Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL:	MAH	UR No:	778512
WARD:	Icu	SURNAME:	LINDSAY
UNIT:	ICU	GIVEN:	TERENCE
Requesting Dr:	O'DONNELL DR B (22/01/2000)	SEX:	Male
Copy for:	MAH ICU O'Donnell Dr B	DOB:	14 Jun 1957
		ADDRESS:	27-29 CULGOA CRES LOGAN VILLAGE 4207

TM 04

TRANSFUSION REPORT

Request No : P013202
Date Collected : 22/01/2000 10:40

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4888256	BPOS	25/01/2000	26.1.00			
2	PCA	4213420	BPOS	27/01/2000				
3	PCA	4220678	BPOS	27/01/2000				
4	PCA	4220203	BPOS	27/01/2000				
5	PCA	4214552	BPOS	27/01/2000				
6	PCA	4214540	BPOS	27/01/2000				

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: _____

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Please Note:- The following must be checked.
1) The number on the bag, the compatibility label and this form are the same.
2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 23 Jan 2000 10:01 NATA/RCPA ACCREDITED LABORATORY PRINTED 23 Jan 2000 10:01

For enquiries on this report please contact: - Extension 8149 or 8271.

TRANSFUSION MEDICINE

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL:	MAH	UR No:	778512
WARD:	Icu	SURNAME:	LINDSAY
UNIT:	ICU	GIVEN:	TERENCE
Requesting Dr:	CLAYDON DR R (27/01/2000)	SEX:	Male
Copy for:	MAH ICU Claydon Dr R	DOB:	14 Jun 1957
		ADDRESS:	27-29 CULGOA CRES LOGAN VILLAGE 4207

TM 04

TRANSFUSION REPORT

Request No : P016387
Date Collected : 27/01/2000 13:15

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4887234	BPOS	02/02/2000	29/1/00	2230		
2	PCA	4891312	BPOS	02/02/2000	29.1.00			
3	PCA	4218870	BPOS	03/02/2000	30.1.00	0245		
4	PCA	4216825	BPOS	03/02/2000				

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: _____

Please Note:- The following must be checked.
1) The number on the bag, the compatibility label and this form are the same.
2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

TRANSFUSION MEDICINE

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL:	MAH	UR No:	778512
WARD:	Icu	SURNAME:	LINDSAY
UNIT:	ICU	GIVEN:	TERENCE
Requesting Dr:	CLAYDON DR R (27/01/2000)	SEX:	Male
Copy for:	MAH ICU Claydon Dr R	DOB:	14 Jun 1957
		ADDRESS:	27-29 CULGOA CRES LOGAN VILLAGE 4207

TM 04

TRANSFUSION REPORT

Request No : P016387
Date Collected : 27/01/2000 13:15

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4879517	BPOS	31/01/2000	30/1/00	1430		
2	PCA	4894131	BPOS	31/01/2000	30/1/00			

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: C George 29/1/2000

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Please Note:- The following must be checked.
1) The number on the bag, the compatibility label and this form are the same.
2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 29 Jan 2000 22:32 NATA/RCPA ACCREDITED LABORATORY PRINTED 29 Jan 2000 22:33
For enquiries on this report please contact: - Extension 8149 or 8271.

TRANSFUSION MEDICINE

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HISTOPATHOLOGY

HOSPITAL: Mater Adults WARD: Intensive Care Unit UNIT: ICU APU		UR No: 778512 SURNAME: LINDSAY GIVEN: TERENCE SEX: Male DOB: 14/06/1957 ADDRESS: 27-29 CULGOA CRES LOGAN VILLAGE 4207		AP-01 Page No 1
Requesting Dr: CARMODY DR MJ Consultant: CARMODY DR MJ Copy for: Dr Matthew Carmody University Dept Surgery AC Ground Floor Mater Hospital				

Request No : P012583
Date Collected : 31/01/2000 *UNK*

Lab # 2000A000572

SPECIMENS RECEIVED
Gallbladder

CLINICAL HISTORY

Pancreatitis. Cholecystectomy.

MACROSCOPIC DESCRIPTION

One specimen is received labelled "GALLBLADDER" and consists of an unopened gallbladder measuring 105mm in length and a maximum diameter of 40mm. The serosal surface has a green smooth glistening appearance with focal adhesions. The wall of the organ has a variable thickness up to 3mm. The mucosal surface has a dark green stain but otherwise appears unremarkable.

SUMMARY OF SECTIONS: A - neck; B - representative sections fundus and body.

REGISTRAR: Dr Christine Woolgar

MICROSCOPIC DESCRIPTION

Sections show changes of chronic cholecystitis with mild to moderate muscular hypertrophy, and moderate chronic inflammatory cell infiltrate. There is an area of subserosal organisation containing lymphocytes and eosinophils.

PATHOLOGIST: Dr D. Norris

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL:	MAH	UR No:	778512
WARD:	Icu	SURNAME:	LINDSAY
UNIT:	ICU	GIVEN:	TERENCE
Requesting Dr:	CLAYDON DR R (31/01/2000)	SEX:	Male
Copy for:	MAH ICU Claydon Dr R	DOB:	14 Jun 1957
		ADDRESS:	27-29 CULGOA CRES LOGAN VILLAGE 4207

TM 04

TRANSFUSION REPORT

Request No : P018336
Date Collected : 31/01/2000 09:00

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1 - ✓	~~PCA~~	~~4216825~~	BPOS	03/02/2000	31/1	1700		
2 ✓	PCA	4220432	BPOS	03/02/2000	31/1	1800		
3	PCA	4218420	BPOS	03/02/2000	→ GIVEN	bag recorded as given on IV older C sheet at 1800 P-Gane .ne		
4	PCA	4220000	BPOS	04/02/2000	→ GIVEN	bag hanging on IV pole by patients bed bag complete P-Gane ne .		

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: K. Lusack

Bag no. 4218420 & 4220000 – form reissued 2/2/00 Request no. on form P018802 Bag checked & signed for on this form. (See form labelled request no. P018802)
M. Wheeler (WHEELER) N.E.

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Please Note:- The following must be checked.
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2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 31 Jan 2000 10:12 NATA/RCPA ACCREDITED LABORATORY PRINTED 31 Jan 2000 10:12
For enquiries on this report please contact: - Extension 8149 or 8271.

TRANSFUSION MEDICINE

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

TM 04

HOSPITAL:	MAH	UR No:	778512
WARD:	Icu	SURNAME:	LINDSAY
UNIT:	ICU	GIVEN:	TERENCE
Requesting Dr:	SHEPHERD DR B (02/02/2000)	SEX:	Male
Copy for:	MAH ICU Shepherd Dr B	DOB:	14 Jun 1957
		ADDRESS:	27-29 CULGOA CRES LOGAN VILLAGE 4207

TRANSFUSION MEDICINE

TRANSFUSION REPORT

Request No : P018802
Date Collected : 02/02/2000 16:09

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4218420	BPOS	03/02/2000	2/2/00	1800		
2	PCA	4220000	BPOS	04/02/2000	2/2/00	2000		

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: C. Walsh 2/2.

PATHOLOGY
CONSULTANCY
Under Section 21 and Section 141
of the Health Insurance Commission Act 1991.

Please Note:- The following must be checked.
1) The number on the bag, the compatibility label and this form are the same.
2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 02 Feb 2000 17:32 NATA/RCPA ACCREDITED LABORATORY PRINTED 02 Feb 2000 17:32
For enquiries on this report please contact: - Extension 8149 or 8271.

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL: MAH WARD: Icu UNIT: ICU	UR No: 778512 SURNAME: LINDSAY GIVEN: TERENCE SEX: Male DOB: 14 Jun 1957 ADDRESS: 27-29 CULGOA CRES LOGAN VILLAGE 4207	TM 04
Requesting Dr: HARMON DR A (04/02/2000) Copy for: MAH ICU Harmon Dr A		

TRANSFUSION MEDICINE

TRANSFUSION REPORT

Request No : P019974
Date Collected : 04/02/2000 09:30

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4320780	BPOS	07/03/2000	6/2/00	0550	[signature]	[signature]
2	PCA	4230920	BPOS	07/03/2000	6/2/00	1330.	[signature]	[signature]

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: [signature]

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Please Note:- The following must be checked.
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2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 06 Feb 2000 05:36 NATA/RCPA ACCREDITED LABORATORY PRINTED 06 Feb 2000 05:36
For enquiries on this report please contact: - Extension 8149 or 8271.

Mater Laboratory Services

Raymond Terrace, South Brisbane, 4101. Phone: (07) 3840 8500 Fax: (07) 3840 2448

HOSPITAL: MAH WARD: Icu UNIT: ICU	UR No: 778512 SURNAME: LINDSAY GIVEN: TERENCE SEX: Male DOB: 14 Jun 1957 ADDRESS: 27-29 CULGOA CRES LOGAN VILLAGE 4207	TM 04
Requesting Dr: HARMON DR A (04/02/2000) Copy for: MAH ICU Harmon Dr A		

TRANSFUSION REPORT

Request No : P019974
Date Collected : 04/02/2000 09:30

Patient Blood Group : B Rh(D) Positive
Antibody Screen : Negative

*TO BE COMPLETED BY PERSONS ADMINISTERING BLOOD

	Prod	Pack Number	Blood Group	Expiry Date	*Date Start	*Time Start	*Signed By	*Checked By
1	PCA	4227514	BPOS	01/03/2000	4/2/00	1445	NPatto	
2	PCA	4230851	BPOS	01/03/2000	4-2-00	1930	N Parkin	

Pretransfusion tests have found the above units of blood suitable for transfusion.
Prepared by: _____

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

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2) The Patient identification data on this form, the compatibility label and your Patient's identity are the same.
3) The blood is not expired.

Unless otherwise requested, blood will be unreserved at 0800 hrs the following day.
Please see reverse of Crossmatch request form for transfusion reaction protocol.
This report must be filed PERMANENTLY in patients' chart.

AUTHORISED 04 Feb 2000 11:26 NATA/RCPA ACCREDITED LABORATORY PRINTED 04 Feb 2000 11:26
For enquiries on this report please contact: - Extension 8149 or 8271.

TRANSFUSION MEDICINE

LINDSAY

TERENCE

--ID--	SEX	UR NO
LINDSAY TERENCE	M	778512

27-29 CULGOA CRES
LOGAN VILLAGE 4207
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION

14-06-1957
M

SELF EMPLOYED

NPP COMPLIANCE PROVIDED BY
THE MATER MISERICORDIAE
HEALTH SERVICES BRISBANE LIMITED

2/24 OBS FOR 24/24

	T	P	R	BP	SATS		
1400	37^5	131	28	100/70	97%	6L	88% R/A
1600	36^5	128	24	157/90	99%	6L	
1800	37^3	132	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.	[illegible]
0530		183	40	170/110	95%	15l.	
0600		179	36	160/100	95%	15l.	
0630		160	36	145/100	96%	15l.	
0700		154	36	130/110	96%	15l	
0715	ETT - 8.5	Oxylog.		78/65			
0730		138					

0745 [illegible]

0750 [illegible]

0800 500 mls Haemaccel completed. Another commenced.

0800 128 105/75 Haemaccel commenced.

0815 500 mls Haemaccel completed. Another commenced.

0820 132 109/69 98%

0825 Decut to 52% On Oxylog + Oxygen.

0830 Sats 85%

0840 Arrived Mater Adult Hospital.

MATER ADULT PUBLIC HOSPITAL

CVVHD

ORDERS & OBSERVATIONS

--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

AFFIX PATIENT IDENTIFICATION LABEL HERE

ESTIMATED IN:

Breakdown:

Adren - 25 x 22 = 550
Dopamine - 7.5 x 22 = 165
MTMs - 10 x 22 = 220
Dob - 12 x 22 = 264
Main = 700. (drugs).
Hep = 44 2130 HR

TOTAL: 1943

ESTIMATED OUT:

Breakdown:

URINE 100 m/s. 20/24
GASTRIC 275
WOUND 1000 + 1000.

2130 HR
TOTAL: 2375.

Desired 24 ~~Hour~~ Balance: EVEN

CVVHD Fluid Removal for 24 Hours: 22 568

Hourly Fluid Removal: ≈ 20

COUNTERCURRENT: Gambro Solution #1 1l/h

Heparin ~~5000 units~~ 25000 units in 20ml. (titrate to clotting times)

Clotting Times 20 - 30 mins

Signature:

DATE: 23/01/00

Time	Clotting Time	Heparin Infusion	Blood Flow Rate	Dialysis Flow Rate	Fluid Removal Flow Rate	Access Pressure	Return Pressure	Filter Pressure	Effluent Pressure	COMMENTS
1300										
1400	Started @		1	4300	HRS		2500	U/P		bolus Heparin
1500	~~X~~	2	100	1000	0	48	100	126	>50	
1600	35 mins	2	100	1000	20	-55	100	129	>50	
1700		2	100	1000	20	-50	106	134	>50	
1800	40 mins	2	100	1000	20	-50	103	130	>50	
1900		2	100	1000	20	-54	101	126	>50	

MATER ADULT
PUBLIC HOSPITAL

CVVHD
ORDERS & OBSERVATIONS

NAME

ADDRESS

U.R. NO.

D.O.B.

SEX

AFFIX PATIENT IDENTIFICATION LABEL HERE

Time	Clotting Time	Heparin Infusion	Blood Flow Rate	Dialysis Flow Rate	Fluid Removal Flow Rate	Access Pressure	Return Pressure	Filter Pressure	Effluent Pressure	COMMENTS
2000	35 mins	2	100	1000	20	-54	100	129	>50	
2100		2	100	1000	20	-55	101	129	>50	
2200	40 mins	3	100	1000	0	-51	98	128	>50	Heparin now 25000/5- in 25mls @ 3mls/hr
2300			100	1000	0					
2400	30 mins	3.0	100	1000	0	-52	101	131	750	
100		3.0	100	1000	0	-50	101	130	750	
200	25 mins	3.0	100	1000	0	-48	100	131	750	
300		3.0	100	1000	0	-51	103	131	750	
400	25 mins	3.0	100	1000	0	-51	99	133	>50	
500		3.0	100	1000	0	-49	101	133	>50	
600	25 mins	3.0	100	1000	0	-50	102	129	>50	
700		3.	100	1000	0	-50	99	131	>50	
800	25 mins	3	100	1000	0	-48	102	131	>50	
900		3	100	1000	0	-50	102	129	750	
1000	15 mins	3	100	1000	0	-50	99	130	750	
1100		4	100	1000	0	-53	101	131	750	
1200		4	100	1000	0	-52	101	136	>50	2000 c/s bolus /hepa

MATER ADULT PUBLIC HOSPITAL

CVVHD ORDERS & OBSERVATIONS

--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

AFFIX PATIENT IDENTIFICATION LABEL HERE

ESTIMATED IN:

Breakdown:

Adrenaline	360
Dopamine	180
Dobutamine	290
Morph/Midaz	240
~~NSA~~	
Maintenance	1000

ESTIMATED OUT:

Breakdown:

URINE	300
NG	300
WOUND	~~2000~~

TOTAL: 2070

TOTAL: 600

Desired 24 Hour Balance: ZERO

CVVHD Fluid Removal for 24 Hours: 1470

Hourly Fluid Removal: 60 ls.

COUNTERCURRENT GAMBRO SOLUTION NO 1 1000 ls HR.

Heparin 25000U/L ~ 20ls N/S TRITRATE TO CLOTTING TIMES

Clotting Times 20 ~ 35 MINS.

Signature: T. Shepherd

DATE: 24.1.00

Time	Clotting Time	Heparin Infusion	Blood Flow Rate	Dialysis Flow Rate	Fluid Removal Flow Rate	Access Pressure	Return Pressure	Filter Pressure	Effluent Pressure	COMMENTS
1300	min 28	~~4~~	100	1000	60	-50	98	128	>50	
1400		4	100	1000	60	-46	96	131	>50	
1500		4	100	1000	60	-50	98	128	>50	
1600	28 min	4 500/hs	100	1000	60	-50	99	128	750	
1700		500 u/s	100	1000	60	-48	103	133	750	
1800	23 mins	500/hs	100	1000	↑80	-44	97	127	750	
1900		500 u/s	100	1000	80	-46	102	134	750	

CVVHD ORDERS & OBSERVATIONS

MATER ADULT
PUBLIC HOSPITAL

CVVHD
ORDERS & OBSERVATIONS

NAME U.R. NO.

ADDRESS D.O.B.

SEX

AFFIX PATIENT IDENTIFICATION LABEL HERE

Time	Clotting Time	Heparin Infusion	Blood Flow Rate	Dialysis Flow Rate	Fluid Removal Flow Rate	Access Pressure	Return Pressure	Filter Pressure	Effluent Pressure	COMMENTS
2000		500	100	1000	80	-48	104	132	750	
2100	2104	500	100	1000	80	-48	104	130	750	
2200		500	100	1000	80	-46	98	131	750	
2300		500	100	1000	80	-42	97	132	750	
2400	24min	500	100	1000	~~80~~	-45	98	126	750	
100		500	100	1000	~~80~~ 40	-45	97	130	750	
200	25min	500	100	1000	~~80~~ 40	-47	101	125	750	
300		500	100	1000	10	-45	102	133	750	
400										Machine malfunction
500										
600										
700										
800										
900										
1000										
1100										
1200										

MATER ADULT HOSPITALS

I.C.U. INTRAVENOUS ADMINISTRATION CHART

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

--ID---------- SEX--UR NO--
M 778512

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

AFFIX PATIENT IDENTIFICATION LABEL HERE

Date	Time	Drug	Dose	IV Method	Given By
22/1	1100	Adrenaline	6mg	Infusion	
22/1	1100	Morphine + Midazolam	100mg/100mg	Infusion	
22/1	1200	Dopamine	200mg	infusion	
22.1	2040	Morphine + Mdz	100mg/100mg	"	
22.1	2210	Dopamine	200mg	"	
22.1	2050	Adrenaline	6mg	"	
22/1	2210	Morphine 4mg + Midazolam 4mg		bolus	
22/1	2310	Adrenaline.	12mg	Infusion	
23/1		ADRENALINE	12ms	Infusion	
		Morphine + Midazolam	100 mg 100 ms	Infusion	
23/1/00	0940	Adrenaline	12mg	IV infusion	
23.1.00	1020	Dopamine	200mg	IV infusion	
23.1.00	10.40	Dobutamine	500mg	infusion	
~~23.1.00~~	~~11.45~~	~~Hydromorphone/Solut~~			
23/1	1700	Adrenaline	12mg	infusion	
23/1	2010	Morphine → 100mg. + Midazolam → 50mg.		infusion	
24/1/00	0230	Adrenaline	12-gs	infusion	
24/1	05:45	Dobutamine	500mg	infusion	
24/1	05:45	Morphine + Midazolam	100mg 50mg	infusion	
24/1	1500	MORPHINE + MIDAZOLAM.	100mg + 50mg	INFUSION	
24/1	1500				
24/1	1500	Adrenaline	12mg	infusion	
24/1	1500	Dobutamine	500mg	infusion	

I.C.U. INTRAVENOUS ADMINISTRATION CHART

MATER ADULT HOSPITALS

I.C.U. INTRAVENOUS ADMINISTRATION CHART

NAME PRIVILEGED AND CONFIDENTIAL U.R. NO.

ADDRESS D.O.B.

Under Section 91 and Section 14 SEX of the Health Rights Commission Act 1991.

AFFIX PATIENT IDENTIFICATION LABEL HERE

Date	Time	Drug	Dose	IV Method	Given By
24.1	1930	Heparin (Dialysis)	2500 US	Infusion in 20mls.	
25/1/00	0010	Heparin Dialysis	2500 U/S	Infusion	
25/1/00	0045	Morphine/Midazolam	100mg/50mg	Infusion	
25/1/00	0040	+1. NSA. Rapamost	350mls	Infusion	
25/1/00	0700	Dobutamine	500	Infusion	
25/1/00	0730	ADRENALINE	12mg	INFUSION	
25/1/00	0910	FRUSIMIDE	500mg	INFUSION	
25/1/00	11[00]	Morphin/Magnolam	100mg/[illegible]mg	Infusion	
25/1/00	11[00]	NORADRENALINE	6mg	Infusion	
25/1/00	1600	Noradrenaline	6mg	infusion	
25/1/00	1600	Dobutamine	500	Infusion	
25/1/00	1940	Morphine + Midazolam.	100mg/50mg	Infusion	
25/1/00	2030	Pancuronium	4mg	Infusion	
25/1/00	2140	Actrapid	50units/50mls	Infusion	
26/1/00	0030	Dobutamine	500mg	Infusion	
26.1.00	000	Pancuronium	4mg	Infusion	
26.1.00	0130	Dopamine	200mg	Infusion	
26/1/00	0330	Noradrenaline	6mg	"	
26/1/00	0800	Actrapid	50U/6	infusion	
26/1/00	0900	Dobutamine	500mg	infusion	
26/1/00	1000	Noradrenaline	6mg	infusion	
26/1/00	1000	Morphine + Midazon	100mg + 50mg	infusion	
26/1/00	1130	Actrapid	100U/s	Infusion	

F0786

MATER PUBLIC HOSPITALS

MEDICATION CHART

MEDICATION AND DOSAGES IN CLEAR PRINT

NOTE: At completion of a course or the discontinuation of a medication, rule a line through the calendar month, and sign

WEIGHT _____ WARD 7B

--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

Carmody

ADVERSE DRUG REACTIONS	DRUG	NATURE OF REACTION
	NK	

ONCE ONLY DRUGS

DATE	TIME DUE	DRUG	DOSE	ROUTE	DOCTOR	GIVEN BY	TIME GIVEN
23/1	1530	panadol	1/1	O	ptregress	ML	1530
24/1		Actrapid					

DRUGS WITH VARIABLE DOSE

DRUG Actrapid			ROUTE S/C	
DATE	TIME	DOSE	DOCTOR	
24/1	0700	7U		self in OT
24/1	1000	5U		

DRUG			ROUTE	
DATE	TIME	DOSE	DOCTOR	NURSE

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

AS REQUIRED PRESCRIPTIONS

(P.R.N., eg. analgesics, sedatives, anti-emetics . . .)

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NO RELIGION SELF EMPLOYED

DRUG, DOSE & FREQUENCY		Date	Time	Dose	Given By	Date	Time	Dose	Given By	Date	Time	Dose	Given By	Date	Time	Dose	Given By
Panadol / Panadeine PRN 4 hrly M.O. Signature & Date	Pharmacist Route I.V. Method First Dose Date	24/1	1600	TI	Dh												
		24/1	2220	TI	PS												
		25/1	0450	IM	PH												
		25/1	1040	IM	SC												
MORPHINE 7.5-10mg M.O. Signature & Date	Pharmacist Route IM / SC I.V. Method First Dose Date	24/1	1115	S/C 12hrly	DS												
STEMATIL 12.5mg M.O. Signature & Date	Pharmacist Route IM I.V. Method First Dose Date	12.5 mg per dose Prochlorperazine															
DRUG, DOSE & FREQUENCY M.O. Signature & Date	Pharmacist Route I.V. Method First Dose Date																
DRUG, DOSE & FREQUENCY M.O. Signature & Date	Pharmacist Route I.V. Method First Dose Date																
DRUG, DOSE & FREQUENCY M.O. Signature & Date	Pharmacist Route I.V. Method First Dose Date																

MATER MISERICORDIAE PUBLIC HOSPITALS PHARMACY DEPARTMENT

PARENTERAL NUTRITION ORDER SHEETS

--ID----------SEX---UR NO--	Ward
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	ICU

		ENTER DATE AND TOTAL CONCENTRATIONS REQUIRED				
Date	Base concentrations	25/1/00 (total req't)	26/1/00 (total req't)	/ / (total req't)	/ / (total req't)	/ / (total req't)
Amino Acid (g/bag)	100	100	100			
Glucose (g/bag)	300	~~500~~ ~~600~~	500 ~~600~~			
Lipid (g/bag)	100	—	—			
Na (mmol/bag)	100	~~80~~ 100	80			
K (mmol/bag)	80	~~40~~	40			
Ca (mmol/bag)	7	7	7			
Mg (mmol/bag)	15	15	15			
PO_4 (mmol/bag)	15	15	15			
Zn (mcg/bag)	2500	2500	2500			
Heparin (units/bag)	5000	5000	5000			
MVI (Cernevit)(mL/bag) Daily except Wed)	5	5	—			
Trace Elements MTECC (mL/bag) (Wed only)	~~2~~	—	2			
Insulin (units/bag)						
Acetate (mmol/bag) (If required)						
Other						
Water to (mL):	2000	Minimum Volume	Minimum Volume			
Medical Officer's Signature		GCH (Alternate)	GCH			
Pharmacist's Signature						

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

MATER ADULT HOSPITALS

MEDICATION CHART
I.V. THERAPY

--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

AFFIX PATIENT IDENTIFICATION LABEL HERE

Allergic To:

PRESCRIPTION						ADMINISTRATION RECORD				
									Signature	
Date	Time	Infusion Fluid	Additives	Rate	Signature	Infusion Fluid & Additives	Date	Time Commenced	Time Completed	Erected By	Checked By
24/1		4% Dex 1/5 Saline	—	8/24		4% + 1/5 D/Saline (1000)	24/1	0045			
24/1		4% Dex 1/5 Saline	—	8/24		4 1/5 % D EX/Saline (1000)	24/1/01	0845	1000		
						0.9% Saline	24/1/01	1000			
24/1		N/Saline 1000		6hrs		N/Saline	24/1	1630			

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

All IV orders are automatically cancelled after 24 hours. NB. Doctors signature to be appended on each prescription.

MEDICATION CHART - I.V. THERAPY

MATER PUBLIC HOSPITALS

PERSONAL AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Services Administration Act 1991.

MULTIDISCIPLINARY FLOW SHEET

--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

Normal		DATE	22/1	22/1	22/1	22/1	22/1	22/1	22/1	22/1	22/1	23/1	23/01	23/01	23/1	23/1	23/1	24
Values		TIME	0930	1040	1350	1530	1620	1715	1805	2030	2228	0020	0400	0630	1030	1410	2020	06
		Rate												14				
		$F10_2$	0.9		0.7	0.8	0.85	0.9		0.95	100	100	100	400	100	100	100	1
7.35-7.45		PH	7.30		7.33	7.33	7.31	7.25		7.35	7.25	7.29	7.36	7.37	7.36	7.36	7.31	7
35-45		PCO_2	30		30	31	32	38		39	45	48	39	36	36	37	46	4
90-100		PO_2	92		64	62	66	65		65	49	50	38	41	45	56	57	5
22-29		HCO_3	14		15	16	16	15		20.	19	22	22	20	20	20	22	2
−3 to +4		Base Excess	-10.9		-9.2	-8.3	-9.2	-10.1		-3.7	-7.1	-3.6	-2.9	-3.7	-7	-4.1	-3.3	-7.
		O_2 Sat	97		94	93	94	94		92	80.	80	76	80	86	90	85	9
13.4-18.5 11.5-16.5		HB		116	121							110	107	97			99	11
4-11		WCC		11.5	13.4							19.1	21.9	21.2			16.7	16
40-75%		N		7.85	10.87							16.96	18.66	17.54			16.65	14
20-45%		L		1.23	1.38													
2-10%		M		0.37	1.06													
1-6%		E			0.03													
0		Stabs																
0		Toxic																
150-400		Platlets		285	251							298	246	223			207	18
135-145		Na^1		140	140			136	139	139		142	143	143			139	1
3.3-4.5		K^1		4.9	5.2			5.5	4.8	4.7		4.6	4.7	4.7			4.3	4
100-110		Cl		111	109				109			107	108	108			106	10
22-32		HCO_3		17	15				17			22	22.	20			22	2
0.04-0.11 0.04-0.09		Creat		0.16	0.18				028			0.36	0.42	045			0.54	0
3.0-8.0		Urea		9.4	11.0				12.3			15.4	17.5	18.3			23.6	24
2.5-8.0		Glucose		9.9						9.2		7.8		6.7				2
280-297		~~Osmol~~ Mg		0.8										0.9				
37-47		Albumin		19	24													2
2.15-2.60 2.15-2.50		Calcium		2.28 2.85	2.27 2.61				2.15 2.7			2.5	2.43	2.36			2.26	
0.6-1.4		Phosphate		0.9										1.2				
80-300		Amylase		824										861				
2-4		INR		1.5	1.3								1.4	1.4			1.5	1
(13-17)		PT		19.2	17.4								18.1	18.8			19.5	1
28-45 s.		APPT		57	529								67.2	73.3			92.6	6
1.5-4.0 g/l		Fib		4.6									6.9	6.7			7.1	
2.0-8.0 mg/l		FDP's																
150-400		Platelets		256	251									223			207	1

F0197 Troponin Lactate 0.05 3.2 MHAH23-1 9

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

```
--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
```

Normal	DATE	22/1	22/1	22/1	23/1	23/1	24/1
Values	TIME	1040	1350	1805	0600	2000	
30-400	Total CK	410			377	1339	
0-15	CK-B	4			5	8	
200-400	LDH	511			760	4115	
10-45	AST	68			70	1428	
0-16	Total Bili	35	57	47	58	74	
0-2	Conj. Bili		44.				
10-45	AST	68	92	70		1428	1103
200-400	LD			605		4115	
5-45	ALT	29	25	25	40	942	972
<60 <30	✓6T						
15-85	AlK P	36	37	35	32	42	61
63-80	Total Prot.						
37-47	Albumin	19	24	20		23	
Amylase	Drug Name	824			1040	3389	
Lipase	dosage	(12337)			861	(1183)	
	pre						
	post						
	Drug Name						
	dosage						
	pre						
	post						
	Drug Name						
	Dosage						
	level						
500-3000 n/day	24hr urine vol.						
10-22	Creat						
7-15	Creatinine Clearance						
	Urine Na⁺						
	K⁺						
	Osmol						
	(Plasma Osmol)						
see graph	Paracetemol						

C/E's

1600
1200
800
400

1 2 3 4 5 days after onset

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

--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

Normal																		
Normal	DATE	24/1	24/1	24/1	24/1	24/1	25/1	25/01	25/01	25/01		25/01	25/1	25/1	25/1	26/1	26
Values	TIME	1250	14.32	1530	2057	2200	0610	1140	1350	1500	1550	1830	2100	2300		0700	13
	Rate							Pre Bronch	Post Bronch							↓sens.	
	F10₂	100%	100%	100%	100%	100%	100%	100%	100%	90%	90	100%	90%	90%	80%	80%	70
7.35-7.45	PH	7.35	7.37	7.40	7.40	7.41	7.47	7.47	7.46	7.45	7.37	7.43	7.40	7.36	7.34	7.36	7.[illegible]
35-45	PCO_2	45	42	40	42	41	35	35	36	37	44	38	40	45	52	51	5[illegible]
90-100	PO_2	51	62	51	58	60	55	67	64	70	53	51 (circled)	62	64	61	60 (circled)	7[illegible]
22-29	HCO_3	24	24	24	25	25	25	25	25	24	25	25	24	25	28	28	2[illegible]
-3 to +4	Base Excess	-1.1	-0.7	-0.3	0.8	0.6	2.3	1.5	1.5	1.0	0.5	1.4	0.2	~~2.0~~	2.0	2.7	.2
	O_2 Sat	86	91	88	89	90	91	95	94	95	87	85	93	92	90%	92%	9
13.4-18.5 / 11.5-16.5	HB			97			92			90 →				93		95	
4-11	WCC			21.1			23.3			25.2				26.1		36.6 (circled)	
40-75%	N			19.1			21.25			20.69				23.87		27.0?	
20-45%	L						1.05									2.56	
2-10%	M																
1-6%	E																
0	Stabs			0.484 ✓													
0	Toxic																
150-400	Platlets			194			176			183				191		209	
135-145	Na⁺			139		139	138			139				137	~~138~~	138	
3.3-4.5	K⁺			4.0		3.7	3.6			3.5				3.4	~~3.7~~	3.7	
100-110	Cl			101		101	102			103				100	~~100~~	100	
22-32	HCO_3			24		27				25				25	~~28~~	28	
.04-0.11 / .04-0.09	Creat			0.53		0.45	0.42			0.42				0.39	~~0.36~~	0.36	
3.0-8.0	Urea			24.5		24.3	24.2			27.3				27.2	~~28.1~~	28.1	
2.5-8.0	Glucose									8.9				22.0			
280-297	Osmol																
37-47	Albumin						26							26			
2.15-2.60 / 2.15-2.50	Calcium					2.15	1.92 (2.13)									1.72 2.13	
0.6-1.4	Phosphate															1.1	
80-300	~~Amylase~~ Mg^{2+}													1.2		1.2	
2-4	INR			1.2		1.1	1.1									1.0	
(13-17)	PT			15.4		14.4	14.4									13.4	
28-45 s.	APPT			64.0		53.7	53.7									52.7	
1.5-4.0 g/l	Fib			7.8		6.6	6.6									6.0	
2.0-8.0 mg/l	FDP's																
150-400	Platelets			194													

CONFIDENTIAL
Under Section [illegible] of the Health [illegible] Act 1971.

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

--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

Normal Values								
Normal	DATE	24/1	25/1	26/1				27/1
Values	TIME	2200	0610	am				am
30-400	Total CK							
0-15	CK-B							
200-400	LDH							
10-45	AST							
0-16	Total Bili	109	123	178				189
0-2	Conj. Bili							
10-45	AST	806		527				262
200-400	LD							
5-45	ALT	868	773	536				303
<60 <30	GGT							
15-85	AIK P	69	71	81				
63-80	Total Prot.							
37-47	Albumin							
lipase	Drug Name	27/1 183	329	103				
amylase	dosage	389	160	73				
	pre							
	post							
	Drug Name	Chol 2.2 (2.6-5.5)						
	dosage	TG 4.3 (0.5-2.0)						
	pre	HDL 0.1 (0.8-1.8)						
	post	Lipid risk 3.0.						
	Drug Name							
	Dosage							
	level							
0-3000 n/day	24hr urine vol.							
22	Creat							
5	Creatinine Clearance							
	Urine Na+							
	K+							
	Osmol							
	(Plasma Osmol)							
graph	Paracetemol							

C/E's

1600
1200
800
400
1 2 3 4 5 days after onset

MATER PUBLIC HOSPITALS

PRIVILEGED AND CONFIDENTIAL

MULTIDISCIPLINARY FLOW SHEET

Under section 51 and Section 141 of the Health Regulation Act 1991.

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

Normal	DATE	29/1	29/1	29/1	30/1	30/1	30/1	30/1	31/1	31/1	31/1	31/1	1/2	1/2	1/2	2/2	2
Values	TIME	1415	2210	0117	0600	1300	1820	2257	0610	1230	1940	2310	0620	1500	2350	0550	16
	Rate	post [illegible]	40 (100%)	[illegible]													
	$F10_2$	0.60	100%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%	40%	5
7.35-7.45	PH	7.49	7.48	7.41	7.44	7.46	7.49	7.47	7.45	7.41	7.44	7.45	7.46	7.43	7.46	7.48	7
35-45	PCO_2	45	39	40	46	40	36	39	38	46	41	41	39	42	38	36	5
90-100	PO_2	67	60	62	70	53	71	105	109	82	74	86	101	112	80	80	KS
22-29	HCO_3	34	29	25	30	28	27	28	26	28	28	28	27	27	26	26	2
−3 to +4	Base Excess	9.6	5.5	0.7	5.7	4.7	3.7	4.2	2.7	4.0	3.8	4.1	3.8	3.3	2.4	3.0	
	O_2 Sat	94	94	94	95	97	97	99	98	97	96	98	98	96	97	97	9
13.4-18.5 11.5-16.5	HB	88	74	91	96	83		77	76	66	84	78	78	70	70	70	6
4-11	WCC	57.8	63.5	66.9	59.4	49.1		41.7	37.7	37.8	40.7	37.2	32.5	27.2	28.4	26.4	26
40-75%	N	53.1%	44.0	64	95.6%	44		40.0%	33.1		37.1%	32.6	28.53	23.9		23.76	25
20-45%	L				2.61			6.4%			2.52	3.68	2.79			1.64	
2-10%	M																
1-6%	E																
0	Stabs																
0 Ht	Toxic				0.3	0.26											
150-400	Platelets	308	398	337	335	362		313	348	223	258	357	395	371	435	426	4
135-145	Na^+	145	146	146	148	146	144	143	144	146	143	143	147	145	139	138	13
3.3-4.5	K^+	4.0	4.4	4.1	4.4	5.0	5.0	4.8	4.7	4.9	4.8	4.6	4.4	3.9	4.3	4.1	4
100-110	Cl	107	109	110	110	111		112	111	112	111	110	111		106	101	
22-32	CO_2	34	32	27	30	28		28	26	28		28	27		26	26	
0.04-0.11 0.04-0.09	Creat	0.16	0.16	0.17	0.17	0.16		0.16	0.19	0.17	0.16	0.17	0.16		0.14	0.14	
3.0-8.0	Urea	26.1	23.9	24.2	25.1	22.8		23.4	24.5	22.8	22.0	23.2	21.8		16.2	14.2	
2.5-8.0	Glucose				7.6								5.9			10.4	
280-297	~~Osmol~~ mg	0.8			0.9	0.8			0.9	0.8			0.8			0.8	
37-47	Albumin	20	19		20	21			20			25	24		25	23	
2.15-2.60 2.15-2.50	Calcium	1.89 2.4	1.77 2.31		2.27	2.18			1.66 2.23	2.	1.62 2.09	1.76 2.19	1.66 2.11		1.66 2.09	1.69 2.17	
0.6-1.4	Phosphate								1.0				1.6			1.3	
80-300	Amylase																
2-4	INR	1.1	1.1		1.1	1.1	1.1		1.1		1.0	1.0	1.0		1.0	1.0	
(13-17)	PT	14.7	14.9		14.9	14.4	14.4		14.3		13.9	13.8	13.5		12.8	13.9	
28-45 s.	APPT	50.4	55.3		55.3	54.3	62.4		64.9		54.1	54.5	57.9		54.5	55	
1.5-4.0 g/l	Fib	3.7	3.3		3.5	5.5	3.4		3.9		3.8	3.9	4.3		4.1	4.3	
2.0-8.0 mg/l	FDP's																
150-400	Platelets					362			348			357	395		435	426	

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

NAME Tony LINDSAY U.R. No.

ADDRESS D.O.B.

SEX

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values																		
	DATE	29/0	30/1	30/1	30/1	31/1	31/1	31/1	1/2	2/2								
	TIME	1445	0600	1300	2251	0610	1940	2310	0620	0550								
30-400	Total CK										1600							C/E's
0-15	CK-B										1200							
200-400	LDH										800							
10-45	AST										400							
												1	2	3	4	5	days after onset	
0-16	Total Bili	82	100	73	59	~~63~~39	68	66	49	33	33							
0	Conj. Bili																	
10-45	AST	88	62	44	62	~~46~~	40	61	44	29	29							
200-400	LD																	
5-45	ALT	94	69	57	49	~~52~~	46	43	47	36	36							
<60 <30	GT																	
15-85	AlK P	71	68	61	71	76	55	51	56	61	61							
63-80	Total Prot.																	
37-47	Albumin																	
	Drug Name																	
	dosage																	
	pre																	
	post																	
	Drug Name																	
	dosage																	
	pre																	
	post																	
	Drug Name																	
	Dosage																	
	level																	
00-3000 n/day	24hr urine vol.																	
0-22	Creat																	
15	Creatinine Clearance																	
	Urine Na^t																	
	K^t																	
	Osmol																	
	(Plasma Osmol)																	
e graph	Paracetemol																	

MATER PUBLIC HOSPITALS

PRIVATE AND CONFIDENTIAL

Under Section 141 of the Health Administration Act 1991

MULTIDISCIPLINARY FLOW SHEET

--ID---------- SEX--- UR NO--
LINDSAY M 778512 1
TERENCE
27-29 CULGOA CRES 14-06-1957 0
LOGAN VILLAGE 4207 M M
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED D

Normal		DATE	26/1	26/1	26/1	27/1	27/1	27/1	27/1	27/1	27/1	28/1	28/1	28/1	28/1	28/1	29/1	29
Values		TIME	1550	1650	2340	0518 0600	0640	am	1315	2050	2335	0640	1325	1930	2200		0200	06
		Rate																
		$F10_2$	NCT	0·6	0·6	100%	90%	70%	60%	70%	60%	60%	60%	0·60	0·70	0·60	060	6
7.35-7.45		PH		7·37	7·37	7·36	7·40	7·44	7·30	7·38	7·4	7·42	7·50	7·48	7·46	7·49	7·46	7
35-45		PCO_2	CO	50	54	57	51	48	73	59	54	56	45	49	52	47	53	5
90-100		PO_2	RRECT	73	69	46	55	62	70	64	61	89	53	68	77	69	109	
22-29		HCO_3		28	30	32	31	32	34	34	33	35	35	36	36	36	36	3
−3 to +4	−	Base Excess		2·6	4·6	5·6	5·4	7·2	6·5	8·1	7·5	10·1	10·9	11·0	11·2	11·3	11·4	11
		O_2 Sat		95	94	83	90%	94%	93%	94	93	97	97%	95	96	96	94	9
13.4-18.5 11.5-16.5		HB	103		97		104		93		98	98			91			8
4-11		WCC	47·9		58·4		64·2		61·2		65·2	64·6			59·7			53
40-75%		N	40·37				53·19		2059		58·4	58·4			54·17			48
20-45%		L	3·54				2·51											
2-10%		M																
1-6%		E																
0		Stabs																
0		Toxic																
150-400		Platlets	216		210		220		206		254	265			316			32
135-145		Na^+	139		144		144		146		145	147			148		150	14
3.3-4.5		K^+	3·5		3·6		3·4		3·7		3·7	3·6			3·1		33	3
100-110		Cl	102		103		102		102		102	103			103			10
22-32		HCO_3	26		30				34		33	35			36			3
0.04-0.11 0.04-0.09		Creat	0·29		0·28		0·24		0·25		0·23	0·22			0·21			0
3.0-8.0		Urea	27·8		28		27·7		30·4		29·4	30·3			31·6			2
2.5-8.0		Glucose mg					1·0		1·0		0·9	0·9			0·8			0
280-297		Osmol																
37-47		Albumin							26		24	24						
2.15-2.60 2.15-2.50		Calcium	1·73				1·78 2·17		2·15									
0.6-1.4		Phosphate	1·1								1·5	1·3						1
80-300		Amylase																
2-4		INR					1·0		1·0			1·0			1·0			1
(13-17)		PT					13·0		13·5			13·4			14·6			1
28-45 s.		APPT					49·1		51·1			49·9			52·6			4
1.5-4.0 g/l		Fib					6·0		5·1			4·6			4·0			4
2.0-8.0 mg/l		FDP's																
150-400		Platelets										265						3

+4 U x match (FOR OT)

MATER PUBLIC HOSPITALS

NAME
ADDRESS
U.R. No.
D.O.B.
SEX

MULTIDISCIPLINARY FLOW SHEET

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values																			
	DATE	27/1	27/1	28/1	28-1	29/1													
	TIME	pm	2345	0640	1315	0649													
30-400	Total CK																		C/E's
0-15	CK-B																		
200-400	LDH																		
10-45	AST																		days after onset
0-16	Total Bili	172	162	130		102													
0-2	Conj. Bili	161																	
10-45	AST	201	126	99		71													
200 400	LD																		
5-45	ALT	246	192	164		96													
<60 <30	GGT																		
15-85	AIK P	82	87	82		74													
63-80	Total Prot.																		
37-47	Albumin																		
Vancomycin	Drug Name				7-7														
Trough 5-15mg/L	dosage																		
	pre																		
	post																		
	Drug Name																		
	dosage																		
	pre																		
	post																		
	Drug Name																		
	Dosage																		
	level																		
500-3000 n/day	24hr urine vol.																		
10-22	Creat																		
7-15	Creatinine Clearance																		
	Urine Na^1																		
	K^1																		
	Osmol																		
	(Plasma Osmol)																		
see graph	Paracetemol																		

MATER PUBLIC HOSPITALS

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

MULTIDISCIPLINARY FLOW SHEET

--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	

Normal	DATE	2/2	2/2	3/2	3/2	3/2	3/2	4/2	4/2	4/2	5/2	5/2	6/2	6/2	6/2	6/2	6
Values	TIME	0600	2230	0045	0630	1700	2230	0547	0943	2300	0600	1930	0305	0625	0945	1520	2
	Rate																
	$F10_2$	50	40	40	40		60	60%	40%	40%	40%	40%	40%	50%	45%	45%	4
7.35-7.45	PH	7.35	7.43	7.43	7.42		7.42	7.40	7.36	7.36	7.40	7.42	7.47	7.45	7.46	7.45	7
35-45	PCO_2	50	39	37	38		39	40	43	43	36	35	34	36	35	37	4
90-100	PO_2	88	79	76	84		79	95	75	75	58	64	47	77	91	82	3
22-29	HCO_3	26	26	24	25		25	24	23	23	22	22	25	24	24	25	2
-3 to +4	Base Excess	1.8	1.8	0.6	0.8		0.7	0.0	-1.3	-1.3	-2.4	-1.4	-1.7	-1.0	-1.1	-1.5	-1
	O_2 Sat	96	97	97	97		97	93	98%	95%	92%	91	89	96	98	97	9
13.4-18.5 11.5-16.5	HB	67	85		84	82	81	71		82	78	89	74	77	93	93	9
4-11	WCC	26.7	30.2		29.8	41.7	37.4	33.8		28.6	31.9	25.6	25.2	21.7	22.6	22.6	18
40-75%	N	20.38	27.59		27.24	35.7	28.78	30.84		23.71	26.84	22.9	22.38	19.32			15
20-45%	L									1.14	1.98		1.61	1.32			
2-10%	M							1.72									
1-6%	E																
0	Stabs																
0	Toxic											1.72					
150-400	Platlets	434	489		472	722	692	678		647	675	726	949	627	670	670	6
135-145	Na^+	137	134		134	134	132	129	132	135	134	139	139	141	144	144	14
3.3-4.5	K^+	4.5	4.4		4.6	4.6	4.8	4.7	4.3	4.6	4.6	4.9	4.4	3.9	4.9	4.9	3
100-110	Cl				102	101	100	98	99	103	102	104	102	107	109	10	1
22-32	CO_2				25	28	25	25	25	23		22	25		25	25	2
0.11 +-0.09	Creat				0.12	0.13	0.12	0.13	0.15	0.14	0.13	0.11		0.11	0.1	0.1	0
3.0-8.0	Urea				10.5	9.7	10.3	11.4	12.0	13.9	14.6	13.9		15.2	16.8	13.8	13
2.5-8.0	Glucose				8.6	4.1											
280-297	Osmol																
37-47	Albumin							24			25	27					2
2.15-2.60 2.15-2.50	Calcium				1.50 2.25	1.79 2.22		1.75 2.21	1.8			2.94 2.33		1	1.97	1.97	1
0.6-1.4	Phosphate																
80-300	Amylase																
2-4	INR				1.0			1.0			1.2			1.0			
3-17)	PT				13.4			13.9			1.0			13.5			
5 s.	APPT				55.3			56.3			51.6			49.1			
	g/l Fib				4.4			4.4			4.6			4.6			
	mg/l FDP's																
	Platelets				472									627			

24 bacteb 118

MATER PUBLIC HOSPITALS

NAME U.R. No.

ADDRESS D.O.B.

SEX

MULTIDISCIPLINARY FLOW SHEET

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values										
	DATE	3/2	3/2	3/2	4/2	5/2	6/2	6/2	7/2	
	TIME	0630	1700	0547	2300	0600	0625	2300	0033	
30-400	Total CK									
0-15	CK-B									
200-400	LDH									
10-45	AST									
0-16	Total Bili	55	47	35	41	40	41	29	16	
0	Conj. Bili		34							
10-45	AST	56	39	56	44	39	44	52	66	
200-400	LD									
5-45	ALT	39	39	31	39	34	38	39	118	
<60 <30	GT									
15-85	AIK P	82	92	70	91	94	132	158	153	
63-80	Total Prot.									
37-47	Albumin									
	Drug Name									
	dosage									
	pre									
	post									
	Drug Name									
	dosage									
	pre									
	post									
	Drug Name									
	Dosage									
	level									
500-3000 n/day	24hr urine vol.									
10-22	Creat									
7-15	Creatinine Clearance									
	Urine Na$^+$									
	K$^+$									
	Osmol									
	(Plasma Osmol)									
ee graph	Paracetemol									

1600 1200 800 400 — 1 2 3 4 5 days after onset — C/E's

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

MATER PUBLIC HOSPITALS

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

MULTIDISCIPLINARY FLOW SHEET

NAME --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

Normal Values																	
	DATE	7/2/09	7/2/09	7/2	7/2	8/2	8/2	8/2	8/2	9/2	9/2	9/2	9/2	9/2	9/2	10/2	
	TIME	0400	0615	1540	2150	0400	0545	1710	2325	0330	0500	0600	0650	0731	1730	0600	
	Rate	PSV	PSV		PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	
	$F10_2$	45	45	45%	45%	40%	40%	40%	40%	45%	50%	55%	60%	60%	60%	45%	
7.35-7.45	PH	7.42	7.41	7.48	7.42	7.46	7.50	7.45	7.43	7.45	7.39	7.38	7.36	7.36	7.43	7.47	
35-45	PCO_2	36	40	35	42	39	35	40	43	34	39	40	41	41	42	43	
90-100	PO_2	77	86	56	109	71	70	78	102	114	66	64	84	83	66	78	
22-29	HCO_3	23	25	26	27	28	27	27	27	23	23	23	23	23	25	31	
-3 to +4	~~Base Excess~~	-0.4	0.9	3.0	3.1	4.1	4.2	3.5	3.6	-0.3	-1.1	-1.7	-2.0	-1.8	4.7	7.0	
	O_2 Sat	96	97	93	98	96	96	97	98	98	95	93	96%	96%	96	97	
13.4-18.5 11.5-16.5	HB		95		93	100		100		97	88				99	92	
4-11	WCC		19.4		15.3	21.1		18.6		24.5	20.8				21.5	19.6	
40-75%	N		17.35		12.59	18.04		15.7		17.84	17.84				18.35	15.98	
20-45%	L				1.67												
2-10%	M																
1-6%	E																
0	Stabs																
0	Toxic																
150-400	Platlets		694		643	750		659		806	654				643	537	
135-145	Na^+		146		147	147		145	144	145					144	145	
3.3-4.5	K^+		4.7		3.9	4.2		4.0	4.2	3.7					4.2	4.3	
100-110	Cl		112		113	113		113	106	113					109	106	
22-32	CO_2		25		27			27							28	31	
.04-0.11 0.04-0.09	Creat		0.10		0.1	0.09		0.09		0.10					0.09	0.09	
3.0-8.0	Urea		13.3		13.2	13.3		11.2		11.3					11.5	11.6	
2.5-8.0	Glucose		12.0		5.4	6.6			10.2							10.4	
280-297	~~Osmol~~ mg		0.90		0.8	0.7				0.7						0.6	
37-47	Albumin									22							
2.15-2.60 2.15-2.50	Calcium				1.94	1.95 2.45		1.80 2.35		1.89 2.33					1.91 2.32	1.86 2.34	
0.6-1.4	Phosphate				1.3												
80-300	Amylase																
2-4	INR					1.0		1.1			1.1			1.1			
(13-17)	PT					13.5		14.3			14.6			14.6			
28-45 s.	APPT					48.4		54.3			49.9			49.9			
1.5-4.0 g/l	Fib					4.4		4.2			3.4			3.4			
2.0-8.0 mg/l	TROPONIN ~~PSTT~~									0.3				0.03			
150-400	Platelets					750		659			654			654			

F0197 Ionised Ca (1.12-1.30)

1:12

MHAH23-1

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

NAME

ADDRESS

U.R. No.

D.O.B.

SEX

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values	DATE / TIME	6/2 am	8/2 0400	8/2 1710	9/2 1724	10/2 1600	10/2
30-400	Total CK			167			
0-15	CK-B			3			
200-400	LDH			246			
10-45	AST			59			
0-16	Total Bili	29	24	14	13	16	13
0-2	Conj. Bili						
10-45	AST	52	69	35	72	137	110
200-400	LD						
5-45	ALT	39	58	45	65	117	118
<60 <30	γGT						
15-85	AlK P	158	222	139	104	105	99
63-80	Total Prot.						
37-47	Albumin						
TROPONIN	Drug Name			0.03			
	dosage						
	pre						
	post						
	Drug Name						
	dosage						
	pre						
	post						
	Drug Name						
	Dosage						
	level						
500-3000 n/day	24hr urine vol.						
10-22	Creat						
7-15	Creatinine Clearance						
	Urine Na+						
	K+						
	Osmol						
	(Plasma Osmol)						
see graph	Paracetemol						

C/E's: 1600, 1200, 800, 400 — days after onset 1, 2, 3, 4, 5

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

--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

Normal	DATE	15/02		15/2	16/2	16/2	16/2	17/2	18/2	18/2	19/2	19/02	19/2	19/2	20/2
Values	TIME	1830		2240	0700	1045	2210	0700	2229 0730	1900	am	1200	1400	2140	0700
	Rate													18	18
	$F10_2$	40		45%		45%		40	40			50		50	50
7.35-7.45	PH	7.46		7.48		7.48		7.49	7.52			7.54		7.45	7.47
35-45	PCO_2	51		50		50		52	47			44		51	48
90-100	PO_2	122		82		100		65	97			64		97	88
22-29	HCO_3	36		36		37		39	38			38		34	34
-3 to +4	Base Excess	11		11.8		11.8		13.7	13.3			13.7		9.9	9.9
	O_2 Sat	98		96		98		94	98			96		93	97
13.4-18.5 11.5-16.5	HB	90		93	90		93	92	1 90		94				76
4-11	WCC	21.3		25.3	21.3		23.9	23.9	29.4		28.5				22.1
40-75%	N	18.18		21.72	18		20.42	20.15	26.0						
20-45%	L			2.32			2.46								
2-10%	M														
1-6%	E														
0	Stabs														
0	Toxic														
150-400	Platelets	412		505	40		503	500	516		492				429
135-145	Na^1	135		134	136		136	135	133	135	135		134		158
3.3-4.5	K^1	3.3		3.0	3.8		3.5	3.2	3.5	3.1	3.3	3.5	3.4		3.1
100-110	Cl	92		91	92		89	90	87	88	88	89	88		103
22-32	CO_2			36	35		39	39	37				37		34
0.04-0.11 0.04-0.09	Creat	0.07		0.07	0.06		0.07	0.06	0.06	0.06	0.05	0.05	0.06		0.05
3.0-8.0	Urea	8.7		9.0	7.4		6.8	6.2	4.4		3.7	4.0	4.2		3.7
2.5-8.0	Glucose									11.0					5.1
280-297	Osmol				0.7			0.6		0.6		0.7			0.6
37-47	Albumin	26		24	25										
2.15-2.60 2.15-2.50	Calcium	2.45		2.43	2.44		2.47	2.42	2.36	2.31			2.02		2.15
0.6-1.4	Phosphate							1.2				1.3			1.0
80-300	Amylase U/ml														312
2-4	INR			1.0	1.0			1.0							1.3
(13-17)	PT			13.9	13.7			13.7							17.2
28-45 s.	APPT			39.3	46.1			37.1							51.8
1.5-4.0 g/l	Fib			5.0	4.6										7.6
2.0-8.0 mg/l	FDP's														
150-400	Platelets														

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

NAME

ADDRESS

U.R. No.

D.O.B.

SEX

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values										
	DATE	10/02	15/2	16/2	16/2		16/2	18/2		20/2
	TIME	1130	2240	0900	2210		2230	9am		am
30-400	Total CK									
0-15	CK-B									
200-400	LDH									
10-45	AST									
0-16	Total Bili	12	13	16	11	13	11	10		9
0	Conj. Bili									
10-45	AST	105	99	109	68	56	44	44		33
200-400	LD									
5-45	ALT	158	162	162	153	135	119	99		62
<60 <30	γGT									
15-85	AlK P	164	169	166	194	186	204	178		122
63-80	Total Prot.									
37-47	Albumin									
Vanco	Drug Name									
trough 5-15	dosage									7.6
	pre									
	post									
	Drug Name									
	dosage									
	pre									
	post									
	Drug Name									
	Dosage									
	level									
00-3000 n/day	24hr urine vol.									
)-22	Creat									
15	Creatinine Clearance									
	Urine Na+									
	K+									
	Osmol									
	(Plasma Osmol)									
graph	Paracetemol									

1600

1200

800

400

1 2 3 4 5 days after onset

C/E's

MATER PUBLIC HOSPITALS

PRIVILEGED AND CONFIDENTIAL

MULTIDISCIPLINARY FLOW SHEET

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

--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

Normal																		
Values	DATE	11/2	11/2	11/2	11/2	12/2	12/2	12/2	12/2	13/2	13/2	13/2	13/2	13/2	14/2	14/2		
	TIME	0005	0625	1515	2035	0630	1530	1715	2250	0605	1300	1520	1750	1950	0620	1710		
	Rate	PSV	PSV	PSV	SIMV	SIMV (2)	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV	PSV		
	$F10_2$	0.45	0.45	40%	80%	50%	45%	45%	45%	45	40	40	45%	45%	40	40%		
7.35-7.45	PH	7.48	7.49	7.47	7.4	7.48	7.49	7.52	7.51	7.47	7.53	7.53	7.58	7.45	7.43	7.50		
35-45	PCO_2	49	44	50	58	47	44	42	45	53	45	45	39	53	49	44		
90-100	PO_2	114	85	96	144	114	57	70	69	84	58	60	93	111	126	6[illegible]		
22-29	HCO_3	35	34	36	34	34	33	34	36	38	37	37	37	36	32	34		
−3 to +4	~~Base Excess~~	10.6	9.4	11.1	8.7	9.9	9.1	10.0	11.7	12.9	12.9	12.9	13.3	11.1	7.6	10.3		
	O_2 Sat	98	97	98	99	98	94	95%	93	97	92	93	98%	98	98	94%		
13.4-18.5 11.5-16.5	HB	93	100	144	93	91	91			97	100			87	93			
4-11	WCC	18.2	21.6	12.6	20.9	18.1	22.1			21.7	23.2			25.0	28.8			
40-75%	N	14.22	18.82	10.82	15.88	16.23	19.95			19.8	21.02			22.73	25.38			
20-45%	L	1.09	1.49	0.76	1.46		1.35			1.04				1.55				
2-10%	M									0.52								
1-6%	E									0.19					1.55			
0	Stabs																	
0	Toxic																	
150-400	Platlets	497	519	328	429	440	578			394	452			375	360			
135-145	Na^+	142	143	142	141	139	137		136	136	136			134	135			
3.3-4.5	K^+	3.7	3.4	3.7	3.7	3.6	13.7		3.6	3.5	3.8			3.4	3.4			
100-110	Cl	102	100	100	101	98	96		93	93	92			92	94			
22-32	CO_2	35	34	36	34	34	33		36	38	37			36	34			
.04-0.11 0.04-0.09	Creat	0.08	0.07	0.07	0.07	0.07	0.06		0.07	0.06	0.06			0.07	0.07			
3.0-8.0	Urea	11.1	9.6	8.3	9.1	9.2	9.0		8.6	7.9	7.6			6.5	6.6			
2.5-8.0	Glucose		11.1			9.0				9								
280-297	~~Osmol~~ Mg		0.5	1.1		0.8				0.6	0.8				0.7			
37-47	Albumin	23	24			23				23	25			23				
2.15-2.60 2.15-2.50	Calcium	1.92 2.4	1.95			1.94 2.42			1.79	1.8 2.28	1.85 2.28			1.78 2.24	1.87 2.32			
0.6-1.4	Phosphate		1.2			1.5												
80-300	Amylase																	
2-4	INR	1.0	1.0		1.0	1.0	0.9			1.0				1.0	1.0			
(13-17)	PT	13.4	13.5		14.1	14.0	12.4			13.8				13.7	13.7			
28-45 s.	APPT	49.3	48.4		47.4	45.9	42.3			44.9				45.3	44			
1.5-4.0 g/l	Fib	4.2	4.3		3.8	3.8	3.9			3.5				3.8	4.4			
[illegible]	FDP's																	
	Platelets		519			440				394					360			

TFTs

TSH = 2.28
T4 = 12.11

MATER PUBLIC HOSPITALS

NAME Terry bed (1) U.R. No.
ADDRESS D.O.B.
SEX

MULTIDISCIPLINARY FLOW SHEET

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values																	
	DATE	11/2	11/2	11/2	11/2	12/2	13/2	13/2	13/2	14/02	14/02	15/02					
	TIME	0005	0625	1515	2035	0630	1613	1330	1735	0620	1	0032					
30-400	Total CK	252									1600						C/E's
0-15	CK-B	3									1200						
200-400	LDH	310									800						
10-45	AST	91									400						days after onset
													1	2	3	4	5
0-16	Total Bili	11	15	13	12	13.	11	10	10			16					
0-	Conj. Bili																
10-45	AST	91	74	72	67	42	54	59	63			66					
200-400	LD																
5-45	ALT	111	106	97	96	76	83	96	87			118					
<60 <30	-6T																
15-85	AIK P	100	103	100	94	116	121	124	107			153					
63-80	Total Prot.																
37-47	Albumin	23	24	24	23	23.	25	25	23			27					
	Drug Name																
	dosage																
	pre																
	post																
	Drug Name																
	dosage																
	pre																
	post																
	Drug Name																
	Dosage																
	level																
500-3000 n/day	24hr urine vol.																
10-22	Creat																
-15	Creatinine Clearance																
	Urine Na^t																
	K^t																
	Osmol																
	(Plasma Osmol)																
e graph	Paracetemol																

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

--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

DATE	TIME PT ONTO T.PIECE	FIO2 ON T.PIECE	TIME BACK ONTO VENT	LEVEL OF TOLERANCE	SIGN
15/2	1045 hrs.	40%	1145 hrs.	Very Good.	EC.
15/2	1500 hrs.	40%	1600 hrs.	V. GOOD TIRING AT 50 MINS	[illegible]
16/2	0845 HRS	40%	1015 HRS.	H.R. 110 SATS 97% V. Good	EC.
16/2.	1240 HRS.	40%	1420	HR 115. Sat 97% Excellent	EC
16/2	1630	40%	1800	HR 130. Sats 95% outside. v. good.	CW
16/2	20.00	40%.	2130	HR 117 RR 24 Sats 98%. Excellent.	CW
17/2	0930	40%.	1130	HR 120 Sats 99% RR 26 Coped v. well	[illegible]
17-2	~~1400~~	40	1645	HR 132 Sats 97% RR 32. Sweaty	[illegible]
17-2	1940	40%	2145	HR 132 .Sats 97 good	[illegible]
18.2.	0745	40%	1000.	HR 120 Sats 97% BP 138/62 coped well.	[illegible]
18.2	1100	40%	1300.	No Problems HR 120's	[illegible]
18.2	1500	40%	0030	PR 128 R 41 Sat 95	[illegible]
19-2	0600				
20/2	N	IL			
21/2	N	IL			
22/2	N	IL.			[illegible]

MATER PUBLIC HOSPITALS

MULTIDISCIPLINARY FLOW SHEET

--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

Normal		DATE	21/2	22/2	23/2	24/2	25/2	26/2	27/2		28/2	29/2	29/2	1/3	2/3	3/3
Values		TIME	0600	0650	0600	0715	1240	1500	1130	1245	9am	0700	0920	0626	0535	0620
		Rate	18	18	PSV 19	PSV 21	PSV 21	PSV	PSV		PSV	Tpiece @	Tp.			
		FiO_2	50	50	40	40	35	35%	35%			0.35	36			
7.35-7.45		PH	7.48	7.49	7.44	7.48	7.48	7.44	7.43			V	7.48			
35-45		PCO_2	44	46	46	40	40	41	44			VENOUS	38			
90-100		PO_2	85	128	88	95	95	70	225	141			68			
22-29		HCO_3	33	36	31	29	29	28	29				26			
-3 to +4		Base Excess	8.8	11.7	6.6	5.5	5.5	3.6	4.4			S	5.0			
		O_2 Sat	98	99	97	98%	98%	94%	99%			Carry!	94			
13.4-18.5 11.5-16.5		HB	85	92	89	92	92 →	97	97		92	95		103	93	104
4-11		WCC	26.9	25.1	22.7	26.3	20.8 →	18.1	17.1		15.3	17.0		18.2	18.4	16.6
40-75%		N	2350	21.6%	14.4%	22.2%	16.45 →	15.31	14.23		12.34	14.9		14.76	14.36	13.35
20-45%		L	2.45	2.21	2.13	2.34	0.62 →									1.49
2-10%		M														
1-6%		E														
0		Stabs														
0		Toxic														
150-400		Platlets	515	473	441	419	440	417	437		425	475		425	395	443
135-145		Na^+	130	137	133	132	133 → 138	132	134		134		133	131	13	131
3.3-4.5		K^+	3.7	4.0	4.6	4.6	4.3 → 4.8	4.5	4.7		4.0		4.3	4.5	4.2	4.-
100-110		Cl	90	93	95	95	95 →	94	96		95		93	92	91	91
23-32		CO_2			31	31	31 →							31	31	30
0.04-0.11 0.04-0.09		Creat	0.06	0.05	0.05	0.05	0.05 →	0.04	004		0.04		0.04	0.04	0.04	0.04
3.0-8.0		Urea	4.6	5.5	3.7	4.7	4.8 →	4.0	3.4		3.7		4.0	4.2	3.7	3.2
2.5-8.0		Glucose													6.7	
280-297		~~Osmol~~ mg		0.8		0.7	0.8 →	0.8	0.7		0.7		0.7	0.7	0.7	0.8
37-47		Albumin	24						27		28			29	28	30
2.15-2.60 2.15-2.50		Calcium	1.97 2.42					2.20 2.34	2.30 2.69		2.25 2.61		2.32 2.64	2.31 2.65	2.24 2.6	2.38 2.62
0.6-1.4		Phosphate	1.1				1.6 →	1.4	1.5		1.7		1.7	1.8	1.8	1.6
80-300		Amylase														
2-4		INR	1.0	1.0	1.0	1.0			1.0		1.0			1.0	1.0	1.0
(13-17)		PT	13.5	13.0	13.0	12.9			12.9		13.3			13.5	13.7	13.3
28-45 s.		APPT	39.9	39.1	36.3	35.0			37.4		33.5			37.1	38.5	40.9
1.5-4.0 g/l		Fib	5.2	5.1	5.2	5.3			5.6		5.4			6.1	6.3	7.1
2.0-8.0 mg/l		FDP's														
200		Platelets	515	473					437		425			425	395	443

Ma in 9

MATER PUBLIC HOSPITALS

NAME U.R. No.

ADDRESS D.O.B.

SEX

MULTIDISCIPLINARY FLOW SHEET

Date of Admission:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Normal Values																	
	DATE	21/2	22/2	23/2	24/2	26/2	27/2	28/2	29/2	2/3	3/3						
	TIME	0600	0650	0630	0715	1500		am	am	0535	0620						
30-400	Total CK										1600						C/E's
0-15	CK-B										1200						
200-400	LDH										800						
10-45	AST										400						days after onset
												1	2	3	4	5	
0-16	Total Bili	10	10	10	10	16	12	13	20	72	57						
0-2	Conj. Bili																
10-45	AST	75	109	103	96	134	76	66	68	77	76						
200-400	LD																
5-45	ALT	132	180	257	257	274	274	244	231	196	195						
<60 <30	γGT																
15-85	AlK P	239	274	369	510	610	623	648	715	704	735						
63-80	Total Prot.																
37-47	Albumin																
Vanco. (trough)	Drug Name		6.5														
	dosage																
Vanco.	pre				4.7		8.7										
	post																
	Drug Name																
	dosage																
	pre																
	post																
	Drug Name																
	Dosage																
	level																
500-3000 n/day	24hr urine vol.																
10-22	Creat																
7-15	Creatinine Clearance																
	Urine Na^+																
	K^+																
	Osmol																
	(Plasma Osmol)																
see graph	Paracetemol																

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Faxed 4/5/00 1.30 pm

MATER MISERICORDIAE PUBLIC HOSPITALS PHARMACY DEPARTMENT

ADULT PARENTERAL NUTRITION REQUIREMENTS DR Jedynak.

Patient Details (or affix patient addressograph sticker here)	Ward
--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	ICU

Orders must be received by the Sterile Production Unit, Pharmacy Department by 10.00am each morning. For further information contact the Clinical Pharmacist for your ward by pager or contact the Production Unit on ext 8922.

Day	Date	Dose of Adult Premix Required (2,090mL)	Dose of Intralipid Required		Dose of Multivitamins to be added to Intralipid/Premix (if not already ordered)
			10% (500mL)	20% (500mL)	MVI (Cernevit) 5mL
1	~~1-2-00~~	~~1045 ml~~	✓		-
2	2-2-00	~~1045 ml~~ 1045ml	✓		-
3	3-2-00	2090mL	✓		5mL
4	4-2-00	2090mL	✓		-
5	5-2-00	2090 ml	✓		5ml
6	6-2-00	2090 ml	✓		-
7	7-2-00	CEASED	✓		

Please circle modifications or additions required? NO YES *(If YES please see section below)*

CONTENTS OF PREMIX IN 2L (4MP03)		MODIFICATIONS REQUIRED (TOTAL)	TICK IF REQUIRED
Amino Acid	100g		☐ Insulin _____unit / 2L bag
Glucose	375g		
Na	100 mmol		☐ Trace elements 5mL / 2L bag (copper, chromium, manganese)
K	60 mmol		
Ca	3 mmol		
Mg	11mmol		
PO	23 mmol		
Zn	0.06 mmol		
Cu	4.73 micromol		
Others			

Medical Officer's Signature: _____ Print Surname: _____
(Consultant / Registrar)

Pharmacist's Signature: _____ Print Surname: _____

PREVENTED AND CONFIDENTIAL Under Section 91 and Section 141 of the Human Rights Commission Act 1991.

MATER PUBLIC HOSPITALS

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

CLINICAL EXAMINATION

OBS ON T-PIECE

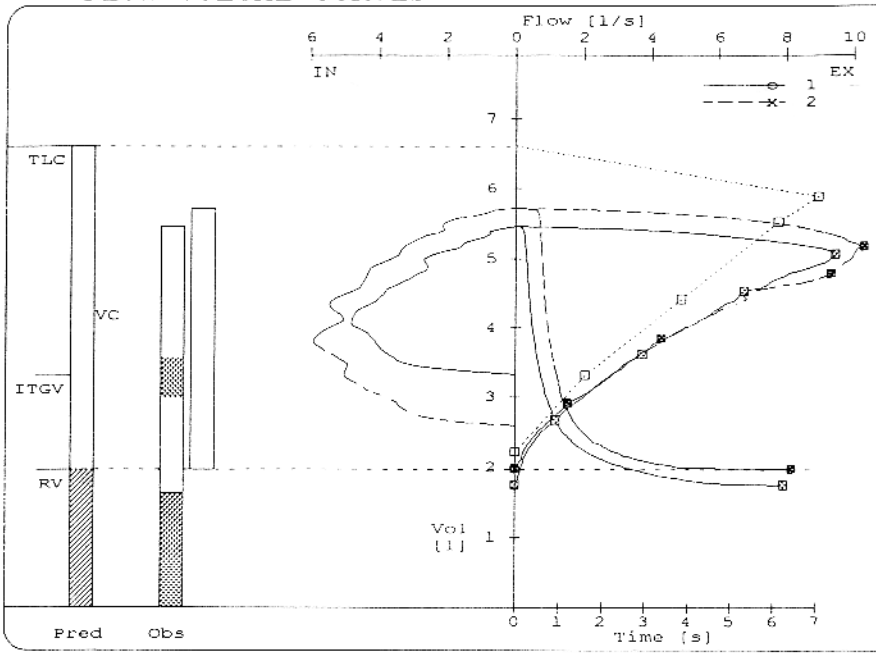
DATE	TIME ON	TIME OFF	O_2	H/R	R/R	O_2 SAT	COMMENTS REASON FOR REVENT
23/2/2000	1700		·4	114	20	99%	AS INSTRUCTED
24/2/00	0820		·4	124	20	99%	out on t-piece
→		1200	·4	118	28	100%	for rest period
25/2/00	0835	1125	·4	126	28	100%	only 1½hrs pre-term today Back to bed for rest
25/2/00	1405	1500	·35	118	20	100%	AS PER PROCEDURE
26/2/00							

QUEENSLAND RESPIRATORY LABORATORY
WESLEY MEDICAL CENTRE
PH (07) 38704192 FAX (07) 32178190
Dr R.L Edwards Dr M.M Heiner Dr I.G Brown
Dr W.A Oliver Dr M.H Bint

Identification	: LT5714/9		
Last Name	: LINDSAY	First Name	: TERENCE
Age	: 43 Years	Sex	: male
Height	: 172 cm	Weight	: 81 kg

	Pred	PreBD	%Pred	Post	%Chnge
Date		14/09 2000		14/09 2000	
SPIROMETRY/FLOW VOLUME...					
FEV 1.....[l]	3.66	3.11	85	3.32	7
FVC.....[l]	4.45	3.76	84	3.79	1
FEV 1 % FVC.....[%]	[illegible]	82.7	[illegible]	87.5	6
PEF.....[l/s]	8.86	9.36	106	10.2	9
FEF 50.....[l/s]	4.84	3.67	76	4.25	16
MMEF 75/25.....[l/s]	4.19	2.79	67	3.60	29
LUNG VOLUMES (BODY BOX)..					
TLC.....[l]	6.66	5.50	83		
ITGV.....[l]	3.32	3.00	90		
RV.....[l]	1.97	1.64	83		
RV % TLC.....[%]	30.7	29.9	97		
VC.....[l]		3.85			
TRANSFER FACTOR (TLCO)...					
TLCO SB...[mls/min//mmHg]	30.6	19.5	64		
KCO.....[mls/min/mmHg/l]	4.59	3.57	78		
VA.....[l]		5.46			

FLOW VOLUME CURVES



Spirometry values are at the lower limit of normal and there is an insignificant acute change after aerosol bronchodilator. Lung volumes are normal and the carbon monoxide gas transfer is at the lower limit of normal.

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:	M.R.N.
	LINDSAY	778512
FIRST NAME:		D.O.B.
TERENCE		14 JUN 1957
ADDRESS: STREET:		Ph (W)
SUBURB	POSTCODE	Ph (H)
LOGAN VILLAGE	4207	
Medicare No.	AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 23 JAN 2000

Case number: 82

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
PANCREATIC NECROSECTOMY & INSERTON NASO-JEJUNAL TUBE

Post Op Comments
Commence feeding this pm
No plans for OT until Tueday/Wednesday & probably for cholecystectomy then as well.

Other Details
Supine, NGT, IDC, chevron incision
800ml "beef-tea" ascites under high pressure
Transverse colon viable
Trans-omental approach to lesser sac
Firm gland, indurated throughout full length, tail > head
Spleen not ischemic
Peritoneal decompression over gland , mesentries & retroperitoneum
Necrosectomy - limited
Lavage & 3 plastic tissue separators
Naso-jejunal tube passed through pylorus into D2
Comfeel & Opsite

Signature: _____ **Date:** _____

Print Name: M. CARMODY

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <INPATIENT>

P... C... Under Sec... of the Health R... ...ction 141 ...ion Act 1991.

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 23 JAN 2000 **Order** 1

Gender M **Anaesthetic** GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
23 JAN 2000	11:16	23 JAN 2000	11:17	23 JAN 2000	11:17	23 JAN 2000	12:58

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
4	1	CARMODY MATTHEW	PLANT MARY

Operation Diagnosis
Severe necrotising pancreatitis

Operation Description
PANCREATIC NECROSECTOMY & INSERTON NASO-JEJUNAL TUBE

Post Op. Comments
Commence feeding this pm
No plans for OT until Tueday/Wednesday & probably for cholecystectomy then as well.

Procedure Details

Code 30373-00 **Description** Exploratory laparotomy

In Proc Time	Out Proc Time
11:36	12:30

CARMODY M					
Surgeon 1	**(Sup)**	**Surgeon 2**	**(Sup)**	**Surgeon 3**	**(Sup)**
PLANT M		HLADKYJ O			
Anaesthetist 1	**(Sup)**	**Anaesthetist 2**	**(Sup)**	**Anaesthetist 3**	**(Sup)**
MCGRORY H		DERRICK D		ZAVALIN L	
Anaes Nurse	**(Sup)**	**Scrub Nurse**	**(Sup)**	**Scout Nurse**	**(Sup)**
SYLAVONG K		COOTE R			
Anaes Tech	**(Sup)**	**Theatre Assistant**	**(Sup)**		

Extra Staff:

Code 30375-16 **Description** Insertion of feeding jejunostomy tube

Code 30577-00 **Description** Major pancreatic or retropancreatic dissection

Code 30396-00 **Description** Debridement and lavage of peritoneal cavity

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital July 1999 - ...

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 24 JAN 2001

Case number: 2513

Pt Class. : P

MRN:778512

Operation Diagnosis
Incisional hernia post-necrosectomy

Procedures Performed
REPAIR TWO LATERAL INCISIONAL HERNIA

Operation Details
Supine, cefotetan
Skin ellipses marked
Fascial defects laterally defined in a wedge defect
Small peritoneal defect in left side closed with 3/0 PDS
Extra-peritoneal closure 0 loop Novafil to lateral border mesh as medial anchor of repair
Skin closed a VY plasty
Monocryl & marcaine to skin

Post Op Instructions
Diet when awake
Monitor BSLs

Signature: _____ **Date:** _____

Print Name: _____

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <DAY OF SURGERY ADMISSION / DAY PATIENT>

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 27 JAN 2000

Case number: 142

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
PANCREATIC NECROSECTOMY

Post Op Comments
Continue to feed & continue imipenem
Await tissue & peritoneal swab cultures

VERY IMPORTANT: Order some DuodermCGF for his dressing !

Other Details
Supine
Old incision , plastic interleaving removed
Necrosectomy performed; head, mid-body & tail of gland mainly
Retroperitoneum much better, but head worse
Marked improvement in the infra-colic compartment
Lavage
3 plastic interleavings
Opsite over the top

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <INPATIENT>

PLAINTIFF'S EXHIBIT
COURT EXHIBIT
Under Section 141
of the Health Rights Commission Act 1991.

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 27 JAN 2000 **Order** 4

Gender M **Anaesthetic** GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
27 JAN 2000	19:16	27 JAN 2000	19:16	27 JAN 2000	19:22	27 JAN 2000	20:23

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
4	1	CARMODY MATTHEW	ZIEGENFUSS MARC

Operation Diagnosis
Severe necrotising pancreatitis

Operation Description
PANCREATIC NECROSECTOMY

Post Op. Comments
Continue to feed & continue imipenem
Await tissue & peritoneal swab cultures

VERY IMPORTANT: Order some DuodermCGF for his dressing !

Procedure Details

Code 30577-00 **Description** Major pancreatic or retropancreatic dissection

In Proc Time	Out Proc Time
19:30	20:12

CARMODY M		GIANDUZZO T	1		
Surgeon 1	**(Sup)**	**Surgeon 2**	**(Sup)**	**Surgeon 3**	**(Sup)**
ZIEGENFUSS M		FISHER J			
Anaesthetist 1	**(Sup)**	**Anaesthetist 2**	**(Sup)**	**Anaesthetist 3**	**(Sup)**
THOMPSON C		MCGRORY H		BANDITT C	
Anaes Nurse	**(Sup)**	**Scrub Nurse**	**(Sup)**	**Scout Nurse**	**(Sup)**
D'ETTORE M		BLOOMFIELD L			
Anaes Tech	**(Sup)**	**Theatre Assistant**	**(Sup)**		

Extra Staff:

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 29 JAN 2000 Order

Gender M Anaesthetic GAR

TITLE	LAST NAME:	M.R.N.
	LINDSAY	778512
FIRST NAME:		D.O.B.
TERENCE		14 JUN 1957
ADDRESS: STREET:		Ph (W)
27-29 CULGOA CRES		0419655702
SUBURB	POSTCODE	Ph (H)
LOGAN VILLAGE	4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
29 JAN 2000	11:13	29 JAN 2000	11:13	29 JAN 2000	11:13	29 JAN 2000	12:34

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
4		CARMODY MATTHEW	ZIEGENFUSS MARC

Operation Diagnosis
Severe necrotising pancreatitis

Operation Description
NECROSECTOMY, CHOLECYSTECTOMY &
OPERATIVE CHOLANGIOGRAM

Post Op. Comments
Closure of abomen not on agenda for several days
Next trip to OT - early next week
Continue feeding

Procedure Details

Code 30577-00 Description Major pancreatic or retropancreatic dissection

In Proc Time	Out Proc Time
11:30	12:19

CARMODY M		SHIRLEY C	1		
Surgeon 1	(Sup)	Surgeon 2	(Sup)	Surgeon 3	(Sup)
ZIEGENFUSS M					
Anaesthetist 1	(Sup)	Anaesthetist 2	(Sup)	Anaesthetist 3	(Sup)
BUSBY M		MORGAN-PURRER D		DAVIS J	
Anaes Nurse	(Sup)	Scrub Nurse	(Sup)	Scout Nurse	(Sup)
SEPULCRI F		HELLYER R			
Anaes Tech	(Sup)	Theatre Assistant	(Sup)		

Extra Staff:

Code 30443-00 Description Cholecystectomy

In Proc Time	Out Proc Time
11:50	12:05

SHIRLEY C		CARMODY M	1		
Surgeon 1	(Sup)	Surgeon 2	(Sup)	Surgeon 3	(Sup)
ZIEGENFUSS M					
Anaesthetist 1	(Sup)	Anaesthetist 2	(Sup)	Anaesthetist 3	(Sup)
BUSBY M		MORGAN-PURRER D		DAVIS J	
Anaes Nurse	(Sup)	Scrub Nurse	(Sup)	Scout Nurse	(Sup)
SEPULCRI F		HELLYER R			
Anaes Tech	(Sup)	Theatre Assistant	(Sup)		

Extra Staff:

Surgeon Name: SHIRLEY Chris (Surg 3)

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 29 JAN 2000

Case number: 158

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
NECROSECTOMY, CHOLECYSTECTOMY &
OPERATIVE CHOLANGIOGRAM

Post Op Comments
Closure of abomen not on agenda for several days
Next trip to OT - early next week
Continue feeding

Other Details
Supine
Old incision
Marked gut distension
Necrosis fairly mild - overall status quo
Necrosectomy midbody & tail
Retograde cholecystectomy
Cystic artery non-patent
Cholangiogram via Olsen-Reddick
No filling defects
Normal intra & extra-hepatic biliary tree
Free flow to duodenum
Stump oversewn 3/0 PDS
Lavage
Plastic interleaving & Opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ **YES** ☐ **NO**

Admit. Type: <INPATIENT>

PRIVILEGED AND CONFIDENTIAL

Under Section 91 and Section 141 of the Health Rights Commission Act 1991

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 31 JAN 2000

Case number: 167

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
LAPAROTOMY & NECROSECTOMY

Post Op Comments
Plan to close abdomen over mesh later in week

Other Details
Supine, old incision
No bleeding point identified - suspect lower edge of wound
Mid-body & tail softening somewhat.
Necrosectomy - MCS
Minimal bleeding
Lavage
Plastic interleaving & Opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ **YES** ☐ **NO**

Admit. Type: <INPATIENT>

PE[illegible] AND
C[illegible]
Under Section 91 and Section 141
of the Health Rights Commission Act 1991.

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 31 JAN 2000

Case number: 167

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
LAPAROTOMY & NECROSECTOMY

Post Op Comments
Plan to close abdomen over mesh later in week

Other Details
Supine, old incision
No bleeding point identified - suspect lower edge of wound
Mid-body & tail softening somewhat.
Necrosectomy - MCS
Minimal bleeding
Lavage
Plastic interleaving & Opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type:<INPATIENT>

PRIVILEGED AND CONFIDENTIAL
Under Section 91 and Section 141 of the Health Rights Commission Act 1991.

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 31 JAN 2000 Order 2

Gender M Anaesthetic GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
31 JAN 2000	10:09	31 JAN 2000	10:10	31 JAN 2000	10:15	31 JAN 2000	11:27

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
4	1	CARMODY MATTHEW	LEE MEI LEI

Operation Diagnosis
Severe necrotising pancreatitis

Operation Description
LAPAROTOMY & NECROSECTOMY

Post Op. Comments
Plan to close abdomen over mesh later in week

Procedure Details

Code 30577-00 **Description** Major pancreatic or retropancreatic dissection

In Proc Time	Out Proc Time
10:45	11:15

CARMODY M		SHAW I	1		
Surgeon 1	(Sup)	Surgeon 2	(Sup)	Surgeon 3	(Sup)
LEE M		STANTON D			
Anaesthetist 1	(Sup)	Anaesthetist 2	(Sup)	Anaesthetist 3	(Sup)
AGENCY		SHAYNE F		DOYLE J	
Anaes Nurse	(Sup)	Scrub Nurse	(Sup)	Scout Nurse	(Sup)
D'ETTORE M		HELLYER R			
Anaes Tech	(Sup)	Theatre Assistant	(Sup)		

Extra Staff:

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 3 FEB 2000 Order 4

Gender M Anaesthetic GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
3 FEB 2000	13:52	3 FEB 2000	13:53	3 FEB 2000	13:54	3 FEB 2000	15:57

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
6	1	CARMODY MATTHEW	STANTON DAVID

Operation Diagnosis
severe pancreatitis, nasojejunal tube inserted

Operation Description
CLOSURE OF ABDOMEN AND INSERTION OF NASOJEJUNAL TUBE

Post Op. Comments
cont ICU care thanks
feed straight away thanks

Procedure Details

Code 30577-00 **Description** Major pancreatic or retropancreatic dissection

In Proc Time	Out Proc Time
14:05	15:02

CARMODY M		SHAW I		TO A	
Surgeon 1	(Sup)	**Surgeon 2**	(Sup)	**Surgeon 3**	(Sup)
STANTON D	A1	MARTIN A	A3	STUDENT	A3
Anaesthetist 1	(Sup)	**Anaesthetist 2**	(Sup)	**Anaesthetist 3**	(Sup)
GLEADHILL M		AGENCY		LEE H	
Anaes Nurse	(Sup)	**Scrub Nurse**	(Sup)	**Scout Nurse**	(Sup)
UNICOMBE I		NEWTON T			
Anaes Tech	(Sup)	**Theatre Assistant**	(Sup)		

Extra Staff: Griffiths Regina Rn, Elizabeth Nolan

Code 30399-00 **Description** Closure of laparostomy

Code 90220-00 **Description** Venous catheterisation, not elsewhere classified

In Proc Time	Out Proc Time
15:03	15:40

CARMODY M		SHAW I		TO A	
Surgeon 1	(Sup)	**Surgeon 2**	(Sup)	**Surgeon 3**	(Sup)
STANTON D	A1	MARTIN A	A3	STUDENT	A3
Anaesthetist 1	(Sup)	**Anaesthetist 2**	(Sup)	**Anaesthetist 3**	(Sup)
LEE H		AGENCY		GLEADHILL M	
Anaes Nurse	(Sup)	**Scrub Nurse**	(Sup)	**Scout Nurse**	(Sup)
UNICOMBE I		NEWTON T			
Anaes Tech	(Sup)	**Theatre Assistant**	(Sup)		

Extra Staff: Griffiths Regina Rn, Elizabeth Nolan*

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 3 FEB 2000

Case number: 239

Pt Class. : P

778512

Operation Diagnosis
severe pancreatitis, nasojejunal tube inserted

Operation Details
CLOSURE OF ABDOMEN AND INSERTION OF NASOJEJUNAL TUBE

Post Op Comments
cont ICU care thanks
feed straight away thanks

Other Details
ga
further debridement of necrotic pancreatic/peripancreatic tisse using sponge holding forceps
saline washout
30x30cm mesh inserted and fixed to wound with continuous 0 novafil
bowel covered with plastic (beneath mesh)
allevyn and opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <INPATIENT>

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 11 FEB 2000

Case number: 390

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
LAPAROSTOMY, INSERTION OF MESH

Post Op Comments
Feed as necessary
Treat blue suture around mesh like GOLD!

Other Details
Supine
Mesh prepped wih aqueous chlorhexidine
Novafil suture at 2 o'clock margin either cut or snapped allowing mesh to retract
Further mesh inserted & sutured
Sutures on right side tightened
0 Novafil
More aqueous chlorhexidine
Opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <INPATIENT>

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 11 FEB 2000

Case number: 390

Pt Class. : P

778512

Operation Diagnosis
Severe necrotising pancreatitis

Operation Details
LAPAROSTOMY, INSERTION OF MESH

Post Op Comments
Feed as necessary
Treat blue suture around mesh like GOLD!

Other Details
Supine
Mesh prepped wih aqueous chlorhexidine
Novafil suture at 2 o'clock margin either cut or snapped allowing mesh to retract
Further mesh inserted & sutured
Sutures on right side tightened
0 Novafil
More aqueous chlorhexidine
Opsite

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type:<INPATIENT>

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 11 FEB 2000 **Order** 1

Gender M **Anaesthetic** GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
11 FEB 2000	18:06	11 FEB 2000	18:09	11 FEB 2000	18:07	11 FEB 2000	19:00

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	EMERGENCY

Theatre	Session	Consultant	Anaesthetist
4	1	CARMODY MATTHEW	WARDEN BRIAN

Operation Diagnosis
Severe necrotising pancreatitis

Operation Description
LAPAROSTOMY, INSERTION OF MESH

Post Op. Comments
Feed as necessary
Treat blue suture around mesh like GOLD!

Procedure Details

Code 30397-00 **Description** Laparostomy via previous surgical wound

In Proc Time	Out Proc Time
18:21	18:52

CARMODY M		KRAUSE K			
Surgeon 1	(Sup)	**Surgeon 2**	(Sup)	**Surgeon 3**	(Sup)
WARDEN B					
Anaesthetist 1	(Sup)	**Anaesthetist 2**	(Sup)	**Anaesthetist 3**	(Sup)
MORGAN-PURRER D		ZAVALIN L		BELL C	
Anaes Nurse	(Sup)	**Scrub Nurse**	(Sup)	**Scout Nurse**	(Sup)
D'ETTORE M		BOYLE R			
Anaes Tech	(Sup)	**Theatre Assistant**	(Sup)		

Extra Staff: Campbell Heather En

Code 30405-04 **Description** Repair of other abdominal wall hernia with prosthesis

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 1 MAR 2000 **Order** 2

Gender M **Anaesthetic** GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
1 MAR 2000	10:27	1 MAR 2000	10:33	1 MAR 2000	10:33	1 MAR 2000	11:22

Pt Classification	Ward From	Ward To	Operation Type
P	ICU	ICU	ELECTIVE

Theatre	Session	Consultant	Unplanned Return to OR
6	1	CARMODY MATTHEW	

Delays

Operation Description
STAGED CLOSURE LAPAROSTOMY

Procedure Details

Code 30403-04 **Description** Delayed closure of granulating abdominal wound

10:49	11:13
In Proc Time	**Out Proc Time**

SHAW I		2			
Surgeon 1	**(Sup)**	**Surgeon 2**	**(Sup)**	**Surgeon 3**	**(Sup)**
CHEUNG S		LEE M			
Anaesthetist 1	**(Sup)**	**Anaesthetist 2**	**(Sup)**	**Anaesthetist 3**	**(Sup)**
GILLESPIE B		COBCROFT T		DAVIS J	
Anaes Nurse	**(Sup)**	**Scrub Nurse**	**(Sup)**	**Scout Nurse**	**(Sup)**
COLLEDAN V		FORSYTHE L			
Anaes Tech	**(Sup)**	**Theatre Assistant**	**(Sup)**		

Code 30399-00 **Description** Closure of laparostomy

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 30 MAR 2000 Order 6

Gender M Anaesthetic GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
30 MAR 2000	14:46	30 MAR 2000	14:55	30 MAR 2000	15:22	30 MAR 2000	16:09

Pt Classification	Ward From	Ward To	Operation Type
P	7B	7B	ELECTIVE

Theatre	Session	Consultant	Unplanned Return to OR
6	1	CARMODY MATTHEW	

Delays

Operation Description

REFASHIONING & TIGHTENING OF LAPROSTOMY

Procedure Details

Code 30397-00 **Description** Laparostomy via previous surgical wound

In Proc Time	Out Proc Time
15:28	16:08

Surgeon 1	(Sup)	Surgeon 2	(Sup)	Surgeon 3	(Sup)
SHAW I	2				
STANTON D		MARTIN A			

Anaesthetist 1	(Sup)	Anaesthetist 2	(Sup)	Anaesthetist 3	(Sup)
WALKER A		MCWHIRTER K		GRIFFITHS R	

Anaes Nurse	(Sup)	Scrub Nurse	(Sup)	Scout Nurse	(Sup)
UNICOMBE I		NEWTON T			

Anaes Tech	(Sup)	Theatre Assistant	(Sup)

Surgeon Name: SHAW Ian

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME	M.R.N.
	LINDSAY	778512
FIRST NAME		D.O.B.
TERENCE		14 JUN 1957
ADDRESS: STREET:		Ph (W)
27-29 CULGOA CRES		0419655702
SUBURB	POSTCODE	Ph (H)
LOGAN VILLAGE	4207	0755 468256
Medicare No.	AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 30 MAR 2000

Case number: 405

Pt Class. : P

MRN:778512

Operation Diagnosis
Laparostomy post necrosectomy for idiopathic necrotising pancreatitis

Operation Details
REFASHIONING & TIGHTENING OF LAPROSTOMY

Post Op Comments
as charted

Other Details
Supine, aqueous chlorhexidine
loose excess mesh excised and reattached to wound edges
mesh then tightened with continuous and interrupted 0
nylon
hydrogen peroxide wash
combine
opsite

Signature: SR **Date:** 30/3/00

Print Name: SHAW

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type:<INPATIENT>

Surgeon Name: SHAW Ian

HOSP: Mater ADULTS Hospital 1999 - 2000

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERRENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256
Medicare No.		AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 24 MAY 2000

Case number: 400

Pt Class. : P

MRN: 778512

Operation Diagnosis
LAPAROSTOMY MESH

Operation Details
EXCISION OF ABDOMINAL WOUND MESH

Post Op Comments
DIET AS TOLERATED
CHANGE DRESSING TOMORROW WITH KIM CHEAH PLEASE

Other Details
GA
ALL EXPOSED MESH EXCISED
GENTLE BETADINE WASH
DRESSED WITH AQUASEL

Signature: **Date:**

Print Name:

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <INPATIENT>

Mater ADULTS Hospital 1999 - 2000

OPERATION REPORT

Date 24 MAY 2000 **Order** 3

Gender M **Anaesthetic** GAN

TITLE	LAST NAME:		M.R.N.
	LINDSAY		778512
FIRST NAME:			D.O.B.
TERRENCE			14 JUN 1957
ADDRESS: STREET:			Ph (W)
27-29 CULGOA CRES			0419655702
SUBURB		POSTCODE	Ph (H)
LOGAN VILLAGE		4207	0755 468256

In Suite Date	In Suite Time	In Anaes Date	In Anaes Time	In OR Date	In OR Time	Out OR Date	Out OR Time
24 MAY 2000	14:58	24 MAY 2000	15:00	24 MAY 2000	15:28	24 MAY 2000	16:02

Pt Classification	Ward From	Ward To	Operation Type
P	8B	8B	EMERGENCY

Theatre	Session	Consultant	Unplanned Return to OR
4	1	CARMODY MATTHEW	

Delays SURU

Operation Description
EXCISION OF ABDOMINAL WOUND MESH

Procedure Details

Code 90952-00 **Description** Incision of abdominal wall

In Proc Time	Out Proc Time
15:41	15:57

Surgeon 1	(Sup)	Surgeon 2	(Sup)	Surgeon 3	(Sup)
SHAW I		5			
Anaesthetist 1	(Sup)	Anaesthetist 2	(Sup)	Anaesthetist 3	(Sup)
ANDREWS C					
Anaes Nurse	(Sup)	Scrub Nurse	(Sup)	Scout Nurse	(Sup)
CAMPBELL H		LONG C	TEACH	GUNTER R	
Anaes Tech	(Sup)	Theatre Assistant	(Sup)		
SEPULCRI F		MERRETT M			

Surgeon Name: CARMODY Matthew

HOSP: Mater ADULTS Hospital (July 99 - current)		
TITLE LAST NAME: LINDSAY		M.R.N. 778512
FIRST NAME: TERENCE		D.O.B. 14 JUN 1957
ADDRESS: STREET: 27-29 CULGOA CRES		Ph (W) 0419655702
SUBURB LOGAN VILLAGE	POSTCODE 4207	Ph (H) 0755 468256
Medicare No.	AMO: CARMODY Matthew	

OPERATION REPORT page 1

Operation Date: 28 NOV 2001

Case number: 7189

Pt Class. : P

MRN: 778512

Operation Diagnosis
Incisional hernias

Procedures Performed
LAPAROSCOPY

Operation Details
Supine, cefotetan
laparoscopy - min adhesions
Open cannulation at umbilicus via Hasson, CO2 pneumoperitoneum taken to 20mmHg
Maxon to umbilicus & marcaine 0.5% infiltration
Monocryl to skin

Post Op Instructions
Diet when awake
Dressings to remain for 48 hrs then can be removed
For OT next Wed.

Signature: _____ **Date:** 28/11/01.

Print Name: _____

UNPLANNED OPERATION WITHIN CURRENT ADMISSION as per ACHS Hospital Wide Indicator, Area 4.

☐ YES ☐ NO

Admit. Type: <DAY CASE>