

CRAIGAVON AREA HOSPITAL

DISCHARGE SUMMARY

Surname **D** 7 First name **D** Unit No 58614

| | | | |
|-------|---------------|---------------|------------------------|
| 1 1 M | Date of birth | Date Admitted | Consultant |
| 2 F | 27 09 67 | 26 04 97 | [REDACTED] 6525 |

Address **[REDACTED]** Date Discharged
27 04 97

Final Diagnosis of Principal Condition Causing Admission
HEAD INJURY Code:

Principal Operation: Code: Date:

12 May 1997

[REDACTED]

This man was admitted to hospital under the care of **[REDACTED]** after apparently being assaulted by a group of people. He was tender over his right mandibular joint and the right side of his neck. No fractures were seen on routine radiology and his CNS observations were stable. He was subsequently discharged with head injury advice and will be reviewed at your request.

Yours sincerely

[REDACTED]

SHO TO **[REDACTED]** MCh FRCSI
CONSULTANT SURGEON

[REDACTED]

[REDACTED]

CASE NOTE - DISCHARGE SUMMARY - CRAIGAVON AREA HOSPITAL

Tel: [REDACTED] WARD 2N Date of Discharge 27/4/97

Dear Doctor D [REDACTED] HOSP. No. [REDACTED]

Your patient [REDACTED]

Address [REDACTED]

Post Code [REDACTED]

Date of Birth [REDACTED]

was admitted to hospital on 26/4/97 under the care of [REDACTED] and is now being discharged / is being transferred to [REDACTED]

Principal diagnosis on discharge head injury

Other diagnoses / conditions 1. [REDACTED]

2. [REDACTED] 3. [REDACTED]

4. [REDACTED] 5. [REDACTED]

Detailed Discharge Letter to follow YES / NO Awaiting Test Results

| | | | |
|-----------------------------|----|------------|------|
| Primary Operation | 1. | [REDACTED] | DATE |
| Other Operations/Procedures | 2. | [REDACTED] | DATE |
| | 3. | [REDACTED] | DATE |
| | 4. | [REDACTED] | DATE |
| | 5. | [REDACTED] | DATE |

Left Right Bilateral Site/Approach [REDACTED]

Comments: Assaulted by mob.
Tender over right temple and distal jt
+ right side of neck. No fracture seen.

Arrangements for review :- NO

DETAILS OF DRUGS SUGGESTED

| DRUG (Approved name in capitals) | DOSE AND FREQUENCY | LENGTH OF COURSE |
|-------------------------------------|----------------------|------------------|
| <u>Co-codamol 8/500</u> | <u>ti 4 qhly prn</u> | <u>max 8</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Yours sincerely ... [REDACTED] Name in Capitals ... [REDACTED]

Designation M.O. [REDACTED]

CRAIGAVON AREA HOSPITAL

HOSPITAL NUMBER

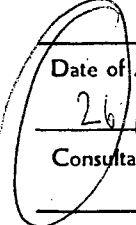
| | | |
|---|---|---|
| 3 | 1 | 4 |
|---|---|---|

 1-3

| | | | | | | | |
|--|--|---|---|---|---|---|---|
| NAME D | UNIT NUMBER 58614 4-1 | | | | | | |
| ADDRESS [REDACTED] 14 | | | | | | | |
| BIRTH SURNAME | SEX M - MALE F - FEMALE <input checked="" type="checkbox"/> M 16 | | | | | | |
| DATE OF BIRTH | [REDACTED] 17 | | | | | | |
| OCCUPATION <small>Note: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household</small> DRIVER | <input type="checkbox"/> 23 | | | | | | |
| MARITAL STATUS | 1 - Single 2 - Married 3 - Widowed 4 - Other 5 - Not Known <input checked="" type="checkbox"/> 2 24 | | | | | | |
| RELIGION | 1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (specify) 7 - Not Known 9 - None <input checked="" type="checkbox"/> 4 25 | | | | | | |
| DATE OF ADMISSION | <table border="1" style="display: inline-table;"><tr><td>2</td><td>7</td><td>0</td><td>4</td><td>9</td><td>7</td></tr></table> 26 | 2 | 7 | 0 | 4 | 9 | 7 |
| 2 | 7 | 0 | 4 | 9 | 7 | | |
| ADMISSION TYPE | 1 - Immediate 2 - Waiting List 3 - Other Hospital 4 - Booked (Non Maternity) 5 - Booked (Maternity) 6 - Born in Hospital <input checked="" type="checkbox"/> 1 32 | | | | | | |
| DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY) | [REDACTED] 33 | | | | | | |
| ACCIDENT | 1 - Not Accident 2 - Road Traffic 3 - Home 4 - Other 5 - Assault (other than 6) 6 - Civil Disturbance 7 - Industrial 8 - Sports <input checked="" type="checkbox"/> 1 39 | | | | | | |
| CONSULTANT MR E. MACKLE | <table border="1" style="display: inline-table;"><tr><td>6</td><td>5</td><td>2</td><td>5</td></tr></table> 40 | 6 | 5 | 2 | 5 | | |
| 6 | 5 | 2 | 5 | | | | |
| NO. OF FORM IN BATCH | [REDACTED] 44 | | | | | | |
| OWN DOCTOR [REDACTED] | RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY E [REDACTED] | | | | | | |
| TELEPHONE: [REDACTED] | TELEPHONE: WIFE [REDACTED] | | | | | | |
| PREVIOUS ATTENDANCES | | | | | | | |
| YES/NO | | | | | | | |
| WARD | 2 N | | | | | | |
| ADMITTED BY | EG | | | | | | |
| TIME | 04:57 | | | | | | |

HISTORY AND PHYSICAL EXAMINATION

D



| | | |
|------------------------------|----------------------|-----------|
| Date of Admission 26/4/97 | Hospital CALH | Age 29 |
| Consultant [Redacted] | Ward No. 2 North. | |

- Affix Label or Enter in Block Letters Full Name Date of Birth Unit No. Ward/Dept. Address

Date of Birth

Present History

Admitted via A&E following assault.

- Patient and younger cousin were attacked by mob. (Cousin in ICU)
- Patient has no recollection of events, reported unconscious for 10 mins
- Wife describes vicious blows to head, no weapons
- Patient complains of pain right parietal region, R TMJ
→ mandible, and right side of neck.
- No apparent chest / limb injuries except stiffness in right shoulder
- Approx 12 units alcohol

SHx - labourer
- lives with wife

IF SPACE INADEQUATE CONTINUE OVERLEAF

| | |
|--|--|
| Previous History arthroscopy R. Knee mpt removal of tattoos # Left leg | Drug Therapy at time of Admission NO medications <small>(Check direct with family doctor)</small> |
| Family History nil of note | Drug Sensitivities no known allergies |

PHYSICAL EXAMINATION

O/E - Alert and orientated, GCS 15

- no anaemia

- laceration right parietal region

some clotted blood around nose, nose swollen

- tender right TMJ

CVS - pulse 80 reg

- BP 136/52

- Heart sounds S1 and S2

Resp - no evidence of rib #

- chest clinically clear

Abd - soft, non-tender

- no masses

- no organomegaly

- bowel sounds normal

CNS - pupils equal and reacting to light.

- eye movements full, no nystagmus

- fundoscopy normal

- PNS grossly intact, no abnormality

Ix - Skull x-rays

(R) TMJ

no evidence

of fracture

Plan - CNS obs hrly.

27.4.97

29yo ♂ assault by mob #1 LOC ~ 10 min. alcohol ~ 12 units.

W. Moore (Tra)

SHO

0% pain (R) parietal area headache eased

No parasthesia

O/E VERRA orientated TAD GCS 15/15

laceration (R) parietal area

swollen nose with graze.

CVS / RS / GIT / CNS - VAD

38956

ACCIDENT AND EMERGENCY

NURSING CARE PLAN

97/010856

M

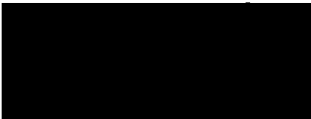
27/09/67

Mode of Transport

D

Unit. No.

A and E



CAH A&E Dept. Mr C R A Fee

Religion Spiritually attended: Yes/No

Accompanied/unaccompanied

IMMEDIATE ASSESSMENT

Treatment, if any, (prior to arrival at A/E):

R.T.A. Ind. Civil Dist. Domestic Agr. Civil Assault Other

Observations commenced and recorded by: *AK*

Conscious Unconscious

Appearance of skin: *Pale*

Respirations: Adequate Inadequate Able to communicate : Yes/No

Apparent Injuries

Head Chest Abdomen Limbs Others

Please state:

Lacerations: Yes/No Sites:

Blood loss: Yes/No Sites: *Scalp*

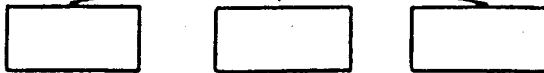
Other relevant information:

IMMEDIATE CARE

Airway Suction Oxygen Intubation Ventilation (Manual)

Sites

Intravenous Fluids



Time commenced:

Fluid Balance Chart recorded by:

Investigations

Blood Grouped Cross Matched Units Cross Matched/hold Astrap FBC Blood Urea and Electrolytes

Others:

Xrays: *Skull*

ECG: Yes/No

Any further investigations:

MEDICATIONS

A/EI

Allergies: Known/Unknown

If known, please state: *Nil*

| Name | Route | Dose | Time | Ordered by | Given by |
|-----------------|------------|--------------|------------|------------|------------|
| <i>Petennis</i> | <i>1ml</i> | <i>0.5ml</i> | <i>505</i> | [Redacted] | [Redacted] |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Lacerations: Sutured Yes/No *No*

Dressings Yes/No

Fractures: Splinted Yes/No

.....
.....
.....

Any other care: Please specify:

Relatives

wife
Present

Contacted

| | | |
|------|-----|--------|
| Tel. | RUC | Others |
|------|-----|--------|

Interviewed by:

Clothing
Valuables

..... Checked by: Retained/given to:
..... Checked by: Retained/given to:

Transfer to:

ICU

Theatre

Ward *✓*

Other Hospital

Time of Departure:

Condition on leaving:
Comp

All clothes to be kept in bag for Police

Signature of trained staff: *[Signature]*

TO BE RETAINED IN PATIENT'S NOTES:

I have received a copy of 'Head injury instructions' which I understand.

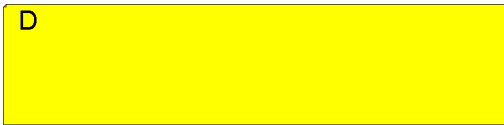
SIGNED: D _____ Patient

SIGNED: _____ Guardian/Relative/Friend

Dated: 27/4/97

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

Affix Label
or Enter in
Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant



NOTES

When used for In-patient follow-up ignore left-hand column

| Out-Patient Use Only | Date | Clinical Notes |
|-------------------------|---------|----------------------------------|
| ➡ | 27/4/97 | [REDACTED] |
| Age | | GCS 15/15 |
| URINE Protein | | Orientated time, place + person. |
| Sugar | | TM joint - NO# |
| Acetone | | X-rays normal. |
| WEIGHT | | Home today |
| kg. | | [REDACTED] |
| ➡ | | |
| Age | | |
| URINE Protein | | |
| Sugar | | |
| Acetone | | |
| WEIGHT | | |
| kg. | | |
| ➡ | | |
| Age | | |
| URINE Protein | | |
| Sugar | | |
| Acetone | | |
| WEIGHT | | |
| kg. | | |

MOUNT SHEET FOR X-RAY REPORTS

Insurance
CA
to be filled before
leaves ward

Keep left hand margin of report on this double

Place lower edge of all reports half an inch above
lower margin of the last report, as indicated by the
marks extending outward from the vertical lines

CRAIGAVON AREA HOSPITAL

DEPARTMENT OF RADIO DIAGNOSIS

Pam

| | | |
|------------------------------------|---|-------------------|
| Film No.: 20697/97 | Physician or Surgeon: MR C R FEE [7] [CAH] | Date: 27/04/97 |
| Patient's Name: D | Address: [REDACTED] | Ward: 2N |
| Region Examined: SKULL | | |
| TEMPORO MANDIBULAR JT'S [REDACTED] | | |

SKULL: TEMPORO MANDIBULAR JT'S:
No recent fracture seen.

| | | | |
|---------------------|------------------------|---------------------------|---------------|
| Date: 28/04/1997 | Reported Date 28/04/97 | Region Examined: SKULL | 77/C.A. 75/5C |
| TEMPORO MANDIBULAR | | | WWW 640 |

HEAD INJURY CHART

NAME

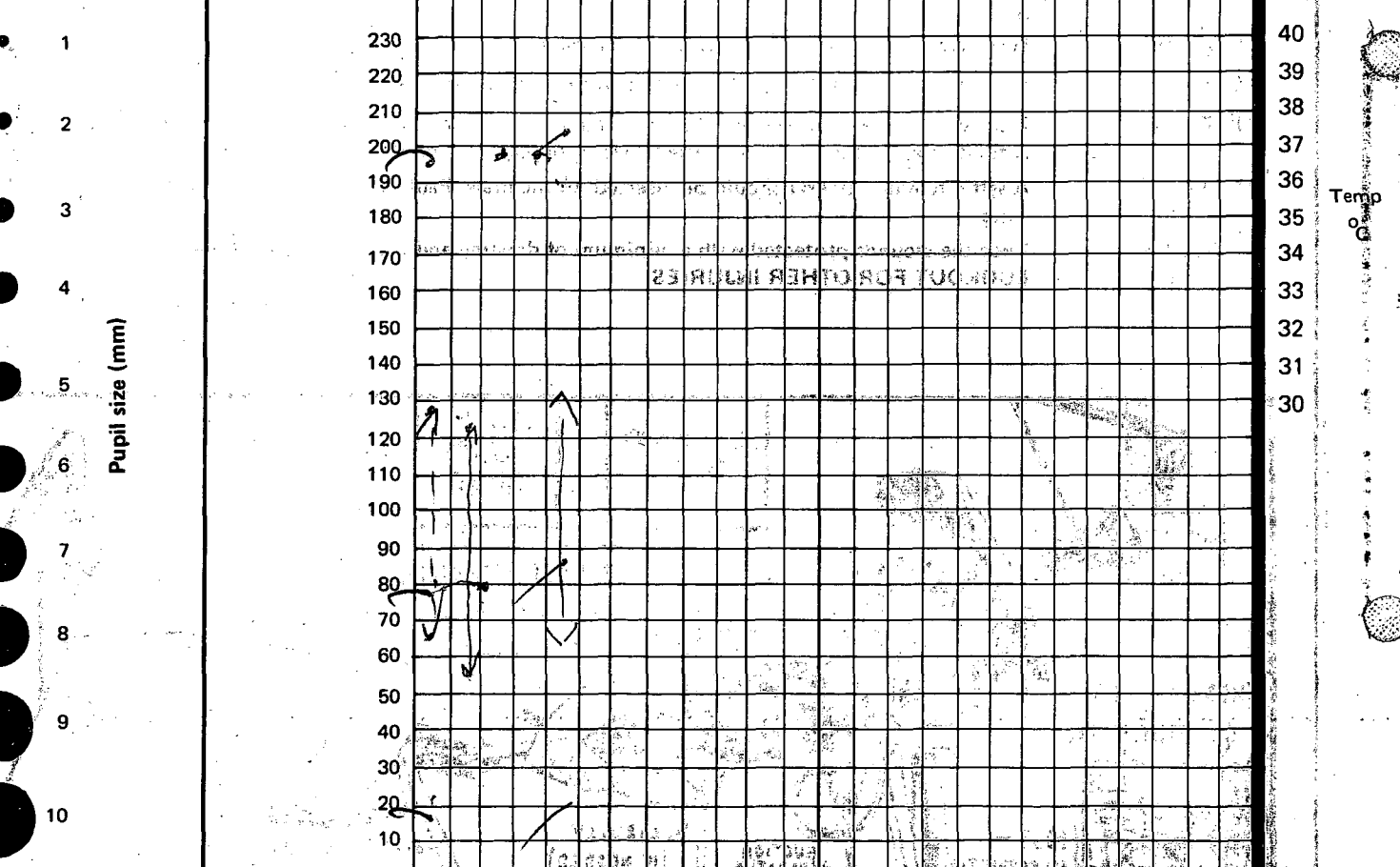
D

8/14/97
5:40 AM
TO BANG
GSM

DATE

TIME

| | | | | | |
|------------|----------------------|--|---------|--|---------------------------------------|
| COMA SCALE | Eyes Open | Spontaneously To speech To pain None | ✓ ✓ ✓ ✓ | | Eyes closed by swelling = C |
| | Best verbal response | Orientated Confused Inappropriate Incomprehensible None | ✓ ✓ ✓ ✓ | | Endotracheal tube or Tracheostomy = T |
| | Best motor response | Obey commands Localise pain Flexion to pain Extension to pain None | ✓ ✓ ✓ ✓ | | Usually record the best arm response |



| | | | | | |
|--------|-------|----------|----|---|---|
| Pupils | Right | Size | 4x | 4 | + Reacts - No Reaction C Eye closed |
| | | Reaction | + | + | |
| | Left | Size | 4x | 4 | |
| | | Reaction | + | + | |

| | | | | | |
|----------------|------|-------------------|---|---|---|
| LIMB MOVEMENTS | ARMS | Normal Power | ✓ | ✓ | Record right (R) and Left (L) separate where there is a difference between the two sides. |
| | | Weak | | | |
| | | Abnormal response | | | |
| | | No response | | | |
| | LEGS | Normal Power | ✓ | ✓ | |
| | | Weak | | | |
| | | Abnormal response | | | |
| | | No response | | | |

38962

HEAD INJURY CHART

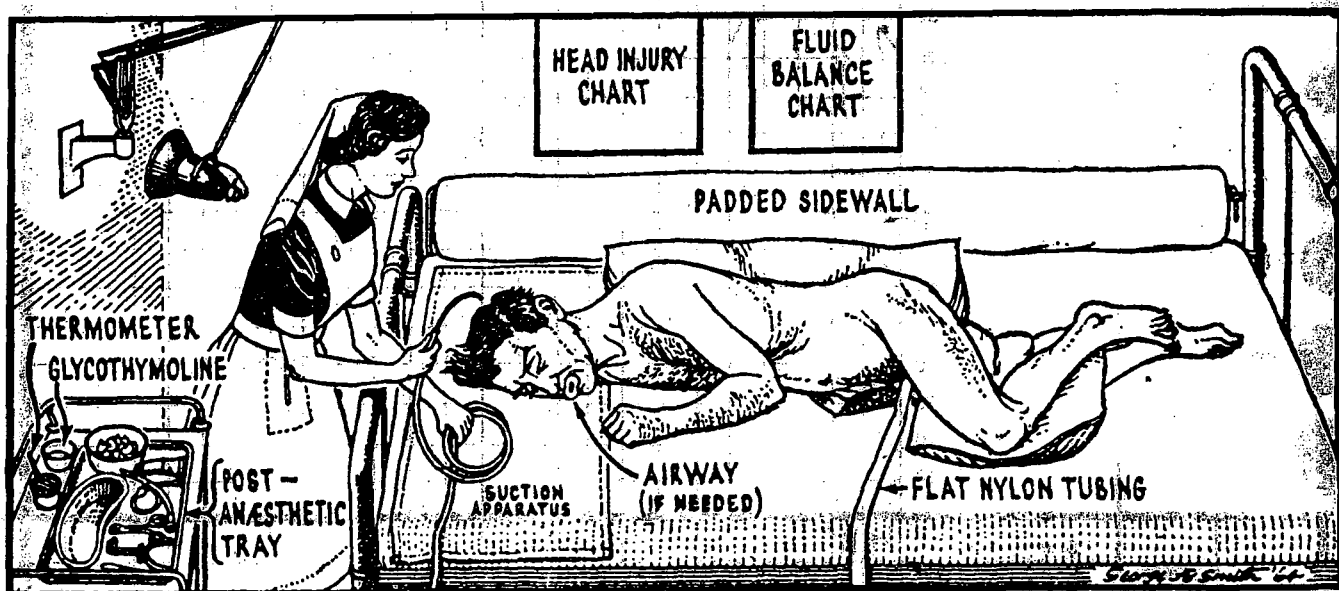
Affix Label
or enter in
Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

GUIDELINES TO MANAGEMENT

THE LEVEL OF CONSCIOUSNESS IS THE MOST IMPORTANT SINGLE SIGN IN CASES OF HEAD INJURY. IT MUST BE OBSERVED IN ALL CASES.

KEEP THE AIRWAY CLEAR ——— THIS IS THE MOST IMPORTANT SINGLE ITEM IN MANAGEMENT

- POSITION** The patient should be nursed on alternate sides, turning every two hours with the nose and mouth clear of the bed.
- RESTLESSNESS** If the patient is very restless, padded side walls should be used, and the knees and ankles padded. Remember that restlessness is frequently due to a distended bladder. Protect the patient from injuring himself but do not hold him down by force.
- SKIN** Turning two hourly and padding pressure points should be started from admission. Keep the skin dry.
- MOUTH** Swab the mouth from admission; do not irrigate.
- EYE** Protect the cornea by keeping the lids covered with saline soaked swabs.
- FEEDING** If unconsciousness is prolonged for more than 24 hours intravenous or tube feeding may be required. A fluid balance chart must be started. (Oesophageal tube No. 16 in the stomach).
- URINE** A self retaining catheter should be inserted. In the male, Paul's tubing may be used in some cases.
- WOUNDS** Keep the wounds protected with a minimum of dressing and firm bandages. BE ON THE LOOKOUT FOR OTHER INJURIES:



Signs of increasing intracranial pressure:—

- The pulse rate usually falls
- The blood pressure usually rises
- The temperature usually rises
- The respiratory rhythm usually alters
- A fall in the level of consciousness
- An alteration in the pupils

ANY RAPID ALTERATIONS OF THESE SHOULD BE REPORTED

38964 CB 1 Nurse Nurse-55M Holbrook
Waterloo Street 2

CRAIGAVON AREA HOSPITAL

ASSESSMENT SHEET

GENERAL WARDS
CARE OF ELDERLY

SURNAME **D**
FORENAMES [REDACTED]
ADDRESS [REDACTED]
PREFERS TO BE ADDRESSED AS **D**
MARITAL STATUS **Married**
DATE AND TIME OF ADMISSION **27/4/97 - 6 AM**
HOSPITAL NUMBER **58614** WARD & NO. **Ward 2 North**
OCCUPATION **Driver**
DATE OF BIRTH [REDACTED] AGE **29 years**
NEXT OF KIN NAME **E**
RELATIONSHIP **Wife**
ADDRESS [REDACTED]
TELEPHONE NO. DAY [REDACTED] NIGHT [REDACTED]
SIGNIFICANT OTHERS
RELIGION **R/C**
SPIRITUALLY ATTENDED
VALUABLES **Woolanier** **Complexed**
DENTURES **None** TOP **None** BOTTOM
SPECTACLES **None** OTHER
HEARING AID
BOOKLET GIVEN TO PATIENT / NAMED RELATIVE

REASON FOR ADMISSION
Alleged assault. Head Injury - no apparent #. for cns observation

PATIENTS PERCEPTION OF CURRENT HEALTH STATUS

RELATIVES PERCEPTION OF CURRENT HEALTH STATUS
Wife present only.

MEDICAL INFORMATION (Past History)
ALLERGIES **None known**

MEDICATION ON ADMISSION (to include oral contraceptives)
MEDICATIONS BROUGHT INTO HOSPITAL YES / NO

COMMUNITY RESOURCES PRIOR TO ADMISSION
TYPE OF ACCOMMODATION
NURSING SERVICES
SOCIAL SERVICES **NT**
OTHER **GP - [REDACTED]**

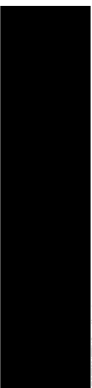
COMMUNITY REFERRALS
DATE

ASSESSMENT OF ACTIVITIES OF LIVING

AL Usual routines:
what he / she can and cannot do independently

| | |
|--|---|
| <p>1. Maintaining a safe environment</p> <p>Head injury</p> <p>Alth + orientated</p> | <p>7. Controlling body temperature</p> <p>36.7°C</p> |
| <p>2. Communicating</p> <p>Hears → Good</p> <p>Speaks → clearly</p> <p>Engage → Good</p> | <p>8. Mobilising</p> <p>Full mobile</p> |
| <p>3. Breathing</p> <p>Non smoker</p> <p>No obvious breathing problems</p> | <p>9. Working and playing</p> <p>Married gentleman,</p> |
| <p>4. Eating and drinking</p> <p>Normal varied diet</p> | <p>10. Expressing sexuality</p> <p>L.M.P. 1.</p> |
| <p>5. Eliminating</p> <p>No urinary or bowel problems.</p> | <p>11. Sleeping</p> <p>Varied pattern.</p> |
| <p>6. Personal cleansing and dressing</p> <p>fully independent.</p> | <p>12. Dying</p> <p>Not discussed.</p> |

CONSULTANT



SIGNATURE OF NURSE



DATE

27/4/97

THEATRE CHECK LIST

| DATE | GENERAL ORDERS | SIG. | THEATRE CHECK LIST | WARD | | | THEATRE |
|--------|-------------------------|------------|--------------------------------------|------|----|-----|---------|
| | | | | YES | NO | N/A | |
| 7/4/57 | Armband ✓ | [REDACTED] | Identity Band present | | | | |
| | | | Teeth / Dentures, Crowns / loose | | | | |
| | | | Prosthesis Removed | | | | |
| | | | Passed Urine | | | | |
| | Urinalysis | | Nil by mouth since | | | | |
| | T 267 P 78 - B/P 128/64 | | Food | | | | |
| | Weight Kg | | Fluids | | | | |
| | INVESTIGATIONS | | Allergies | | | | |
| | | | Pre-medication given | | | | |
| | | | Consent form | | | | |
| | | | Pre-op shave | | | | |
| | | | Bath / Shower | | | | |
| | | | Jewellery / Nail polish | | | | |
| | | | Cosmetics removed | | | | |
| | | | Hearing Aid present | | | | |
| | | | X-ray films | | | | |
| | | | Laboratory reports | | | | |
| | | | ECG report | | | | |
| | | | Medical / Prescription sheet present | | | | |

Signed: _____ Date: _____ WARD: _____ THEATRE: _____

Signed: _____ Date: _____

NAME: _____ UNIT NO: _____

DISCHARGE PLAN

CRAIGAVON AREA HOSPITAL GROUP TRUST

Relevant information pertaining to discharge

Discharged to the OT, advice sheet given

| DATE | PATIENT INFORMED OF DISCHARGE | TIME | PLEASE TICK YES NO N/A | COMMENTS | SIG. |
|----------------|---|----------------------|---|----------|------|
| <i>27/1/07</i> | Discharged confirmed with patient / relatives | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | Discharge Guidelines / Advice given | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | Patient / Relatives notified of R/V dates | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Medications / supplies given | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | Discharge documentation available | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | Transport arranged | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | Transfer sheets completed | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | District Nurse referral made / notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Copies of X/Rays available | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Breast Care / Storma Care Sister notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Care Management Plan complete | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Social Worker referral made / notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Dietitian referral made / notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | Physio referral made / notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | O.T. referral made / notified | | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| | DISCHARGE PLANS COMPLETED | TIME <i>2.30pm</i> | | | |

38967

NAME:

D

WARD: *22*

UNIT NO.: *5864*

NURSING REPORT / EVALUATION

| Date | Problem | Signature |
|----------|--|-----------------------------|
| 27/4/97. | <p>Nursing Report / Evaluation (Include Non Regular Prescription)</p> <p>Emergency admission via A&E following alleged assault in town centre with crown and side - crown severely, 11 in 10 with head injury</p> <p>Admitted for CNS observations - hourly initially, supervised location to bedrest, sedation not necessary</p> <p>Reported unconscious for approx 10 minutes with no recollection of events. No evidence of # on way.</p> <p>Day. Attended E over hygiene</p> <p>Clinical obs and CNS obs stable</p> <p>Reception to @ side of head - dry no sutures required</p> <p>Afternoon diet and fluids.</p> <p>31s mobilize - home later</p> <p>head injury advice from signed DT</p> <p>31s CID and photographs take</p> <p>Discharged this on advice sheet given + medication No etc.</p> | <p>[Redacted Signature]</p> |

38968

SURNAME

CHRISTIAN NAMES

UNIT NO.

WARD

D

D

58614

2 North

WATERLOO RISK ASSESSMENT CARD

| | | | | | | | | |
|--|-------------|--|---|--|---|---|--|--|
| BUILD/WEIGHT FOR HEIGHT AVERAGE ABOVE AVERAGE OBESE BELOW AVERAGE | 0 | RISK AREAS VISUAL SKIN TYPE HEALTHY TISSUE PAPER DRY OEDEMATOUS CLAMMY DISCOLOURED PRURITIS BROKEN/SPOT | 0 | SEX AGE MALE FEMALE 14 - 19 50 - 64 65 - 74 75 - 80 > 81 | | SPECIAL RISKS TISSUE MALNUTRITION TERMINAL CACHEXIA CARDIAC FAILURE PERIPHERAL VASCULAR DISEASE LIVER FAILURE NEUROLOGICAL DEFICIT | | MEDICATION STEROIDS CYTOTOXINS ANTI-INFLAMMATORY INTOTROPES |
| | 1 2 3 | | 1 1 1 1 2 2 3 | | | | | |
| COMPLETE/ CATHETERISED OCCASIONALLY INCONTINENT CATHETER/ INCONTINENT DOUBLY INCONTINENT | 0 | MOBILITY FULLY RESTLESS APATHETIC RESTRICTED INERT/TRACTION CHAIRBOUND/BEDFAST | APPETITE AVERAGE POOR NG. TUBE FLUIDS ONLY NGM/ANOREXIC | 0 | DIABETES CVAMS PARAPLEGIA MAJOR SURGERY/TRAUMA ORTHOPAEDIC/SPINAL ON TABLE | 4 4 4 4 5 5 | | |
| | 1 2 3 | | | | | | | |

| | |
|-----------------|-------------|
| DATE | 01/4/97 |
| WATERFLOW SCORE | 2 |
| ASSESSOR | [REDACTED] |
| NAMED NURSE | SIN KODKOR. |

38969



**CRAIGAVON
AREA HOSPITAL
GROUP TRUST**
Caring Through Commitment

PATIENT'S PROPERTY

I have been advised to restrict to a minimum the amount of property including cash brought into Hospital and to hand to the Ward Sister/Nurse/Midwife in Charge, as soon as possible any articles I wish to be kept in safe custody for which a receipt will be given.

I understand that I am responsible for all personal property brought into Hospital.

I hereby indemnify the Craigavon Area Hospital Group Trust and its nominated officers against any liability in respect of loss or damage to, personal property of any kind, in whatever way the loss or damage may occur.

Signed: D
.....
Patient / Relative

Witness: [REDACTED]
.....
Nurse / Midwife

Ward: [REDACTED]
.....

Patient's Hospital No.: 58614
.....

Date: 27/4/97
.....