



Health

FAMILY NAME	HANSEN	MRN	1707876
GIVEN NAME	ROSE	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	23 / 07 / 50	M.O.	MILLS.
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.

31.05.2018
0800

NURSING: HANDED OVER THAT PATIENT HAD A SETTLED SLEEP. TOLERATING DIET AND OPENING BOWELS WELL. VERY LITTLE INCISION SITE PAIN. COMPLAINING OF SWOLLEN HAND (LEFT) THIS MORNING. STATES HAVING FINGER SWELLING OVER LAST 2 DAYS. PT CONCERNED AS WHOLE HAND NOW SWOLLEN. NO PAIN OR SURROUNDING ERYTHEMA. OBS WITHIN SAGO LIMITS. WILL NOTIFY SURGICAL JMO FOR REVIEW.

A. PEDERSEN. 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 _____

NO WRITING

WPOS_S3 - CM15_PN

PROGRESS / CLINICAL NOTES

SMR050.001