

CASE NOTE DISCHARGE SUMMARY

Dear Doctor

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

TICK
OR
DELETE
AS
APPROPPatient's Name: Mr ☐ Mrs ☐ Miss ☐

Name

Address

Postcode

D.O.B. 10/1/87 Ward P3CU Male ☐

Please place addressograph label here on all letters

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	23.10.96	23.10.96	23.10.96
CONSULTANT NAME	DR Cnean		
WARD	P-3 CU		

PRINCIPAL DIAGNOSIS	CEREBRAL OEDEMA	DATE	
OTHER DIAGNOSIS	STATUS EPILEPTICUS	DATE	
OTHER DIAGNOSIS	HYONATREMIA	DATE	
PRINCIPAL PROCEDURE	VENTILATED	DATE	
SECONDARY PROCEDURE	CENTRAL LINE	DATE	
SECONDARY PROCEDURE	CT SCAN	DATE	

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: Admitted to ICU from A&E ward because of hypoxia, difficulty and change in breathing. Tracheal intubation & ventilated. Pupils fixed and dilated. On exam shows diffuse hyperreflexia, clonus with complex effacement of basal reflexes. P. in 2cm. 24 hrs post op with a diagnosis of Brain death. Ventilation withdrawn after discussion with parents at 1845 hrs on 23/10/96.

Method of Admission

Emergency

Waiting

Outpatient

Review Arrangements

Further Summary Letter Yes ☐ No ☐

Yours sincerely

(signature) Date 23/10/96

Name in Block Letters

MANNAN

Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☒

CR - RVH

Complications

1.

2.

090-009-011