AP 1284

EASTERN HEALTH AND SOCIAL SERVICES BOA

_____ **UNIT OF MANAGEMENT**

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY _____ Wd/Dept. Nursing

NAME _____ CONSULTANT Dr Savage

ADDRESS [redacted] GEN. PRACT. Dr Scott

The Surgery Bridge St. Hillsborough

Cr Down Date of Adm. 13-5-92

Date of Disch. 17-5-92

Date of Birth 4-8-91 School _____

AGNOSIS/CONDITION Pyrexia, diarrhoea, UTI

TREATMENT RECEIVED

MEDICATION ON DISCHARGE Nitrofurantoin 10mgs 1:D. Thioridazine 50mgs daily

AIDS/EQUIPMENT ..... ORDERED — YES/NO

OTHER SUPPORT NG SERVICES REQUIRED ..... YES/NO

FURTHER RELEVANT INFORMATION

MESSAGE BY TELEPHONE TO _____ (YES/NO)

SIGNED S/N S McAuley DATE 17-5-92

(SISTER/CHARGE NURSE)

REFERRAL ACTION TAKEN _____

AS - ROYAL

053-017-056