

ROYAL HOSPITALS

HOSPITAL No.

364377

CASE NOTE DISCHARGE SUMMARY

Dear Doctor Sam:

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

Referral No.

Contract No.

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

Name Adam Strain

Address

Postcode

D.O.B. 1/8/91 Ward Male* ☐ Female* ☐

↑ Please place addressograph label here on all 4 sheets ↑

*
TICK
OR
DELETE
AS
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	17.4.94		17.4.94
CONSULTANT NAME	Dr Savage		
WARD	Musgrave		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE *		CODE
<i>*delete as appropriate</i>	8.0.10.10.10.10 U.R.T.I.	
OTHER DIAGNOSIS	gastrostomy exit site infection	
OTHER DIAGNOSIS		

	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
Usual drugs + Flucloxacillin	125mg QDS	10 days	
Adam Strain			3 364377
			Renal Failure

COMMENTS	Method of Admission
Child with Chronic renal impairment Vomiting + P.U.D. Found to have viral pharyngitis. X-ray knees + hips	Emergency ☐ Waiting list ☐ Outpatients ☐

Review Arrangements Renal Clinic 2/52 Further Summary Letter Yes ☐ No ☒

Yours sincerely (signature) Date 17/10

Name in Block Letters J M SAVAGE Consultant ☒ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Complications	1.	AS - ROYAL	057-099-174
	2.		