Definitions:

Drafting: A complete draft refers to a readable chapter. It may have minor omissions.

Editing: An edited chapter is ready to share. It should have no known omissions.

P: Refers to progress (percentage).

T: Refers to completion target (date).

W: Current word count (number).

WT: Target word count (number).

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|  | Summary | Drafting | Editing | Review |
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| Ch1 | Meet Xi Wangmu: a Chinese earthquake refuge  Introduce myself  Diagnosis of Leukaemia  Explore how little I remember about my father who died in 1982  Sources of inspiration: Xi Wangmu and daughter Rathiga | P: 100%  T: Completed  W: 6,686  WT: 6,500 | P: 95%  T: 15/04/2012 | Kavitha  Alexey  Professional |
| Ch2 | Chemotherapy – 12 hospital stays  Meet friends – watch them die  Learn chance of survival is 21%  Discover that my father is not my father – learn that I have a brother  Treatment finishes | P: 100%  T: Completed  W: 11,524  WT: 11,500 | P: 90%  T: 22/04/2012 | Kavitha  Alexey  Other? |
| Ch3 | Spend time with family – rebuilding strength - travel  Return to work – submit Ph.D.  Go to visit two other earthquake refuges – The Great Pandas  Work as a practicing seismologist  Get a questionable test result – dig deeper but nothing  Describe Kavitha’s health history – IVF and Rathiga  We start IVF for a second child – miscarriage – more negative results  Bone Marrow Biopsy (Mon 17 Jan) –Missed Calls +text (Tues 18 Jan)  Relapse – have to cancel IVF – back in hospital | P: 60%  T: 15/04/2012  W: 3528  WT: 5500 | P: 10%  T: 30/04/2012 | Kavitha  Alexey  Other? |
| Ch4 | * 20 Jan 2012 – 9 March 2012 * Back in hospital– HAM chemotherapy to regain remission – registrar = Dr Amy Holmes * Admission to ICU (28/01/12) - diarrhoea – vancomycin (oral and IV) = last stand antibiotic … +IV meropenum (IV) = ultra broad-spectrum antibiotic. * Sink to a new low - Give up - ask to stop treatment – Kavitha resists * Few friends and family to see me – I refuse to see Rathiga * Blood cultures => septic shock - Ecoli septicaemia * Abdominal pain – CT (29/01/12?)=> Appendicitis or Typhilitis? – general surgeon consult * Stabilise and released from ICU - Fluid related weight gain of 20kg * Eyes (Conjunctivitis) – low platelet hemorrhage retina? Lights out – ophthalmologist consult * Fluid overload – extensive oedema (abnormal accumulation of fluid beneath the skin) in arms and legs – frusemide (discuss toileting) * Presented with nasty rash on lower limbs => venus stasis (due to slow blood flow) – caused by long periods in bed -> risk factor for deep vein thrombosis – Doppler ultrasound 21/2 (sound waves and doppler effect – link to geophysical exploration?) – results clear. * CT (7/2) Identify lesions in both lungs: upper lobes (possible fungal infection – comment on other causes) – begin Voriconazole (11/2 ) – CT also shows pleural effusion (“buildup of fluid between the layers of tissue that line the lungs and chest cavity “) - repeat CT 16/2 (lesions worsening) – Haemopytysis (coughing blood – remember Mark) - by 22/2 Voriconazole in toxic range (ceased) ⬄ deranged liver function test (LFT) – liposomal Amphotericin – repeat CT 2/3 right lung worsening further – biopsy => Acinetobacter (bacterial infections – common in hospitals) – still think there is a fungus as well.– some good news: near complete resolution of pleural effusion. * Persistent fevers– take me off meropenum * Blood counts rise – Typhlitis repairs – fevers turn to cold sweats * Remain in acute care ward * Lung biopsy = mucormycosis – rare and difficult to treat * Released from hospital after 2 months: require daily anti-fungal infusion – comment on prep for amphotericin (500ml IV saline prehydration ++ ?????? injection) – also needed magnesium and potassium supplements + spironolactone (potassium sparing diuretic) – need to stay on amphotericin until Voriconazole levels return to normal. * Scheduled for fortnightly CT chest. | P: 0%  T: 30/04/2012  W: 0  WT: 6000 | P: 10%  T: 15/05/2012 | Kavitha  Alexey  Other? |
| Ch5 | Last less than four days as outpatient – fever leads to re-admission  Fevers continue – severe diarrhoea develops  Mucormycosis, if disseminated: mortality rate of 90% (recall 12.5%)  PCP pneumonia |  |  |  |
| Ch6 |  |  |  |  |
| Ch7 |  |  |  |  |
| Ch8 |  |  |  |  |
| Ch9 |  |  |  |  |
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