



FAMILY NAME	HAMILTON	MRN	1704201
GIVEN NAME	JACKSON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	20 / 01 / 1990	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.

04.06.2018
0800

Nursing: Pt BIBA after high speed MVA. Car vs. tree. 5mg IV morphine given by ambo's at 0700. Pt in 10/10 pain. Pain in both lower limbs. Obs and BSL taken. Pt in resus bay. Awaiting RN by ED doctor.

D. Mount (RN) *M-T*



SMR050001

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

PROGRESS / CLINICAL NOTES

SMR050.001

NH606513 301213

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