



FAMILY NAME	BUTTERWORTH	MRN	0411817
GIVEN NAME	WENDY	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	15 / 03 / 46	M.O.	EMERGENCY DR
ADDRESS			
LOCATION / WARD			
EMERGENCY DEPARTMENT			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

Facility:

PROGRESS / CLINICAL NOTES

Date and Time (use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

11/6/18
1000

NURSING: PT COMFORTABLE + LYING IN BED. PRESENTED W (R) LOWER LEG ULCER ANTERIORLY WHICH HAS SOME MINOR BUT PURULENT EXUDATE. IVC INSERTED + BLOODS PULLED OFF AWAITING DR'S REQUEST. OBS WITHIN SAGO LIMITS. AWAITING REVIEW BY ED DOCTOR. L. MORRIS (RN) *[Signature]*



SMR050001

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606513 301213

AMO _____ I attest that I have reviewed the notes (signed) _____ Date _____

WP12-SI-CM08-P1

NO WRITING