PATIENT PROFILE

SPERRIN LAKELAND HEALTH & SOCIAL CARE TRUST ERNE HOSPITAL

SURNAME: CRAWFORD FORENAMES: LUCY MARITAL STATUS S

ADDRESS: [redacted]

DATE OF BIRTH: 5/11/98 AGE: 1½ WARD: 5/ICU HOSPITAL NO.: 123000

DATE ADMITTED: 13/4/00 TIME ADMITTED: 4.40 am TYPE OF ADMISSION: Emergency

OCCUPATION: G.P.: Connor CONSULTANT: I. O'Donohue

RELIGION: C/I C Ance: Dr T. Auterson

ALLERGIES/REACTIONS: None Known N. Nurse

A. Nurse

NEXT OF KIN: [redacted]

RELATIONSHIP: Parents

ADDRESS: S/A

TELEPHONE NUMBER: HOME [redacted] BUSINESS OTHER

INFORMED? YES NO

RELEVENT FAMILY HISTORY OF ILLNESS

—

REASON FOR ADMISSION: Requiring ventilation following ? [illegible] [illegible] after fit

PATIENTS UNDERSTANDING OF PRESENT ILLNESS

Parents Present

RELEVANT PAST HISTORY OF ILLNESS/OPERATIONS

Bronchiolitis Nov 99

MEDICATIONS ON ADMISSION KEPT IN HOSPITAL?/RETD?

DEPENDENTS:

NUMBER OF CHILDREN:

PLACE IN FAMILY: [redacted]

LIVES WITH: [redacted]

TYPE OF ACCOMMODATION:

FACILITIES LACKING: None

COMMUNITY SERVICES:

H. Visitor

FINAL DIAGNOSIS: Collapse, Intubated, Ventilated

DISCHARGE PLAN DATE OF DISCHARGE: RELATIVES INFORMED? YES? NO?

DISCHARGED TO:

OPD. APPT. YES? NO? CLINIC? DATE BOOKED?

VALUABLES RETD. YES? NO? BOOK SIGNED?

PRESCRIPTION CARD? TABLETS TO TAKE HOME? OWN TABLETS RETURNED?

COMMUNITY SERVICES INVOLVED.

SIGNATURE OF NURSE:

SOCIAL REPORT REQUESTED? ~~YES~~ NO

DENTURES: [redacted]

VALUABLES:

PROPERTY ROOM NUMBER: None

VALUABLES TO RELATIVES? — ADMINISTRATION? —

SUPPLEMENTARY BENEFIT? ~~YES~~ NO

SIGNATURE OF NURSE: [signature]

LPC 1/94/043

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LC-SLT