

27/9/04

2.200hrs (cont'd) - Assisted in transferring from wheelchair to bed. Cues given as per Care Path. - William (ALEXANDER)

28/9/04

Nursing Steps for most of shift. Used
 0515hrs
 in bed x1. All complaints raised.
 R.D. Whisky Sat (Wednesday)

28/9/04

P.B. Seen By Dr Patel.

Shuk

- Pt doing well
- Alert & Aware.
 - Pt sitting up.
 - Seen By Medical Team

- Ⓟ Transfer to Medical Ward
- Strip ready well.
 - All concerns surgically will follow up w/ OAD.
 - Continue Physio Therapy
 - OAD 2 weeks -

Shuk

28/9/04 1240

Nursing Report: Transferring well, dressing attended, all infection noted, reglets per anal quite good after bleeding diet fluids, B91 & celebrex Physio

28/9/04

Physiotherapy
 Sl. Fred today but keen to progress transfers
 some pain at (L) wrist/forearm due to
~~brace~~ tensioned IV site.

R. Practiced T/F in/out bed & always T/F
 to (R) side - managed out of bed with
 close supervision, but req'd sliding board
 for back into bed.

P. Use slide board for T/F safety

Shuk

1/10/04
15:25 hrs
DATE REPRODUCED TOPPACOT
27/7/04
AFFIX TO PATIENT RECORD
007705
LOT NO. BATCH NO. MEDITRAX © 10/98
1600

Pt. emotional, distressed regarding death of mother.
Dressing as per MR 91. BSL stable at T.O.R. BO x1.
Oral analgesia given for pain x2. All cares given as per
care path _____ J (RW)
RMO

1/10/04

Asked to given permission for Daisy to have Gate Leave this afternoon for trip to Hervey Bay (mother has passed away) - no req or consultant contactable of treating team
 (C) Hemodynamically + biochemically stable
 (A) Stable
 (P) For Gate Leave this pm
 8pm meds dispensed to carer
 To return late tonight

1-10-04
2300

Pt requesting to go out on G/L, see above notes RTW approx 2000hrs. No pain oral analgesia given as charted with effect. No BVO for several days. microdax given with minimal effect. Appripts charted and given as ordered. All cares per care path. _____ J (RW)

2-10-04

cares as per care path. - remains confused - ^{wrong entry} using ~~Paracetamol~~ ^{Omnesol} ~~Paracetamol~~
 B.O in bed x 2 small amounts only.
 oral analgesia given _____ Omnesol
 Rx analgesia this pm _____ (C)

2/10/04
Peri Unit.

Patient transferred from surgical ward at 09:15hrs for 4hrs haemodialysis via (L) 15th th uncuffed vas cath.
 Pre Bloods collected, 1300hrs. Pre Bloods. K⁺ level 2.8. B₂
 Dialysate bath changed to K⁺ as patients temp 37.4
 Dr Khan contacted via phone re potassium level, a temp. & P₁ Blood cultures from dialysis lines.

INPATIENT PROGRESS NOTES

Ph (H)
Ph (B)
DNWV

NM
PENSIONER

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

~~4/10/04~~

~~Physiotherapy (cont)~~

unwilling to do exercises

Plan: continue transfers & I assist as
per written instructions.

• Continue use of shrinker socks.

4/10/04

EXAM

~~4/10/04~~

(HALLORAN)

1345

- UST DIALYSED on SATURDAY

- FEELS GOOD

- FEELS OK TODAY

- TRAUMATIC family event over wk

- WOULD LIKE TO BE D/C, or with

SELF-D/C, to organise

AFFAIRS @ HOME

- EXPLAINS PROBLEMS: THIS

- EMBOLISM

- SOME PROBLEMS WITH STUMP

(P) → FOR PERMACATH & DR GAFFNEY
TOMORROW

→ SURGICAL R/O OF STUMP → DR PATEL'S

- VAS. CATH OUT AS SOON AS TEAM

PERMACATH PLACED

- CAN POTENTIALLY GO HOME

OR WKS AFTER DIALYSIS IF

SURGERY TEAM HAPPY

4/10/04

Refusing food - taking small amt

1530hrs fluid and some chocolate at 1300hrs

INPATIENT PROGRESS NOTES

4-10-4

up to show Stump Redressed
small sticky area (pl. brownish
grey) -> delay notified -> any more
see notes below

SUCR PRO

STUMP LOOKS OK
SMALL AREA WOUNDS BREAKDOWN

LFT EDGE OF WOUND
-> HAEMOSTERALS D/C PUS.

(1) DAILY PRESSINGS
SWABS M/C/S
WU R/V

ADMIT:
1530hrs.

for Permapath to-manure (AM)
last from early breakfast (no
need for IV fluids). BSC 4's all day

4/10/04
2130

PT BSC 4.8 @ 2100 -> PT given cordial & bland
to ↑ BSC ON. PT continues to have loose bowel
motions. PT passed 2x nugget like formed
Stools early in shift. Pain to abdomen
continues to be present, diminished from earlier.
PT mobile in wheel chair & assistance to
transfer. PT accepting of small amount of food.
All obs WNL. Nil other complaints. Shrinker
sock & TED stocking insitu. (W) J. J. J.

5.10.04 0631

PT depressed - wanting to go
home. Incontinent faeces regularly
yellow pasty stool - some formed
faeces. Anal area excoriated & painful -
Zinc cream applied. required endone
for pain in stump. Care as per
care path - W. J. J.

6/10/04

Physiotherapy (cont)
do fading mobility inhibited by
faecal incontinence and abdominal
discomfort.

o/c
Not wearing shirter sock do came off
during night

Good knee ext. but some genu valgum
developing.

Plan

Find shirter sock & reset bath
stony barclay.

Search am on ward (surgical)

D. S. A. (Amended)

6/10/04

Kim Waterman

I have advised to Pt that she
should remain in hospital, however,
she refuses to stay in hospital
as her mother's funeral is on
Friday. I explained to her that if
she leaves, she may become very
unwell and even die.

She is booked for dialysis on Sat
but I have advised her to return

if there are any concerns in the meantime.

P.1. DCC against medical advice form

Kim Waterman

.....Hospital

BUNDABERG HOSPITAL

SEX

UR NO

DAISY

F

005225

MARTIN J

NM

CONTINUATION SHEET

Ph (H)

Ph (B)

DNWV

PENSIONER

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

12 OCT 2004

DRESSING REVIEW

as per MR91 - J. Williams RNAP

19 OCT 2004

DRESSING REVIEW

PT. Gillespie RNEM

28 OCT 2004

DRESSING REVIEW

wound care attended

4 NOV 2004

DRESSING REVIEW

as per MR91 - J. Gillespie RNEM

9 NOV 2004

DRESSING REVIEW

wound care attended

as per MR91 - Ceased use of Acticoat as yellow tissued area has increased. N/saline packs recommenced

10 NOV 2004

DRESSING REVIEW

as per MR91 - J. Williams RNAP

16 NOV 2004

DRESSING REVIEW

PT. went to renal Clinic. J. Leach

25 NOV 2004

DRESSING REVIEW

wound care attended

as per MR91 - will continue to solguste gel @ this stage, but if wound deteriorates recommence n/saline pack

Cavity present @ this stage Gillespie RNEM

30 NOV 2004

DRESSING REVIEW

wound care attended as per MR91

30 NOV 2004

as per MR91 Gillespie RNEM

2 DEC 2004

DRESSING REVIEW

wound care attended as per MR91

may need to return to n/saline packs if sloughy areas continue Gillespie RNEM

PATIENT CONTINUATION SHEET

DATE

PROGRESS NOTES

7 SEP 2004

SURGICAL WARD REVIEW

Shh.

Seen Pt
- Wound updated & Draining.
- Foot & Needs Anafentata

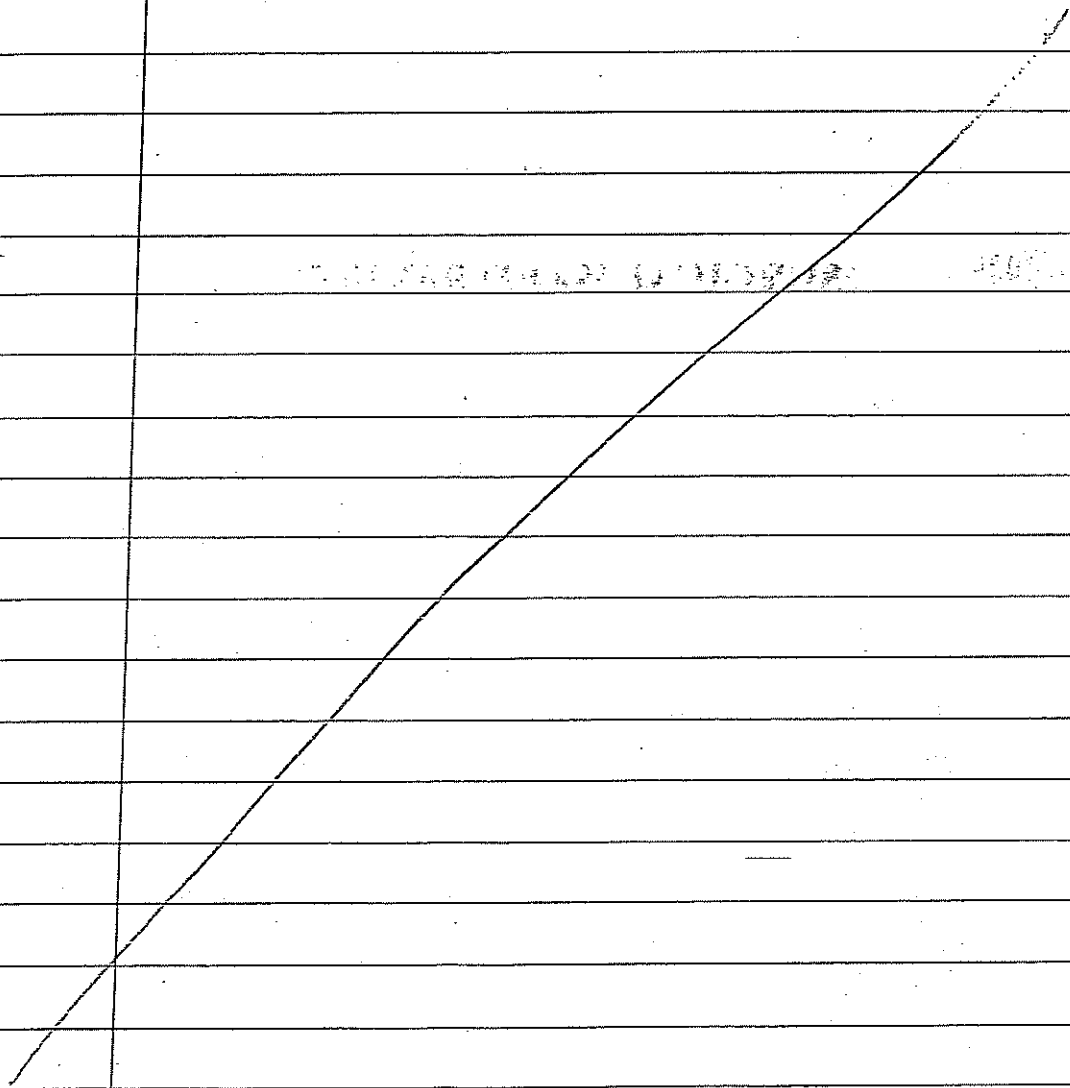
Seen By Dr. Patel.

Jer BKA.
Rook PAC This week

Shh

12 OCT 2004

SURGICAL WARD REVIEW



INPATIENT PROGRESS NOTES

Ph (H)
Ph (B)
DNWV

PENSIONER

(Affix Patient Identification Label Here)

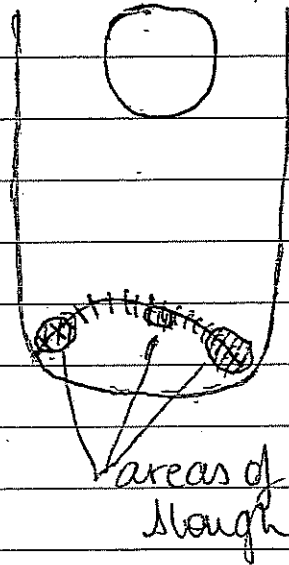
DATE AND STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

14/10/4
ATHANASIOU

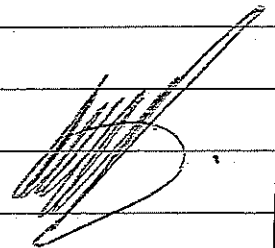
Surgical Note

Asked to r/v BKA Stump wound.



Stump tip looks good
3 areas of localised skin necrosis.
Worst is lateral area.
° evidence of infection or fluid collection.

- P - saline gauze dressings daily
 - not for antibx's at this stage
 - r/v wound in 2/7
- hopefully these areas will granulate & heal without further surgery.



16/10/4
ATHANASIOU

Surgical Note

Medial end of wound improved
lesion in mid section looks good.
lat end lesion looks essentially unchanged

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

No signs of infection at this
stage.

P cont dressings w saline gauze
daily.

F/U 3/7

