBSERVE	
			IV cannula - for IV Anticonvulsants	
		Monitor	- MR10 MONITOR	
	~~Pain~~ Red (L) eye	-	eye Toilets	
	—	-		

NEWCASTLE MATER MISERICORDIAE HOSPITAL

INFANT NURSING HISTORY

PLEASE USE GUMMED LABEL IF AVAILABLE

S: 36-03-90 USER
FOLBIGG, Patrick
O: 36 Rawson Street MAYFIELD 2304
DOB-03-Jun-1990 SEX M
A: WARD 4B
D: M.O.: DR. R. MORRIS

WARD:

Admission Date: 4/11/90 Time: 2030.

Accompanied by: Parents From: CAS

HISTORY: Born at: W.S.H. Term: Delivery:

Prenatal influences: normal recurring episodes Pregnancy Birth weight: Baptised:

Father's name: CRAIG Age: Ethnic group: Aust Occupation: Manager

Mother's name: KATHLEEN Age: Ethnic group: " Occupation:

Siblings: (name)	Age:	Wellbeing:

PREVIOUS HEALTH: Illness: ? Herpies Encephalitis 18th/10/90 Admitted TOV

Hospitalization: MMH FOR 10/7 Discharged 29th oct 1990

Operations: no

IMMUNIZATION HISTORY: 2/12 4/12

MEDICATIONS: Phenobarbitone Dose: 5ml Frequency: BD

See Blue Book

ALLERGIES: NIL KNOWN

MILESTONES: Present age: 5/12 Smiled: 3 wks. Sat unaided: mths.

Crawled: mths. Walked unaided: mths. Speech:

Dry: ✓ Method of settling: Prosthetic aids:

NUTRITION: Breast fed:

Bottle: ✓ Formulae: Enfalac Quantity: 240ml Frequency: x 3

Feeding cup: Teat: everflow

Solids: Breakfast: Farex Lunch: Vegie

Dinner: Vegie / custard

NURSING OBSERVATIONS:

Emotional state: Crying

Physical condition: appears good

Temp. 36.8 Pulse. 132 Resp. 34 BP. HC. 40 Weight. 1400 Length.

Urinalysis: Other:

HISTORY COMPLETED BY: A Bradley RN

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
COMPUTERISED TOMOGRAPHY

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET .
SEX: Male LD 2304 5M
D.O.B: 03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ.NO: 89C001356

Exams : CB3 on 05-Nov-1990 at 14:30

CT BRAIN (pre and post contrast scans)

NO OLD FILMS FOR COMPARISON

In the pre contrast scan there is mild generalised widening of the subarachnoid space. Ventricular system not dilated. There is some increased density seen in both occipital lobes. The grey/white matter differentiation is intact otherwise.

In the post contrast scan with thin cuts over the posterior cranial fossa, the 4th ventricle is not dilated. Some abnormal enhancement is seen in both occipital lobes, patchy in areas and distributed in both grey and white matter (slice 20 - 23).

IMPRESSION

There is generalised loss in brain substance. The patchy enhancement seen in both occipital lobes could be related to the post inflammatory changes. The high density seen in the pre contrast scan may be due to dystrophic calcification.

DR J. LAI

Printed 06/11/90 09:42 FINAL REPORT

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL
360390
FOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

Ward: 4G

Dr. MORRIS

TEST	RANGE	UNITS	BLOOD 153673 19:35 4Nov 1990	CSF 153676 20:00! 4Nov 1990
BLOOD				
Sodium	132-142	mmol/l	135	....
Potassium	3.7-5.6	mmol/l	4.6	....
Urea	1.8-5.4	mmol/l	3.1	....
Calcium	2.22-2.82	mmol/l	2.36	....
Magnesium	0.60-0.90	mmol/l	0.79	....
CEREBROSPINAL FLUID				
Protein	0.15-0.45	g/l	....	0.21
Glucose	2.8-4.4	mmol/l	....	4.3
Sodium	142-150	mmol/l	....	142
Potassium	2.2-3.3	mmol/l	....	3.0

E64

report was printed 10:53 05-Nov-90
rim report - please retain until replaced by a permanent report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4G

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 04/11/90
H.M.O: DR R MORRIS
HOSP : NEWCASTLE MATER MISERICORDIAE

SEX: Male AGE: 5M
D.O.B: 03-Jun-1990

LAB.NO: 90P010815

Specimen : CEREBROSPINAL FLUID
Exams : CSFC

on 04-Nov-1990 at 21:13

CLINICAL NOTES: Fitting, Fever.
CELL COUNT

White cells x10^6/L Nil seen
Red cells x10^6/L Nil seen

GRAM STAIN

Pus cells = Nil seen
Epithelial =
Organisms = -

GRAM STAIN

Pus cells = Nil seen
Epithelial = Nil seen
Organisms = Nil seen

CULTURE

No growth at 24 hours.
No growth at 48 hours.

DR. W.MERRELL/H.BUTT

Printed 06/11/90 13:11 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 5M
D.O.B:03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ.NO: 89M021014

Exams : CHE on 05-Nov-1990 at 15:20

e CHEST: Cardiac shadow not enlarged. The lung fields are clear. No consolidation seen. Both costophrenic angles are sharp.

DR J. LAI

Printed 06/11/90 15:35 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME Colloway	UNIT NUMBER 360340	121 Sheet No
OTHER NAMES Patricia		
ADDRESS		
DATE OF BIRTH	M.O.	

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P				REMARKS
4/11/90	1815	40	176					Wt 7.744kg
	2000	38						BM - 9mmol

644

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR47

SURNAME FOLBIGG	UNIT NUMBER 360390	Sheet No.
OTHER NAMES Patrick		
ADDRESS 6 Rawson St, Mayfield		
DATE OF BIRTH 3/6/90	M.O. Dr Morris	

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	RR			REMARKS
5/11/90	10am	39.3	152					Antipyretic given / Tepid bath RMO aware
	12MD	37	140		32			
	2pm	36	160		32			
	1930	38.5						
	2200							

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

35-03-90
[illegible], Patrick
[illegible] Rawson Street MAYFIELD 2304
DOB 25-Jun-1920 SEX M
WARD 4G
D.O.: DR. A. MORRIS

118
Sheet No

PRN, VARIABLE DOSE DRUGS

WARD: 4G. Wt 7.4kg

PREVIOUS DRUG ALLERGY:

ADVERSE DRUG REACTION THIS ADMISSION:

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
Paracetamol	150mg thirdly	ADAMSON	po		4/11/90

DATE	TIME	DOSE	GIVEN BY	CHECKED BY
4/11/90	0900	150mg	[illegible]	
5/11/90	1400	150mg	[illegible]	
5/11/90	2000	150mg	[illegible]	
6/11/90	1945	150mg	[illegible]	

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
Diazepam	1 - 1.5 mg IM stat pm.	ADAMSON	IM		4/11/90

DATE	TIME	DOSE	GIVEN BY	CHECKED BY
*	Take	care	with repeated doses	
	as	respiratory depression/apnoea may occur *		

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DRUG (GENERIC NAME)	DOSE/FREQUENCY	M.O. SIGNATURE & PRINT NAME	ROUTE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

25-03-90

MAYFIELD 2304

119 Sheet No

I.V. FLUIDS

WARD: 4G Wt 7·4 kg

PRESCRIBING INSTRUCTIONS:

1. The first person prescribing must ensure that the patients full name and unit number are on this form.
2. The signature of the first prescriber must appear on the sticky label.
3. All staff must sign their name once overleaf to clarify their initials.
4. All drug names, dosages and directions must be printed.
5. **EACH BOTTLE MUST BE PRESCRIBED SEPARATELY.**
6. **ORDERS MAY ONLY BE WRITTEN FOR A 24 HOUR PERIOD.**
7. If you wish to cancel an order - write "Suspended" in the order column and sign it. Re-write the new order in the next space.

PHARMACY NOTES:	PREVIOUS DRUG REACTION:	ADVERSE DRUG REACTION THIS ADMISSION:

DATE	SOLUTION AMOUNT	ADDITIVE DOSAGE	ML PER HOUR	PRESCRIBER'S SIGNATURE AND PRINT NAME	DATE	TIME	GIVEN, CHECKED
4/11/90	4% Dextrose + N/S Saline 500		~~40~~	ADAMSON	4/11/90	2200	
5/11/90	4% Dex		10		5/11/90	20 11 90	
	N/S NS 500		10				
	4% Dex + N/S Saline 500		10		6/11/90	1615	
7/11	4% Dex + N/S 500mls		10	SCHNEIDER	7/11/90	1700	

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SU 35-03-90

OT

AD

DA

122

Sheet No

FLUID BALANCE SUMMARY SHEET

WARD:

DATE	INPUT				OUTPUT				Balance	Weight (kg)
	Oral/ N.G.-	I.V.I.		Total	Urine		Vomit/ Aspirate	Total		
11.90	120	120 since 10p		240						
11.90	500	690		1190	PUX7.					
6.11.90	480	240		720	PUx14	BOx4				
7-6-90	670	240		910	POx12	BOx4				
8.11.90	530	70		600	PUx8	BOx2				
9.11.90	630			630	PUx8	BOx2				

1-1-85

PAEDIATRIC NURS: FOLBIGG, Patrick 30-05-90
36 Rauson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4B
M.O.: DR. R. MORRIS

REASON FOR ADMISSION:

SPECIAL ORDERS:

		DATE and TIME:	4/11/90.	5/11/90	7/11/90	8/11/90	9/11/90
OBSERVATIONS	Temperature	4/24.	2nd hrly	4 hrly	4 hrly	TDS	
	Pulse		2 hrly	4 hrly	4 hrly	TDS	
	Respirations		2 hrly	4 hrly	4 hrly	TDS	
	B.P.	No	No	No	No	No	
	Fluid Balance	yes	Yes	Yes	yes	No	
	Feeding Chart	No	No	No	No	Yes	
	Urinalysis	o/A.	No	No	No	No	
DIET	Normal	yes	Yes	Yes	Yes	Yes	
	Nil orally	No	No	No	No	No	
	Fluids only	No	No	No	No	No	
HYGIENE	Assist/Sponge	No	No	No	No	No	
	Bath/~~Shower~~	yes	Yes	Yes	Yes	Yes	
	Pressure care	No	No	No	No	No	
ACTIVITY	Bed rest	Baby	Babe	Babe	Babe	Babe	
	Ambulant						
	Toilet privileges						
SECURITY	Cot sides	yes	Yes	Yes	Yes	Yes	
	Rooming in	yes	Yes	Yes	Yes	No	
TREATMENT	I.V. Fluids	yes	Yes	Yes	No	No	
	Medications	yes	Yes	Yes	Yes	Yes	
	Injections	No	No	No	No	No	
	Nebuliser	No	No	No	No	No	
	Croupette	No	No	No	No	No	
	Wound care	IV cannula (RH) Hand	NC (R hand	Yes	No	No	

SIGNATURE (Dr.) Bradley

649

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 36-03-50
FOLBIGG , Patrick
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
MAYFIELD 49
A.D.1 DR. R. MORRIS

115

SHEET No.

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD: 4G.

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
4/11/90.	Smith ♂ Recently discharged (6/7 ago) following admission following seizure / apnoea.

Tx: Cranial U/S - (N)
Cerebral CT - hypodense areas in temporal + occipital lobes
EEG - : (L) frontal lobe.
: normal EEG. on report (Dr Holland)
Electrolytes including Ammonia + Lactate (N)
Urinary metabolic Screen - (N)
Rectal Biopsy } results pending
Metabolic Screen to Adelaide }

Current Problem: Febrile 37.5 - 38° last 2 days
Today febrile to 40°C
Vomited x 3 today - poor intake + ↓ urinary output
Conjunctivitis - worsening today
Cough since left hospital.
Fine macular rash over trunk noted this evening
Seizure this pm ~ 6pm - deviated eyes (R)
lasted ~ 3mins → hospital.

PMH: Normal pregnancy - delivery
Development normal to date.
Immunisations: x 2. so far.
Routine sleep studies at 2wks of age due to family Hx.
Ba meal (N) ; Sleep study (N).

Family: No Epilepsy
No neurological Δ.
Sibling Caleb died at 19 days of age from "SIDS"

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

On arrival.

Febrile 40°C Distressed + crying

Soon after arrival →

eyes deviated up + to Ⓡ - fixed, no jerking

unable to see pupils.

not floppy, not stiff, no jerking of limbs or head

still able to move arms + legs.

eyes remained deviated for ~ 1hr.

Shortly after panadol administered

→ returned to normal.

Current Medication: Phenibarbitone 30 mg b.d.

Was on Phenytoin while in hospital but ceased on discharge because levels showed markedly subtherapeutic levels. (9. umol/L).

O/E: Distressed.

Febrile 40°C.

Fontanelle soft. HC. 44cm

Pale baby - conjunctiva red. + some ↑ redness of lips

: sl bruise Ⓡ side of head (temporal area).

CVS: HS dual ° murmur

pulses Ⓝ

Abdo: soft nontender

liver palpable ~ 3cm below cm

percussable ~ 4cm total.

° splenomegally

° masses

normal genitalia.

Chest: good AE ° distress

° rhonchi ° creps

° stridor

° lymphadenopathy

Neuro: alert + active once temp settled

normal tone, moving limbs equally

reflexes normal Ⓡ = Ⓛ

Eyes - ROM appear Ⓝ

PERL

Fundi glimpsed + appear Ⓝ.

Conjunctivitis bilaterally

Clear discharge nose.

Ears - NAD

Throat - NAD

Fine macular rash over trunk.

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

FOLBIGG , Patrick
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
MRN
M.O.: DR. R. MORRIS

SHEET N

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

Imp: Seizure precipitated by illness + fever
Probable viral illness.

S/B Dr Morris.

Plan: FBC ✓ . CXR - underpenetrated film.
B/C ✓ normal cardeac shadow
UEC, Ca^{2+}, Mg^{2+}, BSL ✓ . lungfields clear.
LP - MCS, viral ttres. ✓ Phenobarb level ✓
Urine for M, cts. (F) (failed SPA).
Withhold ABs pro tem IVI Maintenance fluids.
Continue regular Phenibarbitone
If further seizures ⟶ IVI Diazepam prn.
Regular 4hrly Panadol to keep temp down.
Apnoea mattress - Dr Henry notified in case further seizures/apnoeas overnight.

ADAMSON

Results:

FBC - WCC 13 — Granulocytes 58%
Hb 9.6 Lymphes 32%
Plat. 762 Monos 10%

UEC. Na 135
K 4.6
Ur 3.1
Creat
Gluc 7.0
Ca 2.36
Mg 0.79.

* Lumbar Puncture *
Aseptic technique
L3/L4 interspace
Clear colourless fluid - 2 specimens
Sent for M, C+S + gram stain
viral ttres
Prot + glucose.

* Results CSF. - no cells
no organisms
nothing on gram stain.

ADAMSON 652

1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

4/11/90 Baby satisfactory on transfer to SG - accompanied by Parents, afebrile, cannula in (Rt) Hand connected to IV Fluids at 40 ml/HR MR10 monitor applied, commenced on fit chart. Bag in place for Bag urine Mother will stay overnight - Patrick fed 120ml then settled to sleep. Due for Paracetamol at 12 MN.

H Bradley RN.

0530 Slept soundly. Paracetamol given. Nil fits.

J Warren (J WARREN)

5.11.90 Afebrile, vigorous + alert
Fontanelle ↓ ✓
Tone ✓
Bilateral conjunctival injection
minor decapitive crusties
fundi not visualised Eye movements now normal

Seizure disorder
previous fever ? acute viral ~~illness~~ infection

For NPA
repeat EEG
CT Scan.
Continue present dose of phenobarb

M MORRIS

EEG 11 am CT 130 pm
Continue IV maintenance, nil by mouth for Dr Jordan
Viral Eye Swabs ✓

4pm Viral/eye swab collected. EEG + CT Scan + CXR attended Remains irritable at times. 10am temp 39° → antipyretic + tepid bath given. ME 2pm T 36. Mother in attendance Dr J Bejordi aware of temp. Nil fits observed today. M Elliott + Ellicott RN

6.11.90 0645 Slept well. Afebrile. I.V. therapy continues D Jordan/J Warren

6/11/90 Spiked t 38.5 last night
Afebrile since 4pm
Phenobarb Load 103 (40 → 215)

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

SHEET

26-03-90
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 46
M.O.: DR. R. MORRIS

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

6/11 Dose 9 to 33 mg BD Joe Dsa

6.11.90 No further observed abnormal eye movements
Mother feels Patrick is "his usual self"
Febrile – cough, rhinorrhoea
conjunctivitis
small occipital nodes
RD= Fever + acute viral infection
R Morris

Blood NG at 24/24
Urine NSG
CSF NG
CT shows "generalised loss of brain substance but need old scans to be sure for comparison which are not available" J.D.

3.30pm Babe irritable at times & Appears vacant at others. Nil eye contact obtainable by nursing staff today in Mum's absence from ward. Observations stable. Afebrile this shift IVT continues TKVO at 10mls/hr. Dietary intake improving. M Ellicott RN

6.11.90 Evening nursing: very irritable – crying most of shift when Mother was present – Stopped crying. IV 10mls/hr. A. Rogers (RN) Rogers.

7.11.90 0500hrs Slept well. Afebrile. IV therapy continues at 10mls/hr K Fogarty ENROLLED RN

4pm A little brighter today, although still drowsy. Afebrile. Taking diet fairly well. IVT TKVO at 10mls/hr. Mum visiting early am. Dr Morris Rx observe for a further few days. Spoken to by mum. M Ellicott RN 654

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

8·11·90 0520hrs. Settled night. Feeding reasonably well. IV continues C. Wobble. [redacted] RN Adult. 0600hrs. Eye care attended (L) eye quite red + sticky with lid swelling. [redacted] RN

3pm 30 Very quiet day although very irritable when awake. Diet intake only satisfactory. Observations stable. D/W Dr Morris Rx Observe further; Remove IVC (Anne attended). Mother unwell - with conjunctivitis will not be in this p.m. Father to visit this pm Eyetoilets attended PRN. [redacted] Ellicott RN

8/11/90.

- Rectal biopsy
  no abnormal inclusion bodies

- White Cell Enzymes — normal
  Organic Acids "
  Amino Acids "
  Long Chain Fatty Acids "
  Mucopolysaccharide screen
  Plasma Carnitine "

⇒ Excludes Neuronal lipidoses
Peroxisomal disorders
Most Mitochondrial myopathies

Jan Dezarks

9·11·90 0500hrs. Unsettled @ times. Feeding reasonably well. Afebrile. [redacted] RN

9/11/90 Appears well
Left sided conjunctivitis / similarly with mother / + rhinorrhoea
Planned discharge to-morrow

[redacted] MORRIS

2.30pm Appears brighter today. Amusing himself whilst awake + not as irritable. Dietary intake improved

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR

36-03-90 — SHEET
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. R. MORRIS

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

9/11/90 Mother visiting for short periods only. Afebrile. Observations stable. M Ellicott Ellicott RN.

9/11/90 Repeat EEG. Multiple epileptic foci in both hemispheres marked serial deterioration in three EEGs. Suggests progressive encephalopathic process. Awaiting todays phenobarb level still 1/oc D2 ord.

0500 slept soundly. Ed well Afebrile
Dry cough troublesome at times. jwarren

10/11/90 J STRONG (RMO)

Yesterday's Phenobarbitone level = 93 (40-215).

10/11 0845 S/B Dr Morris For D/C. Discharged into parents care. KMorris

14/11 DW Dr Whitmore
Thinks likely thing is static lesion in occipital lobes now manifesting itself as a seizure disorder. The lack of focal neurological signs and lack of signs of occipital lobe damage, ie visual impairment (656)
is right

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: TEULBIGG , Patrick

UNIT NUMBER: 36-03-90

36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
GRAD 4G
M.O.: DR. R. MORRIS

120

Sheet No

WARD: 4G

Date	4·11·90	5·11·90	6·11·90	7·11·90	8·11·90	9·11·90	10·11·90
Time	10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10

°C 41 40 39 38 37 36 35 — Temperature •

Blood Pressure V I I I Λ — 200 190 180 170 160 150 140 130 120 110 100 90 80 — Pulse •

Respirations × — 35 30 25 20 15 10

B P — A.M. / P.M.

URINE — Vol; Sp. Grav.; pH; Protein; Glucose; Ketone; Bilirubin; Blood; Nitrate; Urobil.

5/11: 1015; 5; NAD

6/11: Foods: Sat 2 - 100%

Bowels

Weight: 7400

HC: 44

1-1-86

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL

Ward: 4G

360390

FOLBIGG, PATRICK ALAN

Dr. MORRIS/WILKINSON ..... 36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 153673 19:35 4Nov 1990	CSF 153676 20:00 4Nov 1990	BLOOD 155462 13:27? 14Nov 1990	FLOX 155510 11:30 15Nov 1990
BLOOD						
Sodium	132-142	mmol/l	135	....	....	....
Potassium	3.7-5.6	mmol/l	4.6	....	....	....
Urea	1.8-5.4	mmol/l	3.1	....	....	....
Glucose	3.5-7.8	mmol/l	....	....	5.7	....
Calcium	2.22-2.82	mmol/l	2.36	....	....	....
Magnesium	0.60-0.90	mmol/l	0.79	....	....	....
Total Bili	0-20	umol/l	....	....	1	....
ENZYMES						
ALP	20-250	U/L	....	....	160	....
ALT	10-50	U/L	....	....	33	....
AST	17-58	U/L	....	....	41	....
EXTRA BLOOD TESTS						
Lactate	0.6-2.0	mmol/l	....	....	....	1.6
CEREBROSPINAL FLUID						
Protein	0.15-0.45	g/l	....	0.21	....	....
Glucose	2.8-4.4	mmol/l	....	4.3	....	....
Sodium	142-150	mmol/l	....	142	....	....
Potassium	2.2-3.3	mmol/l	....	3.0	....	....

ARTERIAL

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

ort was printed 12:49 15-Nov-90
interim report - please replace previous interim report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL
Ward: 4G
360390
FOLBIGG, PATRICK ALAN
Dr. R.MORRIS
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 153673 19:35 4Nov 1990	CSF 153676 20:00! 4Nov 1990	BLOOD 155462 13:27? 14Nov 1990	FLOX 155510 11:30 15Nov 1990	FLOX 155687 09:15 20Nov 1990
BLOOD							
Sodium	132-142	mmol/l	135	....	....	....	....
Potassium	3.7-5.6	mmol/l	4.6	....	....	....	....
Urea	1.8-5.4	mmol/l	3.1	....	....	....	....
Glucose	3.5-7.8	mmol/l	....	....	5.7	....	....
Calcium	2.22-2.82	mmol/l	2.36	....	....	....	....
Magnesium	0.60-0.90	mmol/l	0.79	....	....	....	....
Total Bili	0-20	umol/l	....	....	1	....	....
ENZYMES							
ALP	20-250	U/L	....	....	160	....	....
ALT	10-50	U/L	....	....	33	....	....
AST	17-58	U/L	....	....	41	....	....
EXTRA BLOOD TESTS							
Lactate	0.6-2.0	mmol/l	....	....	....	1.6	0.5*
CEREBROSPINAL FLUID							
Protein	0.15-0.45	g/l	....	0.21	....	....	....
Glucose	2.8-4.4	mmol/l	....	4.3	....	....	....
Sodium	142-150	mmol/l	....	142	....	....	....
Potassium	2.2-3.3	mmol/l	....	3.0	....	....	....

20.11.90

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

20.11.90

is report was printed 12:21 20-Nov-90
dated interim report - please replace previous interim report.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use gummed label if available

SURNAME FOLBIGG	UNIT No. 360392
OTHER NAMES Patrick	
ADDRESS 36 Rawson St Mayfield	Sheet No.
DATE OF BIRTH 3-6-1990	V.M.O.

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION: Baby

EMPLOYER:

☐ T. PTY. ☐ W. COMP. – ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

16 OCT 1990

TIME OF ARRIVAL 0500

TIME SEEN BY R.M.O.

TIME OF DISCHARGE

Via Amb.
Triage system
19/52 child. Cat 3.
Has 3 days. mother said breathing difficult
O/A Patchy pale, lethargic, arching of back. when disturbed, left tonic hand
T2 Lesnar Thomas. RN
T. P. 136. R. 60. Wt 7.32kg.

A.I.E
DATE 4 NOV 1990
TIME OF ARRIVAL 1815
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

TRIAGE 1815 ? seizure
eyes rolled back in head
child back on carriage
crying consolable (P2)
Lesnar Thomas (BRIGHT) P2
P-176 T-40
Wt 7.74kg

Dx: Oculogyric crises
? post encephalitic BG involvement

Rly

660

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use gummed label if available

SURNAME: Foldi99	UNIT No.: 360390
OTHER NAMES: Patrick	
ADDRESS: 36 Rawson St, Mayfield	Sheet No.:
DATE OF BIRTH: 3.6.90	V.M.O.:

RELIGION: MEDICARE NUMBER: 2155421821 HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K. SEX: M

OCCUPATION: —

EMPLOYER: —

☐ T. PTY. ☐ W. COMP. – ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

ATE 14 NOV 1990

DATE

TIME OF ARRIVAL 1000

TIME SEEN BY R.M.O.

TIME OF DISCHARGE

TRIAGE: 1000 via amb H/o falling this morning (P2) [illegible] (BRISB) RN

T-36.7 P-168 R-36 Wt 7.78kg

24/11/90 Legs Playtex Carbamazepine

RLG

ATE 22 DEC 1990

DATE

TIME OF ARRIVAL 2013

TIME SEEN BY R.M.O.

TIME OF DISCHARGE

TRIAGE: 2015 eyes rolled back in head H/O seizures (P2) [illegible] (BRISB) RN

T-39 R-90 P-172 wt. 8.27kg

Please use gummed label if available

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

SURNAME FOLBIGG	UNIT No. 360390
OTHER NAMES Patrick	
ADDRESS 36 Rawson St Maryfield	Shs No
DATE OF BIRTH 3-6-1990	V.M.O.

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION: Baby

EMPLOYER:

☐ T. PTY. ☐ W. COMP. – ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

4 NOV 1990 0500 Via Amb.
Triage category 2
TIME OF ARRIVAL 19/52 child. Col 3
TIME SEEN BY R.M.O has 3 days. mother
said breathing different
c/o floppy pale, lethargic, arching of
back. when disturbed. Left tonic fists
P2 Resus Thanyo. RN
T. P.136. R. 60. wt 7.32kgs

A/E
DATE 4 NOV 1990
TIME OF ARRIVAL 1815
TIME SEEN BY R.M.O
TIME OF DISCHARGE

TRIAGE: 1815 ? seizure
eyes rolled back in head
held back on arrival
oxygen continued (2)
P-176 T-40 resus. Thanyo (BRIGHT R
wt 7.74kg
Dx. Oculogyric crises
? post encephalitic BG involvement

662

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use gummed label if available

SURNAME	UNIT No.
Foldig	360390
OTHER NAMES: Patrick	
ADDRESS: 36 Rawson St, Wallsend	Sheet No.
DATE OF BIRTH: 3.6.90	V.M.O.

RELIGION: MEDICARE NUMBER: 2155425821 HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K. SEX: M

OCCUPATION: —

EMPLOYER: —

☐ T. PTY. ☐ W. COMP. — ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

A/E
DATE 14 NOV 1990
TIME OF ARRIVAL 1000
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

TRIAGE: 1000 via amb
H/o fitting this morning
(P2) Ross Blair (BRI(E)) RO

T-36.7 P-168 R-36 Wt 7.78kg

24/11/90 Ceftriaxone Phenytoin
? Carbamazepine

RMO

A/E
DATE 22 DEC 1990
TIME OF ARRIVAL 2013
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

TRIAGE: 2015 eyes rolled back in head H/O seizures (P2) Ross Blair (BRI(E)) RO

T-39 R-40 P-172 Wt. 8.27kg

5mL 1:10000 ETT

3×

Sign, Date and Record Designation for all Entries

DATE

A\E
DATE 13 FEB 1991
TIME OF ARRIVAL 1025 ← 1020
TIME SEEN BY R.M.O. 1020
TIME OF DISCHARGE

T- P- R- Wt-

Asystolic arrest of 8/12 old boy

Background Presented 5/12 of age afunesic & floppy. Resuscitated
Subsequently:
: encephalitis / encephalopathy
seizure disorder — difficult to control previously, better control of late.
cortical blindness
developmental regression

Brother died 1989 19/52 old "SIDS" — Caleb.

Last night ? seizure
mild ↑ Temp.
otherwise no problems

This am : 0730 Patrick put back to sleep
was 'well'
930 — 10 — Mum found baby.
Rang husband. Rushed home from work. No heart or breathing. Commenced CPR, Amb & phoned.
Paramedics arrived: No heart beat. No reflex. CPR continued. Baby's colour "good" and

1020 : Arrived Mater-Cas.
Asystole on monitor
ETT & IV cannula inserted.
1020 5mls of 1:10,000 adrenalin given ETT
1022 5mL of 1:10000 adrenalin IV given.

N.M.M.H.

OUTPATIENT CONTINUATION RECORD

Sign, Date and Record Designation for all Entries.

Please use gummed label if available

SURNAME Foldigg	UNIT NUMBER
OTHER NAMES Patrick	
ADDRESS	
DATE OF BIRTH	WARD
V.M.O.	R.M.O.

5mls 1:1 muscles. Ca Gluconate

13/2/91	1025	~~5gm~~ Ca gluconate given IV
	1029	2.5mL 1:10000 adrenalin given IV
	1032	2.5mL 1:10,000 adrenalin given IV

Only alteration from asystole was the transient development of an agonal rhythm after the dose of adrenalin.

S/B Dr Dzendolet, Dr I. A. Wilkinson. Rescue team led by Dr Walker

CPR continued until arrival of medical. With both parents at bedside, Dr Wilkinson explained that there would be no benefit from further efforts.

1040 Resuscitation ceased and life pronounced extinct.

Parents taken to "family room"

Parents s/b Dr Wilkinson, pastoral care leader, Leanne Ellison (SWO)

Post mortem desired — paternal permission

WALKER

8/12 ♂ Child with Ph Epilepsy

2° Cortical Blindness

Mother found child apnoeic + bradycardic + called Dr Wilkinson + called her husband from work

Mr Foldigg absent from Kalara [illegible] commenced

Bystander CPR on arrival. Ambulance (non-paramedic) arrived ~1010 — transported to NMMH arrived 1020 hrs. on monitor

On arrival Asystolic Apnoeic. Receiving expired air resuscitation.

Sign, Date and Record Designation for all Entries.

DATE

6.5 non cuffed ETT

Given Adrenaline 0.01ml 1:10,000 diluted to 10ml via ETT.

Then Adrenaline 5ml 1:10,000 IVI = 0.5mg

followed by 2 further doses Adrenaline 0.5mg / IVI

Continued cardiac / ECG

Agonal Rhythm 10 beats/min observed on ECG monitor after Adrenaline

No output obtained

Resuscitation ceased after 20min at 1040

Pt pronounced deceased. 1040hrs

Viz No BP

nil pulse

nil spont. respirations

The husband has filled in an intention to sign death certificate + permission for Autopsy obtained.

Amelia Cameron

Intern

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL

Ward: 4I

360390

FOLBIGG, PATRICK ALAN

Dr. PALLAS

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 8 months

TEST	RANGE	UNITS	BLOOD 153673 19:35 4Nov 1990	CSF 153676 20:00! 4Nov 1990	BLOOD 155462 13:27? 14Nov 1990	FLOX 155510 11:30 15Nov 1990	FLOX 155687 09:15 20Nov 1990	FLOX 159534 15:28? 13Feb 1991
BLOOD								
Sodium	132-142	mmol/l	135	....	....	....	....	....
Potassium	3.7-5.6	mmol/l	4.6	....	....	....	....	....
Urea	1.8-5.4	mmol/l	3.1	....	....	....	....	....
Glucose	3.5-7.8	mmol/l	....	....	5.7	....	....	....
Calcium	2.22-2.82	mmol/l	2.36	....	....	....	....	....
Magnesium	0.60-0.90	mmol/l	0.79	....	....	....	....	....
Total Bili	0-20	umol/l	....	....	1	....	....	....
ENZYMES								
ALP	20-250	U/L	....	....	160	....	....	....
ALT	10-36	U/L	....	....	33	....	....	....
AST	21-58	U/L	....	....	41	....	....	....
EXTRA BLOOD TESTS								
Lactate	0.6-2.0	mmol/l	....	....	....	1.6	0.5*	31.6*
CEREBROSPINAL FLUID								
Protein	0.15-0.45	g/l	....	0.21	....	....	....	....
Glucose	2.8-4.4	mmol/l	....	4.3	....	....	....	....
Sodium	142-150	mmol/l	....	142	....	....	....	....
Potassium	2.2-3.3	mmol/l	....	3.0	....	....	....	....

dead

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

report was printed 16:57 13-Feb-91
ed permanent report - please replace previous permanent report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
BIOCHEMISTRY 679 560
BLOOD GAS 679 536

Mater Biochemistry

NEWCASTLE MATER HOSPITAL

Ward: 4G

Dr. R.MORRIS

360390

FOLBIGG, PATRICK ALAN

36 RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 153673 19:35 4Nov 1990	CSF 153676 20:00! 4Nov 1990	BLOOD 155462 13:27? 14Nov 1990	FLOX 155510 11:30 15Nov 1990	FLOX 155687 09:15 20Nov 1990
BLOOD							
Sodium	132-142	mmol/l	135	....	....	....	....
Potassium	3.7-5.6	mmol/l	4.6	....	....	....	....
Urea	1.8-5.4	mmol/l	3.1	....	....	....	....
Glucose	3.5-7.8	mmol/l	....	....	5.7	....	....
Calcium	2.22-2.82	mmol/l	2.36	....	....	....	....
Magnesium	0.60-0.90	mmol/l	0.79	....	....	....	....
Total Bili	0-20	umol/l	....	....	1	....	....
ENZYMES							
ALP	20-250	U/L	....	....	160	....	....
ALT	10-50	U/L	....	....	33	....	....
AST	17-58	U/L	....	....	41	....	....
EXTRA BLOOD TESTS							
Lactate	0.6-2.0	mmol/l	....	....	....	1.6	0.5A
CEREBROSPINAL FLUID							
Protein	0.15-0.45	g/l	....	0.21	....	....	....
Glucose	2.8-4.4	mmol/l	....	4.3	....	....	....
Sodium	142-150	mmol/l	....	142	....	....	....
Potassium	2.2-3.3	mmol/l	....	3.0	....	....	....

LACT = Arterial blood lactate reference range : 0.3 - 0.8 mmol/l.

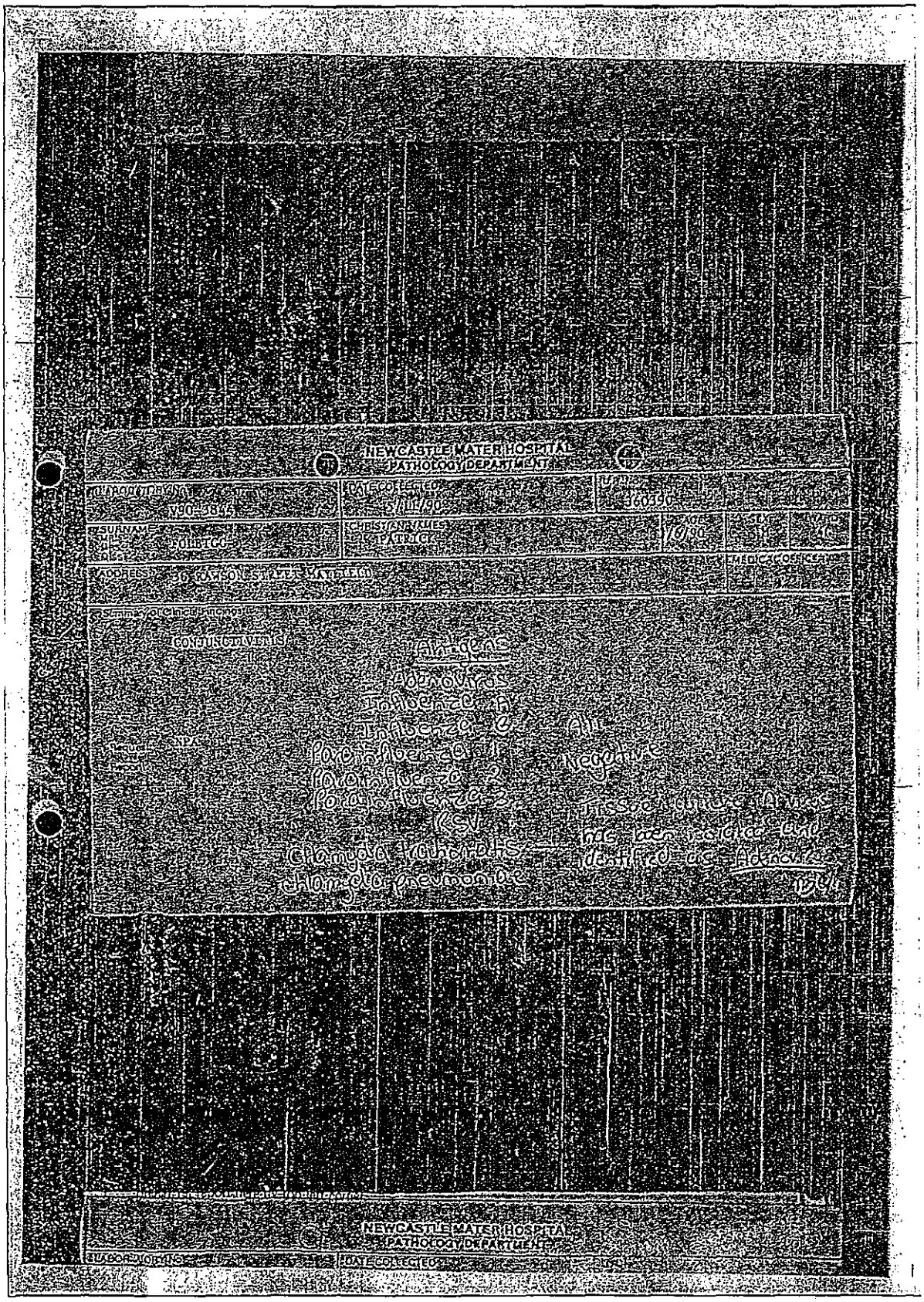
20.11.90

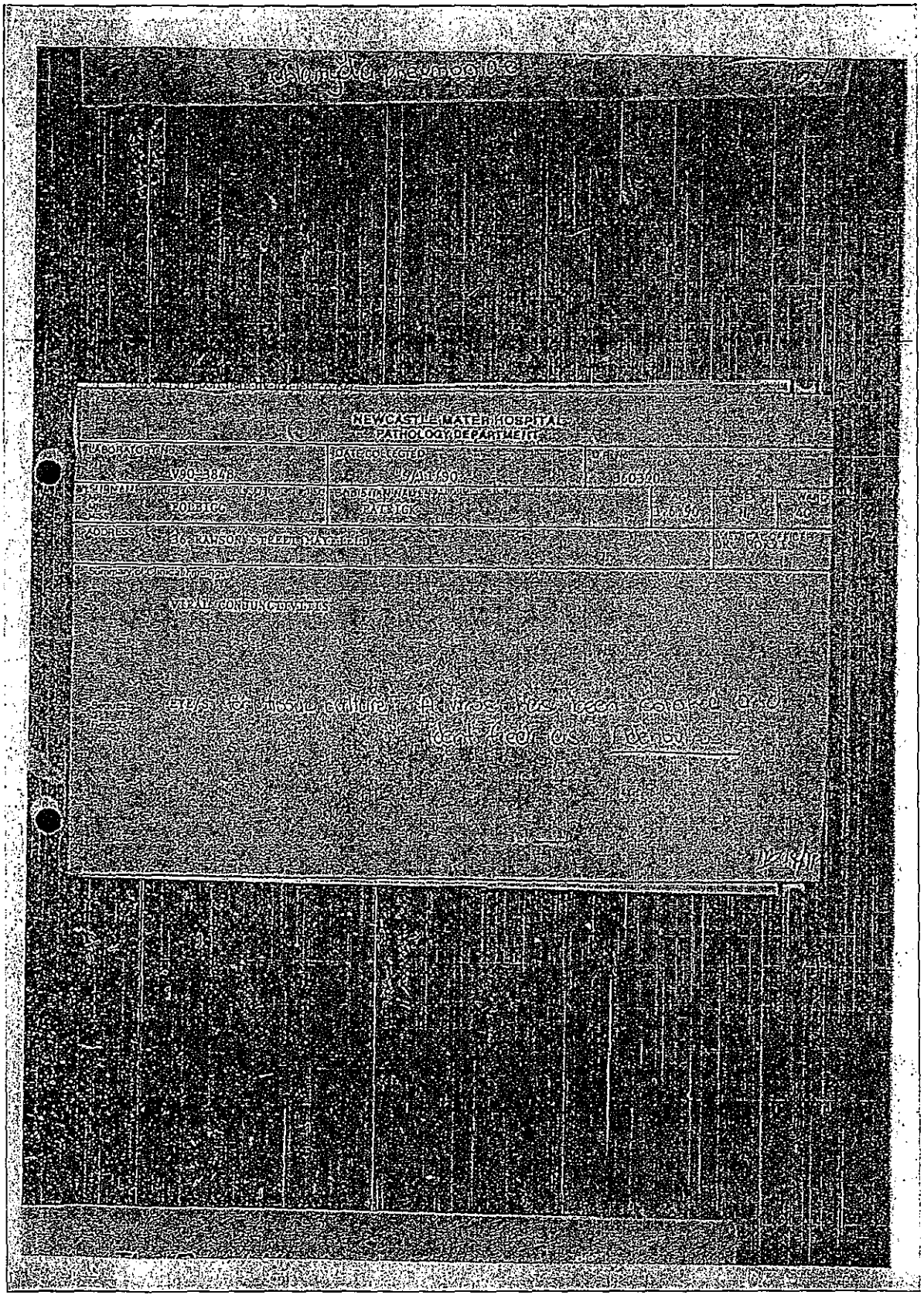
20.11.90

EIA

is report was printed 12:21 20-Nov-90
dated interim report - please replace previous interim report.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF


NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT
FOLBIGG
PATRICK
Y90
CONJUNCTIVITIS
Negative
NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT


NEWCASTLE WATER HOSPITAL
PATHOLOGY DEPARTMENT
V90-3848
FOLBIGG
BRANSON STREET MAYFIELD
VIRAL CONJUNCTIVITIS

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
COMPUTERISED TOMOGRAPHY

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET .
SEX: Male LD 2304 5M
D.O.B: 03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ.NO: 89C001356

Exams : CB3 on 05-Nov-1990 at 14:30

CT BRAIN (pre and post contrast scans)

NO OLD FILMS FOR COMPARISON

In the pre contrast scan there is mild generalised widening of the subarachnoid space. Ventricular system not dilated. There is some increased density seen in both occipital lobes. The grey/white matter differentiation is intact otherwise.

In the post contrast scan with thin cuts over the posterior cranial fossa, the 4th ventricle is not dilated. Some abnormal enhancement is seen in both occipital lobes, patchy in areas and distributed in both grey and white matter (slice 20 - 23).

IMPRESSION

There is generalised loss in brain substance. The patchy enhancement seen in both occipital lobes could be related to the post inflammatory changes. The high density seen in the pre contrast scan may be due to dystrophic calcification.

DR J. LAI

Printed 06/11/90 09:42 FINAL REPORT

R. B. MORRIS PTY. LTD.
Dr. R. B. Morris
PAEDIATRICS
Telephone: 61 5114

61 DENISON STREET,
HAMILTON, 2303

34

5th November 19 90.

Dr C Marley
Cnr King & Perkins Sts
NEWCASTLE 2300

Dear Dr Marley,

To bring you up to date with the progress of Patrick Folbigg date of birth 3.6.90 the infant son of Mr & Mrs C G Folbigg of 36 Rawson Street Mayfield.

Patrick has had no seizures for 10 days. Recent blood levels showed that despite large doses his Dilantin remained well below the therapeutic range. Because of this Dilantin has now been suspended, his phenobarb dose increased to 30mgms twice a day and arrangements made for a progress blood level in about a week. He has completed his 7 day course of acyclovar.

Despite the large dose of phenobarb Patrick remains bright and alert and reasonably contented. He is feeding well and gaining weight. The results of many of his more complex investigations are not yet at hand.

At my most recent examination I was unable to identify any obvious abnormality.

Yours sincerely,

RBM

C C Dr I Wilkinson

25 Oculo-gyric episodes 4-11-90 => readmission MMH.

NEWCASTLE MATER MISERICORDIAE HOSPITAL *We Care*

114

REQUEST FOR ADMISSI

UR 36-03-90
FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4G
M.O.: DR. R. MORRIS

FROM: ..... TO: .....

MR.
MRS.
SURNAME: MISS ..... OTHER NAMES: ..... SEX: .....

ADDRESS: ..... D.O.B.: .....

BRIEF HISTORY AND INSTRUCTIONS: .....

.....

.....

.....

..... (P.T.O.)

PREFERRED DATE OF ADMISSION: ..... ESTIMATED LENGTH OF STAY: .....

SPECIALIST MEDICAL OFFICER: .....

SIGNATURE OF MEDICAL OFFICER: .....

CONSENT TO SURGICAL OPERATION, PROCEDURE OR MEDICAL TREATMENT

I, ...

of .....

agree to the procedure of ..... being performed on me,

the effects of which have been explained to me by Dr. .....

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr ..... has explained to me that I need to have medical attention for my present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in my interest to have the procedure/treatment.

Signed: ..... Date: ..... 19 .....

Patient's signature witnessed by: .....

Witness' name (BLOCK LETTERS): .....

CONSENT BY RELATIVE OR LEGAL GUARDIAN

I, Kathy Folbigg

of Mayfield 2304

agree to the procedure of CT Scan Head + Contrast being performed on,

Patrick Folbigg the effects of which have been explained to me by

Dr. Joe Dezoete

I also agree to the administration of anaesthetics*, medicines*, blood transfusions*, and blood products* normally associated with this procedure.

I also agree to such further or alternative operative measures found to be necessary during or as a consequence of such operation.

Dr Joe Dezoete has explained to me that he/she needs to have medical attention for his/her present condition and we have discussed ways in which it can be appropriately treated. We have discussed the nature of effects and possible risks of the chosen procedure/treatment. I agree that it is in his/her interest to have the procedure/treatment.

My relationship to the patient is Mother

Signed: K Folbigg Date: 5/11 19 90

Signature witnessed by: Joe Dezoete

Witness' name (BLOCK LETTERS): DEZOETE

673

* Strike out and initial those which are not acceptable

NORMAN MORRISS PRINTERS — 23-1859

1.88

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

STATIM MEDICATION

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME GOLDING	UNIT NUMBER	117
OTHER NAMES PATRICK		Sheet No.
ADDRESS		
DATE OF BIRTH	M.O.	

WARD:

PREVIOUS DRUG ALLERGY:	ADVERSE DRUG REACTION THIS ADMISSION:

PRESCRIBER.				ADMINISTRATOR		
Date	Time to be given	Drug (Generic Name); Dose; Route	M.O. Signature & Print Name	Date	Time given	Signature
5/11/90		Chloral hydrate 400mg stat at 1215pm	Joe Doe	5/11/90	1315	M Elliott A Bradley RN

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR38

SURNAME	FOLBIGG	UNIT NUMBER	36-03-90
OTHER NAMES	Patrick		
ADDRESS	36 Rawson St, MAYFIELD		
DATE OF BIRTH	3/6/90	M.O.	R. MORRIS

Sheet No.:

WARD: 4G

STATIM MEDICATION

PREVIOUS DRUG ALLERGY:	ADVERSE DRUG REACTION THIS ADMISSION:
NIL KNOWN	

PRESCRIBER				ADMINISTRATOR		
Date	Time to be given	Drug (Generic Name); Dose; Route	M.O. Signature & Print Name	Date	Time given	Signature
5/11/90	1400 hrs	1U1 Iopamiro 200 - 10mls (CONTRAST)		5/11/90	1400 hrs	M Hogg

1-1-86

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4G

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 05/11/90 SEX: Male AGE: 5M
H.M.O: DR R MORRIS D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE
LAB.NO: 90P010820

Specimen : BAG URINE
Exams : UC on 05-Nov-1990 at 09:28

CLINICAL NOTES: Fitting, fever.

URINE MICROSCOPY

White cells	x 10^6/L	-
Red cells	x 10^6/L	40
Epithelial cells	x 10^6/L	2
Organisms		-
Yeasts/hyphae		-
CASTS		-

CULTURE

Mixed growth of organisms, doubtful significance.

DR. W.MERRELL/H.BUTT

Printed 06/11/90 13:11 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

MISCELLANEOUS PATHOLOGY MOUNTING SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

131

Sheet No.:

Attach 9th report here

Attach 8th report here

Attach 7th report here

Attach 6th report here

Attach 5th report here

Attach 4th report here

S82&C

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.
V90-3848	5/11/90	360390

SURNAME	CHRISTIAN NAMES	AGE	SEX	W.
MR. MRS. MISS FOLBIGG	PATRICK	3 6 90	M	46

ADDRESS: 36 RAWSON STREET MAYFIELD

MEDICAL OFFICER: DR. MORRIS

Summary of Clinical Findings:

VIRAL CONJUNCTIVITIS

Request: EYE/S for tissue culture: A virus has been isolated and

Report: Herpes identified as Adenovirus

19/1

chlamydia pneumoniae.

No. 3A

1-1-85

67

Attach 3rd report here

Attach 2nd report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.
V90-3844	5/11/90	360390

SURNAME (MR. / MRS. / MISS)	CHRISTIAN NAMES	AGE	SEX
FOLBIGG	PATRICK	3/6/90	M

ADDRESS: 36 RAWSON STREET MAYFIELD — MEDICAL OFFICE

Summary of Clinical Findings:
CONJUNCTIVITIS

Request: NPA

Report:

Antigens

Adenovirus : All
Influenza A : Negative
Influenza B :
Parainfluenza 1 :
Parainfluenza 2 :
Parainfluenza 3 : Tissue culture : T / F
RSV :
Chamydia trachomatis :
chlamydia pneumoniae :

No. 3A

1-1-85

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 5M
D.O.B:03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4G

REQ.NO: 89M021014

Exams : CHE on 05-Nov-1990 at 15:20

e CHEST: Cardiac shadow not enlarged. The lung fields are clear. No consolidation seen. Both costophrenic angles are sharp.

DR J. LAI

Printed 06/11/90 15:35 FINAL REPORT

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4G

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 05/11/90 SEX: Male AGE: 5M
H.M.O: DR R MORRIS D.O.B: 03-Jun-1990
HOSP : NEWCASTLE MATER MISERICORDIAE
LAB.NO: 90P010835

Specimen : BLOOD CULTURE
Exams : BC on 05-Nov-1990 at 10:49

CLINICAL NOTES; fever, fitting.
CULTURE

No growth at 24 hours.
No growth at 48 hours.
Blood cultures incubated for a further 5 days.
No growth in both bottles after 7 days

DR. W.MERRELL/H.BUTT

Printed 13/11/90 16:05 FINAL REPORT

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.No		
V90-3844	5/11/90	360390		

SURNAME (MR/MRS/MISS)	CHRISTIAN NAMES	AGE	SEX	
FOLBIGG	PATRICK	3/6/90	M	

ADDRESS: 36 RAWSON STREET MAYFIELD — MEDICAL OFFICE

Summary of Clinical Findings:

CONJUNCTIVITIS

Request: NPA

Report:

Antigens

Adenovirus : All
Influenza A : Negative
Influenza B :
Parainfluenza 1 :
Parainfluenza 2 :
Parainfluenza 3 :
RSV :
Chamydia trachomatis :
chlamydia pneumoniae :

Tissue culture: A virus has been isolated and identified as Adenovirus

MB

The Royal Newcastle Hospital
Department of Clinical Neurophysiology

E.E.G. REPORT

DATE: 5/11/90

NAME: FOLBIGG PATRICK DOB: 3/6/90 MRN: 521375

ADDRESS: 36 RAWSON ST, MAYFIELD SEX: M No.: M90/1205-3

REFERRED BY: DR. MORRIS MATER

HISTORY:

Recurrent fits, focal fits and oculogyric episodes.

REPORT:

The recording was done with the child asleep reaching stage II and subsequently waking at the end of the recording. In the early part of the recording, although there is a frequency amplitude gradient which can be identified, it is asymmetrical, with slow activities seen significantly slower on the right than on the left. In addition throughout the period of sleep, there are frequent multifocal spikes seen throughout both hemispheres. Some of these are polyspike.

In the recording stage II sleep is reached with asynchronous, but overall symmetrical and well formed 14 Hz sleep spindles.

Following arousal at the end of the recording, the record on the whole changes appropriately, but again the asymmetry is still apparent and just immediately prior to the end of the recording there is a brief repetitive sharp wave phenomenon seen in the left parietal region.

CLINICAL INTERPRETATION:

The record is abnormal in spite of the normal appearance of sleep spindles in stage II sleep. There is some attention drawn independently to both hemispheres. There is an excess slow on the right in comparison with the left. However, whilst there is independent potentially epileptogenic activity seen in a multifocal nature in both hemispheres, there is one further brief seizure event seen in the left parietal region.

On review there does appear to have been some deterioration in the record since the previous two. Review of the original one is again absolutely normal. The second one, I think, is borderline and this one frankly abnormal. The picture suggests an ongoing encephalopathic process.

J. T. HOLLAND

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER 34-03-90

FOLBIGG, Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4C
M.O. DR. R. MORRIS

116 Sheet No

WARD: 4 C

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → / TIME ↓ | 5/11/90 | 6/11/90 | 7/11/90 | 8/11/90 | 9/11/90 | 10/11/90

DRUG (GENERIC NAME): Chloromycetin Eye drops
DOSE/FREQUENCY: 1 each eye q 4 hrly
M.O. SIGNATURE & PRINT NAME: ADAMSON
ROUTE: Eyes
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 4/11/90

TIME	5/11/90	6/11/90	7/11/90	8/11/90	9/11/90	10/11/90
0200						
0600	AS	given				
1000	ME					
1400	ME					
1800	AS					
2200						

DRUG (GENERIC NAME): Phenobarbitone
DOSE/FREQUENCY: 30 mg b.d
M.O. SIGNATURE & PRINT NAME: ADAMSON
ROUTE: po
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 4/11/90

TIME	5/11/90	6/11/90	7/11/90	8/11/90	9/11/90	10/11/90
0600	AS	given				
1800	PF ME					

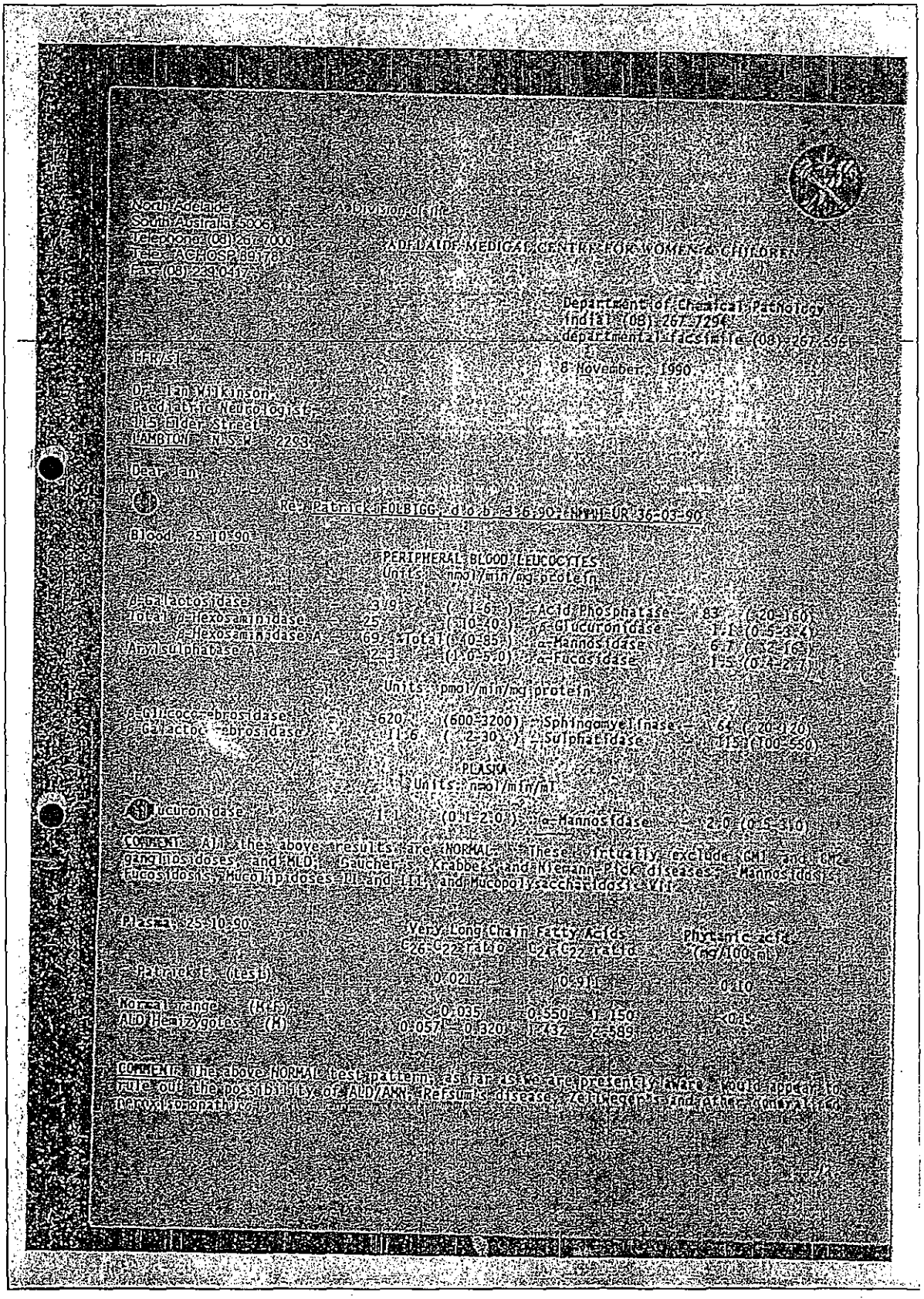
DRUG (GENERIC NAME): Phenobarbitone
DOSE/FREQUENCY: 33 mg b.d
M.O. SIGNATURE & PRINT NAME: ADAMSON
ROUTE: po
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 8/11/90

TIME	5/11/90	6/11/90	7/11/90	8/11/90	9/11/90	10/11/90
0600			KF			
1800						

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

1-1-86



North Adelaide
South Australia 5006
Telephone (08) 267 7000
Telex AGHOSP 89178
Fax (08) 239 0417

A Division of the

ADELAIDE MEDICAL CENTRE FOR WOMEN & CHILDREN

Department of Chemical Pathology
Tel (08) 267 7296
Departmental Facsimile (08) 267 6367

HAR/sl

8 November, 1990

Dr Ian Wilkinson
Paediatric Neurologist
115 Elder Street
LAMBTON NSW 2299

Dear Ian

Re: Patrick FOLBIGG, d.o.b. 3.6.90, HRMU UR 36-03-90

Blood 25.10.90

PERIPHERAL BLOOD LEUCOCYTES
Units: nmol/min/mg protein

β-Galactosidase	39	(7-126)	Acid Phosphatase	83	(20-160)
Total β-Hexosaminidase	25	(10-40)	α-Glucuronidase	1.1	(0.5-3.4)
A-Hexosaminidase A	69%	*Total (40-85%)	α-Mannosidase	6.7	(2-16)
Arylsulphatase A	2	(1.0-5.0)	α-Fucosidase	1.5	(0.4-2.7)

Units: pmol/min/mg protein

Galactocerebrosidase	620	(600-3200)	Sphingomyelinase	64	(20-120)
Galactocerebrosidase	11.6	(2-30)	Sulphatidase	115	(100-550)

PLASMA
Units: nmol/min/ml

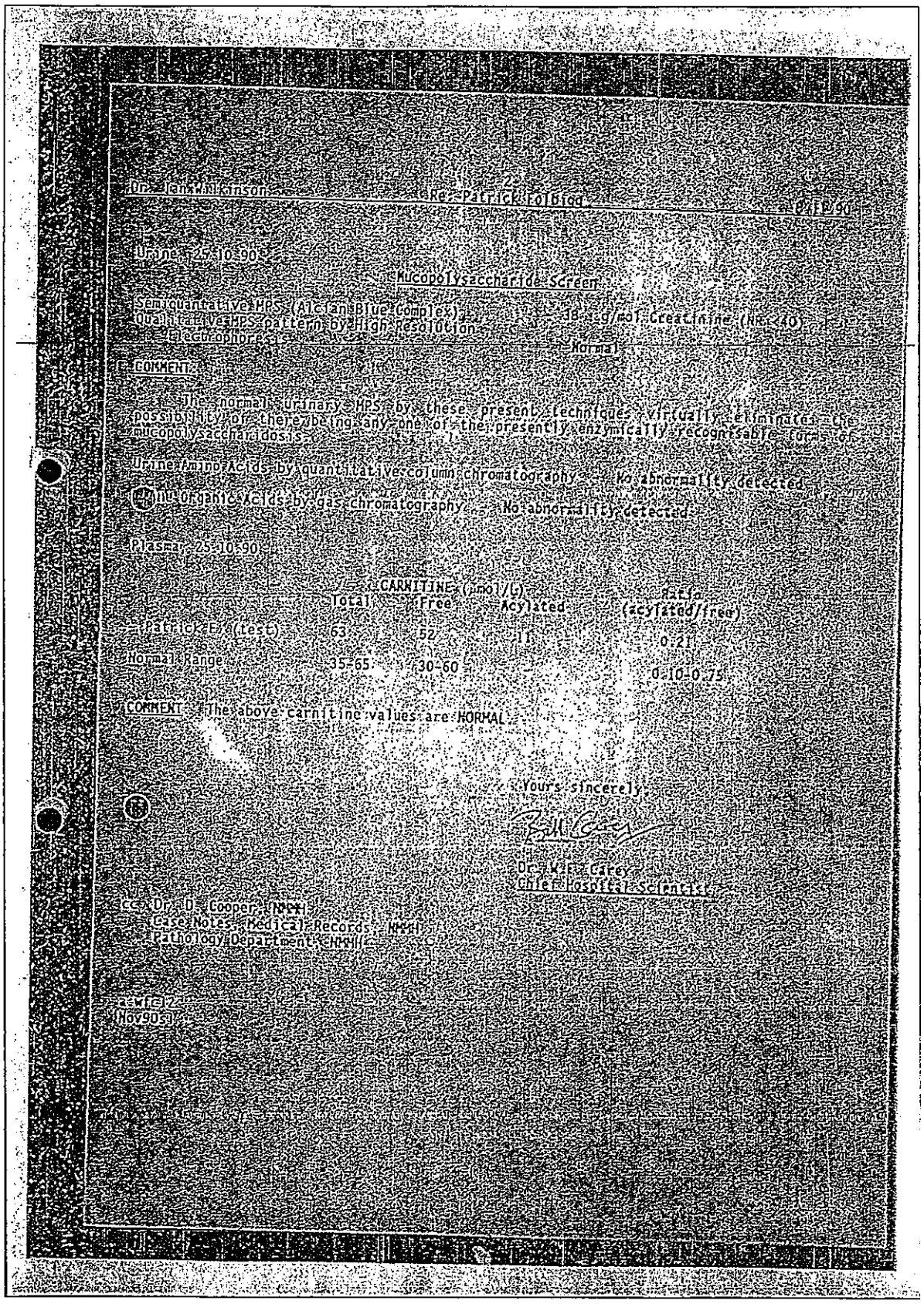
α-Glucuronidase	1.1	(0.1-2.0)	α-Mannosidase	2.0	(0.5-3.0)

COMMENT: A) The above results are NORMAL. These virtually exclude GM1 and GM2-gangliosidoses and MLD. Gaucher's, Krabbe's and Niemann-Pick disease. Mannosidosis, Fucosidosis, Mucolipidoses II and III and Mucopolysaccharidosis VII.

Plasma 25.10.90

	Very Long Chain Fatty Acids C26:C22 ratio	C24:C22 ratio	Phytanic acid (mg/100 ml)
Patrick FOLBIGG (Test)	0.021	0.091	0.10
Normal range (Hrs)	<0.035	0.550 - 1.150	<0.5
ALD Heterozygotes (H)	0.057 - 0.320	1.732 - 2.589	

COMMENT: The above NORMAL test pattern, as far as we are presently aware, would appear to rule out the possibility of ALD/AMN, Refsums disease, Zellwegers and other peroxisomal disorders.



Dr. Ian Wilkinson

Re: Patrick Folbigg

02/12/90

Urine 25/10/90

Mucopolysaccharide Screen

Semiquantative MPS (Alcian Blue Complex) 18 mg/mol Creatinine (Ref <40)

Qualitative MPS Pattern by High Resolution Electrophoresis Normal

COMMENT: The normal urinary MPS by these present techniques virtually eliminates the possibility of there being any one of the presently enzymically recognisable forms of mucopolysaccharidosis.

Urine Amino Acids by quantitative column chromatography No abnormality detected

Urine Organic Acids by gas chromatography No abnormality detected

Plasma 25/10/90

	CARNITINE (nmol/L) Total	Free	Acylated	Ratio (acylated/free)
Patrick Folbigg (test)	63	52	11	0.21
Normal Range	35-65	30-60		0.10-0.75

COMMENT: The above carnitine values are NORMAL.

Yours sincerely,

Dr. K.F. Carey
Chief Hospital Scientist

cc: Dr. D. Cooper, NMH
Case Notes, Medical Records, NMH
Pathology Department, NMH

Ref: 2
Nov90

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4G

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 08/11/90
H.M.O: DR R MORRIS
HOSP : NEWCASTLE MATER MISERICORDIAE

SEX: Male AGE: 5M
D.O.B: 03-Jun-1990

LAB.NO: 90P011073

Specimen : EYE SWAB
Exams : EYS

on 08-Nov-1990 at 12:39

CLINICAL NOTES: Baby with febrile illness and Hx of seizures.

GRAM STAIN

Pus cells = Moderate
Epithelial = -
Organisms = -

CULTURE

Scanty growth of Normal flora

DR. W.MERRELL/H.BUTT

Printed 12/11/90 11:53 FINAL REPORT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	FOLBIGG	UNIT NUMBER	113
OTHER NAMES	PATRICK		
ADDRESS	56 Rayson St MAYFIELD 2304		
DATE OF BIRTH	5/JUNE/90	M.O.	MORRIS

Top Copy — Med. Records
Second Copy — L.M.O.
Third Copy — V.M.O.

Referred by:

Date of Admission: 4/Nov/90 Emergency/Elective Date of Discharge: 10/Nov/90.

Final Diagnosis: Seizure Disorder

Other Diagnosis: 1: Viral Illness, Fever
2: Cerebral ~~Atrophy~~ changes
3:
4: 5 month boy discharged week previously
5: after seizures presumed to be due to

Past History: Herpes Encephalitis; treated then with Acyclovir presented with prolonged seizure resembling an oculogyric crises resolved spontaneously after 90 minutes

Operations/Management: Sep Had bilateral conjunctivitis & URTI
~ Sepsis Screen LP — NAD.
~ NPA - Negative for viruses thus far
~ Conjunctival Swabs
~ Biochem Glucose NAD
~ Repeat CT - further decrease in "brain substance".

Drugs on Discharge: (Dose, Frequency, Duration):

~ Repeat EEG — Multifocal Epileptogenic foci demonstrating a deterioration from previous 2 EEGs

Information Given to Patient: Suggests — "progressive encephalopathic disorder."

Follow-up:
~ Rectal biopsy — no neuronal inclusion
~ Herpes Serum IgM negative bodies
~ Mucopolysaccharide screen
~ Long Chain Fatty Acids } NAD.
~ Phenobarbitone level 104 = therapeutic dosage increased to 83mg BD

Adverse drug reaction (specify drug): ~ 10/11/90 (phenobarb 94)

Joe Dezordi
Medical Officer (print name)
9/11/90

687

T-1-86

TELEPHONE:
GENERAL 26 6469
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR J E DO

Newcastle Mater Misericordiae Hospital

Ward: 4I 360390

FOLBIGG, PATRICK

Dr R MORRIS 36 RAWSON ST MAYFIELD 2304

Male AGE: 5 months

Test	Range	Units	BLOOD H09789 11:30 9Nov 1990	BLOOD H14806 13:00 14Nov 1990	BLOOD H15813 14:48? 15Nov 1990
Iron	10-27	umol/L	....	....	14
TIBC	48-68	umol/L	....	....	NR6
Phenobarb	40-215	umol/L	93	104	

NR6 = No result available because of insufficient specimen.

inted 15:57 16-Nov-90

nterim replacing report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

TELEPHONE:
GENERAL 26 6468
DRUGS 26 6729
ENDOCRINE 26 6679

DIRECTOR: DR J E DICKESON

The Hunter Biochemistry Service

Newcastle Mater Misericordiae Hospital

Ward: 4C 360390

FOLBIGG, PATRICK

Dr R MORRIS 35 RAWSON ST MAYFIELD 2304

Male AGE: 5 months

Test	Range	Units	BLOOD H09789 11:30 9Nov 1990	BLOOD H14806 13:00 14Nov 1990	BLOOD H15813 14:48? 15Nov 1990	BLOOD H20744 09:15 20Nov 1990
Iron	10-27	umol/L			14	
TIBC	48-68	umol/L			NR6	
Carbamazepin	20-50	umol/L				24
Phenobarb	40-215	umol/L	93	104		112

NR6 = No result available because of insufficient specimen

Intrd 15:04 20-Nov-90
terim report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

Medical Record Number ENTRY
MRN/HOSP(MMN) <EXIT> :

40

** E N Q U I R Y **
==========

THE HUNTER BIOCHEMISTRY SERVICE
Newcastle Mater Misericordiae Hospital MRN: 360390 Ward:OP
27-Nov-90 09:10 AM
FOLBIGG,PATRICK Male Age:5 months
Dr. Dr R SMITH

Test	Range	Units	BLOOD H09789 11:30 09 Nov 1990	BLOOD H14806 13:00 14 Nov 1990	BLOOD H15813 14:48? 15 Nov 1990	BLOOD H20744 09:15 20 Nov 1990	BLOOD H26791 09:00 26 Nov 1990
Iron	10-27	umol/L	....	....	14	....	....
TIBC	48-68	umol/L	....	....	NR6	....	....
Phenytoin	40-80	umol/L	....	....	....	....	~~.....~~
Carbamazepin	20-50	umol/L	....	....	....	24	5*
Phenobarb.	40-215	umol/L	93	104	....	112	112

NR6 = No result available because of insufficient specimen.

9 Tog from 3 to 5

GENERAL 26 6405
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

47

Newcastle Mater Misericordiae Hospital

Ward: OP 360390

Dr R SMITH

FOLBIGG, PATRICK
36 RAWSON ST, MAYFIELD 2304
Male AGE: 5 months

Test	Range	Units	BLOOD H09789 11:30 9Nov 1990	BLOOD H14806 13:00 14Nov 1990	BLOOD H15813 14:48? 15Nov 1990	BLOOD H20744 09:15 20Nov 1990	BLOOD H26791 09:00 26Nov 1990
Iron	10-27	umol/L	....	....	14	....	....
TIBC	48-68	umol/L	....	....	NR6	....	....
Phenytoin	40-80	umol/L	....	....	....	....	45
Carbamazepin	20-50	umol/L	....	....	....	24	5*
Phenobarb	40-215	umol/L	93	104	....	112	112

NR6 = No result available because of insufficient specimen.

Printed 10:14 27-Nov-90
Permanent report - retain in notes. DO NOT DISCARD.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

GENERAL 26 6400
DRUGS 26 6729
ENDOCRINE 26 6679

The Hunter Biochemistry Service

47

Newcastle Mater Misericordiae Hospital

Ward: OP 360390

Dr R SMITH

FOLBIGG, PATRICK
36 RAWSON ST,MAYFIELD 2304
Male AGE: 5 months

Test	Range	Units	BLOOD H09789 11:30 9Nov 1990	BLOOD H14806 13:00 14Nov 1990	BLOOD H15813 14:48? 15Nov 1990	BLOOD H20744 09:15 20Nov 1990	BLOOD H26791 09:00 26Nov 1990
Iron	10-27	umol/L	....	....	14	....	....
TIBC	48-68	umol/L	....	....	NR6	....	....
Phenytoin	40-80	umol/L	....	....	....	....	<5
Carbamazepin	20-50	umol/L	....	....	....	24	5*
Phenobarb	40-215	umol/L	93	104	....	112	112

NR6 = No result available because of insufficient specimen.

inted 10:14 27-Nov-90
ermanent report - retain in notes. DO NOT DISCARD.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

NEWCASTLE MATER MISERICORDIAE HOSPITAL – *We Care*

HOSPITAL CODE: 112

CLASSIFICATION: Chargeable, own doctor

M.R.N.: 36-03-90

MEDICAL OFFICER/S: DR. R. MORRIS

SURNAME: FOLKES

GIVEN NAMES: PATRICK

ADDRESS: 36 RAWSON STREET MAYFIELD 2304

HOME PHONE: 672155

DATE OF BIRTH: 03-Jun-1990

AGE: 0

SEX: M

MARITAL STATUS: Single

COUNTRY OF BIRTH: Australia

LANGUAGE SPOKEN: English

RELIGION: NIL

CHRISTENED: ANOINTED: No.

REFERRED BY/ADDRESS: CAS

FAMILY DOCTOR/ADDRESS: DR C.MARLEY KING STREET, NCLE

OCCUPATION PATIENT/PARENT: FATHER/SERVICE CONTROLLER

REPAT NUMBER:

MAIDEN NAME: MARLBOROUGH

ADMITTED TO WARD: 3H DATE: 04/11/90 TIME: 1700 HRS

PREV. ATTEND.: Yes.

INTERNAL TRANSFERS: TO WARD: DATE: TIME: HRS

TO WARD: DATE: TIME: HRS

DISCHARGED/DIED FROM WARD: DATE: 10/11/90 TIME: 0600 HRS

MEDICARE No.: 2155425821

DESTINATION ON DISCHARGE:

NEXT OF KIN: KATHLEEN & CRAIG FOLKES RELATIONSHIP: Parent

ADDRESS: A.A.

PHONE: DAY: 672155 NIGHT: AUNTY 674658

NEXT OF KIN: RELATIONSHIP: PHONE: DAY:

ADDRESS: NIGHT:

I HEREBY GIVE MY CONSENT FOR INFORMATION FROM MY MEDICAL RECORDS TO BE FORWARDED TO MY FAMILY DOCTOR AND/OR REFERRING MEDICAL PRACTITIONER AND ANY FUND/PERSON RESPONSIBLE FOR THE COST OF TREATMENT.

SIGNED: K Folkes DATE 4/11/90 WITNESSED: L Kalus.

PROVISIONAL DIAGNOSIS: SEIZURE DISORDER

AFFIX "ALLERGIC TO" LABEL HERE, IF APPLICABLE.

FINAL DIAGNOSIS

PRIMARY: Seizure Disorder — 780.3

SECONDARY: ? Encephalopathy — Q348.3

DATE AND NATURE OF OPERATIONS

SIGNATURE OF MEDICAL OFFICER: R.S. MORRIS (PLEASE PRINT NAME) DATE: 10/11/90

693

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME FOLBIGG	UNIT NUMBER	123
OTHER NAMES PATRICK		Sheet No.
ADDRESS		
DATE OF BIRTH	V.M.O.	

WARD:

FORMULA: Enfalac 140 x 4.

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
10/11/90	0600	Enfalac	120			✓✓	
	0730	Rice cereal			✓	✓	

694

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use gummed label if available

SURNAME: Fahey	UNIT No: 869858
OTHER NAMES: Kathleen	
ADDRESS: 58 Rawson St Mayfield	
DATE OF BIRTH: 14.6.67	V.M.O:

RELIGION: N.C. MEDICARE NUMBER: N/K HEALTH FUND: N.K.

TELEPHONE: (Home) 67 2155 (Work)

MARITAL STATUS: ☑ M ☐ S ☐ W ☐ D ☐ SEP ☐ N.K SEX: F

OCCUPATION: D.D.

EMPLOYER:

☐ T. PTY ☐ W. COMP ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	A&E
	DATE: 1 NOV
	TIME OF ARRIVAL: 0010
	TIME SEEN BY R/M.O: 0025
	TIME OF DISCHARGE: 0040
	T 37.5 P 96 R 20 BP 130/90

Sign, Date and Record Designation for all Entries

DATE

no corneal hypesthesia

Impression: viral exanthem

Plan: benadryl and motrin prn fever

+ tylenol re Aspirin allergy

? pt will contact MD re conjunctivitis

Jane Doe

NEWCASTLE MATER MISERICORDIAE HOSPITAL

CASUALTY NURSING NOTES

Surname Tolling
Other Names Kathleen
Address 36 Hanson St Maryfield
Date of Admission 11.11.90
Mode of Transport Car
Next of Kin Heartland
Allergies N.K.A.

Transferred to Ward
U/R Number
Religion Uniting Church Sex F
Marital Status M
Date of Birth 14.6.67 Age 23
Phone 69 3155
Time of Admission 0300
Accompanied by Heartland
Present / contacted
Previous admissions Yes / No
Anointed Yes / No

Belongings list Yes / No
S/B Minister of Religion Yes / No
History given by
Admitted following
Condition on arrival in Casualty

EMOTIONAL ASSESSMENT (TICK AFTER appropriate word) (✓)

Co-operative ✓ apprehensive nervous depressed hostile
frightened crying ✓ other

MENTAL ASSESSMENT

Alert orientated confused conscious semi-conscious
unconscious other: feeling faint

PHYSICAL APPEARANCE

Well looking obese thin emaciated dyspnoeic
in pain sweating, pale cyanotic other faint

Observations on admission to Casualty: Temp 37.5 Pulse 102 Resp 20
B.P. Weight Urinalysis

Neurological Observations recorded: Yes / No
Seen by Dr Time
Provisional Diagnosis
Any other relevant illnesses?
Name of V.M.O./s Notified Yes / No
Tests ordered: ECG Yes / No X-Ray

Pathology:

Treatment given: I.V. Cannula / Therapy Yes / No
Cardiac monitoring: Yes / No O2 Therapy Prong/s /mask/E.T. Tube litres/min
Identification bands (2) on: Yes / No Allergy band on Yes / No
Consent form signed, witnessed and dated Yes / No
Is patient on special diets? Yes / No (if Yes specify)
Is patient on medications? Yes / No (if Yes specify)

SIGNATURE

FORM NO. NMH 500

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

GENERAL OBSERVATION SHEET

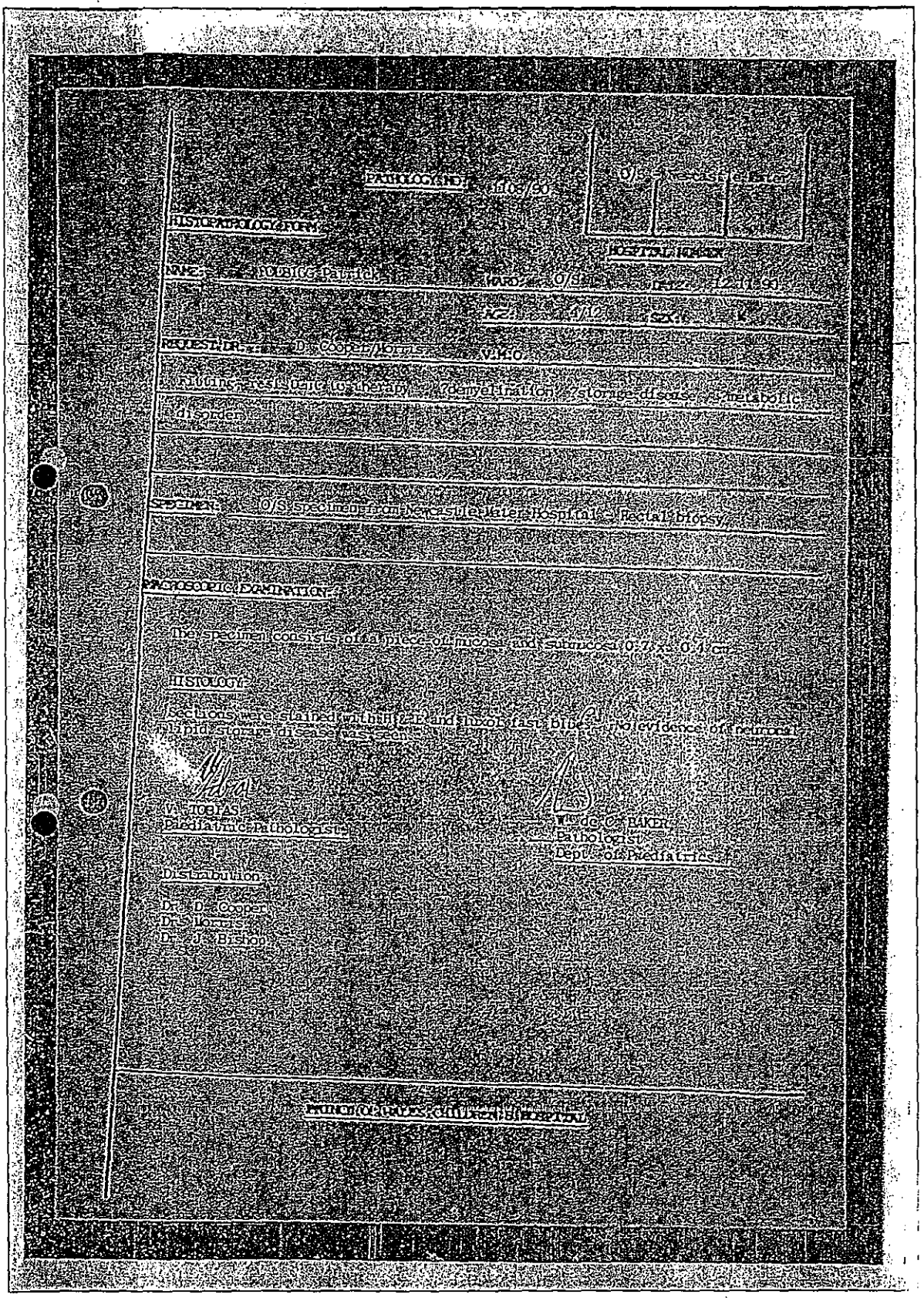
PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME: [illegible] | UNIT NUMBER: [illegible]
OTHER NAMES: Kathleen Megan | Sheet No.
ADDRESS: 36 Rawson St Merrylands
DATE OF BIRTH: 12/6/67 | M.O.
WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly, 2 Hourly, 4 Hourly, 12 Hourly, Daily, Weekly.
[illegible]

DATE	TIME	TEMP.	PULSE	B/P				REMARKS
11/10	0045	37.5	96	150/78	28			Ward to ward 9 approx 1st night



HISTOPATHOLOGY FORM

PATHOLOGY NO: 1[illegible]/90

HOSPITAL NUMBER

NAME: FOLBIGG Patrick

WARD: O/Pat

DATE: 12/6/90

AGE: 4/12

SEX: M

REQUEST DR: D. Cooper/Morris

V.M.O.

Injuries restrictive therapy / Dehydration / storage disease / metabolic disorder

SPECIMEN: O/S specimen from Bergasule Water Hospital - Rectal biopsy

MACROSCOPIC EXAMINATION:

The specimen consists of a piece of mucosa and submucosa (0.7 x 0.4 cm)

HISTOLOGY:

Sections were stained with H & E and Luxol fast blue. No evidence of neuronal lipid storage disease was seen.

V. TOBIAS
Paediatric Pathologist

Dr. J.G.C. BAKER
Pathologist
Dept. of Paediatrics

Distribution:
Dr. D. Cooper
Dr. S. Morris
Dr. J. Bishop

NUMBER OF BLOCKS SUBMITTED FOR EXAMINATION:

PATHOLOGY NO: 1108/90.

O/S - Newcastle Mater.

HOSPITAL NUMBER

HISTOPATHOLOGY FORM

NAME: FOLBIGG Patrick WARD: O/S DATE: 12.11.90.

AGE: 4/12 SEX: M

REQUEST DR. : D. Cooper/Morris. V.M.O.

Fitting, resistent to therapy. ?demyelination ?storage disease ?metabolic disorder.

SPECIMEN: O/S specimen from Newcastle Mater Hospital - Rectal biopsy.

MACROSCOPIC EXAMINATION:

The specimen consists of a piece of mucosa and submucosa 0.7 x. 0.4 cm.

HISTOLOGY:

Sections were stained with H & E and luxol fast blue. No evidence of neuronal lipid storage disease was seen.

V. TOBIAS.
Paediatric Pathologist.

W. de C. BAKER,
Pathologist,
Dept. of Paediatrics.

Distribution:

Dr. D. Cooper.
Dr. Morris.
Dr. J. Bishop.

PRINCE OF WALES CHILDREN'S HOSPITAL

DEPARTMENT OF HEALTH, N.S.W.
AMBULANCE SERVICE

GRADE 1 2 3 4 5
REGION H R

AMBULANCE REPORT

DATE	JULIAN	CASE No.	PATIENT OF	SEX	AGE
14/11/90	318	6	A	M	5/12

CALL TYPE	AUTHORITY	STN. No.	RADIO No.	RESPONSE	CATEGORY
CA	CONTROL	2911	A68	1	A0

TIME BOOKED	TIME OUT	LOCATION	DEPART	DESTINATION	CLEAR
	0918		0938	0939	

PATIENT DETAILS

CODE	TITLE	SURNAME	FIRST NAME	D.O.B.	STRETCHER S / WALKING W / W/CHAIR C
B	BABY	FOX BIGG	PATRICK		S

ADDRESS: 36 RAWSON STREET MAYFIELD — CODE: 2304

☐ W/COMP ☐ 3rd PARTY — DEBTOR DETAILS

CHG CODE	AMOUNT	CHG. KM	CODE	TITLE	SURNAME/BUSINESS	INITIALS
L					N.I.B	

PENSION No. / WARRANT No.: — ADDRESS: 36-03-90 — CODE:

OCCUPATION: — EMPLOYED BY:

ODO IN		FROM	36 RAWSON STREET	TO	MATER HOSP
ODO OUT	164093				
TRIP KM		MAYFIELD	CODE 2304		CODE 2112

HISTORY (State chief complaint first: FITING)

CALLED TO ADDRESS RE BABY HAVING BREATHING DIFFICULTY
O/A BABY LYING ON BED VENTILATING PROPERLY BUT NOISY.
VERY PALE APPEARED TO BE POSTICTAL REMAINED SO DURING
TRANSPORT.
DISCHARGED MATER ON SUNDAY PREVIOUS

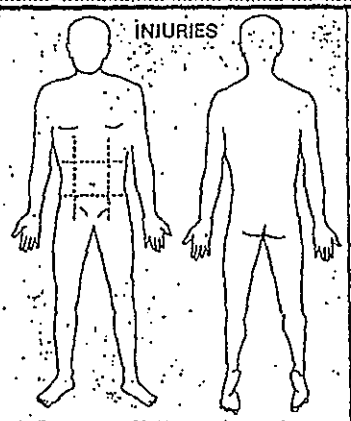
EXAMINATION

AIRWAY ☑ Clear ☐ Obstructed
BREATHING ☑ Present ☐ Absent ☐ Shallow ☐ Deep
CIRCULATION ☑ Present ☐ Absent

Buccal Mucosa	☐ Pink	☐ Blue	☑ Pale
Skin temp.	☐ Normal	☐ Cold	☐ Hot
Sweating	☑ Nil	☐ Mod.	☐ Profuse
Vomiting	☐ Nil	☑ Small	☐ Large
Fitting	☑ Nil	☐ Yes	Number
Burns	☑ Nil	☐ Superficial	%
		☐ Deep	%
Blood Loss (External)	☑ Nil	☐ Under 500ml	☐ Over 500ml

Site

INJURIES



F Fracture L Laceration A Abrasion S Swelling
H Haemorrhage T Tenderness C Contusion D Dislocation
B Burn P Pain

Specific observations ☐ Nil

Breath Sounds

X Position of Patient
→ Point of Impact
▨ Damaged Area

Seat Belt Not / Worn
Estimated Impact Speed High Medium Low

ROAD USER: 1 Driver 2 Passenger 3 Motorcyclist & Pillions 4 Pedal Cyclist 5 Pedestrian 6 Others

	Time	Pulse	Blood Pressure	Capillary Filling	Respiration Rate	Respiration Effort	L. Level of Cons.	Total Score
			NOT TAKEN					

Pupils Size T	R	L	React. R	L	GLASGOW COMA SCALE Eye Opening	Motor Response	Verbal Response	S Score

Vital Signs Points		Add Vital Sign Points
	First	+ + + + =
	Final	+ + + + =
		Difference Between Total Score ±

Eye Opening: 4 Spontaneous, 3 To Speech, 2 To Pain, 1 NIL
Best Motor Response: 6 Obeys, 5 Localises, 4 Withdraws, 3 Abnormal Flexion, 2 Extends, 1 NIL
Verbal Response: 5 Orientated, 4 Confused Conversation, 3 Inappropriate Words, 2 Incomprehensible Sound, 1 NIL

TABLE: 14=15-5 | 11=13-4 | 8=10-3 | 5=7-2 | 3=4-1

HOSPITAL CC

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME Folbagg	UNIT NUMBER
OTHER NAMES Patricia	
ADDRESS	
DATE OF BIRTH	M.O.

142 Sheet No

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	R			REMARKS
19/11/10	0950	37	168		36			Wt 7.78kg

1-1-85

NEWCASTLE MATER MISERICORDIAE HOSPITAL

INFANT NURSING HISTORY

PLEASE USE GUMMED LABEL IF AVAILABLE

56-03-90
FOLBIGG, Patrick Alan
56 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4E
M.O.: DR. A. MORRIS DR. I. WILKINSON

WARD:

Admission Date: 14/11/90. Time: 1140

Accompanied by: Parents From: CAS.

HISTORY: Born at: WSH. Term: 39/40 Delivery: NVD

Prenatal influences: Birth weight: Baptised:

Mother's name: Craig Age: 28 Ethnic group: Occupation: Ex Manager

Father's name: Kathleen. Age: 23 Ethnic group: Occupation:

Siblings: (name) Age: Wellbeing:

PREVIOUS HEALTH: Illness: ? Encephalitis

Hospitalization: Hospital X(2) Fitting

Operations: Nil.

IMMUNIZATION HISTORY: X2.

MEDICATIONS: Phenobarbitone. Dose: Frequency:

ALLERGIES: Nil known.

MILESTONES: Present age: Smiled: wks. Sat unaided: mths.

Crawled: mths. Walked unaided: mths. Speech:

Potty: Method of settling: Prosthetic aids:

NUTRITION: Breast fed:

Bottle: Formulae: Enfalac Quantity: 200 Frequency: X3

Feeding cup: Teat:

Solids: Breakfast: Rice cereal Lunch: Veges

Dinner: Veges

NURSING OBSERVATIONS: Quiet; happy; alert.

Emotional state:

Physical condition: Good.

Temp. 36.8 Pulse. 152 Resp. 42 BP. HC. Weight. ~~7.58~~ Length.

Urinalysis: TBA. Other:

NEWCASTLE MATER MISERICORDIAE HOSPITAL

CASUALTY NURSING NOTES

Surname Fahrig | Transferred to Ward 4G

Other Names Patricia | U/R Number 360390

Address 36 Rawson St | Religion — | Sex F

Maryfield | Marital Status Single

Date of Admission 14/11/90 | Date of Birth 3-6-90 | Age 5 1/2

Mode of Transport via amb | Phone 672155

Next of Kin mother - Kath | Time of Admission 1100

Allergies | Accompanied by parents

nil known | Present / contacted

Belongings list: Yes / No | Previous admissions: Yes / No

S/B Minister of Religion: Yes / No | Anointed: Yes / No

History given by amb + ~~pt~~, mother

Admitted following fell this am

Condition on arrival in Casualty Satisfactory

EMOTIONAL ASSESSMENT (TICK AFTER appropriate word) (✓)

Co-operative | apprehensive | ~~nervous~~ | depressed | hostile

frightened | crying | other:

MENTAL ASSESSMENT

Alert ✓ | orientated | confused | conscious | semi-conscious

unconscious | other:

PHYSICAL APPEARANCE

Well looking | obese | thin | emaciated | dyspnoeic

in pain | ~~sweating~~, pale ✓ | cyanotic | other:

Observations on admission to Casualty: Temp 36.7 Pulse 168 Resp 36

B.P. | Weight 22.7 kg | Urinalysis

Neurological Observations recorded: Yes / No

Seen by Dr Rob Smith | Time

Provisional Diagnosis Seizure disorder

Any other relevant illnesses?

Name of V.M.O./s Morris / Wilkinson | Notified: Yes / No

Tests ordered: ECG Yes / No X-Ray: —

Pathology: —

Treatment given: I.V. Cannula/Therapy Yes / No | mls/hr

Cardiac monitoring: Yes / No 02 Therapy: Prongs /mask/E.T. Tube — | litres/min

Identification bands (2) on: Yes / No Allergy band on: Yes / No

Consent form signed, witnessed and dated: Yes / No

Is patient on special diets? Yes / No (if Yes specify)

Is patient on medications? Yes / No (if Yes specify) Rhandarb

SIGNATURE [signature] (BRIGHT) 704

TREATMENT IN CASUALTY

INSTRUCTIONS TO WARD observe

SIGNATURE .....

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR47

SURNAME Folbigg	UNIT NUMBER
OTHER NAMES Patricia	Sheet No
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	R			REMARKS
19/11/90	0950	36.7	168		36			Wt 7.78kg

1-1-85

706

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR47

Sheet No

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.

INSTRUCTIONS: Fluid balance 200 x 4 hourly

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P				REMARKS
15.11.90	3pm			95/44				
	6pm			83/67				
15.11.90	0600hrs			93/56				

707

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

SURNAME: 30-05-90
FOLBIGG : Patrick Alan
56 Rawson Street MAYFIELD 2304
DOB 05-Jun-1990 SEX M
AGE 4s
M.O.: DR. R. MORRIS DR. I. WILKINSON

Sheet No.

WARD:

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable
	20/11 Last 1114	

USE BLOCK LETTERS

DATE → / TIME ↓ : 20 / 11 / 90 ; 21 / 11 / 90

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
Carbamazepine	60mg 12 hrly	O	20/11/90
M.O. SIGNATURE & PRINT NAME: Joe Dazard			
PHARMACY NOTES & SPECIAL INSTRUCTIONS			

0600 KF — 1800 — 2000

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
Phenobarbitone	35mg 12hrly	O	20/11/90
M.O. SIGNATURE & PRINT NAME			
PHARMACY NOTES & SPECIAL INSTRUCTIONS			

0600 KF — 0800 — 1800 — 2000

20/11 Last 1124

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
M.O. SIGNATURE & PRINT NAME			
PHARMACY NOTES & SPECIAL INSTRUCTIONS			

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
M.O. SIGNATURE & PRINT NAME			
PHARMACY NOTES & SPECIAL INSTRUCTIONS			

DRUG (GENERIC NAME)	DOSE/FREQUENCY	ROUTE	DATE
M.O. SIGNATURE & PRINT NAME			
PHARMACY NOTES & SPECIAL INSTRUCTIONS			

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

141

SUR

OTI 56-03-90

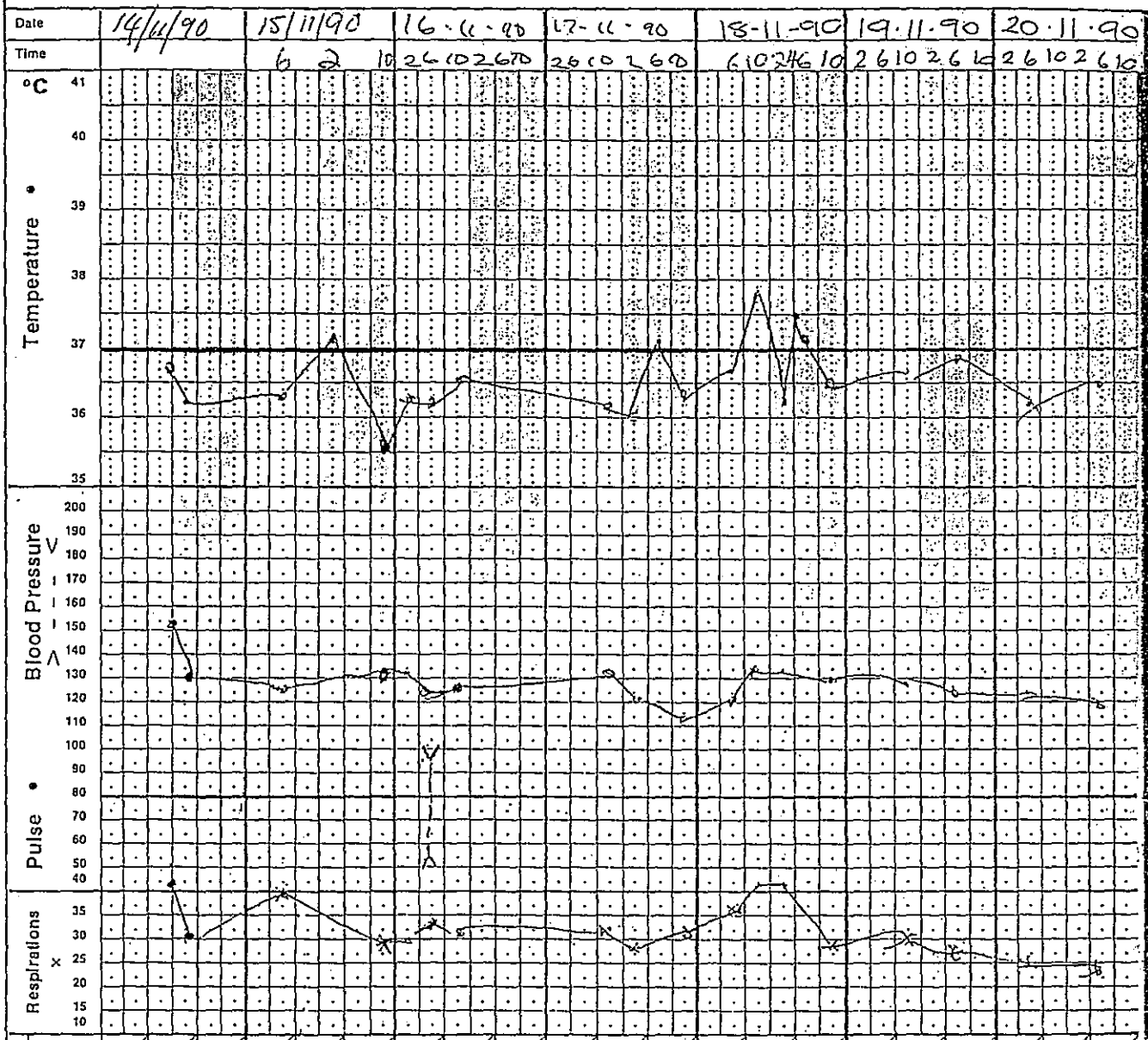
ADI 56 Rewes.. Street MAYFIELD 2304

DOB 03-[illegible]-1990 SEX M

DAT [illegible]

[illegible] DR.. [illegible] MORRIS M. I. WILKINSON

WARD:



B P	A.M.						
	P.M.						
URINE	Vol						
	Sp. Grav.	1010					
	pH	6					
	Protein	-					
	Glucose	-					
	Ketone	-					
	Bilirubin	-					
	Blood						
	Nitrate						
	Urobil.						
Bowels				+ve for blo			
Weight		7-53 kgs					
HT			BP 95/64 3rd				
HC							

1-1-86

709

Date	21·11·90	22·11·90					
Time	2 6 10 2 6 10	6					

°C 41 40 39 38 37 36 35 — Temperature •

Blood Pressure V I Λ — 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 — Pulse •

Respirations × — 35 30 25 20 15 10

B P — A.M. / M.

URINE — Vol. / Sp. Grav. / pH / Protein / Glucose / Ketone / Bilirubin / Blood / Nitrate / Urobil.

Bowels

Weight

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME
OTH
ADD
DATI

FOLBIGG , Patrick Allan
56 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX: M
M.O.: DR. R. MORRIS M. J. WILKINSON

139
et N

STATIM MEDICATION

WARD:

PREVIOUS DRUG ALLERGY:	ADVERSE DRUG REACTION THIS ADMISSION:

PRESCRIBER

ADMINISTRATOR

Date	Time to be given	Drug (Generic Name); Dose; Route.	M.O. Signature & Print Name	Date	Time given	Signature
14/11/90		Paracetamol 140mgp		14/11/90	2145	[illegible]
16/11/90	12⁰⁰	Amethocaine 1drop each eye	R Smith — SMITH	16/11/90	1200	[illegible]
16/11/90	12⁰⁰	Cyclogyl 1drop each eye	R Smith	16/11	1200	[illegible]
16/11/90	12⁰⁰	Phenylephrine 1drop each eye	R Smith	16/11	1200	[illegible]
16-11-90	0630hrs.	Phenobarb 18 mgs.		16-11-89	0630	[illegible]
16/11/90	0910	Phenobarb 15mgs.	Joe Smith	16/11	0910	[illegible]
17/11/90	2115	Paracetamol 150mgm.		17/11	2115	[illegible]
		Paracetamol 150 mgm.		19/11/90	1900	[illegible]
20/11/90		Carbamazepine	60mg stat	20/11/90	1800	[illegible]
	21/11/90	① Amethocaine 4/A ② Phenylephrine 2-5% ③ Cyclogyl ½ or 1%	one drop in each eye Joe Smith	21/11/90	1130	[illegible]

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	FOLBIGG	UNIT NUMBER	137
OTHER NAMES	Patrick		SHEET No
ADDRESS			
DATE OF BIRTH	3.6.90	M.O.	

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD: IAW / RH

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

Walter
Kathleen
Marlborough
1989 EEG

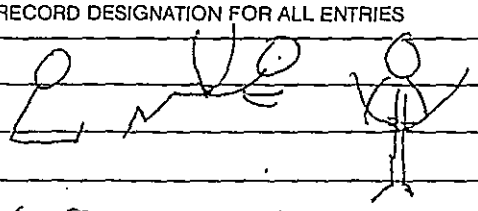
DATE	
14/11/90 10¹⁵	Admitted via CAS Seizures since 4/12. Now 5/12 old EEG X 3 First: normal 2nd: (L) frontal base focus 3rd: Multiple foci CAT X 2 First: Hypodense frontal, temporal occipital ? leucoencephalitis Second: ? ischaemic occipital area. Brother died 19/7 days, unexplained death last year known to have laryngomalacia All investigations hitherto otherwise NORMAL HAEMOGLOBINS falling Working Dx = "Non-progressive Encephalopathic disorder" Rx = Phenobarbitone (Last level = 94) 10/11/90 This admission: 4/7 out of hospital - WORSENING rhinorrhoea + cough. WORSE when dies down bad night last night ÷ LITTLE SLEEP Mum left him for 5 mins on couch on return "EYES LOOKING UP INTO HEAD" Stridulous breathing → VOMIT ++ → sleepy + post ictal. Alert on arrival in CAS. - Has had all doses of prescribed phenobab. No fevers otherwise O.K. 36³ O/E Pale, alert, lies on (L) side, marked yellowish rhinorrhoea

712

1-85

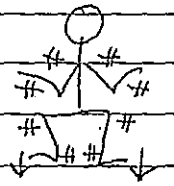
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE



Tone ↑ (L) arm = otherwise normal to high — No carotid bruits
No cranial bruits

Power ✓

Reflexes = symmetrical 

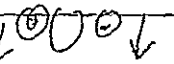
PERL ; does not Fix + follow — Reacts to sound ✓

Face symmetrical ? droopy (L) lid

FUNDI: Background ✓ vessels ✓ media ✓ no hyperaemia retinoplasty blurish tinge to optic discs (R) (L) ✱ NEEDS REVIEW ✱ NAD — NORMAL

CVT ✓ apart from Rhinorrhoea

RS ✓ CVS ✓ ABD ✓ no renal bruit

loss ✓ synchronous HS I+II+O no murm 95/44 

Anus — perianal thrush

Back ✓

Dx: = - seizure 2° to sleep deprivation + ABTI in a boy with known seizure disorder
- clinically anaemic — ? blind

Rx: Admit & observe . Phenobarb . Glucose/Saline/Dextrose

INV: ✓ Hb: 10.2 g/dl WC 20.8 75% N (L) shift Pl 730 HYPOCHROMIC MICROCYTIC
✓ ESR: 48
✓ Phenobarb level: 104
✓ LFTs (prev abnormal, never repeated): SBR 1 ALP 160 ALT 33 AST 41

RLS

M/R: - Patrick admitted from casualty, after a seizure at home (as described above) - Both Parents with child v very distressed - Baby pale & irritable took 150ml formula - Parents have gone home for a rest. - no seizures since arrival to ward.
J Bradley RN.

Dx: 1) Iron deficiency anaemia -
- for Iron studies + occult bloods
2) ESR borderline : repeat 58 Heparinised syringe
3) ANA etc

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME

SAMPLE

FOLBIGG , Patrick Adam
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
MRN 45
M.O.: DR. R. MORRIS DR. I. WILKINSON

WARD:

HSMR 1

SHEET N

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	4) Dr. ? haemoglobinopaty screen. NOT DONE
14/11/90	RL
14.11.90	Very unsettled evening. for test urine for bloody faeces for occult blood x2 Lactone EN(STONE)
15/11/90	0530. Slept soundly. No seizure activity observed.
15.11.90	S/B Dr Wilkinson
	Needs acid/base measurement on arterial sample. ABOVE NORMAL RANGE FOR ARTERIAL.
	Also (1) S. lactate ✓ 1130 RLs 1.6
	(2) Leucocyte inclusions. ✓ 1130 RLs
	Mother needs Urinary Metabolic Screen → Sydney ✓15/11/90
	Dr Wilkinson will talk to Dr Bear re circulating cerebral CTs etc to colleagues in Sydney ↓ DR PH SILVA - CAMPERDOWN -
	* I will get films together *
	Social work Consult for mother.

Patrick FOLBIGG 4G
Room 4hr
15.11.90

58	
TEMP	37.0
HB	13.1
PH	7.375
PCO2	41.5
PO2	68.7
SBE	-000.9
SAT	91.9
SBC	23.2

- Is he embolizing ? He should have Echocardiac U/S
- BP 95/44 RLs
- Endoscopy ✓

D/W IAW re phenobarb level add 10mg/kg/d Tegretol. = 80mg (4mls) = 2mls b.d. ✓

DR

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

15/11/90 Results from RNH
1pm 1300 14/11/90
Phenobarb · 10 4 (NR 40 – 215)
Dr R. Smith aware, M Ellicott EN
4pm Usual day coughing at times. Mother visiting.
feeding well. N/day Dr's Wilkinson, Morris
& Smith Rx See previous page. Urine from
mother collected ✓ → Path. M Ellicott Ellicott HBN
addit Nil further fits observed. ME
16.11.90 0500hrs Settled overnight. Nil
seizures observed Afebrile. ~~Carolina~~
U/S to be arranged @ Carwinkill AN
0830hrs Phenobarb 30mg unavailable
throughout the hospital. Therefore only
15mg given @ 0630hrs dose (ie what
was left in the bottle) @ Carwinkill RN

16/11 No Significant developments
Afebrile No fits / feeding well
Alert Responsive, but not to usual standard
fixed interest in bright light, regards
for a while, then turns head away

Chest clear
CVS NAD
BP = 90/60
Cardiac Echo – normal chambers
Normal arch
Normal valves

FBE 15/11/90.
Hb 10.2
WCC 13.1 N 36% L 55% M 9
Plat 772
ESR 58 ? Artifact due to heparin
Has lost 6/L shift

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

SURNAME Fabcg	UNIT NUMBER
OTHER NAMES	SHEET
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

16/11/90 I talked to Dr Ferguson, Forensic Pathologist - Patricks Brother Caleb Gibson died age 20 days presumed asphyxia on basis of lung findings unfortunately, brain tissue only examined microscopically & then discarded.
⇒ no slides of CNS available -
Had been seen as a neonate by Dr Springthorpe & diagnosed as having head at 9 hrs life
Dr Springthorpe will check his old notes.
Otherwise, no further light on the matter
On Monday needs drug levels & repeat ESR, also TORCH screen which has not been previously done.
ANA result pending this afternoon

ANA NEGATIVE

Plan over w/e
- Drugs as charted
- Fe several blood test mon ± TORCH level repeat lactate
- Opinion of Dr. De Silva Paediatric Cardiologist

Joe Dezoete

16/11/90 1330hr. Feeding well. Mother in for most of the day. BO x1 - tested for occult blood, negative from same. S/B Dr Wilkinson, & Dr Morris. Nil fits observed.

1-1-85

716

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
17-11-90	0500hrs Slept soundly. Afebrile. R ~~Surname illegible~~
17.11.90	1330hrs: S/B by Dr Wilkinson - continue same treatment; probable discharge next week. Happy day, feeding well. M/Supervised A/S
	2230hrs. Patient has vomited all evening. All feeds S/B Dr J. Strong. Observe → for isolation if diarrhoea presents. x2 loose bowel actions, not diarrhoea. Specimen collected. Temp 37° at 1800 hrs view 36.3 Parental given to settle Kathy Bourke Cpl (BOURKE)
18-11-90	Vomit and diarrhoea x1. Voiding well.
0630	No seizures observed. Banned RN Davies
.90	Diarrhoea, vomiting, mild fever Hydration ✓ Abdomen ✓ ENTV PDx Acute Gastro Enteritis Suggest ① Transfer to 4J ② initial Trial on clear fluids orally ③ Later re-assessment regarding need for IV fluids + anticonvulsants MORRIS
18.11.90	Transfer from Ward 4G 1130 Hrs. ? acute Gastro Enteritis. Begun on trial of clear fluids orally. - to be reviewed this pm ? re-hydration ie. IV fluids. (refer to above entry) fluid appears offlisted, however obv Feeding well - tolerating same. NO BO. KG Hall
Addutt	: No seizures observed. KGHall.
18.11.90	Good evening Tolerating gastrolyte extremely well Tolerated ½ of enfalac Voiding urine well. B.O x 1 brown fluid stool Tunable to be collected for specimen. Afebrile Nil Vomiting A Hodges (HODGES) RN
19.11.90	0600hrs Slept well no seizures observed ½ of bowel Enfalac Tolerated. B.O x1 very small amount PU+ [illegible] RN

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

S
C FOLBIGG , Patrick Alan
A DOB 03-JUN-1990 SEX M
W 8 T G 8
D M.O.: DR. R. MORRIS DR. I. WILKINSON

HSMR 15

SHEET N

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
19.11.90	J. STRONG (RMO) S/B Dr Morris Vomiting has settled Diarrhoea continues Afebrile. (1) Try normal strength Enfalac (2) Another bag urine.
19/11	OFC 43[8] 1430hrs: Stool culture NOI and bag urine collected. Ellander EN (STANDEN) HNA.
19/11/90 1455hrs	NURSING D/R: Satisfactory day though unsettled at times. Loose stools this morning however passed a "pasty" stool this afternoon. NO vomiting this shift. Now on full strength Enfalac. Mother in attendance. J. Sth SMITH RN
19.11.90	J-STRONG (RMO) ATSP re "staring attacks". Nursing staff witnessed - episodes where child quiet + stiff, eyes staring straight ahead, toes pointed and arms + legs held rigid. These would last a few seconds and be followed by crying + arching. Ceased after Panadol + anticonvulsants given. Afebrile. Well since.
22.11.90	Irritable boy early shift, became quiet after crying noticed to be "staring" legs stiff feet arched RMO notified See notes above Afebrile MEM Zinc cream applied to bottom. Tolerating diet — MEM

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	Slept big periods Tolerating feeds Night
20/11/96	B/O x2 — yellow green paste. Holding
0600	well. Afebrile. Nil fits observed. Mother in
	attendance. — Jale (Fiona) RN
20/11	Continues to have frequent semi diarrhoea
	motions. Bad good Urine OP
	One fit Cobs myo Ls
	Afebrile - Well feeding
	Well by day
	Alert but a bit subdued ? drug levels
	Chest Clear. ? portfolio
	faeces mcs pending
	for a lactate, drug levels
	a chase up result of fe studies
	a ANA Negative
	— Await Dr De Silvas comments
	on CT scans
	New Rx sheet pending drug levels. — Dr Jones
	Arterial Lactate
	TORCH, ESR,
20.11.96	1500hrs Satisfactory day Crying & upset for most of morning. Finally settled at 1200hrs and has slept soundly 8.0 ± 5 yellow paste stool - Two specimens sent to path Afebrile
	D Hodges (HOCES) RN
20/11	Repeat lactate arterial [0.5]
	Carbamazepine [24] (20-50) (Dose ↑ after this)
	Phenobarbitone [112] (40 → 215) (Dose → after Hrs)
	ESR [35] H 6 10.1 MCV 75
	Serum Iron [14] (10-21)
	TIBC — [inadequate sample]
	Continues to have short lasting seizures
	Carbamazepine increased
	To discuss with Dr Wilkinson Joel

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME Fobby	UNIT NUMBER
OTHER NAMES Patrick	
ADDRESS	
DATE OF BIRTH	M.O.

HSMR 15

SHEET N

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

Adenovirus isolated from conjunctiva
Lab admission 5/52/90
→ Significance
Faeces — No Growth. No pathogens. ✓✓

20-11-90 1830hrs - S/B DR Wilkinson, increased B.D. Carbemazepine to 60mg + 60mg loading dose at 1830hrs. N.P.O. - Brid RN (BAILIE)

S/B Dr Wilkinson
LD → Carbamazepine
↓ needs Eye Consult
need to contact Dr Challinor
tomorrow am

2230hrs - Good evening, x1 seizure of short duration very responsive & playful ✓ parents & staff. Bowel motions remain frequent but ~~pasty~~ semi-formed. Afebrile. Brid RN (BAILIE)

21-11-90 0500hrs Slept well Nil fitting observed to time of report. KFoley RN

21/11 No further fits IA&V
Carbamazepine increased after loading dose
X-Ray not arrived chez Dr. Merle daSilva *
Dr. Challinor to see today
Patrick home after Hb3.
TORCH pending

RLS

21/9 NEYE DONE *

Thank you — Smadl LCS
— No Visual response today
Does not fix or follow

720

1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

Does not suppress Vestib Nystagmus
- Disc OK Macular/Retinae Normal
on full
Fundoscopy + Contrast Visual
Disturbance ? Cause

Gillespie

21/11/90. Quiet day, no fitting noted. Tolerating oral fluids, but vomiting solids.
14.20hrs. Suggested to Mother to clear solids. Mother wishes Patrick to stay overnight. Eye consult attended. (Mr Cullen) RH (McCulloch)

Sequence of events

21/11/90 2200hrs. Dates feeding evening. Vomited L/A undigested milk x1. [redacted] (HOUSE) RN

22/11 Chemist/SHO
Seen
(R) & (L) pupil slightly enlarged
both reactive to light

otherwise NO focal neurological signs
- FUNDOSCOPY sat
- tone: R = L ✓
- power: R = L ✓
- reflexes: R = L ✓

22/11/90 0600 hrs: Slept soundly between feeds. B.O. x2 loose yellow seedy stool. While awake v light on (L) pupil noted to be slightly larger than (R) pupil. RMO notified *see above. — Jones RN (JONES)
No seizures observed. — Jones.

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR 15

SHEET N

36-03-90
FOLBIGG , Patrick Alan
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
4J
M.O.: DR. R. MORRIS DR. I. WILKINSON

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	Plan. 1) Home on anticonvulsants 2) For R.V. 0830 26/11/90 on babies ward - by IAW - for bloods - for O.T. then 3) Disability allowance application ✓ 4) Tim future contact re R.B.S. ? for VER's. 5) For neck X Ray RLS 11
22/11/90 1100	NURSING D/R: S/B Dr Wilkinson this morning (see above) Discharged into parents' care 10am. — full SMITH R.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

SU
01 FOLBIGG, Fabrina Nia
AD 98 Rawson Street MAYFIELD 2304
DOB 06-JUN-1990 SEX F
DA [illegible]
N.E.I DR. R. MORRIS DR. I. [illegible]

160

WARD:

FORMULA: Enfalac - 200ML X 3 Evenflow Teat.

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
14/11/90	12MID	Enfalac	120ml				vegies Sml amount.
	1430	Enfalac	120			✓	
	1520	Custard	1/4.				
	1630	Enfalac	60.				
	1715	Vegeo	M/A.			✓	
	18.30	enfalac	70.				
	8pm	enfalac	120.	lge amount	✓	✓	
	9.20	ENFALAC.	50	70ML			
		TOTAL	560	70	1	3	
15/11	0630	Enfalac	60			✓	
	8am	Cereal	Mod.	Amount.			
	8am	enfalac	120.	Tiny amount ✓			
	12MID	Enfalac	120				refusing fluids.
	1pm	vegies (lge amount) custard (mod amount)		✓ Tiny amount		✓	
	6.15	vegies (lge amount) custard lge amount.					
	7pm	Enfalac	70ML ~~40~~		Sml Solid Amount	✓	
	7.30	vegies					
	2000	enfalac	10				
			480	X2.	X1	X3	
	0600	Enfalac	180		✓	✓	
	8.45	Cereal (lge amount. Enfalac	60	-	✓	✓	
	9.25	enfalac	50.			✓	
	11am	Efalac	25				

723

Enfalac 200x4

enfalo TDs 4ma-x

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
		c/f	315		x2	x3	
16/11/90	1130	Enfalac	95				
	1pm	Veges + custard	mod amount		✓	✓	
	1.30pm	Enfalac	100				
	1530					✓	
		Custard & Fruit	M/A.				
	1630				✓	✓	c/a formed stool.
	5.30	Veges + custard	Large amount		✓	✓	
	6pm	enfalac	120.				
		Total	630		x4	x7	
17/11/90	0315	Enfalac	110			✓x2	
	0700				✓	✓	S/A brown formed stool
	0730	Enfalac	110.				
	9.45	Cereal + fruit	4A			✓	
	10.15	Enfalac	80.				
	1230	veges + custard	M/A				
	1.30					✓	
	4.45	Enfalac	70.		✓	✓	very runny. light brown.
	5.25			lge amount. V (Continual ?)			←
	2000	Enfalac	100	M/A	S/A	✓	
	2045			~~M/A~~	✓		M/A loose stool.
	2130			M/A - offd milk.			
		TOTAL					
			470	✓	x4	x6	

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

MHR53

SURNAME FOLBIGG	UNIT NUMBER 3603900
OTHER NAMES Patrick	Sheet No
ADDRESS 36 Lawson St Mayfield	
DATE OF BIRTH 3-6-90	V.M.O. Morris/Wilkinson

WARD:

FORMULA: Enfalac 4ds 5 Trains

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
18-11-90	0130	½ S Enfalac	100		✓	✓	
	0200			4A feed			
	0600	½ St Enfalac	10mls		✓	✓	
	8.30am	cereal Enfalac	5ml/Amard 100mls	1qe			hasn't seemed to of held anything down?
18.11.90	1130	TRANSFER	FROM	4	G.		
	1130	TRIAL OF	CLEAR	FLUIDS.			
	1130	Gastrolyte	80				
	1240	"	100				
	1300	asleep-	30				
	1430	Gastrolyte	110			✓	
	1530	"	90				
	1630	Gastrolyte	60			✓	
	1830	Gastrolyte	200				
	2030	½ ST Enfalac	90			✓	
	2100	½ ST Enfalac	50		✓		S/A diarrhoea brown (unable to obtain a specimen)
			1020		x3	x5	
19.11.90	4.05am	½ St Enfalac 220	160 (approx)		✓	✓✓	S/A diarrhoea brown (unable to obtain specimen)
	07.15	½ St Enfalac	70	S/A. ✓	✓✓	✓	m/A diarrhoea. unable to get specimen
	0830	½ St. Enfalac	140			✓	S/A liquid stool
	10.00	Enfalac Full Strength	90				
	10.50am	Enfalac	70			✓	(managed specimen)
	1.30	Enfalac	50		✓✓	✓	

Pediatric Follow-up

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
(cont) 19.N.90.	1430					✓	Bag urine collected
	1500	Enfalac (240)	LO				
	5.30 pm	Puree vegs + meat. apple + icecream	meat/A. Lgd/A.		✓✓	✓✓	Stools, liquid very light in colour.
	6pm	Bathed			✓✓		Turning darker (vegies?)
	1900	formula	80		✓	✓	paste yellow/green
			660		x6	x10	
20/11/90	0300	Enfalac (120)	120		✓✓	✓	m/A. yellow/green paste
	0600	Enfalac	120		✓✓	✓	paste.
	8.00	Cereal 4g Enfalac	Amount 40		✓ ✓	✓ ✓	Paste, yellow.
	8.30	Enfalac	70.		✓	✓	Bathed
	1000						S/A yellow paste
	1100	Enfalac	110		✓		S/A yellow paste
	1130				✓	✓	S/A yellow paste.
	1400				asleep.		
	1600	Enfalac	110		✓	✓	m/A yellow paste
	1730	Puree fruit+custard	L/A		✓	✓	" " "
		Enfalac	20				
	1830	Enfalac	100.		✓	✓	m/A yellow paste.
	1930	Enfalac	30.		✓	✓	Pasty / yellow m/A.
	2000	Enfalac (110)				✓	as above x 3
	2330 ~~2330~~	enfalac	90		✓	✓	
			810		x14	x12	
21.11.90	0000	Enfalac	60		✓✓	✓	
	0700	Enfalac (120)				✓✓	
	7.45	Cereal L/A enfalac	80.	✓ L/A.	✓	✓	
	10.5 am				✓		more solid. yellow thick Paste.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

MHR53

Sheet N

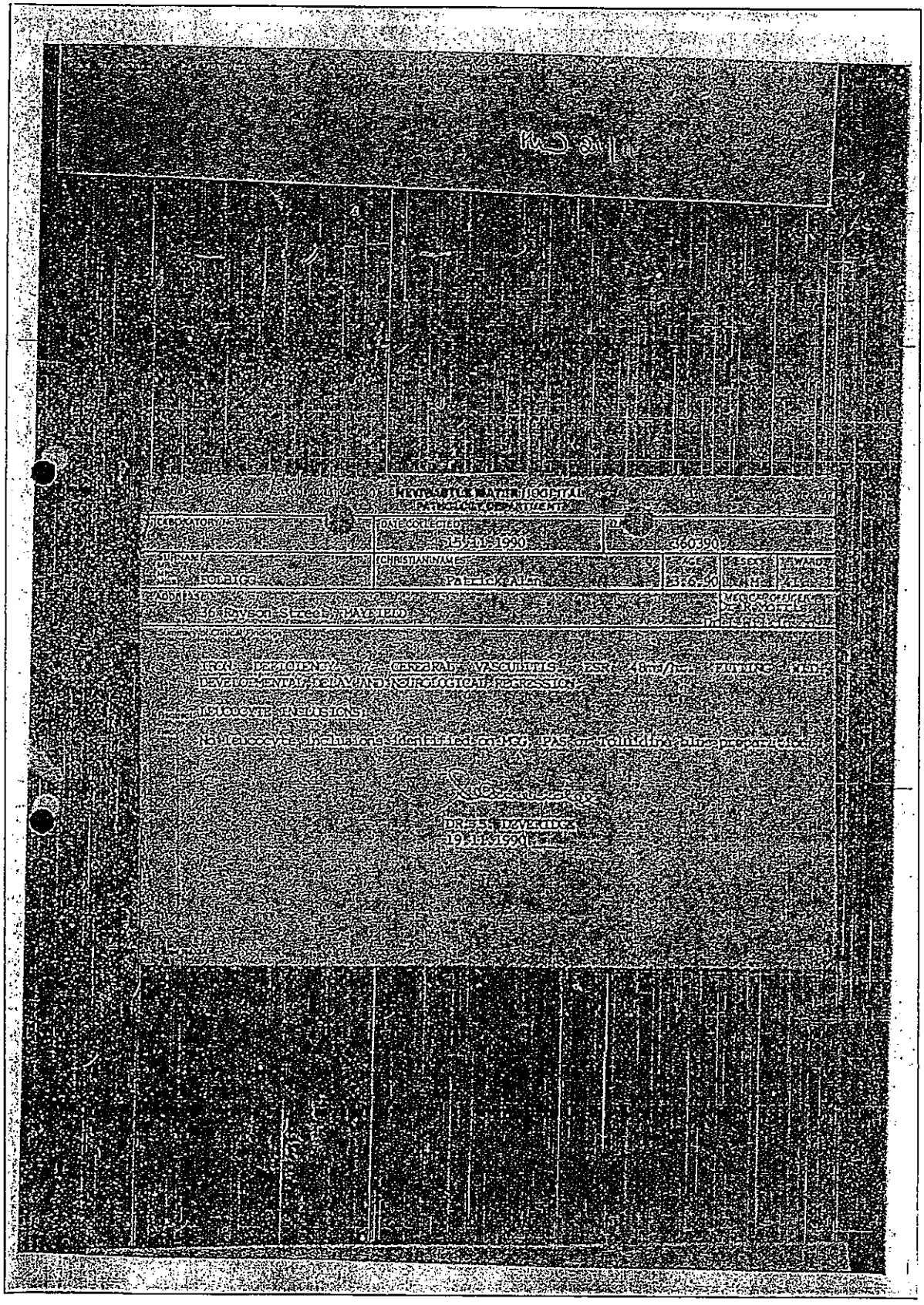
36-03-90
FOLBIGG , Patrick Allen
36 Rawson Street MAYFIELD 2304
DOB 05-JUN-1990 SEX M
MRN 45
M.O.: DR. R. MORRIS DR. I. WILKINSON

WARD:

FORMULA: ENFALAC.

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
20/11/90	11am	Enfalac.	80mls				
	1.30pm	vegies custard m/A.	m/A.	V s/A.	✓	✓	Thick yellow pale paste. m/A.
	2.15	Enfalac	70mls				
	3.00			V L/A.	✓	✓	Pasty + Pale yellow Batted
	4.30	Enfalac	120.			✓	
	5.30	custard + fruit	m/A.		✓✓		1st BO Yellow Paste 2nd BO – more watery
	6pm				✓		Watery + Yellowish
	1830	Enfalac	100	L/A unmeasured amount	✓	✓	Pasty yellow.
	2000				✓		Yellow s/A paste
	2030	Enfalac	50.		✓	✓	Yellow m/A paste
21.11.'90	12MN	TOTAL (INCOMPLETE)	420	x 3	x8	x 5	
22.11.'90	0300	Enfalac	120.		✓	✓	M/A yellow seedy runny stool.
	0520	Enfalac	100.		✓		s/A runny yellow seedy stool.
	7.30.	Pears m/A. Enfalac (70)			✓	✓	

Wattlebird Print, Boolaroo – 58-1333



NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

5/11/90

Eyes open to left sided
9.30 am Agitated managing tough for 2/1
Rx vaporyx + diazepam
Overnight
Eyes opened breathing spontaneously
5l. → comfortable
5l. → peripherally warm.

- Decrease follow determinates vitals
- starting to vocalise
- positioning Chest to standing for 12
down more to R hand

4.4.9

Norman Morris Pty Ltd — 1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

COLBIGG, Patrick 36-03-90
36 Rawson Street MAYFIELD 2304
DOB 03 Jun 1990 SEX M
WARD 4G
M.O.: DR. D. COOPER

18/10/20

Hunter Immunology Unit

Newcastle Mater Misericordiae Hospital,
Ward: 4I
Dr. R. MORRIS

PAGE: 1.0
TELEPHONE: (049) 26 6188
(049) 67 9555
FACSIMILE: (049) 29 5386

38

360390
FOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD
Male ♂ AGE: 3 months

TEST	SERUM 201669 12:04 15Nov 1770 HM5216-
AUTOIMMUNE SERICS ##	
Antinuclear antibody (HEp-2 substrate)	NEG

HM5216 - CLINICAL NOTES ON REQUEST FORM Iron deficiency age 5/12, ? cerebral vasculitis, fitting with development delay and neurological regression.
Copy of results to Dr. I. Wilkinson.

22/11/90

TESTED 11:14 21-Nov 90
FINAL REPORT - retain until superseded.

41

Department of Health, N.S.W.

OLIVER LATHAM LABORATORY

N.S.W. BIOCHEMICAL GENETICS SERVICE

TELEPHONE ENQUIRIES:
CLINICAL GENETICIST 887 565
SENIOR SCIENTIST 887 564
RESULTS 887 566

1.0

REFERRED BY:MATER NEWCASTLE

T0-30-45

Dr. WILKINSON

FOLBIGG, KATHLEEN

Female DOB:

TEMPORARY MRN: T03045

TEST	REF RANGE	UNITS	URINE 903045 13:00 15Nov 1990
URINARY AMINO ACID PATTERN			
AMINO ACID PATTERN	... ...		NAD
METHYLMALONIC ACID SCREEN			
METHYLMALONIC ACID	... ...		NEG
URINARY ORGANIC ACID PROFILE			
ORGANIC ACID PROFILE	... ...		NAD
LACTIC ACID	... ...		NI

NAD = NO ABNORMALITY DETECTED
NEG = NEGATIVE
NI = NOT INCREASED

SENIOR SCIENTIST:MS J HAMMOND

REPORT PRINTED 11:53 26-Nov-90

CLINICAL GENETICIST (BIOCHEMISTRY):DR B WILCKEN

PLEASE RETAIN UNTIL SUPERSEDED BY A REPORT WITH 3 SAMPLES' RESULTS.

TELEPHONE: 26 6266
EXT: 6609

ROYAL NEWCASTLE HOSPITAL

DIRECTOR: Dr
F.R.A.C.P.,F.

13

HAEMATOLOGY DEPARTMENT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

10/11/90

Ward: 4G

360 390

FOLBIGG, PATRICK

Dr. DR.R.MORRIS

36 RAWSON STREET,MAYFIELD 2301

Male DOB: 03-Jun-1990 AGE: 5 months

BLOOD
255201
15:06:
15Nov
1990

Test	Range	Units	
-SPECIAL HAEMATOLOGY-			
S. FERRITIN	20-250	ug/L	54

; = Time is that of request entry;
NR = Please note change in normal range for Serum Ferritin.

Report printed 15:39 16-Nov-90
DR. A. ENNO DIRECTOR OF HAEMATOLOGY.
INTERIM REPORT - DISCARD WHEN SUPERSEDED

Hunter Immunology Unit

PAGE: 1.0
TELEPHONE: (049) 26 6188
(049) 67 9555
FACSIMILE: (049) 29 5386

Newcastle Mater Misericordiae Hospital,

Ward: 4I

360390
FOLBIGG, PARTICK
36 RAWSON STREET, MAYFIELD
Male AGE: 5 months

Dr. R.MORRIS/I.WILKINSON

TEST	SERUM 201669 12:06: 15Nov 1990 HM5216-
** AUTOANTIBODIES **	
Antinuclear antibody (HEp-2 substrate)	NEG

HM5216 = CLINICAL NOTES ON REQUEST FORM - Iron deficiency age 5/12, ? cerebral vasculitis, fitting with development delay and neurological regression.

B Young
20/11/90

PRINTED 11:46 20-Nov-90
INTERIM REPORT - retain until superseded.

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

MISCELLANEOUS PATHOLOGY

PLEASE USE GUMMED LABEL IF AVAILABLE — HSMR31

SURNAME	UNIT NUMBER
OTHER NAMES	Sheet N
ADDRESS	
DATE OF BIRTH / M.O.	

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.		
	15.11.1990	360390		
SURNAME MR. MRS. MISS	**CHRISTIAN NAMES**	**AGE**	**SEX**	**WARD**
FOLBIGG	Patrick Alan	3.6.90	M	4I

ADDRESS: 36 Rayson Street, MAYFIELD

MEDICAL OFFICER: Dr R Morris / Dr I Wilkinson

Summary of Clinical Findings:

IRON DEFICIENCY. ? CEREBRAL VASCULITIS. ESR 48mm/hr. FITTING WITH DEVELOPMENTAL DELAY AND NEUROLOGICAL REGRESSION.

Request: LEUCOCYTE INCLUSIONS:

Report:

No leucocyte inclusions identified on MGG, PAS or Toluidine blue preparations.

DR. S. DEVERIDGE
19.11.1990

Form No. 3A

KW 21/11

KW 21/11

KW 21/11

KW 21/10.

Form No. 3A

KW 21/11

Re
Rep 3A

Chlamydial inclusions identified as Adenovirus
chlamydia pneumoniae.

1-1-8

735

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

86-08-90
NAME: GILBIGG, Patrick Alan
ADD: 8 Rawson Street MAYFIELD 2304
D.O.B: 05 Jun 1990 SEX: M
M.O.: DR. R. MORRIS M. I. DELTCHEV

159
Sheet No.:

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS: Enclosed 200 x 4 Watching

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P				REMARKS
15.11.90	3pm			95/44				
	6pm			83/67				
F 11.90	0600hrs			93/56				

Mater Haematology

MORRI 151
PAGE: 2.0

NEWCASTLE MATER HOSPITAL

Ward: 4J

360390
FOLBIGG, PATRICK ALAN
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TELEPHONE
HAEMATOLOGY: 67 9648

Dr. R.MORRIS

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990 -----#A	BLOOD 133043 09:15 20Nov 1990 --FIT
COMMENT			SR	
** FULL BLOOD COUNT **				
WCC	5.0-17.5	10^9/l	13.1	5.4
RCC	... ...	10^12/l	3.97	3.87
Hb	... ...	g/dl	10.2	10.1
PCV	... ...		30.4	29.2
MCV	... ...	fl	76.6	75.4
MCH	... ...	pg	25.7	26.1
MCHC	... ...	g/dl	33.5	34.6
RDW	11.5-14.5	%	13.6	14.0
Platelets	... ...	x10^9/l	772.	480.
** INSTRUMENT DIFF **				
Granulocytes	... ...	%	SMD	SMD
Lymphocytes	... ...	%	SMD	SMD
Monocytes	... ...	%	SMD	SMD
** DIFFERENTIAL **				
Neutrophils	... ...	%	36	40
Band forms	... ...	%	....	1
Lymphocytes	... ...	%	55	44
Monocytes	... ...	%	9	15
** MORPHOLOGY **				
Anisocytosis	... ...		+	+
Poikilocytes	... ...		+	+
Microcytosis	... ...		+	+
Hypochromia	... ...		+	+
Rouleaux	... ...		+	+
Film comment	... ...		BT8286#	AT0795

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
BT8286 = Slight anaemia
Thrombocytosis.
Dr S. Deveridge
AT0795 = Slight anaemia
Dr P. Harrison

Report printed at 17:02 26-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL

Ward: 4J

360390

FOLBIGG, PATRICK ALAN

36 RAWSON STREET, MAYFIELD 2304.

Male DOB: 03-Jun-1990 AGE: 5 months

TELEPHONE
HAEMATOLOGY: 67 9648

Dr. R.MORRIS

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990	BLOOD 133043 09:15 20Nov 1990
			-----#A	--FIT
COMMENT			SR	
*** CONTINUATION ***				
Leucocyte In	... ...		BT8288	....
** MISCELLANEOUS TESTS **				
ESR	... ...	mm/hr	58	35

SR = See request form for clinical notes.
FIT = Fitting for investigation.
BT8288 = LEUCOCYTE INCLUSIONS 19.11.90:
No leucoyte inclusions identified on MGG, PAS or Toludine blue preparations.
Dr S. Deveridge

Report printed at 17:03 26-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

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PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

10/11/90

PAGE: 2.0

NEWCASTLE MATER HOSPITAL
Ward: 4J
360390
FOLBIGG, PATRICK ALAN
Dr. R.MORRIS
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TELEPHONE
HAEMATOLOGY: 67 9648

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990 -----#A	BLOOD 133043 09:15 20Nov 1990 --FIT
COMMENT			SR	
** FULL BLOOD COUNT **				
WCC	5.0-17.5	10^9/l	13.1	5.4
RCC	... ...	10^12/l	3.97	3.87
Hb	... ...	g/dl	10.2	10.1
PCV	... ...		30.4	29.2
MCV	... ...	fl	76.6	75.4
MCH	... ...	pg	25.7	26.1
MCHC	... ...	g/dl	33.5	34.6
RDW	11.5-14.5	%	13.6	14.0
Platelets	... ...	x10^9/l	772.	480.
** INSTRUMENT DIFF **				
Granulocytes	... ...	%	SMD	SMD
Lymphocytes	... ...	%	SMD	SMD
Monocytes	... ...	%	SMD	SMD
** DIFFERENTIAL **				
Neutrophils	... ...	%	36	40
Band forms	... ...	%	....	1
Lymphocytes	... ...	%	55	44
Monocytes	... ...	%	9	15
** MORPHOLOGY **				
Anisocytosis	... ...		+	+
Poikilocytes	... ...		+	+
Microcytosis	... ...		+	+
Hypochromia	... ...		+	+
Rouleaux	... ...		+	+
Film comment	... ...		BT8188#	AT0795

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
BT8188 = Slight anaemia
Thrombocytosis.
LEUCOCYTE INCLUSIONS: No leucocyte inclusions identified on MGG, PAS or Toluidine blue preparations.
Dr S. Deveridge
AT0795 = Slight anaemia
Dr P. Harrison

Report printed at 10:21 23-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL
TELEPHONE
HAEMATOLOGY: 67 9648

Ward: 4J

Dr. R.MORRIS

360390
FOLBIGG, PATRICK ALAN
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990	BLOOD 133043 09:15 20Nov 1990
			------$A	--FIT
COMMENT			SR	
*** CONTINUATION ***				
** MISCELLANEOUS TESTS **				
ESR	... ...	mm/hr	58	35

SR = See request form for clinical notes.
FIT = Fitting for investigation.

Report printed at 10:21 23-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

10/11/90

Ward: 4J

NEWCASTLE MATER HOSPITAL
360390
FOLBIGG, PATRICK ALAN
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 5 months

TELEPHONE
HAEMATOLOGY: 67 9648

Dr. R.MORRIS

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990 -----*A	BLOOD 133043 09:15 20Nov 1990 --FIT
COMMENT			SR	
** FULL BLOOD COUNT **				
WCC	5.0-17.5	10^9/l	13.1	5.4
RCC	... ...	10^12/l	3.97	3.87
Hb	... ...	g/dl	10.2	10.1
PCV	... ...		30.4	29.2
MCV	... ...	fl	76.6	75.4
MCH	... ...	pg	25.7	26.1
MCHC	... ...	g/dl	33.5	34.6
RDW	11.5-14.5	%	13.6	14.0
Platelets	... ...	x10^9/l	772.	480.
** INSTRUMENT DIFF **				
Granulocytes	... ...	%	SMD	SMD
Lymphocytes	... ...	%	SMD	SMD
Monocytes	... ...	%	SMD	SMD
** DIFFERENTIAL **				
Neutrophils	... ...	%	36	40
Band forms	... ...	%	....	1
Lymphocytes	... ...	%	55	44
Monocytes	... ...	%	9	15
** MORPHOLOGY **				
Anisocytosis	... ...		+	+
Poikilocytes	... ...		+	+
Microcytosis	... ...		+	+
Hypochromia	... ...		+	+
Rouleaux	... ...		+	+
Film comment	... ...		BT8188#	AT0795

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
BT8188 = Slight anaemia
Thrombocytosis.
LEUCOCYTE INCLUSIONS: No leucocyte inclusions identified on MGG, PAS or Toluidine blue preparations.
Dr S. Deveridge
AT0795 = Slight anaemia
Dr P. Harrison

Report printed at 10:21 23-Nov-90
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Interim report - please retain until replaced by a permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Australia and The Royal College of Pathologists of Australasia.

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.			
V90/4107	20.11.90	360390			
SURNAME (MR. MRS. MISS)	CHRISTIAN NAMES	AGE	SEX	WARD	
FOLBIGG	PATRICK ALAN	3.6.90	M	4G	
ADDRESS		MEDICAL OFFICER			
36 RAWSON ST, MAYFIELD		DR. R.MORRIS DR. WILKINSON			

Summary of Clinical Findings:

FITTING, ENCEPHALOPATHIC DISORDER.

Request: SERUM

Report: Toxoplasma gondii IgM: NEGATIVE
Rubella IgM: Negative
CMV IgM : NEGATIVE
Herpes Ig M : to follow

MJO 27/11

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

37

LABORATORY No.	DATE COLLECTED	U.R.			
	15.11.1990	360390			
SURNAME (MR. MRS. MISS)	CHRISTIAN NAMES	AGE	SEX	WARD	
FOLBIGG	Patrick Alan	3.6.90	M	4I	
ADDRESS		MEDICAL OFFICER			
36 Rayson Street, MAYFIELD		Dr R Morris Dr L Wilkinson			

Summary of Clinical Findings:

IRON DEFICIENCY. ? CEREBRAL VASCULITIS. ESR 48mm/hr. FITTING WITH DEVELOPMENTAL DELAY AND NEUROLOGICAL REGRESSION.

Request: LEUCOCYTE INCLUSIONS:

Report: No leucocyte inclusions identified on MGG, PAS or Toluidine blue preparations.

DR. S. DEVERIDGE
19.11.1990

Form No. 3A

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.			
V90/4116	20.11.90	360390			
SURNAME / MRS. / MISS: FOLBIGG	CHRISTIAN NAMES: PATRICK ALAN	AGE: 3.6.90	SEX: M	WARD: 4G	
ADDRESS: 36 RAWSON STREET, MAYFIELD			MEDICAL OFFICER: DR. MORRIS DR. WILKINSON		

Summary of Clinical Findings:

FITTING, ENCEPHALOPATHIC DISORDER.

Request: STOOL for Rotavirus: negative
Report:

NW 21/11

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.			
V90/4115	20.11.90	360390			
SURNAME / MRS. / MISS: FOLBIGG	CHRISTIAN NAMES: PATRICK ALAN	AGE: 3.6.90	SEX: M	W: 4C	
ADDRESS: 36 RAWSON ST, MAYFIELD			MEDICAL OFFICI: DR. MORRIS DR. WILKINS		

Summary of Clinical Findings:

FITTING, ENCEPHALOPATHIC DISORDER

Request: STOOL for Rotavirus: POSITIVE
Report:

21/11 No Sx ab all
Diarrhoea for Sellotape
No Parent Contact

Current Spec X/E

TET 3mls x 2/11
PB 6mls x 2/11 NW 21/11
30/5mls

Mater Haematology

NEWCASTLE MATER HOSPITAL
TELEPHONE
HAEMATOLOGY: 67 9648

Ward: 4J

Dr. I WILKINSON

360390
FOLRIGG, PATRICK ALAN
36 RAWSON STREET, MAYFIELD 2304
Male DOB: 03-Jun-1990 AGE: 8 months

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990 --SR	BLOOD 133043 09:15 20Nov 1990 --FIT	BLOOD 142522 12:30 13Feb 1991 --SR
** FULL BLOOD COUNT **					
WCC	6.0-17.5	10^9/l	13.1	5.4*	15.8
RCC	... ...	10^12/l	3.97	3.87	4.73
Hb	... ...	g/dl	10.2	10.1	12.4
PCV	... ...		30.4	29.2	41.9
MCV	... ...	fl	76.6	75.4	88.5
MCH	... ...	pg	25.7	26.1	26.2
MCHC	... ...	g/dl	33.5	34.6	29.6
RDW	11.5-14.5	%	13.6	14.0	17.4*
Platelets	... ...	x10^9/l	772.	480.	330.
** INSTRUMENT DIFF **					
Granulocytes	... ...	%	SMD	SMD	SMD
Lymphocytes	... ...	%	SMD	SMD	SMD
Monocytes	... ...	%	SMD	SMD	SMD
** DIFFERENTIAL **					
Neutrophils	... ...	%	36	40	9
Band forms	... ...	%	....	.1	....
Eosinophils	... ...	%	....	....	2
Lymphocytes	... ...	%	55	44	84
Monocytes	... ...	%	9	15	5
Comment	... ...		....	....	ICRC
** MORPHOLOGY **					
Anisocytosis	... ...		+	+	+
Poikilocytes	... ...		+	+	+
Microcytosis	... ...		+	+	....
Hypochromia	... ...		+	+	....
Rouleaux	... ...		+	+	....

*** CONTINUED ***

SR = See request form for clinical notes.
FIT = Fitting for investigation.
CODE = OCC = OCCASIONAL, + = SLIGHT, ++ = MODERATE, +++ = MARKED
SMD = See manual differential.
ICRC = Irregularly contracted red cells.

Report printed at 10:16 14-Feb-91
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Altered permanent report - please replace previous permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT CODES OVERLEAF

Mater Haematology

NEWCASTLE MATER HOSPITAL

Ward: 4J

360390

FOLBIGG, PATRICK ALAN

Dr. I WILKINSON

3G RAWSON STREET, MAYFIELD 2304

Male DOB: 03-Jun-1990 AGE: 8 months

TELEPHONE
HAEMATOLOGY: 67 9648

TEST	RANGE	UNITS	BLOOD 132595 12:14? 15Nov 1990 --SR	BLOOD 133043 09:15 20Nov 1990 --FIT	BLOOD 142522 12:30 13Feb 1991 --SR
*** CONTINUATION ***					
Film comment			BT8286	AT0795	AT0225
Leucocyte In			BT8288	....	....
** MISCELLANEOUS TESTS **					
ESR		mm/hr	58	35	....

SR = See request form for clinical notes.
FIT = Fitting for investigation.
BT8286 = Slight anaemia
Thrombocytosis.
Dr S. Deveridge
AT0795 = Slight anaemia
Dr P. Harrison
AT0225 = Neutropenia.
Dr P. Harrison
BT8288 = LEUCOCYTE INCLUSIONS 19.11.90:
No leucocyte inclusions identified on MGG, PAS or Toludine blue preparations.
Dr S. Deveridge

Report printed at 10:16 14-Feb-91
DR P HARRISON DIRECTOR OF HAEMATOLOGY
Altered permanent report - please replace previous permanent report.

This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

PLEASE REFER TO ADDITIONAL REPORT ORDER OVERLEAF

Newcastle Mater Misericordiae Hospital
WARATAH
N.S.W. 2298
AUSTRALIA
PHONE: (049) 67 9321
FAX: (049) 60 1197

16/11/90

Regarding: PATRICK FORBIGG
DOB 3/JUNE/90
HRN 36 03 90

Dr Merl Desilva
Radiology Department
Camperdown Childrens.

This 5 month baby boy presented on the 18/10/90 in an apnoeic floppy state requiring oxygen, but improving spontaneously and appeared well until developed series of seizures refractory to high dose IV anticonvulsants. Was thought to have encephalitis & was treated with Acyclovir, seizures ceased after the third day of this drug & the first CT scan then revealed hypodense areas in frontal, temporal & occipital lobes which appeared to account for the clinical picture However Herpes IgM titre & CSF culture for Herpes were both negative. Other tests which were normal included: Serum lactate, amonia, urine metabolic screen, mucopolysaccharide screen, long chain fatty acid screen, & plasma carnitine. The child was well for a week, on phenobarbitone at therapeutic levels. Represented 7 days later in a prolonged seizure resembling an oculogyric crises, this resolved spontaneously Repeat EEG revealed numerous epileptogenic foci not seen previously. Repeat CT demonstrated increased uptake of contrast in the occipital lobes, apart from an URTI & fluctuating low fevers, the child was well & developmentally normal. Represented on 14/11/90 following a generalized seizure resulting in apnoea., soon after this the child was well & afebrile but had an obvious URTI. It was noted that the child has lost the ability to fix on a fully & to follow Seems to respond only to bright lights, but otherwise CNS & function is normal. Only other abnormality noted is a slightly raised arterial lactate (1-6). Patricks only other sibling, a term baby boy was found dead at age 19 days last February, Coroners Report "SIDS". thankyou for reviewing the 747 scans

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT
ECHOCARDIOGRAPHY

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE:
D.O.B: 03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC:4J

ACC.NO: 89E000490

Exams : ECHO on 16-Nov-1990 at 11:22

ECHOCARDIOGRAPHY

CLINICAL INDICATION:

? Cerebral embolus.

REPORT:

M Mode Dimensions	Normal Range
Left ventricle diastole	(3.5 - 5.5cm)
Left venticle systole	( )
Left atrium	(2.0 - 4.0cm)
Right ventricle	(1.5 - 2.5cm)
Left ventricular fractional shortening	(32% - 38%)
LV Posterior wall	(0.8 - 1.0cm)
Interventricular septum	(0.8 - 1.0cm)

2 Dimensional Study:

Normal ventricular sizes and function.
Normal valves and valve motion.
Intact atrial and ventricular septa.
Normal aortic arch. No evidence of intra-cardiac thrombus or mass.

Doppler Study:

Conclusion:

Normal study.

DR WARNER

Printed 22/11/90 08:12 FINAL REPORT

Newcastle Mater Misericordiae Hospital

WARATAH
N.S.W., 2298.

PHONE: 68-0488
EXT.

17/11/90

I, CRAIG FOLBIGG
of PATRICK FOLBIGG 36 RAWSON ST MAYFIELD,
hereby take full responsibility for my
child, PATRICK FOLBIGG
whilst in my care away from the Mater
Hospital.

Signed [signature]

Witness [signature]

FORM 172

X.R.P.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PAEDIATRIC NURSING CARE PLAN/WARD REPORT

CONTINUATION SHEET

IDENTIFICATION LABEL

[illegible]
FOLBIGG , Patrick Allan
BOR Rawson Street Banfield 2504
DOB 03-JUN-1990 SEX M
[illegible]
M.O.: DR. K. MORRIS DR. I. WILKINSON

DATE	ACTUAL & POTENTIAL PROBLEM	EXPECTED GOAL	NURSING ACTIONS, INSTRUCTIONS & COMMENTS	EVALUATION	
18.11.90	Dehydration	Rehydrate	* Encourage oral fluids		
					750

NEWEY & BEACH PRINT

PAEDIATRIC NURSING CARE PLAN

REASON FOR ADMISSION:

06-05-90
PULBICO , Patrick Aged
38 Rawson Street MAYFIELD 230
DOB 05-04-1990 SEX: M
M.O.: DR. R. MORRIS M. I. WILKINSON

SPECIAL ORDERS:

		DATE and TIME: 18·11·90	19·11·90					
OBSERVATIONS	Temperature	4 hrly						
	Pulse	4 hrly						
	Respirations	4 hrly						
	B.P.	No						
	Fluid Balance	No						
	Feeding Chart	Yes						
	Urinalysis	No.						
DIET	Normal	BABE						
	Nil orally							
	Fluids only	Yes						
HYGIENE	Assist/~~Sponge~~	Yes						
	Bath/Shower	Yes.						
	Pressure care	No						
ACTIVITY	Bed rest	BABE						
	Ambulant							
	Toilet privileges							
SECURITY	Cot sides	Yes.						
	Rooming in	Yes.						
TREATMENT	I.V. Fluids	No						
	Medications	Yes						
	Injections	No						
	Nebuliser	No						
	Croupette	No						
	Wound care	No						
		Initial Bio.						

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.			
V90/4115	20.11.90	360390			
SURNAME MR. MRS. MISS FOLBIGG	CHRISTIAN NAMES PATRICK ALAN	AGE 3.6.90	SEX M	WARD 4G	
ADDRESS 36 RAWSON ST, MAYFIELD		MEDICAL OFFICER DR. MORRIS DR. ATKINSON			

Summary of Clinical Findings:

FITTING, ENCEPHALOPATHIC DISORDER

Request: STOOL for Rotavirus: POSITIVE
Report:

MW 21/11

MW 21/11

MW 21/11

MW 21/10.

MW 21/11

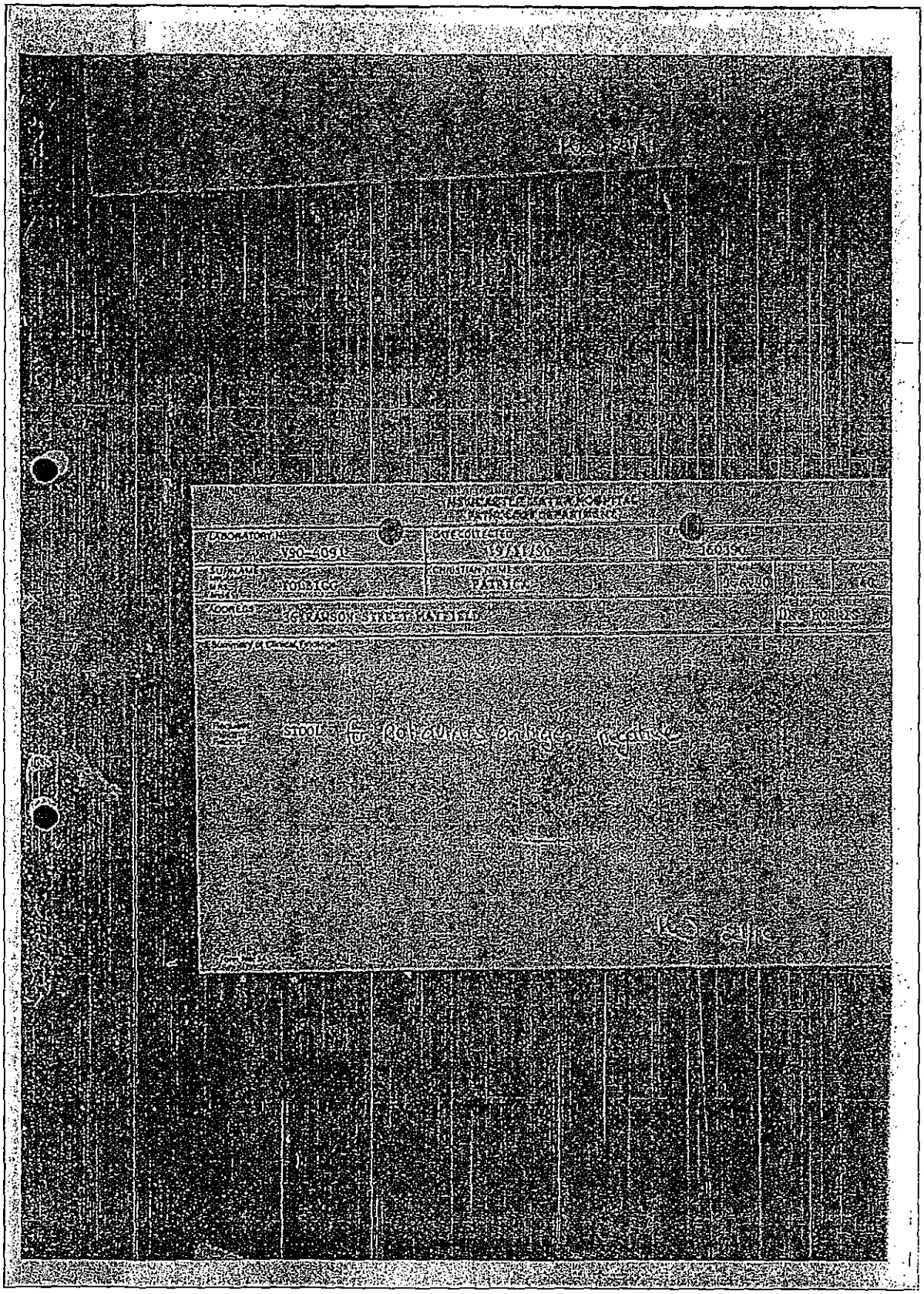
Re
Rep

Chlamydia trachomatis: identified as Adenovirus
chlamydia pneumoniae:

MB

MB 14

1-8


LABORATORY No.
V90-4091
DATE COLLECTED
19/11/90
FOLBIGG
PATRICK
STOOL

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PRN VARIABLE DOSE DRUGS

PLEASE USE GUMMED LABEL IF AVAILABLE

56-03-90
FOLBIGG , Patrick Alan
56 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WT 4 kg
M.O.: DR. R. MORRIS DR. I. WILKINSON

140 Sheet No

WARD:

PREVIOUS DRUG ALLERGY:

ADVERSE DRUG REACTION THIS ADMISSION:

DRUG (GENERIC NAME)	DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME	ROUTE

PHARMACY NOTES & SPECIAL DIRECTIONS	DATE

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DRUG (GENERIC NAME)	DOSE/FREQUENCY
Zinc Cream 6 hrly	PRN to NAPPY

M.O. SIGNATURE & PRINT NAME	ROUTE
[signature]	TOPICAL

PHARMACY NOTES & SPECIAL DIRECTIONS	DATE
	19/11/90

DATE	TIME	DOSE	GIVEN BY	CHECKED BY
19.11.90	1600	—	[signature]	

DRUG (GENERIC NAME)	DOSE/FREQUENCY

M.O. SIGNATURE & PRINT NAME	ROUTE

PHARMACY NOTES & SPECIAL DIRECTIONS	DATE

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4J

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 19/11/90
H.M.O: DR R MORRIS
HOSP : NEWCASTLE MATER MISERICORDIAE

SEX: Male AGE: 5M
D.O.B: 03-Jun-1990

LAB.NO: 90P011650

Specimen : BAG URINE
Exams : UC

on 19-Nov-1990 at 17:40

CLINICAL NOTES; No clinical notes;

URINE MICROSCOPY

White cells	x 10^6/L	-
Red cells	x 10^6/L	-
Epithelial cells	x 10^6/L	-
Organisms		Scanty
Yeasts/hyphae		-

CASTS -

CULTURE

Mixed growth of organisms, doubtful significance.

DR. W.MERRELL/H.BUTT

Printed 20/11/90 15:35 FINAL REPORT

TELEPHONE:
MICROBIOLOGY 679 581
VIROLOGY

MATER MICROBIOLOGY

HUNTER AREA PATHOLOGY SERVICE

WARD: 4J

M.R.N.: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304

DATE RECEIVED : 19/11/90
H.M.O: DR R MORRIS
HOSP : NEWCASTLE MATER MISERICORDIAE

SEX: Male AGE: 5M
D.O.B: 03-Jun-1990

LAB.NO: 90P011651

Specimen : FAECES
Exams : EC

on 19-Nov-1990 at 17:40

CLINICAL NOTES; No clinical notes;

MICROSCOPY

White cells	Nil seen
Red cells	Nil seen
Other	-

CULTURE

No pathogens isolated.

DR. W.MERRELL/H.BUTT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

PLACE SELF-GUMMED LABEL IF AVAILABLE

SURNAME

OTHER NAMES

UNIT NUMBER 153

Sheet No.

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R.			
V90-4091	19/11/90	360390			
SURNAME MR. MRS. MISS: FOLBIGG	CHRISTIAN NAMES: PATRICK	AGE: 3.6.90	SEX: M	WARD: 4G	
ADDRESS: 36 RAWSON STREET MAYFIELD			MEDICAL OFFICER: DR. MORRIS		

Summary of Clinical Findings:

Request: STOOL for Rotavirus antigen: negative

Report:

KW 21/10.

Form No. 3A

Form No. 3A

KW 21/11

KW 21/11

KW 21/11

KW 21/10.

Form No. 3A

KW 21/11

Re 3A

Rep

~~Chlamydia trachomatis~~ identified as Adenovirus

chlamydia pneumoniae.

1-8

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

HISTORY, EXAMINATION AND PROGRESS NOTES

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	FOLBIGG	UNIT NUMBER	360390
OTHER NAMES	Patrick		
ADDRESS	36 Lawson St Mayfield		
DATE OF BIRTH	3-6-90	M.O.	Hanslo / Wilkinson

143

SHEET N

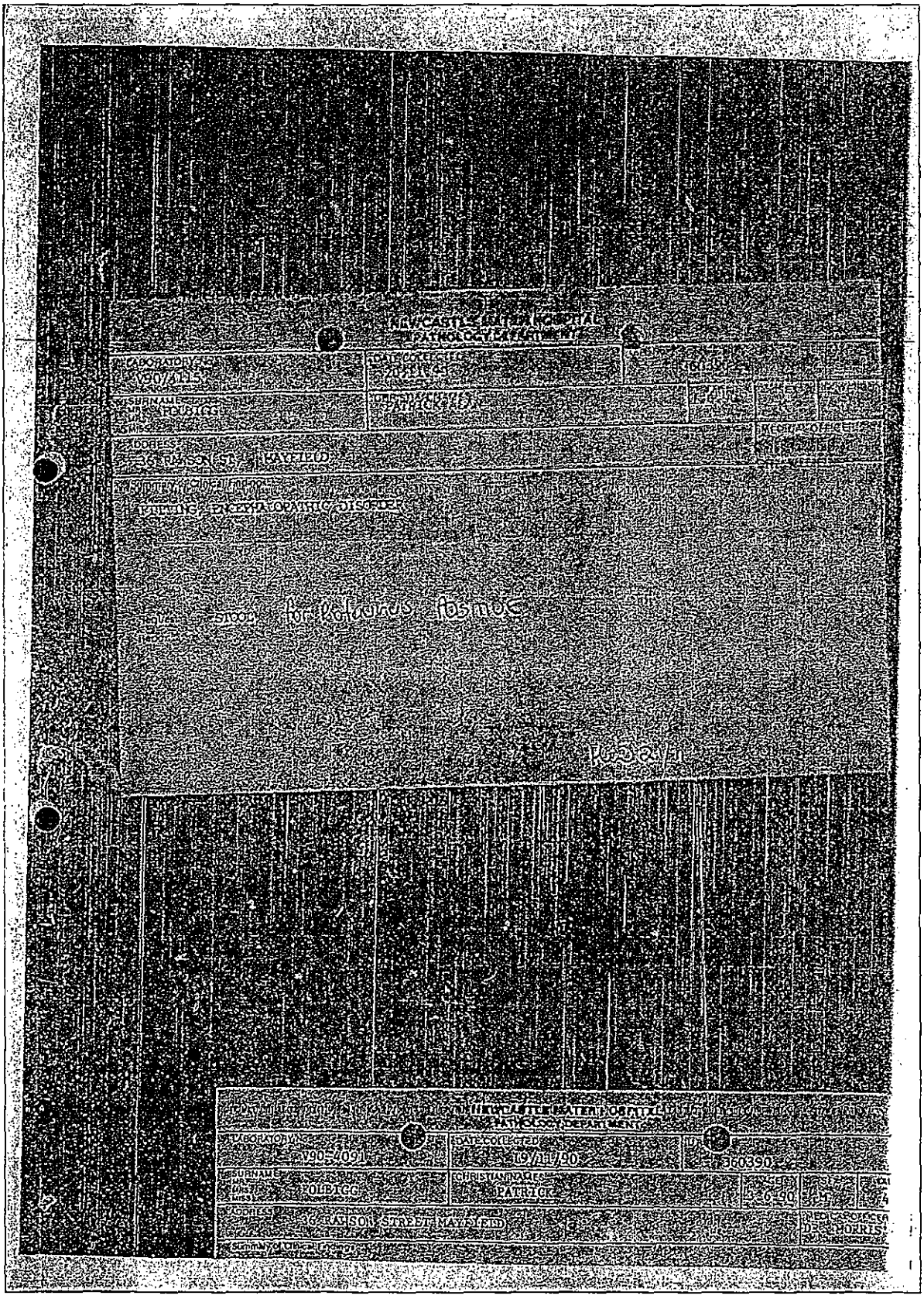
WARD:

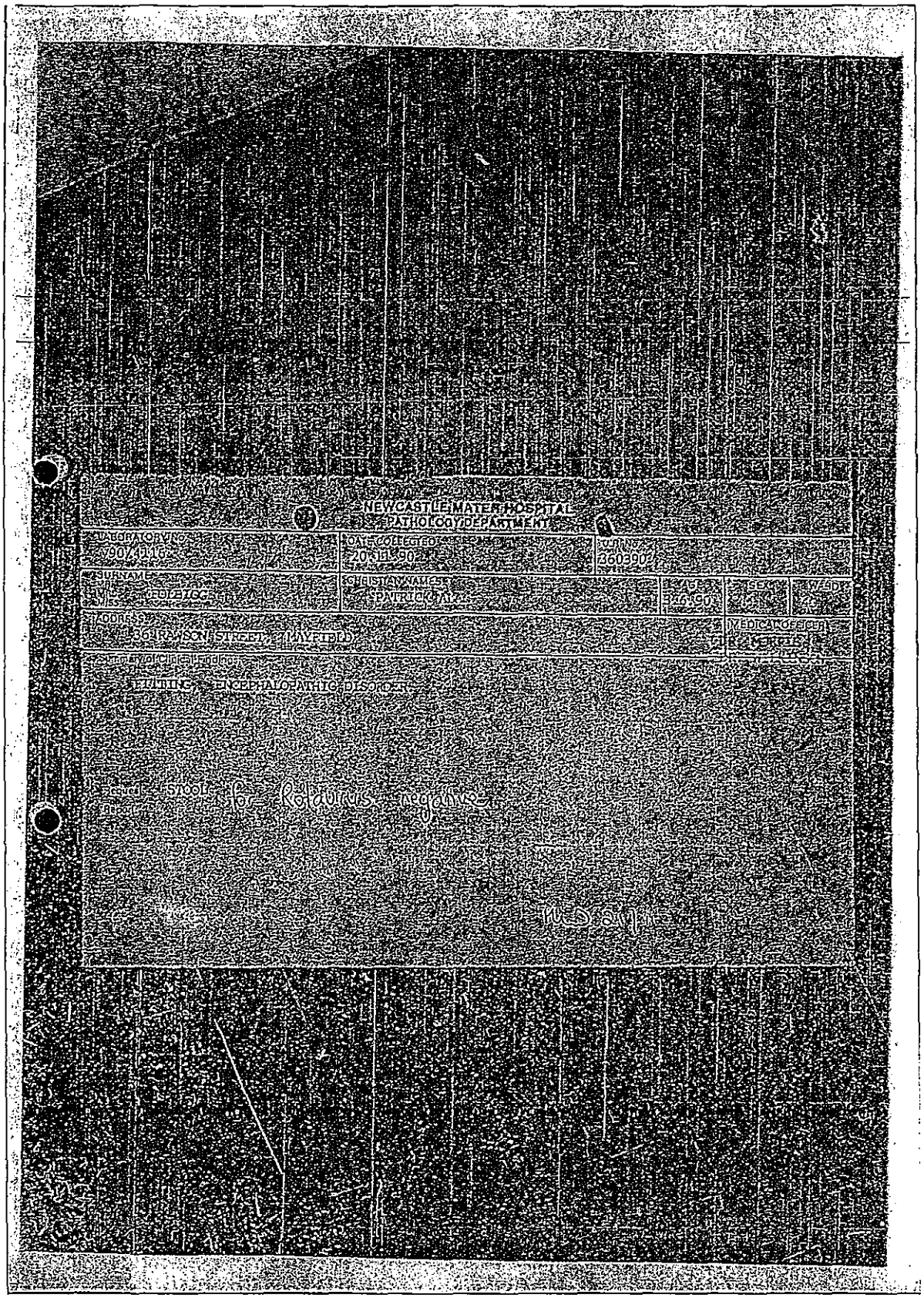
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

"FIT CHART"

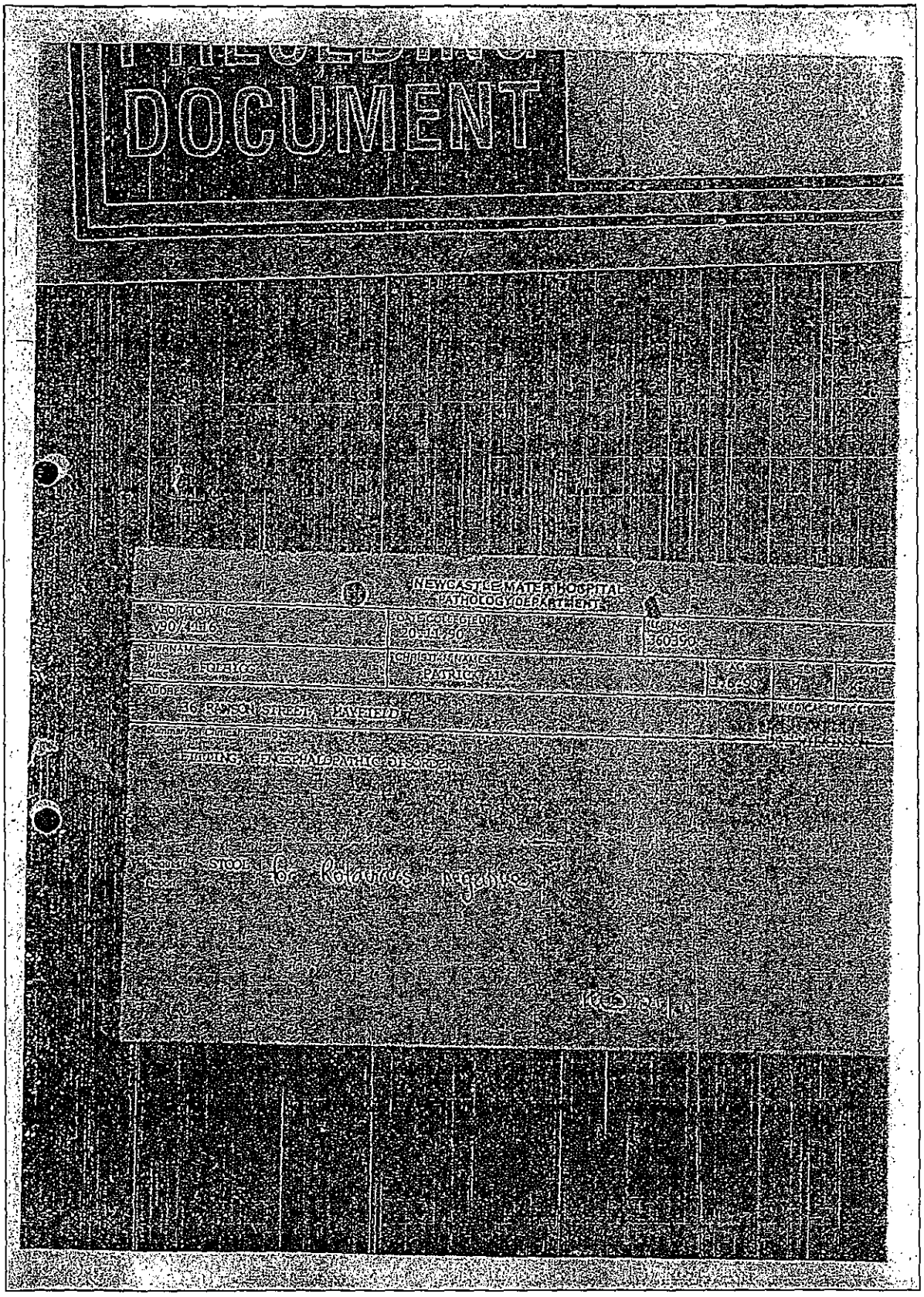
DATE	DURATION	DESCRIPTION
19-11-90	x5 (2-5 secs)	Staring stiffening of legs. arching feet.
20-11-90	x1 (3secs)	Staring, not responding to stimuli, stiffening of extremities spontaneous recovery.

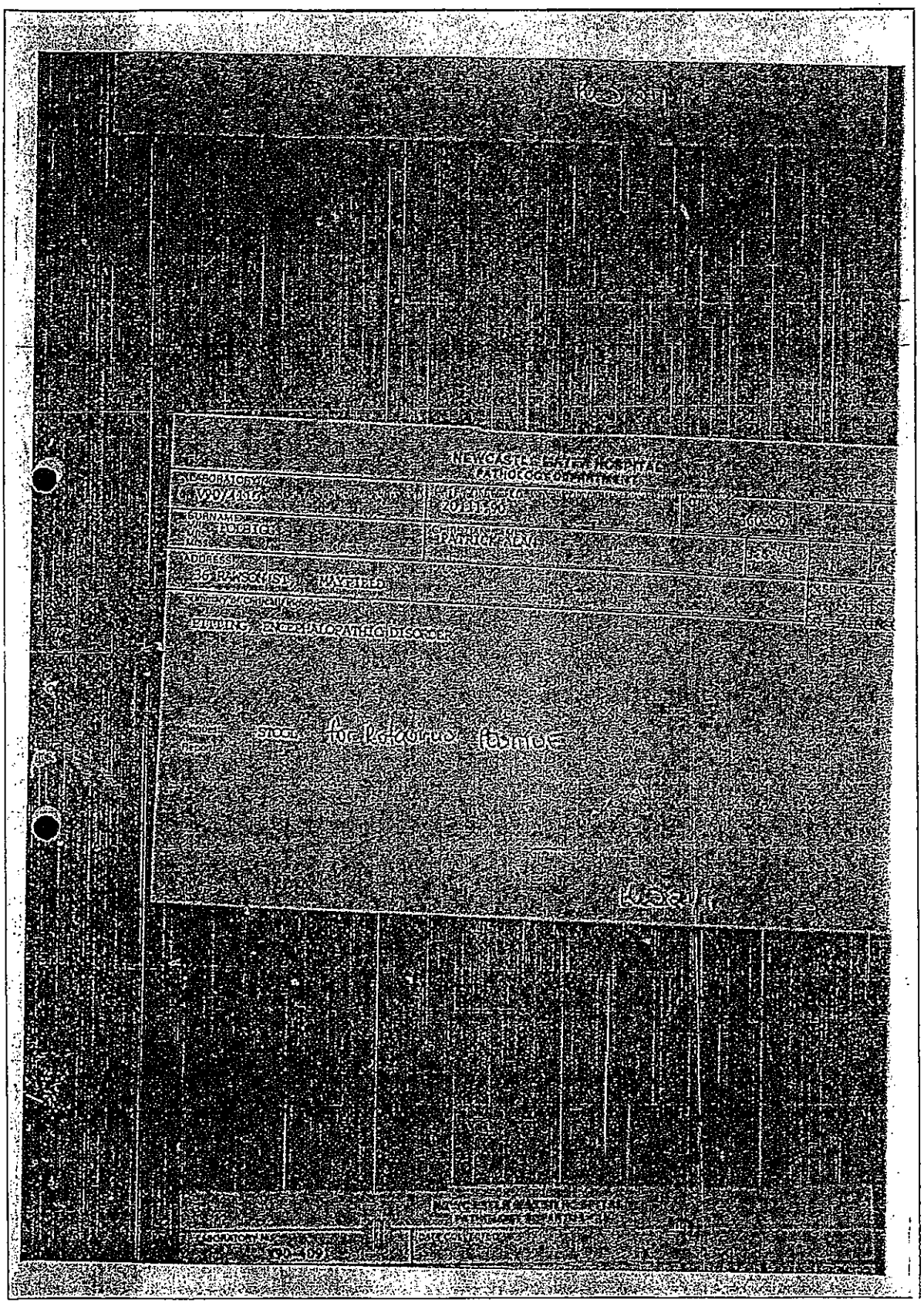
1-1-85

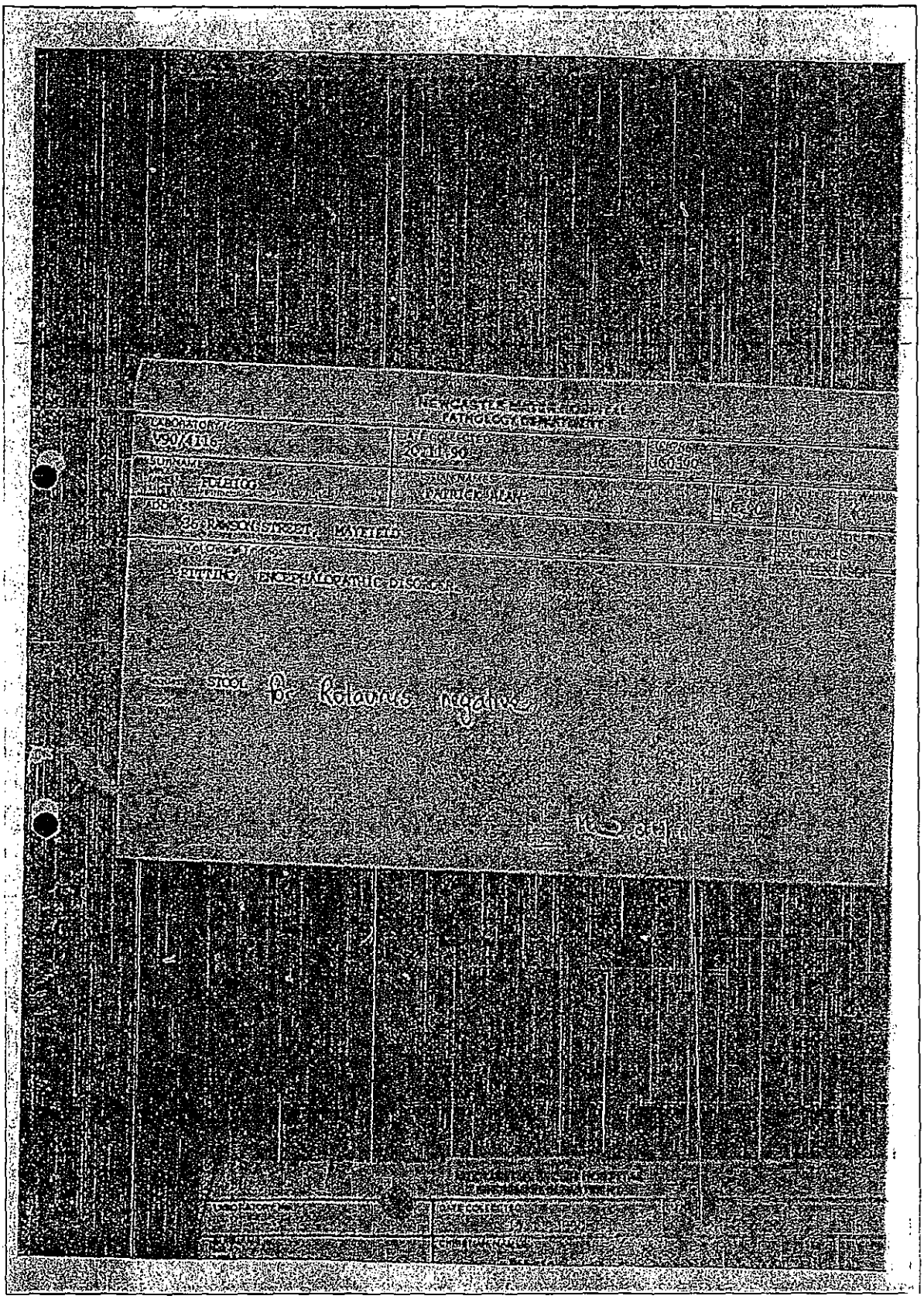

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT
LABORATORY No.
V90741L5
DATE COLLECTED
10/11/90
SURNAME
FOLBIGG
CHRISTIAN NAME(S)
PATRICK
ADDRESS
6 GIBSON ST MAYFIELD
REQUESTING PHYSICIAN/SURGEON
Dr Roberts Fasmore
NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT
LABORATORY No.
V90540911
DATE COLLECTED
10/11/90
SURNAME
FOLBIGG
CHRISTIAN NAME(S)
PATRICK
ADDRESS
6 GIBSON STREET MAYFIELD

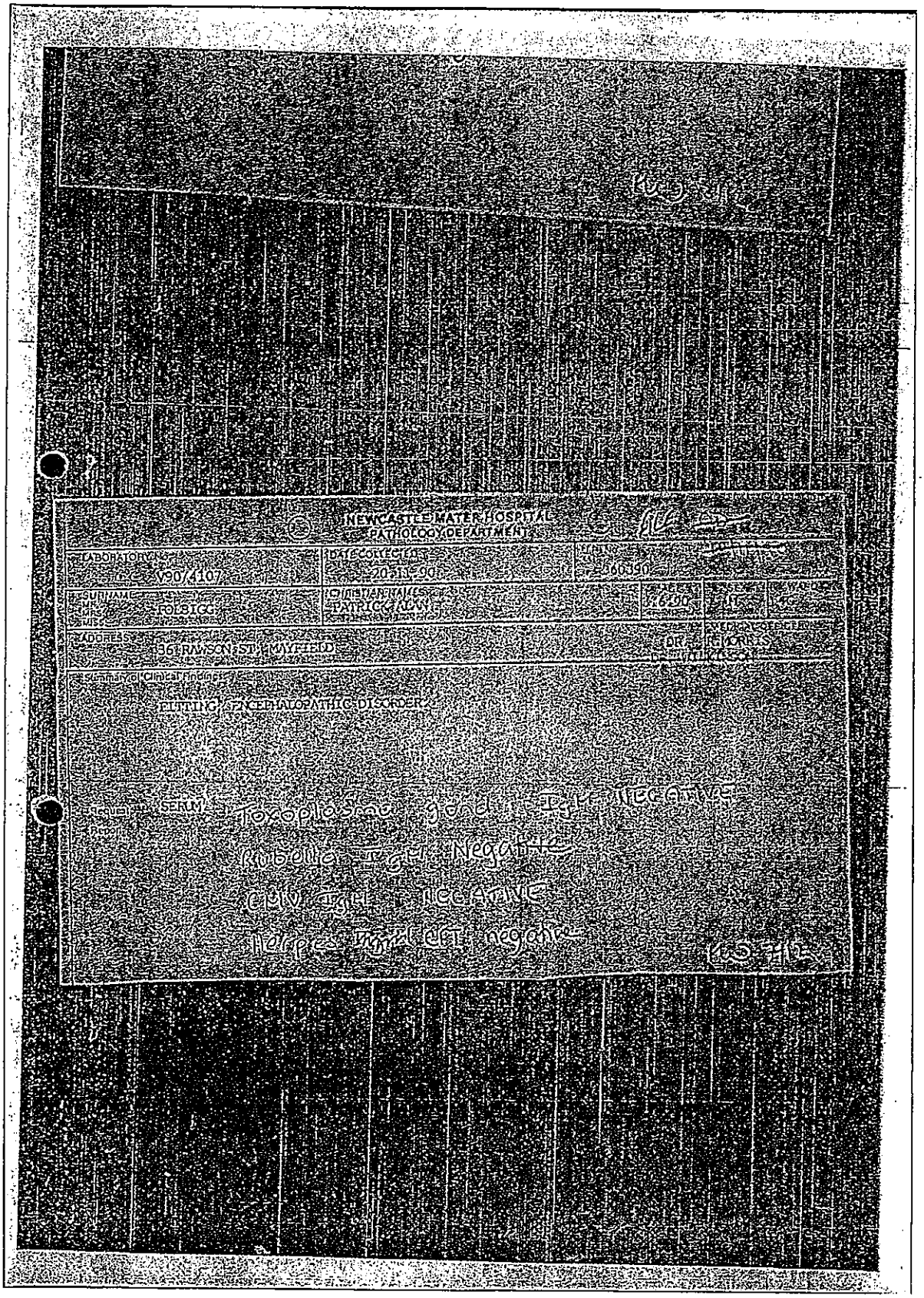

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT
LABORATORY NO
9074116
DATE COLLECTED
20/11/90
URNO
360390
SURNAME
FOLBIGG
CHRISTIAN NAMES
PATRICK
AGE
ADDRESS
36 RAWSON STREET MAYFIELD
MEDICARE NO
CLINICAL DETAILS
ENCEPHALOPATHIC DISORDER
Stool for Rotavirus

Health
Hunter New England
Local Health District




NEWCASTLE MATERNITY HOSPITAL
PATIENT'S ADDRESS
PATRICK
36 RANSOM ST
MAYFIELD
BIRTHING
STOOL


NEWCASTLE
PATHOLOGY DEPARTMENT
LABORATORY No.
90/4116
DATE ENTERED
20.11.90
SURNAME
FOLBIGG
FIRST NAMES
PATRICK ALAN
ADDRESS
30 RANSOM STREET MAYFIELD
CLINICAL DETAILS
SITTING ENCEPHALOPATHIC DISORDER
STOOL for Rotavirus negative



NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY NO: V90/4107
DATE COLLECTED: 20-11-90
DATE RECEIVED: 21-11-90

SURNAME: FOLBIGG
CHRISTIAN NAMES: PATRICK JOHN
AGE: 6 MO
SEX: M
ADDRESS: 36 RAWSON ST, MAYFIELD
DR: [illegible]

CLINICAL DIAGNOSIS: FITTING ? CEPHALOPATHIC DISORDER

SERUM: Toxoplasma gond IgG NEGATIVE
Rubella IgG Negative
CMV IgG NEGATIVE
Herpes Simplex IgG negative

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

MISCELLANEOUS PATHOLOGY MOUNTING SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR31

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

Sheet N

WARD:

Attach 9th report here

Attach 8th report here

Attach 7th report here

Attach 6th report here

Attach 5th report here

Attach 4th report here

NEWCASTLE MATER HOSPITAL
PATHOLOGY DEPARTMENT

LABORATORY No.	DATE COLLECTED	U.R. No.
V90-3848	5/11/90	360390

SURNAME	CHRISTIAN NAMES	AGE	SEX
FOLBIGG	PATRICK	3 16 90	M

ADDRESS: 36 RAWSON STREET MAYFIELD

MEDICAL OFFICER: DR. MORRIS

Summary of Clinical Findings:

VIRAL CONJUNCTIVITIS

Request: EYE/S for tissue culture: A virus has been isolated and

Report: SERUS -Herpes IgM identified as Adenovirus

chlamydia pneumoniae.

No. 3A

1-1-85

765

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

Sheet No.

SURNAME: 56-03-90
FOLBIGG : Patrick Alan
56 Rawson Street MAYFIELD 2304
DOB 05-Jun-1990 SEX M
WARD: 6BTC AS
M.O.: DR. R. MORRIS JR. I. WILKINSON

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable
	20/11 Level 114	

USE BLOCK LETTERS

DATE → / TIME ↓ — 20/11 (11:50) — 21/11/90

DRUG (GENERIC NAME): Carbamazepine
DOSE/FREQUENCY: 600mg 12 hrly
M.O. SIGNATURE & PRINT NAME: Joe Dazzo
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 20/11/90

TIME	20/11 (11:50)	21/11/90
0600	KF	A
0800		→
1800	D	
2000		

DRUG (GENERIC NAME): Phenobarbitone
DOSE/FREQUENCY: 35mg 12 hrly
M.O. SIGNATURE & PRINT NAME:
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 20/11/90

TIME	20/11 (11:50)	21/11/90
0600	KF	A
0800		
1800	D	
2000		

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

TIME	20/11 (11:50)
20/11	Level 24

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

1-1-86

C. J. CHALLINOR PTY. LTD.
OPHTHALMIC SURGEON

Attending Doctor:
DR. CHRISTOPHER J. CHALLINOR
M.S., (SYD.), F.R.A.C.S. F.R.A.C.O.

Suite 9, Westlakes Arcade,
108 The Boulevarde,
Toronto. 2283
Telephone: 59-6333

39

21st November, 1990

Dr. I. Wilkinson
115 Elder Street
LAMBTON 2290

Re: Master Patrick Alan FOLBIGG
36 Rawson Street, Mayfield

Dear Ian,

I had a look at Patrick in the Mater on 21st November, 1990. His mother tells me that up to about a month ago he appeared to have normal visual reactions for his age. Now he has a definite reduction in attention span and inability to fix appropriately. On examination today he did not fix and follow His ocular movements seem full but he had continual ocular movements. These were not nystagmoid or roving in nature but consisted of changes of conjugate gaze direction in a random manner. He did not supress vestibular nystagmus. All in all the impression I gained was that of cortical visual impairment. The ocular structures themselves are quite normal including his discs.

Kind regards,

DR. C.J.CHALLINOR

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR37

Sheet No

36-05-90
FOLBIGG , Patrick Alan
36 Rawson Street MAYFIELD 2304
DOB 09-JUN-1990 SEX M
MRN
M.O.: DR. R. MORAIS JR. I. WILKINSON jm

WARD:

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F—Fasting R—Patient refused drug A—Patient absent N—Drug not procurable

USE BLOCK LETTERS

DATE → / TIME ↓ | 21/11/90. | 22/11/90 | | | | | |

DRUG (GENERIC NAME): CARBAMAZEPINE
DOSE/FREQUENCY: 60 mg 12/24
M.O. SIGNATURE & PRINT NAME: jmackean
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS: (Increased from 40mg b.d from 20/11/90)
DATE: 21.11.90

TIME	20/11						
	Level 12.4						
0800	X	✓					
2000	✓						

DRUG (GENERIC NAME): PHENOBARBITONE
DOSE/FREQUENCY: 35 mg 12/24
M.O. SIGNATURE & PRINT NAME: jmackean
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 21.11.90

TIME	20/11						
	Level 116						
0800	X	✓					
2000	✓	WA					

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

80-02-PC
FOLBIGG , Patrick Alan
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
WARD 4S
M.O.: DR. R. MORRIS DR. I. WILLIAMS

134

Top Copy Med. Records
Second Copy L.M.O.
Third Copy V.M.O.

Dr. C. Marley

Referred by: Self

Date of Admission: 14/11 Emergency/Elective Date of Discharge: 22/11/90

Final Diagnosis: 1). Seizure disorder } 2° to occipital infarction
2). visual disturbance }

Other Diagnosis: 1: No underlying pathology elucidated despite
2: fairly comprehensive investigation.
3: Does not appear to be progressive
4:
5:

Past History: 3 admissions

Operations/Management: CAT: Occipital infarct.
Bloods - all normal
Dr. Chatterjee - ophthalmological assessment.

Drugs on Discharge: (Dose, Frequency, Duration): Levels

Phenobarbitone 35 mg b.d. (12 20/11)
Carbamazepine 60mg b.d. (24 pre increase 20/11)

Information Given to Patient:

Follow-up: GMO
- Dr. Williams 25/11/90, levels to be repeated
- OT to be arranged
- future visual assessment after Christmas t.b.a. by Dr. I.A.W.

Adverse drug reaction (specify drug):

R Smith - SMITH -
Medical Officer (print name)

1-1-86

76

NEWCASTLE MATER MISERICORDIAE
ORGAN IMAGING DEPARTMENT

10.11.90

M.R.N: 0360390
FOLBIGG, Patrick
36 RAWSON STREET
MAYFIELD 2304
SEX: Male AGE: 5M
D.O.B:03-Jun-1990

R.M.O: Resident MEDICAL OFFICER
WARD/CLINIC: 4J

ACC.NO: 89M022092

Exams : CS SKUL on 22-Nov-1990 at 10:11

CERVICAL SPINE: No evidence of congenital or acquired abnormality.

SKULL BASE: No definite abnormality has been identified. Bony windows from the CT may be more helpful.

DR J. ASHCROFT

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

SURNAME FOLBIGG	UNIT No. 360392
OTHER NAMES Patrick	
ADDRESS 36 Rawson St Mayfield	Sheet No.
DATE OF BIRTH 3-6-1990	V.M.O.

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: 672155 (Home) (Work)

MARITAL STATUS: ☐ M ☑ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION: Baby

EMPLOYER: -

☐ T. PTY. ☐ W. COMP. — ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

16 NOV 1990.

TIME OF ARRIVAL 0500

TIME SEEN BY R.M.O

TIME OF DISCHARGE

Via Amb.
Triage assessment
19/52 child. Cold.
Has 3 days. Mother
said breathing difficult
O/E Grey pale, lethargic, arching of
back. When disturbed, left tonic flexor
T2 Rosen Thomas. RN.
T. P.136. R.40. Wt 7.32kgs.

A.E.

DATE 4 NOV 1990.

TIME OF ARRIVAL 1815

TIME SEEN BY R.M.O

TIME OF DISCHARGE

TRIAGE 1815 ? seizure
ages child back in hand
child back on arrival
crying vomited (x2)
resus. O'Brien (BRIGHT R
P-176 T-40
Wt 7.74kg
Dx. Oculogyric crises
? post encephalitic BG involvement

Rty

Yelling + Screaming
Ah - Oh
Fits - D No SV
— Pb 3/Bn 6m Kg
— Tg 5m BD

IW/mp
November 30, 1990.

Dr. C. Marley,
C/R King & Perkins Streets,
NEWCASTLE. 2300.

c.c. Dr. R. Morris
Dr. C. Challinor

Not moving Ok

Dear Chris,

Re: Patrick FOLBIGG
36 Rawson St, Mayfield.
DOB: 3/6/90

Rob Morris kindly asked me to take over Patrick's care after I returned from Japan.

He had further seizures during that time, and one of them was a prolonged one, lasting perhaps an hour, which simply consisted of his eyes being deviated upwards and to the side.

The original CT scan was highly suspicious of abnormalities in the occipital lobes, and we repeated it, and it just confirmed further change. There was some concern about the possibility of a degenerative disease, but John Bear felt that this was probably just vascular. We sent them down to Camperdown Children's Hospital to get another opinion just to be certain, and the opinion was the same as John's. Basically it looks as though there has been some impairment of the blood supply in the basilar territories. I believe the parents had some concern that this might have taken place during that prolonged seizure, but in fact he already had changes in that area at the time of the first presentation.

I am not really quite sure what caused this problem, but all of our tests for degenerative disease have come back negative.

Unfortunately his visual performance has clearly dropped off since presentation, and that is consistent with damage to his visual cortex.

He had further seizures whilst in hospital recently with Rotavious gastroenteritis, and currently his anticonvulsants are Phenobarb in a dose of 36mg. twice a day, and after a serum Tegretol level which had fallen again to only 5, I have increased his Tegretol to 5mls. of the syrup twice a day. He has had no seizures now for about a week as I dictate this, but I am very concerned about this young man's future.

We will allow another coupleof months to pass to see if there is any significant recovery, but after Christmas, I think we should be looking at appropriate therapy for him, which may well include the Royal Blind Society.

With kind regards.

Sincerely,

Ian Wilkinson.

PAGE No. 2

Progress Notes

SURNAME: FOLBIGG | RECORD NUMBE
GIVEN NAMES:

DATE	Prob No.	SOA	FINDINGS: Subjective, Objective, Assessment	DTI	PLANS: Diagnostic, Therapeutic (including medication), Informatio
3/12/92			22/11 Mother o/c.		
			(1) Separation distress / 2° to seen / (2) unwell disturbance		Paed Infant D/W Dietician 25/11, 17/12 OT Audiology c/s T/ Tegretol 5ml bd (20mg/ml 300ml Rx) Phenobarb 35mg I TCA = mum.
			S/ 6/12. Weaned. 3/12 comp. Unst. Mouth. T= Lies flat ok. Ant plagiocephaly. No prob bonding O/ Happy. Eyes = not fixating Resps 60 TMs N pharynx N Resps C		
		P	Microcephaly ? blind		
			Letter Ian Williams → problem & receipt.		on Phenobarb + tegretol.
			referred to Royal Blind Society		informed & concerned about future
7/12/92			CDS/SAB.		phenobarb 60 mg BD 36 mg/ml.
			letter Ian Williams → Tegretol → hyperkinesis		? global development.
25/1/93			S. dark. squints. tegretol.		36 mg BD 60 mg/ml.
			(P) flush.		tegretol 200mg/5ml. Ophthalmology Clinic
13/6/93			SIDS.		Z/12.

NEWCASTLE MATER MISERICORDIAE HOSPITAL – *We Share*

HOSPITAL CODE 133

CLASSIFICATION: Chargeable. own doctor

M.R.N.: 36-03-90

MEDICAL OFFICER/S: DR. R. MORRIS DR. I. WILKINSON

SURNAME: FOLBIGG GIVEN NAMES: PATRICK ALAN

ADDRESS: 36 RAWSON STREET MAYFIELD 2304 HOME PHONE: 672155

DATE OF BIRTH: 03-Jun-1990 AGE: 0 SEX: M MARITAL STATUS: Single

COUNTRY OF BIRTH: Australia LANGUAGE SPOKEN: English RELIGION: NIL CHRISTENED: NO ANOINTED:

REFERRED BY/ADDRESS: CAS

FAMILY DOCTOR/ADDRESS: DR C.MARLEY KING STREET. NCLE

OCCUPATION PATIENT/PARENT: FATHER/SERVICE CONTROLLER REPAT NUMBER: MAIDEN NAME: MARLBROUGH KATHLEEN

ADMITTED TO WARD: 3D DATE: 14/11/90 TIME: 0930 HRS PREV. ATTEND.: YES

INTERNAL TRANSFERS: TO WARD: 4C DATE: 14.11.90 TIME: 1130 HRS TO WARD: DATE: TIME: HRS

DISCHARGED/ DIED FROM WARD: 4J DATE: 22/11/90 TIME: 1000 HRS MEDICARE No.: 2155425821

DESTINATION ON DISCHARGE:

NEXT OF KIN: MR CRAIG FOLBIGG RELATIONSHIP: Parent PHONE: DAY: 622126 WORK
ADDRESS: A.A SERVICE CONTROLLER YNG AND GREEN NIGHT: AUNTY 674658

NEXT OF KIN: Nil Given RELATIONSHIP: PHONE: DAY:
ADDRESS: NIGHT:

I HEREBY GIVE MY CONSENT FOR INFORMATION FROM MY MEDICAL RECORDS TO BE FORWARDED TO MY FAMILY DOCTOR AND/OR REFERRING MEDICAL PRACTITIONER AND ANY FUND/PERSON RESPONSIBLE FOR THE COST OF TREATMENT.

SIGNED: [signature] DATE 14 / 11 / 90 WITNESSED: D Carter

PROVISIONAL DIAGNOSIS:
1). SEIZURE DISORDER
2). UNDERLYING ENCEPHALOPATHY
? ISCHAEMIC PROCESS
3). DEVELOPMENTAL REGRESSION
4). VISUAL IMPAIRMENT
5) NIL

AFFIX "ALLERGIC TO" LABEL HERE, IF APPLICABLE.

FINAL DIAGNOSIS
PRIMARY 780.3.
SECONDARY 348.3. 783.4 369.9.

DATE AND NATURE OF OPERATIONS

SIGNATURE OF MEDICAL OFFICER: [signature] R.B Morris (PLEASE PRINT NAME) DATE: 12 / 12 / 90

774

IW/bw
December 17, 1990.

Mr. D. Thomas,
Royal Blind Society,
P.O. Box 176,
BURWOOD, 2134

c.c. Dr. C. Marley
Dr. R. Morris
Dr. C. Challinor
Ms G. Dwyer

Dear Dennis,

RE: Patrick FOLBIGG
36 Rawson Street, MAYFIELD.
DOB: 3/6/90

I am enclosing a copy of my recent letter about this young man.

Suffice it to say that he has severe visual loss, for various which are not quite clear. He is at the point now where he really only is seeing bright lights, and not following faces or coloured objects.

I have no reason to think that he has a progressive condition, but would be grateful for your help.

He tends to be a bit asymmetrical with his l[illegible]ith function, not moving his left side as well, and I am going to ask Geni Dwyer, our Paediatric Physiotherapist, if she would arrange to assess him.

Currently Patrick's fits appear to be under control on Phenobarb, 36 mg twice a day, and Tegretol 5 mls of the syrup twice a day. I am checking on his blood levels.

I would be grateful if you could arrange an assessment and whatever therapy you feel is appropriate.

With kind regards.

Sincerely,

Ian Wilkinson.

TELEPHONE:
GENERAL 26 6469
DRUGS 26 6729
ENDOC 26 6679

The Hunter Biochemistry Service

DIRECTOR: DR. J. E. DICKESON

Newcastle Mater Misericordiae Hospital

Ward: 4t 360390

FOLBIGG, PATRICK

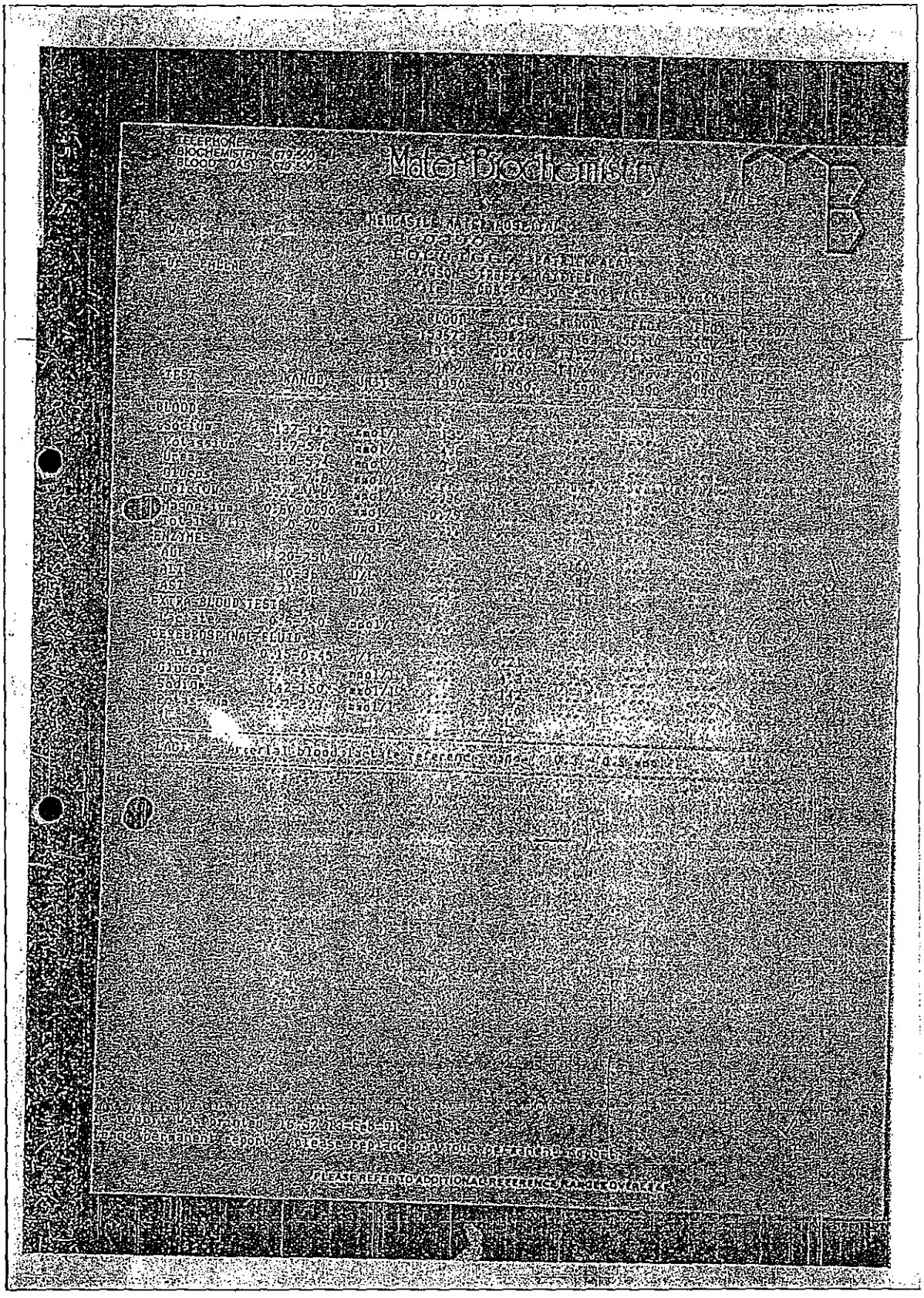
DR I WILKINSON 36 RAWSON ST MAYFIELD 2304

Male AGE: 8 months

Test	Range	Units	BLOOD J17788 11:35 17Dec 1990	BLOOD L13868 20:39? 15Feb 1991	BLOOD L14801 15:47? 14Feb 1991
Pyruvate	0.05-0.12	mmol/L		0.08	
Carbamazepin	20-50	umol/L	33	....	47
Phenobarb	40-215	umol/L	123	....	51

inted: 14:45 15-Feb-91
terim replacing report - discard when superseded.

PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF


Mater Biochemistry
PLEASE REFER TO ADDITIONAL REFERENCE RANGES OVERLEAF

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

161

26-03-90
FOLBIGG , Patrick
36 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
M.O.: DR. R. HENRY

Top Copy — Med. Records
Second Copy — L.M.O.
Third Copy — V.M.O.

Referred by: D Prof / Dr Mary Newc... CHARGEABLE.

Date of Admission: 14/3/90 Emergency/Elective Date of Discharge: 15/3/90

Final Diagnosis: Sleep study
Failure of SIDS.

Other Diagnosis: 1:
2:
3:
4:
5:

Past History: Pregnancy, fetal illness, 20 weeks.
Full term S.V.D.
No perinatal period

Operations/Management: 1(a) Overnight sleep study
(2) Ba swallow - No ... seen. ... reflux.
(3) FBC, LFTs, MBA results not available yet.
WCC 10.1 Hb 14.6 Plts 625.

Drugs on Discharge: (Dose, Frequency, Duration):
Nil

Information Given to Patient:
Further tests will be available this afternoon
- ring with results/information

Follow-up: Dr Henry to arrange.

Adverse drug reaction (specify drug):

Medical Officer (print name)

1-1-86

77

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR:

SU: | UNIT NUMBER

OT [illegible] Patrick Alan

AD [illegible] St Ives Street MAYFIELD [illegible]

D/ [illegible] DR. J. STUART

Top Copy — Med. Records
Second Copy — L.M.O.
Third Copy — V.M.O. o/D.

Referred by: Dr. C. Marley - Ruig Rd Newcastle

Date of Admission: 22-12-90 Emergency/Elective Date of Discharge: 23-12-90

Final Diagnosis: PST-encephalitic bad ganglia problem
provoked by fever.

Other Diagnosis: 1: Encephalitis ± generalized seizure + acquired
2: ?infarct / on Carbamazepine + phenobarb
3:
4:
5:

Past History:
p/E episode of prolonged upward gaze
+ no generalized seizure in a/E and afebrile
temp 39°

Operations/Management:
- admitted a/U for observation
- no more episodes of upward gaze.
- well but feeling + drinking well.

Drugs on Discharge: (Dose, Frequency, Duration):
regular Panadol for temp.

Information Given to Patient:

Follow-up: GMO / Dr. Marley.

Adverse drug reaction (specify drug):

[signature]
Medical Officer (print name)
GMO Peds.

77

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL – *We Care*

HOSPITAL CODE 162

CLASSIFICATION: Chargeable, own doctor

M.R.N.: 36-03-90

MEDICAL OFFICER/S: DR. J. STUART

SURNAME: FOLBIGG

GIVEN NAMES: PATRICK ALAN

ADDRESS: 36 RAWSON STREET MAYFIELD 2304

HOME PHONE: 672155

DATE OF BIRTH: 03-Jun-1990

AGE: 0

SEX: M

MARITAL STATUS: Single

COUNTRY OF BIRTH: Australia

LANGUAGE SPOKEN: English

RELIGION: NIL

CHRISTENED: ANOINTED:

REFERRED BY/ADDRESS: CASUALTY

FAMILY DOCTOR/ADDRESS: DR C.MARLEY KING STREET, NCLE

OCCUPATION PATIENT/PARENT: FATHER/SERVICE CONTROLLER

REPAT NUMBER:

MAIDEN NAME: MARLBROUGH KATHLEEN

ADMITTED TO WARD: 3D DATE: 22/12/90 TIME: 2100 HRS

PREV. ATTEND.: Yes

INTERNAL TRANSFERS: TO WARD: DATE: TIME: HRS

TO WARD: DATE: TIME: HRS

DISCHARGED/ DIED FROM WARD: DATE: 23/12/90 TIME: HRS

MEDICARE No.: 2155425821

DESTINATION ON DISCHARGE:

NEXT OF KIN: MR CRAIG FOLBIGG RELATIONSHIP: Parent PHONE: DAY: 622126 WORK

ADDRESS: A.A SERVICE CONTROLLER YNG AND GREEN NIGHT: AUNTY 674658

NEXT OF KIN: RELATIONSHIP: PHONE: DAY:

ADDRESS: NIGHT:

I HEREBY GIVE MY CONSENT FOR INFORMATION FROM MY MEDICAL RECORDS TO BE FORWARDED TO MY FAMILY DOCTOR AND/OR REFERRING MEDICAL PRACTITIONER AND ANY FUND/PERSON RESPONSIBLE FOR THE COST OF TREATMENT.

SIGNED: [signature] DATE 22.12.90 WITNESSED: [signature]

PROVISIONAL DIAGNOSIS: OCCULOGYRIC CRISIS

AFFIX "ALLERGIC TO" LABEL HERE, IF APPLICABLE.

FINAL DIAGNOSIS

PRIMARY

SECONDARY post-encephalitic head ataxia 079.9
problem precipitated by viral illness

DATE AND NATURE OF OPERATIONS

STUART. [signature]

SIGNATURE OF MEDICAL OFFICER: PLEASE PRINT NAME

DATE: 27/12/90

780

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

REGULAR MEDICATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	POLBIGG	UNIT NUMBER	166
OTHER NAMES	Patricia		Sheet 1
ADDRESS			
DATE OF BIRTH		M.O.	

WARD: 4.G.

PREVIOUS DRUG ALLERGY	ADVERSE DRUG REACTION THIS ADMISSION	CODE FOR DRUGS NOT GIVEN: Circle Code Letter F – Fasting R – Patient refused drug A – Patient absent. N – Drug not procurable

USE BLOCK LETTERS

DATE → 23/12/90

TIME ↓

DRUG (GENERIC NAME): Carbamazepine
DOSE/FREQUENCY: = 5 tabs b.d. = 100 mg BD
M.O. SIGNATURE & PRINT NAME: K Smith jmackean Smith
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 24/12/90

0600	BM							
1800								

DRUG (GENERIC NAME): phenobarbitone
DOSE/FREQUENCY: = 30 mg BD
M.O. SIGNATURE & PRINT NAME: K Smith jmackean
ROUTE: O
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE: 22/12/90

0600	BM							
1800								

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

DRUG (GENERIC NAME):
DOSE/FREQUENCY:
M.O. SIGNATURE & PRINT NAME:
ROUTE:
PHARMACY NOTES & SPECIAL INSTRUCTIONS:
DATE:

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

PRN, VARIABLE DOSE DRUGS

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	FOLBIGG	UNIT NUMBER	167
OTHER NAMES	Patricia		Sheet No.
ADDRESS			
DATE OF BIRTH		M.O.	

WARD: 4-6.

PREVIOUS DRUG ALLERGY:	ADVERSE DRUG REACTION THIS ADMISSION:

DRUG (GENERIC NAME)	DOSE/FREQUENCY	DRUG (GENERIC NAME)	DOSE/FREQUENCY
Paracetamol	160mg q4hr prn	Benztropine	0.1mg IM Stat
M.O. SIGNATURE & PRINT NAME: R Smith SMITH	ROUTE: O	M.O. SIGNATURE & PRINT NAME: R Smith SMITH	ROUTE: I.M.
PHARMACY NOTES & SPECIAL DIRECTIONS	DATE: 22/12/90	PHARMACY NOTES & SPECIAL DIRECTIONS: IN PRESENCE OF REGISTRAR GIVE	DATE: 22/12/90

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DRUG (GENERIC NAME)	DOSE/FREQUENCY	DRUG (GENERIC NAME)	DOSE/FREQUENCY
M.O. SIGNATURE & PRINT NAME	ROUTE	M.O. SIGNATURE & PRINT NAME	ROUTE
PHARMACY NOTES & SPECIAL DIRECTIONS	DATE	PHARMACY NOTES & SPECIAL DIRECTIONS	DATE

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

DATE	TIME	DOSE	GIVEN BY	CHECKED BY

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

GENERAL OBSERVATION SHEET

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	Folbigg	UNIT NUMBER 3600320
OTHER NAMES	Patrick	
ADDRESS		
DATE OF BIRTH 3-8-90	M.O.	

169 Sheet No

WARD:

NOTE: This sheet may be used for any type of observation except for head injury observations.
INSTRUCTIONS:

FREQUENCY OF OBSERVATIONS: Hourly 2 Hourly 4 Hourly 12 Hourly Daily Weekly

DATE	TIME	TEMP.	PULSE	B/P	R			REMARKS
22/12/90	2020	39¹	172	/	40			Wt 8.27kg
	2040	38⁴		/				Temp 1/5 mls.
				/				
				/				
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NEWCASTLE MATER MISERICORDIAE HOSPITAL
CASUALTY NURSING NOTES

Surname ....Falbigg..... Transferred to Ward .....
Other Names .....Patrick..... U/R Number ....360390.....
Address ..36 Rawson St.. Religion ...—.....Sex ...F.....
.....Mayfield..... Marital Status ...single.....
Date of Admission ....22/12/90... Date of Birth 3-6-90 .....Age ...6/12....
Mode of Transport ..private..... Phone ..672155.....
Next of Kin Craig + Kathy..... Time of Admission ...2020.....
Allergies ..... Accompanied by ..parents.....
.....nil known..... (Present) / contacted
Belongings list: Yes / (No) Previous admissions: (Yes) / No
S/B Minister of Religion: Yes / (No) Anointed: Yes / (No)
History given by ....parents.....
Admitted following ....seizure..., eyes rolled back in head.....
Condition on arrival in Casualty .... Sister Fanning.....

EMOTIONAL ASSESSMENT (TICK AFTER appropriate word) (✓)

Co-operative apprehensive nervous depressed hostile
frightened crying other:

MENTAL ASSESSMENT

Alert ✓ orientated confused conscious semi-conscious
unconscious other:

PHYSICAL APPEARANCE

Well looking obese thin emaciated dyspnoeic
in pain ~~sweating~~ pale ✓ cyanotic other:

Observations on admission to Casualty: Temp..... Pulse...172.....Resp...40...
B.P..... Weight...8-27kg.... Urinalysis.....
Neurological Observations recorded: Yes / (No)
Seen by Dr..... Time.....
Provisional Diagnosis .....
Any other relevant illnesses? Occulogyric Crisis
Name of V.M.O./s ...Stewart / Strach..... Notified: Yes / No
Tests ordered: ECG Yes / (No) X-Ray: ...—.....
.....
Pathology:.....
.....
Treatment given: I.V. Cannula/Therapy Yes / No ...—.....mls/hr
Cardiac monitoring: Yes / (No) 02 Therapy: Prongs /mask/E.T. Tube ...—.....litres/min
Identification bands (2) on: Yes / No Allergy band on: Yes / No
Consent form signed, witnessed and dated: Yes / (No)
Is patient on special diets? Yes / (No) (if Yes specify).....
Is patient on medications? (Yes) / No (if Yes specify) ..Sequels + phenobarb.....
.....

SIGNATURE ..... (BLOCK) 784

TREATMENT IN CASUALTY

Tempra 1.5g nils given 2050

NSTRUCTIONS TO WARD

SIGNATURE .....

NEWCASTLE MATER MISERICORDIAE HOSPITAL

INFANT NURSING HISTORY

PLEASE USE GUMMED LABEL IF AVAILABLE

36-03-90
FOLMER, Patrick Alan
34 Rawson Street MAYFIELD 2304
DOB 0: [illegible]-1990 SEX M
MRN 33 46
R.D.M. Dr. J. STUART

WARD:

Admission Date: 22-12-90 Time: 2230

Accompanied by: Parents From: Casualty

HISTORY: Born at: Western Subs Term: Full Delivery: Normal

Prenatal influences: Birth weight: 7lb 3 Baptised: No

Father's name: Craig Age: 26 Ethnic group: Aust Occupation: controller

Mother's name: Cathy Age: 23 Ethnic group: Aust Occupation: Housewife

Siblings: (name) Nil Age: Wellbeing:

PREVIOUS HEALTH: Illness: Seizures

Hospitalization: Yes

Operations: NO

IMMUNIZATION HISTORY: Not to have 6 mths

MEDICATIONS: Phenobarb Dose: 32mg Frequency: BD

Tegretol 5mls BD

ALLERGIES: Nil known

MILESTONES: Present age: 6 mths Smiled: 8 wks. Sat unaided: NO mths.

Crawled: / mths. Walked unaided: / mths. Speech: /

Tummy: Yes Method of settling: Prosthetic aids:

NUTRITION: Breast fed: NO

Bottle: Yes Formulae: Enfalac Quantity: 240mls Frequency: BD

Feeding cup: Teat:

Solids: Breakfast: Rice cereal Lunch: Fruit / Custard

Dinner: Veg

NURSING OBSERVATIONS:

Emotional state: Happy

Physical condition: Good

Temp. 36.4 Pulse. 128 Resp. 32 BP. HC 44.5 Weight. 8.09kg Length. 70cm

Urinalysis: Other:

HISTORY COMPLETED BY: [signature]

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME FOLBIGG	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

SHEET 165

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

22/12/90 10.00 pm

Registrar

6½ month with PHx encephalitis & generalised seizures + occipital infarcts. Normal PE

Carbamazepine (last level 33 17/12/90) phenobarb (125 17/12)

Presents with episode of prolonged upward gaze & ? generalised seizure in association with a viral fever. He has had one previous episode.

Working Dx: Post encephalitic basal ganglia problem
fever has provoked this

Plan: Admit overnight — Observe
— Inj Benztropine (COGENTIN) IM if persists & recurs.
dose: 0.1 mg Stat in IM.
& OBSERVE CLOSELY & RESIDENT
— home soon
Dr. Shaw agrees above

O/E: T 38. PR 120. RR 32 RLS

Alert. Vivacious infant, smiling when played with.

positive findings

— Initially Eyes conjugately deviated superiorly & to the right — ? ie as in an oculogyric crisis episode.
After 30 minutes this began resolving & eyes moving in parallel & [illegible]

787

1-1-85

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE

on bright (halogen) light.

- Pupils constricting in response to light
- Normal light reflexes
- Fundi difficult to see
- Remainder of Cranial Nerves. - Normal
- Moving all limbs
- Tone normal; no cogwheel etc
  no athetoid, ataxic movements.
- Ears
  Throat } NAD
  Neck - No Meningism
- Chest NAD
- Abdo: 2½ cm liver edge
  otherwise NAD
- CVS - S1 S2 No Murmurs
  pulses ✓

Summary 6½ month boy with problems of
- Post encephalitic (presumably) process affecting occipital lobes resulting in
  - Cortical blindness
  - Epilepsy.
- & now second episode of prolonged oculogyric epic crises
- ? Basal ganglia degeneration

admit for observation
for trial of benztropine 0.02 mg/kg/(M stat.
Resident to be informed of any such episode before administering drug

NEWCASTLE MATER MISERICORDIAE HOSPITAL
We Care

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR 15

ST
30-03-90
O FOLRIGG , Patrick Alan
36 Rawson Street MAYFIELD 2304
AI DOB 23-Jun-1990 SEX M
WARD AE:
D. M.O.: DR, J. STUART

SHEET

HISTORY, EXAMINATION AND PROGRESS NOTES

WARD:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
	2300hrs: Baby admitted to NC ward via Casualty
22-12-90	On admission T=36.4 P=125 Resp.32. Wt 3.095kg Happy + playful on arrival in ward. Parents at time of report. E. Richmond.
23/12/90	obs T=38.3 - fever not treated. (to aid diagnosis) Happy and alert this morning. Neonatal Rn
	1100hrs: Temp 37.4 @ 1000 hrs. Eating and drinking SIB Dr. Stuart. Discharged home in the care Mother. E. Forest (RN)
	Mother instructed on paedol dose for fever. E. Forest (RN)

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

FOUR HOURLY GRAPHIC CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

SU [illegible] 36-02-90

OT FOLLOW : Patrick Allan

AD 36 Lawson Street HAYFIELD 2304

DA DOB 02-Jun-1990 2Yrs M

Ward 419

M.O. : DR. L. VINARY

168

Sheet No

WARD:

Date	22-12-90	23 12 90						
Time	10	2 6 10 2 6 10						
°C Temperature •	41 40 39 38 37 36 35							
Blood Pressure V I I I Λ	200 190 180 170 160 150 140 130 120 110 100							
Pulse •	90 80 70 60 50 40							
Respirations ×	35 30 25 20 15 10							
BP A.M.								
BP P.M.								
URINE Vol								
URINE Sp. Grav.		1015						
URINE pH		5						
URINE Protein								
URINE Glucose								
URINE Ketone		NAD						
URINE Bilirubin								
URINE Blood								
URINE Nitrate								
URINE Urobil.								
Bowels								
Weight	8.09kg	OFC 44						

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

FEEDING CHART

PLEASE USE GUMMED LABEL IF AVAILABLE

170

Sheet No.

SURNAME: 34-03-90
FOLDING, Patrick Alan
34 Rawson Street MAYFIELD 2304
DOB 03-Jun-1990 SEX M
[illegible] 49
M.O.: DR. J. STUART

WARD:

FORMULA: - overflow heat
Enfalac 240 mls x 2.

DATE	TIME	FEEDING	AMOUNT TAKEN	VOMITUS	BOWELS	URINE	REMARKS
	2300	enfalac	120				
231290	0600	Enfalac	140.			//	
	0900	rice cereal.	all.				
		enfalac	90				

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMF

SU

UNIT NUMBER

OT

AD

DI

Top Copy Med. Records
Second Copy L.M.O.
Third Copy V.M.O. O/D.

Referred by: D. C. Marley - King St Newcastle

Date of Admission: 22-12-90 Emergency/Elective Date of Discharge: 23-12-90

Final Diagnosis: Post-encephalitic bad gangia problem
plended by fever.

Other Diagnosis: 1: Encephalitis ? generalized seizure + acquired
2: ?Infect / on Cabimezapine + phenobarb
3:
4:
5:

Past History:
p/t episode of partonger upward gaze
+ no generalized seizure in a/t ward 37.1°
temp 39°

Operations/Management: ? Admitted o/p for observation
? no more episodes of upward gaze.
? well boy feeding + drinking well.

Drugs on Discharge: (Dose, Frequency, Duration):
Regular Panadol for temp.

Information Given to Patient:

Follow-up: GMO / Dr. Marley.

Adverse drug reaction (specify drug):

Medical Officer (print name)

Semo Pods. 792

1-1-86

NEWCASTLE MATER MISERICORDIAE HOSPITAL

We Care

INTERIM DISCHARGE LETTER

PLEASE USE GUMMED LABEL IF AVAILABLE

HSMR

SU

UNIT NUMBER

OT FOLAU [illegible] Patrick Alan

AC 36 Rawson Street MAYFIELD [illegible]

DI [illegible] DR. I. STUART

Top Copy Med. Records Discharge alle
Second Copy L.M.O.
Third Copy V.M.O. G.P.

Referred by: D. C. Marley - Kuig St Newcastle

Date of Admission: 22-12-90 Emergency/Elective Date of Discharge: 23-12-90

Final Diagnosis: Post-encephalitic bad agnia problem
planned by fever.

Other Diagnosis: 1: Encephalitis & generalized seizure + occipital
2: ?Focal / on Carbamazepine + phenobarb
3:
4:
5:

Past History: pt. episodes of prolonged upward gaze
+ no generalized seizure in a/e viral illness
temp 39°

Operations/Management: * Admitted o/n for observation
* no more episodes of upward gaze.
* well boy feeding + playing with

Drugs on Discharge: (Dose, Frequency, Duration):
regular Panadol for temp.

Information Given to Patient:

Follow-up: GMO / Dr. Marley.

Adverse drug reaction (specify drug):

[signature]
Medical Officer (print name)
Semo Pedds. 79

1-1-86

NAME: Patrick FOLBIGG
DOB: 3.6.90
D.O.A.: 14.1.91
AGE: Chronological: 7 months 1 week
UNIT NUMBER: 360390
REFERRED BY: Dr Wilkinson
REASON FOR REFERRAL: Developmental Delay
Seizure Disorder
Underlying encephalopathy
Cortical visual impairment

PHYSIOTHERAPY DEPARTMENT
DEVELOPMENTAL ASSESSMENT

HISTORY:

Pre-natal and Perinatal:

Normal pregnancy. 2nd child (1st child died at 19 days - "SIDS"). SVD at term. 7 lb 3 oz. No problems reported.

Medical:

Nil significant history until 5/12 when onset of seizures occurred - investigations including CAT scan which showed abnormalities in temporal and especially occipital lobes. Has required 2 more hospital admissions because of fitting. Presently reasonably well controlled with Phenobarb and Tegretol. Last prolonged seizure about December 22.. Otherwise Patrick has been quite well medically.

Developmental Milestones:

Smiling 6-8/52, rolling, 4/12 (preferred rolling to (L). Sitting unsupported 7/12. Visual abilities have deteriorated since onset of seizures - only brief response to very bright light. No fixing or following.

ASSESSMENT:
MUSCLE TONE:

Variations and Asymmetries:

Muscle tone appears slightly increased, more so in lower limbs L > R.

PRIMITIVE REFLEXES:

A.T.N.R.:
T.L.R.:
Palmar Grasp:
Plantar Grasp:
Primary Standing:
Automatic Walking:
Galant:
Moro:

Summary:

Primitive reflexes appear to have become appropriately integrated apart from excessive plantar grasp which is still easily elicited L & R.

../2

AUTOMATIC REACTIONS:

Head righting	-	flexion:	Normal flexion control against gravity. Lifts head in anticipation when PTS.
	-	extension:	Head well above 90°.
	-	lateral:	Can correct head virtually to midline when tilted either to L or R.
Rotation in trunk:			Present when rolling supine → prone. Does not use trunk rotation when getting up onto all fours. Flexion/extension movement only.
Equilibrium reactions	-	prone:	Immature
	-	sitting:	Emerging nicely.
	-	vertical suspension:	Present
	-	standing:	N/A
Protective extension	-	sitting - forward:	Present
		- side:	Present L & R.
		- back:	N/A
Parachute	-	arms:	Elicited with repetition of the movement.
	-	legs:	Tends to go up on toes in response to stimulation of weight bearing.
Prone suspension	-	Laundau:	Nice extension in head and trunk. Hips tend to sag.
Placing reactions	-	arms:	Not assessed.
	-	legs:	Not assessed.

Summary:

Overall Patrick's automatic reactions are emerging appropriately. His equilibrium reactions in prone are immature as he tends to move in flex/ext plane rather than with rotation and therefore has not developed good rotational control and righting of trunk - especially evident when on hands and knees.

VOLITIONAL MOVEMENTS:

Vision:	Nil fixing and following. No visual responses apparent.
Hearing:	NAD
Vocalisations:	Appears to demonstrate a variety of sounds both spontaneously and in response to Mother's voice.

../3

Supine

- head position: Midline position. Occasional (L) head tilt.
- arms: Reaches out nicely for noisy or tactile toys. Nice antigravity shoulder girdle control for reaching.
- legs: Able to play with feet if guided. Reciprocal leg kicking. N.B. Sometimes tends to push back on head and feet and lift self into extension - this appears a volitional repetitive movement.

Rolling: Able to roll both to R and L independently.

Prone:

- head posture: Head well up in this position. Turns in response to auditory stimuli.
- propping: Able to weight bear on extended arms.

Sitting:

- head position: Head steady.
- back extension: Nicely developed spinal extension. Sits independently but overbalances at times.

Prone progression: At present assumes hands and knees or "bear walk" position by pushing self up from prone. No crawling yet.

Coming to sit: Needs to be placed in sitting - but can be facilitated to push up on extended arm through side-lying to get to sitting.

Supported standing: Tends to go up onto toes and repetitively bounces. Mother reports that she has been putting Patrick into a baby walker.

Hand skills:

- reaching: Reaches out with L and R hands.
- grasp: Age appropriate palmar grasp. At times on (L) may tend to rest support towards wrist, e.g. when holding bottle.

Feeding: No reported problems.

../4

IMPRESSION:

Patrick presents as a very alert, sociable infant who enjoys movement and being moved. Despite his seizure disorder and severe visual impairment he is demonstrating pleasing developmental progress. Main concern relates to his tendency to weight-bear on his toes when in supported standing - this may be associated with the use of a baby walker. As well, rotational control in prone needs to be developed more. From his history it would appear that his control of using his (L) side has improved in last few months. Very mild asymmetry - more so in UL function is apparent but not overly concerning.

FAMILY DYNAMICS:

Supportive family environment.

PLAN:

See for regular therapy and follow up.

Genny Dwyer

Ms Genevieve Dwyer
PHYSIOTHERAPIST

NEWCASTLE MATER MISERICORDIAE HOSPITAL

Please use gummed label if available

SURNAME	UNIT No.	180
FOLBIGG	36-03-90	
OTHER NAMES: Patrick		
ADDRESS: 36 Rawson St MAYFIELD		Sheet No.
DATE OF BIRTH: 3-6-90	V.M.O.: Dr Wilkinson	

OUTPATIENT RECORD

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: (Home) (Work)

MARITAL STATUS: ☐ M ☐ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION:

EMPLOYER:

☐ T. PTY. ☐ W. COMP. — ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
14/1/91	Patrick is a 7/12 infant referred by Dr Wilkinson for assessment of his development and follow-up.
	His 2nd child (1st child "SIDS" at 19 Days)
	• Pre-natal + Perinatal Hx: ✓
	• Neonatal Hx: ✓
	• Medical: Onset seizures at 5/12.
	CAT Scan: Abnormalities seen temporal and esp occipital lobes
	Prob. 2° impairment blood supply in border territories.
	? due to encephalitis.
	Has required 2 further hospital admissions ∴ seizures
	Now reasonably well controlled on Phenobarb and Tegretol
	Closely followed by Dr Wilkinson. Concern expressed re visual abilities → s/B Dr Chalkiar: Visual Cortical visual impairment apparent. Dr Wilkinson was also a bit concerned re movt quality + control on (L) side. (Had one episode of (L) sided fitting in past)
	Family have also been referred to the services of the Royal Blind Society. (have appt ē OT tomorrow)

DATE

o/e:

Patrick presents as a very alert, sociable baby who enjoys mvmt and being moved ++ :)

Summary of Assessment Findings (Full report to follow)

Tone: Sl. increased ~~to~~ mvmt in UL's L>R.

Primitive Reflexes: Most appropriately integrated However exaggerated palmar grasp reflex apparent in both feet.

Automatic Reactions
- Head Control: ✓ in flexion, extension + laterally
- Rot^ in Trunk: Evident when rolling supine → prone, but does not use rot^ when getting onto all 4's. Instead moves on frontal (flex/ext) plane only.
- Equilibrium Reactions: Sitting, vertical suspension: ✓ ↓↓ prone - notably when on all 4's
- Protective Ext in Sitting. Fwards ✓ Sideways L+R ✓
- Parachute
  - Arms: Elicited if mvmt repeated
  - Legs: Goes up onto toes
- Landau: Nice ext head + trunk. Hips tend to sag.

Volitional Mvmts
- Vision: No visual responses apparent - nil fixing + following
- Hearing: NAD
- Vocalisations: Demonstrated a variety of sounds - both spontaneously + in response to Mo.
- Spine: Midline head position + occ. ⓛ head tilt Nice antigravity shoulder flexion mvmts when reaching Reciprocal leg kicking and if guided will play ☺ feet.
- Rolling: Able to roll to L + R independently
- Prone: Head well up. Pushes up on extended arms. Assumes hands + knees or "bear walk" position - but does so by pushing self up from prone ie frontal (flex/ext) rather than rotational mvmt!

No crawling yet.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use gummed label if available

SURNAME: FOLBIGG	UNIT No.: 36-03-90	Form 96
OTHER NAMES: Patrick		
ADDRESS: 36 Rawson St MAYFIELD		Sheet No.
DATE OF BIRTH: 3/C/90	V.M.O.: Dr Wilkinson.	

RELIGION: MEDICARE NUMBER: HEALTH FUND:

TELEPHONE: (Home) (Work)

MARITAL STATUS: ☐ M ☐ S ☐ W ☐ D ☐ SEP. ☐ N.K.

OCCUPATION:

EMPLOYER:

☐ T. PTY. ☐ W. COMP. — ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE	
14/1/91	Initial Assessment (Cont)
	• Sitting: Head steady. Nicely developed spinal ext. – is able to sit independently but overbalances at times. Needs to be placed in sitting – but can be facilitated to push up on extended arm through side-lying
	• Supported Standing: Tends to go up onto toes and repetitively bounces
	* Mo reports that she has been putting Patrick into a Baby Walker *
	• Hand Skills: Reaches c L + R Hands. Age-appropriate palmar grasp. At times (L) may tend to rest support through wrist esp when holding bottle.)
	• Feeding: No reported problems.
	IMPRESSION:
	Patrick appears to be making pleasing developmental progress despite his severe visual impairment and seizure disorder. Main concern relates to his tendency to go up onto his toes when in supported standing – this may be associated with the

Sign, Date and Record Designation for all Entries

DATE

use of a baby walker. & well, rotational control in prone is diminished. From his history, it would appear that his control of his (R) side has improved in last few months. Some very mild asymmetry - more so c UL function is apparent but not overly concerning.

Plan See for regular therapy and follow-up
Next appt 2/52

* To also seeing in OT from the Royal Blind Society will be assessing Patrick tomorrow.

Gerry Dwyer.

2/[illegible]/91 Gains made in last 2/52
Gaining more rotational control in sitting - now moving in/out side-sitting
On belly able to facilitate ext/rot c WB'ing - Feet ↓↓
(but w/out facilitation control → reverts to being up on toes)
Plan Continue c same emphasis on G-M activities
- See 2/52.

Gerry Dwyer

3/2/91 In last 2/52 considerable improvement seen in visual responses. Today fixing + following 180° and reaching towards visual stimulation!! Has seen Dr Chalmers who felt that Patrick definitely had some sight but ? degree.
G-M skills much the same. ↳ concern re tendency to stiffen LE's + go up on toes.
Plan Control c ext/rot c control. Limit O/C activities
- Added some squirt play in 'home' activities
(? may need some inflatable boots)
See 2/52

Gerry Dwyer.

NEWCASTLE MATER MISERICORDIAE HOSPITAL

OUTPATIENT RECORD

Please use printed label if available

SURNAME: [illegible] UNIT NO.: [illegible]

OTHER NAMES: [illegible]

ADDRESS: [illegible]

DATE OF BIRTH: [illegible] V.M.O.:

RELIGION: [illegible] MEDICARE NUMBER: [illegible] HEALTH FUND: [illegible]

TELEPHONE: (Home) [illegible] (Work)

MARITAL STATUS: ☑ M ☐ S ☐ W ☐ D ☐ SEP ☐ N.K SEX: [illegible]

OCCUPATION: [illegible]

EMPLOYER:

☐ T. P'TY ☐ W. COMP ACCOUNT TO:

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

DATE:

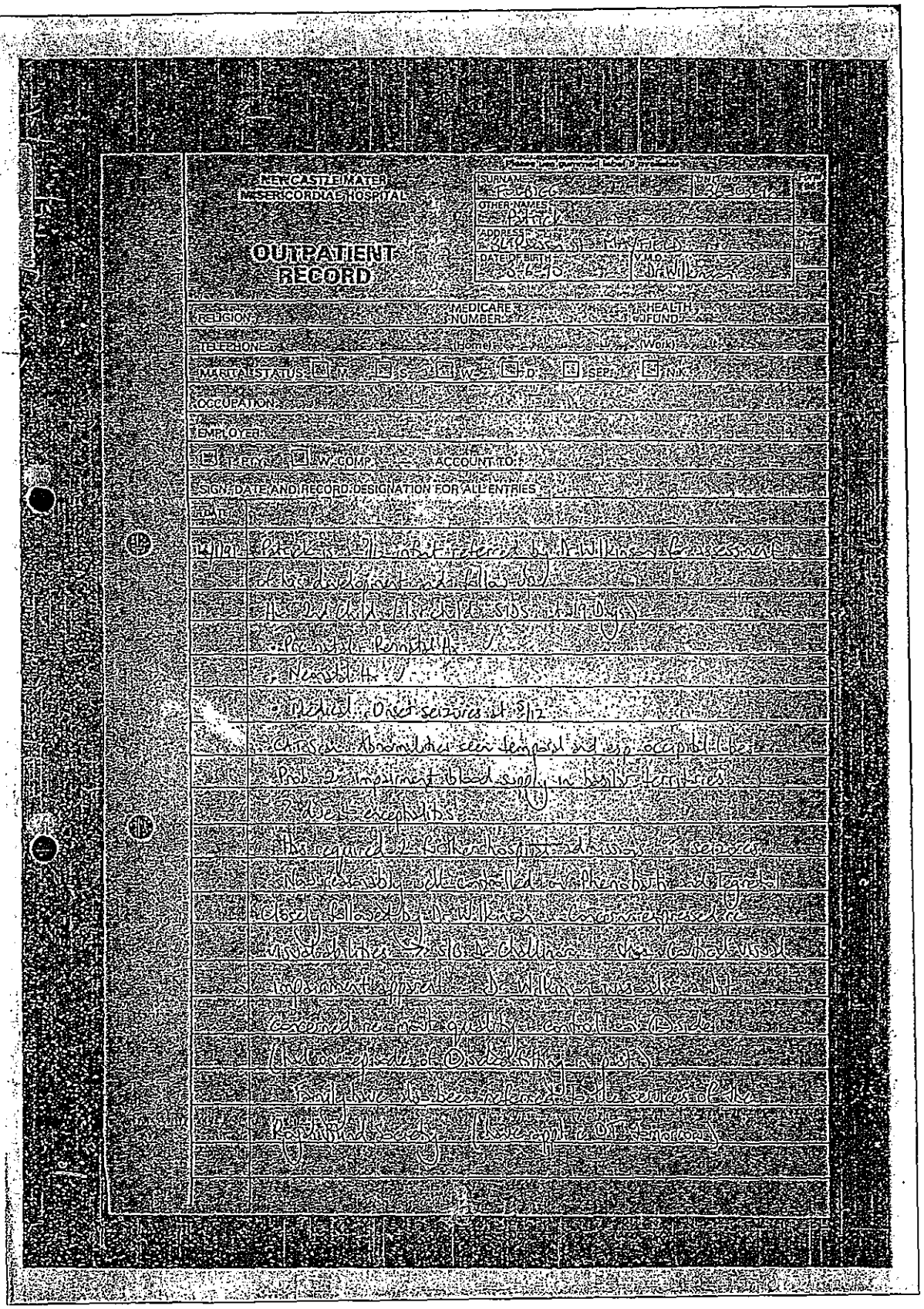
AVE
17 NOV 1965
LATE
TIME OF ARRIVAL
TIME SEEN BY R.M.O.
TIME OF DISCHARGE

T 375 P 96 R 28 GP

802

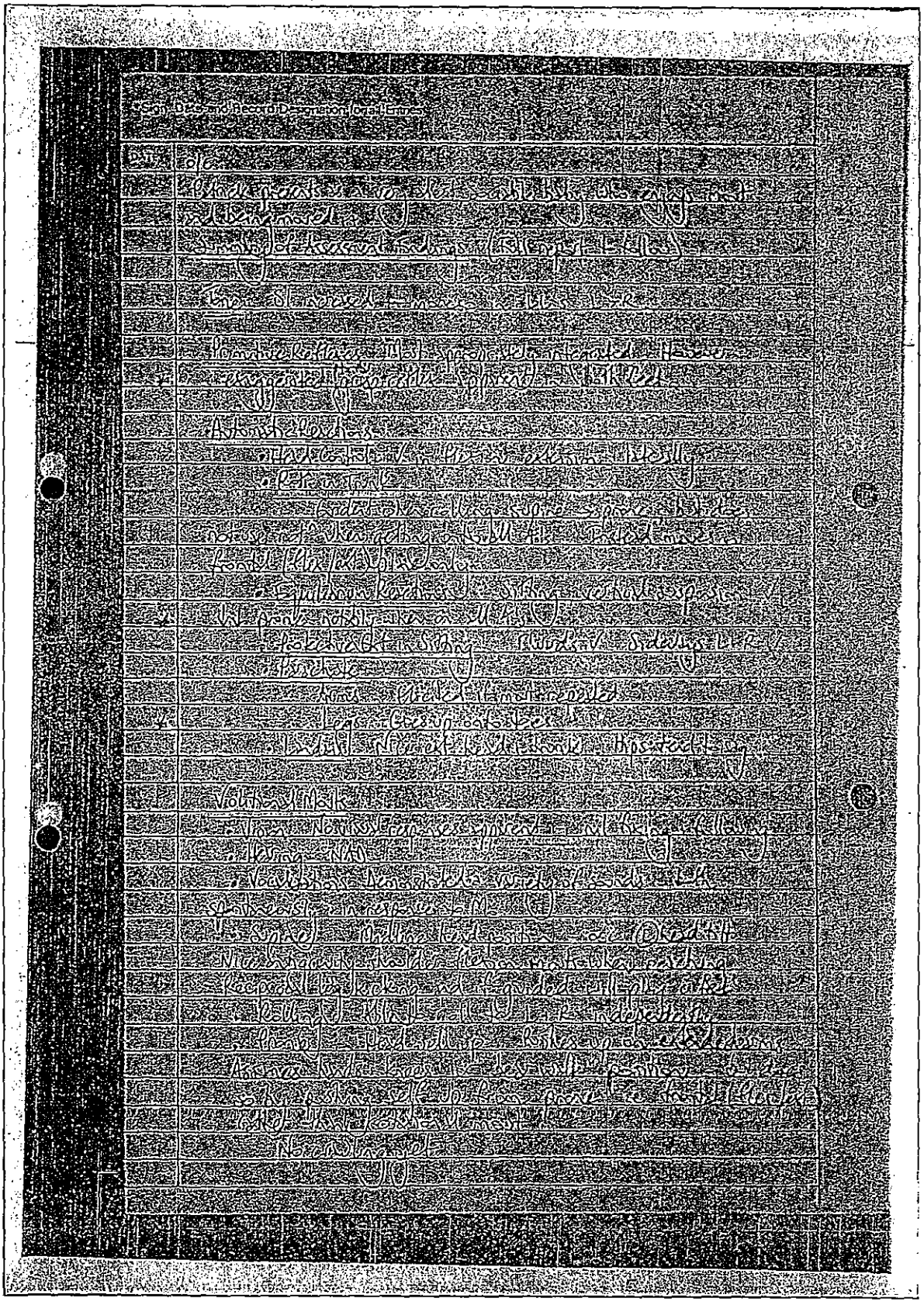
Sign, Date and Record Designation for all Entries

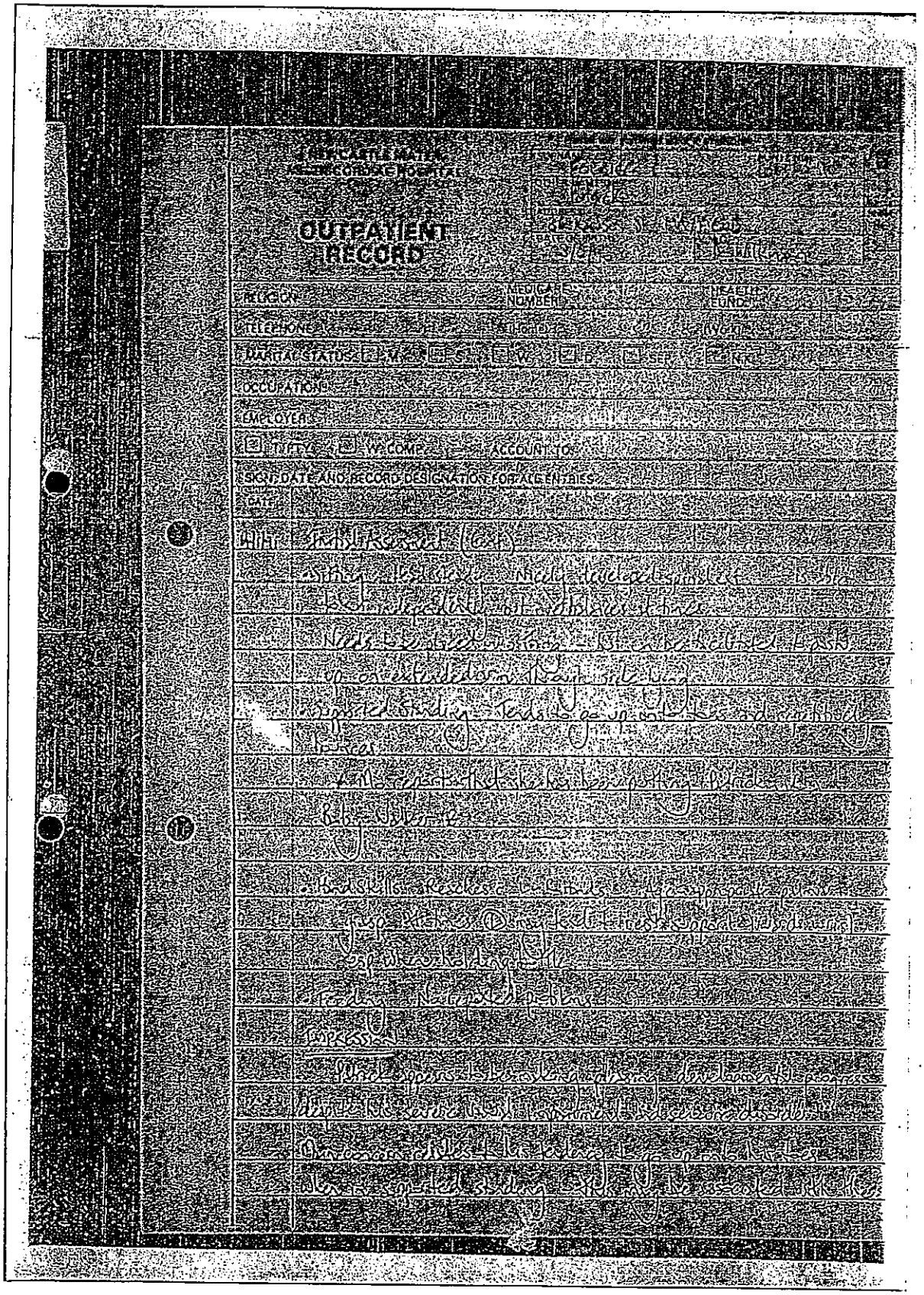
DATE


NEWCASTLE MATER
MISERICORDIAE HOSPITAL

OUTPATIENT
RECORD

SURNAME
OTHER NAMES
ADDRESS
DATE OF BIRTH
Y.M.D
RELIGION
MEDICARE NUMBER
HEALTH FUND
TELEPHONE (Home)
(Work)
MARITAL STATUS M S W D SEP
NK
OCCUPATION
EMPLOYER
PRIVATE
W.COMP
ACCOUNT TO:
SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

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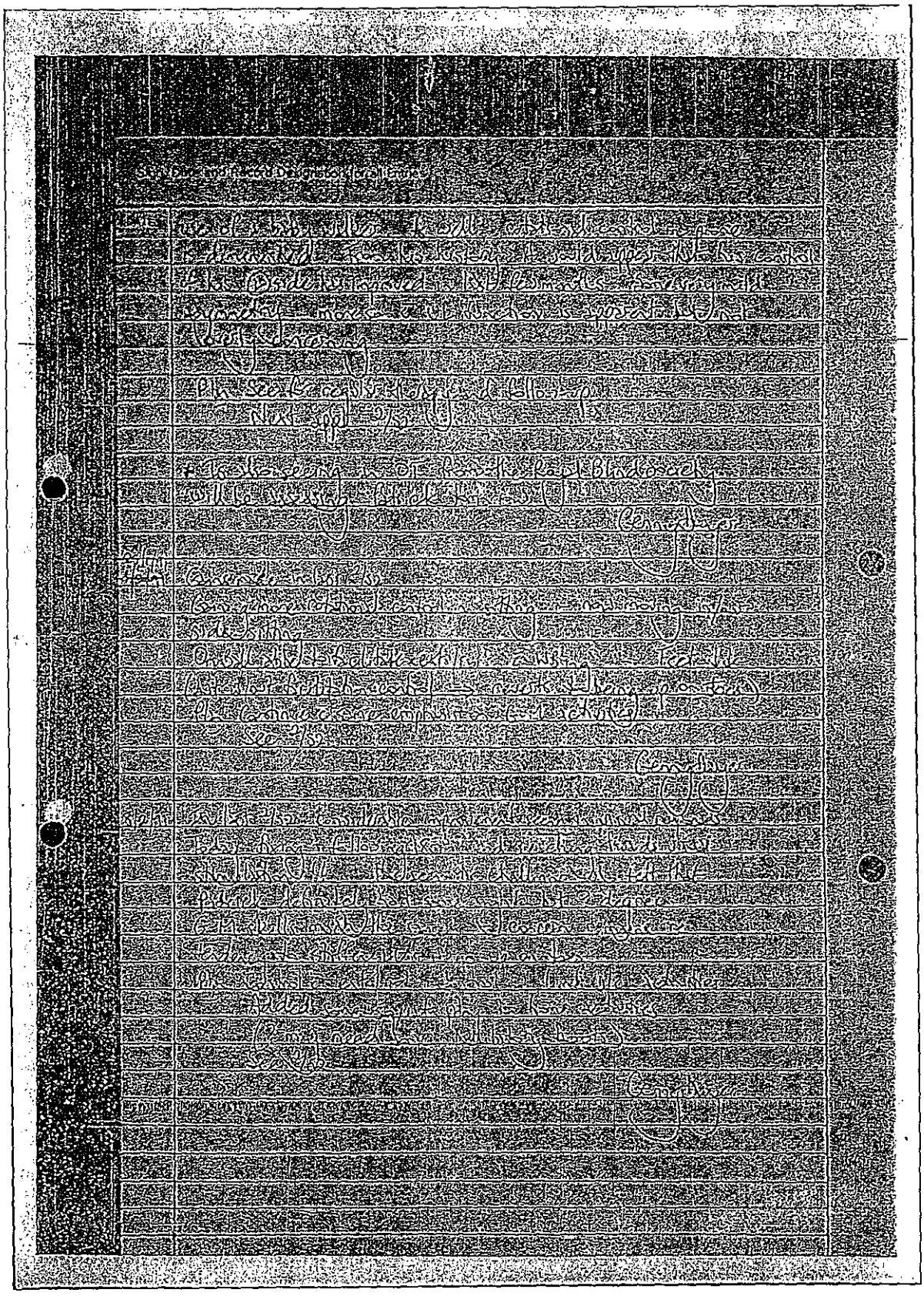
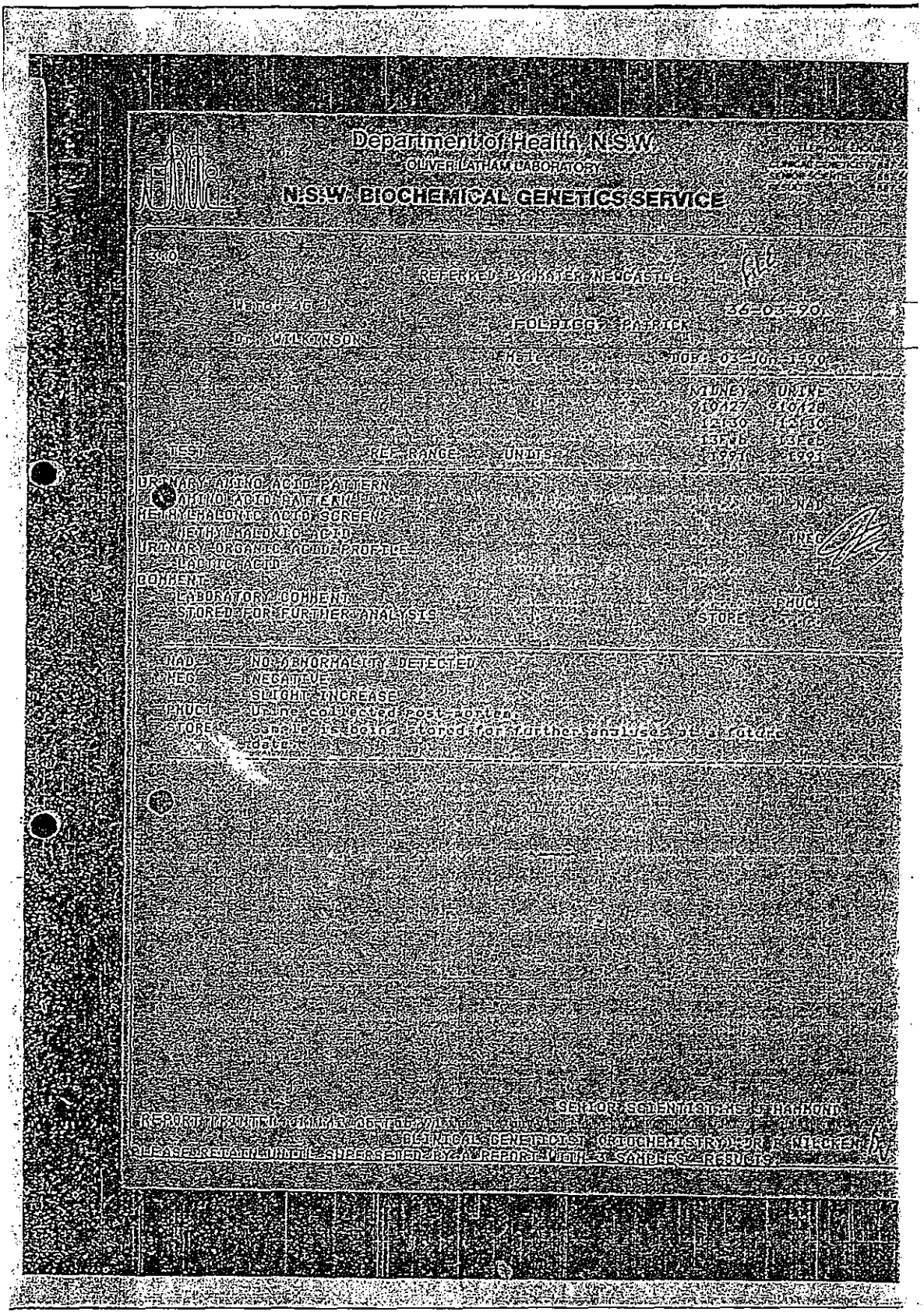
RECORD





Department of Health, N.S.W.
OLIVER LATHAM LABORATORY
N.S.W. BIOCHEMICAL GENETICS SERVICE

REFERRED BY: HUNTER NEWCASTLE,
Mr/Mrs/Miss/Ms: FOLBIGG, PATRICK
Sex: Male
DOB: 03-Jun-1990
36-03-90
MINDEY, AUNTIE
TOAST, STONER
13 Feb 1991
13 Feb 1991

TEST	REF RANGE	UNITS		
URINARY AMINO ACID PATTERN				
AMINO ACID PATTERN			NAD	
METHYLMALONIC ACID SCREEN				
METHYLMALONIC ACID			NEG	
URINARY ORGANIC ACIDS PROFILE				
LACTIC ACID				
COMMENT				
LABORATORY COMMENT				
STORED FOR FURTHER ANALYSIS			STORE	PHUCI

NAD = NO ABNORMALITY DETECTED
NEG = NEGATIVE
SLIGHT INCREASE
PHUCI = Urine collected post-partem
STORE = Sample is being stored for further analysis at -20 degrees

SENIOR SCIENTIST: C. HAGHOND
CLINICAL GENETICIST: BIOCHEMISTRY: DR R. WILCKEN
REPORT TYPED BY: [illegible] REPORT YOUR SAMPLES RESULTS
PLEASE RETAIN UNTIL SUPERSEDED BY A REPORT

(049)
Office) 21 4398
67 9581
28 6534

HAPS Hunter Area Pathology Service

A UNIT OF HUNTER AREA HEALTH SERVICE
A Division of Microbiology

BACTERIOLOGY UNIT, MATER MISERICORDIAE HOSPITAL

MRN: T0000848
FOLBIGG, Patrick

SPEC.TAKEN:13/02/91 36 RAWSON STREET
DATE REC'D:13/02/91 MAYFIELD
H.M.O: NOT STATED SEX: Male AGE: 9
HOSP: NEWCASTLE MATER MISERICORDIAE D.O.B: 03-Jun-19
WARD: PATHOLOGY DEPT: LAB.NO: 91P016452

Specimen : BLOOD CULTURE
Exams : BC on 13-Feb-1991 at 17:3

CLINICAL NOTES: POST MORTEM.
COPY OF REPORT TO DR SINGH-KHAIRA

CULTURE

POSITIVE-B/C: Growth in both bottles after 1 day.
Gram negative rod (org. No 1)has been isolated.
Gram positive coccus (org. No 2) has been isolated.
Organism 1 identified as Escherichia coli
Organism 2identified as Enterococcus faecalis

Escherichia coli

SENSITIVE
Ampicillin

Enterococcus faecalis

SENSITIVE	RESISTANT
Ampicillin	
Erythromycin	

A third organism was also isolated and identified as
Enterococcus avium
Enterococcus avium

DR W.H.MERRELL/H.K.GHOSH

Printed 04/03/91 14:16 FINAL REPORT

17-12

PHONE: (049)
Head Office) 21 4398
67 9581
26 6534

HAPS Hunter Area Pathology Service

A UNIT OF HUNTER AREA HEALTH SERVICE

BACTERIOLOGY UNIT Division of Microbiology IAE HOSPITAL

MRN: T0000846

FOLBIGG, Patrick

SPEC.TAKEN:13/02/91 36 RAWSON STREET
DATE REC'D:13/02/91 MAYFIELD
H.M.O: NOT STATED SEX: Male AGE: 8M
HOSP: NEWCASTLE MATER MISERICORDIAE D.O.B: 03-Jun-1990
WARD: PATHOLOGY DEPT. IAE NO: 91P016459

Specimen : TISSUE
Exams : TIS on 13-Feb-1991 at 15:35

CLINICAL NOTES. POST MORTUM. COPY OF REPORT TO DR. SINGH-KHAIRA.

GRAM STAIN

Pus cells = Scanty
Epithelial = -
Organisms = -

CULTURE

No growth at 24 hours.
No growth at 48 hours.
Anaerobic culture pending.
Cultures kept for 7 days.
No growth after 7 days.
No anaerobes isolated.

DR W.H.MERRELL/H.K.GHOSH

Printed 21/02/91 12:27 FINAL REPORT

17-12

ONE: (049)
ead Office) 21 4398
67 9581
H 26 6534

HAPS Hunter Area Pathology Service

A UNIT OF HUNTER AREA HEALTH SERVICE

Division of Microbiology

VIROLOGY UNIT - JOHN HUNTER HOSPITAL

Newcastle Mater Misericordiae Hospital
Ward: PATH

360390
FOLBIGG, PATRICK
36 RAWSON STREET, MAYFIELD
Male DOB: 03-Jul-1990 AGE: 8 months

Dr. I.WILKINSON

TEST	VIROL 101900 14:33: 13Feb 1991 CSEIZD LUNG	VIROL 101901 14:34: 13Feb 1991 CSEIZD SERUM
*** GENERAL SEROLOGY ***		
Mycoplasma pneumoniae CFT		<32
Mycoplasma pneumoniae-specific IgM		NEG
*** VIRAL CULTURES ***		
Conventional viral culture	NVI	
***** DIAGNOSTIC COMMENTS ****		
Comment	NERI	NERI

CSEIZD = CLINICAL NOTES: Seizure disorder.
LUNG = SPECIMEN: Lung tissue
SERUM = SPECIMEN: Serum
NVI = No virus isolated.
NERI = No evidence of recent infection (completed tests only).

SCIENTIFIC DIRECTOR OF VIROLOGY: Dr Graeme Barnett (049) 21-4398 Fax: (049) 21-4400
PATHOLOGIST: Dr H. K. Ghosh (049) 26-6534
AREA DIRECTOR OF MICROBIOLOGY: Dr W. Hugh Merrell (049) 21-4422
REPORT PRINTED 16:18 13-Mar-91
"Interim report" - please retain until replaced by a permanent report

17-12

Reference No. 101831/MAR N

30 03 90

Name of deceased FOLBIGG, Patrick Alan David

Age 8 months Date of death 13/2/91

Name of certifier D.r I. A. Wilkinson

CAUSE OF DEATH	Approximate interval between onset and death *
PART I	
Disease or condition directly leading to death † (a) Asphyxia due to airway obstruction	1 hour
Antecedent causes (morbid conditions, if any, giving rise to the abovementioned cause, stating the underlying condition last). (b) Epileptic fit	4 month
(c)	
PART II	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.	

RY: Please state the cause of the epileptic fit.

Y: Encephalopathic Disorder. The underlying cause of encephalopathy not determined on investigation

NEWCASTLE MATER MISERICORDIAE HOSPITAL NEWCASTLE, NSW. 2298

SIGNATURE

812

OFFICE COPY

12 FEB 1991

Ambulance Service of New South Wales

GRADE 1 2 3 4 5
REGION 01 02

AMBULANCE REPORT

DATE	JULIAN	CASE No	PATIENT	SEX	AGE
13/2/91	044	0022	1 of 1	F	1

CALL TYPE	AUTHORITY	STN No	RADIO No	RESPONSE	CATEGORY
CA	CALL	Q911	A11	1	C1

TIME BOOKED	TIME OUT	LOCATION	DEPART	DESTINATION	CLEAR
10:02	10:02	10:10	10:15	10:17	11:12

PATIENT DETAILS

CODE	TITLE	SURNAME	FIRST NAME	DOB	STRETCHER S WALKING W CHAIR C
P	MRS	FOLOIA	PATRICIA		

ADDRESS: 36 HAWSON ST MAYFIELD — CODE: 2304

W-COMP / 3rd PARTY DEBTOR DETAILS

CHG. CODE	AMOUNT	CHG. CODE	CODE	TITLE	SURNAME-BUSINESS	INITIALS
2			4999			

PENSION No / WARRANT No | ADDRESS | CODE

OCCUPATION | EMPLOYED BY

		FROM	CODE	TO	CODE
ODO IN	73707	GOSFORD	2304		
ODO OUT	73728				
TRIP KM	7				

HISTORY (State chief complaint first)

ASTHMA ACE + FLOW CONT 2 NEBS O2

P.T.S.
W.T.
A
B.P.
N
S
W
TOTAL

EXAMINATION

AIRWAY	☑ Clear	☐ Obstructed	
BREATHING	☐ Present	☑ Absent	☐ Shallow ☐ Deep
CIRCULATION	☐ Present	☑ Absent	
Buccal Mucosa	☐ Pink	☐ Blue	☑ Pale
Skin temp.	☑ Normal	☐ Cold	☐ Hot
Sweating	☑ Nil	☐ Mod	☐ Profuse
Vomiting	☑ Nil	☐ Small	☐ Large
Fitting	☑ Nil	☐ Yes	Number
Burns	☑ Nil	☐ Superficial %	☐ Deep %
Blood Loss (External)	☐ Nil	☐ Under 500ml	☐ Over 500ml

Site .....

INJURIES

F Fracture, L Laceration, A Abrasion, S Swelling, H Haemorrhage, T Tenderness, C Contusion, D Dislocation, B Burn, P Pain

Specific observations ☐ Nil

PREPARED BY

ASSISTED BY

Breath Sounds

✕ Position of Patient
➢ Point of Impact
▨ Damaged Area
Seat Belt Not / Worn
Estimated Impact Speed High Medium Low

ROAD USER, 1 Driver 2 Passenger 3 Motorcyclist 4 Pillion 5 Pedal Cyclist 6 Pedestrian 7 Other

	Time	Pulse	Blood Pressure	Capillary Filling	Respiration Rate	Respiration Effort	Level of Cons	Total Score
	10:06	0	0	0	0	0	A	
	10:12	0	0	0	0	0	A	
	10:16	0	0	0	0	0	A	

Vital Signs Points: First 0, Final 0

Add Vital Sign Points

Difference Between Total Score

Pupils: Size, Reacts — GLASGOW COMA SCALE

TREATMENT BEFORE ARRIVAL

0 Nil (1) PR within 3 mins. 2 First Aid 3 Medical

Patient's state prior to arrival: A Conscious / Unknown, B Unconscious / Mins. .....

PREVIOUS ILLNESS
☐ Nil ☐ Renal
☐ Unknown ☐ Stroke
☐ Hypertension ☑ Epilepsy
☐ Cardiac ☐ Psychiatric
☐ Respiratory ☐ G.I.T.
☐ Diabetes
☐ Other .....

Allergies ☐ Nil ☑ Unknown

Present Medication ☐ Nil ☐ Unknown
SALBUTAMOL

Comments .....

TREATMENT

AIRWAY: 1 Suction, (2) Oral Airway, 3 Nasal Airway, ☐ ETT

BREATHING: 1 RM, (2) RS, 3 ..... (other), (1) IPPV

CIRCULATION: (1) Cardiac Compression

POSTURE: 1 Lateral, (2) Supine, 3 Sitting, 4 Legs Elevated

O₂ THERAPY: 1 High Conc. Mask, 2 Nasal Prongs, 3 28% Ventimask, 4 14L 2 8L 3 4L, (1) Demand Valve

HAEMORRHAGE CONTROL: ☐ Dressing ☐ Elevation ☐ Pressure

IV CANNULATION: 1 Type ..... 2 Unsuccessful 3 In Situ
Local given ☐ No ☐ Yes

INTUBATION: 1 Type ..... 2 Unsuccessful 3 In Situ

ANALGESIA: E Entonox, N Narcotic; 1 Not Effective, 2 Part Effective, 3 Effective

SPLINTS: 1 Hare, 2 Thomas, 3 Air, 4 Cervical Collar, 5 KED, 6 Other, 7 Oonway

MAST Suit - Inflated: 1 Under 500ml 2 Over 500ml (External blood loss)

TOURNIQUETS: 1 Rotating, 2 Arterial, 3 Lymphatic — Time On .....

STRETCHER: 1 Carry Chair, 2 Back Board, 3 Jordan Frame, 4 Carry Sheet, 5 Other

KITS: 1 Poison, 2 Burns, 3 Maternity, 4 Other

BLOOD SAMPLE TAKEN: Glucose Est ..... Blood Type & Cross Match .....

TYPENEX No.

RHYTHMS MONITORED

(Abbreviations in heavy print)

1 Sinus Rhythm
2 Sinus Bradycardia
3 Sinus Tachycardia
4 Prem. Atrial Cont.
5 SupraVent. Tachy
6 Atrial Fib / Flut.
7 IdioVent. Rhythm
8 Asystole
9 Pacemaker Rhythm
10 Prem. Vent. Cont. — Frequency ..... Runs ☐ R on T ☐ Multifocal ☐
11 Vent. Tachycardia
12 Vent. Fibrillation ☐
13 1° Heart Block
14 2° Heart Block
15 3° Heart Block
16 Junctional
17 Multiple Arrhythmia
18 Elect. Meth. Diss.

TIME	ECG	TREATMENT	DOSE	ROUTE	SHOCK	RESULT	AUTH.

COMMENTS, MEDICAL ASSISTANCE, PROBLEMS, INSTRUCTIONS, ETC

Dr's Signature

Condition at Destination: Improved / Unchanged, Deteriorated

ATTACH ECG HERE

TRANSTAT

	BYSTANDER
	Effect
	ROAD USER
	Severity
1	TREATMENT before arrival
2	Conscious/Uncons
	SUCTION
1	AIRWAY
3	BREATHING
1	IPPV
	CIRCULATION
2	POSTURE
1	O₂ THERAPY
	Litre
	DEMAND VALVE
	CANNULATION
	INTUBATION
	ANALGESIA
	Effects
	SPLINTS
	SPLINTS
	MAST SUIT
	TOURNIQUETS
	STRETCHER
	KITS
	ECG
	ECG
	ECG
	D.C SHOCK
	FLUID/DRUG
	Units
	FLUID/DRUG
	Units
	FLUID DRUG
	Units
	FLUID DRUG
	Units
	FLUID DRUG
	Units
16	PROTOCOL
01	PROTOCOL
	PROTOCOL
	PROTOCOL
	RESCUE
	COMPLICATIONS
	HAZARDS
	TEMS PNEUM PE
	COMMENTS
	MEDICAL REVIEW

OFFICE COPY

DEPARTMENT OF HEALTH, N.S.W.
AMBULANCE SERVICE
GRADE 1 2 3 4 5
REGION 4 R

AMBULANCE REPORT

DATE	JULIAN	CASE No.	PATIENT	SEX	AGE
13/2/91	044	20327	1 of 1	M	8 mo

CALL TYPE	AUTHORITY	STN. No.	RADIO No.	RESPONSE	CATEGORY
CA	CONTROL	211	A68	1	C1

TIME BOOKED	TIME OUT	LOCATION	DEPART	DESTINATION	CLEAR
1003	1003	1040	1015	1018	1107

PATIENT DETAILS

CODE	TITLE	SURNAME	FIRST NAME	D.O.B.	STRETCHER S WALKING W W/CLEAR C
B	MASTER	FOLDICE	PATRICK	3-6-90	S

ADDRESS: 36 Rawson St, MAITLAND — CODE: 2310

W/COMP	3rd PARTY	DEBTOR DETAILS	CODE	TITLE	SURNAME/BUSINESS	INITIALS
					CRAIG FOLDICE	

CHG. CODE	AMOUNT	CHG. KM	ADDRESS	CODE
2		16		

PENSION No. / WARRANT No.: 5868328 — called 0940 HRS

OCCUPATION: Per the call to wife — EMPLOYER: Till 4/2/91 Salala

		FROM	CODE	TO	CODE
ODO IN	416	Res.	2310	MATER	9211
ODO OUT	16944				
TRIP KM	16				

HISTORY (State chief complaint first) COMA 2 FOLDICE PT IS A 8 MONTH OLD C/F RVD COMA 2 TIME ? O/A PT ? SKIN COLOUR INFL. PERIPHERAL CYANOSIS, SKIN TEMPERATURE, NIL VITAL SIGNS. PT PALE, WELL NOURISHED. RVD COMA 2 O/A AT HOSPITAL. CAR 34, # ON SCENE.

EXAMINATION

AIRWAY ☑ Clear ☐ Obstructed

BREATHING ☑ Present ☐ Absent ☑ Shallow ☐ Deep

CIRCULATION ☐ Present ☑ Absent

Buccal Mucosa ☐ Pink ☐ Blue ☑ Pale

Skin temp. ☑ Normal ☐ Cold ☐ Hot

Sweating ☑ Nil ☐ Mod. ☐ Profuse

Vomiting ☑ Nil ☐ Small ☐ Large

Fitting ☑ Nil ☐ Yes Number

Burns ☑ Nil ☐ Superficial % ☐ Deep %

Blood Loss (External) ☑ Nil ☐ Under 500ml ☐ Over 500ml

Site .....

INJURIES

F Fracture L Laceration A Abrasion S Swelling H Haemorrhage T Tenderness C Contusion D Dislocation B Burn P Pain

Specific observations ☐ Nil

PREPARED BY KL

"CHECKED" BY .....

Breath Sounds .....

× Position of Patient
→ Point of Impact
▨ Damaged Area

FRONT

Seat Belt Nat / Warn.

Estimated Impact Speed High Medium Low

ROAD USER. 1 Driver 2 Passenger 3 Motorcyclist 4 Pillion 4 Pedal Cyclist 5 Pedestrian 6 Others

	Time	Pulse	Blood Pressure	Capillary Filling	Respiration Rate	Respiration Effort	L Level of Cons.	Total Score
	1010	NIL	NIL	NIL	NIL		3	
	1015	NIL	NIL	NIL	NIL		1	

Vital Signs Points		Add Vital Sign Points	
	First	NIL + NIL + NIL + NIL + 3	3
	Final	NIL + NIL + NIL + NIL + 3	3
		Difference Between Total Score	3

Pupils

Size T	Size R	Size L	Reacl. R	Reacl. L
0	=	0	2	2
0	=	0	2	2

GLASGOW COMA SCALE

Eye Opening	Motor Response	Verbal Response	Score
1	1	1	3
1	1	1	3

Eye Openings: 4 Spontaneous, 3 To Speech, 2 To Pain, 1 Nil

Best Motor Response: 6 Obeys, 5 Localises, 4 Withdrawal, 3 Abnormal Flexion, 2 Extension, 1 Nil

Verbal Response: 5 Oriented, 4 Confused Conversation, 3 Inappropriate Words, 2 Incomprehensible Sounds, 1 Nil

GCS TABLE

TREATMENT BEFORE ARRIVAL

0 Nil 1 CPR within 2 mins. 2 First Aid 3 Medical

Patient's state prior to arrival: A Conscious C Unknown B Unconscious Mins. .....

PREVIOUS ILLNESS

☐ Nil ☐ Renal
☐ Unknown ☐ Stroke
☐ Hypertension ☐ Epilepsy
☐ Cardiac ☐ Psychiatric
☐ Respiratory ☐ G.I.T.
☐ Diabetes
☐ Other .....

Allergies ☐ Nil ☐ Unknown .....

Present Medication ☐ Nil ☐ Unknown .....

Comments .....

TREATMENT

AIRWAY 1 Suction, (1) Oral Airway, 2 Nasal Airway, ☐ ETT

BREATHING 1 RM, (2) RS, 3 ..... (other), (1) IPPV

CIRCULATION 1 Cardiac Compression

POSTURE 1 Lateral, (2) Supine, 3 Sitting, 4 Legs Elevated

O_2 THERAPY 1 High Conc. Mask, 2 Nasal Prongs, 3 28% Ventimask, 1 4L 2 8L 3 4L (1) Demand Valve

HAEMORRHAGE CONTROL ☐ Dressing ☐ Elevation ☐ Pressure

IV CANNULATION 1 Type ..... 2 Unsuccessful 3 In Situ. Local given ☐ No ☐ Yes

INTUBATION 1 Type ..... 2 Unsuccessful 3 In Situ

ANALGESIA E Entonox N Narcotic; 1 Not Effective 2 Part Effective 3 Effective

SPLINTS 1 Hare 2 Thomas 3 Air 4 Cervical Collar 5 KED 6 Other 7 Donway

MAST Suit - Inflated 1 Under 500ml 2 Over 500ml (External blood loss)

TOURNIQUETS 1 Rotating 2 Arterial 3 Lymphatic. Time On .....

STRETCHER 1 Carry Chair 4 Carry Sheet 2 Back Board (5) Other 3 Jordon Frame

KITS 1 Poison 2 Burns 3 Maternity 4 Other

BLOOD SAMPLE TAKEN Glucose Est. ..... Blood Type & Cross Match .....

TYPENEX No.

RHYTHMS MONITORED (Abbreviations in heavy print)

1 Sinus Rhythm
2 Sinus Bradycardia
3 Sinus Tachycardia
4 Prem. Atrial Cont.
5 SupraVent. Tachy
6 Atrial Fib/Flut.
7 IdioVent. Rhythm
8 Asystole
9 Pacemaker Rhythm
10 Prem. Vent. Cont. Frequency ..... Runs ☐ R on T ☐ Multifocal ☐
11 Vent. Tachycardia
12 Vent. Fibrillation
13 1° Heart Block
14 2° Heart Block
15 3° Heart Block
16 Junctional
17 Multiple Arrhythmia
18 Elect. Mech. Diss. ☐

TIME	ECG	TREATMENT	DOSE	ROUTE	SHOCK	RESULT	AUTH.

CHECKED
CASE SHEET
DETAIL CHECKED &
FOUND CORRECT

COMMENTS, MEDICAL ASSISTANCE, PROBLEMS, INSTRUCTIONS, ETC. D.I.C. — STATION OFFICE

Dr's Signature .....

Condition at Destination ☐ Improved ☐ Unchanged ☐ Deteriorated

Officer 1 Driving — PRINT NAMES — Officer 2: R. COTTLE

SIGNATURES & EMPLOYEE No. 1045 — 966

ATTACH E...S HE...

- BYSTANDER
- Effect
- ROAD USER
- Severity
- 5 TREATMENT brf
- 5 Conscious/Unco
- SUCTION
- 1 AIRWAY
- 1 BREATHING
- 1 IPPV
- 2 CIRCULATION
- 1 POSTURE
- 1 O_2 THERAPY
- Litre
- 4 DEMAND VALVE
- CANNULATION
- INTUBATION
- ANALGESIA
- Effects
- SPLINTS
- SPLINTS
- MAST SUIT
- TOURNIQUETS
- 5 STRETCHER
- KITS
- ECG
- ECG
- ECG
- D.C. SHOCK
- FLUID/DRUG
- Units
- FLUID/DRUG
- Units
- FLUID/DRUG
- Units
- FLUID/DRUG
- Units
- FLUID/DRUG
- Units
- PROTOCOL
- PROTOCOL
- PROTOCOL
- PROTOCOL
- RESCUE
- COMPLICATION
- 0 HAZARDS
- 0 TENS PNEUM RE
- 1 COMMENTS
- 0 MEDICAL REVIE

CASE No 344 037

CAR No. 65 STATION A

TIME RECEIVED 10 03 PM 13

ETO ADVISED

TIME OUT 10 03 PM 13

SUBURB Mansfield

OFFICERS ON CASE

1

2 o/s. 10 10 PM 13

3 K. Coyle

3

4 D. Mullins

4

5

5 o/s. 10 15 PM 13

6

6

7

7

8

8

CALLED BY PHONE

NAME OR LOCATION 36 Rawson St.

CROSS STREET OR LANDMARK

NATURE OF EMERGENCY Baby 8 yrs ? Code 4

No. OF INJURED

TO Mans. Hosp.

Paramedic response	Yes	
Breathing difficulty		
Chest pain		
Severe bleeding		
Severe injury/burns		
Fitting		
Others		

RESCUE VAN POLICE

RECEIVED BY B.U. CONTROL OFFICER

CASE No. 144 036

CAR No. 36

TIME RECEIVED 10 02 [illegible] 13

ETD ADVISED

STATION Fi

TIME OUT 10 02 [illegible] 13

SUBURB Mayfield

10 10 [illegible] 13

OFFICERS ON CASE

2

3 Y. HETHERINGTON 3

4 4

5 5

6 6

7 7

8 8 [illegible]

CALLED BY Mrs Selbick PHONE 672155

NAME OR LOCATION [illegible] 36 Rawson St

CROSS STREET OR LANDMARK Scholey St

NATURE OF EMERGENCY boy 8 mths ? Code 4

No. OF INJURED

TO

Paramedic response	Yes	
Breathing difficulty		
Chest pain		
Severe bleeding		
Severe injury/burns		
Fitting		
Others		

RESCUE VAN

POLICE CONTROL OFFICER

RECEIVED BY

NEW SOUTH WALES

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1995

DEATH CERTIFICATE

REGISTRATION NUMBER

101831/1991

1 DECEASED	Family Name	FOLBIGG
	Christian or Given Name(s)	PATRICK ALAN DAVID
	Date of Death	13 February 1991
	Place of Death	WARATAH (MATER MISERICORDIAE HOSPITAL)
	Sex and Age	Male 8 months
	Place of Birth	WARATAH, NEW SOUTH WALES
	Period of Residence in Australia	Life
	Place of Residence	36 RAWSON STREET, MAYFIELD 2304
	Usual Occupation	-
	Marital Status at Date of Death	-
2 MARRIAGE(S)	Place of Marriage	
	Age when Married	
	Full Name of Spouse	
3 CHILDREN	In order of birth names and ages	
4 PARENTS	Father's Name	CRAIG GIBSON FOLBIGG
	Mother's Name	KATHLEEN MEGAN
	Mother's Maiden Family Name	MARLBOROUGH
5 MEDICAL	Cause of Death and Duration of last illness	(A) ASPHYXIA DUE TO AIRWAY OBSTRUCTION 1 HOUR (B) EPILEPTIC FITS 4 MONTHS
	Name of Certifying Medical Practitioner or Coroner	Dr. I.A. WILKINSON
6 BURIAL or CREMATION	Date	15 February 1991
	Place	NEWCASTLE CREMATORIUM
7 INFORMANT	Name	C.G. FOLBIGG
	Address	36 RAWSON STREET, MAYFIELD 2304
	Relationship to deceased	FATHER
8 REGISTERING AUTHORITY	Name	V. M. Bennett, Principal Registrar
	Date	06 March 1991
9 ENDORSEMENT(S)		Not any

Before accepting copies, sight unaltered original. The original has a coloured background.

REGISTRY OF BIRTHS DEATHS AND MARRIAGES

SYDNEY 17 Jan 2000

I hereby certify that this is a true copy of particulars recorded in a Register in the State of New South Wales, in the Commonwealth of Australia

Registrar

TELEPHONE: (049)
Cytogenetics 21 4317
Molecular Genetics 21 4279
Molecular Biology 21 4279
Facsimile: (049) 21 4442

HAPS Hunter Area Pathology Service
A UNIT OF HUNTER AREA HEALTH SERVICE
Division of Molecular and Cell Biology

Enquiries : Kerry Fagan
Telephone : (049) 214452
fax : (049) 214400

CYTOGENETICS LABORATORY
The John Hunter Hospital
Rankin Park NSW 2287

CYTOGENETIC REPORT

Laboratory Number: 9170093

MRN: 360390
FOLBIGG Patrick Sex : M
36 Rawson St
Mayfield 2304
D.O.B: 3/06/90

Referring Doctor: Wilkinson

Nature of Specimen : Skin biopsy Date Specimen Received : 13/02/91

Items : 2361-2366-

Results :

Chromosome analysis of tissue fibroblasts culture show a normal male karyotype, 46,XY.
Gross GTG banding studies confirm this result.
Culture of peripheral blood was unsuccessful.

Comment :Fibroblasts have been stored in liquid nitrogen for future retrieval.

Kerry A Fagan HGSA CC
Cytogeneticist in Charge
8/04/91

send report to Dr Wilkinson

and Dr G. Singh-Khaira, Anat. Path., MMH

F

FORM D

NEWCASTLE MATER MISERICORDIAE HOSPITAL

L3

HUMAN TISSUE ACT, 1983

AUTHORITY FOR POST MORTEM EXAMINATION

MEDICAL RECORD NO: 36039 D

NAME OF DECEASED: Patrick FOLBIGG

STATEMENT BY SENIOR AVAILABLE NEXT OF KIN:

I, CRAIG FOLBIGG Aged
(name of next of kin)

of 36 Rawson St Maryfield
(address of next of kin)

hereby state -

1. I have no reason to believe that the abovenamed deceased had expressed an objection to the post-mortem examination of his/her body after death.

2. ✓ I have no objection to the post-mortem examination of the body of the deceased.

3. I have no reason to believe that an equally or more senior next of kin of the deceased has an objection to the post-mortem examination of the body.

4. ✓ The purpose of the post-mortem examination has been explained to me to my satisfaction.

Signature of Next of Kin .....

Relationship to Deceased FATHER

Date 13/2/91

Department of Health, N.S.W.
OLIVER LATHAM LABORATORY
N.S.W. BIOCHEMICAL GENETICS SERVICE

TELEPHONE ENQUIRIES:
CLINICAL GENETICIST 887 565
SENIOR SCIENTIST 887 564
RESULTS 887 566

3.0

REFERRED BY:MATER NEWCASTLE

FILE

Ward: 4G

36-03-90

FOLBIGG, PATRICK

Dr. WILKINSON

Male

DOB: 03-Jun-1990

TEST	REF RANGE	UNITS	KIDNEY 910427 12:30 13Feb 1991	URINE 910428 12:30 13Feb 1991
URINARY AMINO ACID PATTERN				
AMINO ACID PATTERN	... ...	.....		NAD
METHYLMALONIC ACID SCREEN				
METHYLMALONIC ACID	... ...	.....		NEG
URINARY ORGANIC ACID PROFILE				
LACTIC ACID	... ...	.....		+
COMMENT				
LABORATORY COMMENT	... ...	.....		PMUC1
STORED FOR FURTHER ANALYSIS	... ...		STORE	.....

NAD = NO ABNORMALITY DETECTED
NEG = NEGATIVE
\+ = SLIGHT INCREASE
PMUC1 = Urine collected post-mortem.
STORE = Sample is being stored for further analyses at a future date.

SENIOR SCIENTIST:MS J HAMMOND

REPORT PRINTED 11:42 25-Feb-91

CLINICAL GENETICIST (BIOCHEMISTRY):DR B WILCKEN

PLEASE RETAIN UNTIL SUPERSEDED BY A REPORT WITH 3 SAMPLES' RESULTS.

Sign, Date and Record Designation for all Entries

DATE

A\E
DATE 3 FEB 1991
TIME OF ARRIVAL 1025 ← 1020
TIME SEEN BY R.M.O. 1020
TIME OF DISCHARGE

T= P- R= Wt-

Asystolic arrest of 8/12 old boy.

Background Presented 5/12 of age apnoeic & floppy. Subsequently: resuscitated
? encephalitis / encephalopathy
seizure disorder — difficult to control previously, better control of late.
cortical blindness
developmental regression

Brother died 1989 19/52 old "SIDS" — Caleb.

Last night ? seizure
mild ↑ Temp
otherwise no problems.

This am 0730 — Patrick put back to sleep was 'well'
930 — 10 — Mum found baby. Rang husband. Rushed home from work No heart beat or breathing. Commenced CPR Ambo & phoned.
Paramedics arrived: No heart beat No resps. CPR continued. Baby's colour "good" and still warm.
1020: Arrived Mater Cas.
Asystole on monitor.
ETT & IV cannula inserted.
1020 5mls of 1:10,000 adrenalin given ETT
1022 5ml of 1:10000 adrenalin IV given.

N.M.M.H.

OUTPATIENT CONTINUATION RECORD

Sign, Date and Record Designation for all Entries.

Please use gummed label if available

		SURNAME Foldigg	UNIT NUMBER
		OTHER NAMES Patrick	
		ADDRESS	
		DATE OF BIRTH	WARD
		V.M.O.	R.M.O.

5mls ie 1:1 made. Co & Glucose

13/2/91 1025 ~~5gm~~ Ca gluconate given IV

1029 2.5mL 1:10,000 adrenalin given IV

1032 2.5mL 1:10,000 adrenalin given IV

Only alteration from asystole was the transient development of an agonal rhythm after the -- dose of adrenalin.

S/B Dr Dzendolet, Dr I. A. Wilkinson. Resus team led by Dr Walker.

CPR continued until arrival of mother. With both parents at bedside, Dr Wilkinson explained that there would be no benefit from further efforts.

1040 Resuscitation ceased and life pronounced extinct.

Parents taken to "Parents room."

Parents s/b Dr Wilkinson, pastoral care people, Leanne Ellison (SWO)

Post mortem desired. — paternal permission

WALKER

8/12 ♂ child with PMH Epilepsy
2° Cortical Blindness

Mother found child apnoeic + lifeless + called Dr Wilkinson + called her husband from work. Mr Foldigg absent from Kilara Transfusion Comm. Commenced Bystander CPR on arrival. Ambulance (non paramedic) arrived ~1010 — transported to NMMH arrived 1020 hrs. on monitor

On arrival Asystolic Apnoeic. Receiving expired air resuscitation.

Sign, Date and Record Designation for all Entries

DATE

6.5 non-cardiac ETT

Give Adrenaline 1.0 mL 1:10,000 dilute to 10 mL via ETT

then Adrenaline 5 mL 1:10,000 IVI = 0.5 mg

followed by 2 fluid flushes 5 mL

0.5 mg / IVI

continued cardiac / ECG

Agonal Rhythm 10 bradycardia obtained on ECG monitor after Adrenaline

No output obtained

Resuscitation ceased after 20 min at 1040

Patient deceased. 1040 hrs

Viz no BP

nil pulses

nil spont. respirations

Dr Williamson has filled in an intention to sign death certificate + permission for Autopsy obtained.

Angela Cameron

INTERNS

UR - 36 - 03 - 90.

NEWCASTLE MATER HOSPITAL, WARATAH

PATHOLOGY DEPARTMENT

AUTOPSY PART I

SURNAME:	FOLBIGG
CHRISTIAN NAME:	PATRICK
SEX:	MALE
DATE OF BIRTH:	03.06.1990 (8 MONTHS)
MEDICAL RECORD NO.:	36 03 90
TIME AND DATE OF DEATH:	13.02.1991 - 1040 HOURS
TIME AND DATE OF P.M.:	13.02.1991 - 1230 HOURS
P.M. FILE NO.:	91/7
P.M. CONDUCTED BY:	DR. J. BISHOP / DR. G. SINGH-KHAIRA
MEDICAL OFFICER:	DR. I. WILKINSON / DR. R. MORRIS
REFERRED BY:	DR. C. MARLEY, NEWCASTLE.

CLINICAL DIAGNOSIS

1. ENCEPHALOPATHIC DISORDER LEADING TO INTRACTABLE SEIZURES. THE UNDERLYING CAUSE OF ENCEPHALOPATHY NOT DETERMINED ON INVESTIGATION.
2. ASYSTOLIC CARDIAC ARREST AT HOME LEADING TO DEATH.

MACROSCOPIC DIAGNOSIS

1. NORMALLY FORMED MALE INFANT OF APPROXIMATELY EIGHT MONTHS OF AGE.
2. BRAIN AND SPINAL CORD FIXED FOR LATER DISSECTION.
3. HEPATIC CONGESTION.
4. CONGESTED POSTERO-BASAL DEPENDANT SEGMENTS - BOTH LUNGS.
5. ENLARGED THYMUS.

CLINICAL HISTORY:

Presenting complaint: Brought into MMH casualty at 1020 hours by paramedics on 13.02.1991 after an asystolic cardiac arrest at home.

History of presenting illness: The mother put Patrick to bed at 0730 hours. At 0930-1000 hours she found that the baby was not breathing. The baby arrived in MMH casualty at 1020 hours. ECG monitor showed an asystole. Subsequent resuscitation efforts were unsuccessful and the infant was pronounced dead at 1040 hours.

MACROSCOPIC REPORT

EXTERNAL APPEARANCE:

The body was that of a normally formed, well nourished male infant weighing 8.57kg with head circumference 44cm, crown rump length 53cm, crown heel length 77cm and foot length 10cm. Peripheral oedema, signs of trauma and jaundice were absent. Externally no abnormality was present. Page 1

CENTRAL NERVOUS SYSTEM: FOLBIGG - P.M. 91/7

Bones of the skull: The anterior fontanelle was open and of normal size. The posterior fontanelle was closed.

Meninges: No abnormality detected.

Brain: Weighed 750 grams (normal average weight at this age is approximately 714 grams). The brain was fixed for later dissection.

Spinal cord: No abnormality detected. Spinal cord was fixed for later dissection.

RESPIRATORY SYSTEM:

Pleura, diaphragm and the rib cage: No abnormality detected.

Larynx, trachea and bronchi: All these structures were examined and contained frothy mucoid secretion. No foreign bodies were present. The mucosal linings were normal.

Lungs: Right weighed 55 grams (normal average weight at this age is approximately 52 grams). Left weighed 50 grams (normal average weight at this age is approximately 45 grams). Both lungs were congested in their posterior basal dependant segments. No other abnormality was present. Lung tissue was collected for viral and bacterial cultures.

CARDIOVASCULAR SYSTEM:

Pericardium: No abnormality detected.

Heart: Weighed 49 grams (normal average weight at this age is 44 ± 8 grams). The atria, ventricles and the valves were examined and showed no abnormality. The origin of blood vessels from the heart was normal. The atrio-ventricular ring from the heart was kept for further histological studies (if required). Heart tissue was collected for EM and metabolic studies.

Aorta and its branches: No abnormality detected.

Venous system: No abnormality detected.

Lymphatic system: No abnormality detected.

HAEMOPOIETIC SYSTEM:

Thymus: Weighed 30 grams (normal average weight at this age is 10 ± 2 grams). It was enlarged. No other abnormality was present.

Spleen: Weighed 27 grams (normal average weight at this age is 20 grams). No abnormality detected.

HAEMOPOIETIC SYSTEM:

Bone marrow: No abnormality detected.

HEPATIC-BILIARY SYSTEM AND PANCREAS:

Liver: Weighed 284 grams (normal average weight at this age is 254 grams). On section it was congested.

Liver tissue was collected for EM and metabolic studies.

Gall bladder and bile ducts: No abnormality detected.

Pancreas: Weighed 15 grams (normal average weight at this age is 13 ± 2 grams). No abnormality detected.

Peritoneal cavity: No abnormality detected.

GASTROINTESTINAL SYSTEM:

The entire gastrointestinal tract was normal.

URINARY SYSTEM:

Kidneys: Right weighed 32 grams (normal average weight at this age is 31 grams). Left weighed 33 grams (normal average weight at this age is 31 grams). Both kidneys showed no abnormality. Kidney tissue was collected for EM and metabolic studies.

Ureters and urinary bladder: No abnormality detected. Approximately 10ml of urine was collected for metabolic studies.

ENDOCRINE SYSTEM:

Pituitary gland: No abnormality detected.

Thyroid gland: Weighed 4 grams. No abnormality detected.

Adrenal glands: Both together weighed 6 grams. No abnormality detected.

MUSCULOSKELETAL SYSTEM:

No abnormality detected. Skeletal muscle was collected for histology, EM and metabolic studies.

Skin: No abnormality detected. Sections of skin were collected for chromosome studies and fibroblast cultures.

Blood: Blood was collected for chromosomes, culture, Tegretol and Phenobarbitone levels, and FBC.

INVESTIGATIONS ON POST MORTEM TISSUE: FOLBIGG - P.M. 91/7

1. Urine, Tissue: Snap frozen were sent to Judith Hammond at the Oliver Latham Laboratory.

2. Dr. Bale, RAHC was questioned concerning investigation of a cardiac conduction defect.

   As previous ECG monitoring showed no abnormality and arrhythmias were never noted clinically. This was thought to be very unlikely.

   Histological confirmation involves embedding and sectioning of the entire atria ventricular ring. Identification of ectopic conduction bundles in this age group is difficult and depends on histological recognition. Special stains are unhelpful. Tissue kept for subsequent dissection if requested.

3. Tissue for viral studies (blood for viral Ab's and lung tissue) have been sent to the JHH Virology laboratory.

4. Tissue collected for EM has been stored at the Mater in case histological or metabolic studies suggest EM would be useful.

5. Fibroblast cultures will be forwarded by Cytogenetics to Dr. Carey at the Adelaide Children's Hospital.

DR. J. BISHOP / DR. G. SINGH-KHAIRA
14.02.1991

HAPS

Hunter Area Pathology Service
A UNIT OF HUNTER AREA HEALTH SERVICE
Division of Anatomical Pathology

Dr J. Bishop
Dr S. Braye
Dr V. Chetty
Prof K. Donald
Dr N. Ferguson
Dr R. Hurugasu
Dr A. Price

J.H.H. Ph (049) 214443 Fax (049) 214794
M.M.H. Ph (049) 211220 Fax (049) 602136

M.M.H. AUTOPSY REPORT

Hospital/MRN	: Q211/0360390	NAME	: FOLBIGG, PATRICK
WARD	: MEDICAL RECORDS	ADDRESS	: 36 RAWSON STREET
REQUESTING Dr	: DR I. WILKINSON		MAYFIELD 2304
REQUEST DATE	: 13/02/91	D.O.B.	: 03-Jun-1990
LABORATORY No	: MA9100007	SEX	: Male

Specimen : POST MORTEM EXAMINATION
Exams : 0000 MPM LW on 13-Feb-1991 at 12:30

c.c. DR. R. MORRIS
c.c. DR. C. MARLEY, NEWCASTLE

CLINICAL DIAGNOSIS:

* ENCEPHALOPATHIC DISORDER LEADING TO INTRACTABLE SEIZURES. THE UNDERLYING CAUSE OF ENCEPHALOPATHY NOT DETERMINED ON INVESTIGATION.
* ASYSTOLIC CARDIAC ARREST AT HOME LEADING TO DEATH.

FINAL DIAGNOSIS:

* NORMALLY FORMED MALE INFANT OF APPROXIMATELY EIGHT MONTHS OF AGE.
* OLD INFARCTS AND GLIOSIS IN THE PARIETO-OCCIPITAL AREA (BOTH CEREBRAL HEMISPHERES), WHICH ARE PROBABLY SECONDARY TO THE CARDIO-RESPIRATORY SUFFERED AT ABOUT FIVE MONTHS OF AGE.

33

MACROSCOPIC REPORT:

CENTRAL NERVOUS SYSTEM:

Bones of the skull - The anterior fontanella was open and of normal size. The posterior fontanella was closed.
Meninges - No abnormality detected.
Carotids, vertebrals, basilar arteries and Circle of Willis - No abnormality detected.

Brain - Weighed 750 grams. Grossly the gyri of both occipital lobes (visual cortex) were shrunken, thinner and more undulated than normal and the sulci were widened. The frontal, parietal and the temporal lobes externally showed no macroscopic abnormality. On section the cortical grey matter of the visual cortex in both hemispheres was thinner than normal and showed cystic degeneration. The cysts measured 1-2mm in diameter and were present in a linear pattern at the junction of the grey matter and white matter. The underlying white matter was whiter and firmer than normal and appeared to be expanded. The effected areas in the right and left occipital hemispheres measured approximately 40 x 35 x 35mm and 35 x

continued

NORMAN MORRISS PRINTERS — (049) 28 1850

HAPS
Hunter Area Pathology Service
A UNIT OF HUNTER AREA HEALTH SERVICE
Division of Anatomical Pathology

35 x 30mm respectively. Similar areas of firm white matter were present in left frontal and both parietal lobes.

The remaining cerebral parenchyma showed no macroscopic abnormality.

The mid-brain, pons, medulla oblongata and the cerebellum were macroscopically normal.
Spinal cord - No abnormality detected.

MICROSCOPIC REPORT:

BRAIN:

Please see the attached microscopic report from Dr. Alex Kan (Camperdown Childrens Hospital, Sydney).

LUNGS:

Sections from both lungs were examined. The lung parenchyma showed no significant abnormality apart from small foci of alveolar collapse in the periphery of the lung. The bronchi, bronchioli and the pulmonary blood vessels were normal. The maturation of the lung tissue was consistent with the stated age of the infant.

SECTIONS from the heart, skeletal muscle, liver, spleen, thymus, pancreas, kidneys, thyroid gland, adrenal glands, testes and the gastrointestinal tract were examined, all showed no abnormality apart from mild P.M. autolysis.

The maturation of the abovementioned tissue and organs was consistent with the stated age of the infant.

Post mortem blood cultures grew mixed cocci and bacilli identified as E.coli, Enterococcus faecolis and Enterococcus avium. These findings are not significant and probably reflect contamination. Post mortem lung tissue cultures were negative for organisms. Post mortem lung tissue cultures for viruses and mycoplasma were negative.

TX2020 M49160
TX2020 M54700
TX2030 M49160
TX2030 M54700

Reported 02.09.1991 - DR. J. BISHOP / DR. G. SINGH-RHAIRA

DR J.BISHOP

NORMAN MORRISS PRINTERS — (049) 29 1058
-12-90

Newcastle Mater Misericordiae Hospital
WARATAH
N.S.W. 2298
AUSTRALIA

PHONE: (049) 67 9321
FAX: (049) 60 1197

GSK:LW

18th February, 1991

Dr. Judith Hammond,
Oliver Latham Laboratory,
Macquarie Hospital,
Cox's Road,
NORTH RYDE N.S.W. 2113

Dear Dr. Hammond,

RE: Patrick FOLBIGG. Sex: Male.
D.O.B. 03.06.1990 (Age 8 months).
P.M. File No.: 91/7

Please find enclosed with this covering letter a copy of the Post Mortem report on "Patrick FOLBIGG". I am sending, as requested by you, frozen urine and tissue samples for metabolic studies.

I believe Dr. J. Bishop and Dr. I. Wilkinson have spoken to you about this case at length on the phone. We have fixed the brain and spinal cord in formalin. We also have kept samples of tissue for electron microscopy. If you need any further tissue please let me know and I will send it through a courier.

Thanking you.

Yours sincerely,

DR. G. SINGH-KHAIRA
ANATOMICAL PATHOLOGY

214855 214966

(FORM D)

AUTHORISATION BY DESIGNATED OFFICER:

I, NIGEL LYONS
(name of designated officer)

1. Hereby state that, having made such enquiries as are reasonable in the circumstances, I am satisfied –

- that the abovenamed deceased had, during his/her lifetime, expressed the wish for, or consented to, the post mortem examination of his/her body and that he/she had not withdrawn the wish or revoked the consent:

or

- that the abovenamed deceased had not, during his/her lifetime, expressed an objection to the post mortem examination of his/her body and a senior available next of kin of the deceased has not objected to the examination;

or

- that the abovenamed deceased had not, during his/her lifetime, expressed an objection to the post mortem examination of his/her body and I, having addressed an inquiry to the Commissioner of Police, am unable to ascertain the existence or whereabouts of a next of kin of the deceased:

Signature of Designated Officer .....

Date 19.12.91

* Delete if not applicable

IW/mp
February 21, 1991.

Dr. Chris Marley,
C/R King & Perkins Sts,
NEWCASTLE. 2300.

c.c. Dr. C. Challinor
Oliver Latham Lab.
Ms. J. Dwyer, Mater
Dr. W. Carey, Adelaide Children's
Social Work Dept, Mater

Dear Chris,

Re: Patrick FOLBIGG
36 Rawson St, Mayfield.

This is just a formal letter to follow-up our 'phone call. Patrick died at the Mater Hospital on February 13, 1991.

He had a fever the night before, and his parents wondered about the possibility of his having had a seizure at that time. He apparently slept well enough, seemed happy and played with his father early in the morning, and his mother put him down to sleep at about 7.30 a.m., and discovered him a couple of hours later, quite lifeless.

Although he was still warm when found, and when the paramedics came, I am suspicious that he was already dead at that point.

Certainly we were unable to resuscitate him at the Hospital.

An initial post mortem showed some fairly minor petechial haemorrhages, which really could have been agonal, and were not indicative of a cause for his death.

Further investigations are pending. Fibroblasts are being cultured at the Mater, and frozen urine, and also frozen liver specimens have been sent to the Oliver Latham Laboratory.

Clearly with this death at 8 months, coupled with his brother's death at 20 days, we must consider the possibility of some familial disorder, although the cause for this is not clear at the moment.

The only biochemical label we have ever had on a metabolic condition was an arterial lactate, which was elevated on one occasion at 1.6.

He has already had a workup at the Adelaide Children's Hospital, but I have spoken to Judy Hammond, at the Oliver Latham Laboratory, and she will endeavour to look further for some underlying metabolic disorder.

His brain is being fixed at this moment, but we are discussing where it would be best examined when it is ready in a few weeks time.

I have spoken to his parents on February 18, just indicating that we found no particular cause for his death, but that further tests were proceeding. As is my usual practice, I have asked to sit down with them again at any time, but certainly after the post mortem results are available.

.....2/

More tragically, although we have had a lot of very grave concerns about this young man's future, it appeared as though he was now starting to make some very good gains.

With kind regards.

Sincerely,

Ian Wilkinson.

IW/mp
February 21, 1991.

Dr. Chris Marley,
C/R King & Perkins Sts,
NEWCASTLE. 2300.

c.c. Dr. C. Challinor
Oliver Latham Lab.
Ms. J. Dwyer, Mater
Dr. W. Carey, Adelaide Children's
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With kind regards.

Sincerely,

Ian Wilkinson.

Newcastle Mater Misericordiae Hospital
WARATAH
N.S.W. 2298
AUSTRALIA

PHONE: (049) 67 9321
FAX: (049) 60 1197

GSK:LW

11th March, 1991

Dr. Carey,
Adelaide Children's Hospital,
72 King William Road,
NORTH ADELAIDE S.A. 5006

Dear Dr. Carey,

RE: Patrick FOLBIGG
D.O.B. 03.06.1990 (Age: 8 months)
MRN: 36 03 90
P.M. FILE NO.: 91/7

I believe Dr. I. Wilkinson (Paediatrician) from Newcastle has contacted you regarding Patrick. As requested I am sending fibroblast cultures and a copy of the post mortem report herewith.

Yours sincerely,

DR. G. SINGH-KHAIRA
ANATOMICAL PATHOLOGY

I.B.P. – Form 687

IW/bw
March 19, 1991.

Dr. G. Thompson,
c/- Murdoch Institute,
Royal Children's Hospital,
PARKVILLE. 3052

c.c. Mrs. K. Fagen, Cytogenetics, JHH
Dr. P. Nelson, Dept. of Chemical Pathology
Adelaide Children's Hospital

Dear Geoff,

Re: Patrick FOLBIGG
36 Rawson Street, MAYFIELD.

This young man died recently at our hospital, after being found apnoeic at home.

He had a history of illness going back to four months, with seizures, the development of cortical blindness, and signs of cerebral palsy.

We had investigated him fairly fully, including lysosomal enzymes and long chain fatty acids, without finding a cause.

At one stage during a convalescent period, he had an arterial lactate of 1.6.

He had a sibling who died at 20 days of age, from a "cot death"

This is considered by my colleagues to be unusually young, although no obvious cause was found. His brain was not subjected to any particular examination.

We have cultured fibroblasts from Patrick, and they are currently being kept at the John Hunter Hospital, Newcastle, in the laboratory of Kerry Fagan. Also, inadvertently, some fibroblasts were sent to the Adelaide Children's Hospital, where they are in the hands of Paul Nelson.

I would be most grateful if you would consider having a look at these fibroblasts from the point of view of his pyruvate-lactate metabolism, and if so could you let us know, and we will either arrange for them to be sent down from Newcastle or across from Adelaide.

I believe we owe it to these young parents, without any other children, to try and remove all possible specific causes for the death of their two children.

I did not mention it but a urinary metabolic screen, and full biochemical profile profile on Patrick were normal. Specifically there was no abnormality of organic acids, or lactic acid on the urine.

With kind regards.

Sincerely,

Ian Wilkinson.

Victorian Clinical Genetics Services

Director: Professor David M. Danks

GT:dd

25 March, 1991

Dr. Ian Wilkinson
115 Elder Street
LAMBTON NSW 2299

Dear Ian,

Re: Patrick FOLBIGG
36 Rawson Street
MAYFIELD

Thank you for your recent letter regarding Patrick. In our experience it is hard to sustain a diagnosis of primary lactic acidosis of a form severe enough to cause the symptoms Patrick had in the presence of a normal arterial lactate concentration and absence of abnormal organic acids in urine. While we are keen to offer screening of fibroblasts for defects in lactate metabolism, these assays are very labour-intensive and I do feel we would need to have further support of this possible diagnosis before we were to go ahead. If you could provide any further information I would be most grateful.

Yours sincerely,

DR. GEOFFREY THOMPSON
Metabolic Paediatrician

cc Mrs. K. Fagen
Dr. P. Nelson
Metabolic Lab.

Victorian Clinical Genetics Services Limited

The Murdoch Institute, 10th Floor, Royal Children's Hospital
Flemington Road, Parkville 3052, Melbourne, Australia
Telephone: (03) 345 5157; (03) 345 5045 Fax: (03) 348 1391

IW/bw
April 2, 1991.

Dr. P. Bale,
Department of Pathology,
Royal Alexandra Hospitalffor Children,
Prymont Bridge Road,
CAMPERDOWN. 2050

c.c. Dr. G. Thompson

Dear Pat,

Re: Patrick FOLBIGG

This is the young man whose brain we spoke about, which I will have delivered to you.

There are two other recent letters accompanying this.

In summary, he presented initially with the events sounding like apnoea, but then within a day or two demonstrated clear seizures in the ward. His CT scan showed symmetrical areas of hypodensity in the occipital regions posteriorally, which were never fully explained.

His seizures were somewhat difficult to control, although in latter times had not been a problem. He had certainly developed cortical blindness in association with these changes in the posterior cerebral hemispheres.

He had a search for long chain fatty acids, and lysosomal enzyme problems at Adelaide Children's Hospital, and the urinary metabolic screen done via Bridge Wilcken, which demonstrated no abnormality, including the organic acids and lactic acid.

The only clear cut laboratory abnormality we ever showed was an arterial lactate of 1.6, and in our laboratory the upper limits is 0.8.

He had a sibling, also a male I believe, who died at 20 days of age in an unexplained fashion, and on whom no post mortem was carried out.

We would be grateful for any help you may be able to give us.

With kind regards.

Sincerely,

Ian Wilkinson.

IW/bw
April 2, 1991.

Dr. G. Thompson,
Metabolic Paediatrician,
The Murdoch Institute,
Royal Children's Hospital,
Flemington Road,
PARKVILLE. 3052

c.c. Dr. P. Nelson
Dr. P. Bale, Pathology Department
Royal Alexandra Hospital for Children

Dear Geoff,

Re: Patrick FOLBIGG
36 Rawson Street, MAYFIELD.

Thanks for your note about Patrick.

Regarding his arterial lactate of 1.6, our laboratory here quotes a figure of up to 0.8 for arterial studies. I had considered this therefore abnormal.

Apart from that particular reading, I really cannot provide any other hard evidence of a disorder of the lactate metabolism.

His brain is being sent to Dr. Pat Bale at Royal Alexandra Hospital for Children for analysis, and maybe that might lend some more weight towards a disorder in that area.

Perhaps I could ask Paul Nelson if he could just hold onto those fibroblasts pending the outcome of the post mortem on the brain.

With kind regards.

Sincerely,

Ian Wilkinson.

[redacted]

HAPS **Hunter Area Pathology Service**

Division of Anatomical Pathology

CT1635
(P.Mrs)

GSK:LW 6th June, 1991

Dr. Alex Kahn,
Anatomical Pathology,
Royal Alexandria Hospital for Children,
Pyrmount Bridge Road,
CAMPERDOWN N.S.W. 2050

Dear Dr. Kahn,

Please find enclosed with this letter the brain slides and adrenal gland slide on Patrick FOLBIGG as requested. I am sorry for the delay. Please, if possible, could you kindly indicate that blocks on which you would like myelin stain to be done so that I can send the stained slides to you.

BLOCKS:- No. 5 - Left occipital lobe) CYSTIC AREAS
No. 6 - Left occipital lobe)
No. 7 - Left occipital lobe - White matter adjacent to the cystic areas.

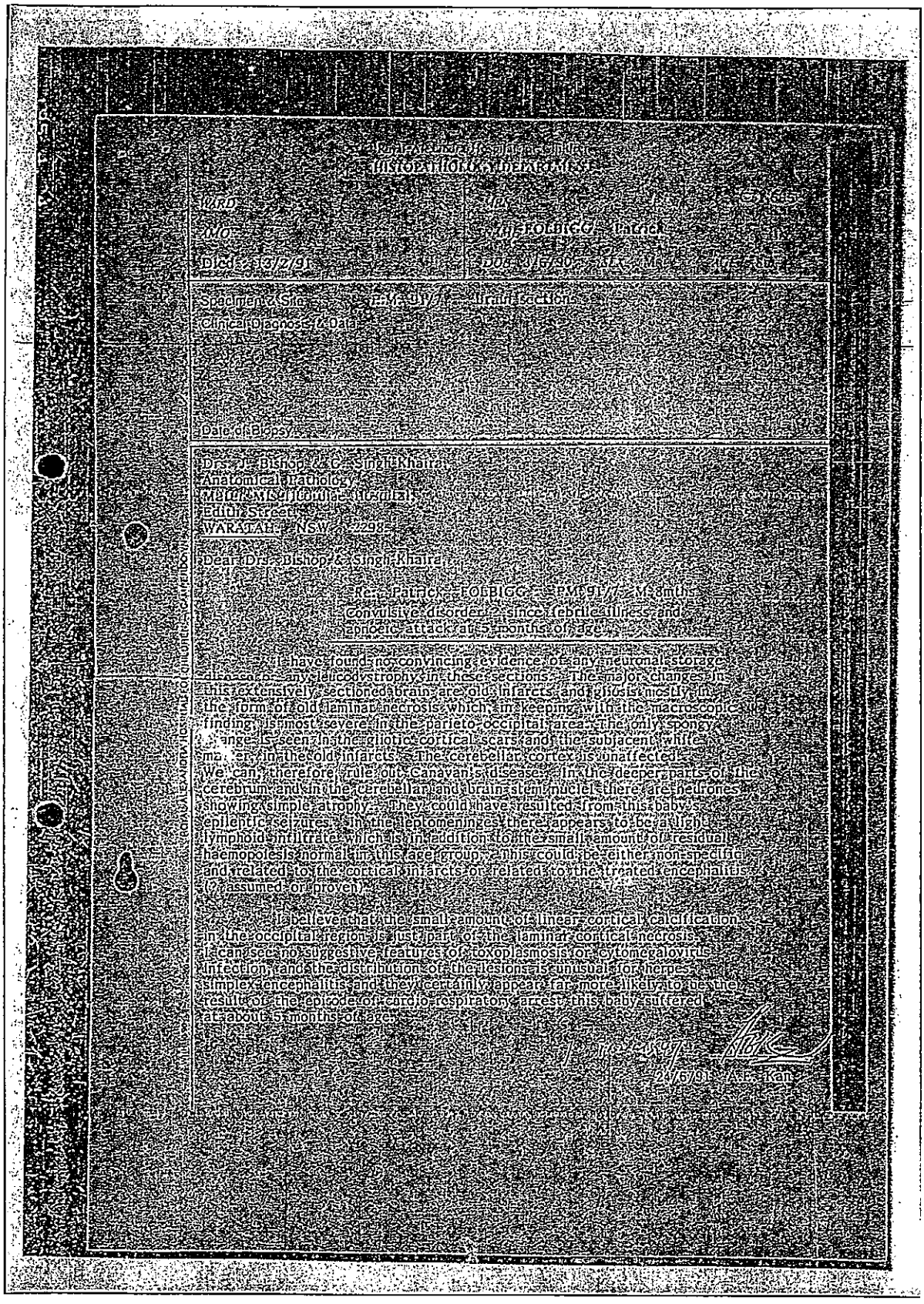
B5 - Left frontal area - gliotic area.
B6,B7 - Right frontal area.
B8 - Left Thalamus.
B9 - Right hippocampus.
B10 - Right temporal.
B11 - Left hippocampus.
B12 - Right basal ganglia.
B13 - Right basal ganglia.
B14 - Mid brain.
B15 - Pons.
B16 - Cerebellum (Kerinis).
B17 - Dentate nucleus.
B18 - Medulla oblongata.
B19 - Spinal cord (Random).

Thanks for the help. Awaiting your opinion on this case.

Yours sincerely,

David Prowse for G.S.K.

DR. G. SINGH-KHAIRA
ANATOMICAL PATHOLOGY.
MATER HOSPITAL.
PHONE: 049 211218



HISTOPATHOLOGY REPORT

WARD: [illegible] UR:
NO: FOLBIGG Patrick
Dated: 13/7/91 DOB: 3/6/90 Age: M 1 yr 0 mo

Specimen(s): Brain biopsy
Clinical Diagnosis & Data:
1.
2.

Date of Biopsy:

Dr. J. Bishop & C. Singh Khaira
Anatomical Pathology
Royal North Shore Hospital
Edith Street
WARATAH NSW 2298

Dear Drs Bishop & Singh Khaira,

RE: Patrick FOLBIGG PMC 91/ M 8mths
Convulsive disorder ? since febrile illness and
apnoeic attack at 5 months of age

I have found no convincing evidence of any neuronal storage disease or any leucodystrophy in these sections. The major changes in this extensively sectioned brain are old infarcts and gliosis mostly in the form of old laminar necrosis which, in keeping with the macroscopic finding, is most severe in the parieto-occipital area. The only spongy change is seen in the gliotic cortical scars and the subjacent white matter in the old infarcts. The cerebellar cortex is unaffected.

We can, therefore, rule out Canavan's disease. In the deeper parts of the cerebrum and in the cerebellar and brain stem nuclei there are neurones showing simple atrophy. They could have resulted from this baby's epileptic seizures. In the leptomeninges there appears to be a light lymphoid infiltrate which is in addition to the small amount of residual haemopoiesis normal in this age group. This could be either non-specific and related to the cortical infarcts or related to the treated encephalitis (? assumed or proven).

I believe that the small amount of linear cortical calcification in the occipital region is just part of the laminar cortical necrosis. I can see no suggestive features of toxoplasmosis or cytomegalovirus infection and the distribution of the lesions is unusual for herpes simplex encephalitis and they certainly appear far more likely to be the result of the episode of cardio-respiratory arrest this baby suffered at about 5 months of age.

24/6/91 [illegible] Kan

Royal Alexandra Hospital for Children
HISTOPATHOLOGY DEPARTMENT

61

WARD	*MRN* *P. No.* C71,635
AMO	*NAME* FOLBIGG, Patrick
Died : 13/2/91	*DOB* 3/6/90 *SEX* M *AGE* 8m

Specimen & Site P.M. 91/7 Brain sections

Clinical Diagnosis & Data

Date of Biopsy

Drs. J. Bishop & G. Singh-Khaira,
Anatomical Pathology,
Mater Misericordiae Hospital,
Edith Street,
WARATAH. NSW 2298.

Dear Drs. Bishop & Singh-Khaira,

Re: Patrick FOLBIGG : PM 91/7 M 8mths
Convulsive disorder ? since febrile illness and apnoeic attack at 5 months of age.

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24/6/91 A.E. Kan

ROYAL ALEXANDRA HOSPITAL FOR CHILDREN — CAMPERDOWN

WHH 10/90

HAPS
Hunter Area Pathology Service
A UNIT OF HUNTER AREA HEALTH SERVICE
Division of Anatomical Pathology

M.M.H. AUTOPSY REPORT

Dr J. Bishop
Dr S. Braye
Dr V. Chetty
Prof K. Donald
Dr N. Ferguson
Dr R. Murugasu
Dr A. Price
J.H.H. Ph (049) 214443 Fax (049) 214794
M.M.H. Ph (049) 211220 Fax (049) 602136

Hospital/MRN	: Q211/0360390	NAME	: FOLBIGG, PATRICK
WARD	: MEDICAL RECORDS	ADDRESS	: 36 RAWSON STREET
REQUESTING Dr	: DR I. WILKINSON		MAYFIELD 2304
REQUEST DATE	: 13/02/91	D.O.B.	: 03-Jun-1990
LABORATORY No	: MA9100007	SEX	: Male

Specimen : POST MORTEM EXAMINATION
Exams : 0000 MPM IW on 13-Feb-1991 at 12:30

c.c. DR. R. MORRIS
c.c. DR. C. MARLEY, NEWCASTLE

CLINICAL DIAGNOSIS:

* ENCEPHALOPATHIC DISORDER LEADING TO INTRACTABLE SEIZURES. THE UNDERLYING CAUSE OF ENCEPHALOPATHY NOT DETERMINED ON INVESTIGATION.
* ASYSTOLIC CARDIAC ARREST AT HOME LEADING TO DEATH.

FINAL DIAGNOSIS:

* NORMALLY FORMED MALE INFANT OF APPROXIMATELY EIGHT MONTHS OF AGE.
* OLD INFARCTS AND GLIOSIS IN THE PARIETO-OCCIPITAL AREA (BOTH CEREBRAL HEMISPHERES), WHICH ARE PROBABLY SECONDARY TO THE CARDIO-RESPIRATORY SUFFERED AT ABOUT FIVE MONTHS OF AGE.

MACROSCOPIC REPORT:

CENTRAL NERVOUS SYSTEM:

Bones of the skull - The anterior fontanella was open and of normal size. The posterior fontanella was closed.
Meninges - No abnormality detected.
Carotids, vertebrals, basilar arteries and Circle of Willis - No abnormality detected.

Brain - Weighed 750 grams. Grossly the gyri of both occipital lobes (visual cortex) were shrunken, thinner and more undulated than normal and the sulci were widened. The frontal, parietal and the temporal lobes externally showed no macroscopic abnormality. On section the cortical grey matter of the visual cortex in both hemispheres was thinner than normal and showed cystic degeneration. The cysts measured 1-2mm in diameter and were present in a linear pattern at the junction of the grey matter and white matter. The underlying white matter was whiter and firmer than normal and appeared to be expanded. The effected areas in the right and left occipital hemispheres measured approximately 40 x 35 x 35mm and 35 x

continued

NORMAN MORRISS PRINTERS — (049) 28 1859
12-90

HAPS
Hunter Area Pathology Service
A UNIT OF HUNTER AREA HEALTH SERVICE
Division of Anatomical Pathology

35 x 30mm respectively. Similar areas of firm white matter were present in left frontal and both parietal lobes.

The remaining cerebral parenchyma showed no macroscopic abnormality.

The mid-brain, pons, medulla oblongata and the cerebellum were macroscopically normal.
Spinal cord - No abnormality detected.

MICROSCOPIC REPORT:

BRAIN:

Please see the attached microscopic report from Dr. Alex Kan (Camperdown Childrens Hospital, Sydney).

LUNGS:

Sections from both lungs were examined. The lung parenchyma showed no significant abnormality apart from small foci of alveolar collapse in the periphery of the lung. The bronchi, bronchioli and the pulmonary blood vessels were normal. The maturation of the lung tissue was consistent with the stated age of the infant.

SECTIONS from the heart, skeletal muscle, liver, spleen, thymus, pancreas, kidneys, thyroid gland, adrenal glands, testes and the gastrointestinal tract were examined, all showed no abnormality apart from mild P.M. autolysis.

The maturation of the abovementioned tissue and organs was consistent with the stated age of the infant.

Post mortem blood cultures grew mixed cocci and bacilli identified as E.coli, Enterococcus faecalis and Enterococcus avium. These findings are not significant and probably reflect contamination. Post mortem lung tissue cultures were negative for organisms. Post mortem lung tissue cultures for viruses and mycoplasma were negative.

TX2020 M49160
TX2020 M54700
TX2030 M49160
TX2030 M54700

Reported 02.09.1991 - DR. J. BISHOP / DR. G. SINGH-KHAIRA

DR J.BISHOP

NORMAN MORRISS PRINTERS — (049) 29 1858
-12-90

30/10/91 Spoke : Matt

IW/mp
September 19, 1991.

Mr. & Mrs. C. Folbigg,
9 Dower Close,
THORNTON. 2322.

c.c. Dr. C. Marley

Dear Craig & Cathy,

Re: Patrick FOLBIGG
DOB: 3/6/90

I have at last received the final autopsy report on Patrick.

The examination of the brain did not suggest any inherited disorder at all. The changes which were seen were of a type that could occur after seizures, and encephalitis, or interference with oxygen supply.

Unfortunately the changes under the microscope could not be any more precise than that.

I hope you are both well. I think what we can say with confidence is that there is no evidence whatsoever that any of your future children will have any definite neurological problem.

If you would like to come on in and have a chat about things at any time, then please just let my Secretary know and she will make an appointment.

With kind regards.

Sincerely,

Ian Wilkinson.

The Hunter Area Health Service

REGIONAL MEDICAL GENETICS UNIT
C/o. Newcastle Western Suburbs Hospital
Turton Road,
Waratah 2298
Telephone: (049) 60 2206
(049) 60 1613
Fax: (049) 68 3904
P.O. Box 21,
Waratah 2298

Director
Dr. Michael Partington
M.B. B.S. PhD (Lond.) FRCPE FRCPC

Our Reference

Your Reference:

Date: 12/11/91

I Craig Talbigg hereby give permission for Dr. Ian Williamson to release medical information about Patrick to Dr. Colley for the purposes of genetic counselling.

Signed: Talbigg

Witness: Colley

Patrick 36-03-90 "E"
Caleb No record.

The Hunter Area Health Service

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Waratah 2298

Director
Dr. Michael Partington
M.B. B.S. PhD (Lond.) FRCPE FRCPC

Our Reference AC:HB:1564

Your Reference:

18 November 1991

Medical Records Department
Mater Misericordiae Hospital
Edith Street
WARATAH NSW 2298

Dear Medical Records

Re: Patrick FOLBIGG (DOB 3/6/90)
Caleb FOLBIGG (DOB 1/2/89)

Mr & Mrs Folbigg have been referred to the Genetic Unit at Western Suburbs Hospital for genetic counselling. Their two children, above, both died and I understand that at least Patrick was born at the Mater and had quite a few admissions to the Mater Hospital. I enclose a release of medical information signed consent form.

Could you please forward the records to the Medical Genetics Unit at Western Suburbs Hospital. They will be returned as soon as possible.

Yours sincerely,

A Colley

DR ALISON COLLEY
STAFF SPECIALIST.

27/11/91.

Records sent

M. Bell.

The Hunter Area Health Service

REGIONAL MEDICAL GENETICS UNIT
C/o. Newcastle Western Suburbs Hospital
Turton Road,
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(049) 60 1613
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P.O. Box 21
Waratah 2298

Director
Dr. Michael Partington
M.B. B.S. PhD (Lond) FRCPE FRCPC

Our Reference

Your Reference

Date: 12/11/91

I Craig Talbigg hereby give permission for Mater Hospital to release medical information about (Caleb & Patrick Talbigg to Dr. Cooley for the purposes of genetic counselling.

Signed: Talbigg

Witness: Cooley

The Hunter Area Health Service

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C/o. Newcastle Western Suburbs Hospital
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Waratah 2298

Director
Dr. Michael Partington
M.B. B.S. PhD (Lond.) FRCPE FRCPC

Our Reference AC:HB:1564

Your Reference:

18 November 1991

Dr Ian Wilkinson
Consultant Paediatric Neurologist
115 Elder Street
LAMBTON NSW 2305

Dear Ian

Re: Patrick FOLBIGG (DOB 3/6/90, DOD Feb/91)

Mr & Mrs Folbigg have been referred to the Genetics Unit for genetic counselling. As you are aware their first child Caleb, died at 3 weeks of age and then Patrick died at approximately 8 months. I understand that Patrick had fairly intractable epilepsy and was blind. I would be grateful if you would let me know the results of your investigations and diagnostic thoughts as Mr & Mrs Folbigg are considering having further children. Best wishes.

Yours sincerely,

DR ALISON COLLEY
STAFF SPECIALIST.

NEWCASTLE WESTERN SUBURBS HOSPITAL IS WHOLLY FUNDED BY THE N.S.W. DEPT. OF HEALTH

IW/mp
November 28, 1991.

Dr. Alison Colley,
Staff Specialist,
Medical Genetics Unit,
Western Suburbs Hospital,
WARATAH. 2298.

cc Dr. Mailey

Dear Alison,

Re: Patrick FOLBIGG
DOB: 3/6/90, DOD Feb. 91

Thanks for your note about this young man. I actually had a conversation with Matt on October 30 about these people.

I first met Patrick on October 18, 1990. He presented with what was thought to be apnoea, but subsequently had definite seizures, particularly right-sided.

There was a male sibling who died at 20 days of age, of unexplained causes, but it was thought to have had a "floppy larynx".

A CT scan on Patrick showed hypo-dense areas in the occipital regions posteriorally. I wondered initially about Herpes Simplex Encephalitis, and treated him with Acyclovir,

At the time that I met him I also wondered about the possibility of A.L.D., and I sent

blood off to the Adelaide Children's Hospital for their usual Lysosomal and longchain fatty acid studies. These were all normal, as was his urinary mucopolysaccharide screen, and also serum carnitine.

There was a subsequent event on November 15, 1990, when in the hospital, his eyes went up to the roof, and he stayed this way for some time. He had a lumbar puncture, but thereafter really had very worrying evidence of loss of vision. I wondered at that time, as he had been seeing quite well up to the point of the lumbar puncture, whether he may have coned and impaired the blood supply to his posterior circulation. As I said, there were already changes in the occipital region on CT scan.

He also had a urinary metabolic screen done at that time, which was normal, including organic acids, and lactic acid. Despite his visual problems, he continued to make apparent developmental progress.

His seizures remained difficult to control, on Tegretol and Phenobarb. He was then brought urgently to the Mater Hospital by ambulance one day, having been seen to be unrousable and in a cardio-respiratory arrest at home. When he arrived at the hospital, although he was still warm, he was clearly dead.

We had stored fibroblasts, and I contacted Geoff Thompson at the Murdoch Institute in Melbourne, about the possibility of studying him for a disorder of the lactate metabolism, but Geoff wrote back with some reluctance to proceed.

.....2/

Patrick Folbigg cont.

His brain subsequently at initial post-mortem showed changes in the posterior regions, which were thought possibly to be Canavan's, but the specimens were sent to Camperdown, where no real evidence of this, or other neurodegenerative disorders was found.

He remains an enigma, and it has certainly been a cause of great concern to me that there was some metabolic and potentially inherited disorder present.

I am going to send you copies of all my letters, but also the post-mortem reports, and the studies from Adelaide, and the letter from Geoff Thompson.

With kind regards.

Sincerely,

Ian Wilkinson.

The Hunter Area Health Service

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Waratah 2298

Director
Dr. Michael Partington
M.B. B.S. PhD (Lond.) FRCPE FRCPC

Our Reference AC:HB:1564

Your Reference:

4 December 1991

Dr Bridget Wilcken
Oliver Latham Laboratory
PO Box 53
NORTH RYDE NSW 2113

Dear Bridget

Re: Caleb FOLBIGG (DOB 1/2/89, DOD 20/2/89)
Patrick FOLBIGG (DOB 3/6/90, DOD 13/2/91)

Mr & Mrs Folbigg have had two pregnancies to date both resulting in the early loss of their sons. Mrs Folbigg is adopted and we do not have any past history. Mr Folbigg is 1 of 8 siblings and one of his brothers had a child die in the neonatal period cause unknown. There is no other relevant family history. I am writing to enquire whether you think specific testing for MCAD deficiency is warranted on blood spots from these boys. I will enclose all the results of metabolic results that I have, mainly on Patrick, and if you feel there is anything outstanding they should be tested for please do go ahead. The parents are considering a 3rd pregnancy and are naturally very anxious as we do not have a diagnosis for their two sons.

Caleb was born at term after a well pregnancy and weighed 7lb 7oz. He was bruised from forceps and remained overnight in a humidicrib. I understand he had phototherapy for jaundice. His parents describe him as a poor feeder with a lazy larynx. There is a note about stridor in his file. He was discharged home on day 5 gaining weight and no abnormalities were noted in the routine check by the paediatrician. I enclose his post mortem.

Patrick was born at term after a well pregnancy. He weighed 7lb 1oz. He did not need a humidicrib, had no problems feeding, and no stridor. He also didn't have jaundice. He went home on day 6 and a neonatal check by the paediatrician was also normal. His milestones were thought to be normal. He was about 3 months of age when his parents went into his bedroom at 3am and found him limp, pale and gasping. When he arrived at hospital he was said to be apnoeic and needed resuscitation. Subsequently he developed seizures and the question was raised as to whether he in fact

...../2

came in postictal or whether the seizures were secondary to cerebral ischaemia following this original episode. He continued to have seizures which were very difficult to control. A CAT scan showed hypodense areas in the occipital regions posteriorly. All investigations to find an infectious agent including herpes encephalitis were negative and blood samples were sent to Adelaide for lysosomal and long chain fatty acids which were normal as were his urinary MPS screen and serum carnitine. He was admitted a month later with a prolonged seizure and because of the possibility of encephalitis he was given lumbar puncture but he may well have coned and impaired the blood supply to his posterior cerebral circulation at that time as he then had cortical blindness. On his date of death he suffered a cardio-respiratory arrest at home and was unable to be resuscitated.

His brain was sent to the Royal Alexandra Hospital for Children for histopathological examination. I enclose a copy of the report which seemed only to show old necrosis presumably from ischaemia. Dr Ian Wilkinson has stored fibroblasts and approached Geoff Thompson, Murdoch Institute, regarding a disorder of lactate metabolism as there was an arterial lactate of 1.6 and in the laboratory the upper limit was 0.8. However Geoff didn't really feel happy to go ahead unless there was further support for a lactate disorder which was unable to be found.

It may be that these two boys died of unrelated causes. Naturally the parents are anxious to have every possibility explored as they are planning their 3rd pregnancy. I wondered whether the normal plasma carnitine levels ruled out the possibility of MCAD and whether you thought that there was any mileage in this as a diagnostic possibility. Thank you for your time and thoughts on these two young boys.

Yours sincerely,

ACColley

ALISON COLLEY
STAFF SPECIALIST.

Encl:

Department of Health

OLIVER LATHAM LABORATORY

The Macquarie Hospital, North Ryde
Cox's Road, NORTH RYDE 2113
Phone: 887 5666
Fax. 805 1259

ADDRESS TO REPLY TO:
P.O. Box 53, North Ryde, N.S.W. 2113

Our reference:

Your reference:

Dr Alison Colley
Staff Specialist
Regional Medical Genetics Unit
C/- Newcastle Western Suburbs Hospital
WARATAH 2298

10th December, 1991

Dear Alison,

Re: Caleb and Patrick FOLBIGG

Thank you for your letter about these boys. In considering my answer I am slightly handicapped by not knowing the date of Patrick's "near miss" event. However I note with interest that a urine sample dated 20th October, 1990 was sent to us, and that that contained no suspicious dicarboxylic acids. I further notice that a plasma sample taken on 25th October and sent to Adelaide had a totally normal carnitine value including the ratio of acylated to free carnitine. Both of these would argue against a fatty acid oxidation disorder. Of course the normal urinary findings would rather depend upon the relationship between the date of the urine sample and the actual date of the episode, but if it was within a day or so I rather think it would argue against it. Also against such a diagnosis is the age of death of Caleb and the post-mortem findings which in neither child show any evidence of fatty diathesis. I am aware of a recent paper of James Leanard's but even so I feel that there are so many factors not suggesting MCAD that there is no real need to go ahead with any further analysis. If you disagree very strongly, then I suppose we could pull out the blood spots and send them for an analysis of the G mutation. A normal finding would be a further evidence against this possible diagnosis although, as you know, it would not utterly exclude it.

With kind regards,

Yours sincerely,

1569 → 18th Oct '90

Bridget Wilcken
Clinical Geneticist

Newcastle King St Group Practice Pty Ltd
ACN 002 224 875

Dorothy Leeder MBBS, FRACGP
Chris Marley MBBS (Hons)
Philippa Hodgins MBBS (Hons), Dip.RACOG, FRACGP

Prov. No. 130 383 J
430 601 H
448 293 K

10 February 1992

Copies: Dr Wilkinson
Genetics Unit W.S.H

Dr Michael Holland
Obstetrician and Gynaecologist
Suite 4, Cnr Morehead & Pearson Street
LAMBTON NSW 2299

Dear Michael

Re: Mrs Kathleen FOLBIGG DoB 14/06/67 (Our Ref: 201648)
9 Dower Close, THORNTON, 2322

Thank you for managing Kathleen's third pregnancy. LMP 1.12.91. Start of last withdrawal bleed - negative pregnancy test 17.1.92 & positive 7.2.92.

Past Hx
- 2 children: Caleb died SIDS at 16 days
: Patrick died of unexplained causes at @ 8 months
- Kathy had a funny turn during her 1st pregnancy this was felt to be syncopal and on EEG was probably normal

(See included Dr William's letter and Dr Springthorpes letter)

Kathleen and Craig are under the care of the genetics unit, Dr Wilkinson and as they are from Maitland way, they will probably see during this pregnancy a local paediatrician ? Dr Anderson ? Hardware.

Kind regards

DR CHRIS MARLEY
MB BS (HONS)

The Hunter Area Health Service

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Director
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M.B. B.S. PhD (Lond.) FRCPE FRCPC

Our Reference: AC:CG

Your Reference:

27 February 1992

Dr Bridget Wilkinson
Clinical Geneticist
Oliver Latham Laboratory
PO Box 53
NORTH RYDE NSW 2113

Dear Bridget

Re: Caleb and Patrick FOLBIGG

Thank you for your letter about these brothers. Firstly the urine sample that you had on Patrick dated 20 October 1990 was on the second day after his near-miss event which occurred on 18 October. Thank you for explanation of Patrick's investigations. I certainly agree that there are so many factors not suggesting MCAD that there really isn't enough suspicion to go ahead with any further analysis.

Mr and Mrs Folbigg have recently returned to the Clinic where I discussed with them a lack of a diagnosis for both children but that Patrick's near-miss and Caleb's SIDS may be related but as yet we do not have any evidence for this. They informed me that they are now expecting their third child, 8 weeks gestation at this Clinic. Naturally they are going to be very anxious during the pregnancy as well as after the birth of the baby and we have organised some ultrasound scans for screening and hopefully reassurance on the physical development of the baby. They will be seeing Dr Hardacre, paediatrician in Maitland for postpartum care of the infant which will undoubtedly involve the usual monitoring systems. They understand that as we do not have a diagnosis on either boy we do not have anything in the way of specific prenatal diagnosis for this baby and indeed a definite recurrence risk is elusive although 25% would be the upper mark I would think.

Kind regards, thank you again for your help with this mystery.

Yours sincerely,

ALISON COLLEY
STAFF SPECIALIST.

Copy to Dr C Marley
Dr M Holland
Dr I Wilkinson
Dr Hardacre

The Hunter Area Health Service

NEWCASTLE AND NORTHERN NSW GENETICS SERVICE

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NSW, Australia

Alison Colley, MB BS FRACP
Matthew Edwards, MB BS FRACP
Michael Partington, MB BS PhD FRCP (E and C)
Gillian Turner, MB ChB MRCPE AO

ME:HB
1564

30 August 1993

Dr Geoff Hardacre
Consultant Paediatrician
2/77 Myall Street
DUBBO NSW 2830

Dear Geoff

Thanks very much for calling me about Sarah Tolbigg (DOB 14/10/92) who suddenly died at 10 months of age on 29/8/93. She had a breathing monitor until a month ago and nothing untoward had been noted. Because two siblings, Caleb and Patrick died with SIDS-like events there was close paediatric supervision, a sleep study and urine metabolic screen had been performed and were normal.

I spoke to Dr Bridget Wilcken to bring her up to date about Sarah and she suggested that fibroblasts be collected for culture and storage and that skeletal muscle be collected as soon as possible, frozen to -70° to -80° and transported in dry ice to the Oliver Latham Laboratory for storage. I have called Dr Chris Lawrence, Coroners Court in Glebe and let him know of this, he was happy to collect the specimens as long as someone could transport them to The Children's Hospital for culture and despatch. I asked Meredith Wilson for help and she offered to pick up the specimens herself, for which I am very grateful. I called Dr Arabella Smith, Cytogenetics Unit, The Children's Hospital, Camperdown and she agreed to culture the fibroblasts. I also Dr Lawrence to collect spleen for DNA extraction and banking.

There are no extra tests we can offer presently but it is a good idea to store cell lines and DNA in case a candidate gene is characterised in future.

Yours sincerely,

MATT EDWARDS, FRACP
STAFF SPECIALIST.

cc: Dr Meredith Wilson, Dept of Genetics, The Children's Hospital, Camperdown
Dr Bridget Wilcken, Oliver Latham Lab, Nth Ryde
Dr Chris Lawrence, Coroners Court, Glebe (Fax 02 552 1613)
Dr Elly Smith, Cytogenetics Lab, The Children's Hospital, Camperdown.
Dr Alison Colley
Dr Ian Wilkinson

The Hunter Area Health Service

NEWCASTLE AND NORTHERN NSW GENETICS SERVICE

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Alison Colley, MB BS FRACP
Matthew Edwards, MB BS FRACP
Michael Partington, MB BS PhD FRCP (E and C)
Gillian Turner, MB ChB MRCPE AO

ME:HB
1564

3 September 1993

Dr Geoff Hardacre
Consultant Paediatrician
2/77 Myall Street
DUBBO NSW 2830

Dear Geoff

Just a revised note abut where the specimens have been sent from Sarah Folbigg (DOB 14/10/92). Meredith Wilson collected skin for fibroblast culture, muscle to be frozen for metabolic studies re EM, and a parenchymal abdominal organ (spleen or liver) for DNA extraction. The fibroblasts will be cultured and frozen down for storage in the Cytogenetics Lab, the DNA will be extracted and banked and the muscle will be stored at -80° all at RAHC Camperdown. The earlier plan was to have the muscle sent to the Oliver Latham Laboratory.

Yours sincerely,

MATT EDWARDS, FRACP
STAFF SPECIALIST.

cc: Dr Meredith Wilson, Dept of Genetics, The Children's Hospital, Camperdown
Dr Bridget Wilcken, Oliver Latham Lab, Nth Ryde
Dr Chris Lawrence, Coroners Court, Glebe (Fax 02 552 1613)
Dr Elly Smith, Cytogenetics Lab, The Children's Hospital, Camperdown.
Dr Alison Colley
Dr Ian Wilkinson
Dr Elizabeth Pickford, Maitland

NSW INSTITUTE OF
FORENSIC MEDICINE

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GLEBE NSW 2037
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FAX (02) 552 1613

Dr. G. Singh-Khaira
The Pathology Department
Newcastle Mater Hospital
WARATAH NSW 2298

21st February, 1994

Dear Dr. Singh-Khaira,

On the 14th of February 1991 Dr. Bishop conducted a postmortem examination of Patrick Folbigg, under your supervision.

I have a copy of the macroscopic findings and I note that there were a large number of ancillary investigations conducted, such as neuropathological examination of the brain and cord and biological studies etc.

I wonder if I could prevail upon you to give me the results of these ancillary tests..

Many thanks,

Yours sincerely,

J.M.N. HILTON R.F.D.,M.B.Ch.B.,F.R.C.P.A.
ASSOCIATE PROFESSOR
DIRECTOR OF THE N.S.W. INSTITUTE OF FORENSIC MEDICINE