QUEENSLAND HEALTH PATHOLOGY SERVICE - Logan Hospital

GHPS-Logan Hospital
P O Box 4026
Meadowbrook QLD 4131
ph 07 32998626
fax 07 32996739

Patient Location	2G - Surgical (LGH)	UR No	LG220544
Consultant	Kanagarajah, V. (LGH)	Name	LINDSAY
Requesting MO	Dr Judith Paterson	Given Name	Terence Sex M
	Logan Hospital	DOB	14-Jun-1957 Age 42 years
	Armstrong Rd	Patient Address	27-29 Culgoa Crescent
	Meadowbrook Q 4131		Logan Village 4207

NPP COMPLIANCE PROVIDED BY
THE MATER MISERICORDIAE
HEALTH SERVICES BRISBANE LIMITED

BLOOD GASES

Time Collected	??:??	??:??	??:??	06:15		
Date Collected	21 Jan	21 Jan	22 Jan	22 Jan		
Year	2000	2000	2000	2000		
Lab No	33753834	33758156	31833914	31834027		
					Units	Ref Range
Specimen type	Blood	Blood	Blood	Blood		
Primary Specimen site	Arterial	Arterial	Arterial	Arterial		
Frac. of Inspired O2	45.00	21.00		80.00		
Temperature	37.0	37.0	37.0	38.0	Degree C	
Arterial Gas Parameters						
pH	7.34	7.38	7.40	7.30		(7.35 - 7.45)
pCO2	32	41	26	24	mmHg	(35 - 45)
pO2	127	88	59	83	mmHg	(75 - 100)
Oxygen Saturation	99	98	94	96	%	(95 - 98)
Bicarbonate	17	24	16	12	mmol/L	(22 - 33)
p50					mmHg	(24.0 - 28.0)
Base Excess	-7.6	-1.3	-6.7	-12.4	mmol/L	(-3.0 - 3.0)
Corrected Values						
Corrected pH	7.34	7.38	7.40	7.29		
Corrected pCO2	32	41	26	26	mmHg	
Corrected pO2	127	88	59	88	mmHg	
Electrolytes						
Sodium	138	142	137	138	mmol/L	(135 - 145)
Potassium	4.0	3.4	4.2	4.2	mmol/L	(3.2 - 4.5)
Chloride	107	104	106	106	mmol/L	
Calcium (Ionised)		1.08			mmol/L	(1.15 - 1.35)
Metabolites						
Glucose	12.6	9.8	13.4	13.8	mmol/L	(3.0 - 7.8)
Lactate					mmol/L	(0.7 - 2.5)
CO-oximetry						
Total Hb	164	168	163	154	g/L	
Oxy Hb	98	97	93	95	%	(94 - 100)
Carboxyhaemoglobin	0.4	0.2	0.8	0.5	%	(< 1.5)
Methaemoglobin	0.5	0.3	0.6	0.8	%	(< 0.6)
Sulphaemoglobin						

CHEMICAL PATHOLOGY

Comments

21-Jan-00
33758156

--ID----------SEX---UR NO--
LINDSAY M 778512
TERENCE 14-06-1957
27-29 CULGOA CRES M
LOGAN VILLAGE 4207
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION
SELF EMPLOYED

Dr Peter
Director
Tel. 07 32

printed before : 06:55 22 Jan 2000

Copy sent to:

QUEENSLAND HEALTH PATHOLOGY SERVICE - Logan Hospital

QHPS-Logan Hospital
P.O. Box 4096
Meadowbrook, QLD 4131
ph 07 32998828
fax 07 32998739

Patient Location	Emergency Department (LGH)	**UR No**	LG220544
Consultant	Lewis-Driver, D. (LGH)	**Name**	LINDSAY
Requesting MO	**Dr Kate Holterman**	**Given Name**	Terence **Sex** M
	Logan Hospital	**DOB**	14-Jun-1957 **Age** 42 years
	Armstrong Road	**Patient Address**	27-29 Culgoa Crescent
	Meadowbrook QLd 4131		Logan Village 4207

BLOOD GASES

		Units	Ref Range
Time Collected	??:??		
Date Collected	21 Jan		
Year	2000		
Lab No	33758156		
Specimen type	**Blood**		
Primary Specimen site	**Arterial**		
Frac. of Inspired O2	21.00		
Temperature	37.0	Degree C	
Arterial Gas Parameters			
pH	7.38		(7.35 - 7.45)
pCO2	41	mmHg	(35 - 45)
pO2	88	mmHg	(75 - 100)
Oxygen Saturation	98	%	(95 - 98)
Bicarbonate	24	mmol/L	(22 - 33)
p50		mmHg	(24.0 - 28.0)
Base Excess	-1.3	mmol/L	(-3.0 - 3.0)
Corrected Values			
Corrected pH	7.38		
Corrected pCO2	41	mmHg	
Corrected pO2	88	mmHg	
Electrolytes			
Sodium	142	mmol/L	(135 - 145)
Potassium	3.4	mmol/L	(3.2 - 4.5)
Chloride	104	mmol/L	
Calcium (Ionised)	**1.08**	mmol/L	(1.15 - 1.35)
Metabolites			
Glucose	**9.8**	mmol/L	(3.0 - 7.8)
Lactate		mmol/L	(0.7 - 2.5)
CO-oximetry			
Total Hb	168	g/L	
Oxy Hb	97	%	(94 - 100)
Carboxyhaemoglobin	0.2	%	(< 1.5)
Methaemoglobin	0.3	%	(< 0.6)
Sulphaemoglobin			

CHEMICAL PATHOLOGY

Comments

21-Jan-00
33758156

Dr Peter Hickman
Director of Chemical Pathology
Tel. 07-32402377

Please discard any previous **CHEMICAL PATHOLOGY BLOOD GASES** report of the same page number printed before : 02:44 21 Jan 2000

Copy sent to:

QUEENSLAND HEALTH PATHOLOGY SERVICE - Logan Hospital

QHPS-Logan Hospital
P.O. Box 4096
Meadowbrook, QLD 4131
ph 07 32998828
fax 07 32998739

Patient Location	Emergency Department (LGH)	**UR No**	LG220544		
Consultant	Lewis-Driver, D. (LGH)	**Name**	LINDSAY		
Requesting MO	**Dr Kate Holterman** **Logan Hospital** **Armstrong Road** **Meadowbrook QLd 4131**	**Given Name**	Terence	**Sex**	M
		DOB	14-Jun-1957	**Age**	42 years
		Patient Address	27-29 Culgoa Crescent Logan Village		4207

GENERAL

Time Collected	00:00
Date Collected	21 Jan
Year	2000
Lab No	33755247

		Units	Ref Range
Sodium	145	mmol/L	(135 - 145)
Potassium	3.4	mmol/L	(3.2 - 4.5)
Chloride	106	mmol/L	(100 - 110)
Bicarbonate	28	mmol/L	(22 - 33)
Anion Gap	11	mmol/L	(4 - 13)
Osmolality (Calc)	**293**	mmol/kg	(270 - 290)
Glucose Random	**8.9**	mmol/L	(3.0 - 7.8)
Urea	5.8	mmol/L	(3.0 - 8.0)
Creatinine	0.08	mmol/L	(0.07 - 0.12)
Protein (Total)	82	g/L	(62 - 83)
Albumin	**50**	g/L	(33 - 47)
Globulin	32	g/L	(29 - 36)
Bilirubin	5	umol/L	(< 20)
Alkaline Phosphatase	68	U/L	(40 - 110)
Gamma-GT	36	U/L	(< 50)
Alanine Transaminase	39	U/L	(< 45)
Aspartate Transaminase	30	U/L	(< 40)
Creatine Kinase	**247**	U/L	(< 200)
Amylase	**1931**	U/L	(25 - 130)
Computer Validation	No		

Hb 167
WCC 23.0 ↑
platelets 450

2314.

CHEMICAL PATHOLOGY

Dr Peter Hickman
Director of Chemical Pathology
Tel. 07-32402377

Please discard any previous **CHEMICAL PATHOLOGY GENERAL** report of the same page number printed before : 01:40 21 Jan 2000

Copy sent to:

QUEENSLAND HEALTH PATHOLOGY SERVICE - Logan Hospital

GHPS Logan Hospital
PO Box 4066
Meadowbrook QLD 4131
ph 07 3299 8828
fax 07 3299 8739

Patient Location	2G - Surgical (LGH)	UR No	LG220544
Consultant	McGowan, Brian (LGH)	Name	LINDSAY
Requesting MO	Dr Kate Holterman	Given Name	Terence Sex M
	Logan Hospital	DOB	14-Jun-1957 Age 42 years
	Armstrong Road	Patient Address	27-29 Culgoa Crescent
	Meadowbrook QLd 4131		Logan Village 4207

GENERAL

Time Collected	00:00	08:10	04:30		
Date Collected	21 Jan	21 Jan	22 Jan		
Year	2000	2000	2000		
Lab No	33755247	31781007	31834004		
				Units	Ref Range
Sodium	145	144	140	mmol/L	(135 - 145)
Potassium	3.4	4.5	4.5	mmol/L	(3.2 - 4.5)
Chloride	106	108	106	mmol/L	(100 - 110)
Bicarbonate	28	23	**19**	mmol/L	(22 - 33)
Anion Gap	11	13	**15**	mmol/L	(4 - 13)
Osmolality (Calc)	**293**	**296**	**291**	mmol/kg	(270 - 290)
Glucose Random	**8.9**	**12.3**	**13.8**	mmol/L	(3.0 - 7.8)
Urea	5.8	6.4	8.0	mmol/L	(3.0 - 8.0)
Creatinine	0.08	0.08	0.10	mmol/L	(0.07 - 0.12)
Protein (Total)	82	73	70	g/L	(62 - 83)
Albumin	**50**	45	37	g/L	(33 - 47)
Globulin	32	**28**	33	g/L	(29 - 36)
Bilirubin	5	8	**38**	umol/L	(< 20)
Alkaline Phosphatase	68	62	58	U/L	(40 - 110)
Gamma-GT	36	33	27	U/L	(< 50)
Alanine Transaminase	39	36	32	U/L	(< 45)
Aspartate Transaminase	30	26	**78**	U/L	(< 40)
Lactate Dehydrogenase		**276**		U/L	(110 - 250)
Creatine Kinase	**247**			U/L	(< 200)
Calcium	2.38	**2.10**	**2.02**	mmol/L	(2.15 - 2.60)
Calcium (Alb. Corr)	2.18	**2.00**	**2.08**	mmol/L	(2.15 - 2.60)
Phosphate	1.30	**1.48**	0.73	mmol/L	(0.70 - 1.40)
Amylase	**1931**	**474**	**840**	U/L	(25 - 130)
Computer Validation	No	No	No		

NPP COMPLIANCE PROVIDED BY
THE MATER MISERICORDIAE
HEALTH SERVICES
ATED

--ID----------SEX---UR NO--
LINDSAY M 778512
TERENCE
27-29 CULGOA CRES 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

CHEMICAL PATHOLOGY

Dr Peter Hickman
Director of Chemical Pathology
Tel. 07 32402377

Please discard any previous CHEMICAL PATHOLOGY GENERAL report of the same page number printed before 06:55 22 Jan 2000

Copy sent to:

QUEENSLAND HEALTH PATHOLOGY SERVICE - Logan Hospital

Path'S Logan Hospital
PO Box 4096
Meadowbrook QLD 4131
ph: 07 32566624
fax: 07 32566730

Patient Location	2G - Surgical (LGH)	UR No	LG220544		
Consultant	McGowan, Brian (LGH)	Name	LINDSAY		
Requesting MO	Dr Kate Holterman	Given Name	Terence	Sex	M
	Logan Hospital	DOB	14-Jun-1957	Age	42 years
	Armstrong Road	Patient Address	27-29 Culgoa Crescent		
	Meadowbrook QLd 4131		Logan Village		4207

CALCIUM INVESTIGATIONS

Time Collected	08:10
Date Collected	21 Jan
Year	2000
Lab No	31781007

		Units	Ref Range
Parathormone	T/F	pmol/L	(1.0 - 7.0)
Calcium	2.10	mmol/L	(2.15 - 2.60)
Calcium (Alb. Corr)	2.00	mmol/L	(2.15 - 2.60)
Albumin	45	g/L	(33 - 47)

NPP COMPLIANCE PROVIDED BY
THE MATER MISERICORDIAE
HEALTH SERVICES BRISBANE LIMITED

--ID----------SEX---UR NO--
LINDSAY M 778512
TERENCE
27-29 CULGOA CRES 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION
SELF EMPLOYED

CHEMICAL PATHOLOGY

Dr Peter Hickman
Director of Chemical Pathology
Tel. 07-32402377

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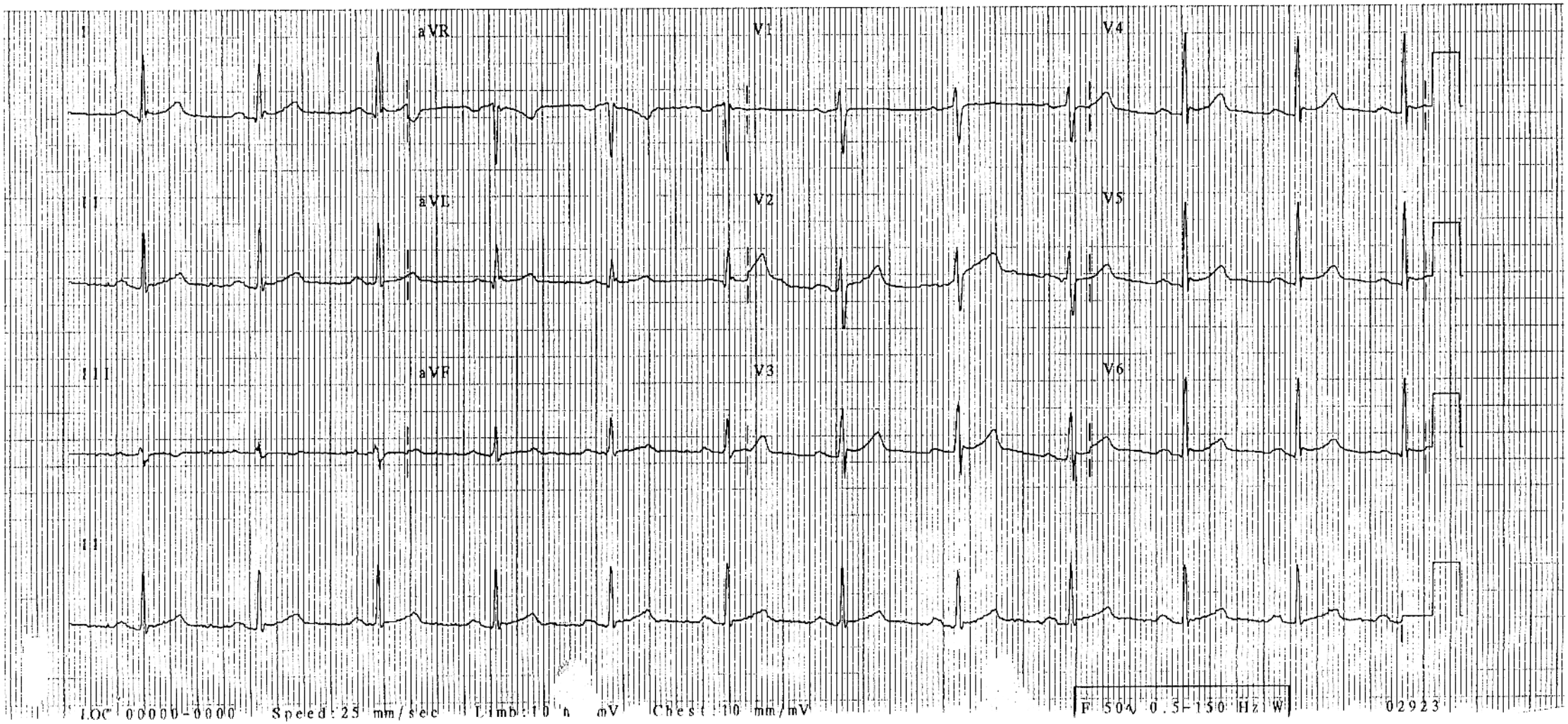
Copy sent to:

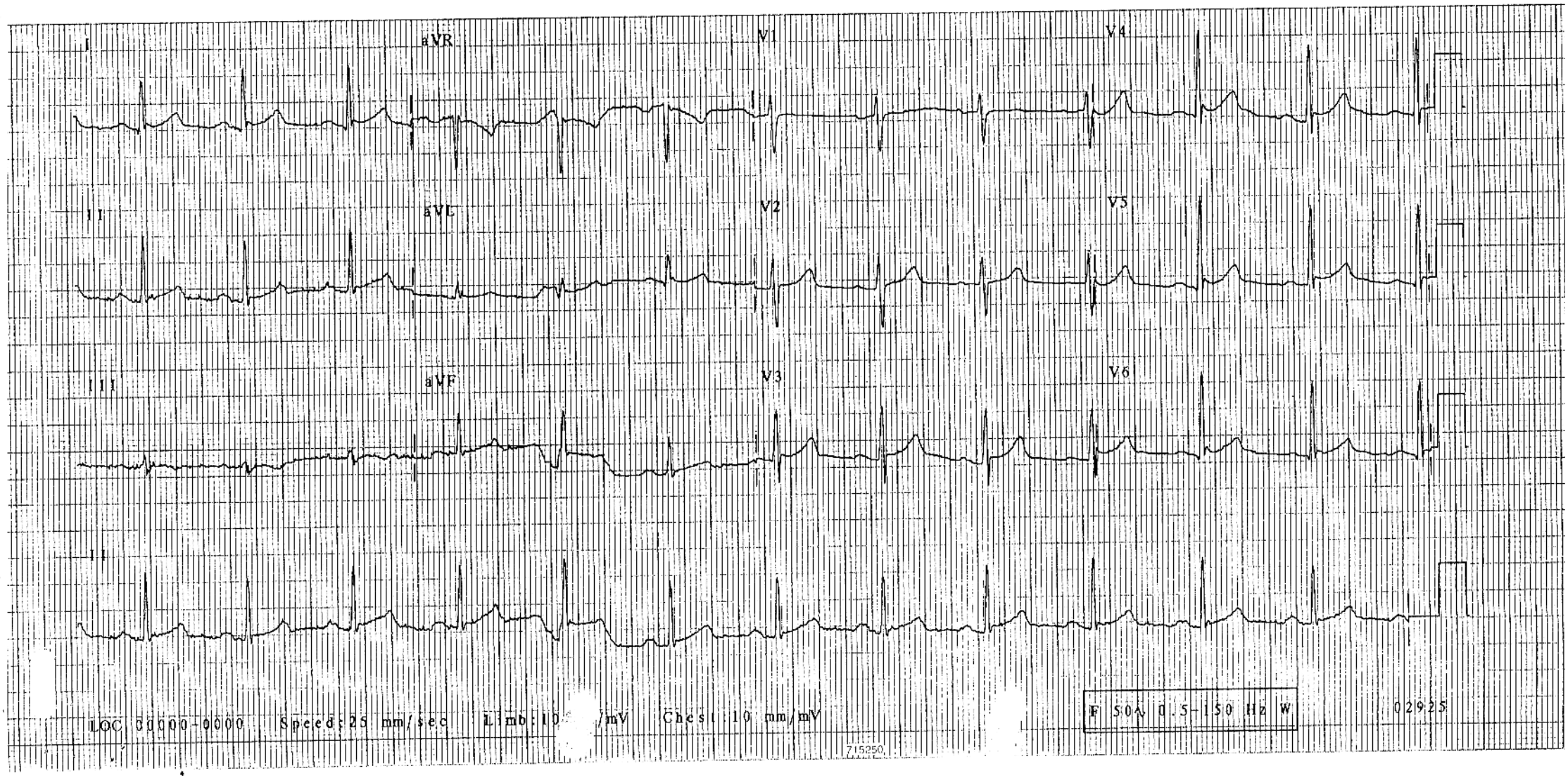
20/01/2000 23:36:29 EMERGENCY DEPARTMENT

(23)

--ID----------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED



--ID----------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED



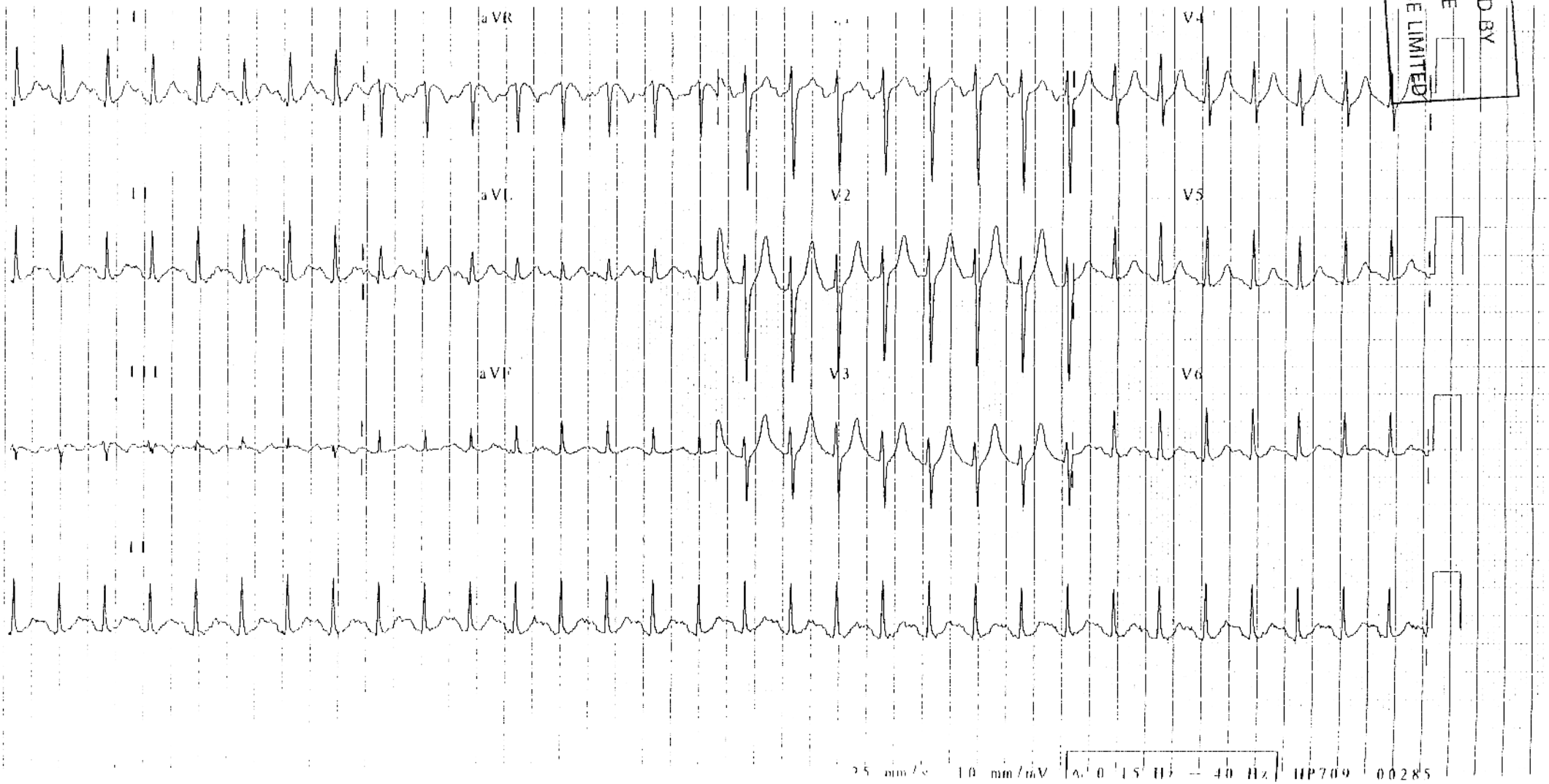
22-Jan-2000 04:48:08

WARD 11 - LOGAN HOSPITAL

Rate	183
PR	0
QRSD	76
QT	245
QTc	427
--Axis--	
P	
QRS	35
T	19

--ID---------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

--ID---------SEX---UR NO--
LINDSAY M 778512
TERENCE
27-29 CULGOA CRES 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED



HOSPITAL

24 Hour Fluid Balance Sheet

(Record of Fluid Intake and Output)

--ID----------SEX---E NO--
LINDSAY M 2205
TERENCE
27-29 CULGOA CRESCENT --06-19
LOGAN VILLAGE 4207
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOY

(Affix Patient Identification Label Here)

TIME	INTAKE										OUTPUT						REMARKS
	INFUSION COMMENCED																
	TYPE	Volume	Sign	Total Volume	TYPE	Volume	Sign	Total Volume	Oral Fluids Type	Oral Fluids Volume	Urine Volume	Vomit/ Aspr-ate	OTHER SITES (Specify)			Bowels	
7 AM											6						
7.30	Hartmans commenced																
8	Haemaccel	500		500													
8.30	Haemaccel	500		500							9						
9																	
9.30	▷ Arrived Mater ICU.																
10																	
10.30																	
11																	
11.30																	
12 MD																	
1.30																	
2																	
2.30																	
3																	
	SUB-TOTAL 7 AM to 3 PM																
3.30																	
4																	
4.30																	
5																	
5.30																	
6																	
6.30																	
7																	
7.30																	
8																	
8.30																	
9																	
9.30																	
10																	
10.30																	
11																	
	SUB-TOTAL 3 PM to 11 PM																
11.30	C|F	1000	gravity														
12 MN											70						
12.30																	
1											50						
1.30																	
2											60						
2.30																	
3											55						
3.30																	
4											80						
4.30	Haemaccel	450	gravity	900													
5											47						
5.30																	
6	NS + 20 KCl	1000		500							~~0~~						
6.30				1"								10	Not inserted				
	SUB-TOTAL 11 PM to 7 AM			1400							332	10					

DAILY TOTALS	24 HOURS TOTALS	24 HOUR TOTALS
INTAKE	TOTAL INTAKE	TOTAL OUTPUT
OUTPUT		
BALANCE		
WEIGHT ±		

DATE 22/1/00

Record Sub-totals in red

For Sub-totals at 3 p.m. and 11 p.m. include only completed bottles. At 6.30 a.m estimate the amount infused and include this in the 7.00 a.m. Sub-total. The remaining volume is to be carried forward as volume of infusion commenced. Ensure volume measurement e.g. MIS is noted. Specify any drug/additives dosages e.g. Mg.

DESTROY THIS FORM ON PATIENT'S DISCHARGE

MR 81a

HOSPITAL

24 Hour Fluid Balance Sheet

(Record of Fluid Intake and Output)

21/1/00

--ID----------SEX---UR IC--
LINDSAY M 20544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

TIME	INTAKE: INFUSION COMMENCED TYPE	Volume	Sign	Total Volume	TYPE	Volume	Sign	Total Volume	Oral Fluids Type	Oral Fluids Volume	OUTPUT: Urine Volume	Vomit/ Aspr-ate	OTHER SITES (Specify)	Bowels	REMARKS
7 AM											70				
7.30															
8															
8.30	N/Sale	1000		1000											
9					NGT GASTROCLYSIS						240	500	UNDIGESTED	A+E	
9.30															
10											180				
10.30															
11											160				
11.30								600							
12 MD															
1.30															
2	N/Saline	1000		1000											
2.30											1100	100	emesis		
3										*					
	SUB-TOTAL 7 AM to 3 PM			2000							1100	500			
3.30															
4											212				
4.30									N						
5											75				
5.30									B						
6											80				
6.30									M						
7	K/S	1000		1000											
7.30									Ice	80	70				
8											60				
8.30									Ice	30					
9											55				
9.30									Ice	30					
10											70				
10.30															
11	N/S								Ice	30	70				
	SUB-TOTAL 3 PM to 11 PM			1000						120	692				
11.30															
12 MN															
12.30															
1	MS	1000	A+E												
1.30															
2															
2.30															
3															
3.30															
4	MS	1050	A+E	1000							100	vomited	A+E		
4.30															
5											130				
5.30															
6											30				
6.30															
	SUB-TOTAL 11 PM to 7 AM			1000							160				
	DAILY TOTALS			5000						120	1952	500			

DAILY TOTALS	
INTAKE	5120
OUTPUT	2452
BALANCE	+2668
WEIGHT ±	

24 HOURS TOTALS		24 HOUR TOTALS	
TOTAL INTAKE	5120	TOTAL OUTPUT	2452.

DATE

21/1/00

Record Sub-totals in red

For Sub-totals at 3 p.m. and 11 p.m. include only completed bottles. At 6.30 a.m estimate the amount infused and include this in the 7.00 a.m. Sub-total. The remaining volume is to be carried forward as volume of infusion commenced. Ensure volume measurement e.g. MIS is noted. Specify any drug/additives dosages e.g. Mg

DESTROY THIS FORM ON PATIENT'S DISCHARGE

SURNAME LINDSAY GIVEN NAMES TERENCE

PRN ADMINISTRATION

DRUG morphine

ROUTE	DOSE	FREQ.	START
IV/IM	1 mg	2 hrly	21/1

DOCTOR [signature] Pharmacist CO

DRUG metoclopramide

ROUTE	DOSE	FREQ.	START
IV	1 amp	6-8 hrly	21/1

DOCTOR [signature] Pharmacist I

DRUG Tramadol

ROUTE	DOSE	FREQ.	START
O	TT	qid	21/1

DOCTOR [signature] Pharmacist I

DRUG

ROUTE	DOSE	FREQ.	START

DOCTOR Pharmacist

Date	Time	Sig.	Date	Time	Sig.	Date	Time	Sig.	Date	Time	Sig.
21/1 25	0300	See GO CHART	21/1	1500							
21/1 25	0315	See GO CHART									
21/1 25	0400										
21/1	0800										
21/1	0830										
21/1	1130										

NOT FURTHER OPIATES WITH LS ON PCA

INPATIENT DISCHARGE PRESCRIPTION

U.R. No.: D.O.B. Wt.:

Patient's Name: _____

Address: _____

_____

Doctor's Name: *(Please Print)*

Date

Cas.:

Ward/Clinic:

	Days Reqd	Pharmacy

M.O. SIGNATURE: .....

LG315 10M 1/96

(6)

LOGAN HOSPITAL

FLUID ORDER SHEET

If this form contains I.V. orders file in chart

PATIENT IDENTIFICATION LABEL

--ID---------------SEX---UR NO--
LINDSAY M [illegible]20544
TERENCE
27-29 CULGOA CRESCENT 14-[illegible]-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

Weight: ALL FLUID ORDERS TO BE SIGNED BY MEDICAL OFFICER

DATE	TIME	ROUTE	FLUID (Volume, Type, Additives and Dose).	ORDERED BY	RATE
21/1		IV	(N) Saline	[illegible]	6 hrly
21/1		IV	(N) Saline	[illegible]	6 hrly
21/1		IV	(N) Saline	[illegible]	[illegible]
21/1	✓	IV	(N) Saline	[illegible]	40
21/1		IV	(N) Saline	[illegible]	60
21/1		IV	N/Saline + 20mmol KCl	[illegible]	60
22/1		IV	N/S	[illegible]	60
22/1		IV	Haemaccel 500mls	[illegible]	1°

DATE	TIME	TYPE OF I.V. FLUID	VOLUME	ADDITIVE	TIME COMMENCED	GIVEN BY	CHECKED BY	TIME FINISHED	VOLUME INFUSED
21/1		N/Saline	1000	—	0345	[illegible]	KS		
21/1	0830	N/Saline	1000	—	0830	[illegible]	[illegible]	1450	[illegible]
21/1	1400	N/Saline	1000	—	1400	[illegible]		1900	1000
21/1	1900	N/Saline	1000	—	1900	YO	[illegible]	2315	1000
21/1	2310	N/Saline	1000		2315	[illegible]	[illegible]	0445	1000
~~22/1~~	05	~~N/Saline~~	~~1000~~	~~20 KCl~~		~~Jmc~~			
22/1	0445	Haemaccel	500		0445	Jmc	[illegible]	0545	500
22/1	0545	N/Saline	1000	20 KCL	0545	Jmc	[illegible]	0815	~~1000~~ 500
	0800	Haemaccel	500	—	0800	L		0815	500
	0815	Haemaccel	500	—	0815	L		0830	500
	0830	Haemaccel	500	—	0830	L			
	0815	Hartmans	1000	—	0815	L			

HOSPITAL

--ID----------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

GENERAL OBSERVATION SHEET

DATE	21/1/00		22/1/00																	
TIME	AM		PM		AM		PM		AM		PM		AM		PM		AM		PM	
	5	10	6	10	2	10														

TEMPERATURE °C

BLOOD PRESSURE ^ v

PULSE o

RESPIRATIONS

O2 Sat 97% RA

BOWELS									
WEIGHT									
FOETAL HEART									
URINE PROTEIN	ALBUSTIK								
	BOIL								

BINDING MARGIN - DO NOT WRITE

GENERAL OBSERVATION SHEET

M
6

..... HOSPITAL

DAILY FLUID SUMMARY

--ID----------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
LOGAN VILLAGE 4207 M
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

DATE	INTAKE			OUTPUT					MEASURED BALANCE
	ORAL	INFUSED	TOTAL	URINE	GASTRIC	DRAINS	BOWELS	TOTAL	
21/1/00	120	5000	5120	1952	500			2452	+2668

BINDING MARGIN - DO NOT WRITE

DAILY FLUID SUMMARY

FORM PRINT Pty Ltd Official Form Supplies PH (066) 85 0101

HOSPITAL

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SPECIFIC OBSERVATION SHEET

EXAMPLES:

- FINGERS.TOES – Colour, temp, movement, swelling, pain, numbness, Remarks
- URINE – Vol, colour, reaction, SG, Albumen, Blood, sugar, cre, Remarks

OBSERVATIONS RECORDED: URINE ___ FINGERS/TOES ___ OTHER ___

INDICATE OBSERVATIONS IN SEPARATE COLUMNS

DATE	TIME	T	P	R	BP	O_2	O_2 Sat	REMARKS
21/1/00	0500	36.4	84	26	132/70	R/A	97%	admitted to Ward
	0600	36.9	94	24	161/97		98%	

MR 62

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SPECIFIC OBSERVATION SHEET

EXAMPLES:

FINGERS/TOES – colour, temp, movement, swelling, pain, numbness, Remarks

URINE – colour, reaction, SG, Albumen, Blood, Sugar, etc. Remarks

OBSERVATIONS RECORDED: URINE ☐ FINGERS/TOES ☐ OTHER ____

INDICATE OBSERVATIONS IN SEPARATE COLUMNS [illegible]

DATE	TIME	T	P	R	BP	SATS	REMARKS
	1400	37^{5}	131	28	100/60	97% 6L	↓ 88% R/A
	1600	36^{8}	128	24	157/90	99% ≈ 6L	
	1800	37^{8}	~~134~~ 133	16	150/90	98% 6L.	
	2000	36^{5}	134	18	155/87	99% 6L.	
	2200	37^{2}	134	22	140/90	97% 6L.	
	2400		138	24	140/90		
22/1/00	0200	37^{6}	134	24	170/100	95% 4l	NP.
	0400		172	32	140/90	84% 4l	NP.
	~~0400~~ 0430	38^{5}	175	32	150/110	92% 15l	Rebreather mask.
	0500		184	40	160/100	94% 15l.	"
	0530		183	40	170/110	95% 15l.	
	0600		179	36	160/100	95% 15l.	
	0630						

LG215 5M 4/94

DIABETIC RECORD SHEET

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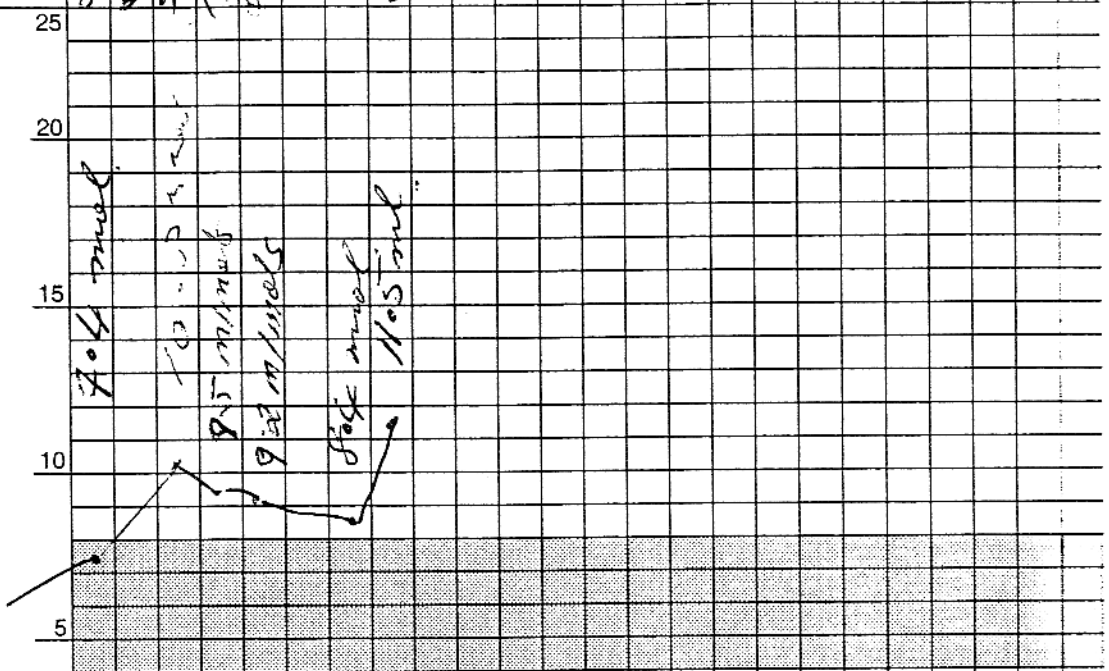
BLOOD SUGAR LEVEL

DATE:	21/1/88	22/1/88
TIME:	5 8 11 12 Noon	0209

Sliding Scale Insulin Order

BSL UNITS

M.D. SIGN



Sliding Scale/Infusion Insulin Given

R.N. SIGN

INSULIN ORDERED

M.D. SIGN

R.N. SIGN

URINE — GLUCOSE

— KETONES

SNACKS	MT	AT	SP	MT	AT	SP	MT	AT	SP	MT	AT	SP
R.N. SIGN												

PATIENT NURSING HISTORY / NEEDS ASSESSMENT

ARE THE DETAILS ON ID LABEL CORRECT? ☐ YES ☐ NO

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TREATMENT IV SITE							
DATE	Am	Init	Pm	Init	Nd	Init

PLAN BY	INIT.
RN/EN KASILKE	JMC
RN/EN CLARA	
RN/EN	
RN/EN	
RN/EN	
RN/EN	

PLAN BY	INIT.
RN/EN	
RN/EN	
RN/EN	
RN/EN	
RN/EN	
RN/EN	

WARD	ALLERGIES
24	N/K

LANGUAGE	MOBILITY AIDS
INTERPRETER YES ☐ NO ☐	

Continent	Alcohol intake NO	Dentures Partial ☐	Glasses/Lens ☐
Incontinent		Upper ☐	Yes Reading ☐
Bowels Regular	Smoking NO	Lower ☐	No ☐

Hearing Aid: Left ☐ Nil ☐ Right ☐ Both ☐

OBSERVATION	DATE / TIME	21/1/00						
Blood Pressure		4/24						
Temperature		4/24						
Pulse and Respiration		4/24						
Blood Sugar Level		4/24						
O_2 Therapy/Sats		4/24						
PLAN BY	INITIALS	JMC						

DATE / TIME	21/1						
Weight							
Urinalysis							
Fluid Balance Chart	✓						
Special Needs							

DATE/TIME	HYGIENE	AM	PM	MOBILITY	AM	PM	DIET	AM	PM	P.A.C.	AM	PM	PLAN BY
21/1/00 0530	Shower	2		as able R/O	2		NBM	2		—			JMC
22/1/00	Shower			as able			R/O			—			JMC

SIGNATURE: DATE: INFORMATION BOOKLET YES NO

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PATIENT CONTROLLED ANALGESIA

SYRINGE PUMP CHART

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ROUTE OF ADMINISTRATION:

INTRAVENOUS: [✓] EPIDURAL: [ ]

SYRINGE CONTENTS:

DRUG	DOSAGE	FINAL CONCENTRATION
MORPHINE	60mg	1mg/ml

DILUTE WITH N Saline TO A TOTAL OF 60 ml

INFUSION ORDERS:

BACKGROUND INFUSION RATE: 0 ml/hr or [ ] mg/µg/hr FOUR HOUR DOSE LIMIT: N/A ~~mg/5 ml~~

BOLUS DOSE: 1 ml or 1 mg/µg LOCK-OUT PERIOD: 5 mins

OBSERVATIONS:

- Hourly BP, PR, RR until stable.
- BP and PR may then be recorded 4th hourly if stable, but continue hourly RR.
- Record level of consciousness and pain hourly.

IF RESPIRATORY RATE IS LESS THAN EIGHT (8) PER MINUTE, CEASE INFUSION AND NOTIFY DOCTOR.

IF RESPIRATORY RATE IS LESS THAN SIX (6) PER MINUTE, GIVE NALOXONE 0.2 MG INTRAVENOUSLY, AND NOTIFY DOCTOR.

NOTIFY ANAESTHETIC REG./P.H.O. IF PAIN RELIEF INADEQUATE, EXCESSIVE DROWSINESS, DIFFICULT BREATHING OR ANY DIFFICULTY WITH SYRINGE PUMP.

ANAESTHETIC REG./P.H.O. PAGER NO.: 8025

NAME: LIND SIGNATURE: [signature] DATE: 21 / 1 / 96

Date	Time	Prepared	Checked	Date	Time	Prepared	Checked

OBSERVATIONS

Date	Time	B.P.	H.R.	R.R.	Conscious Level	Pain Score	Infusion Rate	Amount Left	Other
~~21/1~~									
21/1.00	1945								
21/1.00	2000	155/87	134	24	2	3	PCA	60ml	Temp 36.5
	2100	150/80	130	22	3	0	PCA	53	
	2200	140/90	134	22	4	0	PCA	52	Temp 37.2 ~~Sats~~ 97
	2300	145/90	135	22	4	0	PCA	50	
	2400	140/90	138	24	4	2	PCA	50	SATS 99% RA
22/1	0100		135	26	3	2	PCA	47	SAT
	0200	140/100	135	24	3	2	PCA	47	T 37.2 Sat 98% RA
	0300		130	24	4	2	PCA	43	
	0400	140/90	172	32	4	3	PCA	41	Gastric III SAT 94%.
	0500	160/100	184	40	4	3	PCA	35	T 38.5 Sat 97% 15L
	0600	160/100	179	36	4	3	PCA	34	
	0700								
	0800								

Pain Score:
0 = pain free
1 = no pain at rest, slight pain on movement
2 = slight pain at rest, moderate pain on movement
3 = moderate pain at rest, severe pain on movement
4 = severe pain at all times

Conscious Level:
0 = comatose
1 = sleeping but rousable
2 = very drowsy
3 = slightly drowsy
4 = wide awake

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Test Summary Sheet

Date	SMAC	FBC	ESR	CPK	TFT	FeTIBC	TTTIBC	B/Culture	Sputum	Wound	Urine	Faece	X Ray	IDC Ins	IV Insert	Other	Sign.
21/9	✓	✓	amylase				Ca		LDH		PTH						[illegible]

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