EASTERN HEALTH AND SOCIAL SERVICES BOARD

NEW ROSS. **UNIT OF MANAGEMENT**

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY Medical Wd/Dept. Musgrave.

NAME Adam Strain. CONSULTANT Dr Savage.

ADDRESS [redacted] GEN. PRACT. Dr Scott. Holyrood H/C.

Date of Adm. 27-3-93

Date of Birth 4-8-91 Date of Disch. 30-3-93

DIAGNOSIS/CONDITION Reflux oesophagitis School

TREATMENT RECEIVED

NURSING TREATMENT REQUIRED

MEDICATION ON DISCHARGE Zinnat 125mg orally (10) days

AIDS/EQUIPMENT ..... ORDERED — YES/NO

OTHER SUPPORTING SERVICES REQUIRED ..... YES/NO

FURTHER RELEVANT INFORMATION

RV 1L 4-93

MESSAGE BY TELEPHONE TO (YES/NO)

SIGNED S/N R Auley (SISTER/CHARGE NURSE) DATE 30-3-93.

REFERRAL ACTION TAKEN

AS - ROYAL

054-016-040