



FAMILY NAME HEWDRICKS

MRN

GIVEN NAME GEOFF

MALE FEMALE

D.O.B. 04 / 11 / 62

M.O.

Facility:

ADDRESS

PROGRESS / CLINICAL NOTES

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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.

22/09/18
0930

PRE-OP CLINIC

55 MALE

- BOOKED FOR RENAL BIOPSY 25/09 - FRANK HAEMATURIA

- EXCELLENT FUNCTIONAL CAPACITY

- Hx OF HYPERTENSION - WELL CONTROLLED ON RAMIPRIL - N 130/80

- Hx OF MILD ASTHMA - PRN SALBUTAMOL

- ° HEART Dx, ° LIVER Dx ° RENAL FAILURE. ° CORD.

- SMOKER - 60 PACE 4R Hx, 1.5 PACKS/DAY.

- NKDA

- PREVIOUS (R) THR - NIL SURGICAL OR ANAESTHETIC COMPLICATIONS

- O/E

- BMI - 22

- NECK CIRCUMFERENCE 240, THYROIDENTAL DISTANCE 7cm, GOOD MOUTH OPENING + NECK EXTENSION

- ALL TEETH ARE OWN, NO CAPS, CROWNS OR DENTURES

IMP

- APP. FOR SEDATION OR CIA.

ROWEN (ANAESTHETICS)

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

SMR050.001