

AS - EHSSB

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.

Your Patient *Mr Mrs Miss Ms

Name Adam Strain

Address..... [REDACTED]

Postcode.....

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

↑ Please place addressograph label here on all 4 sheets ↑

*
TICK
OR
DELETE
AS
APPROP.

Referral No. 14 SEP 1995

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>10/9/95</u>		<u>10/9/95</u>
CONSULTANT NAME	<u>M SAVAGE</u>		
WARD	<u>Magrawe</u>		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
	<u>Chronic Renal Failure</u>	
OTHER DIAGNOSIS	<u>Chronic Pyelonephritis</u>	
OTHER DIAGNOSIS	<u>Hypertension</u>	
	<u>Anaemia.</u>	

PRINCIPAL PROCEDURE	DATE
<u>Urine Culture MSSU</u>	
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
<u>Commence</u>			
<u>Cefixim</u>	<u>125mg</u>	<u>B.D.</u>	

COMMENTS

Cloudy Urine ?UTI

Box

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements

Further Summary Letter Yes No

Yours sincerely

J. Marie Savage

(signature) Date

10/9/95

Name in Block Letters

Consultant Senior Reg Reg SHO JHO

ONLY CALLPOINT PEN - PRESS HARD