



FAMILY NAME	TUCKER	MRN	1608 846
GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	24/08/61	M.O.	EMERGENCY DR.
ADDRESS			
LOCATION / WARD			
EMERGENCY			
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.

17.05.18  
1000

Nursing: Pt admitted to ED with worsening abdominal pain. BNO for 2 days. Has NF running. Analgesia recently given as charted by ED MO (DR Hunt). Dr Hunt also ACC for patients COPD - O2 sats at 92% RA. Pt also tachycardic at 110 BPM. Awaiting review by ED MO. T. Morrison RN *M Morrison*



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

WFO4-SI-CMO1-PN