



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			

Facility:

PROGRESS / CLINICAL NOTES

LOCATION / WARD SURGICAL WARD.
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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.

28/05/2018

0630

NURSING: PT SLEPT WELL OVER NIGHT
 SHIFT. DID NOT REQUIRE ANY ANALGESIA
 OVER SHIFT. OBS ALL IN SAGO LIMITS.
 PT TOLERATING FLUID DIET WELL IN AM.
 OPENED BOWEL THIS AM. MINIMAL DRAIN
 OUT PUT. HAND OVER TO DAY NURSING
 STAFF. T. BARKER 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

WPO3_S3_CM32_P1

PROGRESS / CLINICAL NOTES

SMR050.001