



FAMILY NAME	WILLIAMS	MRN	4786621
GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	21/02/41	M.O.	EMERGENCY DR
ADDRESS			
LOCATION / WARD			
EMERGENCY DEPARTMENT			
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.

28.5.18
1010

Nursing: pt presented to the ED with worsening abdominal pain. Pt sitting forward in bed for comfort. Morphine, paracetamol, ondansetron + actrapid given as per ED CMO due to pain, vomiting and BSL of 12.6. Pt remains in pain. Obs taken and recorded. Awaiting ED MO review. T. Gillbert R.N *Gent:*



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 _____