

NURSING ASSESSMENT

COMMUNICATING AND SPECIAL NEEDS	Normal milestones	lethargic - irritable when disturbed.	VITAL SIGNS
MAINTAINING A SAFE ENVIRONMENT	As for baby.		36.2 20/4/92 38.6 P. 140
BREATHING AND CIRCULATION	No obvious problem		R. 26 B.P.
CONTROLLING BODY TEMPERATURE	usually ok	Low body temperature	HT. 20/4/92 99
EATING AND DRINKING	Vomits when he does drink - spit 20/4/92 Drinks from cup since 20/4/92 flavoured water - strawberry	NIL orally at present	URINALYSIS
ELIMINATING	Bowels ok	poor urinary output	
POSTURE AND MOVEMENT	moves all limbs + turns head follows with eyes.	supra pubic catheter in situ	CONDITION OF SKIN HAIR AND TEETH
REST AND SLEEP	Sleeps well		Skin Clear
PERSONAL HYGIENE	Needs all care	will need regular catheter care	No Teeth
DRESSING	In own clothes according to body temp		
PLAY AND EDUCATION		Needs encouragement to achieve milestones. Employ services of play therapist	
EXPRESSING SEXUALITY	N/A maintain dignity		
MEETING SPIRITUAL NEEDS	As mum wishes		SIGNATURE OF ACCOUNTABLE NURSE
SOCIAL HISTORY	Single mum lives at home with mother & 2 grand parents Very supportive		E. Quinn S.M. J. Lonerberg S.M.

CH 364377 Vol 5 Page 45

ROYAL HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME *Adam Strain* WARD *Mungana*
ADDRESS [REDACTED]
HOSP. NO. *364377* TEL. NO. [REDACTED]
SEX *M*
AGE *3/12* D.O.B. *4.8.91* RELIGION/BAPTISM [REDACTED]
CONSULTANT *Dr Savage*
NAME KNOWN BY *Adam*

NEXT OF KIN (Relationship) [REDACTED]
NAME [REDACTED]
ADDRESS *as above*
TEL NO. Day [REDACTED] Night [REDACTED]
WHO ACCOMPANIED PATIENT [REDACTED]
WHO MAY CONSENT TO TREATMENT [REDACTED]

SCHOOL/PLAYGROUP/NURSERY *N/A*
REASON FOR ADMISSION *Transferred from Water Hospital
Post Reimplantation of valves - for further
c/o management and treatment post op*
PARENTS/PERCEPTION OF ADMISSION *Pyrexia + variability*

DATE AND TIME OF ADMISSION *26.11.91 2pm*
Re-admitted! 20/4/92

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH INFECTIOUS DISEASES

PREVIOUS ILLNESSES *Congenital dysplastic kidneys
ureteric reimplantation 23.11.91
Pyrexia and variability 20/4/92*

HOSPITAL ADMISSIONS *Water Hospital*

RECENT CONTACT WITH INFECTIOUS DISEASES *None*

IMMUNISATIONS RECEIVED *None*

CURRENT MEDICATION *IV Chloraz
IV fluids 1/2 N.Saline*

KNOWN ALLERGIES *None known*

DENTURES (Include crowns, plates) loose teeth *N/A*

OTHER PROSTHESIS *N/A*

DISCHARGE DETAILS

GP LETTER *(YES/NO)*
O.P. APPOINTMENT *Rec'd Dr Savage*
MEDICATION *(YES/NO)*

COMMUNITY REFERRAL

HEALTH VISITOR
DISTRICT NURSE
SOCIAL WORKER
OTHERS