

FAMILY NAME	CARTER	MRN	2811196
GIVEN NAME	HELEN	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	30/09/31	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.

4.8.2018	NURSING: PT RELIEVED BY PARAMEDICS AT 0940.
0950	HAD A FALL AT NURSING HOME. SEVERE PAIN IN (R) HIP. HAD 5MG IN MORPHINE AT SCENE. OBS WITHIN SAGO LIMITS. PT HAS IN ACCESS. CMO (HUNT) CHARTED FLUIDS. CURRENTLY RUNNING AT 100ML/HR AWAITING ED DR REVIEW. P. GIBSON. (RN).
ADDIT:	NURSE INITIATED PARACETAMOL GIVEN +
1000	SIGNED P. GIBSON (RN)



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

NH606513 301213

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

WP09-SI-CM11-PAI

NO WRITING