



Health

FAMILY NAME	RYAN	MRN	0428971
GIVEN NAME	ARTHUR	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	08/10/53	M.O.	DR FRANCESCA
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.

19/7/18

NURSING: PT NOW D4 POST LEFT FEMORAL POPLITEAL BYPASS GRAFT. PT NOTED INCREASING PAIN OVER GRAFT SITE. DRESSING HAS +++ STRIKE THROUGH. PT LAST HAD PARACETAMOL AT 0600. NIL PREVIOUS COMPLAINTS PRIOR TO THIS. SAGO OBS TAKEN, WITHIN NORMAL LIMITS. VASCULAR JMO CALLED FOR RLW DUE TO PAIN ASSOCIATED w DRESSING STRIKE THROUGH.

J. HARRINGTON (RN)



SMR050001

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

PROGRESS / CLINICAL NOTES

SMR050.001

AMO \_\_\_\_\_ I attest that I have reviewed the notes (signed) \_\_\_\_\_ Date \_\_\_\_\_

NO WRITING WP11\_S3\_CM05\_P1