

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.
364344

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 Scain

Address [REDACTED]

Postcode [REDACTED]

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

*
TICK
OR
DELETE
AS
APPROP.

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	25/4/94		25/4/94
CONSULTANT NAME	Dr Savage		
WARD	Hugrave		

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

	DATE
PRINCIPAL PROCEDURE	Revision of gastrostomy tube
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
Unchanged			

COMMENTS

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements

Yours sincerely

Name in Block Letters

J Mounce Savage
J.M. SAVAGE

016-011-026 Further Summary Letter Yes No

(signature) Date 2/4/94

Consultant Senior Reg Reg SHO JHO

USE ONLY A BALLPOINT PEN - PRESS HARD

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.

Your Patient *Mr Mrs Miss Ms

Name *Adem Sevim*

Address..... [REDACTED]

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

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⤴ Please place addressograph label here on all 4 sheets ⤵

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>22.4.94</i>		<i>22.4.94</i>
CONSULTANT NAME	<i>Dr Savage</i>		
WARD	<i>Musgrave</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>		CODE
	<i>Chronic Renal Failure</i>	
OTHER DIAGNOSIS	<i>Peritoneal Dialysis</i>	
OTHER DIAGNOSIS	<i>Urinary tract infection</i>	

		DATE
PRINCIPAL PROCEDURE	<i>Blood Culture and</i>	
SECONDARY PROCEDURE	<i>Urine Culture</i>	
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>- Usual drugs</i>			
<i>+ Cefprozim</i>	<i>150mg BD.</i>	<i>5 days</i>	

COMMENTS <i>12/4/94</i> <i>Pseudomonas UTI identified</i> <i>10/5</i>	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 *J. M. Savage* (signature) Date *2/4/94* *016-011-027*

Name in Block Letters *J. M. SAVAGE* Consultant Senior Reg Reg SHO JHO

USE ONLY A BALL POINT PEN - PESS HARD

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.

Referral No.

Contract No.

Your Patient *Mr Mrs Miss Ms

Name Adam Selvin

Address... [REDACTED]

D.O.B. / / Ward Male* Female*

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	ADMISSION	TRANSFER	DISCHARGE
DATE	21.9.94		4.9.94
CONSULTANT NAME	Dr Savage		
WARD	Musgrave		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>		CODE
Chronic Renal Failure		
OTHER DIAGNOSIS Peritonitis		
OTHER DIAGNOSIS Urinary infection		

		DATE
PRINCIPAL PROCEDURE	Peritoneal Dialysis	
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 Drugs + Reflex Ceproxin	150mg BD	1/52	

COMMENTS Admitted with P.U.O. Dialysis fluid + blood culture negative Postnat MSU R. Reflex Ceproxin

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 J. M. Savage (signature) Date 2/11/94

Name in Block Letters J. M. SAVAGE Consultant Senior Reg Reg SHO JHO

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016-011-028

AS - EHSSB

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

364377

Discharge/Transfer Advice Note

RECEIVED

Dear Doctor *Scott* *22 OCT 1994*

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 [redacted]

D.O.B. *1/5/91* (Ward *M.1*) Male* Female*

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Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>3/9/94</i>		<i>3.9.94</i>
CONSULTANT NAME	<i>Dr S. Savage</i>		
WARD	<i>MW</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>		CODE
	<i>Chronic Renal Failure</i>	
OTHER DIAGNOSIS	<i>Pentoneal Dialysis</i>	
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE	<i>Home Pentoneal Dialysis training</i>
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
<i>NaHCO₃ 8.4% Soln</i>	<i>15mls QDS</i>		
<i>Ferronyl</i>	<i>5mls daily</i>		
<i>1 Alpha Dexamethasone</i>	<i>400mcgms daily</i>		<i>x</i>
<i>Kay Cee L Syrup</i>	<i>5mls daily</i>		
<i>Ketovite Tab</i>	<i>1 tds</i>		
<i>Kefton</i>	<i>125mg nocte</i>		<i>✓</i>

COMMENTS *Chronic Renal Failure 2° to reflux nephropathy*

Commencing home pentoneal dialysis - trained by Dialysis Nurse Specialist who will visit at home

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

Review Arrangements *Dialysis Clinic* Further Summary Letter Yes No

Yours sincerely *J. M. Savage* (signature) Date *17/10/94*

Name in Block Letters *J. M. SAVAGE* Consultant Senior Reg Reg SHO JHO

PLEASE HARD COPY TO ORIGINAL PEN

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.

*
TICK
OR
DELETE
AS
APPROP.

Your Patient *Mr Mrs Miss Ms

Name *Adam Seaton*

Address [REDACTED]

Postcode [REDACTED]

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

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>17.4.94</i>		<i>17.4.94</i>
CONSULTANT NAME	<i>Dr Savage</i>		[REDACTED]
WARD	<i>Musgrave</i>		[REDACTED]

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>	CODE
<i>2 weeks U.R.T.I.</i>	
OTHER DIAGNOSIS <i>gastrostomy exit site infection</i>	
OTHER DIAGNOSIS	

	DATE
PRINCIPAL PROCEDURE	
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>Usual drugs + Flucloxacillin</i>	<i>125mg QDS</i>	<i>10 days</i>	<i>PHARMACIST SIGNATURE</i>
			<i>ADMISSION</i>
			<i>ADMISSION</i>
			<i>ADMISSION</i>
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			<i>ADMISSION</i>

COMMENTS *Child with Chronic renal impairment - Vomiting + P.B.D. Found to have viral pharyngitis*

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

Review Arrangements *Renal Clinic 2/5* Further Summary Letter Yes No

Yours sincerely *J. M. Savage* (signature) Date *17/10*

Name in Block Letters *J. M. SAVAGE* Consultant Senior Reg Reg SHO JHO

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