--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

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

1/3/00 Slept poorly. c/o abdo pain - Morphine 10mg given 0110 & Morphine 5mg given 0640 - with effect. T° BP - in normal limits. BSL - 8.2 & 9.1. Intake: fasting since 0400. for OT. Output: - Voiding well using urinal. all cares attended — [signature]

1/3/00 Night Shift Summary
0738
O'Donnell pt stable
(JHO)

c/o (R) sided abdo pain around wound
settled ē IM Morphine

Sats: 100% on T piece

comfortable

fasted from M/night
Withheld Heparin
ceased Actrapid this am

Plan for OT this am ~ 1000hrs

poss. for ward today if Dr Ulyatt happy
[signature]
(O'Donnell)

1/3/00 **PHYSIOTHERAPY** 0830 hrs
c/o - feeling tired - no sleep last night, has (R) sided abdominal pain
o/e - ↓BS bibasally, transmitted sounds UL's
- RIB 35% O₂ T-piece SpO₂ 99%.
Rx - suction following Huff & cough p/o m/a creamy.
- mobilised ī Rollator 3-4 assist ~4m. Still ↓ hip/knee control but improving, SOB at end of walk SpO₂ 89%
Plan - R/V following OT
[signature] (VICKERS) PT

ICU WARD ROUND **Wednesday, 1 March 2000** **DR D ULYATT**
Name: Terence Lindsay UR No: 778512
Is in theatre currently having his laparotomy reduced. I am anticipated that he will return to the ICU, perhaps be weaned further from his tracheostomy tube. Possibly be extubated tomorrow and transferred to the ward if everything goes well.

CLINICAL EXAMINATION (Cont.)
DATE:

NURSING
01.03.00
1430
Pt was coping well on T - Piece, cuff deflated on 35% O_2, small to medium amount on suction
Respiration Rate ~ 26
Pt. went to theatre for partial closure of abdominal wound at 1015, came back ventilated at 1130, on SIMV Rate of 10, weaned off Ventilation at 1430 to T - Piece again.
Terry was fasting for OP. BSL stable, no Insuline given. Waiting for him to get more awake, that he can have something to eat.

Uk (RN Oxley)

1/03/00 **PHYSIOTHERAPY** 1450hrs
c/o - nil new
o/e - R/B T-piece 35% O_2 SpO_2 99%.
- ausc^n - ↓BS bibasally, °added sounds.
- cough/Huff - strong & effective suction to clear from end of tube.
Rx - staged basal expan + insp hold.
- ACBT ē exp vibs, Huff & cough - p/o m/a creamy sputum, ~~clear~~ removed ē suction
Plan - cont to R/N
[illegible] (VICKERS) PT

1.3.00 DAY SUMMARY
Returned from theatre - after staged closure of laparotomy.

Stable since
- haemodynamically stable
- returned ventilated now back on T-piece

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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SELF EMPLOYED

since sedation worn off

- alert, orientated
- eating/drinking again

Reg/ Rachel Woods mané.
Reg/ late tracheostomy
ward tomorrow.

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

01/03/00 Claydon - RN
2130h

v. stable
- OT this am for partial mesh closure of abdo. wound. (uncertain re. amt of closure)
- no abdo. pain (mild 'pulling' r(L) wound edge only)
- back onto T-piece (35% O_2) on day shift : doing well
sats 99-100%
RR ~24 (mildly tachypneic, but not tired - "wanted ventilator moved away from his bed !!!")
- good mood - talkative tonight
- BSLs - quite good
7.5 tonight (only ate small amt. dinner as feeling nauseous post op)
(currently having ice-cream)

OE : T° 37.7 (need to watch T°)

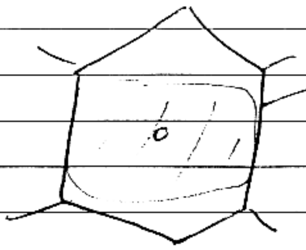
Chest - BSA (L) base : insp. crackles + reasonable AE

HST-11-

CLINICAL EXAMINATION (Cont.)

DATE:

abdo:



large dressing
↓^d distension.
soft
non tender.

warm peripheries

Plan - * hopefully decannulate
trache tomorrow
& to ward.
* routine bloods (inc. ABG) mané.
- note: getting hyponatremic again
RClaydon

1/3/00: NURSING NOTES: Pt stable on
Humidified ~~air~~ O2 35% via T piece
all shift. BSL stable. given insulin
as charted. Pt c/o some wind pain
and abdo discomfort some nausea.
Given maxalon mylanta + morphine to try
to settle. Pt has slept for long intervals
this shift. IVC bunged off. Tolerated
fluids + small amount of diet. bowel
sounds ✓ —— ASlattery
Temp 37^5 - 37^7 —— ASlattery RN

1/3/00 - N/S nursing - Resp - continues on 35% via Humidified O2 via
trachy, mod → large mucoid secretions pt clearing himself c̄ little
assistance of suctioning x1 ↓ SaO2 88% improved to 100% c̄ deep
breathing + coughing exercises + suctioning. CVS - afebrile - HR Reg 115 → 120
b/min BP 133/78 MAP 87mmHg via NIBP cuff. x1 IVC Rt) wrist
signs of infiltration + patent. Neuro - PEARL size 3.5mm Bil. moving all
limbs c̄ very mild weakness. obeying commands + GCS 15/15. Pt
c/s of small amt of pain in Rt) lateral abdominal area →

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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2/3/00 2215 NURSING Stable, monitoring Sats 97-99%. changed off concha to NP 4LT. for meals. Left on NP overnight at pt's request. RR 18-22, some obstructive sleep apnoea at rest, apnoea only 10-20 seconds ending with a 'snort' as per pt's complaint - he is aware of this and it wakes him. Trache wound redressed, clean site. Abdo wound given daily dressing, looks clean, edges granulating well. Sponged in bed. Nil c/o pain. Pulse regular 122-126. BP hypertensive 136/- Afebrile at 2100. BSL climbed to 12.9 mmol at 2100hrs, insulin given as charted. Pt eating well, all meals. Nil problems with cough or choke. Commenced MRSA contact isolation - This explained to pt + relatives. Educated in relaxation techniques. IVC removed as Tissued. RMO aware, to resite only at need. [signature]

2/3/00
Claydon RMO.

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

- remains in ICU
- trache decannulated today
→ comfortable, OSOB
sats 98% on 2L/min NP.
(couldn't get to sleep
c̄ mask on)
- note LFTs this am
↑↑ Bi + clinical jaundice
→ still jaundice this evening

Needs Rpt LFTs mane
(note difficulty wrt u/s ? CT warranted)
+ as d/w Dr Ulyatt should
go to ward tomorrow.

TERRY IS KEEN FOR WARD
TRANSFER

RClaydon.

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

3/3/00 - Nursing Pt c/o abdo pain 0330 hrs last pm - Given 1ml
0700hrs — morphine 2.5mg, pt slept well for rest of
the night. Awake about 0600 hrs, nil c/o voiced this am —
Sloo — RN

3/3/00 NIGHT SHIFT
0805
RMO - Govikov

* pt stable o/N, slept.

- main issue is ↑ LFT's.
today • Bilirubin 57
• AST 76
• ALT 195
• AlkP 735.

Sclera yellow.

- otherwise eating well & very keen
to be transferred.

3/3/00. mgoukov.

Needs to have biliary tree imaged before the week-end
even though bilirubin ↓ slightly. —

Freeman

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

RADIOLOGY
PROCEDURE CT Abdo
CONTRAST 75 mls
TIME 11.40 DATE 3.3.2000
DOCTOR Livesy

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

3. Ab(N) LFT - thought to be 2° fluconazole
(b. culture → candidiasis)
Today Bili 72
ALT 196
AST 77
(A)P 704
→ needs U/S gallbladder to R/O obstruction

4. Morphine PRN for analgesia.

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

Today results

Na 131	Mg 0.7	PT 13.7	PLT 395
K 4.2	Phos 1.8	INR 1	Hb 93
Cr 0.04	Ca 2.24	APTT 38	WCC 18.4
Ur 3.7	Alb 28	Fib 6.3	Neut 14.36.
Gluc 6.7			

Kerry

ICU WARD ROUND **Thursday, 2 March 2000** **DR D ULYATT**
Name: Terence Lindsay UR No: 778512
Apart from the development of jaundice with his elevated liver enzymes, he is looking well today following a partial closure of his laparotomy yesterday. He apparently tolerated the cuff down on his tracheostomy tube well, so we could let the cuff down again yesterday and discuss with the surgeons their plans for future surgery. ? removal of the tracheostomy tube this afternoon. He can go to the ward today. He needs an ultrasound of his right hypochondrium ? obstruction of the biliary tree and notify the surgeons re his obstructive pattern LFT's.

2.03.00 - 1345hrs nursing Showered. Dressing intact - will needing changing in pm.
- Tolerating oral fluid intake. NBM since 1100hrs for ultrasound this pm.
BSL - 9.9mmols (12md) Actrapid 10u. given
Please R/V insulin dosage with TDS BSL's.
Obs stable monitoring SR-ST Rate 88-110.
HPU - 300mls urine concentrated. BNO
Suctioned prn (small amounts of cream sputum).
V/B family
1400 BSL - 5.5mmol [signature] (CATH BARR)

2.03.00 nursing 1355hrs - Extubated - uneventful.
Dressing applied. O2 + @ 35%.
SpO2 100%. [signature]

CLINICAL EXAMINATION

DATE:

2/3/00

Unusual picture.
Normal cholangiogram in OT.
Unlikely to be stone related

US: mainly to show diameter of CHD / Intrahepatic ducts.

[signature] McCARODY.

PHYSIOTHERAPY 2/3/00 -
Trachie out
c/ feeling stronger
Chest ↓ BS both bases
& breathing exs
arm exs
strong cough p/o S/A secretions
Mobilised to shower with wallaker managed well.
For R/V in AM [signature] MURPHY)

2.3.00 Day Summary

V. stable shift.
Mobilising.
Eating and drinking well.
Tracheostomy removed today → no problems.
Haemodynamically stable.

Unable to perform USS due to dressings
→ will f/u surgeons re further plan.

Plan/ Watch LFT repeat mane.
?ward mane

[signature] Kerry

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

cont. N/R 1/3 - nursing. Pt stating pain minimal & given 20mg of temazepam, pt also c/o of heartburn, mylanta + milk given to pt but he was sleeping by the time I attended him. G/D - rt) lateral wall of crike wound oozing watery fluid ∴ dressing reinforced c̄ combines. BSL @ 24:00hrs ↓ 7.4mmols ~~OXLEY~~ ~~[illegible]~~ C.CAMERON R/N
01:00hrs - Pt c/o of Rt) sided abdo pain + not settling, refusing antacids - No indigestion now. Given 2.5mgs IV morphine c̄ good effect. Nil c/o of nausea when asked ~~[illegible]~~

02/03/00 Night Shift Summary
0640am
O'Donnell 41st and ? Final day in ICU!
(JHO)

Stable shift

nil pain.

O_2 sats 98-100% on T piece 35%.

afebrile, haemodyn stable

PU via bottle c̄ nil difficulties

Plan decannulate trache this am after WR R/V

have d/w Terry the events of last 6/52

bloods taken ✓

Na (131) Hb 93
K 4.2
Cr 0.04
Ur 3.7

(O'Donnell)

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

2/3/00 DIETITIAN
1120hr Ongoing r/v
Cont. on oral diet (RF Renal, SF, HP). Oral intake remains moderate. Alb 28g/L. Possible discharge to ward today, after extubation.
(P) • Cont current diet as is.
• I have discussed w/ Terry's parents suitable foods to bring in if desired.
• Will refer on to ward dietitian once discharged for ongoing r/v.
S. M'Cray (#684)

2/3/00 Discharge Summary

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

Day 41 ICU admission

Transferred from Logan 22/1/00
- severe pancreatitis
- aspiration pneumonitis 2° gastrograffin

Problems on arrival;

1. Pancreatitis
2. ARDS 2° pancreatitis/aspiration pneumonia
3. ARF.
4. Metabolic acidosis
5. Haemodynamic instability
6. Sepsis

Needed - 1. intubation + ventilation
2. Inotropes
3. Surgery - necrosectomy
4. Sedation/analgesia
5. Enteral feeding

Made slow recovery, intermittent recovery

Now 1. On oral intake only
2. Needs insulin TDS

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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14-06-1957
M
SELF EMPLOYED

3/3/00 DISCHARGE SUMMARY from ICU
1635hrs
O'Donnell (JHO) 42 yo ♂ Total of 42 days in ICU

Adm on 22/01/00 (transferred from Logan ICU)

Problems : 1/ severe idiopathic pancreatitis

2/ iatrogenic gastrograffin aspiration into L LL

and was in multiorgan failure :

3/ ARDS : on SIMV

4/ ARF : on CVVHD for a short time

5/ requiring ionotropic support : Dobutamine
Dopamine
NAd
Ad

to maintain CO, BP and UO.

pt was slowly weaned from ionotropes ~ 7/2/00

pt was weaned from SIMV to PSV (CPAP) on 6/2/00

tracheostomy sited percutaneously 2/2/00

pt was taken to OT for a necrosectomy (Dr Carmody) on 23/01/00 and an N-J feeding tube was sited for enteral feeding.

further necrosectomy on 31/01/00 ī cholecystectomy

CLINICAL EXAMINATION

DATE:

→ mesh closure of wound 3/2/00
(but ?skin closure)
* clear dressings over wound

→ ~~Cholecystectomy 3/4~~

Sedated on Morphine and Midazolam from time of admission until 18/2/00.

Abs have been : Meropenam, then Vancomycin, Timentin & Fluconazole

Signif swabs / micro :

wound has grown MRSA

· BC's have all been ⊖ to date

· Stool cultures : all ⊖ for Cl. difficile

sputum : occas Candida
heavy ?H. influenza (GNB) 23/2/00

N Transoesophageal echo 22/2/00

Changed to T piece Ventilation on 24/02/00
c̄ good results

Pt returned to OT 01/03/00 to have laparotomy reduced

abN LFTs 2/3/00 → pseudocyst seen on CT
CT guided drainage of 1000ml fluid on 3/3/00.

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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3-3-00 1300hrs
- CT abdomen
→ yet to be reported
(Harman)

ICU WARD ROUND **Friday, 3 March 2000** **DR D ULYATT**
Name: Terence Lindsay UR No: 778512
Terence Lindsay is currently in CT scan, as requested by the surgeons who are unwilling to accept him back to the ward with abnormal liver function tests! I am in grave doubt that Intensive Care has anything to offer for his hepatic dysfunctions.

3-3-00 1330hrs
- Dilated bile ducts (up to 15mm in places) → extrahepatic
- Collection lesser sac 9cm deep × 17cm across
- Dr Carmody reviewing films
- Options
(1) Endoscopic drainage
(2) CT guided drainage
→ Radiologist + Dr Carmody have not decided best course of action yet,
Dr Carmody wants Terence to stay in ICU until successful drainage of collection.
→ ? when will this be
→ Dr Carmody to get back
(Harman)

3-3-00 Nursing 1331hrs Pt walked to shower ā rollator today. Obs ✓ awaiting CT then ? ward. n/c this shift. BSL's stable. Tol diet well ——— A Denton (RN) DENTON

PHYSIOTHERAPY 3/3/00.
c/o feeling tired
Chest ↓ BS both bases (L) > (R)
Rx deep breathing ex's
arm + leg ex's
supported cough k/o s/A secretions
clearing well.
Mobilised short distance ā rollator R/V AM
Quekley (MCKEKY)

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)

DATE:

3/3/00

PROCEDURE CT DRAINAGE

CONTRAST —

TIME 14.45 DATE 3/3/00

DOCTOR N. SOMMERFELD

[illegible]
[illegible]

Procedure: Insertion 10 Fr Navarre drain.

(L) intercostal approach

1000 ml brown milky liquid aspirated.

Scan post procedure - improved but ? several other locules.

(P) - Drain - free drainage.
Rescan Monday.

3-3-00 1700hrs ICU Registrar Shift Summary

- Raised LFT'S + hyperbilirubinaemia proved to be due to huge pseudocyst in lesser sac
  -> CT guided drainage successful, [illegible]

P: ward bed

(Harma)

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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CLINICAL EXAMINATION

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

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3/3/00 NURSING DISCHARGE SUMMARY 1715hrs.
Terry admitted to ICU on , see medical discharge summary. For discharge to 7B. Current cares as follows:
Obs: 4/24 TPR + BP. Obs stable. Tachycardic 120-130/min. Occasional low-grade temp. Sats 96-99% on 2L O_2 via nasal prongs
QID BSLs - on tds actrapid + nocte protaphane.
Wound: Daily dressing to open exudating abdominal wound. Dressed this evening prior to transfer. Mesh cleaned with N/Saline - ~~algin~~ sterigel applied to edges of wound. Comfeel strips around wound edges. Allevyn applied over wound, then covered with extra large combine and large opsite dressing. Terry has reddened skin around wound from opsite ~~- need to~~. Attended CT scan this afternoon for drainage of abdo collection - drain left insitu on (L) side of abdomen, draining into a bag.
Mobilization: Terry is becoming more mobile. Walked to the shower today with rollator and physio attendance. Still needs some help to move around in bed. Sits out of bed often. Assistance with stand transfers.
Diet: Low-fat diet. Independent with feeding.
IV access: IV bung in (R) forearm - flushes only.
GIT: Passing urine using bottles. Bowels: diarrhoea at times, but improving. No diarrhoea currently. Continent.
Hygiene: Daily shower with assistance. Dressing intact during shower.
Trache care: Tracheostomy removed 2/3/00. Stoma dressed with gauze and sleek. Wound clean + closing.
Micro: +ve for MRSA from wound and perianal swabs - has been isolated in ICU. M Lennox (RN) LENNOX

4.3.00 Nursing Entry 0740
Observations stable, as charted.
BSL 6.9 mmols at 0700
~~Incontinent~~ Incontinent of urine overnight.
Patient stated he slept little overnight. Temazepam x 2 given with little effect.
Wound drain patent. Draining haemopurulent fluid.
Tolerating water overnight. K A Curley RN (CURLEY)

Chart B

DATE:

4/3. 730am

Well

Suggest: normal diet

encourage to mobilize as much as possible while drain is in.

Check LFTS today.

[signature]

4/3/00 0930

As above

Chase LFTs ✓

PRIVILEGED AND CONFIDENTIAL

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

SR

Soran

PHYSIOTHERAPY 4/3/00

C/o: Walking better today.
OE: Ausc: ↓BS Bibasally
°Added Sounds.
Rx: Mobilised 15m c̄ Rollator ×1 assist,
Bed Mobility ×1 assist.
Cont: DBE's, Leg + Arm x's
spp co P/o s/a white.

Lisa Coles

4/3/00 Nursing 1330hrs
Obs stable - however pulse 110-120bpm. IMI morphine given for pain. Pt mobilised this am on rollator c̄ assist x 1 w'man. Showered c̄ assist. BSL's stable - insulin given. Wound drain insitu. Trachy dressing done x2 this shift as fell off after the 1st dressing.

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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CLINICAL EXAMINATION

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3/3/00.

Acute fluid collection in lesser sac
⇒ compression of distal CBD → icterus

Leave drain
May come to trans-gastric drainage

Can eat!

[signature]

Under Section ... Section 141 ... Act 1991

JHO notes cont.:
3/3/00

dressing was changed this pm before transfer to ward

Todays bloods:

Na	131	AST	76
K	4.3	ALT	195
Cr	0.04	ALP	735
Ur	3.2	Bili	57
Hb	104	INR	1.0
WCC	16.4	PT ~~APTT~~	13.3
Plt	443	APTT	40.9

ABG (29/2/00) on T piece 35%

pH	7.48	HCO_3	28
pCO_2	38	BE	5.0
pO_2	68	sO_2	94

Currently: trache was decannulated on 27/02/00
and removed 2/3/00

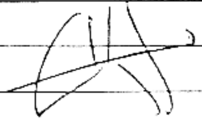
CLINICAL EXAMINATION

Chart B

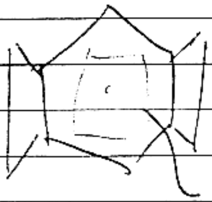
MHPH 45-1 1/92
F0627

CLINICAL EXAMINATION (Cont.)

DATE:

 Good AE bilat

CXR Some persistent (L) LL fibrosis



distended +

BS active

drain from pseudocyst - min. volume currently.

Plan d/c to ward

R/V by Dr Super Shaw mane.

o.d. dressing change

(N) diet low fat Maxlenmox

qid BSL's on tds Actrapid

nocte Protophane.

(O'Donnell)

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

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4/3/00 Nursing 1330hrs
abdo dressing attended. Very large dressing - requires ½hr of staff time. Raised red rash on abdo area around wound, wardcall to review.
Pt c/o sore bottom, nursed side to side. Klam (Kannan) RN

5/3/00 PHYSIOTHERAPY

C/o: Keen to walk.
OE: AE ↓ Bibasally
°Added Sounds.
Rx: Mobilised 30m c̄ Rollator × 1 assist.
Bed Mobility × 1 assist
T/F → W/C For Family to take him outside;
Cont.. Bed x's, DBE's
Cough p/o sk white
Lisa Coles.

5/3/00 NURSING 1500hrs Mobile c̄ assist, dressings attended, tolerating good amounts diet, abdo drain intact, dry stable, rash settling.
[illegible signature]

5/3/00
1600h
Sup reg
· BUTS yesterday improved
· eating well
[illegible signature]

5/3/00 Nursing Notes 2130hrs
Pt mobile c̄ assistance to toilet. BO tonight. Drain in situ blood stained ++. Temp 37.8 tonight. ST 110-115 per minute. O2 therapy continues abdo wound re-inforced - oozing serous fluid TED stockings put on needs encouragement c̄ mobility and encouragement c̄ independent cares — J Fitzgerald RN
J FITZGERALD

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

CLINICAL EXAMINATION

Chart B

CLINICAL EXAMINATION (Cont.)

DATE:

6.3.00 Reg WR

A. TO | LFT'S 4/3/00:

RMO Obs. stable | AST 39

but ↑PR - 120 | ALT 135 } Normalising

Well | ALP 548

Afebrile | Bili. 22

Drain - mod. pink-red fl.

Na 131 ↓ | WCC 15.6 ↑

BSL - 7.0 → 12 | K 4.1 | Hb 10.2 ↓

On Actrapid tds | Cr 0.05 | Plt 511 ↑

+ Protophane nocte | Ur 4.2

Plan: continue

Will be r/v by Kim (stoma nurse)

rpt FBC & ELFT today

- (N) diet (as per Dr. Carmody)

AWTo

WOUND MANAGEMENT 06/03/2000 1025hrs.
Abdo. cavity much smaller. Exudate - thick, yellowish and non offensive. Edges pink with good granulation. Medi intact. Much better in spirit. Plan: Leave dressings intact for at least 3 days. Re-enforced the edges if needing with Tegaderm. ——— K Cluah CN
Addit: Please shower wound under gentle pressure in warm water. ——— K Cluah CN #719

6.3.00

A. TO — Today's results

RMO ... WCC 18.5 ↑ (fr. 15.6) | Na 132 | AST 28

1145° Hb 9.9 ↓ | K 4.2 | ALT 74 } (N)

Plt 521 ↑ | Cr 0.05 | ALP 350

Ur 4.5 | Bili. 14

AWTo

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

--ID---------------SEX---UR NO--
LINDSAY M 778512
TERENCE
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LOGAN VILLAGE 4207 M
Ph(H) 0755 468256
Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

Mobilising ✓
Tolerating (N) diet

Na 134		AST	30
K 3.7		ALT	62
Cr 0.05		ALP	395
Ur 2.4		Bili.	12
Alb 31			
		WCC	20.7
		Hb	113
		Plt	654

For - continue
- Δ Dressing today
- Mobilise ++ + SOOB
- Diazepam 2 mg nocte prn
- continue physio + chest physio please

AWG

NUTRITION & DIETETICS 9.3.00 Review. Eating well, no dietary concerns. Continue current diet c̄ HP drinks. Please page me if further diet intervention is required. L.P.
PRYKE PR??.

9/3/00 NURSING 1125hrs. Dressing reapplied this am, pt wife noted a reduction in swelling of wound area, wound continues to have yellow exudate, pt. mobilising c̄ physio and sitting out for meals. Pt. afebrile, remains tachycardic ——— H.Fitzgerald RN

9/03/00 PHYSIOTHERAPY 0930
C/O:
smell of wound ogx
°pain
O/E:
ob: sitting in bed
looking well
ausc: slightly ↓ BS R=L
stats: HR 124, SpO_2 - 97
Rx:
ADB
Mobilised TOOT O_2 - 1 lap of ward
. stats SpO_2 ↓ 92 HR ↑ 141
Plan:
PM - vibes and SBC
- demand vent
- leg ex's ———— J. Dippelsman

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

CLINICAL EXAMINATION

DATE:

SOCIAL WORK 9.3.00

Intervention: Advocacy
Action: SW spoke to [illegible] + parents regarding
Park Concession + arranged for continuation [illegible] (SW)

10.3.00 Reg / RMO WR
A-TO
RMO Well
PR still 120 bpm
Afebrile
BSL still same

Wound - leaking
- smell ~~[illegible]~~ offensive

mobilising ✓

Drain - 60 mL

For - D/W Dr. Carmody re. ↑ frequency
of dressing Δ
- Continue

[signature]

10/03/99 **PHYSIOTHERAPY** 0930
c/o:
slight SOB - walked outside c̄ family - mobilising indep.
o/E:
cb + pal:
↑ RR at rest
catheter removed
O_2 3L nasal prongs
ausc: good BS R=L
stats: SpO_2 96

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

Rx - mobilised lap of ward 2 x assist for equipment, O_2 in situ, ↑ SOB at end of walk.
- deep breathing ex's
- supported cough.. non productive

Plan - Continue to mobilise & progress as able, cont encouraging deep breathing ex's. [signature] (VICKERS) PT

7.3.00 1600 hr
A - To
RMO * CT Abdo report:
- Marked resolution of collection in lesser sac
- A small residual collection persists
- No further radiological intervention required

[signature]

8.3.00 RMO WR
A. TO Rx
RMO Well
BP 120/80 PR 100-120 ↑ - ? 2° pain at drain site
°SOB / chest pain
Afebrile for > 3/7
Calves - Soft. Nontender
BSL - Same

Drain - 100 mL last 24/24

Tolerating (N) diet
°N+V / Diarrhoea

Plan - Continue
- regular panadol
- Mobilise ++ + SOOB
- rpt FBC, LFT ~~today~~ Monday
- ECG

[signature]

* ECG - NAD
- Sinus tachycardia

[signature]

CLINICAL EXAMINATION (Cont.)

DATE:

8/03/00 **PHYSIOTHERAPY** 12:00

C/O:

- slight pain at drain site
- pain when deep breathing
- keen to walk.

O/E:

ob: sitting comfortably

HR 116

SpO_2 98

pal: normal

ausc: slightly ↓ BS R=L

Rx:

mobilised - one lap around ward

demand ventilation

SBE

reviewed leg exs

Plan:

continue a/a

J. [illegible] (student)

[illegible] (MC [illegible])

9.3.00 RMO WR

A.TO

RMO Well

BP 130/80 PR 100 this AM Sats ✓

°SOB / Chest pain

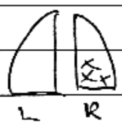
Afebrile > 4/7

States difficulty sleeping despite 20 mg Temazepam

Drain - ~ 80 mL last 24/24

Abdo - leakage onto dressing → greenish fl. (MRSA ⊕)

BSL - same

Chest -  sl. ↓ AE (R) base

few creps (R) base

Calves - soft. Nontender

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

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13-03-00 PHYSIOTHERAPY 1100
c/o: ↑ walking endurance
cough - non-productive
C/E: cough - dry + non-productive
Rx: mobilised 240 m - slight SOB at end
- stats: SpO_2 99 HR 135
cont. demand ventilation
- bilat.
encouraged to practise singing
Plan: ↑ mobility
↑ CR endurance — J. Dippelsmann (student)
Murphy (MURPHY)

13/03/00 1320 Nursing: Mobile; requires minimal assist c̄ ADLs. Obs stable; remains thirsty c̄ mouth. Wound dressing attended to; large amount of greenish discharge from wound. MRSA swabs taken. Skin around wound raw & bath around wound dressing. Drain in situ; nil drainage. Had gastrografin orally this am - CT scan cancelled. BSL ↓ 3.5 @ 1130; ↑ to 7.5 mmol @ 1230 after sweetened drink. — [illegible] RN Pearson
Book: 1500 for CT abdo later this pm; gastrografin given @ 1445 hrs. — [illegible] RN Pearson
Mont: Pls. page Kim Cheah tomorrow to review wound. — [illegible] RN

13/3/00

RADIOLOGY
PROCEDURE CT ABDO + DRAIN IRRIGATION
CONTRAST —
TIME 16-30 DATE 13/3/00
DOCTOR N. SOMMERFELD

— [illegible]

DATE:

13·3·00 7B nursing,

2130hrs. Patient has spent comfort evening. Has been to CT for abdo CT. ~~Epm~~ BSL was 3·5. Rang Dr Ian Shaw re Blood sugar. He said withhold insulin at 5pm ~~give~~ ring him with 9pm sugar. That was done. We gave protophane at 2100hrs. Please ring Dr Shaw in morning with 7.Am sugar to check dose of insulin to be given. Temp 37.6 at 2030hrs. Wound dressing patent. Check with surgeons re endocrine review for Terry. — RBitton RN

14.3.00 REG/RMO WR

A-TO

RMO Well

Obs ✓ Afebrile

Drain – Nil > 48/24

CT y'day – Small amt. fluid around tip of catheter in lesser sac.
– No isolated collection seen
– leave drain in for further 24/24 ± removal thereafter if no further drainage

Mobilising ✓

Pt. requests removal of drain whilst in OT for further closure of wound

For – Continue
– Will D/W Dr. Carmody re. requests

[signature]

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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14.3.00 PHYSIOTHERAPY 0815
c/o: nil complaints
O/E: well
no cough, clear chest
Rx: mobilised 240m
- tired
- slightly SOB
- slightly clammy
Plan: Breathing exs PM —— J. Dippelsmann (student)
Murphy (MURPHY)

14.3.00 Dr. Carmody WR
A. TO
well

P/ - Drain out today
- tighten wound further tomorrow

14.3.00 1400hrs Nursing.
Showered c̄ assist - wound showered + re-dressed - used x(3) Aquacel as well this time. Drain insitu - pt stated drain was to come out tomorrow ∴ left insitu. mobile c̄ physio. Obs - tachycardic 126 bpm, T-37.5°C - RMO notified. Nil new orders. Tolerating diet + fluids.
Slatted CN.
(CRITTENDEN)

15.3.00 Reg/RMO WR
A. TO
RMO well
BSL - 6.4 → 13 (after Insulin ceased y'day)

For - Further closure wound today @ 1100 hr
+ Drain out @ same time
- rpt bloods today
- Continue

1030 Today's bloods:

Na 134	WCC $\boxed{21.6}$ ↑	AST 55
K 4.2	Hb 11.4 ↓	ALT 112
Cr 0.06	Plt 708 ↑	ALP 959
Ur 3.6		Bili. 11

} ↑ g

Alb 30
Ca^{2+} 2.56

Chart B

Discharge Plan ~ **Team meeting** Terry LINDSAY (61) 15.3.00
- Drain out + some wound closure today
- no D/C plan as yet
Stickers

15/03/00 **PHYSIOTHERAPY** 1015
c/o: nil new complaints
o/e: c cough
clear chest
Rx: SRE
demand ventilation
- bilat. arm raise x 20
a/t: hip + kn F
Plan: gym PM or tomorrow —— J. Dippelsmann (student)

15/3/00 1400 NURSING:
Pt. mobile around ward c̄ parents. Wound taken down prior to shower. Given IM morphine 5mgs prior to Doctor's attending to wound. Drain also removed by Dr. Shaw - causing pt. some discomfort. Large amt. of purulent fluid drained from site. Dry dressing applied. Abdo. wound dressed as per flow chart. —— Durham RN (DURHAM)

15.3.00 NURSING 2230hrs Temperature 38^{3}°C 38^{4}°C respectively. Resident aware con- [illegible] to [illegible]. Oral panadol given. [illegible]

16.3.00 NURSING 0540 HRS: Pt feb. to 38^{6}, tachycardic 135bpm, BP 130/70, RR 26, Wardcall notified and will r/v pt. Pt given reg panadol. Pt states that he feels thirsty. IVT patent + running, pt drinking good amounts of fluids, + states he has had good urine output. Previous observations similar over last 24 hours. Pt states mild pain in abdo - unchanged, no increase. Gahendan RN (SHERIDAN)

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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16/3/00 WARD CALL
0620hrs. ATSP ̄c temp 38⁶.
History noted above.

Pt c/o feeling hot. Otherwise well. No other acute ∆'s
°cough /°sputum
°pain
°dysuria

O/E ~~Ot~~ BP 130/70 PR 135 RPURC
Alert &orientated
Pt slightly sweaty.

Chest clear HS (N)
Wound not examined
Abdo soft nontender.

Plan - For FBC ELFTs, Blood Cultures, WTU.
- r/v by day staff

Anita Lowe

16.3.00 Reg/RMO WR
A-TO Afebrile noted above - 38⁶ @ 0620 hr
RMO °cough/sputum 38³°c y'day 2100 hr
0800 °CP/SOB

Obs ✓ Afebrile now.
BSL - 9→10
Chest - ✓

For - FBC, ELFT, Bl. cultures
- Continue
- Notify concerns

CLINICAL EXAMINATION (Cont.)
DATE:

16/03/00 PHYSIOTHERAPY 0930
c/o: fever
weakness - generalised
O/E: sleeping in bed
↑ RR 24 - slightly
ausc: fine crackles R LL
mobility: reluctant to move
wanted to sleep
Rx: Encouraged to cont. c̄ breathing exs after sleep.
Plan: review PM J. Dippelmann (student)

16.3.00 Today's bloods: Seg N∅ 19.7
A-TO Na 131 AST 29 (55) WCC 25.7↑ (21.6)
RMO K 4.3 ALT ↑69 (112) Hb 10.7
Cr 0.05 ALP ↑716 (959) N Plt 549
Ur 3.4 Bili - 11
Ca^{2+} 2.51

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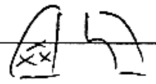
Under Section ... Section 141
of the Health Rights Commission Act 1991.

Febrile - 38^3 °C
· rpt FBC in mane
· chase Bl. culture
· continue

[signature]

c/o SOB now
Anorexia also

Chest -  creps R LL
AE OK

For - CXR tonight
- will r/v later

[signature]

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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17.3.00 Reg/RMO WR
A. TO
RMO
well
SOB this AM.
Bloods today:
WCC 28 ↑ (25) Afebrile now. ✓
HB 100 ↓
PLT 524 BSL - 9 → 13
MSU: ⊖ve CXR y'day - NAD.
Chest - clear AE R = L = OK
For - Monitor BSL
- may recommence Insulin c̄ meals tomorrow
- will D/W Dr. Carmody re - above
- chase MSU

17/3/00 **PHYSIOTHERAPY** 0820
c/o: tired, trouble toileting
pain 5/10 over abdomen - tight dressing?
O/E: obt pal: ? RR
? temp
ausc: good R=L
~~..~~ Rx: advice re: ~~..~~ defaecating position
mobilised: 1 lap of ward → SOB
→ clammy
Plan: review PM
J. [illegible] (student)
Murphy (MURPHY)

NUTRITION & DIETETICS 17.3.00 Review. Eating well, but having significant quantities of fruit juice and iceblocks which may be contributing to hyperglycaemia. Advised patient to ↓ these foods & have arranged lower GI snacks.
D129

CLINICAL EXAMINATION (Cont.)
DATE:

WOUND MANAGEMENT 17/03/2000 1200 hrs.
Abdo. dressings attended. Greenish purulent exudate. See care plan for dressings change.
K. [illegible] #7[illegible]

17/3/00.

I wouldn't worry about the low grade temps at this stage

[illegible]

SOCIAL WORK 17/3/00.
Intervention: Supportive counselling
Action: SW has spoken to patient + family on several occassions. Parents are from Wollongong + are staying at Reg Lenard Units + are returning home soon. SW spoke to Terry yesterday as he was feeling depressed. He feels he should be progressing more quickly than he is. SW provided supportive counselling + will continue to see Terry + family while he is in hospital. E Walker [illegible]

NURSING: 17.3.00:
Abdomen dressing reviewed by KM today. Better spirits today. Temp stabilized. Self caring [illegible] (Irving) RN

18.3.00 RMO WR
H-TO
RMO Feels better
Afebrile now
BSL - 9.4 this AM after b'fast
Bl. culture : Chest - AE R = L = Good
Due to date
P/ - continue
- Notify concerns
- Monitor BSL

[illegible]

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

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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18/3/00 1445 Nursing: Wound dressing attended to as per careplan; c̄ moderate amount of greenish exudate. Temp. 37.9 this am. c̄ non-productive cough. Mobile; requires some assist c̄ shower.
Esperado RN Parmo

19/3/00 Nursing:- Dressing attended as per care plan BSL's
1400 within normal limits; given Insulin. C/O 'upset stomach'; given Mylanta as requested by patient. Febrile 37.8 at 1200.

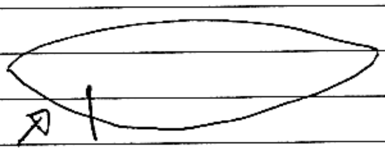
19/3/00 Ⓟ feels well / looks better ✓
Sig cg.
Grace

20-3-00 Nursing Entry 0100
Patient complaining of Ⓡ loin pain. He stated 'I hurt myself moving around in bed to-day' (Sunday)
PRN Valium given and hot pack applied. K R Curley RN

20/3/00.
doing well
pulled back muscle

fevers settling
obs ✓

BSL's improved on 10 u tds.



suture pulled through in gaping c̄ plastic showing through

plan - cont. dressings
- ? need to formal debride / re-suturing
Sh
SHAW

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

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)

DATE:

20/03/00 **PHYSIOTHERAPY** 1045

c/o pain - (R) LBP

- occured while sleeping ?

o/E: muscular tightness (R) LB

ausc: good R=L

cough: dry, non-productive

Rx: hot pack warming - w 20 mins

gym - bike 5 mins SOBOE

Plan: ↑ exercise endurance

↓ LBP

J. Dyppelmann (student)

20.3.00 NURSING NOTES 1210 HRS: Pt mobilizing independently around ward. Dressing attended, gaping area on right distal end of wound with plastic packing falling out slightly RMO aware. BSL elevated 15-1 - 15-3 mmol. 0700 insulin not given until 1015, then midday dose given, will take BSL again this afternoon to monitor. Pt febrile 38^3 - Panadol given. Pt also c/o pain in lower back which he relates to muscle strain from previous night. Physio + RMO aware. Hot packs applied by physio. Will continue to monitor. Pt states he has no problem c PU. Other obs stable. Pt tolerating (SF) diet.

~~Pete~~ Sheridan RN (SHERIDAN)

ADDIT: Temp ↓ 37 this afternoon, pt reports back pain improving c hot pack + panadol. Sheridan RN (SHERIDAN)

21/3/00. Reg W/R.

GI: settling upright, mobilised.

unsettling back pain - assoc'd c nausea/vomiting

O/E - afebrile.

- PR 120 BP ✓

· open wound - partial dishence.

PLAN 1. Continue as.

2. Meds: Stopped colo-yl - reassess bowel

3. Check c FBC

ii E/LFT'S.

Jarrang RMO

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

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21/03/00 PHYSIOTHERAPY 1300
c/o: nausea
pain - LBP
cough: something stuck in throat
o/e: ↑ temp, clammy
↑ RR
ausc: (R) LL ↓ BS
Rx: pelvic rock
offered hot pack - declined
demand vent.
RDB
leg ex + walk encouraged
Plan: review AM J. Dippelmann (student)

21/3/00 NURSING 1400hrs - daily dressing attended, febrile at 1200 39°, RMO notified, some nausea this am, midday insulin withheld as pt not having lunch, given panadol for T°. mobile ~~Kowitt Cerdax~~
21/3/00 NURSING 1710hrs BSL 10.7 checked with RMO given actrapid as ordered 10 units before meal [illegible]
21/3/00 NURSING 1800 Actrapid not given as pt reluctant to eat feeling nauseated vomit afebrile at present. Back pain. Ward call requested to review patient. [illegible]
21/3/00 1900 - RMO (Ashlyn) ward call
· ATSP c/c BSL 10.7
· did not eat since 1300 → anorexia
· afebrile, alert
· [illegible] [illegible] [illegible]
(P) w/hold tonight Insulin
please check urine for ketones (nothing if present) [illegible]

22.3.00 Reg WR
Pt - Feeling better, Nausea - controlled c Stemetil 5ml
- appetite returned - b'fast - now bloated.
- sitting upright
PLAN - gym / exercise
- BOOK CT scan c para pancreatic drainage @ FRIDAY ✓ 12:00
- Clinical liaison review ✓
[illegible signature]

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

22/03/00 PHYSIOTHERAPY 1015
c/o: ↓ LBP 2/10
° nausea
throat clear
O/E. pt well - walking indep
ot + pal - body temp - warm
wuse: good R=L
Rx: mobility: 2x around ward.
& stairs: slightly SOB
DV - h/lat.
leg ex: kn E - 500
Plan: gym am/pm - bike. J. [illegible] (Student)

Discharge Plan ~ Team meeting
(54) Terry Lindsay - febrile ? ago.
- psych to visit
- ? CT Friday
- collection?

22/3/00 Nursing 1200hrs.
Pt slightly afebrile this am to 37.5° this shift, tachycardic to 110bpm. Other obs stable. Stemetil (oral) given as pt c/o nausea after b'fast ē good affect. Dressing attended. Pt mobilising well around ward. Nil c/o pain. Dencorub rubbed into back for muscular strain. Min. assist ē hygiene cares —————— [illegible] (Lannan) RN

22/03/00 Dr BURKE

42y. married (musician + catering)
- ? reason for referral. nothing in notes.
PTH: - NA
PMSH - see notes 3/3/00. L U arm
- undescended testes 14yrs

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

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Ph(B) 0419655702
NO RELIGION SELF EMPLOYED

21/03/00 PHYSIOTHERAPY 1300
c/o: nausea
pain - LBP
cough: something stuck in throat
O/E: ↑ temp, clammy
↑ RR
ausc: (R) LL ↓ BS
Rx: pelvic rock
offered hot pack - declined
demand vent.
RDB
leg ex + walk encouraged
Plan: review AM J. Dippelmann (student)

21/3/00 NURSING 1400hrs - daily dressing attended, febrile at 1200 39°, RMO notified, some nausea this am, midday insulin withheld as pt not having lunch, given panadol for T°. mobile ~~Kerstett [illegible]~~

21/3/00 NURSING 1710hrs BSL 10.7 checked with RMO gave actrapid as ordered 10units before meal [illegible]

21/3/00 NURSING 1800 Actrapid not given as pt reluctant to eat feeling nauseated vomit. afebrile at present. Back pain. Wardcall requested to review patient. [illegible]

21/3/00 1900hrs RMO (Anllyah) wd call
· ATSP re BSL 10.7
· did not eat since 1300 → anorexia
· afebrile, alert
· [illegible] with [illegible]
(P) w/hold tonight Insulin
please check urine for ketones (notify if present) [illegible]

22.3.00 Reg WR
Px - feeling better, Nausea - controlled ā Stemetil 5ml
- appetite returned - b'fast - now bloated.
- sitting upright
PLAN - gym / exercise
- BOOK CT scan ē para pancreatic drainage @ FRIDAY. ✓ 12:00
- Clinical liaison review ✓
[illegible signature]

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

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

22/03/00 PHYSIOTHERAPY 1015
c/o: ↓ LBP 2/10
° nausea
throat clear
O/E. pt well – walking indep
ob + pal – body temp – warm
ausc: good R=L
Rx: mobility: 2X around ward.
8 stairs : slightly SOB
DV – bilat.
leg ex : kn E – 500?
Plan: gym pm/am – bike. J. [illegible] (Student)

Discharge Plan ~ Team meeting

(64) Terry Lindsay – febrile $\bar{c}$ 7 ago.
– psych to visit
– ? CT Friday
– collection?

22/3/00 Nursing 1200hrs.
Pt slightly afebrile this am to 37.5° this shift, tachycardic to 110bpm. Other obs stable. Stemetil (oral) given as pt c/o nausea after b'fast $\bar{c}$ good effect. Dressing attended. Pt mobilising well around ward. Nil c/o pain. Dencorub rubbed into back for muscular strain. Min. assist $\bar{c}$ hygiene cares. [illegible] (Lannan) RN

22/03/00 Dr BURKE

42y. married (musician + catering)
– ? reason for referral. nothing in notes.

PYH. – NA

PMSH – see Notes 3/3/00. [illegible]
– undescended testes 14yrs

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

--ID---------------SEX---UR NO--
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NO RELIGION SELF EMPLOYED

CLINICAL EXAMINATION

27/1/00 Sputum - ° growth
28-1-00
Sputum M/C/S — Micro - leucocytes numerous
- no organisms
25/1 - Bronch - "N flora"
27/1 - cvc tip ° growth
art line ~~gro~~ - ~~organisms~~ - mixed growth
vas cath - ° growth
27/1 - Blood c/s - -ve
27/1 - Peritoneal swab ° growth x3
28/1 - Blood c/s -ve, Sputum - ° growth
30/1 - Wound - ° growth

30/1 confirmed c
Sputum 31/1 - ° growth.
31/1 Theatre specimen pancreas
organisms !
27/1 sputum ° growth
27/1 - Staph epidermidis - peritoneal swabs.

27/1 - Blood c/s - coagulase -ve staph anaerobic bottle

31/1/00 Sputum - ° growth
1/2/00 BC's NEG

2/2/00 BC's NEG. neg (4/2)
2/2/00 blood c/s - neg (4/2)
31/1/00 Histol : (GB) (Su specimen)
changes of chronic cholecystitis
mod. chronic inflam cell infiltrate
2/2 - Sputum nil ~~gr~~ signif.
- Candida - sparse
4/2 - Sputum ° orgs. ° growth

4/2 - art line - mixed

Nursing Notes 22/3/00 1800 BSL 9.0 Patient has only eaten small amt banana one 1/4 sandwich + milk Pt Ordered 10 u/s

CLINICAL EXAMINATION (Cont.)
DATE: 22/3/00

actrapid. DR Shaw contacted verbal message from DR, pt. for S/C Actrapid.
[signature]
22/3/00 Nursing 2100 BSL 9.2 Gastrograffin swallow was requested Radiology dept.
[signature]

AND ... AE ... Section 141 ... Commission Act 1991.

Consultation Liaison Psychiatry
Anthony Weller CNC.
Asked to see Mr Lindsay for supportive counselling
Today - alert oriented, affect reactive.
Good self disclosure - discussing progression of illness with hospitalization and treatment
Some concerns and anger expressed regarding treatment at Logan Hospital with ? inappropriate procedures & mistakes
Feels buffeted and supported by family system.
Discusses openly the impact of his illness on his family - with relationships closer, stronger to parents, wife, children & Brother.
Able to identify positive coping strategies with "determination" and "pacing".
Explored future plans with adjustment to home and potential complications for recovery.
Worries about new investigation.
Reflects on previous depression => and feelings of failure, compares himself to successful brother, concern regarding career choice. discussed 'mid life' developmental issues.
Adjustment concerns - to employment / Role & relationship to family discussed.
Impression: Depressed. Affect reactive.
Positive future perception.
Unresolved anger regarding treatment at Logan Hospital.
Good social support and interpersonal relationships.
Anxiety re procedures. Need for clear communication
To encourage ventilation & explore fears & concerns. [signature]

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATIOI

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22/3/00 - Allergies - N/K.

Alcohol - Occas. beer. - ALI x 0.

Cigs - Nil.

Illicit Drugs - Nil.

FH. 63.0 Retired bookkeeper

VI 70 Woolongong. Retired security.

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

36. Family Day Care.

41. Woolongong

14 13 10 8.

Personal. Born England. Emigrated Age 8yrs -> Woolongong

School 5 - 15, Gr 10.

Work. - Apprentice Fitter - 6yrs; Bought business - TV. repair - 10yrs

Married #1 20 - 23.

#2 27 -

- Work. Throughout life always entertain eg Kids Parties Clowns

moved to BNE 1990.

- Entertainment & Catering Businesses

P/C. - P.H. - Age 40 - felt depressed

CLINICAL EXAMINATION (Cont.)
DATE:

Felt depress 1997 -
- few mths on Antidepressants
- put him in dream like state.
→ St John's Wort
- if low tended to - get irritable
- anhedonic
Never Suicidal.

- Admitted 22/1/00 - complications
Parents supportive / live home
monday ; helping out supportive.
- Wife give up family day care
spend more time with him, financial
- responsibilities on her.
- kids want him home.
- recently - stomach bug - nausea
- hard to believe what has happened
no recall of events.
- Worried future disability.
- financial - catering business get
off the ground. lost opportunities
- entertainment business
- missed opportunities
- Pensive.

DL SABOIA

ALCOHOL - 97 S.E. - from 4h.

PD. Depression context - illness
+ loss.
+ 1st major Depression

Plan #1. Rx Prothiaden 75mg wake dropping
#2. supportive Ψ/T.
#3 PRN Temazepam after 11pm if awake

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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AFFIX PATIENT IDENTIFICATION LABEL HERE

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

23/03/00 PHYSIOTHERAPY 1115
C/O: °LBP cough: thick green plug AM
O/E: sitting in chair
pt well
ausc: good BS R=L sh. F (R) - 160°, pain limited
cough: dry, non-productive
Rx: walk + postural correction
bike - arm + leg mvts, 8 mins
DV + cough,
Plan: cont. ↑ ex endurance
J. [illegible] (student)
[signature] (M[illegible])

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

RADIOLOGY
PROCEDURE CT ABD
CONTRAST Oral [illegible]
TIME 1345hrs DATE 23/3/00
DOCTOR P SCALLY

23.3.00 nursing 2100 hrs. Pt refusing to have 2nd abdo done tomorrow @ 1030. Pt had not been informed of procedure by Dr. Scally or his own med. team. Pt ∴ reluctant + cannot see the logic behind a 2nd CT. I've rang CT to ask why 2nd scan is required + the reasons for: this has been passed onto the pt - to check drain site + ? maybe re-position of ↓ draining. CT requires gastrografin. Pt not ready to have further gastro after today's CT. Will discuss c̄ his Dr tomorrow on ward round ∴ maybe go later tomorrow pm.
A. McCracken RN.

24/03/00 0705 Nursing: Radivac drain draining purulent fluid. Temp. 37.9 NN's Am. Espandex Pressure

RADIOLOGY
PROCEDURE CT Abdo
CONTRAST —
TIME 1050 DATE 24.3.00
DOCTOR SCALLY

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

Radiology Nurses Notes 1115 23.3.00
Slight tube readjustment. For further CT on Monday Prep form to follow – RM[illegible] (RN)

24/03/00 PHYSIOTHERAPY 1145

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Under Section 141 of the Health Rights Commission Act 1991.

C/o tired
° LBP
O/E: pt asleep
ob + pal: good breathing pattern + RR
ausc: good BS R=L
Plan: review ~~[illegible]~~ Monday. J. [illegible] (student)
[illegible] (McKELVY)

24/3/00 Nursing 1400hrs
Attended CT scan this am, abdo drain repositioned. C/o pain after this panadol + IM morphine given c̄ good effect. Abdo drain changed, 290mls in r'vac bottle. Dressing attended. Febrile to 37.8° @ 1200hrs. Pt mobile around ward. BSL's stable, insulin given. ——— [illegible] (Lannan) RN

24/3/00 : 2130 NURSING
Remains mildly febrile. Requiring oral analgesia for pain at drain insertion site – states it is only painful when he attempts to mobilise. [illegible] (BURHAM)

25.3.00 Nursing entry 1530hrs.
Pt had dressing removed then showered. Dressing applied after shower. S/C heparin + Insulin given. Eating small amts food. BSL normal. Mobile – self. Pain control regime of QID Panadol / Panadeine regularly commenced. Good pain control today. Redivac removed & a new style drainage unit connected. No ooze since change. ? lesser vacuum ineffective. Pt has had a large diaphoresis, although not febrile @ the time. Visited by wife.

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

PHYSIOTHERAPY

c/o: nil new complaints
O/E: ob + pal: sl ↓ bibasal expansion
auscult: sl ↓ BS bibasally, nil added sounds
cough: dry, non-productive
Rx: SBE c IH x 4
DV - upper limb - sh. pain limited
Plan: resume gym program once returns from trip home.
J. Dippelmann (student)

31.3.00 NURSING NOTES 1445HRS: Pt mob + s/caring. BSL's within normal limits. Insulin given as charted. Abdo wound dressing attended. Kim Cheah reviewed and updated dressing since pt been to O.T. Dressing regime on flow chart + dressing materials left in pt's room on dressing trolley. Pt given panadol for pain relief c good effect. Pt apprehensive about going on night pass with his wife to his home. Pt given reassurrance and encouragment and was told to contact Ward 7B MAH if he has any concerns at all. Pt given a ward glucometer and both pt + his wife were educated re use of glucometer and satisfactory ranges for BSL's. Insulin (Actrapid) given to pt. and pt's wife educated re: administration of s/cut injection. Nil further concerns, obs stable. Pt febrile to 38° this AM. DR CARMODY aware and did not want to have blood cultures taken. [signature] RN (SHERIDAN)

1/4/00 NURSING 1130hrs. Pt returned from leave 1145hrs. Obs stable, meds given as charted. Dressing reapplied. Pt mobile self caring. [signature] RN.

2/4/00 NURSING 1520hrs Pt dressing reapplied, meds given as charted. No change to pt. condition, mobile as able. [signature] RN

3.4.00 Reg WR
Patient comfortable, ° problem over week-end
~~Continue~~ Obs (N), afebrile.
PLAN - CT today
- PLAN C/S this week Monday - ? Blue nurses / Dressing
- ? Diabetic control
[signature]
Reg

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

CLINICAL EXAMINATION (Cont.)
DATE:

DISCHARGE PLAN 3/4/00 NURSING 1200
Contacted BNS Beaudesert. Will commence daily dressings on Tuesday 11/4/00. To fax the referral before the end of the week. Need to arrange post acute funding - I will do this with Angela Morris on Wednesday. L Boyce cre (Boyce)
ADDIT I have asked Trish Head - Diabetic CNC to see Terry this afternoon/tomorrow to commence education of insulin etc for discharge home. L Boyce cre (Boyce)
3/4/00 Nursing, 1425hrs: Dressing changed. Pt depressed about being in hospital (he stated). I contacted Dr Cavanaugh re possible psych r/w. Pt's wife, myself & Dr Cavanaugh spoke to pt. Pt's wife very positive & supportive. Gina Boyce ——— Boyce RN

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Under Section 64 ... of the Health Rights Commission Act 1991.

CLINICAL EDUCATOR DIABETES & ENDOCRINOLOGY 3.4.00 Pager: 575
Asked to review re: insulin administration. ? to be discharged on actrapid. Instructed on the use of the Novalet pen. Injection technique, site rotation, sharp disposal & obtaining supplies discussed. Hypoglycaemia management, symptoms & causes also discussed. Will consider purchasing a meter - advised to do so.
Plan - could staff please supervise pt giving own insulin via novalet pen.
Further review on Weds. J Taylor RN TAYLOR.

3/4/00 **NUTRITION & DIETETICS** Nutrition Review re diabetic diet for discharge. ? to be discharged on Actrapid (post pancreatitis). According to diet hx, pt's usual diet consists of 3 regular meals & contains only small-moderate amounts of concentrated sugars.

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

Action: Discussed basic principle of diabetic diet
Plan: To meet c pt & wife tomorrow AM
for further discussion & written info.
#129 [signature]

3/4/00 NURSING 2145hrs: Pt learning to self care with insulin injections via novopen and own BSLs. Pt successful but needs ~~of~~ some guidance and encouragement. — N Maidens (MAIDENS) Student Nurse ACU. — [signature] LEVERETT

4.4.00
ISQ - continues
Obs (N), afebrile.
Tolerating diet & feeling better
CT scan - showed small collection
- cont. clinical management

4/4/00 NUTRITION & DIETETICS 1100hrs
Meeting with pt & wife to discuss diabetic diet. Discussed even CHO distribution during the day, avoidance of concentrated sugars reduction in fat intake & maintenance of healthy body weight. Gave written information.
(P) To arrange OP appt for ~2wks after discharge.
#129 [signature]

4/4/00 NURSING 1330hrs - afebrile, doing well with own BSL's and insulin giving, wound looks good. KENNETH LEVERETT

5.4.00 Reg WR
Well, Obs (N), afebrile, mobilized,
PLAN. Discharge on FKI - Neighbour - ex blue nurse prepared to care/change dressings over weekend
[signature] RMO.

CLINICAL EDUCATOR
DIABETES & ENDOCRINOLOGY 4.4.00.
Managing insulin administrations well with novolet pen. Procedure reviewed with wife present. Hypoglycaemia prevention & management also reviewed. Has been given

CLINICAL EXAMINATION

CLINICAL EXAMINATION (Cont.)
DATE:

a glucometer by a relative. Will monitor TDS
at home. NDSS registration completed.
Plan - will review again prior to discharge.
Will need novalet pens written up for
discharge medications. J Taylor RN TAYLOR

5/4/00 L BURKETT

- (P) . 40 - Nausea.
- apprehensive but looking
forward to going home

- 40 . disturbed sleep
- Hospital bed of home..
- ↑ - despondent at times

Plan. ↑ Rothiaden 150mg.
nocte.
- likely to be sedating
6/4/00 - check B.P. lying + standing [illegible]
B.D. please.

5/4/00 Nursing Notes 13/6 WS.
Showered ē assistance from wife. Abdominal wound
attended. BSL's good pt doing own BSL + administering
own insulin Temp ↑ this afternoon 38² given 1g panadol.
S/B psychiatrist ↑ rothiaden - for BD BP lying +
Standing please because of risk of postural hypotension
aiming to get Terry home on sunday ē blue nurses
from tuesday. Neighbours happy to redress on monday.
wife ē pt most of shift ——— [illegible] RN ([illegible])

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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Discharge Plan ~ Team meeting

5-4-2000

Terry LINDSAY -
Plan to send home
Nurses going in once a day - neighbour will do dressing on weeks - and
Sr Head has ~~visiting~~ visited BSL himself
Joan Brenner

6/4/00 NURSING 0550Hrs Pt. c/o nausea O/N, coughed up small amount of sputum given Stemetil c̄ good effect. H Springall RN

6-4.00. Reg WR.
Patient well, afebrile, ob (N) BSL ✓
Still early morning nausea / hiccup
D/W Dr. Carmody Wesley - review d/c of the Hon BSL
& Trial INSULIN Ø for next 2-3 days & monitor BSL
(stopping)

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Under Section 9 and Section 141 Health Rights Commission Act 1991.

6/4/00 mnotes 1420hrs
patient mobile self care. Dressing attended to. pt to trial no insulin as above. BSL's 4/24 please. Nausea persists Stemetil given — JK Hunter (HUNTER)

7/4. Bilirubin ↑81.

Await CT scan → likely low grade duct compression

NUTRITION & DIETETICS 7/4/2000
review to see if questions wrt diabetic diet for discharge. No questions currently, but ~~too~~ seeing how well will go without insulin. Will review on Monday to see if advise still appropriate for home.
R Fergusson (Student Dietitian)

7/4/00 Dr SVERKER
- sleeping better
- (P) concern re possible delay
- Happy for D/C when medical fit

MHPH 45-1 1/92 Chart B

CLINICAL EXAMINATION (Cont.)

DATE:

7-4-00 Anthony Weller CNC Consultation/Liaison Psychiatry
Expresses anxiety re procedures & scan.
Concerns that there will be future complications.
Frustration regarding duration of illness and investigations
Discussed recovery process and lowering
expectations re performance.
Seen with wife - discussed adjustment & -
strengthening of family relationships
Explored intimacy issues in partnership.
Discussed current intimacy concerns
→ Explored cognitive strategies for
negative future perception.
N.B. postural hypotension from ? prothiaden.
Nausea ongoing.
* Some paresthesia in Right hand → concerns
that he cannot play guitar properly
worries about this
Need for physio review. Anthony Weller CNC.

CLINICAL EDUCATOR
DIABETES & ENDOCRINOLOGY — 7.4.00
Presently having a trial off insulin.
Has own meter & will continue monitoring. Will
continue follow up. [illegible] TAYLOR.

RADIOLOGY
PROCEDURE CT ABDO
CONTRAST Oral GASTROVIEW
TIME 11.30am DATE 7-4-00
DOCTOR TIM DEMETRIADES

EN [illegible]

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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NURSING ENTRY - (7/4/00 - 1430) Patient independantly mobile + self-caring this shift. Wife assisted patient in shower. Wound attended by wound management team. Vitally stable, afebrile. BSL's within normal limits. C/o nausea relieved slightly ✗ stemetil. C/o pain relieved well ✗ oral analgesia. Nil new concerns voiced ——— [signature] RN
——— (Brenna Gates Oxley)

WOUND MANAGEMENT 07/04/2000 1440hrs.
abdo. dressings attended. Looks quite clean after showering. Quite pink & healthy. No odour. Minimal wound ooze. Post scan found a large amount of greenish pus from (L) hand side of wound. Re-change top dressings and doubled a combine pad. Reassured and explained why it is happening. ——— K Cheah [illegible]

7/4/00 NURSING 1710 HRS: Pt states "absess in stomach" was causing swelling + ooze + dressing required changing PRN to control ooze. RMO contacted as nothing documented re same. RMO states collection around pancreas shown on CT. RMO noted pt expected D/C Sunday. Plan: to continue daily dressings to abdo + change exudry PRN for ooze. As per RMO. Obs stable, Temp 37.5. Pt c/o mild discomfort, given ii panadeine. Nil further concerns. [signature]
RN (SHERIDAN)

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

WR: Dr CARMODY/REG/RMO 1000 8/4/00

- obs stable BSLs good.
Pt keen to go home today
→ says neighbour (RN) can dress wound
Plan: D/C today/Tomorrow. [signature] YOUNG RMO

MHPH 45-1 1/92

Chart B

MATER PUBLIC HOSPITALS

CLINICAL EXAMINATION

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NURSING ENTRY - (7/4/00 - 1430) Patient independantly mobile + self-caring this shift. Wife assisted patient in shower. Wound attended by wound management team. Vitally stable, afebrile. BSL's within normal limits. C/o nausea relieved slightly c stemetil. C/o pain relieved well c oral analgesia. Nil new concerns voiced ——— [signature] RN (Brenna Gates Oxley)

WOUND MANAGEMENT 07/04/2000 1440hrs. Abdo dressings attended. Looks quite clean after showering. Base pink & healthy. No odour. Minimal wound ooze. Post scan found a large amount of greenish pus from R hand side of wound. Re-change top dressings and doubled a combine pad. Reassured and explained why it is happening. ——— K Cheah CNC

7/4/00 NURSING 1710 HRS: Pt states "absess in stomach" was causing swelling + ooze → dressing required changing PRN to control ooze. RMO contacted as nothing documented re same. RMO states collection around pancreas shown on CT. RMO noted pt expected D/C Sunday. Plan: to continue daily dressings to abdo + change exudry PRN for ooze as per RMO. Obs stable, Temp 37.5. Pt c/o mild discomfort, given ii panadeine. Nil further concerns. [signature] RN (SHERIDAN)

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of the Health Rights Commission Act 1991.

WR: Dr CARMODY / REG / RMO 1000 8/4/00

- obs stable BSLs good.
Pt keen to go home today
→ says neighbour (RN) can dress wound
Plan: D/C today/tomorrow. [signature] YOUNG RMO

Chart B

CLINICAL EXAMINATION (Cont.)
DATE:

8/4/00 NURSING 1420 HRS: Pt mob + s/caring. Dressing attended. Pt given dressing supplies for 3 days. Blue Nurses organized for Tuesday 11/4/00. D/C Summary to be faxed on Monday. RN Neighbour to attend dressing in interim between D/C + Nurses. Obs stable, afeb. BSL stable. Sheridan
RN (SHERIDAN)

URINE EXAMINATION ON ADMISSION/OUTPATIENTS

Date	Time	Amount	Amount for 24 hours	Colour	S.G.	pH.	Protein	Glucose	Ketones	Bili-rubin	Blood	Uro-bili-nogen	Remarks

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24/5/00 Nurses Notes - Admitted to the ward for laparotomy ? 1300hrs today - removal of mesh. See history of IDDM / po executive ICU admission. Notify anaesthetic bor. Prepare for theatre [illegible] (N ESPOSITO)

24/5/00 NURSING 1740 HRS
RTW post-op Observations BP 135/90 P 104 R 18.
O_2 Sats 91% on room air. O_2 4L applied - now Sats 96% combine dry. IVT patent. Denies pain.
BSL 7.4 mmol @ 1610 HRS Cares as per flow sheet. Y Bennell - RN (BENNELL)
ADDIT 2110 HRS Observations stable. Voided
BSL 7.1 @ 2000 HRS. Attending own insulin.
Tolerated diet Wound dry. Y Bennell - RN (BENNELL)

WOUND MANAGEMENT 25/05/2000 1010 hrs.
Wound looks clean. Non offensive. Continue with alginate dressings. Mrs. Lindsay is happy to do same. Will see 1/52. ———— K Cullah CNC #719

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

CLINICAL EXAMINATION

MHPH 45-1 1/92
F0627

Chart B