



Surname	ROBERTS	A&E No:	96AEC213536
Forename(s)	CLAIRE	Hospital No:	328770
Sex	F	Day/date/time registration	MONDAY 21/10/96
DOB	10/01/87		18:57
Address	[REDACTED]	School/CH Clinic	
		No previous episodes	00 / 00
Postcode	[REDACTED]	Mode of arrival	PRIVATE TRANSPORT
Tel. No.	[REDACTED]	Type of place/location	
		Cause of injury	
GP Name	M.I. MCMILLAN	Intent	
Address	COMBER HEALTH CENTRE	Type of activity	
	NEWTOWNARDS RD	Day/date/time of incident	MONDAY 21/10/96
	COMBER		18:30
Postcode	BT23 5BA	Accompanied by Name	MRS ROBERTS
Tel. No.	COMBER 878391		(MOTHER)
		Initiator of Attendance	GP REQUEST & LETTER

NURSING ASSESSMENT

Triage

Nature of complaint LETHARGY, VOMITING AND PALE.

Triage nurse SN T BLUE

Triage site

19:03

Triage time

Immunisations 1ST 2ND 3RD TTB

Medication NONE

Allergies

NONE

Special interest code

EP

Estimated waiting time

20 MINUTES

EPILEPTIC

Initial assessment:

H/O OFF FORM AND LETHARGY. G.P. REFERRAL WITH H/O

SEIZURE. APYREXIC O/A. PALE AND DROWSY O/A.

H/O MENTAL HANDICAP.

Observations:

Time	T	RR	HR	BP	AVPU	Pupils	SaO2
19:03	36.9	24	96			PEARL.	

Priority

SOON

Named nurse

CA Jackson

POP

Dressing

Urinalysis

Urn-bag >

Pain scale 0 1 2 3 4 5 (circle)

Implementation and evaluation:

End - 7.5
SIB Medical Reg
Aunt Allen Ward

CR - RVH

Nurse

CA Jackson

Time

20.45

090-010-012