

Front Assessment Print

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Name : RACHAEL FERGUSON (AH 313854)

GP Name : DR E.M. ASHENHURST

Address



Address : WATERSIDE H.C.  
GLENDERMOTT ROAD  
LONDONDERRY  
BT47 1AU

NHS No. :  
Religion :  
D.o.B. : 04 Feb 92 (9yrs) Sex : Female

Admission Date : 07 Jun 01  
Discharge Date : 10 Jun 01

Ward : CHILDRENS UNIT (CHW)  
Consultant : MR ROBERT GILLILAND (RG)  
Specialty : GENERAL SURGERY (SUR)  
Originator : SN DAPHNE PATTERSON

Planned Discharge Date : -

Named Nurse : SN DAPHNE PATTERSON

Date Effective : 07 Jun 01

Ward : CHILDRENS UNIT

Assessment sheet : PAEDIATRIC ASSESSMENT

Preferred name : [RACHEL]  
Type of admission : [EMERGENCY]  
Mother & Father's name : [RAYMOND AND MARIE FERGUSON]  
Mother & Father's telephone number :  
Baptised? : [Yes]

Reason for admission : [SUDDEN ONSET OF ABDOMINAL PAIN AT 4.30PM CENTRAL AND RIGHT SIDED]  
Past Medical History : [NONE]  
Relevant family illness : [NONE]  
Medication on admission : [NONE ,CYCLOMORPH 2MG IV AT 8.20PM IN A&E]

Allergies : [NONE KNOWN]  
Guthrie? : [Yes]  
Bi Place : [ALT]  
Gestation : [F/T]  
Type of Delivery : [N/D]  
Birth Weight : [7LBS 50Z]

Vaccinations : [UP TO DATE + MEN C]  
Infectious disease contact in last 3wks : [No]  
If Yes, please specify? : [ ]

Ward : CHILDRENS UNIT

Assessment sheet : PAEDIATRIC ASSESSMENT

Siblings :   
 Who does child live with? :   
 Support services prior to admission :   
 Name of Health Visitor : [ ]

Breathing : [NORMAL]   
 Comment on Breathing Pattern : [ ]   
 [ ]

Temperature(celsius) : [36.6]   
 Pulse (beats per minute) : [93]   
 Respirations (per minute) : [2]   
 Blood Pressure : [103/61]   
 Level of consciousness, on admission : [ORIENTATED]   
 Emotional level on admission : [TALKATIVE]

Weight on Admission : [25KG]   
 Eating & Drinking : [ORDINARY DIET]   
 Type of Milk : [COWS MILK]   
 Type of Food : [NORMAL]   
 Comment on Eating Pattern : [FUSSY]   
 Drinks from? : [CUP]

Toileting Pattern : [TOILET]   
 Urinary problems : [NONE]   
 Urinalysis : [ ]   
 Faecal Pattern : [NO PROBLEMS]

Assistance with ADL's : [ ]   
 [ ]   
 [ ]   
 [ ]

Ward : CHILDRENS UNIT

Assessment sheet : PAEDIATRIC ASSESSMENT

Communication - Right Ear : [GOOD]  
 Communication - Left Ear : [GOOD]  
 Eye sight - Right Eye : [GOOD]  
 Eye sight - Left Eye : [GOOD]  
 Wears Spectacles? : [No]  
 Speech : [GOOD]

Usual sleep pattern : [SLEEPS 10PM -7AM]

Favourite Toy/Dummy/Comforter? : [\_\_\_\_\_]

Valuables/Comforters taken home? : [No]

Mobility prior to admission : [INDEPENDENT WITH SUPERVISION]

Comments on Mobility : [\_\_\_\_\_  
 [\_\_\_\_\_]

Skin Condition : [INTACT]

Comment on skin condition : [\_\_\_\_\_  
 [\_\_\_\_\_]

Splints,pressure garments,specialaids? : [\_\_\_\_\_]

Reaching Normal Milestones? : [Yes]

Comments on Milestones : [\_\_\_\_\_  
 [\_\_\_\_\_]

Additional information : [\_\_\_\_\_  
 [\_\_\_\_\_]

Identification armband insitu? : [Yes]

If not, why ? : [\_\_\_\_\_]

Visiting Times Explained? : [Yes]

Is it staying overnight? : [Yes]

Visiting problems eg no car : [\_\_\_\_\_]

Ward Information Booklet Given? : [Yes]

No smoking policy explained? : [Yes]

Security System explained? : [Yes]

Play therapist explained? : [Yes]

School teacher explained? : [Yes]

Any person shouldn't get information? : [\_\_\_\_\_]

Ward : CHILDRENS UNIT

Assessment sheet : PAEDIATRIC ASSESSMENT

Information obtained from? : [PARENTS]

Information obtained by? : [DPATTERSON]

End of printout