NAME: CONNOR MITCHELL		HOSP. NO. CH 334505		DOB: 12/10/87.	
PERIPHERAL LINE		CENTRAL LINE		ARTERIAL LINE	
DATE OF INSERTION	SITE	DATE OF INSERTION	SITE	DATE OF INSERTION	SITE
(1)	(R) wrist 1—1	9/5/03.	(1)(R) femoral triple lumen CVC.	8/5/03	(1)(R) Brachial.
(2)	(L) hand. 1—1			8/5/03.	(2)(R) Subclavian CVC. IS IN AN ARTERY. 1—1 11.05.03.
11.05.03	Left wrist.				

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WOUND CARE REGIME

DATE	SITE/CONDITION OF WOUND	REGIME	TYPE OF DRESSING	SUTURE REMOVAL
NAME:-		HOSP NO:-	DOB:-	

OS13447-6