



Health

FAMILY NAME	PEARSON	MRN	2276484
GIVEN NAME	OLIVER	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	27/03/2009	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.

07/6/2018

1000

NURSING: PT PRESENTED TO ED WITH MOTHER. FELL OF PLAY EQUIPMENT THIS MORNING. NOW SEVERE PAIN IN (R) ARM. NURSE INITIATED PARACETAMOL ADMINISTERED (450mg DOSE). OBS WITHIN SAGO LIMITS. AWAITING E.D. DOCTOR REVIEW.

J. COOPER. (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

WPI0\_SI\_CM02-PN

PROGRESS / CLINICAL NOTES

SMR050.001