

DISCHARGE REFERRAL (PATIENT COPY)



**Northern Sydney
Central Coast Health**
better health: caring for our communities
Royal North Shore Hospital
Pacific Highway
St Leonards NSW 2065
Australia
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CHLOE BULLOCK

47A CARNARVON DR FRENCHS FOREST 2086

DOB 29/03/2010 Age 9 weeks Sex F

Home Phone 0294533532

MRN 1458200

Ward CW

Unit PEM

Specialist JAMES B THOMAS

Admission Date 29/05/2010 11:28:00 PM

Discharge Date 02/06/2010 2:01:00 PM

Expected Discharge Date 02/06/2010

Discharge Destination Home

Person to Notify BULLOCK Relationship to Patient Mother

Responsible Person / Carer Details Jodie Bullock - 94533532

PATIENT REFERRALS

Specialist Dr James Thomas 116 Artarmon Rd Artarmon 2064 NSW Phone 9419 7999 Fax 9419 7319

General Practitioner CLIFFORD TURNER 1A CROSS ST, BROOKVALE,,2100 Phone 0299386666 Fax 0299054290

Adverse Reactions None Known

MEDICATIONS

Drug Details	Dose	Route	Frequency	Status	Reason for Changes	Duration of Supply	Dispense
Cephalexin	250mg / 5ml	PO.					

Variable Dose Medication Route:Dose and Frequency: 3mb Daily Status:

Cephalexin Oral Take the treatment dose for one week then prophylactic dose as instructed thereafter. Take the treatment dose the day before the MCU, the day of the MCU procedure and the day after the MCU (total of three days). Then resume the prophylactic dose until Paediatrician review. New

Presenting Problems on Admission

Two month old girl presents with fevers.

Principal Diagnosis

Urinary tract infection

Secondary Diagnosis

Duplex left collecting system

Left ureterocele

Relevant Past History

Term SVD

Complications

None

Follow up arrangements

Specialist

Paediatrician Dr. James Thomas - 6 weeks

Patient / Carer Advice

Please take your antibiotics as directed and arrange an appointment to see Paediatrician Dr. James

Thomas in 6 weeks after your MCU. If you have any concerns, please return to hospital.

PATHOLOGY RESULTS

BC Blood Culture 30/05/10 00:20

BMIC1 Gram negative rods
MTTR 5.0days
MTT 5.0days
BOT1TP 19.0
BOT1LC 3/A24
BOT1ID 449419206226
BCPOS 19.0hours
POSBOT 1 of 1
BOT1TY Paediatric
MSTAT COMPLETE
CULT1 Pure growth
ORG Escherichia coli

XBGEN General Chemistry 30/05/10 00:20

NA 139mmol/L (134 - 145)
K 4.8mmol/L (4.3 - 6.2)
CL 104mmol/L (97 - 107)
HCO3 20mmol/L (20 - 26)
AGAP **19** Hmmol/L (7 - 17)
UREA 3.3mmol/L (3.1 - 8.1)
ECREAT 28umol/L (15 - 40)
PROT **52** Lg/L (59 - 78)
ALB **32** Lg/L (35 - 46)
TBIL **23** Humol/L (3 - 18)
ALP **329** HU/L (70 - 220)
AST **39** HU/L (12 - 36)
ALT 34U/L (5 - 40)
GGT 38U/L (5 - 65)
CA 2.21mmol/L (2.20 - 2.55)
CCA 2.37mmol/L (2.20 - 2.55)
PHOS 1.59mmol/L (1.25 - 2.25)
MG 0.79mmol/L (0.67 - 1.05)
CRP **62** Hmg/L (< 5)

URM Urine Microbiology 30/05/10 00:51

DIPPH 6.0
DIPGLU Negative
DIPKET Negative
DIPPRO 1+
DIPNIT POSITIVE
DIPBLD 3+
DIPLE 3+
UBACT > 10 E8/L/L
UEPI < 10x10 E6/L
URBC 10-100x10 E6/L
UWBC > 100x10 E6/L
MSTAT COMPLETE
CULT1 Pure growth
ORG Escherichia coli

CSF CSF Microbiology 30/05/10 01:12

CTUBES 3
FLRBC1 177x10 E6/L
FLOTH nilx10 E6/L
FLMONO 1x10 E6/L
FLPOLY 1x10 E6/L
FLVOL 1.5mL
GRAM1 No organisms seen
TUBENO 3
MSTAT COMPLETE
CULT1 No growth after 48 hrs incubation

XBCSF CSF Chemistry 30/05/10 01:12

PROTCS 0.32g/L (0.15 - 0.45)
GLUCS 4.0mmol/L (2.5 - 5.6)
APPCS Blood-stained fluid: clear, colourless supernatant. Note: total protein values may be spuriously elevated and glucose values may be spuriously decreased.

VRESPS Viral Resp Screen 29/05/10 23:58

ADIF See Comment
PARIF3 See Comment
PARIF2 See Comment
PARIF1 See Comment
INFBIF See Comment
INFAIF See Comment
VCUL1 Culture Proceeding

IMAGING RESULTS

Report: Paediatric Renal Ultrasound **Date:** 31/05/2010

Reported By: Dr Borella

~~Dictated By: Dr Linda Borella~~Typed By: Dr Linda Borella~~Approved By: Dr Thao Vu Paediatric Renal Ultrasound performed on 31-MAY-2010 at 10:04 AM Clinical notes: 2-month-old. Septic, first presentation urinary tract infection. Findings: The left kidney measures 6.3 cm in overall length, which is above the 95th centile in size for age. There is a duplex left collecting system. The upper pole moiety is markedly dilated and there is dilatation of the upper pole ureter down to the level of the bladder, where there is an associated ureterocele. The upper pole moiety ureter measures 7 mm in diameter proximally and 10 mm distally. There is mild dilatation of the inferior pole moiety and dilatation of the ureter, measuring up to 7 mm, down to the region of the VUJ. The insertion point of the lower pole ureter into the bladder could not be clearly visualised. Ureteric jets were not visualised. The right kidney measures 5.1 cm in length which is within the normal range. There is no evidence of a right duplex collecting system and there is no pelvicalyceal dilatation. There is normal corticomedullary differentiation. The adrenal glands are demonstrated on both sides and have a normal appearance. There is no free fluid. Conclusion: Duplex left collecting system with obstructed upper pole moiety associated with an ureterocele. Mildly dilated inferior pole moiety and ureter but no obstructing cause demonstrated. Assessment of vesicoureteric reflux with MCU is recommended.

Report: Mobile Chest & Abdomen Xrays **Date:** 30/05/2010

Reported By: Dr Harrington

~~Dictated By: Dr Tim Harrington~~Typed By: Dr Tim Harrington~~Approved By: Dr Tim Harrington Abdomen Xray - Supine performed on 30-MAY-2010 at 12:56 AM Chest Xray performed on 30-MAY-2010 at 12:56 AM The film is somewhat rotated. No collapse or consolidation is seen.. The bowel gas pattern is normal. There appears to be an enlarged spleen. Bladder catheter is in place. No bone or joint abnormality is seen.

ID:78000, Version 1 - Authors: Paris Dove (Intern) - 02/06/2010 18:22

Hannah McGinness (Intern) - 02/06/2010 11:32

Medications recorded in this letter may be listed by their generic name. You may know them by a different name. Only a limited amount of medication is provided. Ask your doctor or pharmacist if you are unsure or if you need more information. Please see your Doctor for further supplies.