

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

Health Group in p.t.b. TRUST/DMU

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY 1st floor

Wd/Dept. Medicine

NAME Adrian Strain

CONSULTANT Dr Savage

ADDRESS [REDACTED]

GEN. PRACT. Dr Scott

[REDACTED]

The Surgery, Hollywood

[REDACTED]

Date of Adm. 21.8.94

[REDACTED]

Date of Disch. 26.8.94

Date of Birth 4.8.91

School [REDACTED]

DIAGNOSIS/CONDITION Renal patient - Admission for insertion of

TREATMENT RECEIVED peritoneal catheter.

iv fluid therapy -

morphine infusion

NURSING TREATMENT REQUIRED [REDACTED]

all care given

[REDACTED]

[REDACTED]

MEDICATION ON DISCHARGE As per Dr's letter

[REDACTED]

[REDACTED]

AIDS/EQUIPMENT ORDERED — YES/NO

[REDACTED]

OTHER SUPPORTING SERVICES REQUIRED YES/NO

[REDACTED]

[REDACTED]

FURTHER RELEVANT INFORMATION

To attend ward next week as arranged

for per x dialysis therapy training

[REDACTED]

MESSAGE BY TELEPHONE TO _____ (YES/NO)

SIGNED S/n C Cullen DATE 26.8.94

(SISTER/CHARGE NURSE)

REFERRAL ACTION TAKEN _____

[REDACTED]

[REDACTED]

056-022-044

AS - ROYAL