


# LIVERPOOL INFORMATION FOR EMERGENCY PROJECT

## EMERGENCY PATIENT SUMMARY

Royal Liverpool Children's  NHS Trust

**Patient Name:** Mick E Mouse      **Date of birth:** 01/02/03      **Age:** 4      **AH number:** 122333444

**Child known as (nickname etc):** Mickey

**Insert home address here:** The Big Cheese, Squeaky Lane, Disneyland UK

**Insert ambulance directive/ where to admit to here ( may need specific authorisation):** Please direct ambulance to the A&E department at Alder Hey Hospital but telephone ahead to inform the duty consultant

**Language/ communication methods:** English

**Parents/ main carers:**

**Name:** Walt Disney      **Has parental responsibility?**      **Telephone:** 0151 223 4455  
 Yes    No

**Telephone:**

**Name:**      **Has parental responsibility?**      **Telephone:**  
 Yes    No

**Telephone:**

**Other agreed emergency contacts:**

**Name:**      **Relationship:**      **Telephone:**

**Telephone:**

**Name:**      **Relationship:**      **Telephone:**

**Telephone:**

**Consultant:** Dr may Q Well      **Speciality:** Neurology      **Department:** 0151 252 1234 or via switchboard 0151 228 4811

**Consultant:** Dr Goofey      **Speciality:** Respiratory      **Department:** 0151 246 81012

**Consultant:** Dr D Duck      **Speciality:** Palliative care      **Department:** 0151 135 7911

**Consultant:**      **Speciality**      **Department:**

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**GP name:** Dr DooDah Day      **Telephone number:** 0151 66 33 9999

**Diagnosis & description of how condition affects child:**

- 1 Epilepsy
- 2 Cardiac failure
- 3 Speech impediment
- 4 Recurrent chest infections
- 5 Chronic lung disease
- 6 Palliative care

Drugs	Concentration	Dose	Route	Times Daily
Morphine slow release		10mg	Oral	2
Morphine oral solution	10mg/5ml	5mg	Oral	As required maximum hourly
Sodium valproate	200mg/5ml	100mg	Oral	2
Frusemide		10mg	Oral	2
Midazolam	10mg/1ml	5mg	Buccal	PRN breakthrough seizures

**Religious considerations:** Agnostic

**AIRWAY & BREATHING**

Previous Airway / Intubation difficulties:

Details:

Yes No

Tracheostomy:

Tube size:

Type:

Yes No

Currently ventilated:

Invasive: Yes No.Yes No

Type of ventilation:

Ventilator Type:

Ventilator settings:

Mask Size:

Type:

Bagging Technique:

Suction Details:

Usual O2 sats (%): 92 – 95%

Usual O2 requirements: (L/min): 0.5-1L/min

Other relevant information:

**CIRCULATION & ACCESS**

Type of Access: (please tick correct option)

Broviac Hickman Portacath Other: :

Line accessed for medication:

Lumen:

Yes No:

Line accessed for blood taking:

Lumen:

Yes No

Gripper size:

Usual HR (bpm): 80 – 100 bpm

Usual BP (mmHg): 100/60 mm Hg

Other relevant information:

**NUTRITION / ELIMINATION**

Feeding route(s) (please mark correct option):

Oral NG Gastrostomy TPN Jejunostomy

Feed details:

Tube size:

Problems with tube:

Output route(s) (please circle correct option):

Catheter Stoma Normal Other:

Catheter size:

Problems with elimination:

Other relevant information:

**SENSORY**

Hearing: Normal

Sight: Normal

Movement / Positioning: Totally dependent on animator

Usual response to pain: Cries, grimaces, screams

**SEIZURES**

Syndrome: Generalised

Type:

Frequency: 1 – 2 per week

Duration: 1 – 5 minutes

tonic clonic

Syndrome:

Type:

Frequency:

Duration:

Syndrome:

Type:

Frequency:

Duration:

**Emergency seizure medication (if not standard):** Buccal midazolam as above**Medication usually given in emergency :****Allergies / Sensitivities:** No known drug allergies**Other useful information:** Alder Hey Specialist Palliative Care team patient. Please inform on call Palliative care Nurse Specialist if admitted. **Currently for full cardiopulmonary resuscitation****Data collected on (date):** 1/5/2008**Person completing:** Dr May Q Well

