

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

P 44

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
18-12-4	SURG PHO
	63 yo ♀
	SLIPPED ON BATHMAT
	FALL IN BATH TODAY A; HIT HEAD
	HEADACHE INITIALLY → SETTLED; FELT OK.
	ONSET NAUSEA / VOMITING ~ 3H POST FALL
	LOC WHEN QAS ARRIVED.
	BACKGROUND
	I. AMI → RECENT ADMISSION 8-12-4
	II. HTN → STARTED ON CLEXANE
	80mg MANE
	III. HTN
	IV. ↑ LIPIDS
	V. HIATUS HERNIA
	VI. DIVERTICULAR DISEASE.
	VII. OA
	MEDS : MONOPRIL
	GIN SPRAY
	DAPATABS
	PARACETAMOL
	CEMFIBROZIL
	LVVox
	ALLERGIES NK.

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18/12/04

Had Head injury this morning resulting in SDH on R side: Pt. received from DEM intubated with sedation (Midazolam) - Hemodynamic stable, - ventilation continued.

- arterial line passed left Radial

- chestial line passed left I.V.

- Morphine/Midazolam infusion started

- Nil saline as Maintenance fluid.

ETD CR line checked with X-Ray chest and position satisfactory

18-12-04

1940

L hand ring finger - 2x rings removed due to oedema, envelope and locked in safe 1 ph (sub)

2045

1 ring gold/silver coloured, 1 ring gold/silver coloured & white stone given to Ethan Furton 1 ph (sub)

18-12-04

1940

she is producing dilute urine in high volume with sp gravity of 1.005. Blood Pressure has come down to 105/70 she has probably developed D.I.? - so desmopressin started. ~~Notes~~ 7cc

19/12/04

CT Repeated DA 'Petal Surgery is of view that she has got cerebral herniation.

So only supportive measures continue till Family decision.

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INPATIENT PROGRESS NOTES

(Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
19.12.04	pt. examined
1:35pm	CT. Reviewed
SURG	Discussed with Dr Zia
	She is now receiving fluid boluses for hypotension
	Ass: Acute Right sub dural haemorrhage
	Right sided brain edema with
	complete obliteration of
	R ventricles.
	marked left shift with
	brain stem herniation.
	No spontaneous breathing
	Loop discussion with family,
	about prognosis -
	Discussion about Not to
	Resuscitate status held.
	Family does not want to
	stay her on prolonged
	ventilator support.
	pt will not qualify for
	"Brain dead" criteria for
	organ donation as there will be
	significant cortical activity from
	left hemisphere.
	Family will decide soon regarding
	timely withdrawal of support.

INPATIENT PROGRESS NOTES

DR W AHMED

DATE AND STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

2:30pm

more discussion w family
They will notify us when they decide to withdraw ventilatory support

Also will get NFR form signed.
Stable

20/12/14
0600

for obs. and nursing cares please see ICU flow sheet - ~~the~~ action plan

20/12/14
0835

In view of the dreadful prognosis this lady has and following discussion with family ventilatory support is to be withdrawn.

M L CARRON

20/12/14
0855

Ventilator turned off

M L CARRON

20/12/14
09:30h
CRESWELL

Patient examined
Unresponsive
No MS for 1 min
No BS for 2 mins
Pupils fixed + dilated
Death confirmed @ 09:30h
Time of death 0855h - Family present
Cause of death - (R) subdural haemorrhage.
Rest in peace P44

CRESWELL (JHO, ICU)

1100hrs

Please see MR 99 for copies/observations
UABEPO (TAPIONS) RV

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