

*Wald Attender*

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.  
*364377*

Discharge/Transfer Advice Note

Dear Doctor ..... *Dr [REDACTED]*

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 ..... *William [REDACTED]*

Address ..... [REDACTED]

Postcode.....

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

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>19/7/95</i>		<i>19/7/95</i>
CONSULTANT NAME	<i>Dr Savage</i>		
WARD	<i>AN</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
<i>Renal failure</i>		
OTHER DIAGNOSIS	<i>anaemia</i>	
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE	<i>blood tests</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>NPH</i>		
	<i>clonidine</i>		
	<i>ab</i>		

RECEIVED  
24 JUL 1995

COMMENTS *in good form, attended Wald PE/IV  
shll clo pain at gastrostomy site  
temp - 38.0 no spikes in temp  
ESP 130 WCC 7.0 SOB clears  
no abnormal cells in slides*

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

Review Arrangements .....  
Yours sincerely *Wald* (signature) Date *20/7/95*  
Name in Block Letters *WALD* Consultant  Senior Reg  Reg  SHO  JHO

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*Handwritten note:* ward attend

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 Strain  
Address [REDACTED]  
Postcode [REDACTED]  
D.O.B. 18/11/95 Ward [REDACTED] Male\*  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>20/7/95</u>		
CONSULTANT NAME	<u>JMG.</u>		
WARD	<u>ALL</u>		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>		CODE
	<u>RF</u>	
OTHER DIAGNOSIS	<u>mening</u>	
OTHER DIAGNOSIS		

	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
<u>ACYCLOVIR</u>	<u>200mg</u> <u>15 daily</u> <u>for 5 days</u>	<u>tablets</u>	

COMMENTS Blood test for Toxoplasmosis  
temp settling  
in much better form

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] (signature) Date 21/7/95  
Name in Block Letters ALAN ..... Consultant  Senior Reg  Reg  SHO  JHO

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Grosvenor Road,  
Belfast, BT12 6BA  
Tel. [REDACTED]

ROYAL VICTORIA HOSPITAL

Discharge/Transfer Advice Note

HOSPITAL No.

364377

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. 18/1/91 Ward Musgrave Male\*  Female\*

Please place addressograph label here on all 4 sheets

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	26/6/95	10/7/95	11/7/95
CONSULTANT NAME	Savage	Savage	
WARD	Musgrave	Inox	

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
Renal failure	NFH	6
OTHER DIAGNOSIS	Infected PEG Tube site	MEDICAL COMP Script
OTHER DIAGNOSIS	Anaemia	5

PRINCIPAL PROCEDURE	FILE	DATE
Removal of PEG tube + reinsertion		9/6/95
SECONDARY PROCEDURE		feeding catheter.
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
EPO ✓	1000 IU. IM Fridays.	Continuous	PROTEIN ALBUMIN
Zantac	37.5mg BD PO	"	
CISAPRIDE	5mb TID. PO	"	
ONE ALPRA (10 D)	3mb nocte PO	"	
PARACETAMOL	240mg 4x daily PRN PRN PO	"	17 JUL 1995
JUNIFER	50mg 8x daily PRN PO	"	
FETOLITE	1 Mannitol nocte PO	"	
Sodium Bicarbonate	25mb BD PO	"	

COMMENTS	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION
GALFER	4mb nocte PO.	"	
PIRITON	1mg 4x daily PRN PO.	"	
FLUCONAZOLE	30mg mane PO		
EUCLOIN	250mg TID PO	14 days	
CIPROXIN	90mg BD PO	initially	
RIFAMPICIN	200mg mane PO		

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

Review Arrangements Ward review FRIDAY 14th Further Summary Letter Yes  No

Yours sincerely [Signature] (signature) Date 11/7/95

Name in Block Letters MARSHALL Consultant  Senior Reg  Reg  SHO  JHO

ONLY A BALLPOINT PEN

DAY CASE

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.

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

Your Patient \*Mr  Mrs  Miss  Ms   
Name Adam Strain  
Address [REDACTED]  
Postcode [REDACTED]  
D.O.B. 17/8/95 Ward Allen Male\*  Female\*   
↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>14/7/95</u>		<u>14/7/95</u>
CONSULTANT NAME	<u>Savage</u>		[REDACTED]
WARD	<u>Allen</u>		[REDACTED]

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
<u>Renal failure</u>		
OTHER DIAGNOSIS	<u>Anaemia</u>	
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE <u>Blood transfusion</u>	<u>14/7/95</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>FLUCONAZOLE</u>	<u>30mg mane po</u>	} 4 days until review	* NOT possible with tablets
<u>FLUCONAZOLE</u>	<u>250mg TID po</u>		
<u>CIPROXIN</u> x	<u>90mg BD po</u>		
<u>RIFAMPICIN</u>	<u>300mg mane po</u>		

COMMENTS  
Day case on ward for blood transfusion.  
Family well at present. Mild pyrexia

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

Review Arrangements ward review Monday Further Summary Letter Yes  No   
Yours sincerely [Signature] (signature) Date 14/7/95  
Name in Block Letters WARREN Consultant  Senior Reg  Reg  SHO  JHO

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.  
364377

Discharge/Transfer Advice Note  
DAY CASE

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]

Postcode... [REDACTED]

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

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	25/6/95		
CONSULTANT NAME	SAVAGE		
WARD	M.W.		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>	CRF	28 JUN 1995
OTHER DIAGNOSIS	Obstruction Uropathy	
OTHER DIAGNOSIS	G.O.R.	

	DATE
PRINCIPAL PROCEDURE	Cultures blood / urine / PD fluid
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
Usual medication			
Augmentin	125 mg T.I.D.	7 days	INJECTION

COMMENTS Admitted with pyrexia + irritability  
? source of infection  
Commenced on Augmentin while awaiting cultures

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

Review Arrangements .....  
Yours sincerely ..... Stewart (signature) Date 25/6/95  
Name in Block Letters..... STEWART Consultant  Senior Reg  Reg  SHO  JHO

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016-027-055  
Further Summary Letter Yes  No

Falls Road,  
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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No. [REDACTED]

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. [REDACTED]

Contract No. [REDACTED]

Please place addressograph label here on all 4 sheets

	ADMISSION	TRANSFER	DISCHARGE
DATE	22/6/95		
CONSULTANT NAME	M SAVAGE		
WARD	Mungom		

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>	CODE
Chronic Renal failure	
Obstructive uropathy	
Gastro-oesophageal Reflux	
OTHER DIAGNOSIS	
OTHER DIAGNOSIS	

	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
Mupirocin (Bactroban)	Out	to apply	to gastrostomy exit site
Flucloxacillin (Flexocin)	250mg oral QID		exit site infection
Cisapride	5mg (5mls) tds		
+ usual medication			

COMMENTS

↑ increasing vomiting + poor energy

New Rx as above + increase dialysis rate to 700mls per cycle

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

Review Arrangements .....

Yours sincerely .....

J. Harvie [Signature]

(signature) Date

016-027-056 Further Summary Letter Yes  No

22/6/95

Name in Block Letters

Consultant  Senior Registrar  Registrar  SHO  Junior

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