



FAMILY NAME HUGHES MRN 0921543

GIVEN NAME KYLE MALE FEMALE

D.O.B. 19/12/1949 M.O. DR WEST

ADDRESS

Facility:

PROGRESS / CLINICAL NOTES

LOCATION / WARD CARDIOTHORACIC 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.

19/7/18

NURSING: PT DAY 2 POST CABG. HAS ADEQUATE

1000

ANALGESIA AND USING ROLLED UP TOWEL WHEN

COUGHING. ONGOING CENTRAL CHEST PAIN w

MOVEMENT. REVIEWED PT AS HE STATES

FEEUNG HOT AND SWEATY. TEMP 38.5°

+ SATURATING AT 93% ON 2L. HAS HAD

LOW SATS THROUGHOUT ADMISSION.

CARDIOTHORACIC JMO CALLED FOR A

REVIEW.

X E. RUSSELL (RN) RN



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 _____

WP14_S2_CM10_PN

NO WRITING