

FAMILY NAME	PIERCE	MRN
GIVEN NAME	REBECCA	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B.	18/04/1971	M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

PROGRESS / CLINICAL NOTES

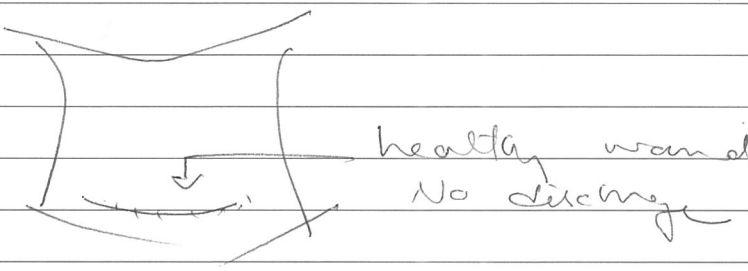
Date and Time (use 24 hr clock) | **Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.**

03.01.18 0800

DR CROZIER (SURGEON / WR)

Di post TOTAL THYROIDECTOMY

· Pt has mild pain on surgical site
 · Has taken oral sips
 · Drain - removed in the morning



- Plan
- Continue oral intake
 - simple analgesics
 - continue to mobilize
 - Start thyroxin 150mcg

CROZIER

03.01.18 10.00 Nursing Pt complaining of tingling sensation over the mouth and a burning poster of B/c hands. Admits she had no such sensory feeling during the morning ward round.

Obs. Pt afebrile @ 36.5 otherwise within SAGD limits. called JMO for pt review.

K. Brian

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