AP 1284

EASTERN HEALTH AND SOCIAL SERVICES BOARD

United Group of Hospitals **UNIT OF MANAGEMENT**

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY RBHSC

NAME Adam Strain.

ADDRESS [redacted]

Wd/Dept. Musgrave

CONSULTANT Dr Savage

GEN. PRACT. Dr Scott. Hollywood H/c.

Date of Adm. 17/11/93

Date of Disch. 19/11/93

Date of Birth 4/8/91.

School

DIAGNOSIS/CONDITION Chronic renal failure c Pseudomonas UTI u/

TREATMENT RECEIVED IV antibiotic therapy [redacted]

NURSING TREATMENT REQUIRED all care given.

MEDICATION ON DISCHARGE Ciproxcin 90mgs BD, Epo 250iu twice weekly. Sodium Bicarbonate 12.5mls tDS, Fereomyn 5mls mane. Lactulose 10mls BD, Sennokot 5mls BD.

AIDS/EQUIPMENT ..... ORDERED — YES/NO

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

FURTHER RELEVANT INFORMATION

R/v Renal Clinic as arranged

MESSAGE BY TELEPHONE TO _____ (YES/NO)

SIGNED S/n C. Coldra (SISTER/CHARGE NURSE) DATE 19/11/93.

REFERRAL ACTION TAKEN 055-024-042

AS - ROYAL