

USE ONLY A BALL POINT PEN PRESS HARD

Falls Road,  
Belfast, BT12 6BE  
Tel. 01232 240503

**ROYAL BELFAST HOSPITAL FOR SICK CHILDREN**

HOSPITAL No.  
**364374**

**95273 Discharge/Transfer Advice Note**

Dear Doctor ..... *Scott* .....  
I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.  
.....  
Referral No. ....  
Contract No. ....

Your Patient \*Mr  Mrs  Miss  Ms   
Name *ADAM STRAIN*  
Address.....  
.....  
D.O.B. *4/8/91* Ward..... Male\*  Female\*   
↑ Please place addressograph label here on all 4 sheets ↑

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>25/11/95</i>	<i>Died</i>	
CONSULTANT NAME		<i>28.11.95</i>	
WARD	<i>PICU</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>		CODE
	<i>Post op RENAL TRANSPLANT</i>	
OTHER DIAGNOSIS	<i>BRAIN STEM DEATH</i>	
OTHER DIAGNOSIS		

		DATE
PRINCIPAL PROCEDURE	<i>VENTILATION</i>	
SECONDARY PROCEDURE	<i>CT scan</i>	
SECONDARY PROCEDURE		

**DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)**

DRUG <small>(approved name in caps)</small>	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
		<i>NH</i>	<i>x</i>
			<i>j</i>
			<i>✓</i>

COMMENTS *Adam was admitted to PICU following a kidney transplant. Unfortunately he was found to have cerebral death and was brain stem dead. The coroner was informed.*

Method of Admission	
Emergency	<input type="checkbox"/>
Waiting list	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements ..... Further Summary Letter Yes  No   
Yours sincerely ..... (signature) Date *6/12/95*  
Name in Block Letters..... *R. Taylor* ..... Consultant  Senior Reg  Reg  SHO  JHO

W/ Mander

Falls Road,  
Belfast, BT12 6BE  
Tel. [redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

304377

Discharge/Transfer Advice Note

Dear Doctor .....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Referral No.

Contract No.

Your Patient \*Mr  Mrs  Miss  Ms

Name Adam Strain

Address. [redacted]

D.O.B. 4/8 Ward ..... Male\*  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	30.1.95		
CONSULTANT NAME	DR Savage		
WARD	MUSG		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>	CODE
Central line infection	
OTHER DIAGNOSIS CRF	
OTHER DIAGNOSIS	

	DATE
PRINCIPAL PROCEDURE IV Tobocepham via Central line	30.1.95
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
Am F 114			
Infection			
Contra 2005			

COMMENTS

Re-level Tobocepham levels.

Method of Admission

Emergency

Waiting list

Outpatients

AS - EHSSB

Review Arrangements ..... Further Summary Letter Yes  No

Yours sincerely ..... (signature) Date ..... 30/1/95

Name in Block Letters..... Consultant  Senior Reg  Reg  SHO  JHO

016-005-017

UNIVERSITY OF DALYMPHINI PEN - PRESS HARD

*W. Macnider*

Falls Road,  
Belfast, BT12 6BE  
Tel. [redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.  
*364377*

Discharge/Transfer Advice Note

Dear Doctor .....  
I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.  
.....  
Referral No.  
Contract No.

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↑ Please place addressograph label here on all 4 sheets ↓

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>27.1.95</i>		<i>27.1.95</i>
CONSULTANT NAME	<i>Severy</i>		
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>		CODE
	<i>Central line infection</i>	
OTHER DIAGNOSIS	<i>CRF</i>	
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE	<i>IV teicoplanin via central line</i>
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
		<i>Non FWS</i>	<i>&gt; 2</i>
		<i>Change usual</i>	<i>EM</i>
		<i>failure</i>	<i>XY</i>

COMMENTS  
*Phenoxids from central line x 2*  
*Substituted to Teicoplanin*  
*Teicoplanin 6mg / via central line every 3rd day*  
*10 days from today 17/1/95 To avoid ward work*

Method of Admission	
Emergency	<input type="checkbox"/>
Waiting list	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements ..... Further Summary Letter Yes  No   
Yours sincerely *W. Macnider* (signature) Date *27/1/95* **016-005-018**  
Name in Block Letters..... Consultant  Senior Reg  Reg  SHO  JHO

Day Case

Falls Road,  
Belfast, BT12 6BE  
Tel. [REDACTED]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

364371

Discharge/Transfer Advice Note

Dear Doctor ..... Scott .....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Referral No.

Contract No.

Your Patient \*Mr  Mrs  Miss  Ms

Name ..... Adam Street .....

Address [REDACTED]

Postcode [REDACTED]

D.O.B. 4/8 11 Ward ..... Male  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	23.1.95	/	23-1-95
CONSULTANT NAME	DR. Savage	/	[REDACTED]
WARD	MUSG	/	[REDACTED]

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
	REACTION TO VANCOMYCIN	
OTHER DIAGNOSIS	? INFECTED CENTRAL LINE	
OTHER DIAGNOSIS	CYSTIC DYSPLASTIC KIDNEYS	

	DATE
PRINCIPAL PROCEDURE	
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG <small>(approved name in caps)</small>	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
trimethoprim	50mg bd	x 1/52	
		NFH.	
			DR FINLAY

COMMENTS

was given vancomycin infusion and had an anaphylactic reaction with hypotension, flushing and back pain

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements ..... Further Summary Letter Yes  No

Yours sincerely ..... (signature) Date 23-1-95

Name in Block Letters E. MCCANN ..... Consultant  Senior Reg  Reg  SHO  JHO

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016-005-019

AS - EHSSB

Falls Road,  
Belfast, BT12 6BE  
Tel. [REDACTED]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

Discharge/Transfer Advice Note

Dear Doctor SCOTT

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Referral No.

Contract No.

Your Patient \*Mr  Mrs  Miss  Ms

Name ADAM STRAIN

Address [REDACTED]

Postcode [REDACTED]

D.O.B. 4/8/41 Ward MUSG Male\*  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	18.1.95		18.1.95
CONSULTANT NAME	DR SAVAGE		
WARD	MUSGRAVE		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
Chronic renal failure		
OTHER DIAGNOSIS Peritoneal dialysis		
OTHER DIAGNOSIS Hypoxia + rigors		

		DATE
PRINCIPAL PROCEDURE	Blood cultures	
SECONDARY PROCEDURE	MSSU	
SECONDARY PROCEDURE		

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
	DOCTOR FUND HOLDING		
	MEDICAL COMP		
	FILE		

COMMENTS Attended for ABG/renal function tests / blood cultures  
- MSSU sent  
- PD fluid for analysis  
- no focus of infection  
- await results

Method of Admission	
Emergency	<input type="checkbox"/>
Waiting list	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements ..... Further Summary Letter Yes  No

Yours sincerely LM Cray (signature) Date 18.1.95

Name in Block Letters LM Cray Consultant  Senior Reg  Reg  SHO  JHO

UNIVERSITY OF DUBLIN PRESS HARD

016-005-020