



Health

FAMILY NAME	FITZPATRICK	MRN	N0xx xxx
GIVEN NAME	MENRY	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	19 / 07 / 38	M.O.	
ADDRESS			
LOCATION / WARD			
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.

14/9.
1200.

Dr Perriti + Team.

USS guided biopsy, went well. Nil complications.
Await results.
D/C this pm if no issues.

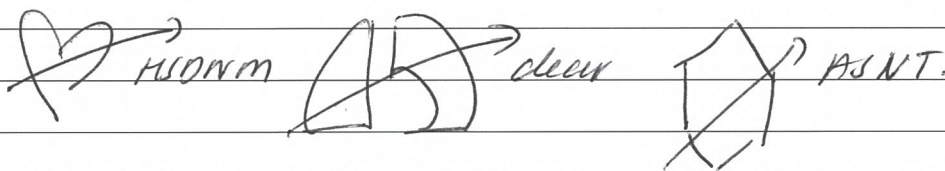
14/9.
1400

(RMO)
NURSING. Pt concerned re haematuria, unable to void. catheter draining blood stained urine. Called for Review. *(RN)*

14/9
1600.

UROLOGY REC. -

- patient had USS guided biopsy at 0900 this am.
- now noticing catheter is draining blood stained urine (Rose coloured)



- Obs stable.

PLAN

- not for discharge
- maintain hydration
- trial of void tomorrow
- R/V by team in morning

(Signature)
(REC)

AMO

I attest that I have reviewed the notes (signed)

Date

NO WRITING

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WP17-S2-CA... PN



SMR050001

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

NH606513 301213

PROGRESS / CLINICAL NOTES

SMR050.001