

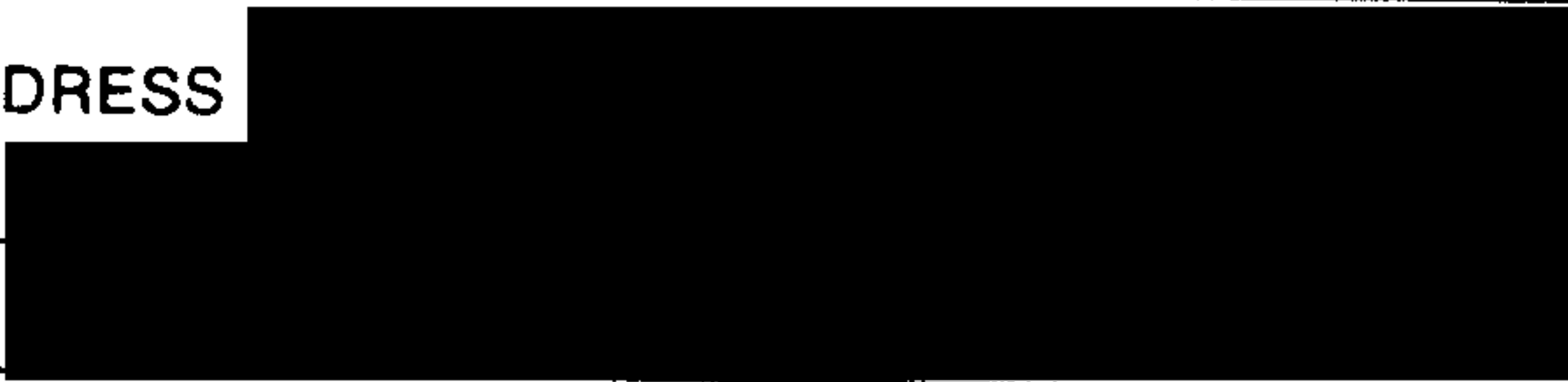
EASTERN HEALTH AND SOCIAL SERVICES BOARD

UNIT OF MANAGEMENT

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY RBHSC

NAME Adam Strain

ADDRESS 

Wd/Dept. _____

CONSULTANT _____

GEN. PRACT. _____

Date of Adm. _____

Date of Disch. _____

School _____

Date of Birth 4/8/91

DIAGNOSIS/CONDITION Admitted for mict. cystogram

TREATMENT RECEIVED d IV antibiotics

NURSING TREATMENT REQUIRED N/A

MEDICATION ON DISCHARGE Ceftazidime 200 mg x 3 IV

AIDS/EQUIPMENT ORDERED — YES/NO

OTHER SUPPORTING SERVICES REQUIRED YES/NO

FURTHER RELEVANT INFORMATION

MESSAGE BY TELEPHONE TO _____ (YES/NO)

SIGNED SIN Finnegan DATE 5/5/93
(SISTER/CHARGE NURSE)

REFERRAL ACTION TAKEN Renew 52 Renal clinic

EASTERN HEALTH AND SOCIAL SERVICES BOARD

POMAL GROUP OF IDPS

UNIT OF MANAGEMENT

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY REHSC Wd/Dept. MUSGRAVE
NAME Adem Strain CONSULTANT Swage
ADDRESS [REDACTED] GEN. PRACT. Dr Scott The Surgery
9 Brook St Hollywood
Date of Adm. 20/4/93
Date of Disch. 25/4/93
School N/A
Date of Birth 04/08/91
DIAGNOSIS/CONDITION chronic renal failure / admitted with
TREATMENT RECEIVED insertion of gastrostomy tube. commenced on
tube feeds & antibiotics
NURSING TREATMENT REQUIRED general nursing care. main attended
to feeding needs
MEDICATION ON DISCHARGE Ceftriaxone, Ciprofloxacin, Ferrous
sulfate, paracetamol, ibuprofen
IDS/EQUIPMENT ORDERED — YES/NO
OTHER SUPPORTING SERVICES REQUIRED YES/NO
FURTHER RELEVANT INFORMATION
Admission for medical review 4/5/93
admission at arranged Dr Swage chair output
MESSAGE BY TELEPHONE TO (YES/NO)
SIGNED [Signature] DATE 25/4/93
(SISTER/CHARGE NURSE)
REFERRAL ACTION TAKEN