LOGAN HOSPITAL

PUBLIC

DATE ADMITTED	TIME ADMITTED	ADMISSION SOURCE	TITLE	UR No.
21 Jan 2000	06:19	A & E	MR	220544-1

DATE OF SEPARATION	TIME	If discharged in last 7 days, from which hospital?	DISCHARGED TO

SURNAME	GIVEN NAMES	DATE OF BIRTH
LINDSAY	TERENCE	14 Jun 1957 42

ADDRESS – Check computer for other addresses

27-29 CULGOA CRESCENT

LOGAN VILLAGE 4207

SEX	M.S.	COUNTRY OF BIRTH	RELIGION
M	M	ENGLAND	NOR

ETHNIC ORIGIN	LANGUAGE
NOT ABORIG	ENGLISH ON

(IF NO ENGLISH)

TELEPHONE – HOME	TELEPHONE – BUSINESS	OCCUPATION (CURRENT AND MAIN PREVIOUS
55 468256	0419655702	SELF EMPLOYED

NEXT OF KIN

DANIELLE LINDSAY
WIFE
AA

55 468256 NIL

PERSON TO CONTACT

REFERRING DOCTOR / HOSPITAL

DR S SABDIA
LOGAN VILLAGE CLINIC
17-19 WHARF STREET
LOGAN VILLAGE 4207

0755463955 LMO DETAILS OVER ( )

Insert LMO details on reverse side, if different from referring doctor

UNIT	WARD	BED	TREATING DOCTOR
SURG	2G	14	MCGOWAN E

ACCOUNT CLASS	HEALTH FUND	HEALTH SCHEDULE
GPE		

MEDICARE NUMBER	PENSION NUMBER
2133570547	

SEE OVER FOR TRANSFERS

MEDICAL OFFICERS TO COMPLETE FOR ICD 9 CM CODING.

PRINCIPAL CONDITION (the condition chiefly responsible for patient's admission)

Pancreatitis.

OTHER CONDITIONS / COMPLICATIONS

Gastrografin in NG tube → Lungs.

Trans to ICU Mater.

PRINCIPAL OPERATION / PROCEDURE

IV Fluids

OTHER OPERATIONS / PROCEDURES

Analgesia.

I/C.

EXTERNAL CAUSE OF INJURY / POISONING

PLACE OF OCCURRENCE

ICD 9 CM CODES

K85

2753

5655-00

Front Sheet Diagnosis Completed	Discharge Summary Dictated
16/2/00	/ /
Doctor's Signature (Print Name) DATE	Doctor's Signature (Print Name) DATE

LOGAN HOSPITAL

EMERGENCY DEPARTMENT
RECORD AND OBSERVATION

DATE..20/1/00. TIME...2325....

--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

Affix Patient Identification Label Here

INITIAL ASSESSMENT/PRESENTING PROBLEM	T	P	R	BP	INIT
Sudden onset of generalised abdominal pain radiating to chest associated with SOB. sweating ++	36.4	82.	20.	145/95	S

ALLERGIES- N/K

TIME	CONTINUING NOTES	T	P	R	BP	INIT
	ECG attended. O2 applied					RH
	20gauge cannula inserted L) hand bloods taken.		80	22.		RH
0010	To XRay.					RH
0030	Return from XRay Pain starting to ease.		86	24	145/95	RH
0055	B.O. small amount hard faeces					CH
0250	↑ Pain.		92	28	160/-	2
0315	Pain continues.					2

DATE	TIME	DRUG	DOSE	ROUTE	M.O.	GIVEN BY	TIME GIVEN
20/1/00	1200	PETHIDINE	50mg	IV			
20/1/00	1200	MAXOLON	10mg	IV			
20/1/00	1200	BUSCOPAN	20mg	IM			
21/1/00	1230am	FLEET	1 ARMLE	PR			
21/1/00	1230	LACTULOSE	20ml	PO			
21/1/00		N. Saline	1000ml	IV			
21/1/00	2am	Pethidine	50mg	IV		Dawn	0200.
21/1/00	0300	MORPHINE	2.5mg	IV			0300.

EMERGENCY DEPARTMENT RECORD AND OBSERVATION

LOGAN HOSPITAL

EMERGENCY DEPARTMENT
RECORD AND OBSERVATION

DATE ..... TIME .....

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M 221544
LINDSAY
TERENCE 14-06-1957
27-29 CULGOA CRESCENT M
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INITIAL ASSESSMENT/PRESENTING PROBLEM	T	P	R	BP	INIT
Page 2.					

TIME	CONTINUING NOTES	T	P	R	BP	INIT
0330	10c 14g inserted	–	82	24	160/90	
0400	residual 200mls	–	85	22	132/70	

DATE	TIME	DRUG	DOSE	ROUTE	M.O.	GIVEN BY	TIME GIVEN
21/1/00		N/saline.	1000n	IV			0345
21/1/00		Morphine	2.5mg	IV	See MED CHART		0400

EMERGENCY DEPARTMENT RECORD AND OBSERVATION

LOGAN HOSPITAL

EMERGENCY DEPARTMENT CLINICAL RECORD

TITLE	LAST NAME:		M.R.N.
MR	LINDSAY		220544
FIRST NAME:			D.O.B.
TERENCE			14 JUN 57
ADDRESS: STREET:		AGE	SEX
27-29 CULGOA CRESCENT		42	M
SUBURB	POSTCODE	ADMISSION DATE	
LOGAN VILLAGE	4207		

TRIAGE DATE: 20 JAN 00
TRIAGE TIME: 23:32

PRIORITY CODE: 3

TRIAGE NURSE: K SHERRY

PRESENTING PROBLEM:
PAIN - ABDOMINAL PAIN

NURSING ASSESSMENT DATA:
AS PER OB SHEET

LOCATION: CUBICLE 1

Vital Signs: Date: 20 JAN 00 Time: 23:32

Systolic BP		mmHg	Temperature		°C	GCS	
Diastolic BP		mmHg	SaO2		%	BSL	mmols/l
Pulse		/min	Peak Flow		L/min		
Respiratory Rate		/min	Weight		Kg		

K

abdominal pain

H of PC

- sudden onset abdominal pain after eating (an hour previously)
- pain persistent
- radiates to (L) side of chest
- some (L) loin pain
- colicky pain, like an ache, constant
- sweating profusely
- pain worse on lying down
- finding it difficult to get a breath
- pain eased by standing + coming
- no nausea or vomiting
- no cough, sputum production
- no previous episodes of pain
- normal regular bowel movements

No diarrhoea, constipation

- no blood or mucus PR

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
	- no operations
	- no urinary symptoms
	- feels bloated - unable to pass wind
	PMH
	no MI, angina, CVA, TIA, asthma, diabetes, epilepsy,
	otherwise well - no abdominal surgery
	? torsion of testes or ovary
	Medications
	nil
	Allergies
	NKA
	Social
	non smoker
	occasional alcohol
	Family hx
	NAD.
	~~Systematic enquiry~~
	NAD.
	O/E
	distressed ++, sweating profusely
	No pallor, cyanosis or jaundice.
	Unable to lie still
	CV
	JVP ->
	HS I + II + =

.....Hospital

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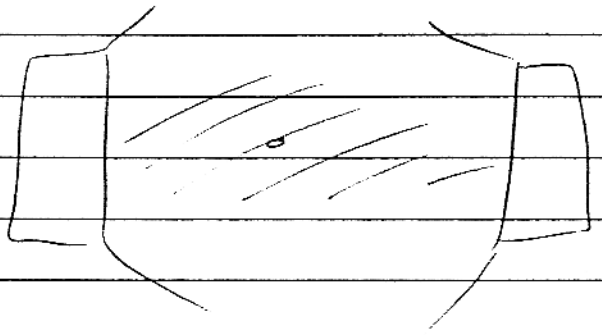
NO RELIGION SELF EMPLOYED
(Affix Patient Identification)

CONTINUATION SHEET

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
	Resp
	resonant on percussion
	chest clear
	Abdo
	
	soft, distended abdomen
	- generalised abdominal tenderness No Lin tod
	- tender on percussion - resonant
	- rebound Voluntary guarding
	- no mass, organomegaly palpable
	- bowel sounds audible
	PR - hard stool in rectum ++
	FOB negative Nil else.
	Legs
	? infection
	? obstruction / constipation

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
	PLAN
	IV access – fluids
	NBM
	analgesia + antiemetic
	FBE / ELFT / amylase
	erect + supine abdo / erect CXR
	removal X ray – fracture looking
	For enemas / laxatives
	Vomited x1
	Awaiting bloods
	K H
	HOLTGEMS
	Removal bloods
	Hb 167
	WCC 23.0 ↑
	platelets 450
*	amylase 1931 *
	ELFTs normal
	glucose 8-9
	requested Calcium
	ABGs
	low analgesia given
	D/W Dr Morris surgical reg – admit
	NBM ; 4 hrly fluids then 6 hrly
	overnight
	maxolon 10mg 6 – 8 hrly
	morphine 1mg 4 hrly
	request bloods + PTH in am
	If urine output < 30ml hr to notify
	medical staff.
	K H
	HOLTGEMS

LOGAN HOSPITAL

INPATIENT PROGRESS NOTES

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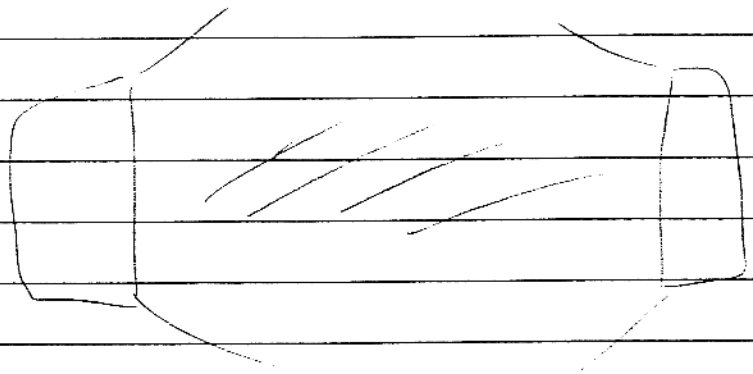
DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
21/1/00	
2.40am	Surgical admission
	acute pancreatitis - no primary
	disorder of abdo pain
-	acute onset of generalized abdo pain
	an hour after eating
-	pain periumbilical
-	radiates to (L) loin
-	constant but comes in waves - aches
-	no nausea, vomiting
-	unable to lie still
	No gallstones ! family hx of gallstones
	denies alcohol abuse - has a drink
	very occasionally
	No other PMH
	No medication
	NKA
	O/E
	distressed ++
21.	

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT

Abdo



~~Soft~~, distended abdo

generalised abdo tenderness, guarding

No bowel sounds | tenderness

tender on percussion - rebound

rebound, voluntary guarding

no mass, organomegaly

bowel sound present

IC - hard stool in rectum ++

surgical 1931

Imp

peritonitis

PLAN

NBM, IV fluids 1st bag 4hrly, then 6hrly

morphine 10mg 4hrly PRN

metoclopramide 10mg 6-8hrly

catheterise - urine output hrly

↓ If low < 30ml/hr, notify

medical staff.

oxygen, O2 sats If deteriorate contact

medical staff

LOGAN HOSPITAL

INPATIENT PROGRESS NOTES

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M 220544
LINDSAY
TERENCE
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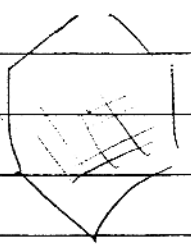
(Place Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
21.1.00	Pt admitted to ward, IVT continuing, BSL
0530	7.4 mmols 0530. Urine output 130 mls in hour. Pt in extreme pain. IMI analgesia given. BO. "3 pebbles" passed stated by pt.
21.1.00	Reg UR
HAMDEN	
RMO	42yo ♂ probable pancreatitis
	· Severe generalized abdo pain
	- onset last night 2100
	· constant [redacted] vomit x 1
	· radiating to back
	· nil previous episodes
	· vomited 1x this am when passing NG tube
	· NG tube bag filled with gas
	now bag applied
	O/E · Distressed in pain
	· Afebrile
	· distended
	tender  BS - minimal
	guarded

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DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	- Amylase 1931 - WCC 23 Hb 167
	AXR - faecal loading - ? gas under diaphragm
	Lap - Pancreatitis - gallstone ? - ? ileus
	→ for CT abdo today - NBM - NG tube - IDC - Analgesia - PTH, Ca
21-1-00 13^{45}	Anaes PHO (on behalf Dr. Pitt) Asked to see pt: NG placed on ward. Sent for CT without check XR/review. 300-400mL of 2% gastrografin given via NG tube into (L) lung. Confirmed NG placement into (L) lung on CXR, confirmed NG into lung on CT.
	Pt sitting in bed. No obv distress. c/o dyspnoea + hoarse voice (+abdo pain)
	O/E RR 15 min". Shallow resp pattern. HR 130 (previous tachycardic) No indrawing

LOGAN HOSPITA

INPATIENT PROGRESS NOTES

--ID---------- SEX--- UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-19[illegible] M
LOGAN VILLAGE 4207
Ph(H) 55 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

(Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	AE ↓d at bases
	Rare creps ① midzone.
	DW Dr Davidson
	- GG is hypotonic sol^n, but at 2% sol^n is probably hypotonic. No other ~~prob~~ potential problems known.
	Ix - ABG on 6l → pH
	pCO_2
	pO_2
	HCO_3
	sO_2
	DW ICU - given mod-severe pancreatitis + sol^n naso-tracheally is potentially ICU candidate if deteriorates. To remain in ward currently as no ICU beds (↑ CCU bed available)
	② Literature r/v of gastrografin → contains tonicity - nil ↑ese relev
	q2h obs until 22^{00}, then q4h (as usual for pancreatitis) Notify if sats < 94% on R/A K Benn[illegible]th
21/1/00 1430	NURSING: NGT placed - pt vomiting ↑ undigested food. NGT aspirate positive ward's test. NG Gastrografin given in 400mls H$_2$O. Sent to CT ⇒ see above doctors notes. IVT rested 6/24. Sats stable on Room air 98% but approx 15min after

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
cont	pt desat to 88% awaiting
	call back from anethetist O_2
	6L replaced sats ↑ to 98%.
	(NOVAK) [signature]
21/4/00	Nursing 2200 hrs.
	R/V [illegible] PCA commenced at approx 2000 hrs
	& pt using same to provide good pain relief.
	IVT ✓ 1DC [illegible] approx 60–80 hr. NBM [illegible],
	O2 ~~[illegible]~~ hudson mask at 6L maintaining O2 sats
	98–99% on O2. BSL at 2200 9-2 [illegible] [signature]
	(CLARK)

______________ HOSPITAL

INPATIENT PROGRESS NOTES

--ID----------------SEX---UR NO--
LINDSAY M 220544
TERENCE
27-29 CULGOA CRESCENT 14-06-1937
LOGAN VILLAGE 4207 M
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Ph(B) 0419655702
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DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
7.1.00	Surg REG.
0500	
	Sudden deterioration at 4 o'clock this [illegible]
	c/ : tachypnoea 34
	: dyspnoea sats 84% 6L →
	90% [illegible] ;
	pO2 59 pCO2 26 pH 7.4
	: tachycardia 174.
	: U.O. (n) last 4hrs now
	17mls + conc. last hr.
	?TPN Terminal
	Subgrad.
	Pneumatosis - currently idiopathic
	24hr elevation c/ CT d/s
	of few oedema ? necrosis
	? [illegible] or [illegible] bowel [illegible]
	[illegible] ; WCC 21.0.
	Ca [illegible] (n) [illegible].
	pH (a) (a) LFTS (n) Cr/U
	Today [illegible] 34 [illegible]
	to (L) Lower Lobe [illegible]
	NGT @ 10:00 am c/ 1hr post
	↓ sats to 88% on air but
	recovered well on O2 + was still
	but tachycardic 130 until now

MR70

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DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	on PCA. - [illegible]
	+ [illegible] no [illegible]
	[illegible]
	[illegible]
	[illegible]
	falling [illegible]
	[illegible]
	sputum [illegible]
O/E.	despite parameters not [illegible]
	HR 88. [illegible]
	[illegible]
	- ve [illegible]
	- ve [illegible]
	calves [illegible]
	[illegible]
	[illegible]
	[illegible] Hypoxia [illegible] 2° to
	[illegible] 2° [illegible]
	+ [illegible]
	[illegible]
	+ 2° [illegible]
	note [illegible] 17 - [illegible]

[illegible]

(13)

______________________ HOSPITAL

INPATIENT PROGRESS NOTES

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LINDSAY M 222544
TERENCE
27-29 CULGOA CRESCENT 14-06-1957
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DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	- no [illegible] [illegible] currently
	[illegible] illness / [illegible] [illegible]
	- ~~suspect~~ [illegible] to be [illegible]
	?/ x Anaesth [illegible] [illegible] [illegible] [illegible]
	[illegible] * [illegible] [illegible] no [illegible] [illegible]
	However [illegible] [illegible] [illegible] [illegible]
	* [illegible] not benefit from urgent [illegible]
	currently but [illegible] CT w/
	[illegible] [illegible] [illegible] if
	necrotic [illegible] developed.
	[illegible] [illegible]
	[illegible] 19 4 4.5 [illegible]
	[illegible] 2.08
	Amylase 540
	Bil 58 [illegible]
	AST 78
	[illegible] 8.0 Ca 2.10 Glucose 13.8
	WB 27.9 Hb 16.5 Plt 331
	CM [illegible] [illegible] [illegible] in [illegible] [illegible]
	[illegible]

MR70

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DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
22/1/00	Nursing Notes
Notes	Obs stable unchanged until 4AM PT from
0630	135 - ↑172 BP 140/90 - 170/100 R-20 - 40
	T - 37^2 - 38^5 - Blood Cultures taken.
	ECG attended.
	IVT. 6/24 Heanorel 500mls 1/24
	O_2 - 10l. Mask O_2 Sat 89% Pale dusky Skin
	+ Extremities. O_2 ↑15l. Rebreather O_2 Sat 90%
	P. - remains 176 - 180.
	Blood Gases + Blood. FBC, Coggs X-match
	IDL 50-70 ↓17 + then IN IL.
	ICU Reg + Surg Reg Review awaited
	for Transfer to Mater ICU after
	intubation here. ——— J Massullo
added	Wife Contacted by David Martin.
	——— J Massullo
22/1/00 (0700)	Patient taken to OT for intubation. Size 8.5 ETT.
	BP 98/47. Commenced Haemaccel x 2 (ie: 1L). Sats 98%.
	(0815) Onto OAS trolley following check CXR. N/G tube
	size 14 inserted following intubation. ———
	(0830) Into OAS vehicle for T/F to Mater Adults ICU.
	During transport patient, desaturated to 80%, so
	oxylog ~~was~~ exchanged for bag + mask + hyperventilation
	until SaO_2 were 93-96%. ———
	Arrived at Mater Hospital at 0855 hrs. Patient
	condition satisfactory. Handover given to staff.
	——— R Humphreys R.N. (R. HUMPHREYS) ———

(3)

______ HOSPITAL **INPATIENT PROGRESS NOTES**	--ID---------------SEX---UR NO-- LINDSAY M 2?0544 TERENCE 27-29 CULGOA CRESCENT 14-0?-1957 LOGAN VILLAGE 4207 M Ph(H) 55 468256 Ph(B) 0419655702 NO RELIGION SELF EMPLOYED (Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
22/1/00	Anaesthetics
0730	
Reg	Intubated in recovery for transfer to Mater Adult ICU
	(accepted by Dr. Bob Whiting)
	Thiopentone 375 mg
	Suxamethonium 100 mg
	Fentanyl 100 µg
	Rocuronium 50 mg
	Morphine 15 mg
	Midazolam 5 mg
	Grade I laryngoscopy
	~~Grade~~ Size 8.5 Hi-low ETT 23cm @ lips
	NGT replaced.
	[signature] Harrison