W/Mtn [redacted]

ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

HOSPITAL No. 364377

Dear Doctor ....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

....

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name ...... Adam Strain ......

Address... [redacted] .....*Postcode*......

D.O.B. 4/8/91 *Ward* .... *Male** ☐ *Female** ☐

⇧ ***Please place addressograph label here on all 4 sheets*** ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	30·1·95	/	
CONSULTANT NAME	DR Savage	/	[redacted]
WARD	MUSG	/	[redacted]

[redacted]

SECONDARY PROCEDURE			

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST

COMMENTS Re level Tocc-[illegible] levels

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements .... Further Summary Letter Yes ☐ No ☐

Yours sincerely .... JAcc ....(*signature*) Date ...... 30/1/95 ......

Name in Block Letters..................................Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐

AS - ROYAL

057-082-154

W | Mander [redacted]

ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

HOSPITAL No. 364377

Dear Doctor ....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

....

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name Adam Slrein

Address......................................

.... *Postcode*..........

D.O.B. 4/8/91 *Ward* Mulgrave *Male** ☑ *Female** ☐

⇧ ***Please place addressograph label here on all 4 sheets*** ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	22.1.95	/	27.1.95
CONSULTANT NAME	Savage.	/	
WARD		/	

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * **delete as appropriate*	Central line infection	
OTHER DIAGNOSIS	CRF.	
OTHER DIAGNOSIS		
[redacted]		
SECONDARY PROCEDURE *	[illegible]	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
			34
			276
			34
			553.

COMMENTS
Diphtheroids grown from central line x 2
Sensitive to Teicoplanin

Teicoplanin 6mg/kg via central line every 3rd day
1st dose given today 12.15pm To attend ward Mon
for 2nd dose & pre check levels

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements .... Further Summary Letter Yes ☐ No ☐

Yours sincerely ....[signature]....... *(signature)* Date 27/1/95

Name in Block Letters.............................. Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Complications 1.

AS – ROYAL

057-082-155

Day case

[redacted]

ROYAL HOSPITALS

HOSPITAL No. 64377

CASE NOTE DISCHARGE SUMMARY

Dear Doctor Scott .....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

.....

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name Adam Strain

Address.... [redacted]

Postcode.....

D.O.B. 4/8/91 *Ward* ..... *Male** ☑ *Female** ☐

⇧ *Please place addressograph label here on all 4 sheets* ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	23.1.95	/	23-1-95
CONSULTANT NAME	DR. Savage	/	[redacted]
WARD	MUSG	/	[redacted]

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	REACTION TO VANCOMYCIN	
OTHER DIAGNOSIS	? INFECTED CENTRAL LINE	
OTHER DIAGNOSIS	CYSTIC DYSPLASTIC KIDNEYS	

		DATE	
PRINCIPAL PROCEDURE			
SECONDARY PROCEDURE			
SECONDARY PROCEDURE			

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
trimethoprim	50mg bd	x 1/52	

COMMENTS

was given vancomycin intrathecal and had an anaphylactic reaction - with hypotension, flushing and back pain

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements ..... Further Summary Letter Yes ☐ No ☐

Yours sincerely Emma McCann *(signature)* Date 23-1-95

Name in Block Letters E McCANN Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☑ JHO ☐

E McCann

Complications . 1.

2.

AS – ROYAL

057-082-156

WARD | Attended

ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

HOSPITAL No. 364377.

Dear Doctor S.S.

I wish to advise you that your patient was admitted to hospital and is now being discharged/~~transferred~~.

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name ADAM [illegible]

Address [redacted] *Postcode*

D.O.B. 4/8/91 *Ward* MUS *Male** ☑ *Female** ☐

⇧ ***Please place addressograph label here on all 4 sheets*** ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	18.1.95		18.1.95
CONSULTANT NAME	DR SIVAN		[redacted]
WARD	MUSGRAVE		

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	Chronic renal failure	
OTHER DIAGNOSIS	Peritoneal dialysis	
OTHER DIAGNOSIS	Pyrexia + rigors	

		DATE	
PRINCIPAL PROCEDURE	Blood cultures		
SECONDARY PROCEDURE	MSSU		
SECONDARY PROCEDURE			

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST

COMMENTS attended for FBC / renal function tests / blood cultures
- MSSU sent
PD fluid for analysis
no focus of infection
await results.

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements .... Further Summary Letter Yes ☐ No ☑

Yours sincerely [signature] (signature) Date 18.1.95.

Name in Block Letters L McCrory ....Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☑

Complications 1.

2.

AS - ROYAL

057-082-157