



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.	FRANCESCA
ADDRESS			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

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.**

14.6.18 0800. NURSING: PT HANDED OVER TO ME FROM NIGHT SHIFT. NIL ISSUES. PAIN UNDER CONTROL / NIL PAIN. OBS WITHIN SAGO LIMITS. PT TOLERATING DIET WELL. BSLS NORMAL. AWAITING WARD ROUND.
 _____ K. JACKSON (RN) *[Signature]*

14.6.18 0845 Vascular ward round. Dr Francesca + Team.

Pt in shower. Nil issues raised by nursing staff. Obs within limits.

Plan:
 1. RN Pt later this morning.
 2. Discuss varicose vein mx options.
[Signature]
 E. Goldberg.
 (VASC REG.)

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



SMR050001

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

NH606513 301213

PROGRESS / CLINICAL NOTES

SMR050001