

Emergency Elective Non-elective Daycase Outpatient - new/1st/2nd/ongoing

Dear Doctor Wilson

Your patient was seen/admitted 9-5-03

and discharged/transferred on 1

Consultant Dr/Mr Bothwell

Ward PICU

Referred by A&E GP OP WL Other

Primary diagnosis(es) Code
(write major symptoms if diagnosis not known)

1.	<u>ISSUE DISRES</u>	
2.	<u>MISCONDUCT DISTURBANCE</u>	
3.	<u>SSIZUES</u>	
4.		

Underlying conditions and co-morbidities Code

1.	<u>9.110554</u>	
2.		
3.		
4.		

Procedures Date Code

1.	<u>INDUBAID/USUAL</u>		
2.			
3.			

Complications Date Code

1.			
2.			
3.			

Name CONOR MITCHELL

Address [REDACTED]

Postcode [REDACTED]

D.O.B. 12-10-87 Male Female

Please place addressograph label here

Major clinical features (current)

Investigations (and results)

Social/other factors affecting care Code

1.		
2.		

Comments (including information given to patient/parents)

Admitted with resp distress secondary to a progressive neurological condition.
Unfortunally he died before referred to coroner for post mortem

Discharge/recommended medications

Drug	Dose & freq.	Duration

Patient's Weight (current)

kg

Review arrangements

1. With GP in	
2. By hospital in	
3. Other: whom	
when	

Signed [Signature]

Consultant Reg SHO Clin. Asst.

BLOCK LETTERS 2-12-03 TAYLOR

Date 1 / 1