

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No. [REDACTED]

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.

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

Your Patient \*Mr  Mrs  Miss  Ms

Name ..... *Adam Strain* .....

Address [REDACTED] .....

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

↑ Please place addressograph label here on all 4 sheets

Referral No. ....

Contract No. ....

|                 | ADMISSION | TRANSFER | DISCHARGE |
|-----------------|-----------|----------|-----------|
| DATE            |           |          |           |
| CONSULTANT NAME |           |          |           |
| WARD            |           |          |           |

| PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE *<br><small>*delete as appropriate</small> | CODE |
|--|------|
| <i>Gastrostomy exit site infection</i>   |      |
| OTHER DIAGNOSIS  |      |
| OTHER DIAGNOSIS  |      |

| PRINCIPAL PROCEDURE | DATE |
|---------------------|------|
|                     |      |
| SECONDARY PROCEDURE |      |
| SECONDARY PROCEDURE |      |

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

| DRUG<br><small>(approved name in caps)</small> | DOSE & FREQUENCY       | LENGTH OF COURSE | ADDITIONAL INFORMATION FROM PHARMACIST |
|--|------------------------|------------------|--|
| <i>1) Gentamicin topical oint</i>              | <i>apply</i>           | <i>BD.</i>       |  |
| <i>2) Ciproxin</i>                             | <i>125mg (1/2 tab)</i> | <i>BD.</i>       |  |
|  |                        |                  |  |
|  |                        |                  |  |
|  |                        |                  |  |

COMMENTS

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

Review Arrangements .....  
 Yours sincerely ..... *[Signature]* ..... (signature) Date *9/11/98* .....  
 Name in Block Letters ..... Consultant  Senior Reg  Reg  SHO  JHO

USE ONLY A BALLPOINT PEN - PRESS HARD

016-017-036

Further Summary Letter Yes  No

AS - EHSSB

DAY Case

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN  
Discharge/Transfer Advice Note

HOSPITAL No.  
364377

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

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

Your Patient \*Mr  Mrs  Miss  Ms

Name ADAM STRAIN

Address... [REDACTED]

Postcode.....

D.O.B. 4/8/91 Ward..... Male\*  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

|                 | ADMISSION | TRANSFER | DISCHARGE  |
|-----------------|-----------|----------|------------|
| DATE            | 18/10/95  |          | 18/10/95   |
| CONSULTANT NAME | SAUTZKE   |          | [REDACTED] |
| WARD            | MISRAUK   |          | [REDACTED] |

| PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE *<br><small>*delete as appropriate</small> |                      | CODE |
|--|----------------------|------|
| CHRONIC RENAL FAILURE  |                      |      |
| OTHER DIAGNOSIS  | RENAL OSTEODYSPLASIA |      |
| OTHER DIAGNOSIS  |                      |      |

|                     |                                 | DATE |
|---------------------|---------------------------------|------|
| PRINCIPAL PROCEDURE | LEFT ORCHIDOPEXY                |      |
| SECONDARY PROCEDURE | RE-INSERTION GASTROSTOMY BUTTON |      |
| SECONDARY PROCEDURE |                                 |      |

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

| DRUG<br>(approved name in caps) | DOSE & FREQUENCY | LENGTH OF COURSE | ADDITIONAL INFORMATION FROM PHARMACIST |
|---------------------------------|------------------|------------------|--|
| AUGMENTIN 125/31                | 5mls tid         | 7 DAYS           |  |
| REST OF MEDS AS BEFORE          |                  |                  |  |
|                                 |                  |                  |  |
|                                 |                  |                  |  |
|                                 |                  |                  |  |
|                                 |                  |                  |  |
|                                 |                  |                  |  |

COMMENTS BOOKED ADAM FOR ORCHIDOPEXY + RE-INSERTION GASTROSTOMY BUTTON

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

View Arrangements ..... Further Summary Letter Yes  No

Sincerely ..... (signature) Date 18/10/95

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

A BALYPOINT PEN - PRESS HARD

ROYAL HOSPITALS

HOSPITAL No. 36-377

PHARMACY COPY

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

\*  
 TICK  
 OR  
 DELETE  
 AS  
 APPROP.

Patient's Name \*Mr  Mrs  Miss  Ms   
 Name Mrs S. RAIN  
 Address [REDACTED]  
 Postcode [REDACTED]  
 D.O.B. 1/3/71 Ward ..... Male\*  Female\*   
 Please place addressograph label here on all 4 sheets

|                 | ADMISSION | TRANSFER | DISCHARGE |
|-----------------|-----------|----------|-----------|
| DATE            | 18/10/95  |          | 18/10/95  |
| CONSULTANT NAME | S. RAIN   |          |           |
| WARD            | MICRAUK   |          |           |

| PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE *<br><small>*delete as appropriate</small> |                       | CODE |
|---|-----------------------|------|
| CHRONIC RENAL FAILURE   |                       |      |
| OTHER DIAGNOSIS   | RENAL OSTEO DYSTROPHY |      |
| OTHER DIAGNOSIS   |                       |      |

| PRINCIPAL PROCEDURE |                                  | DATE        |
|---------------------|----------------------------------|-------------|
| LEFT ORCHITOMY      |                                  | 19 OCT 1995 |
| SECONDARY PROCEDURE | RE-SECTION OF GASTROSTOMY BUTTER |             |
| SECONDARY PROCEDURE |                                  |             |

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

| DRUG<br><small>(approved name in caps)</small> | DOSE & FREQUENCY | LENGTH OF COURSE | ADDITIONAL INFORMATION FROM PHARMACIST |
|--|------------------|------------------|--|
| Atenolol 100mg                                 | 5mg tid          | 7 MONTHS         |  |
| Aspirin 100mg                                  | 1 tablet         |                  |  |
|  |                  |                  |  |
|  |                  |                  |  |
|  |                  |                  |  |
|  |                  |                  |  |
|  |                  |                  |  |
|  |                  |                  |  |

COMMENTS Discharge from hospital for renal failure  
renal osteo dystrophy  
 .....

|                     |                                     |
|---------------------|-------------------------------------|
| Method of Admissio: |                                     |
| Emergency           | <input type="checkbox"/>            |
| Waiting list        | <input checked="" type="checkbox"/> |
| Outpatients         | <input type="checkbox"/>            |

Review Arrangements ..... Further Summary Letter Yes  No   
 Yours sincerely ..... (signature) Date .....  
 Name in Block Letters ..... Consultant  Senior Reg  Reg  SHO  JHO   
 Signature for Pharmacy .....  
 016-017-038