

☐ Emergency ☐ Elective ☐ Non-elective ☐ Daycase ☐ Outpatient

Dear Doctor

Your patient was seen/admitted

9 / 6 / 01

and discharged/transferred on

10 / 6 / 01

Consultant/Diagn

CPD

Ward

PCU

Referral by

☐

GP

☐

GP

☐

GP

☐

GP

☐

GP

Name

Rachel Ferguson

Address

[Redacted]

Postcode

[Redacted]

D.O.B.

4 / 2 / 92

Male

☐

Female

☐

Please place addressograph label here

Additional features (current)

↓ Level of consciousness

Seizure activity

Cerebral oedema

Hypotension

Brainstem testing 9+10/6/01

Ventilation

Complications

Date

Code

1			
2			
3			

Transferred from Altnagelvin Hospital with seizures/hypotension/cerebral oedema/peaked dilated pupils. Certified as dead on 10/6/01 @ 1209 hours for coroners PM

Discharge/recommended medications

Drug	Dose & freq.	Duration

RF - ROYAL

Review arrangements

1. With GP in

[Redacted]

2. By hospital

[Redacted]

3. Other

[Redacted]

4. With

[Redacted]

Signed

LMF Howells

☐

Reg

☐

Sp

☐

Signed

LMF Loughlin

10 / 6 / 01

063-004-009