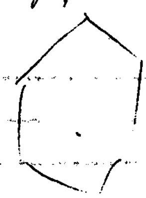
Name A&E No:

MEDICAL NOTES (Please write time and sign all entries). In event of injury, specify precise mechanism.

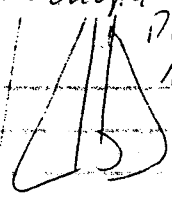
Time (2) 7.15pm Doctor's name (print) Jamil Puthucheary.

9 year old girl. c/o learning difficulties
c/o epilepsy – no fits for three years, off antiepileptic medication.
today vomiting (non-bilious) since this evening.
diarrhoea, cough / pyrexia.
Speech very slurred, hardly speaking.

O/E Drowsy, tired. Apyrexial. No lymphadenopathy. PERLA.
neck stiffness
Ears NAD
HS I + II + 0
Pharynx – unable to examine



Soft
Non-tender
No mass
No LKKS
BS ✓



PN resonant
A/E good
Nil added

Plantars ↓↓ R+L (but see GP letter)
No apparent limb weakness. ↑ Tone

	R	L
B	+	++
T	+	++
S	+	++
K	+	++
A	+	++

HA Hb
WBC
Dif P L E M
BB Blood Bank
BC Na
Urea
Creat
Glucose
pH
PaCO2
PaO2
BXS
RU Urine
BA Culture(s) specify

Doctor's signature Time

X-ray Interpretation

Specialists (print name) Specialty Bleep Time

admit.

Doctor's signature [signature] Time

Prescription/IV fluids Dose Time Route Signature Given by Time

Print generic drug names

Outcome (one only)
HO Home
GP Report GP ______ days
RA Review A&E __/__/__ am/pm
FC Review Fracture Clinic
OP Review ______ Outpatients
OH Review Other Hospital (______)
AO Admit ALLEN Ward
OD Observation bed
FO Admit Fracture/Ortho
TR Transfer ______ Hospital
RT Refused Treatment
LB Left Before Treatment
DD Died in A&E

Primary diagnosis Encephalitis? Code A4ZE
Additional diagnosis
2. Code
3. Code
Treatment Code
Treatment Code
Treatment Code

Inform Health Visitor Yes/No Decision to admit time 20.45 Time left department

CR – RVH