

PATIENT MEDICAL DETAILS issued 22/07/96 at [REDACTED]

Letter STRAIN ADAM D Dob: 04/08/1991 MALE ID No.: 8169

Postcode : [REDACTED] Tel. No.: [REDACTED]  
 NHS No.: U91/C110884 Dispensing Status  
 Hospital No. : ..... Registered with: DR J R BOYD KANE

Blood Group : B  
 Allergies : 24/01/95 VANCOCCIN  
 Intolerances : no record

Immunisation : no record  
 Booster DTPOL MMR  
 18/11/92 Third HIB  
 DUE 15/08/05  
 NOT REQUIRED

Weight/Height : no record  
 Test results : no record  
 Investigations: no record

Abilities :

Date	Medication	Frm	Strngth	Unit	Dosage	Days	Qty	Op	Rp	Is
11/95	KEFLEX	SYR	125.00	mg	5ML NOCTE			1	3	2
11/95	SODIUM BICARBONATE P	MIX	0.00		8.4%15MLQDS		350		6	3
11/95	NORMAL SALINE	SOL	0.90	%			750		6	1
11/95	CALOGEN (L.C.T.) EMU	LIQ	0.00		BUTTERSCOTC		2000		6	4
11/95	NORMAL SALINE	SOL	0.90	%	+ STERAC		750		6	4
11/95	NUTRISON PAEDIATRIC		0.00				200	16	6	6
11/95	MAXIJUL SUPER SOLUBL		0.00	Gm				6	6	5
10/00	PIRITON	SYR	2.00	mg	1MGM 4HRLY		200		6	
10/00	GALFER	SYR	140.00	mg/5ml	4ML NOCTE		100		6	
10/95	JUNIFEN SUGAR FREE	SUS	100.00	mg/5ml	50MG TDS		100		6	1
11/95	ONE-ALPHA DROPS	LIQ	0.20	mcg	3ML NOCTE		60		6	5
10/00	CISAPRIDE	LIQ	0.00		5ML TDS		300		6	
10/00	ZANTAC (SUGAR FREE)	SYR	150.00	mg	37.5 BD		300		6	
10/95	PARACETAMOL S/F ORAL	SUS	120.00	mg/5ml	10MLPRN		300		6	1
12/95	OILATUM SOAP		0.00					1	3	1
10/95	KETOVITE	TAB	0.00		1TDS		100		6	6

Date	Medical history	Comment	Priority
8/91	POLYCYSTIC DISEASE KIDNEY	POOR PROGNOSIS	1
5/92	CHRONIC RENAL FAILURE		1
1/95	DEATH		1
1/95	CEREBRAL OEDEMA		1

More than 12 history entries, therefore priorities 1 & 2 printed only

Further Details

AS - EHSSB

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

STRAIN

ADAM

CLINICAL NOTES

Address

Date of Birth

4-8-91

Date	*	
15/8/91	A	NB. Susa Pharyngeal Disease - Poor prognosis
2/9/91	S	? candida. Oral full of soft pieces. Nil else. N/Glycine supps. see SS
6/11/91		Well. J+PPOC. Due for op next week.
15/6/92	S	Pyrexia yesterday. OK now. NAD. except slight redness of throat. No Rx. see SS
8/7/92	S	Sticky eye D chromomycin drops 7/10P anti-usb
12/8/92	BC	3 <sup>rd</sup> DT PPOC given well. Received 2 <sup>nd</sup> 16/11/92
18/11/92		Well. MMR + Hib given.
20/12/92	S	Constipation - add Diocyl peel to Lactulose naplan risk - Rx Timodine abd ✓ subo BS ✓
1/1/93		Unobscured. BS - 1/2 microlan cream
5/8/93	A	Candida
1/9/93		try sodium picosulphate 2-3mg each 1/2 microlan cream constipation - (pc + ttx feeds) ↑ Lactulose + sd picosulphate + glycerine supps
29/9/93	S	Inject around gastrostomy tube. Rx Phloroglucin can (R) Calceinax
25/10/93		Letter from hospital re BP + Erythropoietin if BP > 152/95 requires Calceinax 5mg s/lc a recheck in 4 hr if don't give up
25/11/93		Body wt <del>160</del> 160 → 150 s/lc. add body - 100 700 - can re check BP & start give up of BP ok Dox - erythropoietin 2500 x 1 recheck
23/12/93	S	Cough NAD ENT follow up

016-098-143

Date	*	
13/12/93		
23/1/94		admission 20 Fundamentals
11/5/94		injection given is detected
		BP 90/60 before BP 10/40 after
		Fi injection name
		FC. of P.D.J.
4-1-94		Recormon 1000 - 250 units given IM. Bt no 7504496 BP 100/60 After BP 95/55
7-1-94		Recormon 1000 - 250 units im given BP 90/50 → BP 100/60 Bt no 7504496
9-1-94		Recormon 1000 - 250 units given IM Bt no 7504496 BP 80/40 → 70/30
13-1-94		Recormon 1000 250iu given BT NO. 7504496 100/40 → 80/40
17-1-94		Recormon 1000 - 250 units given IM BT no 7504496 BP 70/40 → 60/30
21-1-94		Recormon 1000 - 250iu given IM 750496 95/45 → 80/40
24-1-94		Recormon 1000 - 250 units given IM BT no. - 750496 BP 90/50 → 70/30
29-1-94		Recormon 1000 250iu given IM BT 750496 90/40 - 95/40
31-1-94		Recormon 1000 - 250 units given IM BT no 750496 BP 80/40 → 85/40
3-2-94		Recormon 1000 - 250 units given IM BT no 750496 BP 80/40 → 90/50
14/2/94		Recormon 1000 - 250 units IM Bt no 750518 BP 80/40 → 90/50
17-2-94		" " " " " " BP 85/45 → 90/55
10-2-94		" " " " " " 751-628 BP 90/40 - 90/40
21-2-94		" " " " " " 750518 BP 90/50 - 90/45
24-2-94		" " " " " " 750518 90/40 → 80/50
28-2-94		" " " " " " 750518 100/35 → 80/40
3-3-94		" " " " " " 750518 80/40 → 75/40
7-3-94		" " " " " " " " 70/35 → 45/50
10/3/94		" " " " " " " " 750518 80/40 → 90/50
14/2/94		" " " " " " SC 750518 100/50 → 90/40
1/4/94		" " " " " " SC 750518 100/60 → 80/40
4-4-94		" " " " " " " " 100/80 → 70/50
7-4-94		" " " " " " " " 80/40 → 70/40
9-4-94		" " " " " " SC 750518 90/40 → 70/40
15-4-94		" " " " " " SC " 80/45 → 70/40
20-4-94		" " " " 500 units SC " 90/40 → 80/50
27-6-94		" " " " 500 units SC 750518 80/50 → 70/30

\* This column has been provided for doctors to enter A, V or C at their discretion

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CLINICAL NOTES

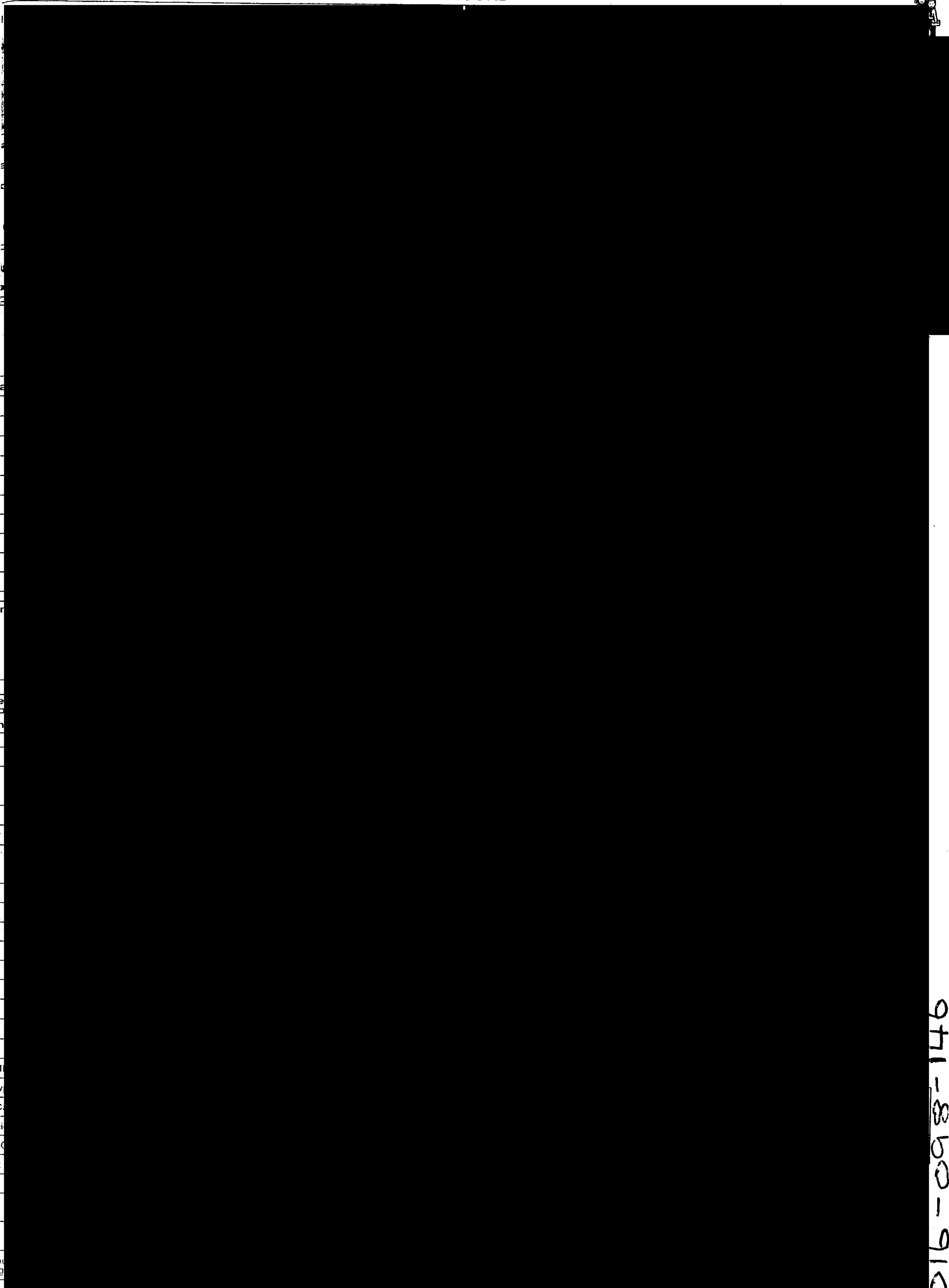
Address

Date of Birth

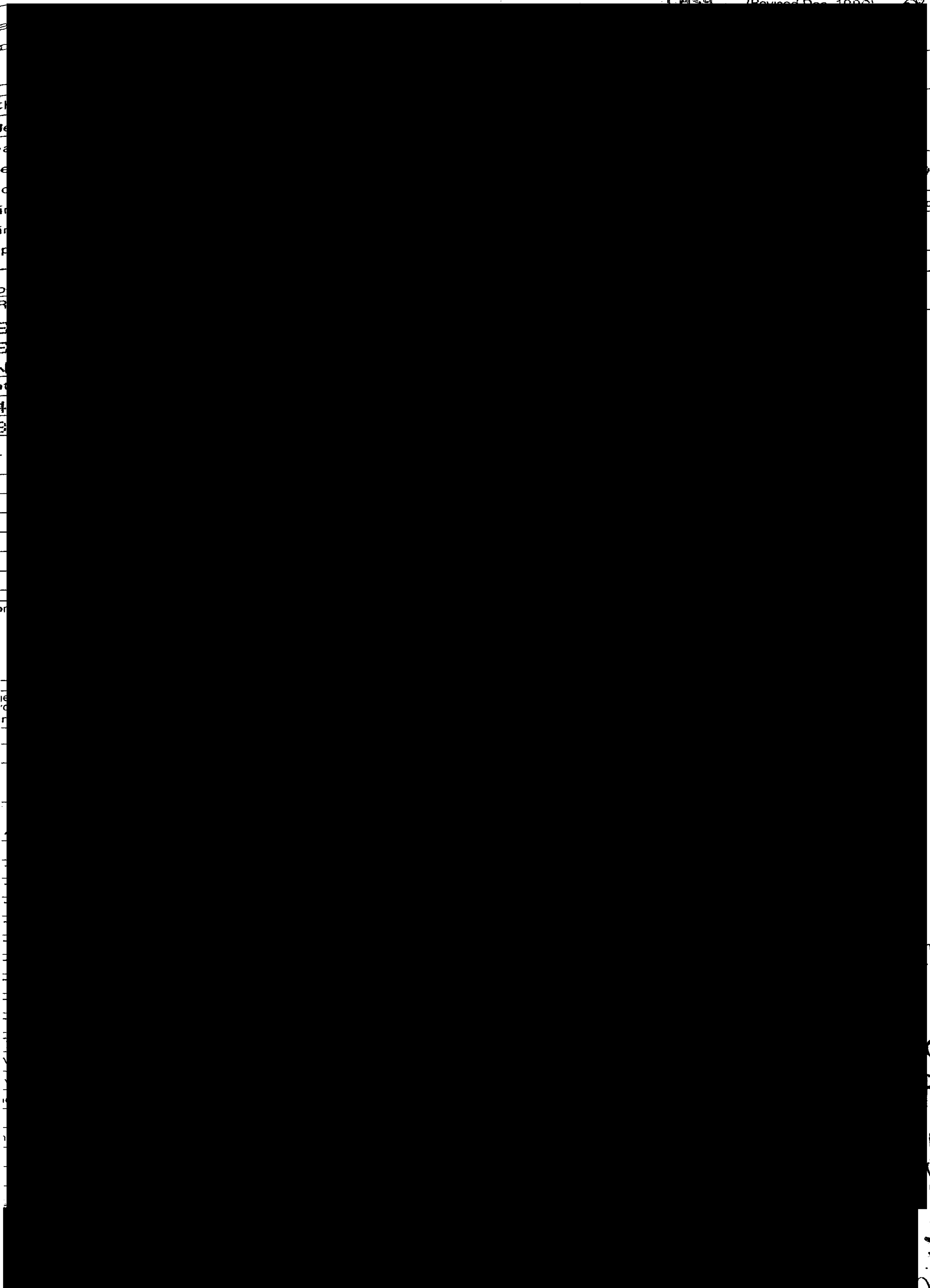
4.8.91

Date	*	
3.5.94		Receptor 1000 → 500 units SC. Bt no 750518 BP 90/50 → BP 20/0
11.5.94		" " " " " " 750518 BP 85/40 → BP 80/40
18.5.94		" " → 750 units " " " " BP 80/40 → BP 90/30
25.5.94		" " " " " " " " BP 85/40 → BP 90/35
1.6.94		" " " " " " " " BP 90/40 → 80/30
8.6.94		" " " " " " " " 80/30 → 90/25
14.6.94		" " " " " " " " 80/40 → 80/40
22.6.94		" " " " " " " " 90/40 → 95/45
29.6.94		" " " " " " " " 80/40 → 85/40
6.7.94		" " " " " " " " 90/40 → 80/40
27.7.94		" " " " " " " 751697 90/40 → 80/35
11.8.94		" " " " " " " " 90/60 → 90/50
15.8.94		" " " " " " " " 80/40 → 90/45
31.8.94		" " " " " " " " 95/60 → 80/40
7.9.94		" " " " " " " " 90/40 → 80/40
20/10/94	S	Test ? receive Re water sup / deal local
7.11.94		Receptor 1000 " " " " " " " "
31/3/95		Rash face HC cream for 2-3 days then ocular cream
18/8/95	S	Prescribed 1500mg NB Cardiac monitor system. - 98 hospital advise of this! Note to tell Dr Sargeant next app.
8/9/95		Receptor 1000 " " " " " " " "

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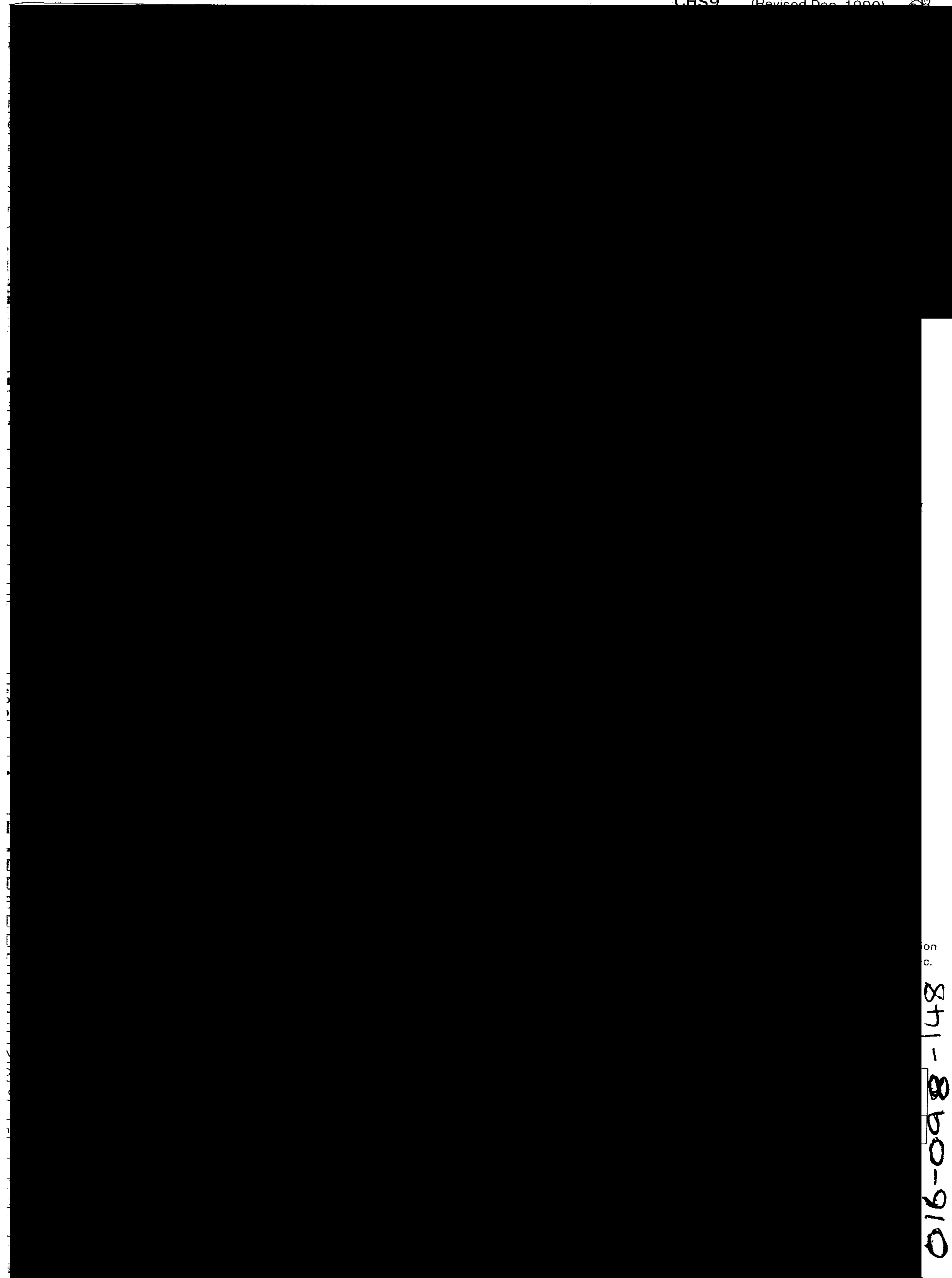


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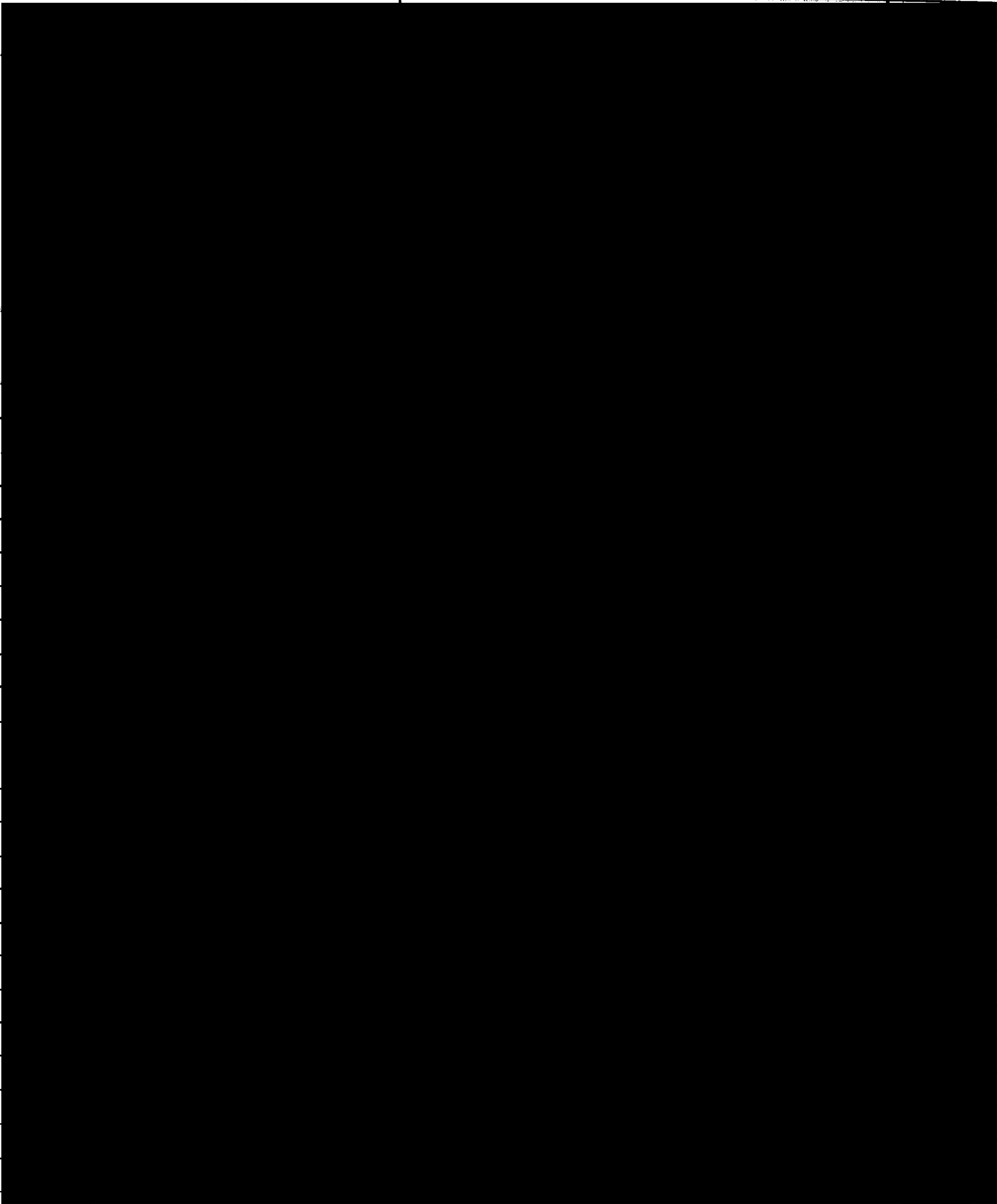


National Health  
Service Number

Surname (Block Letters)

Forenames (Block Letters)

NURSES AND HEALTH VISITORS  
RECORDS



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191

AS - EHSSB

016-098-150



HAEMATOLOGY  
AND

BIOCHEMISTRY

National Health  
Service Number

MOUNT SHEET  
X-RAY AND PATHOLOGY  
INVESTIGATIONS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

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BACTERIOLOGY  
AND  
SEROLOGY

National Health  
Service Number

MOUNT SHEET  
X-RAY AND PATHOLOGY  
INVESTIGATIONS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

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016-098-153

CYTOLOGY  
AND

RADIOLOGY

National Health  
Service Number

MOUNT SHEET  
X-RAY AND PATHOLOGY  
INVESTIGATIONS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

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