

☒ Emergency ☐ Elective ☐ Non-elective ☐ Daycase ☐ Outpatient - new/1st/2nd/ongoing

Dear Doctor [Redacted]

Your patient was seen/admitted 14/04/00

and discharged/transferred on 14/04/00

Consultant Dr/Mr GREEN

Ward 100

Referred by ☐ A&E ☐ GP ☐ OP ☐ WL ☒ Other

Primary diagnosis(es) (write major symptoms if diagnosis not known) Code

CEREBRAL OEDEMA	2

Underlying conditions and co-morbidities Code

VIRAL GASTROENTERITIS	

Procedures Date Code

Complications Date Code

Discharge/recommended medications

Drug	Dose & freq.	Duration

Review arrangements

1. With GP in [Redacted]
2. By hospital in [Redacted]
3. Other whom [Redacted] when [Redacted]

Signed [Signature]

BLOCK LETTERS JANE O'DONOGHUE

☐ Consultant ☒ Reg ☐ SHO ☐ Clin Asst

Date 17/04/00

Please place addressograph label here

Major clinical features (current)

Investigations (and results)

CT BRAIN - Cerebral oedema
+ Corning

Social/other factors affecting care

Comments (including information given to patient/parents)

→ Transferred from ERNE Hospital
+ D+U + cerebral oedema
- Brain stem tests - OK
on 14/04/00. Ventilator
+ CRP
RIP