



Business Services  
Organisation

## Directorate of Legal Services

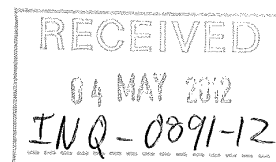
— PRACTITIONERS IN LAW TO THE  
HEALTH & SOCIAL CARE SECTOR —

2 Franklin Street, Belfast, BT2 8DQ  
DX 2842 NR Belfast 3

Your Ref:  
AD-0350-12

Our Ref:  
HYP B04/01

Date:  
03.05.12



Ms A Dillon  
Solicitor to the Inquiry  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB

Dear Madam,

### RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and your letter of 1<sup>st</sup> May 2010. I am instructed as follows: -

- 1) I would refer you to Ms Begg's letter of 24<sup>th</sup> August 2010 which encloses a plan indicating that the operating theatre (coloured red on your map 300-005-005) as being that in which Adam Strains transplant took place. I am instructed that this information was obtained from Dr Bob Taylor.

The Trust subsequently became aware of the issue which you are now raising following the Inquiry's inspection of the RBHSC on 20<sup>th</sup> September 2011. I would ask you to note that this matter was drawn to your attention in correspondence from Ms Beggs dated 10<sup>th</sup> October 2011. You will note that this letter indicates that Dr Taylor had advised that to the best of his recollection the Orthopaedic theatre (the theatre coloured red on map 300-005-005) was used for Adam Strain's surgery.

However the Inquiry's attention was also drawn to the fact that that Dr. Montague refers in his witness statement WS 009/3 page 2, Q2a to being in the anaesthetic room which was across the corridor from the theatre when Adam and his mother went into theatre. This would indicate that he believes the surgery was performed in Theatre 2 (the theatre coloured green on your map 300-005-005) and not the orthopaedic theatre as indicated by Dr Taylor.

- 2) Redacted copies of the nursing notes in relation to the second theatre that was in use are enclosed herewith. These nursing notes relate to the cases in which Dr Campbell

*Providing Support to Health and Social Care*

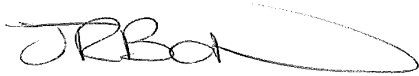


INVESTOR IN PEOPLE

was involved and for which you already hold the theatre log. You will note that these records list the theatre in use for those procedures as "Theatre 2". I am instructed that this information would suggest that it is unlikely that Adam Strain's transplant took in place Theatre 2.

- 3) I am instructed that the Trust is searching for these documents at present and I will forward same to you as soon as possible.

Yours faithfully,



Joanna Bolton  
Solicitor Consultant

Email: [REDACTED]

Tel: [REDACTED]

Your Ref:

Our Ref:  
HYP B04/1

Date:  
10.10.11

Mrs Bernie Conlon  
Secretary to the Inquiry  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB

Dear Madam,

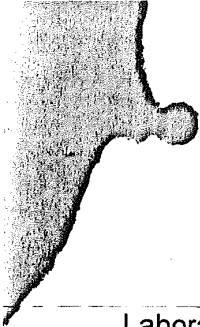
**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS**

I refer to the above and the Inquiry's visit to the Royal Belfast Hospital for Sick Children on 22nd September 2011. During that visit Dr Booker posed questions about the theatre in use for Adam Strain's operation. I am instructed that Dr Taylor has advised that to the best of his recollection the Orthopaedic theatre was allocated for use for the case. If that was the theatre used, the ceiling cluster of anaesthetic gas tubing nearest the adjacent theatre would have been utilised. I am instructed that the orientation of the patient and anaesthetic machine in theatre would have placed the patient's head towards the autoclave and feet towards the recovery room. The anaesthetic machine would have been on Adam Strain's left at the head of the table.

Dr. Montague has recently indicated his wish to be represented by the Trust's legal representatives at the Hearing and has now provided copies of his Witness Statements 009/1, 009/2, and 009/3. Dr. Montague refers in 009/3 page 2, in his answer to Q2a as to where he was when Adam and his mother went into theatre that he was in the anaesthetic room which was across the corridor from the theatre. This would indicate that he believes the surgery was performed in Theatre 2 i.e. not the orthopaedic theatre. The Trust wishes the Inquiry to note this inconsistency.

A request for photographs of the theatres as they were in 1995 was also made. I am instructed that whilst it was not possible to locate any photographs from 1995 two photographs from 1997 have been located. I enclose copies of same for your consideration.

Furthermore Dr. Booker and Mr. Kershaw asked whether the RVH Biochemistry Kelvin Laboratories were fully manned out of hours in 1995, I understand that at the time they were advised that this was the case. However I am instructed that although the Biochemistry Kelvin



Laboratories are currently fully manned out of hours, the correct position as regards 1995 is as set out in my letter of 3<sup>rd</sup> November 2010 (AD-0154-10). Mr. Walby has asked that I forward his apologies for his error.

This completes the Trust's response to the requests made during the aforementioned visit.

Yours faithfully



Wendy Beggs  
Assistant Chief Legal Adviser

Direct Line: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Your Ref:  
AD-0156-10

Our Ref:  
NSC B04/1

Date:  
24 August 2010

Ms Anne Dillon  
Solicitor to the Inquiry  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB

Dear Madam

**RE: INVESTIGATION INTO THE DEATH OF ADAM STRAIN**

I refer to the above and to letter dated 21<sup>st</sup> July 2010.

I enclose layout plans for the RBHSC and RVH site circa 1993. They had not changed regarding the undemoted points by the time of Adam Strain's transplant in November 1995.

1. Musgrave Ward is marked on the RBHSC plan.
2. Adam Strain was anaesthetised in the operating theatre marked by a cross on the RBHSC plan.
3. The operating theatre used for Adam Strain's transplant is marked as in 2.
4. The haematology laboratory based in the RBHSC marked on the RVH plan is not relevant to the care of Adam Strain. It is used to analyse samples in working hours from the Haematology Ward. The remainder of the RBHSC had its blood samples analysed in the main RVH laboratories. The Haematology and Biochemistry laboratories where Adam Strain's blood samples were analysed are marked on the RVH site plan.
5. The Recovery Room is marked on the RBHSC plan. The location of the
6. The Paediatric Intensive Care Unit is marked on the RBHSC plan. The location of the blood gas analyser machine in PICU is marked with a cross as requested in your letter of the 20<sup>th</sup> July 2010 (AD-0154-10.)

The date of the first paediatric renal transplant performed in the RBHSC will have been before the Belfast Health and Social Care Trust was established. The Eastern Health and Social Services Board will have been the responsible body prior to 1<sup>st</sup> April 1993 when the Royal Group of Hospitals and Dental Hospital HSS Trust was established. The Trust is currently preparing the information requested. Unfortunately, due to changes in data

1/

storage systems the information is not available electronically but it is currently being obtained by the Paediatric Renal Unit. When the patient details are known the records of each child will have to be retrieved from storage in some cases to answer the specific clinical questions asked. We are endeavouring to have this information with you as soon as possible.

Yours faithfully

W

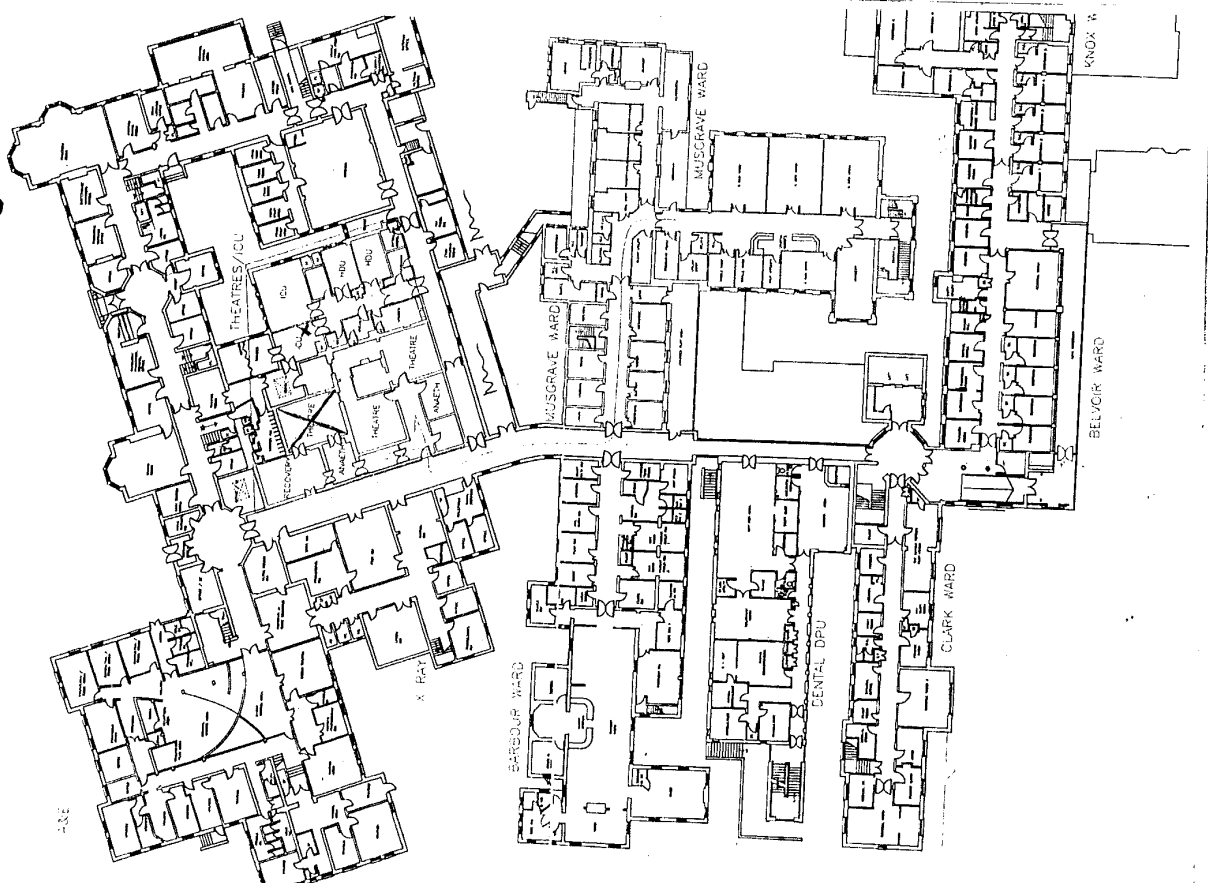
Wendy Beggs  
Assistant Chief Legal Adviser

Direct Line [REDACTED]

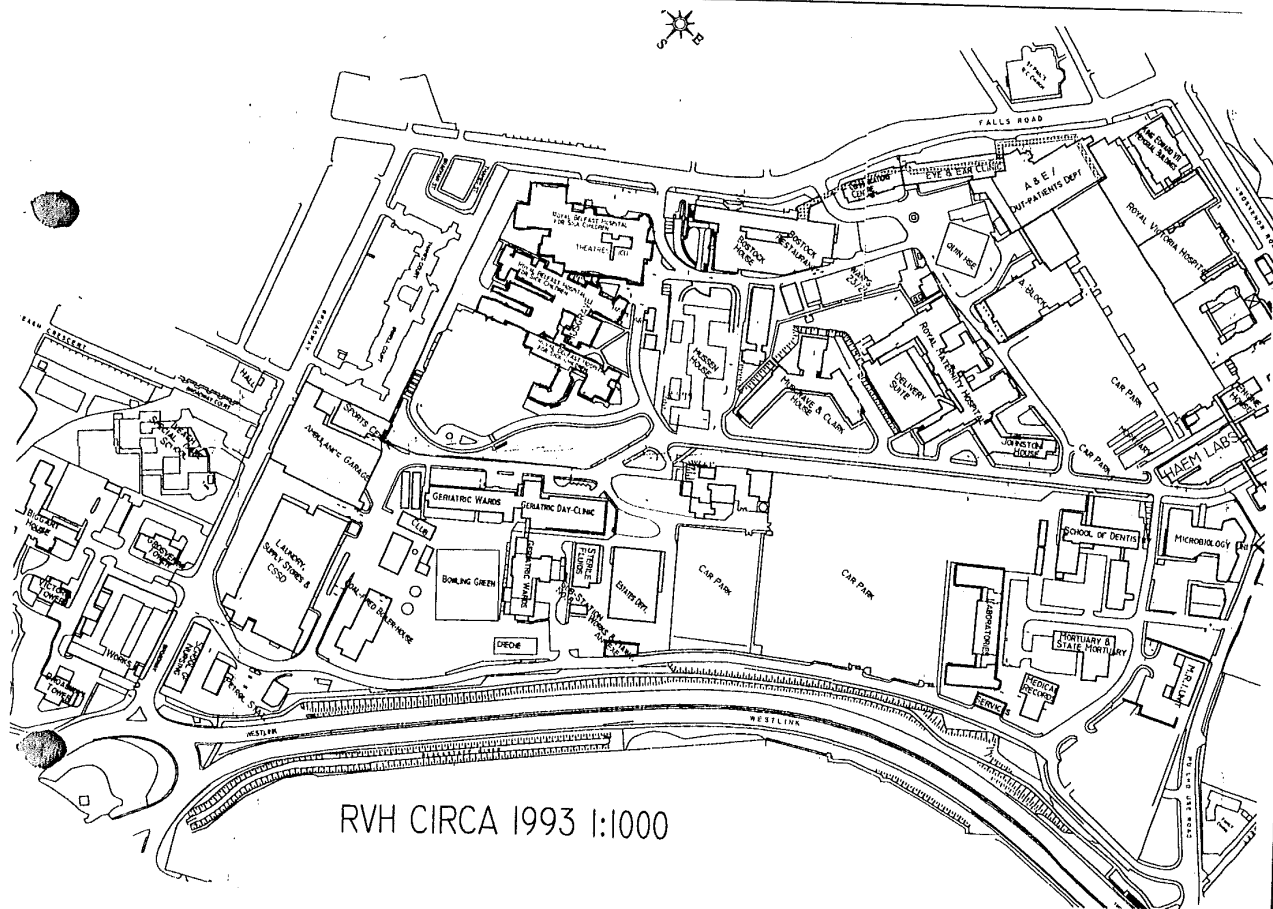
Fax: [REDACTED]

Email: [REDACTED]

SK



525



521



# ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME

WARD

ADDRESS

HOSP. NO.

AGE

CONSULTANT

~~NAME KNOWN BY~~

NAMED NURSE =

NEXT OF KIN (Relationship)

NAME

ADDRESS

TEL NO. Day

Night

WHO ACCOMPANIED PATIENT

WHO MAY CONSENT TO TREATMENT

SCHOOL/PLAYGROUP/NURSERY

REASON FOR ADMISSION

PARENTS/PERCEPTION OF ADMISSION

DATE AND TIME OF ADMISSION

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH  
INFECTIOUS DISEASES

PREVIOUS ILLNESSES

HOSPITAL ADMISSIONS

RECENT CONTACT WITH INFECTIOUS DISEASES

IMMUNISATIONS RECEIVED

CURRENT MEDICATION

KNOWN ALLERGIES

DENTURES (Include crowns, plates) loose teeth

OTHER PROSTHESIS

DISCHARGE DETAILS

GP LETTER YES/NO

O.P. APPOINTMENT .....

MEDICATION YES/NO

COMMUNITY REFERRAL

HEALTH VISITOR



DISTRICT NURSE

SOCIAL WORKER

OTHERS

27/11/95 @ 8.30am.

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				
27/11/95				
	 NAME OF PATIENT		HOSPITAL NO. _____	CHA 214 OS 3247
	 NAME OF CONSULTANT			

## 44

•

27/11/95

27/11/95

27/11/95

27/11/95

CHA 214

OS 3247

### NURSING CARE PLAN

[illegible]

PRE OPERATIVE CHECK LIST

NAME:-  
HOSPITAL NUMBER:  
DATE OF BIRTH: \_  
WARD:-  
PROPOSED SURGEON  
DATE OF SURGERY:-

[REDACTED]  
[REDACTED]  
[REDACTED]

WD/OP CONSULTANT

	YES	NO	N/A	SPECIFY

[REDACTED]

WARD NURSE SIGNATURE:-

DATE:- 27/11/95.

THEATRE NURSE SIGNATURE:-

DATE:-

# ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME

ADDRESS

HOSP. NO.

AGE

D.O.B.

SEX

RELIGION/BAPTISM

CONSULTANT

NAME KNOWN

NEXT OF KIN (Relationship)

NAME

ADDRESS

as above.

TEL NO. Day

Night

WHO ACCOMPANIED PATIENT

WHO MAY CONSENT TO TREATMENT

SCHOOL/PLAYGROUP/NURSERY

N/A

REASON FOR ADMISSION

PARENTS' PERCEPTION OF ADMISSION

DATE AND TIME OF ADMISSION 27-11-95 @ 8.05 am.

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH  
INFECTIOUS DISEASES

PREVIOUS ILLNESSES

HOSPITAL ADMISSIONS

Ne

RECENT CONTACT WITH INFECTIOUS DISEASES

IMMUNISATIONS RECEIVED

CURRENT MEDICATION

KNOWN ALLERGIES

DENTURES (Include crowns, plates) loose teeth

OTHER PROSTHESIS

DISCHARGE DETAILS

COMMUNITY REFERRAL

GP LETTER

YES/NO

O.P. APPOINTMENT

.....

MEDICATION

YES/NO

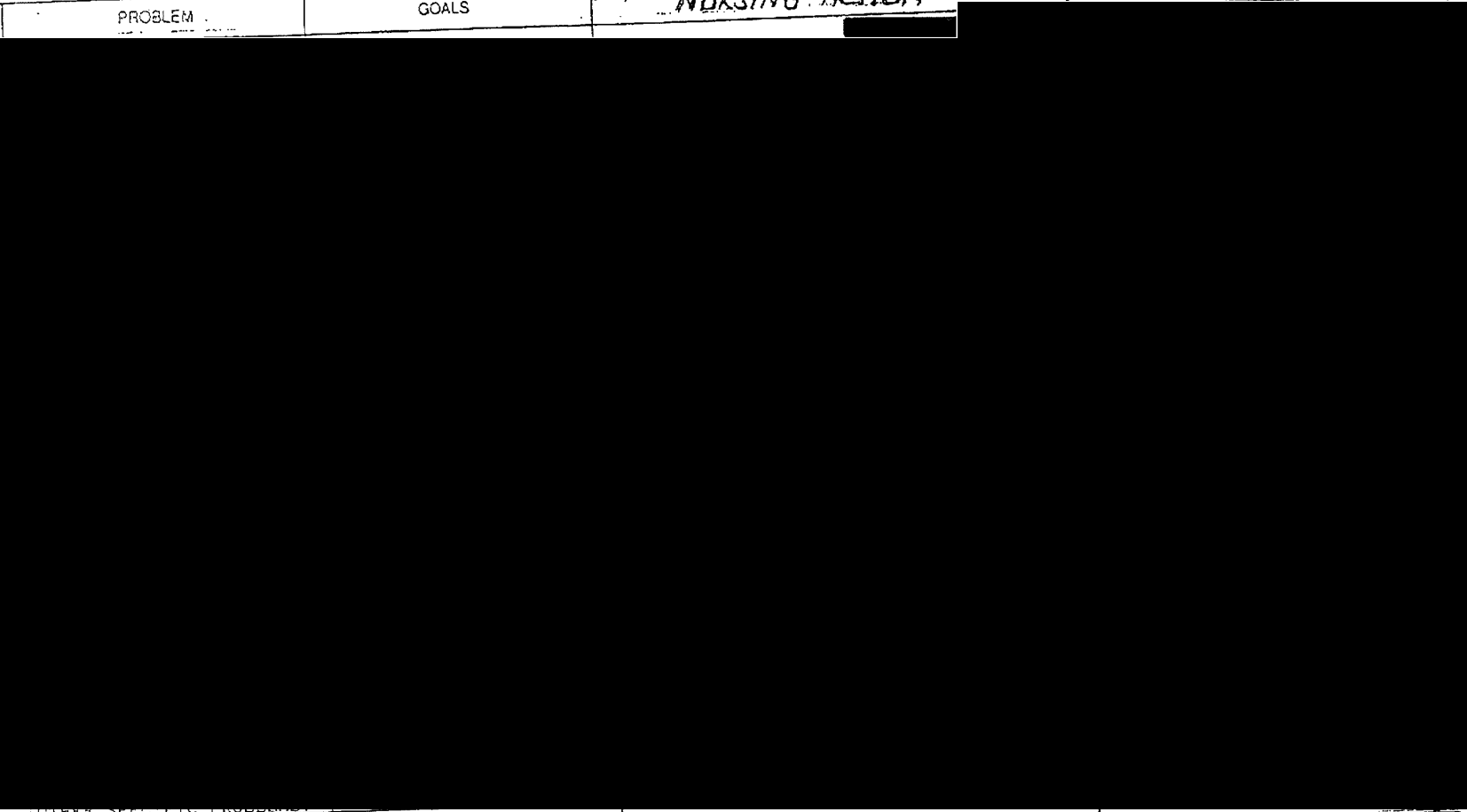
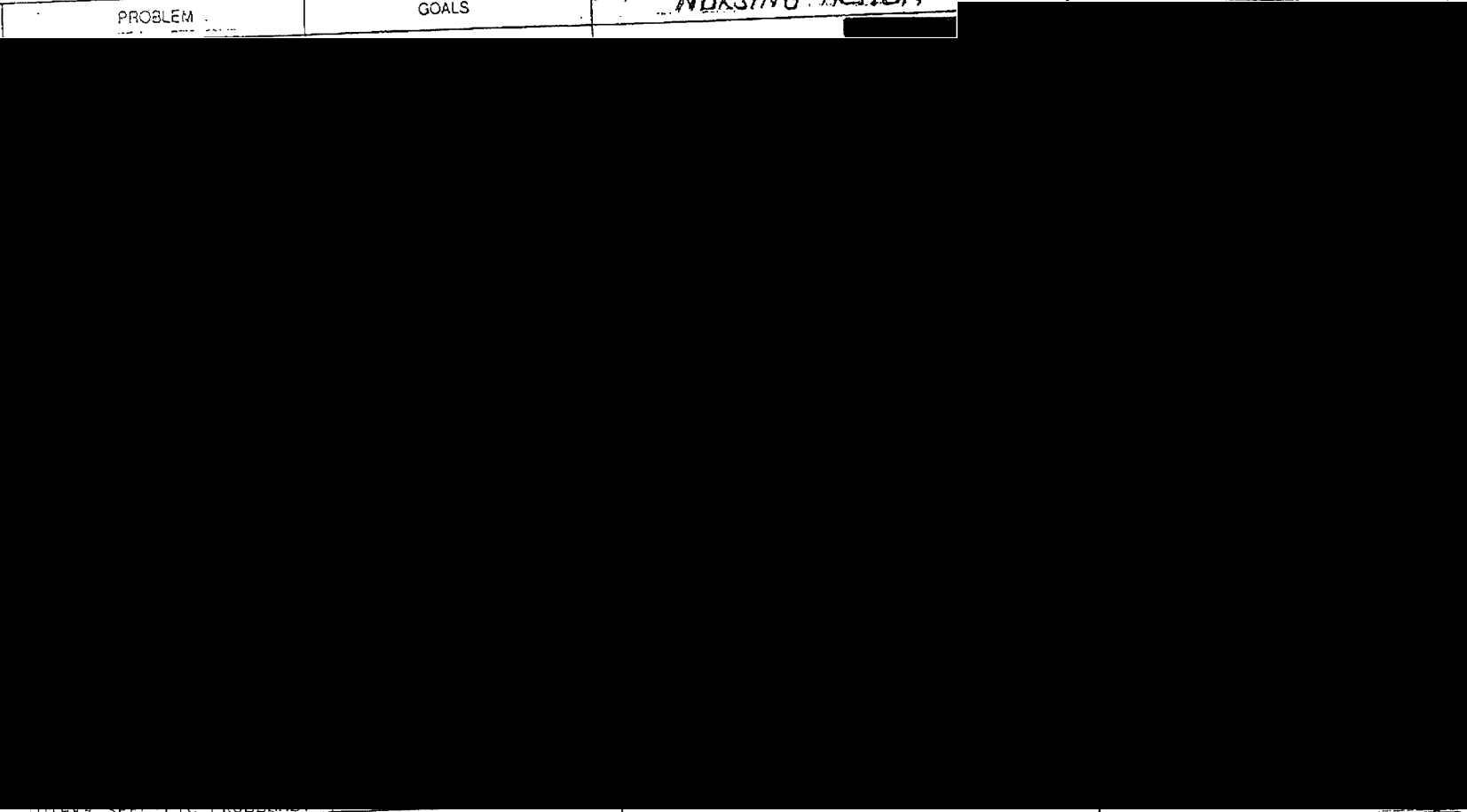
HEALTH VISITOR

DISTRICT NURSE

SOCIAL WORKER

OTHERS

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				
27/11/95				
OTHER SPECIFIC PROBLEMS				
PATIENT		HOSPITAL NO.		
HOST		CHA 214		
		OS 3247		

# ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

## NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				
27/11/95				
27/11/95				
27/11/95				

PATIENT'S NAME \_\_\_\_\_ HOSPITAL NO. \_\_\_\_\_

HOSP. \_\_\_\_\_

CHA 214  
OS 3247



## NURSING CARE PLAN

PATIENT'

HOSPITAL NO. \_\_\_\_\_

CHA 214

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

R.G.H.

TRUST/DMU

HOSPITAL/COMMUNITY LIAISON: GENERAL NURSING SERVICES

FACILITY

Wd/Dept.

NAME

CONSULTANT

ADDRESS

GEN. PRACT.

Date of Adm.

Date of Disch.

Date of Birth

School

DIAGNOSIS/CONDITION

TREATMENT RECEIVED

NURSING TREATMENT REQUIRED

MEDICATION ON DISCHARGE

AIDS/EQUIPMENT

ORDERED — YES/NO

OTHER SUPPORTING SERVICES REQUIRED

YES/NO

FURTHER

MESSAGE BY TELEPHONE TO

(YES/NO)

SIGNED

DATE

(SISTER/CHARGE NURSE)

REFERRAL ACTION TAKEN

NAME:-  
HOSPITAL NUMBER:-  
DATE OF BIRTH:-  
WARD:-  
PROPOSED SURGERY:-  
DATE OF SURGERY:-

	YES	NO	N/A	SPECIFY
IDENTITY BRACELET ON				
ALLERGIES				
CONSENT FORM				
WEIGHT				
NIL BY MOUTH				
TIME:- SOLIDS/MILK				
TIME:- CLEAR FLUIDS				
DATE OF LAST ANAESTHETIC				
PRE-MEDICATION				
TOPICAL CANNULATION CREAM				
JEWELLRY REMOVED				
MAKE-UP/NAIL VARNISH REMOVED				
GLASSES/CONTACT LENSES REMOVED				
PROSTHESIS/HEARING AIDS REMOVED				
FEEDING PLATE/BRACES REMOVED				
LOOSE/CAPPED/CROWNED TEETH				
NURSING NOTES				
MEDICAL NOTES				
MEDICINE KARDEX				
X-RAYS				
BLOOD RESULTS				
BLOOD GROUP & HELD				
BLOOD GROUP & CROSS MATCHED				
TOY/COMFORTER WITH CHILD				
NAPPY SENT WITH CHILD				

WARD NURSE SIGNATURE:-  
DATE:- 27/11/95.

THEATRE NURSE SIGNATURE:-  
DATE:-

THE ROYAL HOSPITALS  
Belfast BT12 6BA

SWAB COUNT

IF CASE AFFIX LABEL OR ENTER

[REDACTED]

[REDACTED]

28kp.

# ROYAL REEFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME

ADDRESS

HOSP. NO.

AGE

D.O.B.

SEX

RELIGION/BAPTISM

CONSULTANT

Mr Brown

NAME KNOWN BY

NEXT OF KIN (Relationship)

NAME

ADDRESS

TEL NO. Day

Night

WHO ACCOMPANIED PATIENT

WHO MAY CONSENT TO TREATMENT

SCHOOL/PLAYGROUP/NURSERY

REASON FOR ADMISSION

PARENTS' PERCEPTION OF ADMISSION

AS - INQ

DATE AND TIME OF ADMISSION 27.11.95 @ 8.30pm

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH INFECTIOUS DISEASES

PREVIOUS ILLNESSES

HOSPITAL ADMISSIONS

RECENT CONTACT WITH INFECTIOUS DISEASES

IMMUNISATIONS RECEIVED

CURRENT MEDICATION

KNOWN ALLERGIES

DENTURES (Include crowns, plates) loose teeth

OTHER PROSTHESIS

DISCHARGE DETAILS

GP LETTER

YES/NO

O.P. APPOINTMENT .....

MEDICATION

YES/NO

COMMUNITY REFERRAL

HEALTH VISITOR

DISTRICT NURSE

SOCIAL WORKER

OTHERS

301-135-021

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27-11-95				
27-11-95				
OTHER SPECIFIC PROBLEMS:				
PATIENT	HOSPITAL NO. _____			
HOST	CHA 214 OS 3247			

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				
27/11/95				
27/11/95				

HOSP. \_\_\_\_\_

OS 3247

## NURSING CARE PLAN

CHA 214

R.B.H.S.C



NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

RGH

TRUST/DMU

HOSPITAL/COMMUNITY LIAISON: GENERAL NURSING SERVICES

FACILITY

RBHSC

Wd/Dept.

NAME

CONSULT.

ADDRESS

GEN. PRAC.

Date of Ad

Date of Dis

Date of Birth

DIAGNOSIS/CONDITION

TREATMENT RECEIVED

NURSING TREATMENT REQUIRED

MEDICATION ON DISCHARGE

AIDS/EQUIPMENT ..... ORDERED — YES/NO

OTHER SUPPORTING SERVICES REQUIRED ..... YES/NO

FURTHER RELEVANT INFORMATION

MESSAGE BY TELEPHONE TO

(YES/NO)

SIGNED

(SISTER/CHARGE NURSE)

DATE

27/11/95

REFERRAL ACTION TAKEN

SWAB COUNT

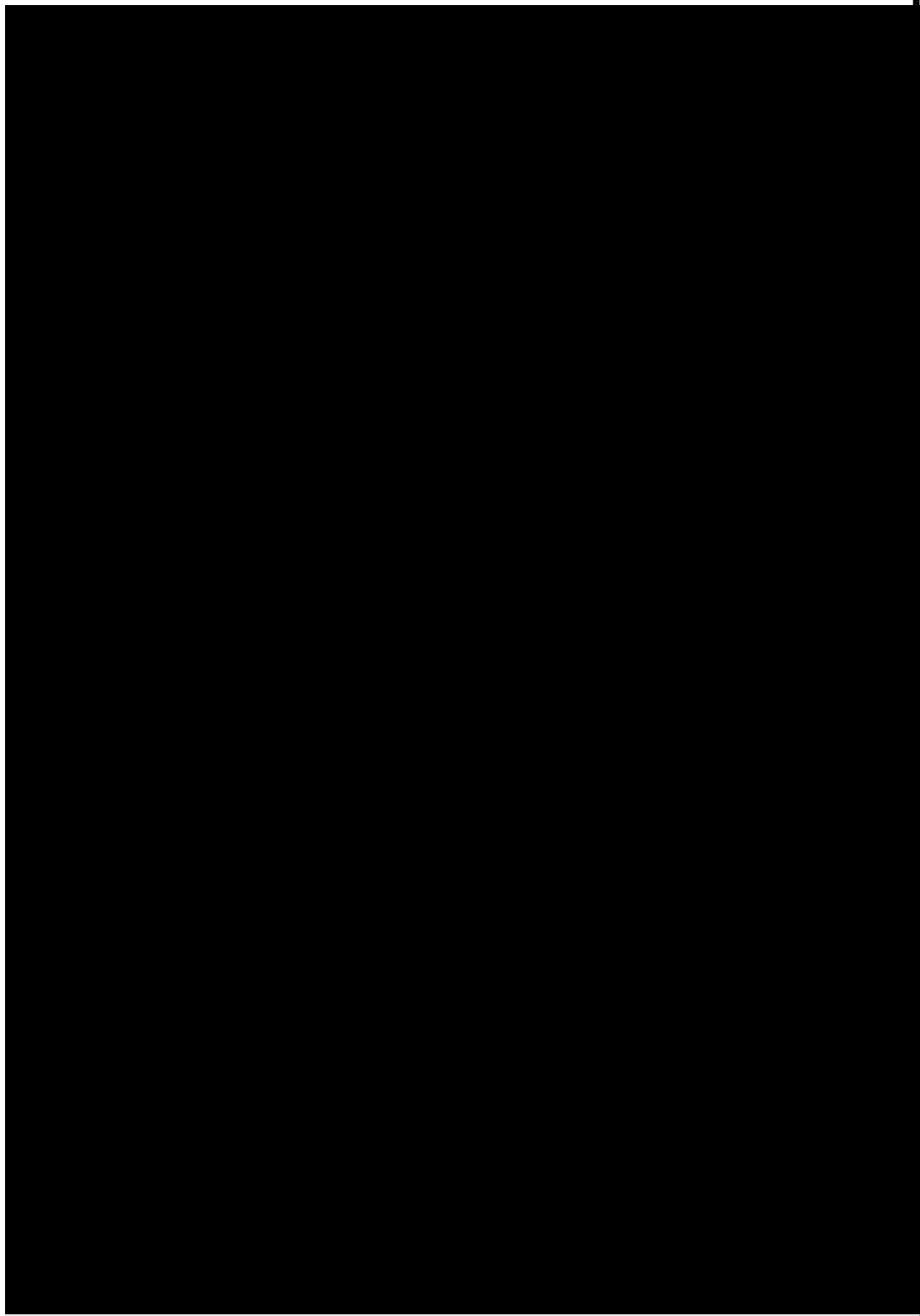
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W2/CP

PHSSA  
CONSULTANT

THE ROYAL HOSPITALS

Belfast BT12 6BA



NAME:-

HOSPITAL NUMBER:-

DATE OF BIRTH:-

WARD:-

PROPOSED SURGERY:-

DATE OF SURGERY:- 27/11/95.

CONSULTANT Mr Brown.

CONSULTANT Brown.

	YES	NO	N/A	SPECIFY
IDENTITY BRACELET ON				
ALLERGIES				
CONSENT FORM				
WEIGHT				
NIL BY MOUTH				
TIME:- SOLIDS/MILK				
TIME:- CLEAR FLUIDS				
DATE OF LAST ANAESTHETIC				
PRE-MEDICATION				
TOPICAL CANNULATION CREAM				
JEWELLRY REMOVED				
MAKE-UP/NAIL VARNISH REMOVED				
GLASSES/CONTACT LENSES REMOVED				
PROSTHESIS/HEARING AIDS REMOVED				
FEEDING PLATE/BRACES REMOVED				
LOOSE/CAPPED/CROWNED TEETH				
NURSING NOTES				
MEDICAL NOTES				
MEDICINE KARDEX				
X-RAYS				
BLOOD RESULTS				
BLOOD GROUP & HELD				
BLOOD GROUP & CROSS MATCHED				
TOY/COMFORTER WITH CHILD				
NAPPY SENT WITH CHILD				

WARD NURSE SIGNATURE:-

DATE:- 27/11/95.

THEATRE NURSE SIGNATURE:-

DATE:- 27/11/95

# ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME

ADDRESS

HOSP. NO.

AGE

D.O.B.

SEX

RELIGION/BAPTISM

CONSULTANT

NAME KNOWN BY

NEXT OF KIN (Relationship)

NAME

ADDRESS

TEL NO. Day

Night

WHO ACCOMPANIED PATIENT

WHO MAY CONSENT TO TREATMENT

SCHOOL/PLAYGROUP/NURSERY

REASON FOR ADMISSION

PARENTS/PERCEPTION OF ADMISSION

AS - INQ

DATE AND TIME OF ADMISSION

27-11-95 2

PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH  
INFECTIOUS DISEASES

PREVIOUS ILLNESSES

HOSPITAL ADMISSIONS

RECENT CONTACT WITH INFECTIOUS DISEASES

IMMUNISATIONS RECEIVED

CURRENT MEDICATION

KNOWN ALLERGIES

DENTURES (Include crowns, plates) loose teeth

OTHER PROSTHESIS

DISCHARGE DETAILS

GP LETTER

YES/NO

O.P. APPOINTMENT

MEDICATION

YES/NO

COMMUNITY REFERRAL

HEALTH VISITOR

DISTRICT NURSE

SOCIAL WORKER

OTHERS

301-135-028

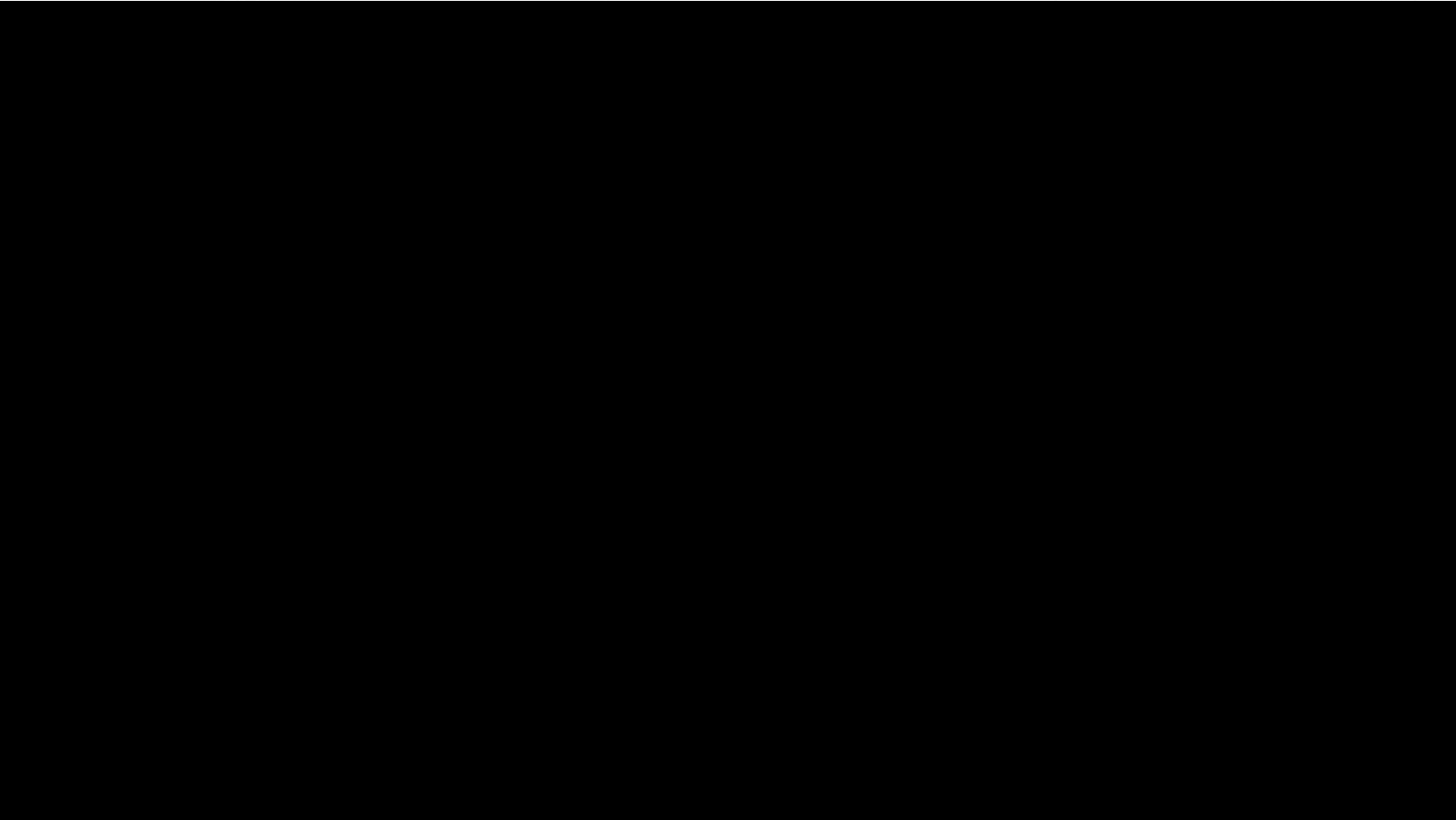
DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27-11-95				
27-11-95				
OTHER SPECIFIC PROBLEMS:				
PATIENT'S N		HOSPITAL NO.		
HOSP				

CHA 214

OS 3247

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				

PATIENT'S NAME \_\_\_\_\_

HOSPITAL NO. \_\_\_\_\_


CHA 214

HOSP. \_\_\_\_\_

OS 3247

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95.				

PATIENT'S NAME \_\_\_\_\_

HOSPITAL NO. \_\_\_\_\_

CHA 214

WOSP \_\_\_\_\_

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

RGH.

TRUST/DMU

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY

RBHSC

Wd/Dept.

NAME

CONSULTANT

ADDRESS

GEN. PRAC.

Date of Adm.

Date of Disch.

Date of Birth

DIAGNOSIS/CONDITION

TREATMENT RECEIVED

NURSING TREATMENT RECEIVED

MEDICATION ON DISCHARGE

AIDS/EQUIPMENT

ORDERED -- YES/NO

OTHER SUPPORTING SERVICES REQUIRED

YES/NO

FURTHER RELEVANT INFORMATION

MESSAGE BY TELEPHONE TO

(YES/NO)

SIGNED

(SISTER/CHARGE NURSE)

DATE

27/0/95.

REFERRAL ACTION TAKEN



# PRE-OPERATIVE CHECK LIST

NAME:-

HOSPITAL NUMBER:-

DATE OF BIRTH:-

WARD:-

PROPOSED SURGERY:- *Exc. of node*

DATE OF SURGERY:- *27-11-95*

*DCU*

*Dr Brown*

	YES	NO	N/A	SPECIFY
IDENTITY BRACELET ON				
ALLERGIES				
CONSENT FORM				
WEIGHT				
NIL BY MOUTH				
TIME:- SOLIDS/MILK				
TIME:- CLEAR FLUIDS				
DATE OF LAST ANAESTHETIC				
PRE-MEDICATION				
TOPICAL CANNULATION CREAM				
JEWELLRY REMOVED				
MAKE-UP/NAIL VARNISH REMOVED				
GLASSES/CONTACT LENSES REMOVED				
PROSTHESIS/HEARING AIDS REMOVED				
FEEDING PLATE/BRACES REMOVED				
LOOSE/CAPPED/CROWNED TEETH				
NURSING NOTES				
MEDICAL NOTES				
MEDICINE KARDEX				
X-RAYS				
BLOOD RESULTS				
BLOOD GROUP & HELD				
BLOOD GROUP & CROSS MATCHED				
TOY/COMFORTER WITH CHILD				
NAPPY SENT WITH CHILD				

WARD NURSE SIGNATURE

DATE:- *27/11/95*

THEATRE NURSE SIGNATURE:-

DATE:-

*27/11/95*

PLEASE AFFIX LABEL OR ENTER

SWAB COUNT

[REDACTED]

THE ROYAL HOSPITALS  
Belfast BT12 6BA

[REDACTED]

Surgeon's Signature .....

WMX 316/OS 321'

30kgs.

# ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PATIENT'S NAME [REDACTED] WARD [REDACTED]

ADDRESS [REDACTED]

HOSP. NO. [REDACTED] TEL. NO. [REDACTED]

AGE [REDACTED] D.O.B. [REDACTED] SEX [REDACTED]  
RELIGION/BAPTISM [REDACTED]

CONSULTANT [REDACTED]

NAME KNOWN BY [REDACTED]

NEXT OF KIN (Relationship) [REDACTED]

NAME [REDACTED]

ADDRESS [REDACTED]

TEL NO. Day [REDACTED] Night [REDACTED]

WHO ACCOMPANIED PATIENT [REDACTED]

WHO MAY CONSENT TO TREATMENT [REDACTED]

SCHOOL/PLAYGROUP/NURSERY N/A.

REASON FOR ADMISSION [REDACTED]

PARENTS/PERCEPTION OF ADMISSION [REDACTED]

[REDACTED]

AS-INO  
DATE AND TIME OF ADMISSION 27.11.95 @ 8.50am

## PREVIOUS ILLNESSES/HOSPITAL ADMISSIONS/CONTACT WITH INFECTIOUS DISEASES

PREVIOUS ILLNESSES [REDACTED]

HOSPITAL ADMISSIONS [REDACTED]

RECENT CONTACT WITH INFECTIOUS DISEASES [REDACTED]

IMMUNISATIONS RECEIVED [REDACTED]

CURRENT MEDICATION [REDACTED]

KNOWN ALLERGIES [REDACTED]

DENTURES (Include crowns, plates) loose teeth

OTHER PROSTHESIS

## DISCHARGE DETAILS

GP LETTER YES/NO

O.P. APPOINTMENT .....

MEDICATION YES/NO

## COMMUNITY REFERRAL

HEALTH VISITOR

DISTRICT NURSE

SOCIAL WORKER

OTHERS

301-135-035

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27/11/95				
27/11/95				
OTHER SPECIFIC PROBLEMS:				
PATIENT'S NAME		HOSPITAL NO.		
HOS				

CHA 214

OS 324

NURSING CARE PLAN

DATE	PROBLEM	GOALS	NURSING ACTION	EVALUATION
27-11-95				
27-11-95				
27-11-95				

HOSP. \_\_\_\_\_

GS 3247

[illegible]

HOSP

HOSPITAL NO.

CHA 2

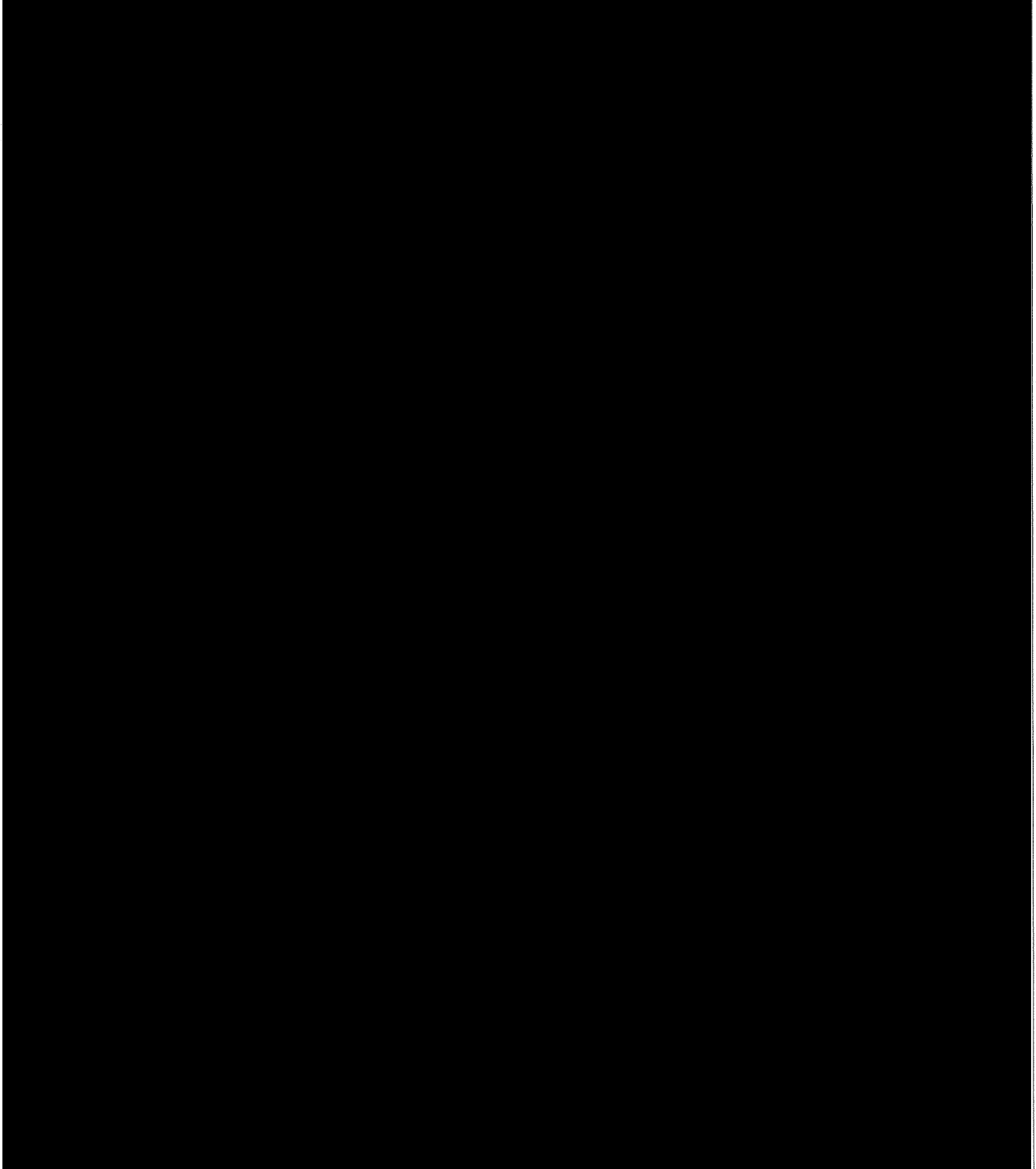
OS 32.

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

*RGH*

TRUST/DMU

HOSPITAL/COMMUNITY LIAISON: GENERAL NURSING SERVICES



# PRE-OPERATIVE CHECK LIST

NAME:- [REDACTED]  
HOSPITAL NUMBER:- [REDACTED]  
DATE OF BIRTH:- [REDACTED]  
WARD:- [REDACTED]  
PROPOSED SURGERY:- [REDACTED]  
DATE OF SURGERY:- 27.11.95

	YES	NO	N/A	SPECIFY
IDENTITY BRACELET ON				
ALLERGIES				
CONSENT FORM				
WEIGHT				
NIL BY MOUTH				
TIME:- SOLIDS/MILK				
TIME:- CLEAR FLUIDS				
DATE OF LAST ANAESTHETIC				
PRE-MEDICATION				
TOPICAL CANNULATION CREAM				
JEWELLRY REMOVED				
MAKE-UP/NAIL VARNISH REMOVED				
GLASSES/CONTACT LENSES REMOVED				
PROSTHESIS/HEARING AIDS REMOVED				
FEEDING PLATE/BRACES REMOVED				
LOOSE/CAPPED/CROWNED TEETH				
NURSING NOTES				
MEDICAL NOTES				
MEDICINE KARDEX				
X-RAYS				
BLOOD RESULTS				
BLOOD GROUP & HELD				
BLOOD GROUP & CROSS MATCHED				
TOY/COMFORTER WITH CHILD				
NAPPY SENT WITH CHILD				

WARD NURSE SIGNATURE:- [REDACTED]  
DATE:- 27/11/95.

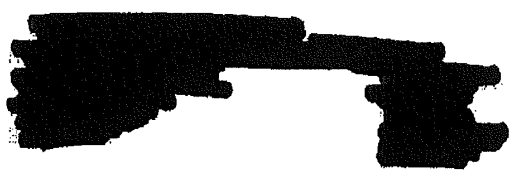
THEATRE NURSE SIGNATURE:- [REDACTED]  
DATE:- 27-11-95



THE ROYAL HOSPITALS  
Belfast BT12 6BA

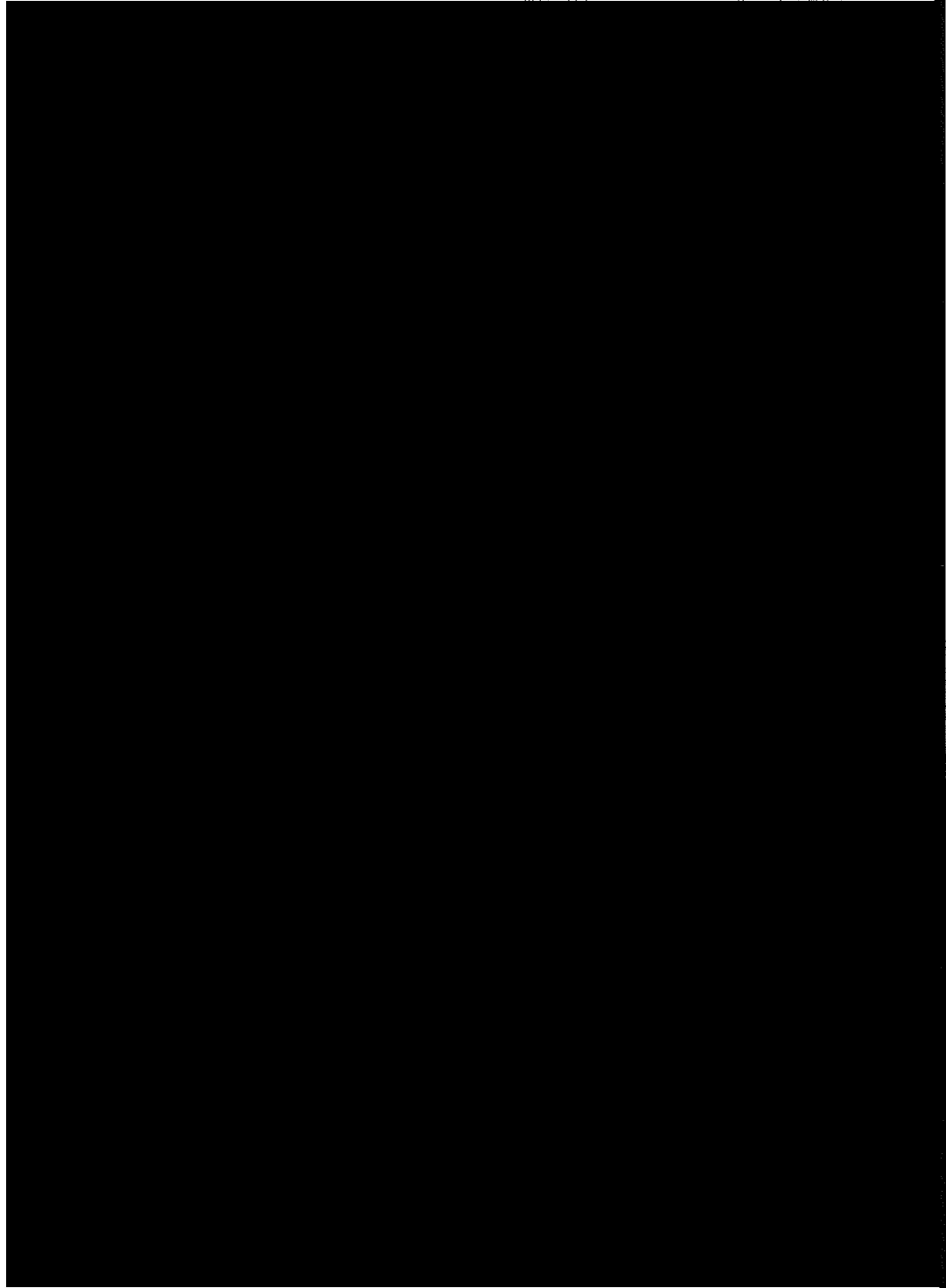
SWAB COUNT

PLEASE AFFIX LABEL OR ENTER



RECEIVED

CONSULTANT



Surgeon's Signature .....

WMX 316/OS 3217