

PATIENT SERVICES

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 577976
www.show.scot.nhs.uk/aaaht

AK/LH/537348
CHI No: 05029040166

ORTHOPAEDIC DEPARTMENT - MR A KHAN

Direct Tel: 01563-577881
Fax: 01563-577976

2nd August 2006

Dr Cunningham
The Surgery
9 Frew Terrace
IRVINE

Dear Dr Cunningham

ALEXIS PROWSE, 59B SEATON TERRACE, IRVINE DOB - 05.02.1994

Date of admission 31.07.06
Date of discharge 01.08.06

This child was admitted after she fell from a push bike injuring the right side of her head over the parietal bone. She was complaining of some neck pain. There was no neurovascular deficit. X-rays were normal and clinical examination was normal this morning. She has been discharged home.

Yours sincerely

Dictated but not checked or signed to avoid delay

A Khan MBBS FRCSI FRCS (Tra/Orth)
CONSULTANT ORTHOPAEDIC SURGEON

Orthopaedic

CROSSHOUSE HOSPITAL - ACCIDENT AND EMERGENCY DEPARTMENT

Obs. 1
RM

Triage time: 19:25 Triage nurse: LEWIS Triage group: Green

resp rate sat 100 PFR

pulse 101 BP 120/72 GCS 15

allergy No allergy

BMstix breath alcohol temp

urine

VA R L pain score 97

accompanied by: Friend
review score
discharge score

Triage details

fell from her bike, hit head on ground, not kod, pale, no vomiting

treatment

I give consent for details of my injury to be given to the Police.

Signed

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed Witness Witness

Surname PROWSE
Forename ALEXISmarital status S
sex FA/E No. 06034097
Consultant Dr D Chung
date/time attendance 31/07/2006 19:14

Date of birth 05/02/1994 age 12

Address 59 SEATON TER
IRVINE
AYRSHIRE
alt N
Post code KA12 0SSspecial case 86
kidthis problem+total att
3 + 1GP
address
phone

Phone 01294 276001

incident: date/time
< 6 hoursnext of kin WILLIAM PROWSE
address 26 POLLOCK CRES
KILWINNING
relationship Father
phoneOccup religion Church of Scotland
employer St Andrew's Academy
school

hospital number

disch A+E clinic paed tr. # eye ENT max facial ward - OP ward - IP x-ray? Y / N

Drug	Dose	route	time / frequency	Signature	Given by / quantity
CYCLOZINE	50mg	iv	2020	<i>[Signature]</i>	<i>[Signature]</i>
PARACETAMOL	1g	o	2100	<i>[Signature]</i>	<i>[Signature]</i>

Time: 1937

DOCTOR: VASH ISHTHA

12 f with adult friend (carer)
P/c Fell from bike - Head injury; hit head on concrete floor (ground); No headache, nausea & neck pain. No neurolog. Symp^s.
 - No amnesia / LOC / vomiting → at 2015 pt. admitted one in department.
 - Initially C/O pin + needles + numbness in (R) hand. Now fine.
PMH nil. PH nil, NKDA. SH lives in children's home.

O/E

P 100, reg	<u>CNS</u>	<u>Chest</u>	<u>CVS</u>	<u>Abd</u>
T 36.4	Alert	Clear.	S + S ₂ ⊕	Soft, NT.
R 16	GCS 15		JVP ⊕	BS ⊕
BP 128/70	Alert	Speech ✓	° Oedema.	Anal tone ⊕
Sats 100% (air)	PERAAX 2	Cooperative ✓		NO TL spine tenderness
	Ears < R ✓			

Steady on feet but feels dizzy.
 C-spine - Tender C₄ - C₇.
 CN II - XII ⊕. , limbs & Sensations ✓ (All 4 limbs).
 Motor ✓

Xrays - Skull NBI seen.
 C-spine → Chip # C₂ (lower border) + 1 Malaligned C₂-C₃.
 (reviewed with Dr Lightbody)

Plan 1) iv access + bloods ✓
 2) Refer ortho - SHO would kindly review
 Now Ms. Reid @ 2124 hrs.

SHO

Paediatric Profile

		BEL
Si	CHI 0502940166	
	PROUSE ALEXIS	
Fi	59B SEATON TERRACE	male
	IRVINE	
A	KA12 OSS	
	05/02/1994 Pract 80698	
	Case Ref 537348	
Wa		

Date 31/7/06 Day Monday Time 2245

Admitting doctor Admitting nurse S/N. V. Cowan

Next of kin Aileen Keene Alternative NOK William Prouse

Relationship keyworker Relationship

Address 59 Seaton Terrace Address

Irvine

Contact tel no. 276001 Contact tel no.

Source of admission:

AE ☒ ADOC/NHS24 ☐

GP ☐ Self ☐

OPC ☐ Community paediatrician ☐

Other ☐

Type of admission:

Emergency ☐ Arranged ☐

Consultant on call KHAN

Presenting complaint

Usual consultant

History given by

Relationship to patient

History of presenting complaint

Fell off bike at approx 6pm

History of Presenting Complain (contd)

PAST MEDICAL HISTORY:

Lymph glands removed
Facial injury

Recent Travel Abroad?

Drug / Food Allergies? NKA

Current Medication and How Given

No

BIRTH HISTORY:

Place Mode of Delivery

If LUSCS, why?

Gestation Birth Weight

Antenatal History

Neonatal History

		H LABEL
CHI 0502940166 PROUSE ALEXIS 59B SEATON TERRACE IRVINE KA12 0SS 05/02/1994 Pract 80698 Case Ref 537348		

IMMUNISATIONS

DTP 1 2 3 4
 HIB 1 2 3
 Polio 1 2 3 4
 Men C 1 2 3
 MMR 1 2
 BCG
 Other

INFECTIONS

Chickenpox Y N
 Recent Infections / Contacts

FAMILY HISTORY

Asthma / Atopy ☐
 Epilepsy ☐
 Diabetes ☐
 Cystic Fibrosis ☐
 Febrile Convulsion ☐
 Other

FAMILY TREE

SOCIAL HISTORY

Lives with childrens unit If parents separated is their contact with
 other parent? Yes ☐ No ☐
 Mother's Name Lorraine Tamsley Age Occupation
 Father's Name William Age Occupation
 Smokers No
 Pets

Nursery/School St Andrews Academy Year 2nd
 Class/Guidance Teacher's Name Special Needs/Learning Support
 Social Worker (name)
 Health Visitor (name) Contact Tel. No.
 Informed of Admission

DEVELOPMENT

Any concerns with:

Vision:

Yes ☐

No ☒

Hearing:

Yes ☐

No ☒

Specify

Specify

Speech/Language:

Yes ☐

No ☒

Bladder/Bowels:

Yes ☐

No ☒

Specify

Specify

Psychomotor Development:

Development Concerns:

FEEDING:

Breast/Formula

Solids Introduced

Bottle specify

Appetite

Special Diets

Assistance Needed

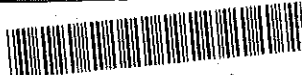
Any Other Relevant Information:

Has monthly contact with Dad (supervised)

Visiting Times/Needs:

Paediatric Directorate Information Booklet Given:

Yes ☐ No ☐

		LABEL
Si	CHI 0502940166	
Fc	PROUSE ALEXIS	
	59B SEATON TERRACE	
Ad	IRVINE	
	KA12 OSS	
	05/02/1994	Pract 80698
Wa	Case Ref 537348	

INITIAL ASSESSMENT

Temp. 36

Pulse 97

Resps 21

B/P 127/55

SaO₂ 100

Peak Flow

If applicable

Weight 65.8 kg

Height cm

OFC

centile

centile

centile

Skin Condition Abrasion to (R) elbow / (R) side

Dental Observations Braces top / bottom

Urinalysis

ON EXAMINATION

0/A 8.15 am V. Cowan

Seen by orthopaedic registrar. Allowed to have collar removed. Given a wash and clothes changed and put in locker. Key worker will bring clean clothes in morning. Able to mobilise with care and will be reviewed by consultant. Childrens unit supervisor phoned regarding Alexis well-being. Settled and slept. Neuro observations carried out. V.C

10³⁰ AM S/B Mr Khan, only slightly tender on exam. x-rays - NAD. Can go home on analgesia.

S/N JMcraugh

Taken home by Aileen Kean, carer.

Blank lined paper with horizontal ruling lines.

A&E Num: 06034097

LABEL

PROWSE ALEXIS

No

59 SEATON TER

IRVINE

KA12 OSS

Female

05/02/1994

CHI Num:

PAS Num:

STA 0213

DATE

8/1/76.

9:30p

(12)
+

- Fell from lake, hitting head on ground.
- Landed on concrete
- Hit side of head - status hyperextension injury to neck.
- N/A involved out.
- No post-traumatic amnesia.
- No drows/stupor.
- No disturbance of vision or hearing.

Initially c/o nuchal tenderness & swelling - (12) head -
now resolved.

No pupils eyes.

PMUP nil

No reg needs
N/A

Lives in children's home.

O/E Alert, orientated & appropriate.
Obs unremarkable

GCS 15.

ORTHOPAEDIC

Full neurological examination carried out
by ~~Agar~~ AT&S HO - NAD

Suo

- Repots Tied C4-C7 (collar not removed)
by me to check



Chest clear

HR 77/140

Also SNT.

Upper arms - Power 5/5

- tone normal

- sensation intact

C-spine X-ray - straight neck, in collar.

- ? small teardrop avulsion C2

- ? malalignment of C3/C2.

D/W registrar - likely misalign due to age,

? teardrop # consistent with hyperextension
injury / whiplash. Advises admit SA,

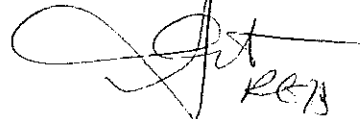
collar to remain in situ but should be
adequate for mobilisation

Pk as above. Neuro obs please.

31/07/06

23:00

Sp by SpR comm etc



REP suo

- Hx as above

- no central Cx spine tenderness, minor head injury

- Normal neurology

away - No obvious bony injury

Plan - collar off, feels much better good head control
NO more clinical obs. For now. ABC. OPA. R. M. M.

Surname.....

Forenames.....

Address

Ward/Dept.....

CHI 0502940166
PROWSE ALEXIS
59B SEATON TERRACE
IRVINEKA12 OSS
05/02/1994 Pract 80698
Case Ref 537348

STA0213

DATE

Mr Khan's Ward Round

01.08.06 AK/LH/537348 ALEXIS PROWSE

12 year old girl fell off a push bike yesterday on to the ground. She was complaining of pain in the head and initially was sore in her neck as well but not any more today. She had no neurovascular deficit and has been comfortable today.

On clinical examination there is no neurovascular deficit of her lower limbs. She had very little tenderness around the C7/T1 junction area. There was no bruising or palpable steps. There was no tenderness over the cervical spine from C1 to 7. X-rays AP and lateral and open mouth view are satisfactory. There is no evidence of any real subluxation. There is slight pseudo subluxation at C2/3 with is a normal variant. She had an excellent range of cervical spine movements with no neurovascular deficit in the upper or lower limbs. She is not tender anywhere else. There is no palpable bumps on her head.

Plan

She can go home today. No further follow up appointment.

DATE

Dear Dr. HOSPITAL 5 x 170.
ADDRESS WARD 5A
..... DATE

(Use addressograph label, if available, on all four copies)

Patient XH 537348
Name PROMISE ALEXIS
59B SEATON TERRACE
IRVINE
KA12 OSS
Address DR. D CUNNINGHAM
THE SURGERY
9 FREW TERRACE
CHI 0502940166
Date of Birth 05/02/1994

65.8 kg

Admitted on...../...../..... in the care of ~~Dr~~/Mr. Rhea
was discharged on...../...../..... with a diagnosis of soft tissue injury to back/neck

[illegible]

Other comments and treatments:

Detailed discharge letter will follow within two weeks.

Yours sincerely Dr's Name (IN BLOCK CAPITALS)

Distribution of copies, after completion by Pharmacy:

DISTRICT NURSE REFERRAL FORM

Address: XH 537348 PROUSE ALEXIS 59B SEATON TERRACE IRVINE KA12 0SS 05/02/1994 DR. D CUNNINGHAM THE SURGERY 9 FREW TERRACE CHI 05029/0166 Consultant: _____ Ward: _____		D of A: 31/7/06 D of D: 1/8/06 Next of Kin: Aileen Kean Address: _____ Tel No: 01294 - 276001 Diagnosis: Head injury. Soft tissue injury to neck/back	
Treatment in Hospital: overnight observation following head injury (fell off bike) Skull x-ray - c-spine - NAD.			
Suggested Treatment on Discharge: Regular analgesia + regular gentle mobilising			
Patient/Family Awareness: over aware			
Drug Therapy: Paracetamol 1g Ibuprofen 400mg } PRN		Services Required:	
Ability Assessment: Mobilise as able		Additional Information:	

Follow-up Appointment: **No** / **flu**Ward Staff: **S/NT Macaulay**

RADIOLOGY

STA169

▲ 14	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW
▲ 13	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW
▲ 12	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW
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▲ 4	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW
▲ 3	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW
▲ 2	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE BELOW

Verified

Name: PROWSE, ALEXIS
59 SEATON TERRACE
IRVINE
Sex: F DOB: 05/02/1994
Location: AE
Unit #: A9000293937

Crosshouse Hospital

CHI no.

Requesting Dr: CHUNG, D

Exam Date/Time: 31/07/06 2026

chk-in #	Order	Code	Exam
1276539	0001	1030	Cervical Spine
1276539	0001	1320	Skull

X-RAY REPORT

SKULL

No obvious skull vault fracture or pneumocephalus. Pituitary fossa appears normal.

Reported By: R MARTIN

Typed By: EG 03/08/06 1208

cm *FN*

OF RADIOLOGY

DEPARTMENT OF

DEPARTMENT

IT OF RADIOLOGY

OBSERVATION CHART

FAN 0586

[illegible]

Surname Prowse Hosp. No.

Forenames Alexis Sex

D.O.B. 5/2/1994

Address 59 Seaton Terrace

Inver

T.P.R & B.P. CHART

COMMENCEMENT DATE: 31 / 7 / 06

FAN0486

Ward/Dept. Paed Short Stay

MONTH	<u>JULY</u>
DATE	<u>31/7</u>
TIME	<u>0 / 1</u>
TEMPERATURE	
40	
39	
38	
37	
36	
35	
BLOOD PRESSURE	
220	
210	
200	
190	
180	
170	
160	
150	
140	
130	<u>127</u>
120	<u>71</u>
110	<u>71</u>
100	<u>71</u>
90	<u>71</u>
80	<u>71</u>
70	<u>71</u>
60	<u>71</u>
50	<u>71</u>
40	
30	
PULSE	
150	
140	
130	
120	
110	
100	<u>96</u>
90	
80	
70	
60	
50	
40	
30	
RESP.	<u>21</u>
Sats	<u>98</u>
	<u>air</u>

65.8 kg

Write, Imprint or attach label

SHEET No.

MEDICINE PRESCRIPTION SHEET

Key: O ORAL SL SUBLINGUAL PR PER RECTUM
IM INTRAMUSCULAR ID INTRADERMAL PV PER VAGINA
IV INTRAVENOUS INH INHALATION IT INTRATHECAL
SC SUBCUTANEOUS NEB NEBULISED

Surname Browse HCR No.
Forenames Alexis Sex Female
DOB 5/2/1994
Address 59 Sarton Terrace
Red Start Stay Ward or Department

KNOWN SENSITIVITY	
1.	2.
SUSPECTED ADVERSE REACTION	
MEDICINE	
ADVERSE EFFECT	
1.	2.

MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

PHARM.	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION							OTHER	ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED	
				8am	10am	12md	2pm	6pm	10pm	12mn					DATE	INITIAL
A	31/7	Paracetamol	1g					4-6 ⁰ PAN				0	-	mmiba		
B	31/7	Benfeni	400mg					6 ⁰ -8 ⁰ PAN				0	-	mmiba		
C	31/7	Codaine	30mg					8hly PAN				0	-	mmiba		
D																
E																
F																
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L																
M																
N																
O																
P																
Q																
R																
S																
T																
V																

ON THESE

Name.....Alexis Frouse.....

Age

Consultant.

Hospital Paed Short Stay - Xhorse

Enter code in box and initial when medicine is taken.

if medicine refused record

(A) If patient unable to swallow record

If patient absent record

~~A~~ If medicine not available record

[illegible]

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n
	Init.								
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