



FAMILY NAME WILLIAMS MRN 4786621

GIVEN NAME SIMON MALE FEMALE

D.O.B. 21 / 02 / 41 M.O. CROZIER

ADDRESS

Facility:

PROGRESS / CLINICAL NOTES

LOCATION / WARD HDU.

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.

31.5.18

NURSING: PT HANDED OVER FOR EVENING

1600

SHIFT. PT HAD ONGOING EPIGASTRIC PAIN

X

BEING MANAGED w PO ENDOXONE + IV ~~STRE~~

MORPHINE. ONGOING DIFFICULTY w

GLYCAEMIC CONTROL. PT ON ZL NA BUT

OB'S WITHIN SAGO LIMITS. PT HAS ONGOING

VOMITING; MANAGING w METOCCLORAMIDE +

ONDANSETRON. ADVISED TO CLOSELY MONITOR

URINE OUTPUT AS TRENDING DOWN.

L. STEVENS. (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 _____