

**MEDICATIONS**

Allergies: Known/Unknown

If known, please state: .....

Name	Route	Dose	Time	Ordered by	Given by
Scoline	IV	100mg		} Dr. Gounley	
Intraval Sodium	IV	400mg	03.40		
Depivan	IV	8mg	am		

Large gash (L) side of head

Lacerations: Sutured Yes/No

Dressings Yes/No

Fractures: Splinted Yes/No

Any other care: Please specify: ..Catheterized

Relatives

father sister present

Present

Contacted

Interviewed

Tel.	RUC	Others
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by: .....

Clothing

taken by father

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

Valuables

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

Transfer to:

ICU

Theatre

Ward

Other Hospital

Time of Departure: .....

Condition on leaving: Pt. ventilated - sedated

... to ICU

Signature of trained staff: ..