

AS - EHSSB

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

Discharge/Transfer Advice Note

Dear Doctor

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

Your Patient *Mr Mrs Miss Ms

Name ADAM STRAIN

Address. [REDACTED]

Postcode. [REDACTED]

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

↑ Please place addressograph label here on all 4 sheets ↑

*
TICK
OR
DELETE
AS
APPROP.

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	25/9/95		25/9/95
CONSULTANT NAME			
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>		CODE
	CRF	
OTHER DIAGNOSIS	RENAL OSTEODYSTROPHY	
OTHER DIAGNOSIS	MAUNUTRITION	

PRINCIPAL PROCEDURE	DATE
BLOOD CULTURES LOADING DOSE ANTIBIOTICS	25/9/95
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	20 SEP 1995

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
CALCIUM CARBONATE SUSP.	600mg in 5mls Dose: 10mls 2 EACH TUBE 2x2x		
FURAZOLIDONE	125mg qid 0	None	
GENTAMYCIN	5mg in EACH 12 PD fluid		
		1304	

COMMENTS: P. Temp. Re-sited GASTROSTOMY TUBE TEST W/ BLOOD CULTURES TAKEN. LOADING DOSE IN FURAZOLIDONE GENTAMYCIN GIVEN. TO RE-ATTEND 3-4 DAYS FOR GENTAMYCIN LEVELS

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

Review Arrangements 016-022-045
 Yrs sincerely J. [Signature] Further Summary Letter Yes No
 Name in Block Letters J. [Signature] (signature) Date 25/9/95
 Consultant Senior Reg Reg SHO JHO

PRESS HARD - PEN - UNILI

DAY CASE

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.
364377

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.

*
TICK OR DELETE AS APPROP.

Your Patient *Mr Mrs Miss Ms
Name Adam Scrain
Address [REDACTED]
Postcode [REDACTED]
D.O.B. 4/8/91 Ward Male* Female*
Please place addressograph label here on all 4 sheets

	ADMISSION	TRANSFER	DISCHARGE
DATE	21.9.95		21.9.95
CONSULTANT NAME	Dr Savage		[REDACTED]
WARD	Musgrave		[REDACTED]

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>	CODE
Chronic renal failure	
Renal osteodystrophy	
Malnutrition	

PRINCIPAL PROCEDURE	DATE
Replacement of Gastrostomy tube under GA	
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
Add Calcium Carbonate Susp	600mg in 5mls	10wks	in each tube feed
AMOXICILLIN	125mg bid	7d	0
CLINDAMYCIN	single of bid	7d	0
	bid		

COMMENTS
Boy

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

Review Arrangements 1/52
Yours sincerely Mairice Singh (signature) Date 25/9/95
Name in Block Letters Mairice Singh
Further Summary Letter Yes No
Consultant Senior Reg Reg SHO JHO

ONLY A BALLPOINT PEN - PRESS HARD