



FAMILY NAME	WATSON	MRN	0407123
GIVEN NAME	KAREN	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	22 / 03 / 70	M.O.	CROZIER
ADDRESS			
LOCATION / WARD			
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.

24.05.18
0600

nursing: PE complaining of some increasing pain overnight. was managed with endone but required 10mg at 0530 this morning. will handover to day staff so surgical team are aware. otherwise slept well inbetween. Obs within SAGO limits. E. SHEILDS. RN *[Signature]*

24.05.18
1000

Nursing: surgical team have not yet completed rounds on pt. Pt worsening abdominal pain. Has required 10mg endone. Pt also nauseous and requiring ondansetron. Pt now tachycardic at 105 with low grade temp at 38°C. Called surgical JMO for review. M. HAMMOND RN *[Signature]*

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