Copy of all notes in patient's chart relating to Mr Hamill's attendance on 27 April 1997

CRAIGAVON AREA HOSPITAL

HOSPITAL NUMBER: 3 1 4

NAME: HAMILL ROBERT

UNIT NUMBER: E 4 2 7 3 8

ADDRESS: [redacted]

BIRTH SURNAME:

SEX: M - MALE, F - FEMALE: M

DATE OF BIRTH: 1 2 0 9 7 1

OCCUPATION

Note: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household

MARITAL STATUS: 1 - Single; 2 - Married; 3 - Widowed; 4 - Other; 5 - Not Known: 1

RELIGION: 1 - Church of Ireland; 2 - Presbyterian; 3 - Methodist; 4 - Roman Catholic; 5 - Jewish; 6 - Other (specify); 7 - Not Known; 9 - None: 4

DATE OF ADMISSION: 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: 1

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY):

ACCIDENT: 1 - Not Accident; 2 - Road Traffic; 3 - Home; 4 - Other; 5 - Assault (other than 6); 6 - Civil Disturbance; 7 - Industrial; 8 - Sports: 1

CONSULTANT: [redacted] 6 5 2 5

NO. OF FORM IN BATCH:

OWN DOCTOR

[redacted]

[redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

[redacted]

S/A

TELEPHONE: FRIEND

PREVIOUS ATTENDANCES YES/NO

WARD: ICU

ADMITTED BY: EG

TIME: 06:22

72742

CRAIGAVON AREA HOSPITALGROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No.5a

PATIENTS NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinue Date
27/4/97	Patient is unable to micturate normally due to ill condition.	Ensure renal output of >30mls urine hourly.	1) Catheter size ..... in situ. 2) Observe and monitor urinary output, report if < mls for 3 consecutive hrs. 3) Record output on fluid balance chart.	A Owens	
	Potential risk of infection.	To prevent the patient developing a urinary tract infection.	4) Ensure catheter is strapped to patient's leg to prevent traction. Catheter toilet B.D.& PRN. Use gloves and sterile jug when emptying urimeters.		
	Unable to maintain normal funtion due to:-	To have a regular bowel action.	5) Test urine daily and record. 6) Rectal examination every 3rd day. (treat accordingly.)		

C:\EPLAN\ELTHIR.5A

72743

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No. 8

PATIENT'S NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	Nursing Signature for Care	
				Evaluation Date & Time	Discontinued Date
27/4/97	Normal mobility is impossible or reduced	To identify handling risks by completion of risk assessment form on admission.	Complete risk assessment sheet on admission to identify immediate problems.		
		To prevent injury to nurse or patient by careful assessment of handling activity, allowing patient to participate given time and instructions.	Document in detail risks involved in flow chart.		
	Possible failure of communication, verbal and written, re handling risk factors.	To document in care plans and evaluation sheets daily, all risks identified.	Assess patient's mental and physical condition daily and PRN. Update care plan and evaluation sheet accurately.		
		To share all problems and solutions related to risks in handling.	Share and discuss all risk factors with nursing and medical colleagues to help eliminate unnecessary handling and injury to nurse or patient.		

72744

72745

CRAIGAVON AREA HOSPITAL GROUP TRUST
INTENSIVE CARE UNIT
RISK ASSESSMENT - MANUAL HANDLING OF PATIENTS

PATIENT'S NAME: **UNIT NO:**

Patient Details:- Diagnosis/Disabilities Weight Stature	Aids introduced to reduce handling activity
Ability to Assist	Potential High Risk Problems
Handling Constraints	
Environmental	Manual Handling involved/Frequency

NOTE:
This form should be completed within 24 hours of admission. Any changes in patient handling over 24 hours should be written in flow chart.

DATE & TIME	PHYSICAL/MENTAL CONDITION/SEDATION	ABILITY TO ASSIST SELF/AIDS	HANDLING ACTIVITY/ FREQUENCY/AIDS USED	PRESSURE RELIEVING AIDS/SKIN	POTENTIAL RISK	SIGNATURE

NAME: Robert Hamill UNIT NO: E42738 DIAGNOSIS O/A E

DATE & TIME	PHYSICAL/MENTAL CONDITION/SEDATION	ABILITY TO ASSIST SELF/AIDS	HANDLING ACTIVITY/ FREQUENCY/AIDS USED	PRESSURE RELIEVING AIDS/SKIN	POTENTIAL RISK	SIGNATURE

72748

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No. 11

PATIENT'S NAME:- Robert Hamill HOSPITAL NO: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient has difficulty getting enough rest/sleep.	To achieve patient's normal sleep requirements and promote a feeling of being rested and refreshed.	1) Enquire into patient's normal sleeping pattern. 2) Try to carry out all nursing procedures at set times to avoid unnecessary disturbance. 3) Create (as far as possible) the correct environment to encourage sleep. 4) Administer night sedation & report on the quality of patient's sleep. 5) Allow the patient sleep time during the day to compensate for lack of sleep at night.		

AREPLAN\SLEEP.11

72749

CRAIGAVON AREA HOSPITAL / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No. 7A PYREXIA

PATIENTS NAME:- Robert Hamill Hosp No E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	DATE EVALUATION SIGN.
27/4/97	Patient is unable to maintain normal body temperature due to:-	To return to OR maintain normal body temperature.	Monitor temperature ..... hourly **PYREXIA** 1) Keep bed clothes & patient clothing to a minimum. 2) Use fan if comfortable for patient. 3) If temperature >39°C use rectal probe to monitor core body temp. 4) Assist with any bacteriological surveillance ie obtaining specimens, wound swabs, blood cultures etc. 5) Consult with Infection Control Specialist if necessary. 6) Give anti-pyrexic drugs as prescribed. 7) Tepid sponge if temp >39°C.	

72750

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No.6

ATIENT'S NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGNATURE FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient is unable to attend to own personal hygiene.	To keep clean and comfortable and to maintain patient's dignity.	1) Daily bed bath or when possible, give shower. 2) Give oral hygiene ..... hourly using mouthwash/ toothpaste & brush. 3) Give eye care ..... hourly using ..... 4) Ensure finger nails & toe nails are clean and manicured. 5) Where possible wash patient's hair as required and style in the normal way. 6) Maintain dignity at all times - keep patient covered and make use of patient's own nightwear, if possible. 7) When possible encourage patient to carry out own personal hygiene.	AOwens	

72751

CAREPLAN\HYGIENE.6

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

/L No. 4C

ATIENT'S NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGNATURE FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient has intravenous lines in situ. Site: 1..... 2..... 3..... 4.....	1) To keep lines patent & in situ 2) To administer intravenous therapy safely & effectively 3) To prevent infection	1)Ensure all lines are taped securely in place. 2) Redress alternate days and PRN. 3) Change giving sets every 24 hrs and label with date of change. 4) Ramps & 3-way taps should be changed with givig sets every 48 hrs. 5) Use Leur lock connections at all times. 6) If no infusion is in progress, flush twice daily, i.e 0800 and 2000 hrs with 2mls Hepsal (10 units per ml). Lines used for bolus doses of drugs should be flushed with 2 mls Hepsal following each bolus.		

AREPLAN\HYDRATE.4C

72752

NPCB 4

CRAIGAVON AREA HOSPITAL
GROUP (HSS) TRUST

NURSING REPORT / EVALUATION

Date	Problem	Nursing Report / Evaluation (Include Non Regular Prescription)	Signature

72753

NAME Hamill CHRISTIAN NAMES Robert UNIT NO. E427738 WARD ICU

WWW 820

NPCB 4

CRAIGAVON AREA HOSPITAL
GROUP (HSS) TRUST

NURSING REPORT / EVALUATION

Date	Problem	Nursing Report / Evaluation (Include Non Regular Prescription)	Signature

72754

SURNAME CHRISTIAN NAMES UNIT NO. WARD

NPCB 4

CRAIGAVON AREA HOSPITAL
GROUP (HSS) TRUST

72755

NURSING REPORT / EVALUATION

Date	Problem	Nursing Report / Evaluation (Include Non Regular Prescription)	Signature

SURNAME CHRISTIAN NAMES UNIT NO. WARD

CRAIGAVON AREA HOSPITAL
GROUP (HSS) TRUST

72756

NURSING REPORT / EVALUATION

Date	Problem	Nursing Report / Evaluation (Include Non Regular Prescription)	Signature

SURNAME Hamill CHRISTIAN NAMES Robert UNIT NO. E42738 WARD ICU

WWW 820

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No.1f

PATIENT'S NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGNATURE FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Robert has potential for compromise to skin integrity due to:_____	1) To maintain skin integrity. 2) To detect early signs of compromise.	1) Assess patient's skin status as soon as possible following admission using Cubbin/Jackson 'at risk'assessment score = _____ Reposition patient ____ hourly 2) Reassess if there is any deterioration in patient condition. 3) Provide pressure relieving devices, i.e. mattress appropriate to score obtained using guidelines provided. 4) Provide ongoing assessment of skin status, particularly bony prominences. Record report.		

C:\WPWIN\WORK\CAREPLAN\SKIN_INT

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CRAIGAVON AREA HOSPITAL GROUP H&S TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

72758

A/L No.1f

PATIENT'S NAME: UNIT NUMBER:

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGNATURE FOR CARE	
				Evaluation Date & Time	Discontinued Date
			Provide health education to patient if applicable, regarding self relief of pressure, i.e. regular repositioning, gentle leg exercises, proper lifting, techniques to prevent shearing forces, adequate personal hygiene to prevent maceration of skin. Evaluate daily + PRN		

CAREPLAN\SORE2

5

72759

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No.3a

PATIENT'S NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient is unable to maintain respiratory function due to:	To restore proper respiratory function by mechanical ventilation initially - ultimately to restore patient's own respiratory status.	1) Record ventilaor readings hourly. Report/record any changes. 2) Check ABG ..... hourly and PRN. 3) Ensure all connections are secure. 4) Check water level and temperature in humidifier hourly. 5) Record ET tube size and number at patient's lips, at beginning of each shift. E.T. TUBE SIZE :- 6) Ensure ET tube is securely tied. Report any leaks. 7) Observe patient's skin & lips for signs of pressure/irritation.	HOwens	

PTO

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	SIGNATURE	EVALUATION DATE/TIME
			8) Listen to patient's lung sounds after change of position & 2 hourly. 9) Give ET suction ____ hourly and PRN 10) Assist with physiotherapy. 11) Send sputum for culture on Mondays and Thursdays, and PRN. 12) Ensure ventilator tubing is changed every 48 hours\ PRN.		

72760

35

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No.1a

PATIENT'S NAME: Robert Harvill UNIT NUMBER: E 42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient has unstable cardiovascular system due to:-	To return patient to own normal parameters: B/P ..... Pulse	1) Monitor vital signs ..... hourly. 2) Observe and record ECG monitor for disrrythmias. 3) Administer drug therapy or assist with other medical intervention. 4) Measure urinary output hourly. 5) Measure and record CVP ..... hourly. Report any fluctuation in same. 6) Record temperature 2 hourly.	NT Givens	

CAREPLAN\CARDIOV.1a

72761

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION OF CARE FOR CARE

A/L No. 1b

PATIENTS NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient has pain due to:-	To alleviate pain and maintain comfort.	1) Assess the patient's level of pain. 2) Note any elevation of B/P and/or heart rate. 3) Give analgesia as prescribed. Record same and effect of same. 4) Note and report any cardiovascular changes whilst administering IV opiates and epidural analgesia. 5) Observe and record respiratory rate. 6) Use filter needle whilst drawing up epidural drugs.	M Owens	

CAREPLAN\PAIN.1b

72762

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT

A/L NO. 1c

NURSING PERSCRIPTION FOR CARE

PATIENTS NAME: Robert Hamill UNIT NUMBER: E42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
~~27~~ 4 ~~97~~	Possibility of dislodgement and therefore haemorrage of arterial line in	To keep line in situ and prevent haemorrhage.	1)Tape line securly to site and label"Arterial line". 2)Keep site of arterial line exposed at all times. 3)* DO NOT GIVE DRUGS VIA *THIS LINE.* 4)Ensure pressure bag is maintained at 300mgHg pressure. Replace flushing system with N/saline + 2000iu Heparin. 5)Ensure that arterial waveform is correct before recording blood pressure.	A Owens	

CAREPLAN\LINE.1c

72763

CRAIGAVON AREA HOSPITAL GROUP HSS TRUST / INTENSIVE CARE UNIT
NURSING PRESCRIPTION FOR CARE

A/L No. Id

PATIENTS NAME:- Robert Hamill HOSPITAL NO: E 42738

DATE	PROBLEM	GOAL (DESIRED OUTCOME)	NURSING INTERVENTION	NURSING SIGN. FOR CARE	
				Evaluation Date & Time	Discontinued Date
27/4/97	Patient has wound(s) - site(s)	To promote healing and prevent infection.	1)Make daily assessment of wound(s). Cleanse and redress only if required. (use wound evaluation sheet.) 2) All dressings used must be carefully applied according to manufacturers instructions. 3) Assess patients dietary needs. 4) Remove sutures/clips on.	M Owens.	
	Patient has drain(s) - site(s).	To keep patent and in situ.	1)Ensure drain is securely taped in place. 2)If Activac drains are used check suction hourly. 3)Measure and record drainage on FBC. 4) If YEATS drain in situ. shorten according to surgeons instructions.		

CAREPLAN\WOUND.Id

72764

Robert Hamill Hosp No E42738

DATE	APPEARANCE OF WOUND + SITE	CLEANSING AGENT USED	DRESSING TYPE PRIMARY + SECONDARY	NURSES SIGNATURE	COMMENTS

72765

RISK ASSESSMENT

DATE 12/4/97 NAME Robert Howill

SCORE ON ADMISSION UNIT NUMBER E42738

AGE	WEIGHT	GENERAL SKIN CONDITION	MENTAL CONDITION	MOBILITY	HAEMO-DYNAMIC STATUS	BREATHING	NUTRITION	INCONTINENCE	HYGIENE
<40 (4)	Average Weight (4)	Intact (4)	Awake ,Alert & Pain Free (4)	Fully Ambulant (4)	Stable without Inotropes (4)	Spontaneous (4)	Full Diet + Fluids (4)	None/ Catheter (4)	Self Caring (4)
0-55 (3)	Obese (3)	Red Skin (3)	Agitated /Restless/ Confused and/or Moderate Pain (3)	Walks with Slight Help (3)	Stable with Inotropes (3)	CPAP/ T-Piece (3)	Light Diet/ Oral Fluids/ N/G feeding (3)	Urine (3)	Slight Help with Hygiene (3)
55-70 (2)	Cachetic (2)	Dusky/ Excoriated ,and/or break in skin (2)	Mod-Severe Pain/ or Listless, but Responsive (2)	Very limited. Chair Bound (2)	Unstable With/ Without Inotropes (2)	Mechanical Ventilation (2)	T.P.N. (2)	Faeces (2)	Requires Much Help (2)
>70 (1)	Any of above +Oedema (1)	Necrosis /Exuding (1)	Coma/ Unresponsive, Purposeful Movements/ Curarised (1)	Immobile/ Bedrest (1)	Critical With/ Without Inotropes (1)	Breathless at Rest/On Exertion (1)	clear I.V. Fluids only (1)	Urine + Faeces or Anuric (1)	Full care Required (1)

ASSESSMENT TIME = BED-BATH TIME DAILY

DATE										
AGE										
WEIGHT										
GENERAL SKIN CONDITION										
MENTAL CONDITION										
MOBILITY										
HAEMO-DYNAMIC STATUS										
BREATHING										
NUTRITION										
INCONTINENCE										
HYGIENE										
TOTAL										
SIGN										

DEGREES OF RISK CATEGORISED:

Cubbins/Jackson At Risk Pressure Score

Category	Degree of Risk	Choice of Bed / Mattress
Less than 20	Very High	Air Fluidised/Low Air Loss
20 - 30	Med/High Risk	Nimbus/Pegasus
30 - 40	Minimal Risk	Hospital Mattress

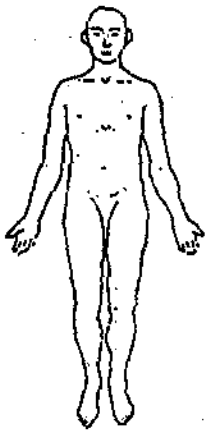
P.T.O.

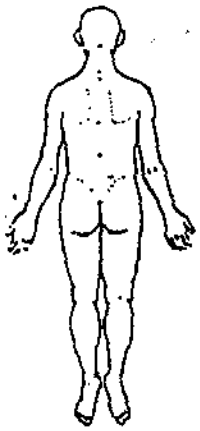
72766

PRESSURE SORE INCIDENCE

SIGNATURE..... DATE.....

NAME	**WARD**
AGE	**UNIT NUMBER**
DIAGNOSIS	
DATE OF ADMISSION	
SOURCE OF ADMISSION	





ORIGIN OF SORE: Hospital acquired/Admitted with pressure sore
DATE OF DEVELOPMENT (if Known)
LOCATION OF SORE
STAGE OF SORE
SIZE OF SORE: Length.....(cm) Width.....(cm) Depth.....(cm)
DRESSING(S)
SUPPORT SYSTEM

WORK/FORMS/ICU/PRESSORE

72767

CRAIGAVON AREA HOSPITAL

CLINICAL CHEMISTRY/BIOCHEMISTRY

11	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
10	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
9	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
8	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
7	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
6	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
5	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
4	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

CRAIGAVON AREA HOSPITAL ACC ACCIDENT AND EMI

LABORATORY [redacted]

Lab Number

Doctor : [redacted]

Name : HAMILL
Forename : ROBERT
Clinic/Ward : ACCIDENT AND EMERGEN
Address : [redacted]
Hosp No. :
D.O.B. : 12/9/71

Test	Result		Ref Range
SODIUM	144.2	mmol/l	(135 - 150)
POTASSIUM	3.86	mmol/l	(3.5 - 5.0)
CHLORIDE	111.6*	mmol/l	(101 - 111)
Total CO2	20.3*	mmol/l	(24 - 30)
Total Protein	---	G/l	(60 - 80)
UREA	3.7	mmol/l	(3.0 - 7.0)
CREATININE	80	umol/l	(60 - 120)
Calcium	2.25	mmol/l	(2.10 - 2.60)
RANDOM GLUCOSE	7.98	mmol/l	(3.0 - 10.0)

SAMPLE DATE: 27/4/97 02:25
BIOCHEMISTRY - ELECTROLYTES REPORT DATE: 28/4/97 Auth :

72768

CRAIGAVON AREA HOSPITAL

CLINICAL CHEMISTRY/BIOCHEMISTRY

CRAIGAVON AREA HOSPITAL — ACC ACCIDENT AND EMERGE

LABORATORY [redacted]

Lab Number

Doctor : [redacted]

Name : HAMILL
Forename : ROBERT
Clinic/Ward : ACCIDENT AND EMERGENCY
Address : [redacted]
Hosp No. : [redacted]
D.O.B. : [redacted]

Test	Result		Ref Range
SODIUM	144.2	mmol/l	(135 - 150)
POTASSIUM	3.86	mmol/l	(3.5 - 5.0)
CHLORIDE	111 6*	mmol/l	(101 - 111)
Total CO2	20.3*	mmol/l	(24 - 30)
Total Protein	--	G/l	(60 - 80)
UREA	3.7	mmol/l	(3.0 - 7.0)
CREATININE	80	umol/l	(60 - 120)
Calcium	2.25	mmol/l	(2.10 - 2.60)
RANDOM GLUCOSE	7.98	mmol/l	(3.0 - 10.0)

BIOCHEMISTRY — ELECTROLYTES

SAMPLE DATE: 27/4/97 02:26
REPORT DATE: 28/4/97 Auth : MC

72769

CRAIGAVON AREA HOSPITAL

HAEMATOLOGY

11	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
10	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
9	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
8	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
7	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
6	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
5	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
4	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE
3	PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

CRAIGAVON AREA HOSPITAL ACC ACCIDENT AND EMER

LABORATORY [redacted]

Lab Number

Doctor : [redacted]

Name : HAMILL
Forename : ROBERT
Clinic/Ward : ACCIDENT AND EMERGENCY
Address : [redacted]
Hosp No. :
D.O.B. : [redacted]

FULL BLOOD COUNT

HB	16.2	MCH	31.3	WBC	13.9	PLT	198
PCV	.465	MCHC	34.8	GR%	48.3		
RBC	5.18	RDW	13.9	LY%	41.3		
MCV	89.8			MONO%	7.62		
				%EOS	1.65		
				BAS%	1.09		

SAMPLE DATE: 27/4/97

HAEMATOLOGY FBC 28143 REPORT DATE: 28/4/97 Auth : A

72770

CRAIGAVON AREA HOSPITAL

HAEMATOLOGY

11 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

ICU

CRAIGAVON AREA HOSPITAL
ACC ACCIDENT AND EMERGENCY

Name : HAMILL ROBERT
Address : [redacted]
Sex : M
D.o.B. : [redacted]
Hosp No :
Hosp/Ward : ACC ACCIDENT AND EMERGENCY
Doctor : CRF [redacted]

Received: 28/4/97
For Lab use: 28023
Auth. : DN

Group O Rh Positive

ANTIBODY SCREENING: Negative

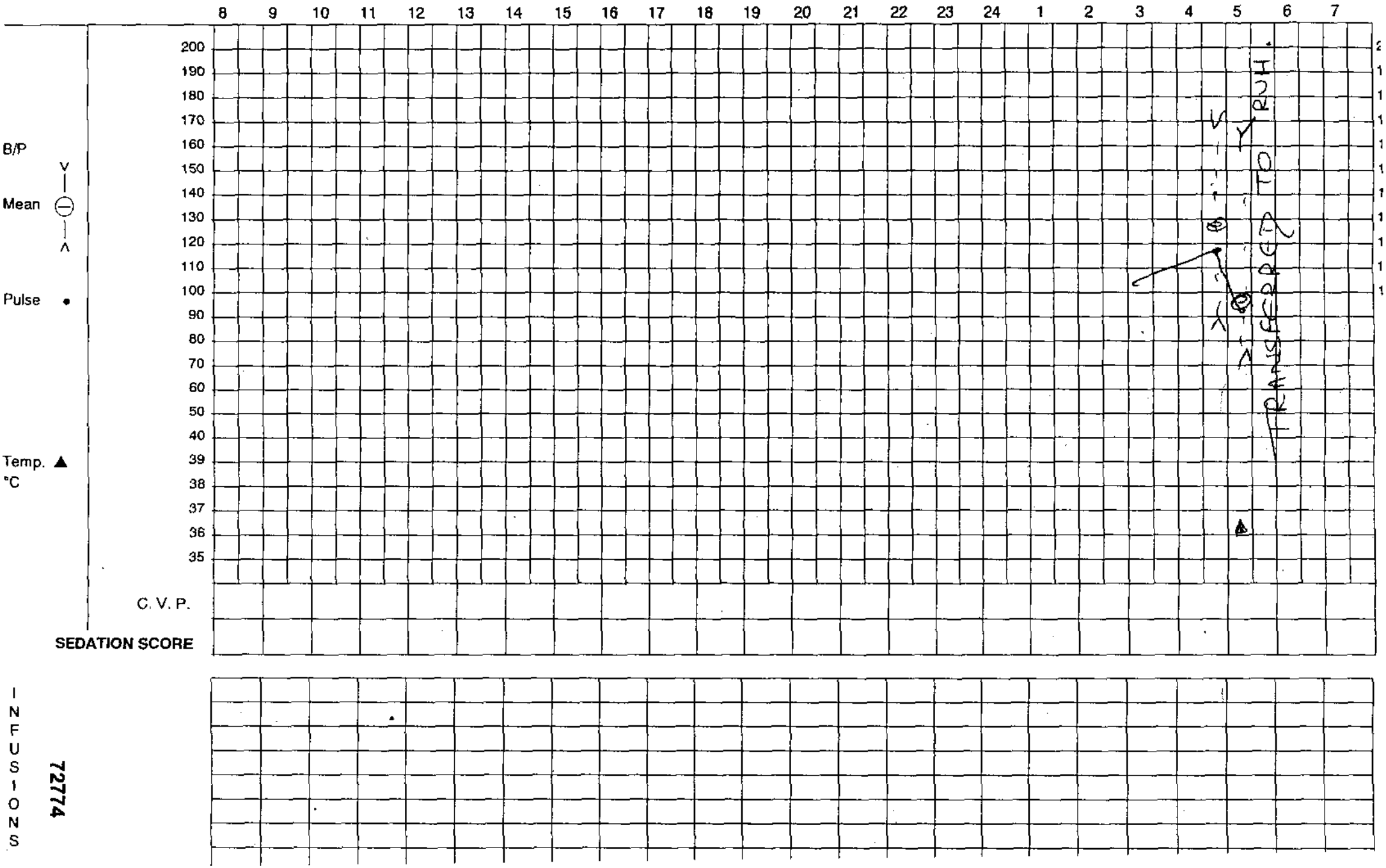
DIRECT COOMBS TEST: Negative

28/4/97 BLOOD GROUP & HOLD BLO

72771

INTENSIVE CARE UNIT
CRAIGAVON AREA HOSPITAL

NAME:	UNIT No.:	DATE:	DAY:
Robert Hamill.	E42738	27.4.97	1.



Eye Care	
Passive / Active	
Wound check	

Air Entry	R	
	L	
Mode	C/A/S	
Set Rate		
Patient Rate		
Tidal Volume		
Pressure	Exp	
	Insp	
Pressure Support		
O_2 Percentage		
O_2 Saturation		
Humidifier Temp.		
Suction		

Sim

A 10 8 11 12 0 0 13 15 cm 50% 100%

D 10 3 1.5 80 0 14 15 cm 35% 100%

Sim

Time	0530
O_2	50%
Peep	Nil
pH	7.360
PCO_2	4.57
PO_2	33.96
Bicarb.	18.9
B. Ex ±	-5.6
O_2 Sat.	99%

Time			
Na			
K			
Cl			
CO_2			
Protein			
Urea			
Calcium			
Creat			
Glucose			
Hb			
WCC			
Platelets			
PCV			

24 hour Urine Tick when completed	

CXR	

Bloods Sent from A & E.

INTENSIVE CARE UNIT
CRAIGAVON AREA HOSPITAL

BLOCK CAPITALS PLEASE

NAME:	UNIT No.:	DATE:	DAY:
Robert Hamill	E142738	27.4.97	

Drug	Dose	Route	Freq.	Commenced	Doctor's Signature	Times	Discontinued	Doctor's Signature
						Dr's Signature:		

I.V.	DRUG	Concentration Dose / Vol.	Solution	Rate Dose/Kg/Min.		Target – Max. Infusion Rate	Discontinued	Doctor's Signature

72772

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S

INTAKE										OUTPUT				
Time	Oral/ Enteral	Intravenous			Intravenous						Urine	Faeces	Vomit Tube		
		Volume Up	Type	Volume In	Volume Up	Type	Volume In	Volume Up	Type	Volume In					
8.00															
9.00															
10.00															
11.00															
12.00															
13.00															
14.00															
15.00															
16.00															
17.00															
18.00															
19.00															
20.00															
21.00															
22.00															
23.00															
24.00															
1.00															
2.00											SRC				
3.00															
4.00											120				
5.00											26				
6.00											Transfered To RWH.				
7.00															
Total for 24 hours															

James Hamilton & Co

72773

DIALYSIS

TOTAL INTAKE

TOTAL OUTPUT

BALANCE 37

WMM 039N