



FAMILY NAME	CUNNINGHAM	MRN	000 0000
GIVEN NAME	FREDRICK	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	10/04/1942	M.O.	DR CROZIER
ADDRESS			
LOCATION / WARD			
SURGICAL			
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
0800

DR CROZIER (SURG WLR)

DZ POST COLONOSCOPE.

PT FEELING WELL BUT ANXIOUS ABOUT RESULTS. HAD IRON TRANSFUSION YESTERDAY.

HISTOLOGY RESULTS SHOW COLORECTAL CANCER.

PT INFORMED THAT HE WILL REQUIRE A LOWER ANTERIOR RESECTION AND A STAGING CT.

OBS STABLE + AFEBRILE.

PLAN

- BOOK FOR LOWER ANTERIOR RESECTION ± COLOSTOMY ± OPEN
- FOR STAGING CT.
- PT CAN EAT + DRINK FULL DIET UNTIL NIGHT OF SURGERY.
- CONTINUE DVT PROPHYLAXIS.
- FOR PO IRON SUPPLEMENTATION.

CROZIER

17.05.18
0845

Nursing: Dr Crozier's notes reviewed. Pt upset with diagnosis of cancer. Unclear of plan and would like to see a doctor to discuss this. Obs within SAGIO limits. Will contact JMO for review.

G. Frost

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