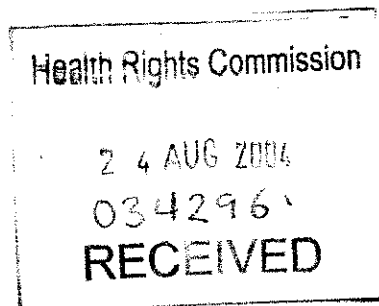


CONFIDENTIAL

Queensland
Government

Queensland Health

Executive Services
Bundaberg Health Service DistrictEnquiries to: Dr Darren Keating, Director of
Medical Services
Telephone: 07 41502020
Facsimile: 07 41502029
File Ref:Ms K Harbus
Senior Intake Officer
Health Rights Commission
GPO Box 3089
Brisbane Qld 4001

Dear Ms Harbus

I write in response to your letter dated 10 August 2004 concerning the complaint by Mr George Connelly about the health service provided to his late wife, Doreen.

Dr Martin Strahan, FRACP was the attending specialist medical practitioner to Mrs Doreen Connelly during her last admission to Bundaberg Base Hospital (BBH). Dr Strahan is a Visiting Medical Officer in General Medicine at BBH, who also practices in the private sector in Bundaberg. He acknowledges that he didn't appreciate the significance of Mrs Connelly's raised troponin result due to different measurement systems being used in the public and private health sectors in Bundaberg leading to potential discrepancy between troponin values for the same patient. This discrepancy contributed to Dr Strahan attaching limited significance to such values at BBH.

Dr Strahan was using a private sector pathology laboratory which measured cardiac troponins using a portable card reader method. Negative values are recorded as less than 0.05µg/L and positive values are recorded as greater than 0.1µg/L. There is a grey or uncertain zone between these two readings. The value is also operator dependent. At BBH, troponins are measured using a Roche Elecsys 1010 analyser, which is internally validated daily and externally checked under the Royal College of Pathologists Australasia Quality Program every two weeks. Negative values are recorded as less than 0.03µg/L while positive values are equal to or greater than 0.03 µg/L. This level is standard across all Queensland Health pathology laboratories with the result electronically recorded and distributed. The public sector method is more sensitive than the private sector method.

Dr Strahan's confusion led to a strong support of the private sector method and belief that the public sector method was inaccurate and possibly inferior. Consequently Dr Strahan also, utilised measurement of creatinine kinase (CK) in patients with acute coronary syndrome as happened in Mrs Connelly's case. Dr Strahan asserts that he attempted to reduce his concern through inquiries with the Rockhampton based management of BBH's pathology laboratory, but didn't obtain a satisfactory response. After Mrs Connelly's death, he again made inquiries and was provided with the above information. At this time he realised his mistaken belief in the private sector's methodology for troponin measurement. Since this time, he has undertaken further study, attended a cardiology conference and sought ongoing advice from his cardiology peers. He states that he

Office
Queensland Health
Bundaberg Base HospitalPostal
P O Box 34
Bundaberg Qld 4670Phone
07 41502020Fax
07 41502029

0332

understands the significance of troponin values, particularly in risk stratification of patients with coronary artery disease. It should be noted that the private pathology provider in Bundaberg has recently installed the same troponin analyser as installed in BBH in order to improve sensitivity of testing, reduce unnecessary duplication and avoid discrepancy in values.

Dr Khan, as Dr Strahan's Principal House Officer, followed his direction and ordered the follow-up CK on 1 December 2003. There was no rise in the value of this test during Mrs Connelly's admission, hence why arrangements were begun to transfer Mrs Connelly for the stress test.

Please be aware that a meeting involving Drs Strahan and Khan, Mr Peter Leck (District Manager), Mr Connelly and myself occurred on 9 June 2004. At this meeting Mr Connelly was given a sincere apology, a copy of his wife's medical records and a copy of the letter to the Health Rights Commission dated 1 June 2004. My staff and I attempted to provide clarification of the events surrounding Mrs Connelly's admission however Mr Connelly remained unhappy with this information.

I trust this information is of assistance.

Yours sincerely



Dr Darren Keating
Director of Medical Services
23/08/2004



**Health Rights
Commission**

Our Ref: 040036 S1/KH
Your Ref:

10 August 2004

Private & Confidential

Mr Peter Leck
District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Dear Mr Leck

Thank you for your letter dated 1 June 2004, relating to the complaint made by Mr George Connelly about a health service his late wife, Mrs Doreen Connelly, received from your hospital.

The Commission has since obtained independent advice from two sources, a public hospital interstate and a public hospital in Queensland. Both advisers were supplied with de-identified copies of the complaint, your response and the medical records. Both agreed that Mrs Connelly:

- was misdiagnosed with unstable angina when in fact her diagnosis should have been acute coronary syndrome;
- should have remained hospital.

In addition, one adviser stated that a stress test was contraindicated and the other stated that it was not relevant as it would *"only have confirmed what they should already have known i.e. that the woman was a high risk patient."*

In your letter, you stated that *"The medical team made a diagnosis of unstable angina..."*. I note your acknowledgement that Mrs Connelly's raised troponin value was evidence of a minor heart attack and that this, taken in combination with her past history, prolonged chest pain and ECG changes meant she should have been diagnosed with acute coronary syndrome and kept in hospital. In view of the information available, could the attending doctor please provide an explanation for the failure to correctly diagnose Mrs Connelly's condition. Additionally, you stated, *"The blood was collected and marked urgent with the result checked by Dr Khan..."*. Could an explanation also be provided as to why arrangements were made to transfer the patient for her stress test if the result had been *"checked"* by Dr Khan.

I look forward to hearing from you at your earliest convenience.

Yours sincerely

Karen Harbus

Karen Harbus
Senior Intake Officer



Bundaberg Newspaper Company

David Kerslake
Commissioner
Health Rights Commission

Health Rights Commission

18 AUG 2004

RECEIVED

August 16

Dr. 19/8
→ I take to claim to Mr C. before responding.

To Mr Kerslake, I am writing to you to draw your attention to the case of George Connolly which has been referred to the Health Rights Commission (Queensland).

The News-Mail has followed Mr Connolly's case since the tragic death of his wife. Since then he has been campaigning to get the case investigated, but up to this time nothing has been done.

Mr Connolly has been waiting for eight months for the Health Rights Commission to contact him with their review of his complaint. And he contacts the Commission regularly in an attempt to force quick action on the issue.

I fear, due to Mr Connolly's ill health, that he may not survive to find out the result of the Health Rights Commission inquiry into his wife's case. This would be a terrible tragedy and I believe his circumstances are special and therefore demand special attention.

As a result of these concerns, the News-Mail has put its weight behind Mr Connolly in an attempt to get prompt action.

I would encourage you to take Mr Connolly's health into account and review his complaint at the earliest possible time. I have attached copies of the stories which recently featured in the News-Mail for your consideration.

Your sincerely

Lucy Arden
Editor
News-Mail
41538520



Local news

■ Dry outlook continues

LIGHTNING and storm activity around Bundaberg got the hopes up for many earlier this week. But the weather experts have bad news — the forecasts are showing only more dry weather.

Bureau of Meteorology weather forecaster Kun Meng said the storm activity was isolated off the Fraser Coast on Wednesday.

"Only Fraser Island had some showers (Yesterday) morning and they are clearing now," Mr Meng said.

Bundaberg should expect another fine but dry weekend.

"It's pretty dry," Mr Meng said.

"You will have quite strong winds on Saturday — fresh north-westerly winds changing on Friday night."

QUEST

Seeking answers

EIGHT months after his wife's tragic death, George Connelly is still waiting for answers.

But time has become precious for the 66-year-old Bundaberg pensioner, who is battling emphysema.

His wife Doreen, 69, had been admitted to Bundaberg Base Hospital in December last year after a suspected heart attack.

She died just hours after being released from hospital.

Mr Connelly has been waiting for six months for the Health Rights Commission (HRC) to give him a formal answer about why his wife died.

"I don't think I have too much longer to go and then who will do this," Mr Connelly said.

The commission took three months to contact the Bundaberg hospital.

Mr Connelly said he had rung the HRC once a week since February, but had been told there were 200 to 300 cases in front of his.

He was also told the investigation could take up to 12 months.

"I want the person or the system responsible for this to be stopped and never doing it again," he said.

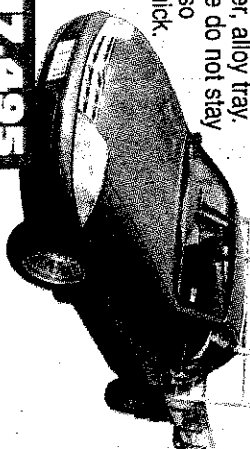
ROD DUFFY

USED CARS

LICENSED DEALER
BEST DEALS ON FOUR WHEELS

2000 AU II FALCON DROPSIDE

4 litre, 1-bar auto, air-cond, p/steer, alloy tray.
These do not stay long so be quick.



\$17,495

HYUNDAI EXCEL SEDAN

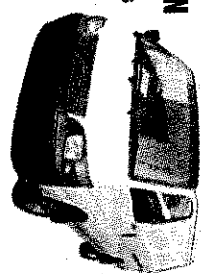
4cyl, 5 spd man, air-cond, p/steering and only



INQUIRY

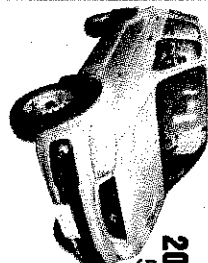
2000 HILUX LWB VAN
3 litre diesel, 5 speed
power steering, 6 months
rego, great workhorse.

\$16,990



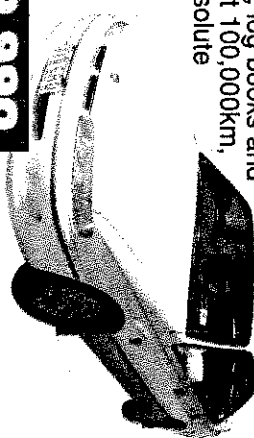
2001 DAIHATSU TERIOS
5 spd man, air-cond, dual
airbags, long rego, low
kms. Great little 4x4.

\$12,990



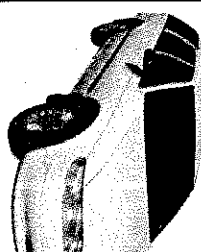
VR II ACCLAIM SEDAN
3.8 V6, T-bar auto, air-cond, ABS brakes,
cruise, log books and
not yet 100,000km,
an absolute
gem.

\$9,990



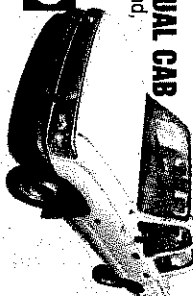
EL FALCON S/WAGON
4 litre, T-bar auto, air-cond,
power steering, just
100,000km, great
family motor.

\$10,990



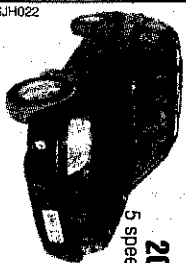
2000 HILUX 4x2 DUAL CAB
2.7 EFI T-bar auto, air-cond,
power steering, 6 months
rego, just 40,000km.

\$20,990



2000 HONDA CIV SPORT
5 speed, air-cond, power steering and
windows, sunroof, alloys, hard
wheel cover, log books.

\$21,990



272 Bourbong Street, Bundaberg
Phone 4151 8266 - Fax 4151 8277
Ahts Rod Duffy 041 8798 375 - Allan Ford 4157 4026

HRC complaints manager
John Cake said due to privacy
laws, he was unable to confirm
or deny whether Mr Connolly
had made a submission.

However, he said the com-
mission did not prioritise any
cases because investigations
started on most within a fort-
night.

"There is no need to priori-
tise as such because things are

WAITING: George Connolly is seeking answers about the death of his wife.
dealt with very quickly," Mr
Cake said.

"So it is unusual for it to be
more than a fortnight before
something is done."

He said some complex cases
could take years to reach an
outcome.

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Timeline

Dec 3: Doreen Connolly died, the Health Rights Commission,
hours after being released from
hospital.
Dec 5: Mr Connolly made verbal
complaints to hospital staff
Feb 12: He wrote his first letter to
the Health Rights Commission.
Feb 22: He visited the commission
in Brisbane and was told the inves-
tigation could take 12 months.
Today: He is still waiting for an
answer.

Aerosol can danger

CHILDREN were spotted experimenting with
aerosol cans and fire in a drain on Glen Appin
Drive this week.

Bundaberg police Senior Constable John
Campbell said the children started a small fire
and one of the cans landed in a neighbour's yard
about 4.30pm on Wednesday.

Snr Const Campbell said the act was extremely
dangerous.

Truck driver avoids crash

A TRUCK driver managed to regain control of his
semi-trailer after it jack-knifed to avoid hitting
another vehicle on Wednesday night.

Bundaberg police Senior Constable John
Campbell said the truck driver lost control after
the vehicle in front swerved to miss animals on
the Isis Highway about 4pm.

Snr Const Campbell said no damage or injuries
were caused.

Child abduction prevention

A METHOD to avoid child abductions in Bunda-
berg is being investigated by the Queensland Po-
lice Service.

A working party has been formed to ensure the
speedy introduction of an Amber Alert system,
which allows the media to break into normal
transmission and broadcast details about the
child to ensure a quick response.

The party will meet next week and produce a
report, which will form the basis of a submission
to cabinet within three months.

Prowler spotted

SVENSSON Heights residents reported seeing a
male prowler in the area about midnight on
Wednesday.



Kevin Cast

accepted, Frequent Customer Club/Home deliveries Monday-Friday

Cnr Bauer & Davidson Streets, Barga

Regional chit chat

REUNION PLANNED

A "RETURN to Rosalie for A Reunion Day" will be held on November 13 at the Goombungee Showgrounds.

Former residents and descendants of families who attended schools, (up to 53 at different times during the past 125 years), or who have lived in Rosalie Shire, north west of Toowoomba are invited to participate.

The event will start with reunion registrations from 11am before a grand parade from 1pm. Participants are welcome to march in the parade, either in family or school groups.

The event will close at 7pm with fireworks.

All returning residents and students are invited to bring historical items that may be of interest to the Rosalie Shire Historical Society.

Historians will be available on the day to record any information you have and agree to share.

Information can be obtained from Rosalie Shire Historical Society president Shirley Johnston on 4696 5338.

The closing event will include opportunities for residents to buy pavers to ensure that their names are recorded in Rosalie Shire's history in a special walkway to be completed in 2005.

More information can be obtained from Rosalie Shire Council's Community development officer John Carey on 4696 7900.

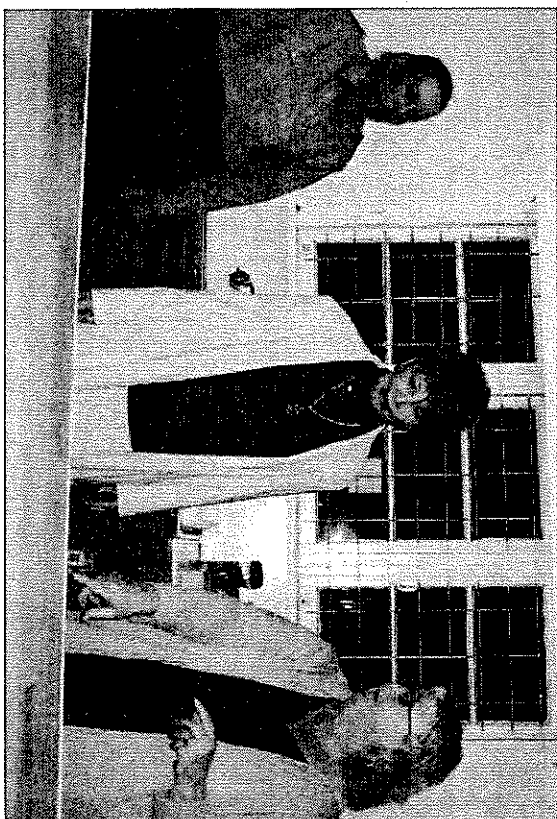
Club boosts Blood Bank supplies

THIS year the Rotary Club of Bundaberg Sunrise has donated a microwave oven and outdoor furniture to the Bundaberg Blood Bank as part of its community service programme.

The blood bank is planning some extensions and the furniture will be used so donors can relax in pleasant

surroundings while waiting. Sunrise has been involved with the Blood Bank for a number of years both with financial support and blood donations.

All Rotary clubs in the district compete annually for the best blood club in Bundaberg award.



ABOVE: Kim Schreiweis talks to Mayor Kay McDuff.

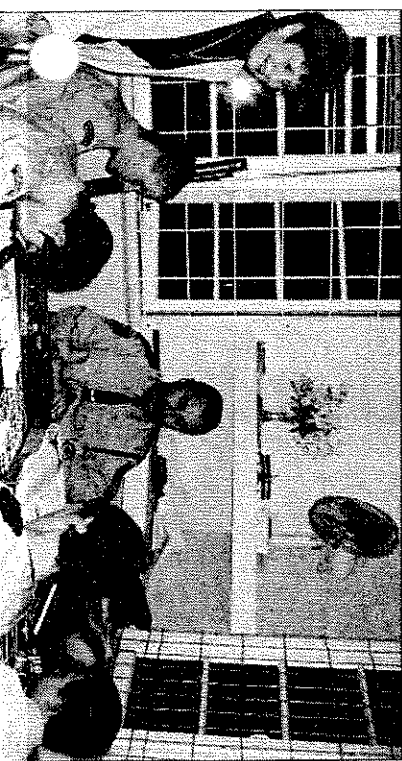
LEFT: DI Ballard, Kay McDuff and branch committee member Janice Schreiweis take a look at the renovations to the Air League hut.

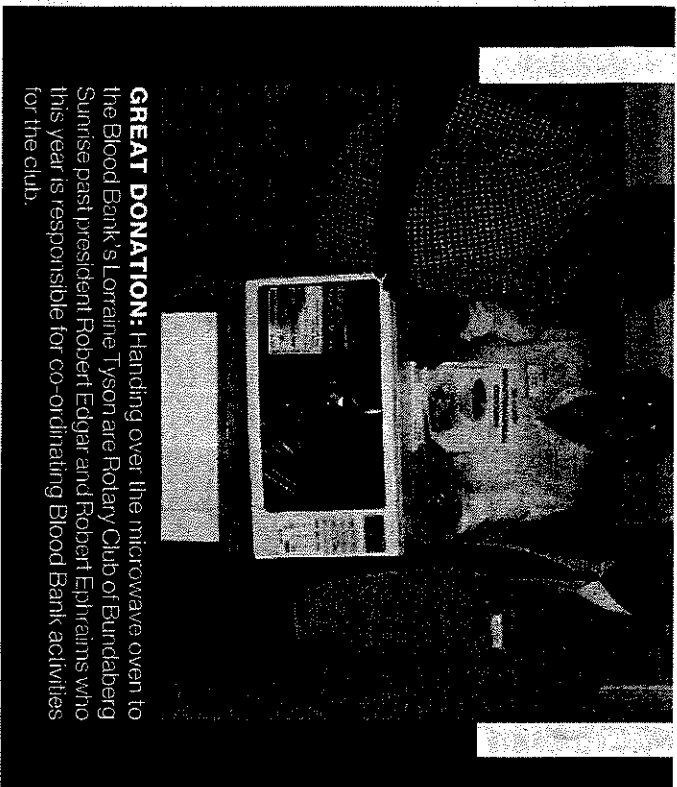
League for cadets

BUNDABERG Mayor Kay McDuff took time out of her busy schedule to visit Australian Air League (AAL) Bundaberg Squadron at their hut near the airport recently.

OC Kim Schreiweis showed the mayor some of the hut's renovations and explained work would continue as more money was raised.

When the mayor arrived at 8pm, drill practice was in progress and some of the cadets were working on their model aircraft in preparation for





GREAT DONATION: Handing over the microwave oven to the Blood Bank's Lorraine Tyson are Rolary Club of Bundaberg Sunrise past president Robert Edgar and Robert Ephraims who this year is responsible for co-ordinating Blood Bank activities for the club.

Submissions needed:

If you would like to submit a story and photograph for our Regional Chit Chat page we would love to hear from you. Email to us at editorial@news-mail.com.au and mark it attention Chit Chat.

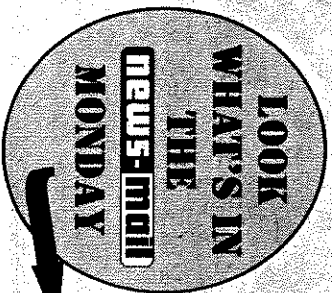
The News-Mail is the most authoritative source of local news and sport, as well as covering major national and international events.

We have a range of regular features to brighten the day, including a crossword, horoscope, TV guide, comics, cartoon and a look into the past. There is also the daily information that readers are looking for, including the weather forecast, sugar and fruit and vegetable prices, lotto and pools results and a sharemarket report.

Then there is our lively letters section, community news, baby and wedding photographs, and regular social photographs. And whatever our readers are looking for, they will find it at the right price in our classified advertising.

6

Days a week



Monday

Monday Jobmart has a selection of the best jobs on offer from the Sunshine Coast to Mackay, including those in Bundaberg. For those who are looking for a career change, this is their first port of call.

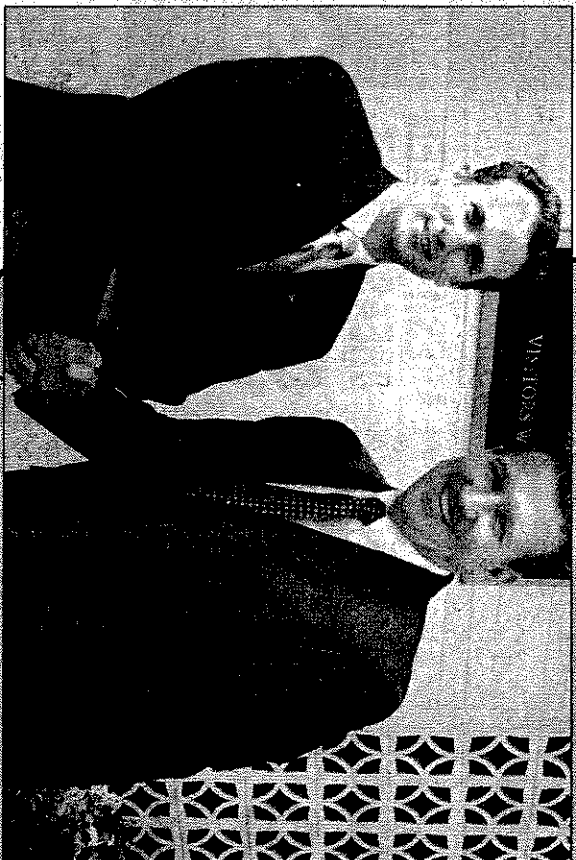
The Wrap contains a comprehensive coverage of the local sporting action from the weekend including rugby league, cricket, netball, basketball, as well as racing. Stories featuring local sporting stars are also in the Wrap.

0327



MODEL BOYS: Kay McDuff watches leading cadet Jesse Evans, leading cadet Andrew Griffin, warrant officer Greg Francis, cadet Lochlan Francis and cadet Darryl Webb constructing model aircraft.

Church welcomes new leader



INCOMING
branch president
Matthew Walker is congratulated on his new leadership role in The Church of Jesus Christ of Latter Day Saints by outgoing president David Gibson.

QUEST

Seeking answers

INQUIRY

CALL

EIGHT months after his wife's tragic death, George Connelly is still waiting for answers.

But time has become precious for the 66-year-old Bundaberg pensioner, who is battling emphysema.

His wife Doreen, 69, had been admitted to Bundaberg Base Hospital in December last year after a suspected heart attack.

She died just hours after being released from hospital.

Mr Connelly has been waiting for six months for the Health Rights Commission (HRC) to give him a formal answer about why his wife died.

"I don't think I have too much longer to go and then who will do this," Mr Connelly said.

The commission took three months to contact the Bundaberg hospital.

Mr Connelly said he had rung the HRC once a week since February, but had been told there were 200 to 300 cases in front of his.

He was also told the investigation could take up to 12 months.

"I want the person or the system responsible for this to be stopped from ever doing it again," he said.

"It means I can die happy because I know this won't happen to anyone else."

HRC complaints manager John Cake said due to privacy laws, he was unable to confirm or deny whether Mr Connelly had made a submission.

However, he said the commission did not prioritise any cases because investigations started on most within a fortnight.

"There is no need to prioritise as such because things are



WAITING: George Connelly is seeking answers about the death of his wife.

Photo: ROBYNE CUREL

dealt with very quickly," Mr Cake said.

"So it is unusual for it to be more than a fortnight before something is done."

He said some complex cases could take years to reach an outcome.

Timeline

- | | |
|--|--|
| Dec 4: Doreen Connelly died. | the Health Rights Commission. |
| hours after being released from hospital. | Feb 22: He visited the commission in Brisbane and was told the investigation could take 12 months. |
| Dec 6: Mr Connelly made verbal complaints to hospital staff. | Today: He is still waiting for an answer. |
| Feb 12: He wrote his first letter to | |

JUST BRIEFLY

17/08/2004

14:39

BUNDABERG NEWSMAIL → 32340333

NO.361

D01

BNC

Bundaberg Newspaper Company

news-mail**Guardian**
connecting the island state**FACSIMILE**

To: Karen Arduis
CC: 3234 0333
From: Catherine Prowse
Date: 17/8/04.
Re:

Karen,

As requested, our article on
George Connelly.

Regards,
Catherine Prowse

22-24 Targo Street, 35-37 Production Street
PO Box 3006, Bundaberg DC, QLD 4670
Telephone (07) 4153 8555 Facsimile (07) 4153 8300
Website www.news-mail.com.au

0323

17/08/2004

14:39

BUNDABERG NEWSMAIL → 32340333

NO.361 P01



Bundaberg Newspaper Company

news-mail



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Website www.news-mail.com.au

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17/08/2004

14:39

BUNDABERG NEWSMAIL → 32340333

NO. 361

002

INQUIRY



QUEST

Seeking answers

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But time has become precious for the 66-year-old Bundaberg pensioner, who is battling emphysema.

His wife Doreen, 69, had been admitted to Bundaberg Base Hospital in December last year after a suspected heart attack.

She died just hours after being released from hospital.

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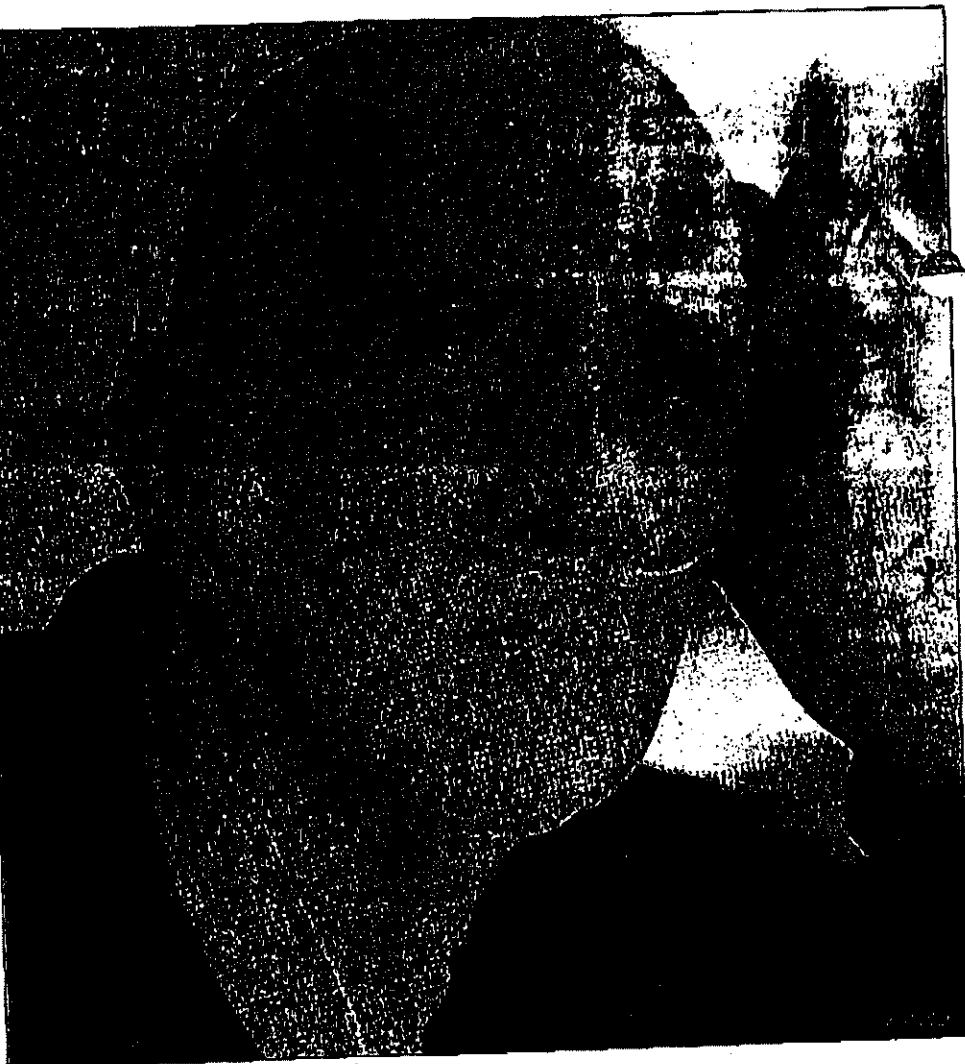
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However, he said the commission did not prioritise any cases because investigations started on most within a fortnight.

"There is no need to prioritise as such because things are



WAITING: George Connelly is seeking answers about the death of his wife.

Photo: ROBYNE CUEREL

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"So it is unusual for it to be more than a fortnight before something is done."

He said some complex cases could take years to reach an outcome.

Timeline

Dec 3: Doreen Connelly died, hours after being released from hospital.

Dec 5: Mr Connelly made verbal complaints to hospital staff.

Feb 12: He wrote his first letter to

and Health Rights Commission.

Feb 22: He visited the commission in Brisbane and was told the investigation could take 12 months.

Today: He is still waiting for an answer.

JUST BRIEFLY

File Note

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Assessment
Extension

Encryption Key:

Date 26/07/2004 12:14 PM Composed Karen Harbus/HRC
Composed By:

Short Description: Dr Merrinan, independent adviser, to HRC

Body Text:

Dr Marrinan telephoned to say he had read all the information provided to him. He stated that he agreed with the comments made by the provider (P) in their response dated 01/06/04 in that P had deviated from best practice in misdiagnosing the woman and in their management of her. Dr Merrinan explained that in relation to the woman's blood test which showed raised troponin levels, this meant she had suffered a small heart attack and P should have kept her in. He stated that he agreed with P that the woman should have been diagnosed with "*acute coronary syndrome*" and not "*unstable angina*". In relation to the stress test which the man (C) was concerned about, Dr Merrinan explained that this was contraindicated and could have made the woman's situation worse in that a stress test puts strain on the heart. In relation to whether or not the woman's outcome would have been different, the adviser said that the whole reasoning behind keeping a patient in hospital is to monitor them and treat them accordingly and the woman's outcome may or may not have been different. He said that in reading the cause of death (i.e. (a) cardiac arrest; (b) myocardial infarction; and (c) ischaemic heart disease) he assumed that the cause of death could have been a continuation of the minor heart attack or a further event. He explained that while under the National Heart Foundation guidelines, heparin was a medication which could have been used following such an event and this may have prevented the woman's death, there was no way of stating this categorically.

I thanked Dr Merrinan for his assistance and we agreed I would fax him a copy of this File Note so that he could ensure it accurately reflected our discussion - fax no. 5571 8696.

0320

00002

Consumer: Mrs Doreen CONNELLY (DEC'D) Provider: Bundaberg Base Hospital - Mr Peter LECK

Assessment
Extension

Encryption Key:

Date 13/07/2004 03:45 PM Composed Karen Harbus/HRC
Composed: By:
Caller:★ HRC to Dr Mary Buchanan, indep. adviser

Body Text:

Given in Confidence: (03) 9554 1000. I telephoned the independent adviser in order to see if she had had time to consider the information sent to her. She said she had and in her opinion, the woman "*was not treated reasonably well*". The adviser stated that the woman fell within a high risk group due to such factors as her age, history of heart disease, raised troponin reading and the ECG and enzymes meant she did have a "*recent event*". The adviser explained that that the American College of Cardiology, National Heart Foundation and other recognised organisations had a list of criteria whereby it can be established whether or not a patient is a "*high risk patient*". She commented that the woman should have been given heparin, a blood thinning agent and she should have had an urgent angiogram. She explained that the referral to the nuclear medicine unit for the stress test was not particularly relevant as it would only have confirmed what they should have already known i.e. that the woman was a high risk patient. I asked Dr Buchanan if the woman's outcome would have been different if she had been treated appropriately and she said possibly. She stated that she was not sure about the facilities this particular hospital had for such emergency procedures as an angiogram but reiterated that nevertheless the treatment the woman received was unreasonable.

Thanked the adviser very much for her assistance. It was agreed that I would fax her a copy of this File Note so that it could be checked to ensure it accurately reflected our discussion. Fax no: 9554 8453.

0319

00001

On late the 1st or early the 2-12-03 ³ my wife
 [redacted] was taken by ambulance to [redacted]
 [redacted] Hospital with a suspected heart attack after
 several checks with turned out negative my wife
 was admitted to hospital ^{and} as she had been given
 several pain killing tablets and ^{prays} springs under
 her tongue she was now feeling no pain as suggested
 that go and pick up our son Paul and take him
 to work, she had been looked in for a stress
 (Her) destination at 10:20 AM on the 2-12-03 by her
 doctor Dr [redacted] she asked me to let them know
 that she was in hospital this was at the [redacted] Hospital
 I did this and told them that I did not know
 if the [redacted] Hospital was going to run her down
 or not they told me that they would have to ^(reallocated)
 know early as the time would have to be reallocated.
 The heart specialist was supposed to see her at
 8 AM he did not arrive till approx 8:30 AM I told
 him about the x-ray at the [redacted] Hospital he turned
 to the nurse and said I want this x-ray ^{and} straight
 away he then left. I gave the nurse all the particulars
 including the appointment form which included the
 telephone number for the [redacted] hospital and told
 her she had to phone them straight away. She
 walked off without saying a word. At 10 AM the
 ward doctor came ^{up} with the nurse and said we
 will send you up for that x-ray now are you
 feeling any pain of course she wasn't she had been
 given medication to stop the pain he then started
 to work out how he was going to get her to the
 [redacted] Hospital I said do you want me to run
 her down he said yes, the nurse then ^(interrupted) intervened

you are taking a risk she should go by ambulance.
He agreed and said I will phone the [redacted]
and let them know she is on the way down
and headed [redacted] followed him as I thought there
was something they were not telling us. He told
me that we think she has a blockage in the heart
and this x ray will show us where it is and we
will be able to give her something for it and send her
to Brisbane to be operated ^{on} strict surgery to clear
it. I went back and told my wife. At 10-30 the doctor
came back and said the appointment had been ^(reallocated)
and he ~~was~~ had booked ⁱⁿ for Monday 9-12-03.
On hearing this I went straight down to the [redacted] Hospital
I was told that the [redacted] Hospital had not phoned
so they reallocated the x ray ^{at 9:30 AM} then went back to the
[redacted] hospital and complained to the ward doctor
he said it was too late and there was nothing they could
do about it. (I have since found out that the hospital
could have requested an emergency x ray). I then
asked the doctor what happens now he said she can
go home and that the [redacted] will send the reports back
to them. I went back to my wife she had been told she was
going home, the nurse was attending another patient I
asked the reason she did not phone the [redacted] she
said in a huff it's not my job the doctor should have
phoned, as she was walking off I said you should
have given all the information to the doctor then. The
hospital refused to give me the nurses name.
My wife passed away between 4:30 AM and 6 AM on the 3-12-03.
It is my opinion the the nurse should never be allowed
to continue in her track again and put other lives
at risk

[REDACTED]
22/4/1934

2/12/03

Dear Doctor

69 year old lady with prior history of silent MI presented with chest pain relieved by Nitroglycerin. Her Troponin was 0.6 with a flat CK curve. ECG shows old MI.

Past medical history

Prior MI (silent)
hypothyroidism

Meds

Aspirin 100mg OD
Lasix 40mg OD
Lipitor 20mg OD
Thyroxine 100mcg OD

Assessment

Unstable Angina/ Non ST Elevation MI

Plan

1. Booked for a stress sestamibi 8/12/03
2. Started on aspirin and lipid lowering agent.
3. Will hold off beta blockers until stress test performed to allow for an adequate study
4. Started on lasix. Will need to assess long term need based on EF and follow up exam.

Thank you

[REDACTED]
Med PHO
4152 1222

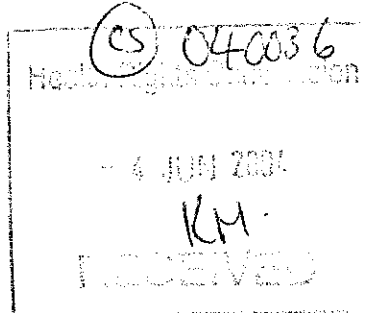
NURSE



**HEALTH SERVICE DISTRICT
EXECUTIVE SERVICES**

Enquiries to: [redacted] District Manager
Telephone: [redacted]
Facsimile: [redacted]
Our Ref: [redacted]

Ms Karen Harbus
Intake Officer
Health Rights Commission
GPO Box 3089
BRISBANE Q. 4001



Dear Ms Harbus

I write in response to your letter dated 6 April 2004 concerning the complaint by Mr [redacted] about the health service provide to his late wife, [redacted]

Mrs [redacted] presented to [redacted] Hospital [redacted] at approximately 0450h on 1 December 2003. She had woken at 0330h with chest pain which lasted 30 minutes and completely resolved after she was administered oxygen, aspirin and GTN by QAS paramedics.

Upon arrival at [redacted] Mrs [redacted] was pain free and assessed by the duty medical practitioner, who noted Mrs [redacted] past history of an acute myocardial infarction and hypothyroidism. The medical practitioner also noted that Mrs [redacted] complained of an increasing frequency of chest pain on exertion over the preceding days. Physical examination including vital sign monitoring revealed no major abnormality. Investigations including serial ECGs confirmed the previous myocardial infarction with some lateral 'T' wave changes, the chest x-ray was normal and blood tests showed a raised troponin value.

Mrs [redacted] was admitted to a general ward and reviewed by the specialist medical team later in the morning. The medical team made a diagnosis of unstable angina with aspirin, a lipid lowering medication ('Lipitor') and frusemide ('Lasix') added to Mrs [redacted] medication. At that time Mr [redacted] explained to the treating medical staff that their general practitioner had referred Mrs [redacted] for a (sestamibi) stress test to be performed by [redacted] Nuclear Medicine at [redacted] Hospital [redacted] which was booked for 1 December 2003. He explained he had notified the nuclear medicine service that Mrs [redacted] was an inpatient at [redacted] and understood the booking would remain open until approximately 0930h, requiring confirmation from [redacted] staff before this time. The agreed management plan was that further blood tests be taken and if normal, the stress test occur, as planned. The blood was collected and marked urgent with the result checked by Dr [redacted] and arrangements begun to transfer Mrs [redacted] for her stress test. The nursing staff member rang [redacted] Nuclear Medicine to confirm the appointment however it had been reallocated with no further appointments available for one week. Arrangements were made for Mrs [redacted] to undergo the test as an outpatient on 8 December 2003.

Office
Queensland Health
[redacted] Health Service District

Postal
[redacted]

Phone
[redacted]

Fax
[redacted]

Mrs [REDACTED] was stable throughout her admission, with no further complaints of pain or any requirements for any form of analgesia and was discharged home at 1430hr on 2 December 2003. Tragically Mrs [REDACTED] died in the early hours of the morning of 3 December 2003. One of Mr [REDACTED] responses was to seek out the name of the nurse, who he believed hadn't rung the nuclear medicine service, therefore allegedly contributing to the untimely death of his wife. In a telephone call of 3 December 2003 with Mr [REDACTED], Ms [REDACTED] Acting Director of Nursing explained that [REDACTED] would review his concerns, but wouldn't release the name of the nurse to him, because the nurse was employed by [REDACTED] and any complaint should be directed to the employing organisation.

An interview was conducted with the nurse caring for Mrs [REDACTED] who explained she had contacted [REDACTED] Nuclear Medicine in an attempt to confirm the booking, after receiving confirmation from Dr [REDACTED] that Mrs [REDACTED] could attend. However her phone call was made after the required confirmation time and the booking had been reallocated with no emergency appointments available. The timing of the latter booking was checked with the treating medical staff. [REDACTED] believes the nurse performed her duties correctly within her overall workload allocation and can find no fault with her actions. It is noted that this nurse was very upset following Mr [REDACTED] return to [REDACTED] to complain about his wife's cancelled appointment, when he was reported to publicly remonstrate with a number of nursing staff in the ward area.

In reviewing this complaint, an internal review of the health care provided to Mrs [REDACTED] was performed by Dr [REDACTED] Director of Medical Services and Dr [REDACTED] Director of Medicine. This review confirms the above information including the ECG changes in Mrs [REDACTED] initial ECGs (as compared to previous ECGs in 2002), an elevated troponin on arrival which increased in value 8 ½ hours later, but with no rise in creatinine kinase. The raised troponin value is evidence of minor heart muscle damage. The combination of Mrs [REDACTED] past history, prolonged chest pain, ECG changes and raised troponin values indicates the diagnosis should have been acute coronary syndrome. Accordingly this lady should have remained in hospital for ongoing observation.

Based upon this information, I offer my profound apologies to Mr [REDACTED] for the distress and anxiety relating to the unexpected death of Mrs [REDACTED]. I would like to apologise to Mr [REDACTED] in person and Mr [REDACTED] can contact my office on 4150 2020 to arrange a time convenient to him. I have asked Drs [REDACTED] and [REDACTED] to attend this meeting to provide further explanation and answer any questions that Mr [REDACTED] may have.

As a health service, we wish to reduce these circumstances to a minimum and maintain a reputation for high quality care. I have directed Dr [REDACTED] and Dr [REDACTED] to review the care provided to all patients presenting with acute coronary syndrome to ensure these patients are managed appropriately. [REDACTED] has begun involvement with the Collaborative for Healthcare Improvement - Acute Coronary Syndrome, which will provide evidence based guidelines and systematic evaluation of the treatment of this condition in [REDACTED] with comparison on a statewide basis. An education session has been conducted at [REDACTED] for all medical staff involved in the care of such patients, with senior staff attending continuing education sessions on the specific topic of Acute Coronary Syndrome and the management of patients with raised troponin measurements.

I trust this information is of assistance.

Yours sincerely

A large, irregular black redaction mark covering the signature area.

District Manager

01/06/04

SURNAME

[REDACTED]

UNIT RECORD NUMBER

[REDACTED]

GIVEN NAMES

[REDACTED]

~~DUPLICATE AS OF 3/12/03~~

COPY

last attendance	
19	93
	94
	97
	00
	02
	03
	2004

CONFIDENTIAL
Medical Records may
not be removed from

MEDICARE NUMBER [REDACTED]		U.R. No. [REDACTED]	
SURNAME [REDACTED]			
GIVEN NAMES [REDACTED]			
DATE OF BIRTH 22-4-34		SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
ADDRESS [REDACTED]			
PHONE No. [REDACTED]		WORK	
OCCUPATION HOUSEWIFE			
ETHNIC ORIGIN Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> T.S.I. <input type="checkbox"/> Other <input type="checkbox"/>			
MARITAL STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
RELIGION CATHOLIC			
SURNAME [REDACTED]		NEXT OF KIN GIVEN NAMES [REDACTED]	
RELATIONSHIP HUSBAND		PHONE No. [REDACTED] WORK	
ADDRESS [REDACTED]			
HEALTH INSURANCE FUND			
PENSION No.		REPAT No.	
BLOOD GROUP		LMO	
IMMUNIZATIONS		ADDRESS	
YEAR	TYPE	TELEPHONE:	
		LMO	
		ADDRESS	
		TELEPHONE:	
		LMO	
		ADDRESS	
		TELEPHONE:	
ALLERGIES AND DRUG REACTIONS:			
NIL KNOWN			

0311

BUNDABERG HOSPITAL EMERGENCY RECORD

Surname	Given Name	Date of Birth	Sex
[REDACTED]	[REDACTED]	22 Apr 34	F
Patient No:	Emerg. No:	Arrival Date and Time	
[REDACTED]	[REDACTED]	01 Dec 03 04:48	

Triage Cat	Area	Complaint
2	R1	CHEST PAIN

Allergies:- N/A

Immunisation Status:-

Triage Notes Developed central chest pain 5/10 @ 0330hrs - radiating up to jaw and through to her back - Called ambulance - who state pain was 5/10 OIA -> gave client 1/1 Aspirin
↓ pain to 0/10. Completely pain free OIA to DEM.

TRIAGE RN Printed Name/Stamp 2bay

Signature L. B. ...

[illegible]

NURSING NOTES

ID: 12-01-03 6:20AM

CLARITY: -----
COLOR: LT. YELLOW
GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG 1.010
BLO NEGATIVE
PH 5.5
PRO NEGATIVE
URO 0.2 E.U./dL
NIT NEGATIVE
LEU* TRACE

WARD TEST URINE:-

WEIGHT:-

MEDICATION ORDERS

[illegible]

69/F

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME	11/12/03
0458	<p><u>CC</u> Chest pain - 2hr 30min</p> <p><u>Hx</u> (still)</p> <p>Spontaneous chest pain at rest. Pain was S/O Persistent pain, radiates to jaw & shoulder. Pain lasted for 30min. No nausea, no vomit. No SOB. He has been having recurrent chest pain in last few days. Chest pain / orthopnea whenever he does any strenuous activity. Pain now relieved by XL GTN spray / Aspirin.</p> <p>Past hx</p> <p>MI - 93/95</p> <p>Thyroid disea - on Thyroxine.</p> <p>Thyroxine</p> <p>GTN spray.</p> <p>Not in distress pain 0/10 BP 125/94 Pulse 80/min</p> <p>Resp 20/min</p> <p>wt 68.2 Kg.</p> <p>Reg Trachea Central.</p> <p>Equal chest movement.</p> <p>good AE, base crepit</p> <p>ASA 1</p> <p>soft</p> <p>Opinion MI to Exclude</p> <p>DDx Angina</p> <p>(P) => ABC / UEC / LFT / CK / Troponin / TAT</p> <p>-> CXR</p> <p>-> O2 at 6L/min</p> <p>off</p>

ADMISSION CHECKLIST	PROCEDURES	PATIENT DISCHARGE INFORMATION
Medical Order Sheets: Medication <input type="checkbox"/> Fluids <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> XRay <input type="checkbox"/> Property List <input type="checkbox"/> Relatives Notified Armband <input type="checkbox"/> Protocols <input type="checkbox"/>	IV Cannula _____ gsite _____ IV Fluids in Progress <input type="checkbox"/> Bloods <input type="checkbox"/> MSU <input type="checkbox"/> ABG's <input type="checkbox"/> NGT <input type="checkbox"/> _____ g IDC _____ g _____ ml O2 Therapy _____ Lpm via _____ Dressing/Suture Site: _____	Ward _____ Speciality _____ Discharge Date _____ Time _____ APPT <input type="checkbox"/> Department _____ Date _____
IN CARE OF <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> SELF	RN Signature: _____	
AFTER CARE INSTRUCTIONS GIVEN <input type="checkbox"/> Use of crutches <input type="checkbox"/> Plaster Care <input type="checkbox"/> Head Injury		

0339

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME

19/9/2002

03:30

(MIN)

68 year old ♀
was brought to DEM by QAs
with H/o sudden onset of pain
in the rt. side of back at about
10.00 PM last night - NO S.O.B; no nausea
Pain is localised and not radiating.
Taken Aspirin 2 tabs at home
Past Medical History of - MI, Hypothyroidism.

Medication: Oxirin 100 apm.

Personal Habit: no smoking, not drinking.

(M54.6)

Allergy: nil known.

O/E. G. condition - good Gen is
Afebrile.

Resp. System: lungs clear

VBS all over, no crepitation.

RR 20/min O₂ sat 98%.

Heart: Both sides heard

Bp 185/88 mmHg.

PR 65/min

Abdomen: soft.

Liver & spleen not palpable

Bowel sounds (+)

ADMISSION CHECKLIST

Medical Order Sheets:

Medication ☐

Fluids ☐

Fluid Balance Chart ☐

XRays ☐

Property List ☐

Relatives Notified

Armband ☐

Protocols ☐

PROCEDURES

IV Cannula _____ gsite _____

IV Fluids in Progress ☐

Bloods ☐ MSU ☐

ABG's ☐

NGT ☐ _____ g

IDC _____ g _____ ml

O₂ Therapy _____ Lpm

via _____

Dressing/Suture Site: _____

PATIENT DISCHARGE INFORMATION

Ward _____
DEM

Speciality _____

Discharge Date 19/9/2002

Time 05:20

APPT ☐ Department _____

Date _____

IN CARE OF ☐ RELATIVE ☐ FRIEND ☐ SELF

RN Signature:

0307


AFTER CARE INSTRUCTIONS GIVEN ☐ Use of crutches ☐ Plaster Care ☐ Head Injury

[REDACTED]

Ph (H)

22-04-19

Ph (H) [REDACTED]
Ph (B)
CATHOLIC

0306

22-04-1934
M

SPECIAL OBSERVATION SHEET

Ph (H)

Ph (B)

Catholic, nec



HOME DUTIES

EXAMPLE 1

- FINGERS/TOES - Colour, temp. movement, swelling, pain, numbness, Remarks
- URINE - Vol, colour, reaction. SG. Albumen, Blood, sugar, bile, Remarks

OBSERVATIONS RECORDED: URINE ☐ FINGERS/TOES ☐ OTHER _____

INDICATE OBSERVATIONS IN SEPARATE COLUMN(S)

DATE	TIME	T	P	R	BP	O ₂	SAB	tain	REMARKS
									R axilla - back pain
	0330	36 ⁷	71	24	189 93	RA	99%	5/10	ECG bloods/IV
	0350		65	24	181 89	RA	98%	6/10	lisufen 400mg
	0355		60	24	181 90	bl	99%		
	0400		65	24	169 90	bl	99%	6/10	BSL 6.7mmols
	0410		66	24	185 85	bl	99%	6/10	300mcg anginine
	0415							6/10	post anginine
	0420								10mgs maxalon, 2.5mgs morphine
	0421		63	20	131 86	bl	98%	1/10	+++protein u/A.
	0440		68	20	135 81	bl	99%	2/10	
	0500		65	20	149 90	bl	99%	2/10	

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME

22/9/97

12:15

in the park yesterday - felt FB in eye

→ O/E - grit under eyelid

- removed with cotton bud

++ improved.

ADMISSION CHECKLIST

Medical Order Sheets:

Medication ☐

Fluids ☐

Fluid Balance Chart ☐

XRays ☐

Property List ☐

Relatives Notified

Armband ☐

Protocols ☐

PROCEDURES

IV Cannula _____ gsite _____

IV Fluids in Progress ☐

Bloods ☐ MSU ☐

ABG's ☐

NGT ☐ _____ g

IDC _____ g _____ ml

O₂ Therapy _____ lpm

via _____

Dressing/Suture Site: _____

PATIENT DISCHARGE INFORMATION

Ward _____

Speciality _____

Discharge Date _____

Time _____

APPT ☐ Department _____

Date _____

IN CARE OF ☐ RELATIVE ☐ FRIEND ☐ SELF

RN Signature: _____

0301

AFTER CARE INSTRUCTIONS GIVEN ☐ Use of crutches ☐ Plaster Care ☐ Head Injury

PATIENT DETAILS

Region
Hospital
EMERGENCY RECORD

--ID-----SEX--UR NO--

F

22-04-1934

M

Ph (H)

Ph (B)

CATHOLIC

HOME DUTIES

TRIAGE CAT.

1

2

3

4

5

Mode of Arrival:

QAS

Police

Self

Other

Presentation Source:

Hospital

LMO

Review

Revisit

Self

Other

Date of Injury

Place of Injury

Mechanism Injury

Last ADT date

Allergies

TRIAGE:

Date

12/6/35

Time

1200

Departure Date

Time

hrs

Presenting Complaint:

40 Burning type chest pain. Vomited x 1.
 Pain sudden onset ~ 12/24 ago 8/10 now 0/10 2/10
 Hx MI 2 yrs ago - ECG v 40 Right chest

TRIAGE RN Printed Name/Stamp

Signature

Time

T

P

R

BP

O2 Sat

Comments

1200

61

18

129/7

98%

RA: ECG attended

1215

57

18

122/65

Painfree - slight pain between
 shoulder blades

Height

Weight

Urinalysis

ONCE ONLY (AND PREMEDICATION) DRUGS / INTRAVENOUS FLUIDS

Time	Fluid/Drug	Dose/Rate	Route	Doctor	Given by	Time Given
1215	Mylanta	20ml	D			1225
						0300

[illegible]

Discharge Date..... Time.....

DESTINATION	OT	ICU	WARD 10	CT SCAN	OTHER SPECIFY			
OUTCOME	ADM	DIS	TRANS	REFER	0299			
SPECIALTY ADMITTED UNDER		MED	SURG	ORTH	GYN	OBS	PAED	OTHER SPECIFY

[REDACTED]

.....Hospital

[REDACTED]

F
22/04/1934

CONTINUATION SHEET

HUSBAND

DATE AND TIME	HISTORY, EXAMINATION AND TREATMENT
18/6/93. 16-30HRS	Nausea Vomiting [REDACTED] 59 y old ♀ pres = 1tx chest pain. Began in a.m. better now. SOB lethargy. "Just not feeling well". (!). No assoc = eating / exercise. Feels has to sit down all the time but denies dizziness. NO fever. / cough / URTI. 1x episode of vomiting - water. Central chest pain - vague in nature. Radiates to back. No t to arms / neck. PMHx: hypothyroidism - took self off tablets! Risks ECG: 2x infarcts inf + ant. ? how old. → NO ST changes. Fov: CE. FRE TFT. Admit [REDACTED]
15/3/94. 09.00HRS	Patient woke this morning with back pain. 59 yo ♀ Gradual onset low back pain yesterday worse this morning. No radiation of pain Able to walk today. No trauma One similar episode 10 years ago after lifting injury.

0298

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

o/e not distressed
tender to (L) of L2-S (T.P. 3)
paraspinal m.m. nontender
tone
power
reflexes } in Ls.
sensation }

XR L-S spine : osteoarthritic changes
esp. L1-2 with slight subluxation
of L2 forward on L1. no # seen

no C/I to NSAIDs

p. home
rest, Naprosyn
physio referral

[REDACTED]

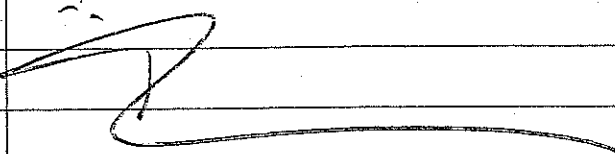
HOSPITAL

[REDACTED]

F
22/04/1934

OUTPATIENT NOTES

, HUSBAND

DATE	PROGRESS NOTES
10 SEP 1933	<p>MEDICAL</p> <p>Sp 130 / 90 wgt 75.05 Kg</p> <p>MEDICAL</p>
	<p>① All approx 11/2/33 this recovery</p>
	<p>② Thyroid low also - 1 left Kp & wgt 70.5 28/7 N. 1/2 7/4 a long.</p>
	<p>1/2 Atkinson's Gang Laden Gang Aggravated</p>
<p>Pain</p>	<p>Cold pain in 1st / day Limited Growth Capabilities. M. Now N. for All have offends & can walk 1/2</p>
	<p>③ Men's patch. ④ High island long period. No back problems as W.P. had m. d.</p>
	<p>AS - 1/2 M - 1/2</p>
	<p>can - inf changes marked. CT </p>

0296

PHYSIOTHERAPY RECORD

Surname [REDACTED] U.R. No. [REDACTED]
 Given Names [REDACTED]
 Sex F D.O.B. 22.4.34
 (Affix Patient Identification Label Here)

ADDRESS <u>[REDACTED]</u>	
TELEPHONE: Home <u>[REDACTED]</u>	Work <u>[REDACTED]</u>
OCCUPATION <u>DR [REDACTED]</u>	DATE REFERRED <u>15.3.94</u>
M.O. <u>HOME OUTS</u>	WARD <u>OUTS.</u>
DR. APPOINTMENT <u>NO</u>	PRIOR ATTENDANCES
COMPENSATION BENEFITS <u>NO</u>	HEALTH INSURANCE Y <u>(N)</u>
CONDITION FOR WHICH REFERRED	SPECIFIC DIAGNOSIS <u>HLL (Y)</u>
REQUEST	
CARDIAC PACEMAKER: YES <u>(NO)</u>	
OTHER PRECAUTIONS:	

DATE	ASSESSMENT AND TREATMENT
<u>24.3.94</u>	<u>59 yr old lady</u>
	<u>with insidious onset</u>
	<u>of LBP 14/3/94.</u>
	<u>G-H - Angina</u>
	<u>Meds: angine</u>
	<u>Wt stable.</u>
	<u>XR: OA L1-2</u>
	<u>[Naproxen based]</u>
	<u>O/E:</u>
	<u>Large abdomen</u>
	<u>ROM Lx-Sx sp.</u>
	<u>F √√ LF ⊙ √√</u>
	<u>E √√ ⊙ √√</u>
	<u>CL √√ S √√</u>
	<u>O/P ↓ L1 → S III √√</u>
	<u>Given mobility +</u>
	<u>strengthening ex program.</u>
	<u>DIC</u>

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

Patient Location	Emergency Department	UR No	IS 4
Consultant		Name	
Req. Officer	Dr	Given Name	Sex F
		DOB	22-Apr-1934 Age 69 years
		Patient Address	

Time Collected 03:45 05:00
 Date Collected 19 Sep 01 Dec
 Time Registered 04:26 05:21
 Date Registered 19 Sep 01 Dec
 Year 2002 2003
 Lab No

Haemoglobin	141	130
White Cell Count	9.4	8.6
Platelets	297	283
Haematocrit	0.42	0.39
Red Cell Count	4.77	4.39
MCV	89	88
Neutrophils	7.32	5.65
Lymphocytes	1.50	1.82
Monocytes	0.41	0.77
Eosinophils	0.14	0.27
Basophils	0.02	0.09

Units	Ref Range
g/L	(115 - 160)
$\times 10^9/L$	(4.0 - 11.0)
$\times 10^9/L$	(140 - 400)
	(0.33 - 0.47)
$\times 10^{12}/L$	(3.80 - 5.20)
fL	(80 - 100)
$\times 10^9/L$	(2.00 - 8.00)
$\times 10^9/L$	(1.00 - 4.00)
$\times 10^9/L$	(0.10 - 1.00)
$\times 10^9/L$	(< 0.60)
$\times 10^9/L$	(< 0.20)

WD 10

HAEMATOLOGY

Dr Director of Pathology Tel. 07-	Dr Staff Pathologist Tel. 07-	Please discard any previous HAEMATOLOGY ROUTINE report of the same page number printed before : 05:22 01 Dec 2003	Page 1 0291MR22
Copy sent to:			

Patient Location	Emergency Department	UR No	IS 4
Consultant		Name	
Req. Officer	Dr	Given Name	Sex F
	Hosp	DOB	22-Apr-1934 Age 69 years
		Patient Address	

Time Collected 03:45 05:00
 Date Collected 19 Sep 01 Dec
 Time Registered 04:26 05:21
 Date Registered 19 Sep 01 Dec
 Year 2002 2003
 Lab No

			Units	Ref Range
INR	0.9	1.0		
Prothrombin Time	11	12	s	(8 - 14)
APTT	23	25	s	(25 - 38)
Fibrinogen	5.4	5.2	g/L	(1.5 - 4.0)
D-Dimer	< 1		titre	(< 1)
Platelets	297	283	x 10 ⁹ /L	(140 - 400)

Therapeutic Ranges

Heparin therapy

APTT 60 - 90

Warfarin therapy

Recommended INR range for clinical state

Atrial fibrillation (prophylaxis) 2.0 - 3.0 (Strict control necessary)

Prosthetic heart valves (prophylaxis) 2.5 - 3.5

Venous and arterial thrombosis (treatment) 2.0 - 3.0

GENERAL COAGULATION

HAEMATOLOGY

Dr
 Director of Pathology
 Tel. 07

Dr
 Staff Pathologist
 Tel. 07

Please discard any previous
 HAEMATOLOGY GENERAL COAGULATION
 report of the same page number
 printed before: 06:09 01 Dec 2003

Page
 0293

Copy sent to:

ME 22

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

Patient Location [REDACTED]		UR No [REDACTED]	IS 4
Consultant [REDACTED]		Name [REDACTED]	
Req. Officer Dr [REDACTED]	Hospital [REDACTED]	Given Name [REDACTED]	Sex F
		DOB 22-Apr-1934	Age 69 years
		Patient Address [REDACTED]	[REDACTED]

Time Collected	03:45	05:00	08:45	12:30	07:40
Date Collected	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Time Registered	04:26	05:21	09:08	14:05	08:56
Date Registered	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Year	2002	2003	2003	2003	2003
Lab No	[REDACTED]				

						Units	Ref Range
Sodium	133	139				mmol/L	(135 - 145)
Potassium	4.5	4.2				mmol/L	(3.2 - 4.5)
Chloride	106	107				mmol/L	(100 - 110)
Bicarbonate	21	25				mmol/L	(22 - 33)
Anion Gap	6	7				mmol/L	(4 - 13)
Osmolality (Calculated)	269	277				mmol/kg	(270 - 290)
Glucose	6.8	6.1				mmol/L	(3.0 - 7.8)
						(Fasting	3.0 - 6.0)
Urea	5.5	3.6				mmol/L	(3.0 - 8.0)
Creatinine	0.09	0.09				mmol/L	(0.05 - 0.10)
Urea/Creat	64	39					(40 - 100)
Urate	0.29					mmol/L	(0.15 - 0.45)
Protein (Total)	74	65				g/L	(62 - 83)
Albumin	41	36				g/L	(33 - 47)
Globulin	33	29				g/L	(25 - 45)
Bilirubin (Total)	< 4	12				umol/L	(< 20)
Alkaline Phosphatase	109	90				U/L	(30 - 120)
Gamma-GT	18	19				U/L	(< 50)
Alanine Transaminase	20	28				U/L	(< 40)
Aspartate Transaminase	21	23				U/L	(< 35)
Lactate Dehydrogenase	289					U/L	(110 - 250)
Creatine Kinase	210	121	122	128	123	U/L	(< 160)
cTroponin T	ND	0.52		0.69		ug/L	(< 0.03)
Calcium	2.31					mmol/L	(2.15 - 2.60)
Calcium (Alb. Corr.)	2.29					mmol/L	(2.15 - 2.60)
Phosphate	0.57					mmol/L	(0.70 - 1.40)

Note: ND = Not detected.

Comments

05:00 01-Dec-03 Results phoned to ward
Lab No [REDACTED]

Dr [REDACTED] Director of Pathology Tel. [REDACTED]	Dr [REDACTED] Staff Pathologist Tel. 07-[REDACTED]	Please discard any previous CHEMICAL PATHOLOGY GENERAL report of the same page number printed before : 12:04 02 Dec 2003	Page 1
Copy sent to:			0292

GENERAL

CHEMICAL

PATHOLOGY

M2

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

Patient Location	[REDACTED]	UR No	[REDACTED]	IS	4
Consultant	[REDACTED]	Name	[REDACTED]		
Req. Officer	Dr [REDACTED]	Given Name	[REDACTED]	Sex	F
	[REDACTED] Hosp	DOB	22-Apr-1934	Age	69 years
	[REDACTED]	Patient Address	[REDACTED]		4670

Time Collected 05:00
 Date Collected 01 Dec
 Time Registered 05:21
 Date Registered 01 Dec
 Year 2003
 Lab No [REDACTED]

Free T4 20
 TSH 1.4

Units Ref Range
 pmol/L (9 - 23)
 mU/L (0.3 - 5.0)

Comments

05:00 01-Dec-03 Consistent with euthyroid state.
 Lab No [REDACTED]

Dr [REDACTED] Director of Pathology Tel. 07 [REDACTED]	Dr [REDACTED] Staff Pathologist Tel. 07 [REDACTED]	Please discard any previous CHEMICAL PATHOLOGY THYROID FUNCTION report of the same page number printed before : 12:04 02 Dec 2003	Page 1 0291
Copy sent to:			

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

Patient Location	Emergency Department	UR No	
Consultant		Name	
Req. Officer	Dr	Given Name	
	Hospital	DOB	22-Apr-1934
		Patient Address	
		Sex	F
		Age	68 years

Time Collected 03:45
 Date Collected 19 Sep
 Time Registered 04:26
 Date Registered 19 Sep
 Year 2002
 Lab No

Specimen type Blood

C-Reactive Protein 6.2

Units Ref Range

mg/L (< 5.0)

he

0290

Dr	Dr	Please discard any previous CHEMICAL PATHOLOGY PROTEINS report of the same page number printed before : 05:15 : 19 Sep : 2002	Page 1
Director of Pathology	Staff Pathologist		
Tel. 07	Tel. 07		
Copy sent to:			

PROTEINS

CHEMICAL PATHOLOGY

ME 2

.....HOSPITAL

F
22/04/1934

BACTERIOLOGY

HUSBAND

(Affix Patient Identification Label Here)

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1639

MICROBIOLOGY

10

SPECIMEN:

Cerebrospinal Fluid

Sputum

Blood Culture/s

Faeces

Swab/Fluid from

.....site

Other (specify)

Medical Officer:

Collection Date: 21.1.613 Time:a.m./p.m.

CLINICAL NOTES:

Submening
Bacilli
? Cocci

DATE REQUESTED: 160

MICROSCOPIC EXAMINATION:

Leucocytes : Scar

Erythrocytes : T

Epithelial cells : T

Trichomonas vaginalis :

Yeasts :

Other (specify) :

GRAM STAIN

POSITIVE

Bacilli

Cocci

NEGATIVE

Bacilli

Cocci

Scar Scar

O/C/P

CULTURE: NO SIGNIFICANT GROWTH

+ SKIN FLORA

COMMENT:

Q.H. 71A

Reported by:

S — Sensitive

R — Resistant

Patient Name: [REDACTED]
UR Number: [REDACTED] DOB: 22 APR 34
Series Number: 1 Sex: F
Attend.Date: 01 DEC 03
Current Date: 08 DEC 2003

CLINICAL HISTORY:
CHEST PAIN

The heart and mediastinal contours are normal. The pulmonary vasculature is normal. The lungs and pleural spaces are clear with no evidence of segmental consolidation or collapse.

DR

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.....HOSPITAL

X-RAY, ULTRASOUND, C. T. SCAN.

F
22/04/1934

HUSBAND

(Print Patient Identification Label Here)

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HEALTH SERVICE
DEPT MEDICAL IMAGING

(F) DOB. 22/4/34
LUMBAR SPINE 15/3/94

There is a decrease in the normal lumbar lordosis with the scoliosis convex to the right centered at L3. The vertebral body heights have been maintained however there is narrowing of the intervertebral disc at most levels although most marked at L1/2, L 4/5 and L5/S1. Osteophyte lipping of the vertebral end plates is present at most levels. Degenerative changes are present in the lumbar posterior facet joints.

UR: DR
:mp 17/3/94



.....HOSPITAL

X-RAY, ULTRASOUND, C. T. SCAN.

F
22/04/1934

HUSBAND

(AFFIX Patient Identification Label Here)

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(AFFIX FIRST REPORT HERE)

HEALTH SERVICE
DEPT MEDICAL IMAGING

(F) DOB. 22.4.1934

CHEST X-RAY 19.6.93

The heart size is normal. No focal collapse or consolidation has been demonstrated.

UR. :kk

DR. 20.6.93

0286

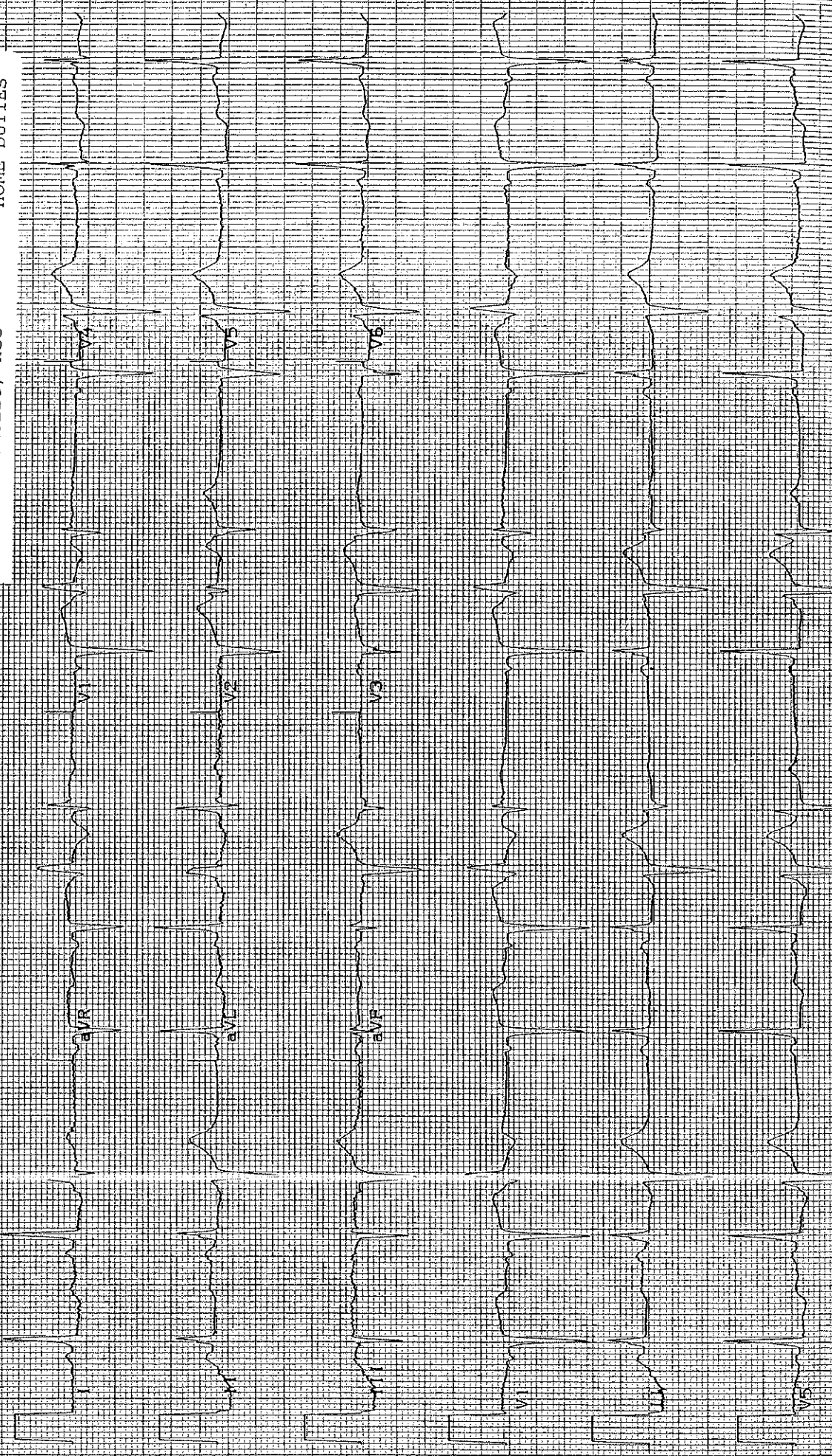
DATE: 2003 03 07

25mm/s
10mm/mV
40hz
Pgm 0078
V206
Med:
Age:
Sex:
Loc:
Ventr rate 85 BPM
PR interval 140 ms
QRS duration 84 ms
QT/QTc 420/497 ms
Tech: P-R-T axes 52 -2 163

Referred by

NORMAL SINUS RHYTHM WITH P, QRS, T PREATURE ECTOPIC COMPLEXES
LEFT VENTRICULAR HYPERTROPHY WITH REPOLARIZATION ABNORMALITY
CANNOT RULE OUT SEPTAL INFARCT
ABNORMAL ECG

Ph(B)
Catholic, nec
HOME DUTIES



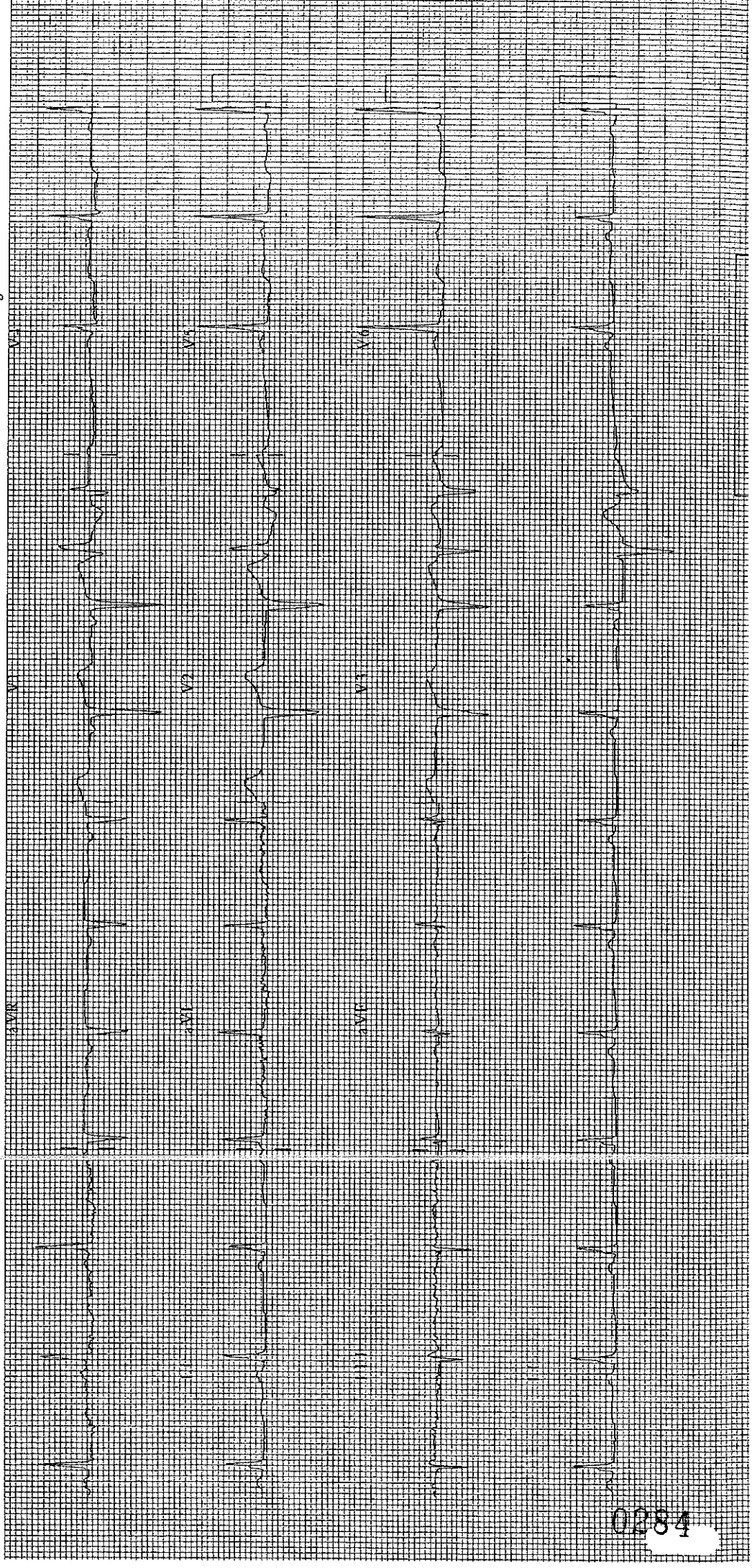
3

Rate 76 . AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR 149 . SINUS RHYTHM, RATE 76.....normal P axis, rate
QRSD 93 . MULTIPLE PREMATURE COMPLEXES, VENT & SUPRAVEN.....short R-R, wide/narrow QRSD
QT 370 . LEFT ATRIAL ABNORMALITY.....P>60ms, <-15mV V1
QTc 416 . ANTERIOR INFARCT, AGE INDETERMINATE.....Q>30ms V2 V3

22-04-1934

--AV
P 52
QRS 27
T 149

- ABNORMAL ECG - Unconfirmed diagnosis.



0284

01-Dec-2003

05:00:31

DEPARTMENT OF EMERGENCY MEDICINE

Rate 81 . AGE NOT ENTERED ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR 139 . SINUS RHYTHM, RATE 81 Normal P axis, rate
QRSD 101 . MULTIPLE PREMATURE COMPLEXES, VENT & SUPRAVEN. short R-R, wide/narrow QRSD
QT 370 . ANTERIOR INFARCT, OLD abn ST-T, Q>30mS, V2-V4
QTc 429 . ABNORMAL T, CONSIDER ISCHEMIA, LATERAL LEADS T<-.25mV I aVL V5 V6

--Axis--

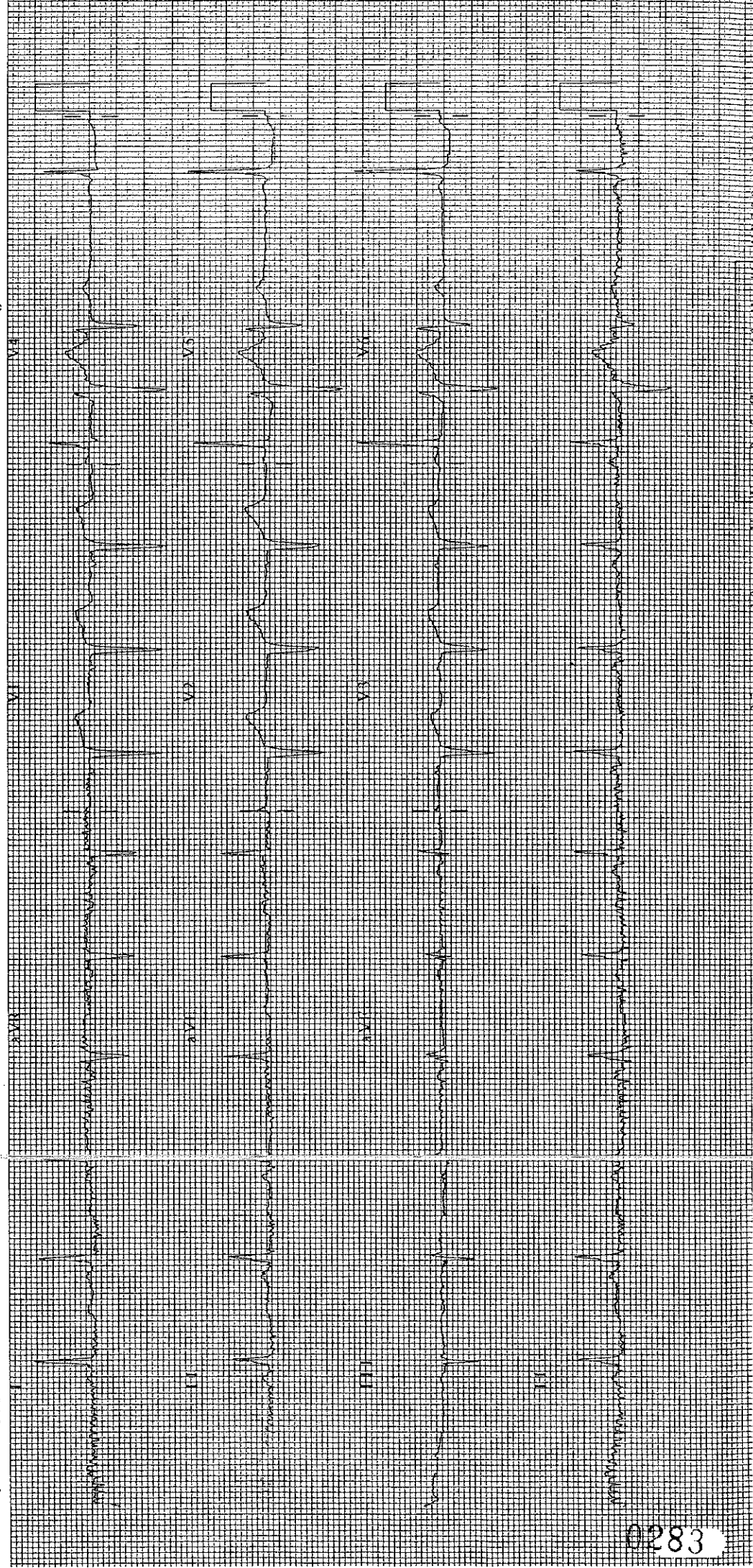
P 95

QRS 14

T 175

- ABNORMAL ECG -

Unconfirmed diagnosis.



0283

01-Dec-2003
69 Years

04:50:48

Female

DEPARTMENT OF EMERGENCY MEDICINE

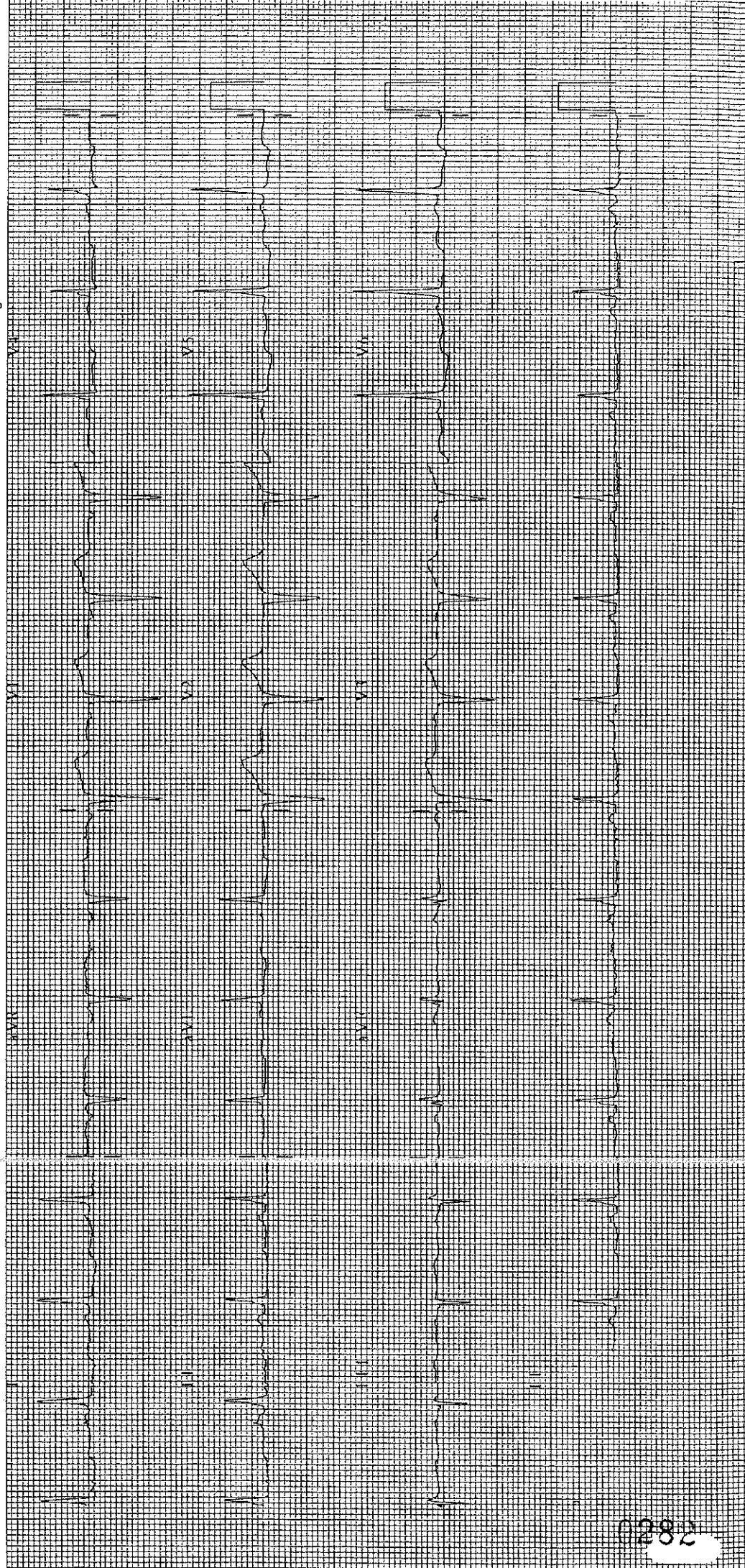
Rate 82 . NORMAL SINUS RHYTHM, RATE 82 normal P axis, PR, rate & rhythm
PR 154 . BORDERLINE LEFT ATRIAL ABNORMALITY P>30ms, <-.10mV V1
QRSD 79 . ANTERIOR INFARCT, AGE INDETERMINATE T neg, Q>30ms, V2-V4
QT 381
QTc 445

--Axis--
P 59
QRS 21
T 144

22-04-1934

Collector
Must Sign

- ABNORMAL ECG - Unconfirmed diagnosis.



Name:

ID:

01-DEC-2003 12:11

HOSPITAL

25mm/s
10mm/mV
40Hz
Pgm 007B
V206

Med
Age
Sex
Room

Vent. rate 82 BPM
PR interval 140 ms
QRS duration 76 ms
QT/QTc 392/457 ms
P-R-T axes 41 5 156

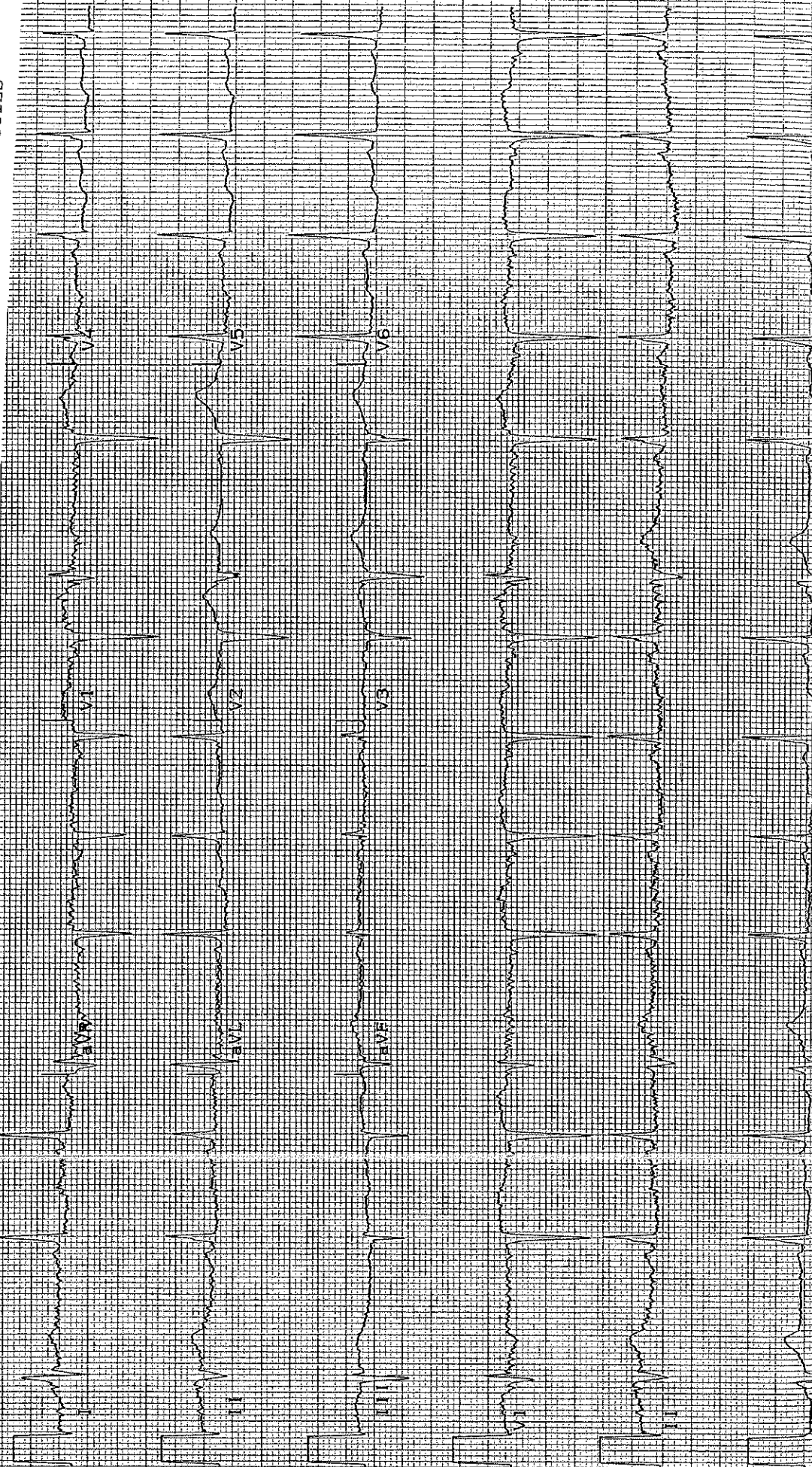
Card I
Tech

Referred by

NORMAL SINUS RHYTHM WITH FREQUENT PREMATURE ECTOPIC COMPLEXES
ANTEROSEPTAL INFARCT, AGE UNDETERM
ST & T WAVE ABNORMALITY, CONSIDER
ABNORMAL ECG

Ph(B)
Catholic, nec

HOME DUTIES



19-Sep-2002

4:08:32

DEPT EMERGENCY MEDICINE

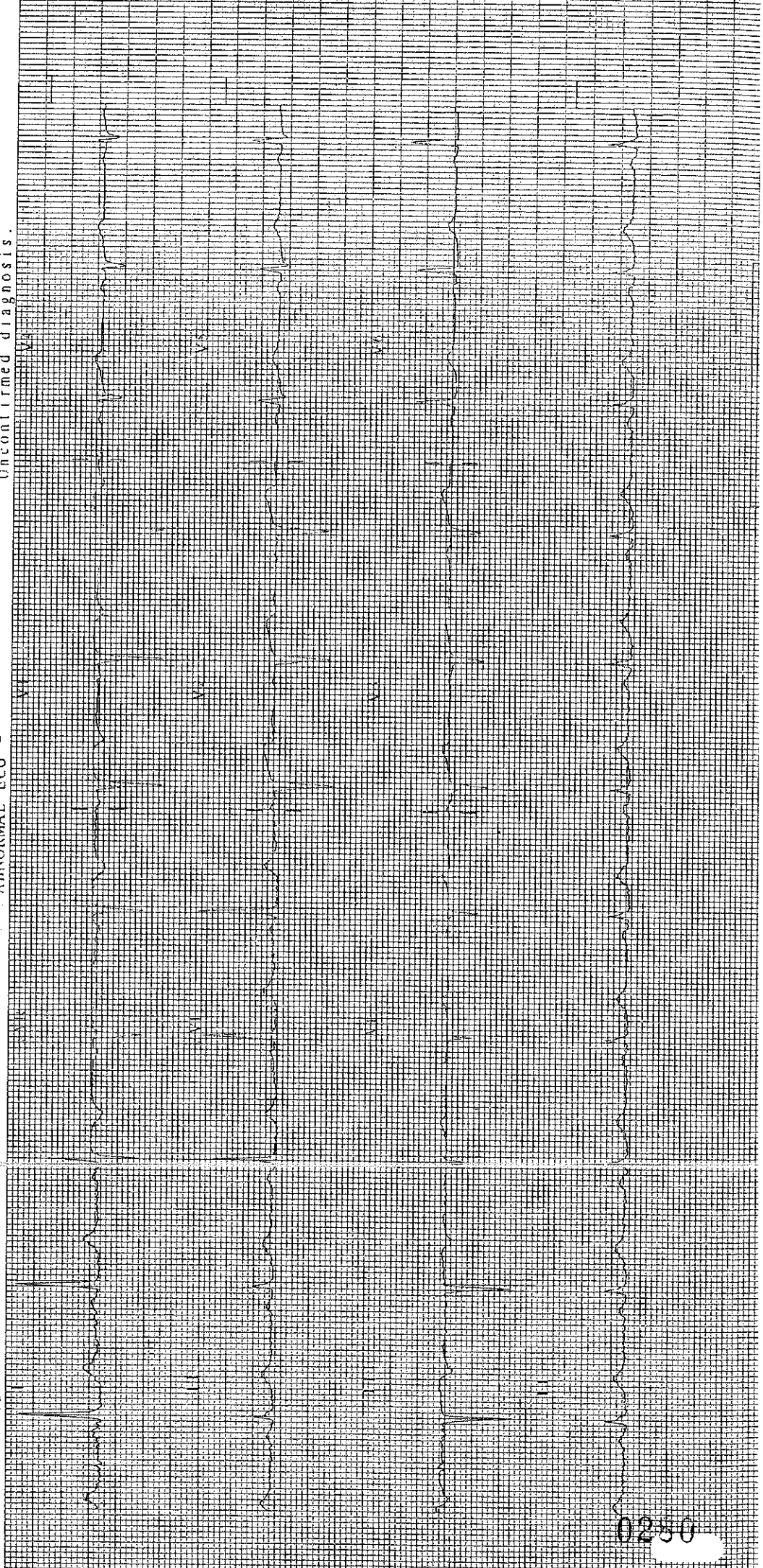
Rate 65 Normal sinus rhythm, rate 65
PR 158 Leftward axis
QRSD 90 High QRS voltage
QT 430 Probable Inferior infarct
QTc 447 Abn. R wave progression (V5M)
Lead (aVL) Q wave or diminished R-wave in V2

--Axis--
P 33
QRS -16
T 42

post 300mg anginine
6/10 (R) sided axilla/back pain

- ABNORMAL ECG -

Unconfirmed diagnosis.



0250

19-Sep-2002 03:26:02

DEPT EMERGENCY MEDICINE

22/4/34

UR:

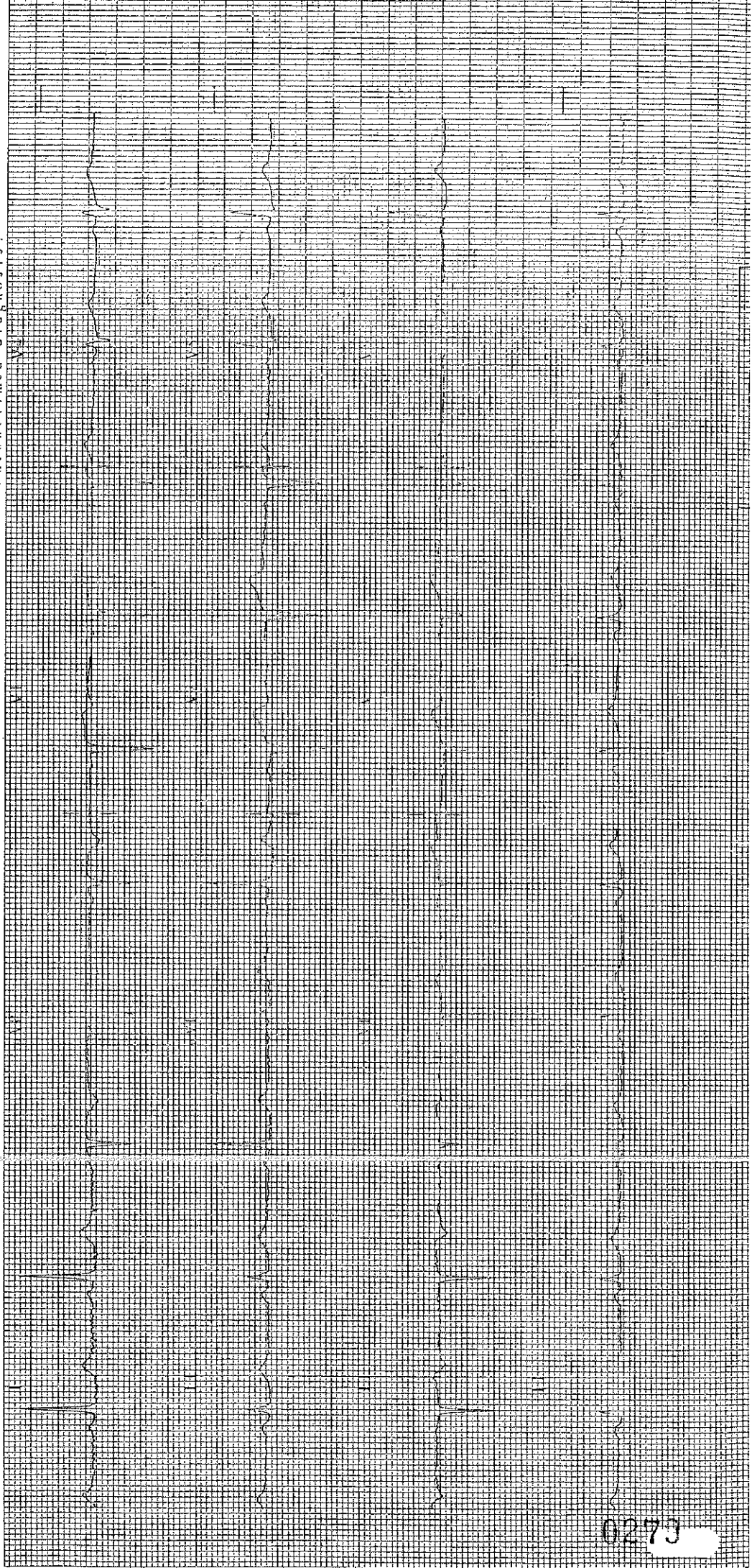
Rate 62 Normal sinus rhythm, rate 62
PR 166 High QRS voltage
QRSD 77 Consider Inferior infarct
QT 426 Old Anterior infarct
QTc 433

--Axis--
P 48
QRS -14
T 27

5/10 R back pain
under R arm radiating downwards

ABNORMAL ECG -

Unconfirmed diagnosis.



0273

ID: 03-JUL-95 13:55 DR

25mm/s
1umV/mV
100Hz
Pgm 306D
12SLcm V78

Med: 61yr 157cm 72kg
Sex: F Race
Loc: Room
Ventr. rate 120/85
PR interval 156 ms
QRS duration 68 ms
QT/QTc 410/433 ms
P-R-T axes 5 -5 53

Normal sinus rhythm
Anteroseptal infarct, age undetermined

22-04-1934

Calibrated
Must Sign

Referred by: BASE HOSPITAL Reviewed by:

aVR

V1

V4

aVL

V2

V5

aVF

V3

V6

V5

0278

03-JUL-95

13:59:18

25mm/s

10mm/mV

20Hz

ID:

BRUCE

STANDING

06041102:50

06041102:22

Averages Report

Dr

Speed: 0.0km/h

Grade: 0.0%

HR: 85bpm

BP: 120/85

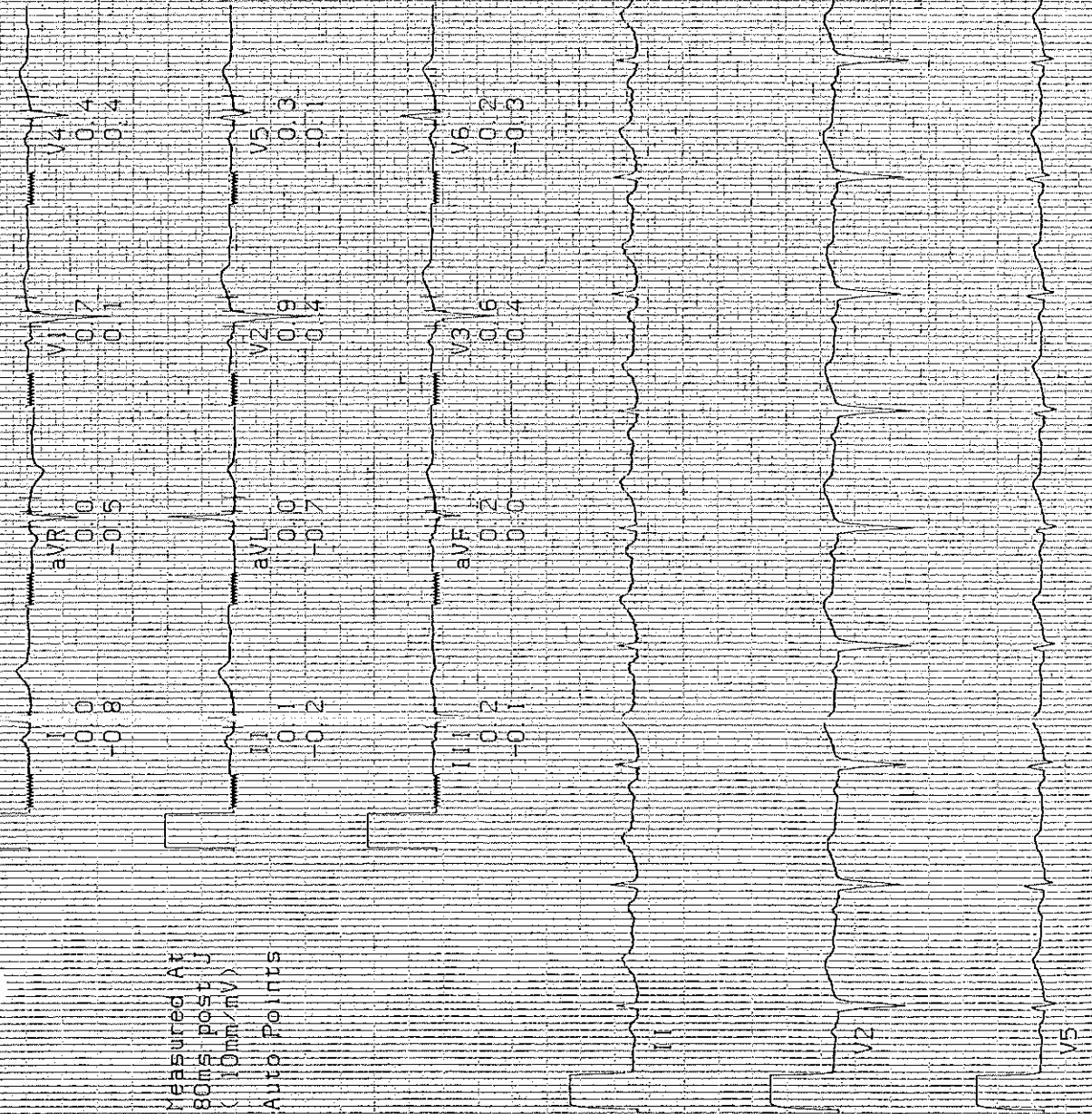
22-04-1934

Collector
Must Sign

Measured At
80ms post J

(10mm/mV)

Auto Points



0277

03-JUL-95

14:13:39

25mm/s

10mm/mV

20Hz

GREEN

Averages Report

Dr

CE 0106K 02:50

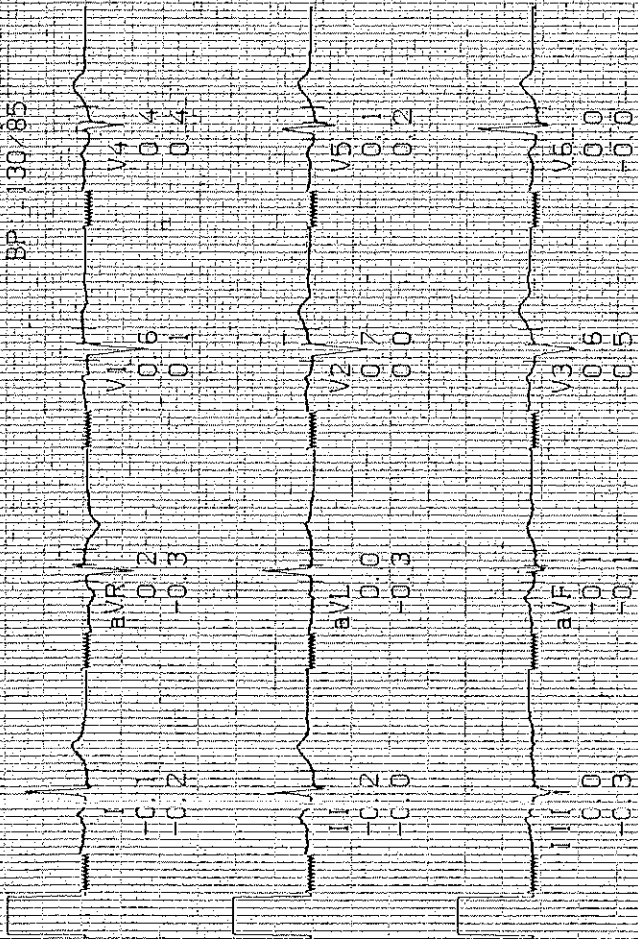
ERCISE 0106K 02:50

Speed 2.2km/h
Grade 10.0%

HR 100bpm
BP 130/85

22-04-1934

Collector
Mus Sign



Measured At
80ms post J
(10mm/mV)

Auto Points

0276

03-JUL-95

14:16:39

25mm/s
10mm/mV
20Hz

Averages Report

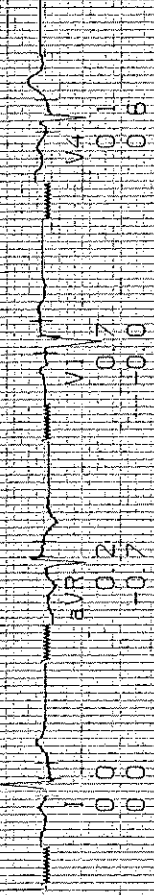
Dr

BRUCE
EXERCISE 2
Clock 1: 05:50
Clock 2: 02:50
Speed: 4.0 Km/h
Grade: 12.0%

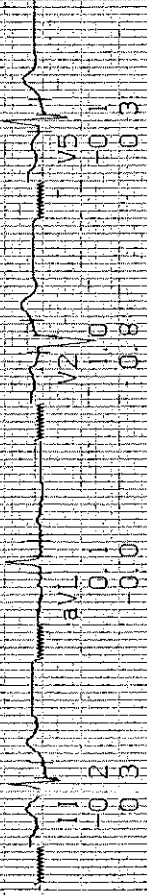
HR: 17bpm
BP: 120/80

22-04-1934

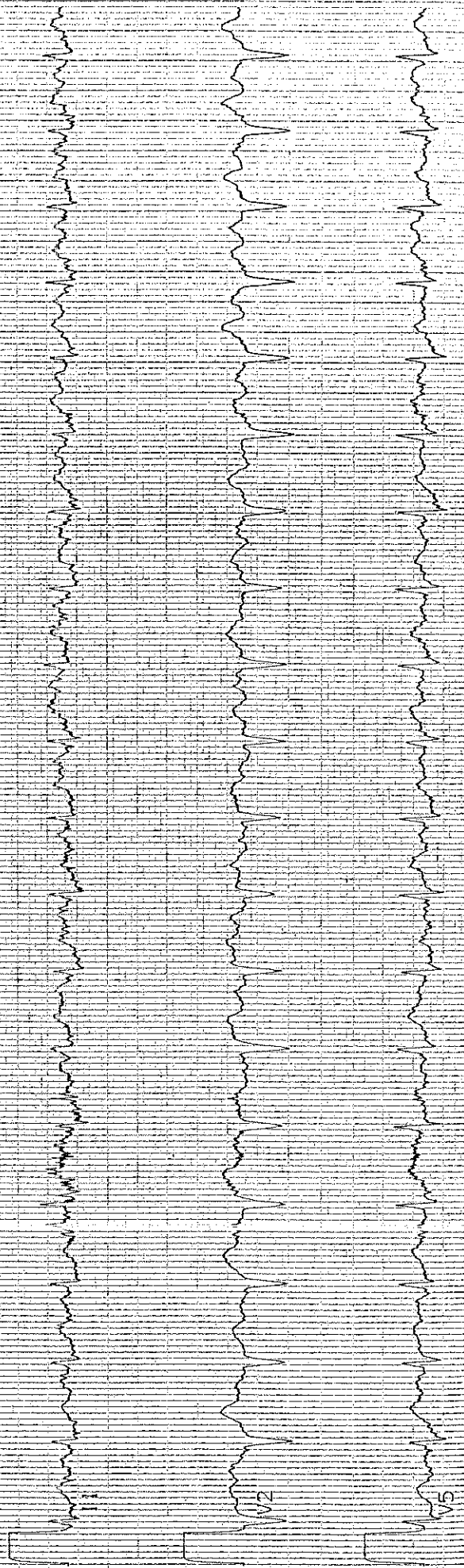
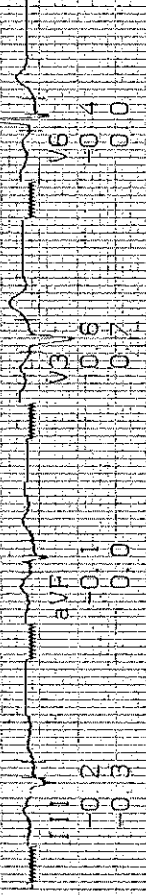
Amplitude
Mean Sign



Measured At
80ms post J
(10mm/mV)



Auto Points



03-JUL-95

14:19:39

25mm/s

10mm/mV

20Hz

Averages Report

Dr

PATIENT

Clock 1 08:50

EXGUSE 3

Clock 2 02:50

Speed 5.4Km/h

Grade 14.0%

HR 140bpm

BP 120/80

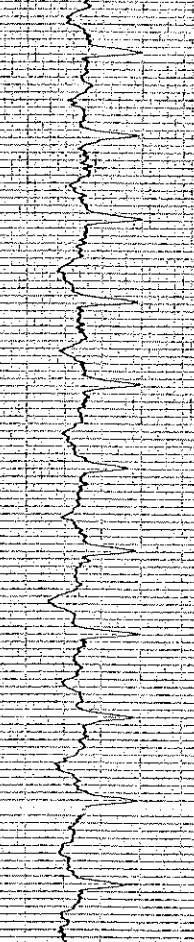
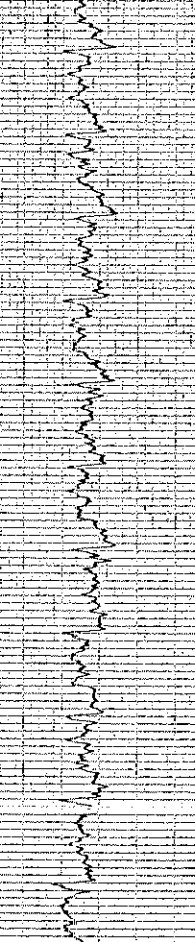
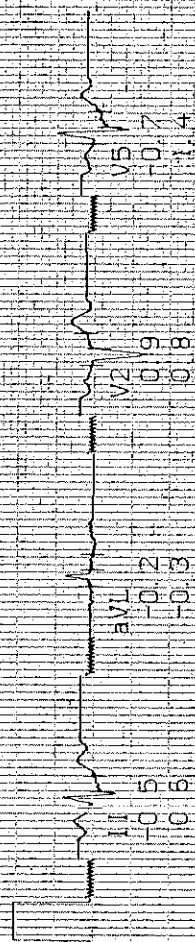
22-04-1934

Calibrated

Mon Sign

Measured At
80ms post J
(10mm/mV)

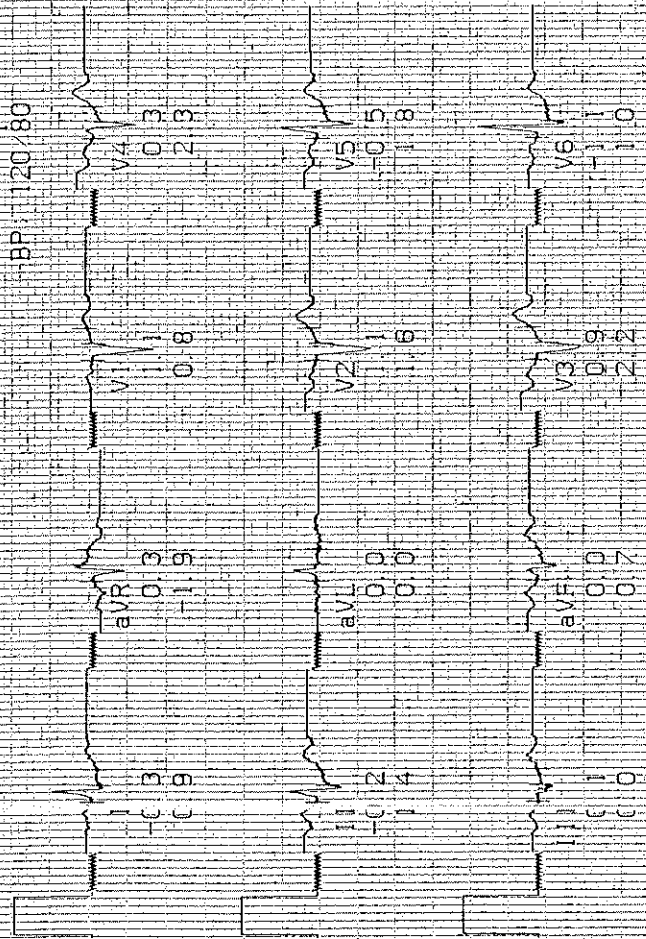
Auto Points



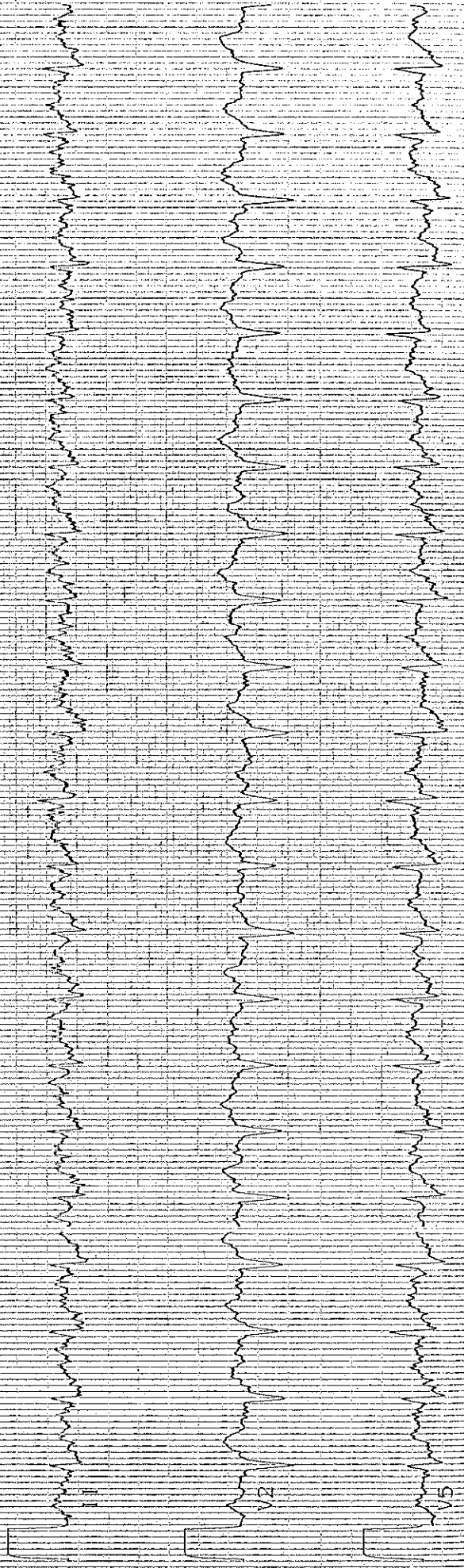
25mm/s
10mm/mV
20HZ

BRUCE
PEAK EX
CLOCK 1 09:02
CLOCK 2 00:00
Speed 5.4km/h
Grade 14.0%
HR 140bpm
BP 120/80

22-04-1934
Collector
Main Sign



Measured At
80m5 post J
(10mm/mV)
Auto Points



14:21:53

25mm/s
10mm/mV
20Hz

HRUCER
NITEL
COVERY

060613 09:02
060613 02:00

Speed: 0.0km/h
Grade: 0.0%

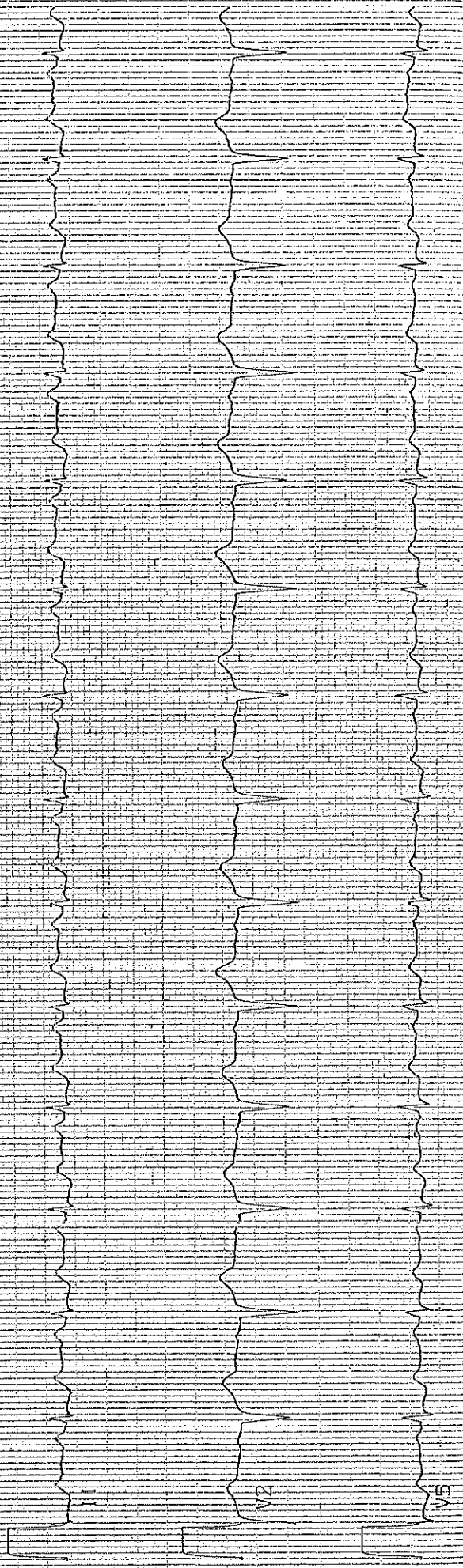
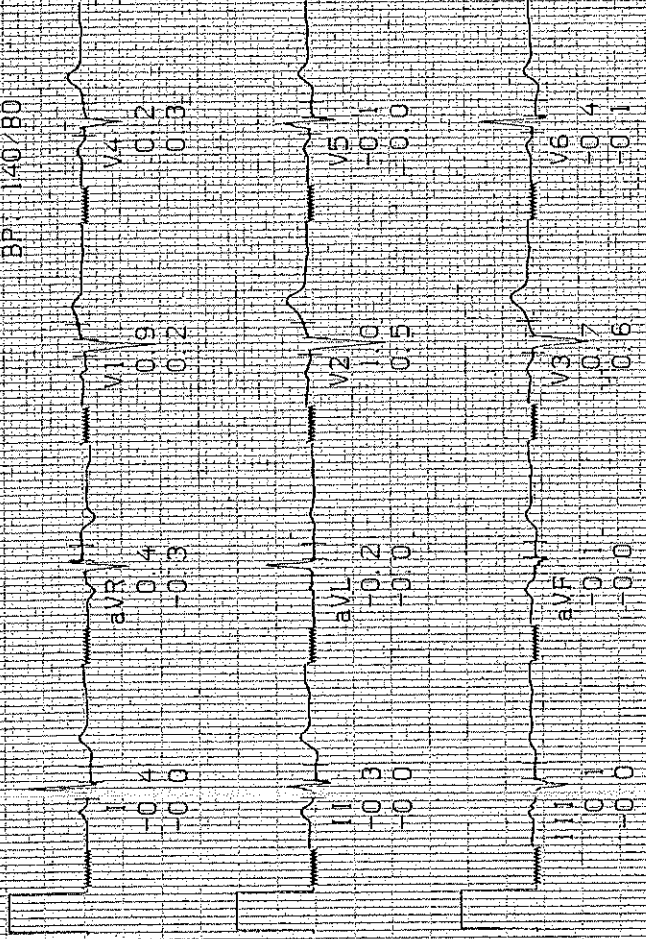
HR: 84bpm
BP: 140/80

22-04-1994

Collector
Mus Sign

Measured At:
80ms post J
(10mm/mV)

Auto Points



03-JUL-95

Averages Report

Dr

14-23-52

BRUCE

CLOCK 09:00

25mm/s

RECOVERY

CLOCK 04:00

10mm/mV

Speed 0.0 Km/h

20Hz

Grade 0.0%

HR 83bpm

M

HOME DUTIES

22-04-1934

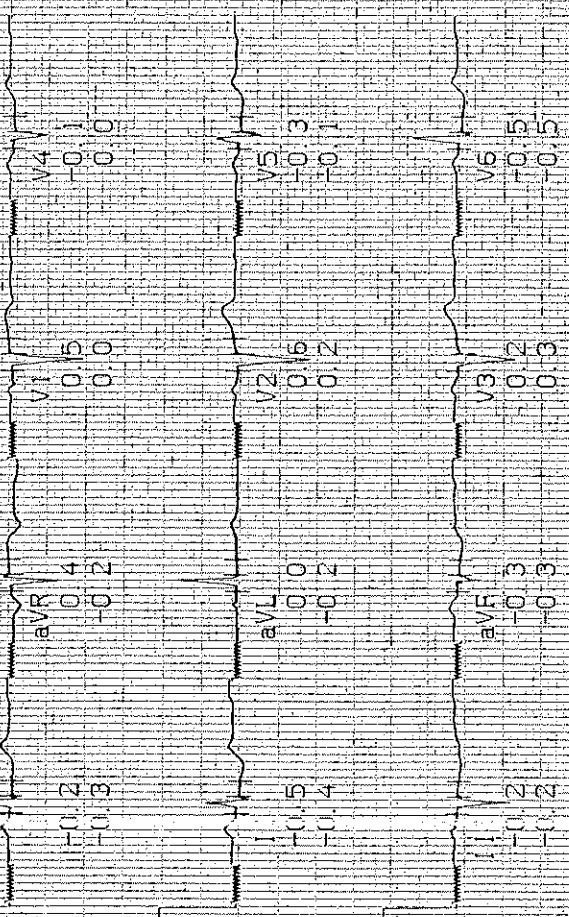
IR NO



Ph (H)
Ph (B)
Catholic, nec

Measured At
80ms post J
(10mm/mV)

Auto Points



V2

V5

03-JUL-95
14:25:52
25mm/s
10mm/mV
20Hz

Averages Report

Dr. [REDACTED]
Clock 1 09:00
Clock 2 05:00
Speed 0.0 km/h
Grade 0.0%
HR 79bpm
BP 115/80

PRICE
JURY

ID

Ph (H)
Ph (B)
Catholic, nec



HOME DUTIES

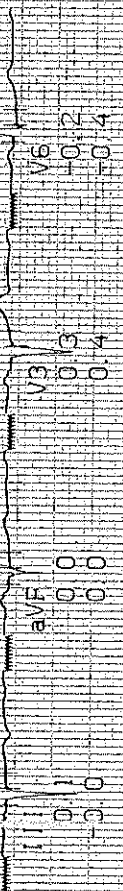
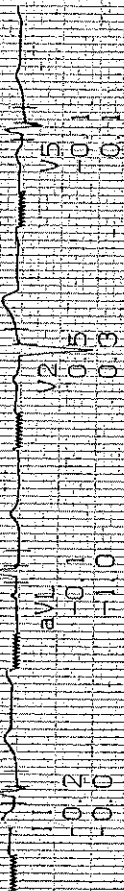
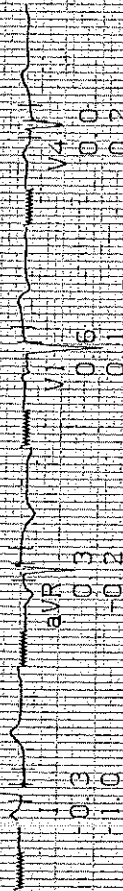
UR NO

22-04-1934

M

Measured At
80ms post J
(10mm/mV)

Auto Points



V2

V5

03-JUL-95

14:27:53

25mm/s
10mm/mV
20Hz

Measured At
80ms post J
(10mm/mV)

Auto Points

BRUCE
RECOVERY
Clock 1: 09:04
Clock 2: 08:00
Speed: 0.0 Km/h
Grade: 0.0 %
HR: 81bpm
BP: 110/85

Dr

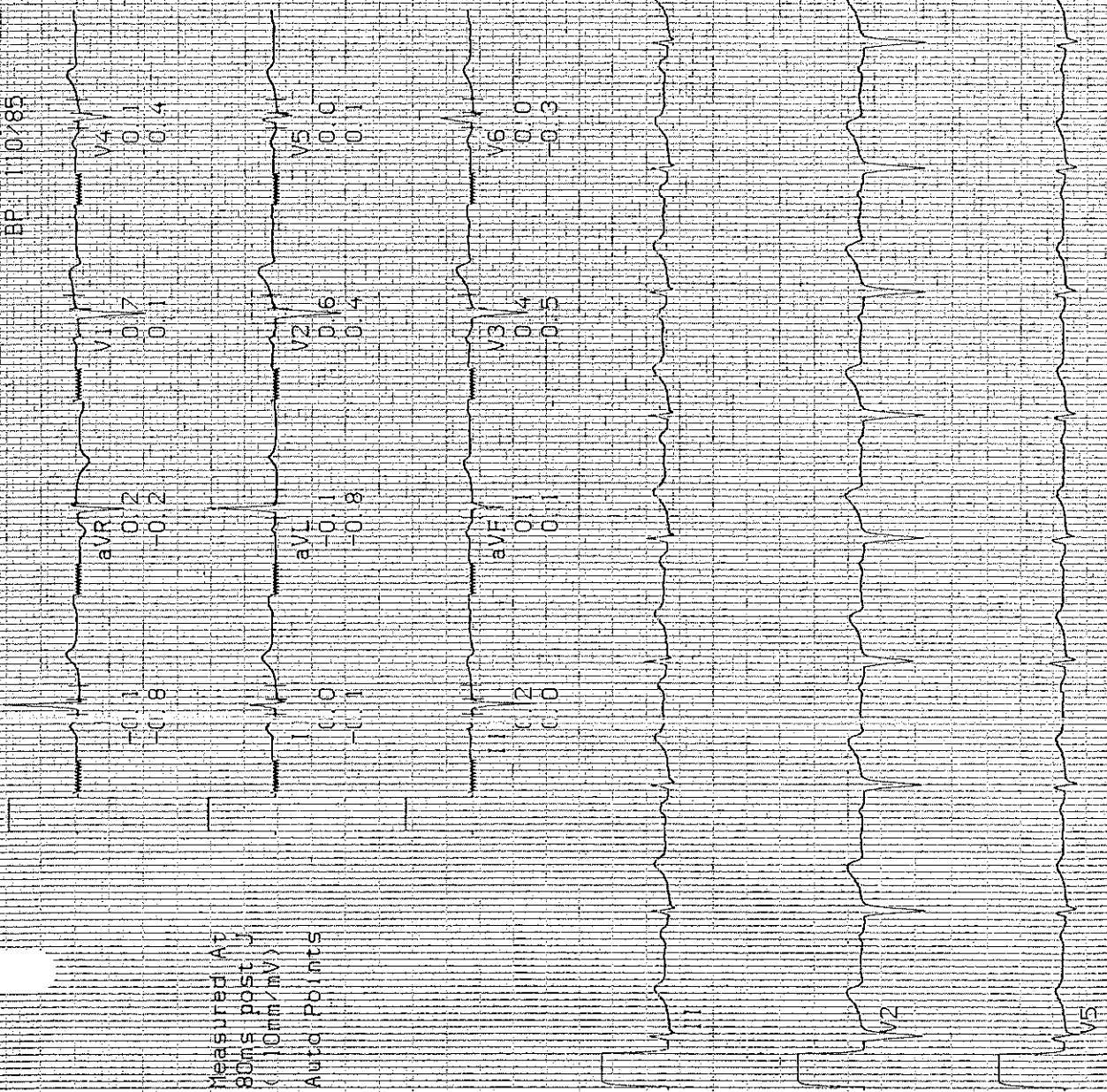
UR NO

SEX
F

Ph (B)
Catholic, nec

HOME DUTIES

22-04-1934
M



03-JUL-95
14:29:52

Averages Report

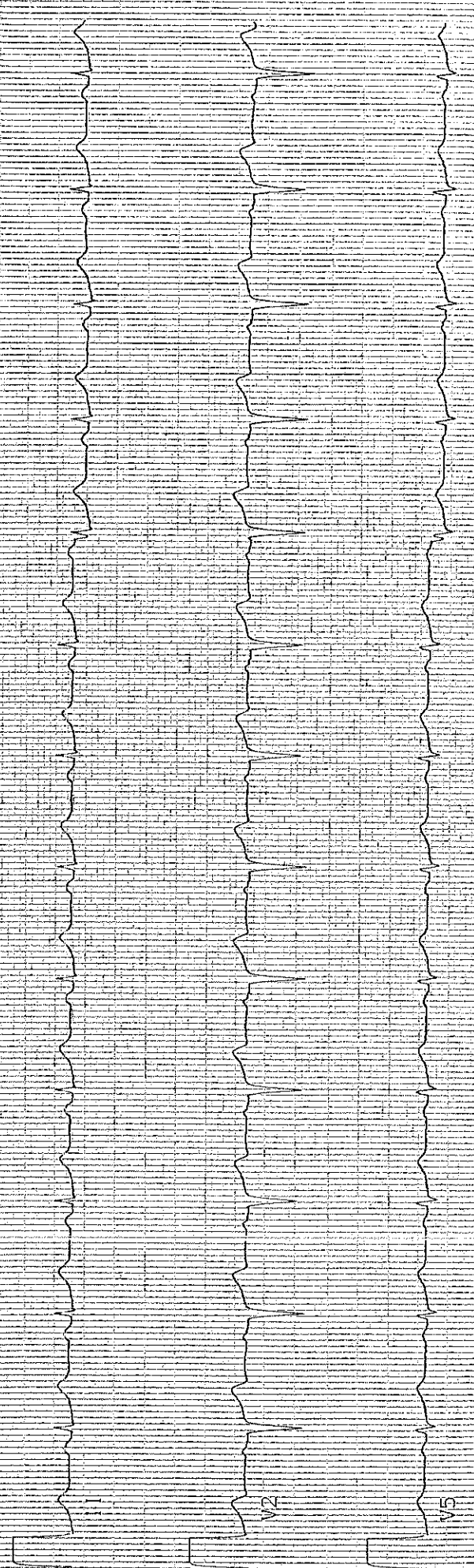
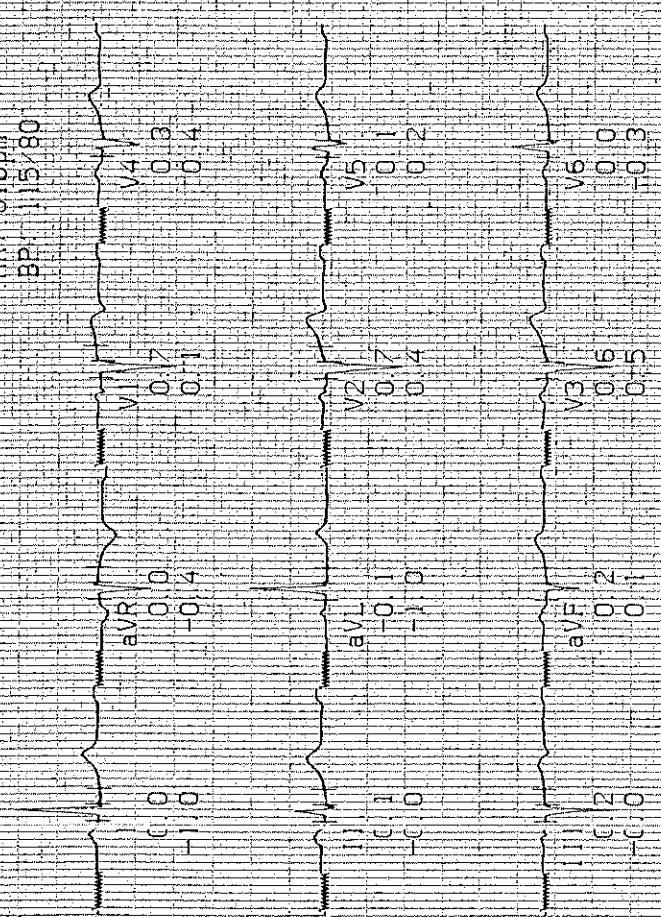
Dr [REDACTED]
Clock 1: 09:02
Clock 2: 10:03
Speed: 0.0km/h
Grade: 0.0%

HR: 81bpm
BP: 115/80

Hospital [REDACTED]
Ph (H) [REDACTED]
Ph (B) [REDACTED]
Catholic, nec

SEX F
UR NO [REDACTED]
22-04-1934
M
HOME DUTIES

Measured At
80ms post J
(10mm/mV)
Auto Points



UR NO

22-04-1934
M

HOME DUTIES

EW

measured at
80ms post J
(10mm/s)

Sample Cardiac Cycles

0
1
2
3
4
5
6
7
8
9

SEVEN

03 JUL 95
13 56 54

IR: 646 cm⁻¹
 IR: 20185

90620

101 bpm

R: 10500E

10
 9
 8
 7
 6
 5
 4
 3
 2
 1

7 bpm

HR 20 bpm

PRO
NON
RIP

PRE-TEST

STANDING

EXERCISE 1

EXERCISE 1

EXERCISE 1

EXERCISE 2

EXERCISE 2

EXERCISE 2

[REDACTED] Hospital
[REDACTED]
[REDACTED]

SEX
F

UR NO
[REDACTED]

22-04-1934
M

Ph (H)
Ph (B)
Catholic, nec



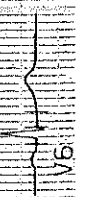
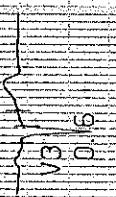
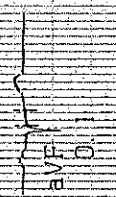
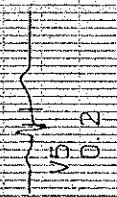
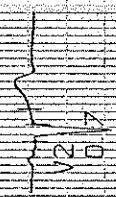
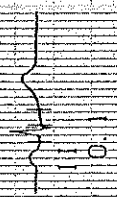
HOME DUTIES

RECOVERY

(1) 09:02
(2) 10:03

0.0km/h
0.0%

HR: 81bpm
BP: 115/80



Y,

03-JUL-95
13:56:54

Graded Exercise Summary Report

059241

Name: [REDACTED]
 ID: [REDACTED]
 Age: 61 yrs
 Ht: 152cm
 Wt: 72kg
 Sex: Female
 Race: Cauo

Date: 03-JUL-95
 Time: 13:56 54
 Referred by: [REDACTED]
 Medications: ASPIRIN
 Test Indication: CHEST PAIN, PH OF 2 MIS
 Test type: BRUCE
 Technician: [REDACTED]

MUSE Log: 253

BASE HOSPITAL

Phase	Stage	Time in Phase	Duration of Stage	Speed (km/h)	Grade (%)	HR (bpm)	R.P.P. (/100)	R.R. /min	V.E. /min	ST (V6)	Comments
PRE-TEST		00:00	00:00	0.0	0.0	64	120/85	77	0		
STANDING		13:54	13:54	0.0	0.0	90	120/85	108	0	0.2	
EXERCISE	1	03:00	03:00	2.7	10.0	101	130/85	131	0	10.1	
	2	06:00	03:00	4.0	12.0	121	120/80	145	0	10.3	
	3	09:00	03:00	5.4	14.0	140	120/80	158	0	11.1	
PEAK EX		00:00	00:00	5.4	14.0	140	120/80	158	0	11.1	
RECOVERY		10:03	10:03	0.0	0.0	81	15/80	93	0	0.0	

Results

Procedure: BRUCE
 Exercise Time: 09:00
 Maximum Heart Rate Attained: 142bpm 89% Max Predicted 159bpm
 Maximum BP: 140/80
 Maximum Workload Attained: 9METS
 Reason for Termination: FATIGUE

Impressions

RESTING ECG REVEALS OLD ANTEROSEPTAL AND INFERIOR MYOCARDIAL INFARCT
 ATTENUATED SYSTOLIC BLOOD PRESSURE RESPONSE TO EXERCISE
 NO CHEST PAIN
 0.5mm DOWNSLIPPING ST SEGMENT DEPRESSION IN LEAD V6 DURING RECOVERY
 CONSISTENT WITH A 7% PROBABILITY OF SIGNIFICANT CAD AC 15CHAEMIA
 NO ECTOPY
 SATISFACTORY LEVEL OF PHYSICAL FITNESS

22-04-1934 M
 Ph (H)
 Ph (B)
 CATHOLIC
 HOME DUTIES
 F
 --SEX--UR NO--
 --ID--

ID:

13-JUN-95 08:30 WARD 10 NDABERG HOSPITAL.

25mm/s
10mm/mV
100Hz
Pgm 005B
V206

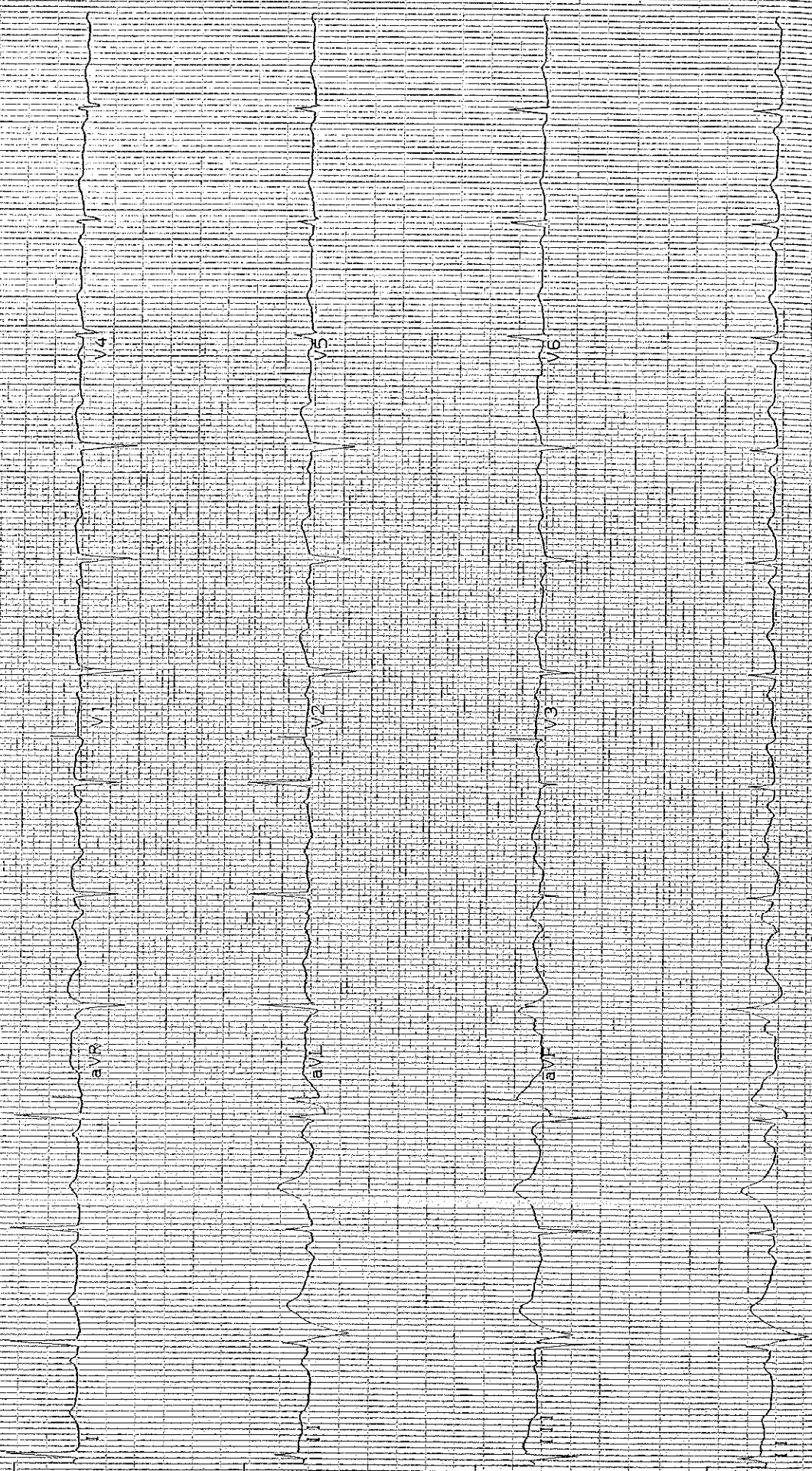
Med: ASD, RIN
22-APR-34 Ht: 71 kg
Sex: F Race: Cauc
Loc: Room:
Vent. rate: 77 BPM
PR interval: 152 ms
QRS duration: 68 ms
QT/QTc: 372/415 ms
P-R-T axes: 40 -10 44

NORMAL SINUS RHYTHM
INFERIOR INFARCT: AGE UNDETERMINED
ANTEROSEPTAL INFARCT: AGE UNDETERMINED
ABNORMAL ECG

--ID-----SEX---UR NO--
F
22-04-1934 M
Ph(H)
Ph(B)
CATHOLIC
HOME DUTIES

Referred by:

Reviewed by:



Name: [REDACTED] ID: [REDACTED] 12-JUN-95 11:57 A+E, [REDACTED] ASE HOSPITAL.

--ID-- [REDACTED] --SEX-- F --UR NO-- [REDACTED]

22-04-1934
M

Ph (H)
Ph (B)
CATHOLIC

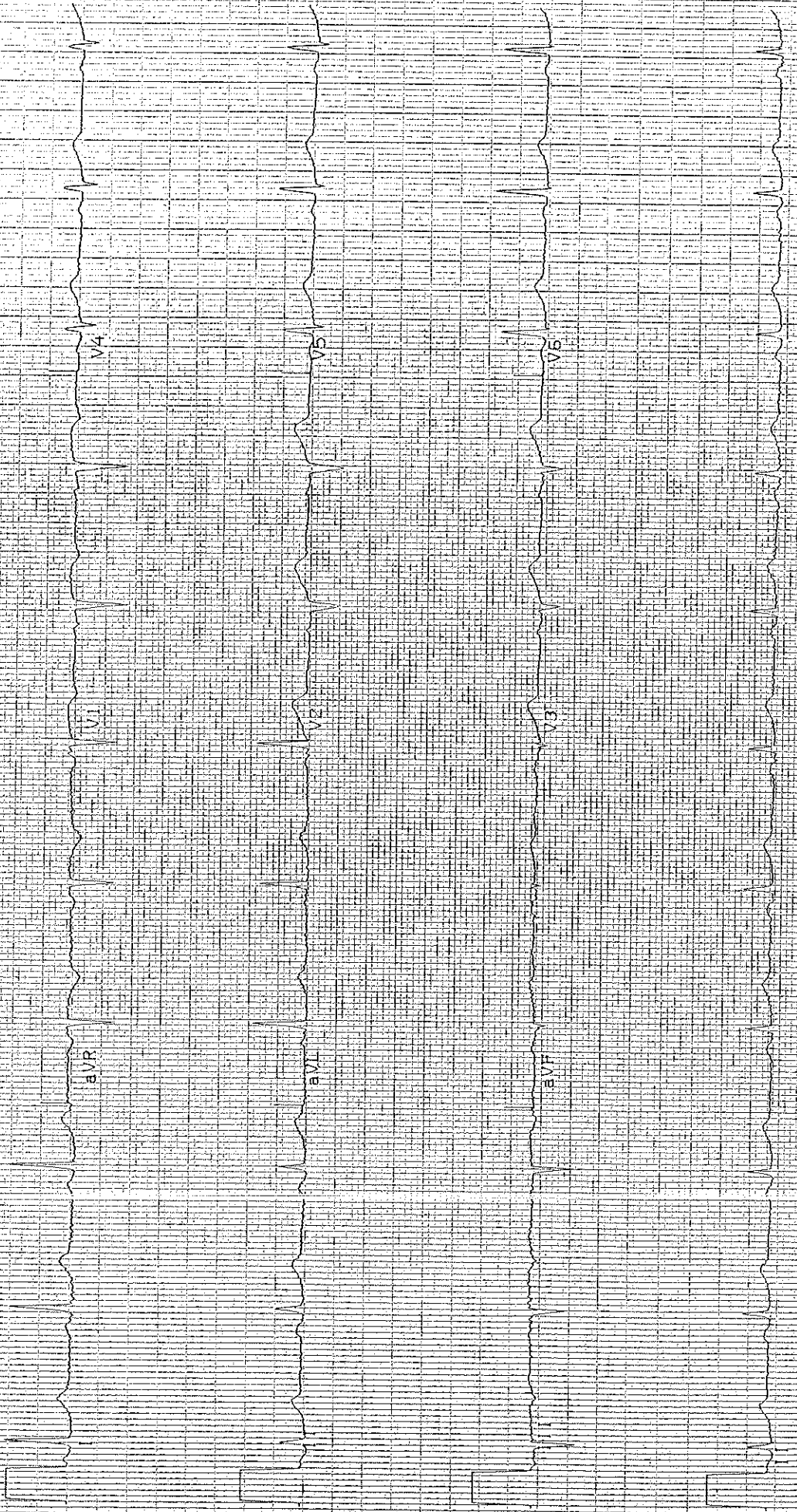
HOME DUTIES

NORMAL SINUS RHYTHM
SEPTAL INFARCT AGE UNDETERMINED
ABNORMAL ECG

Med
Age
Sex
Loc
Ht
Race
Room
Vent rate: 62 BPM
PR interval: 164 ms
QRS duration: 72 ms
QT/QTc: 420/427 ms
P-R-T axes: 47 -5 43

Referred by

Unconfirmed



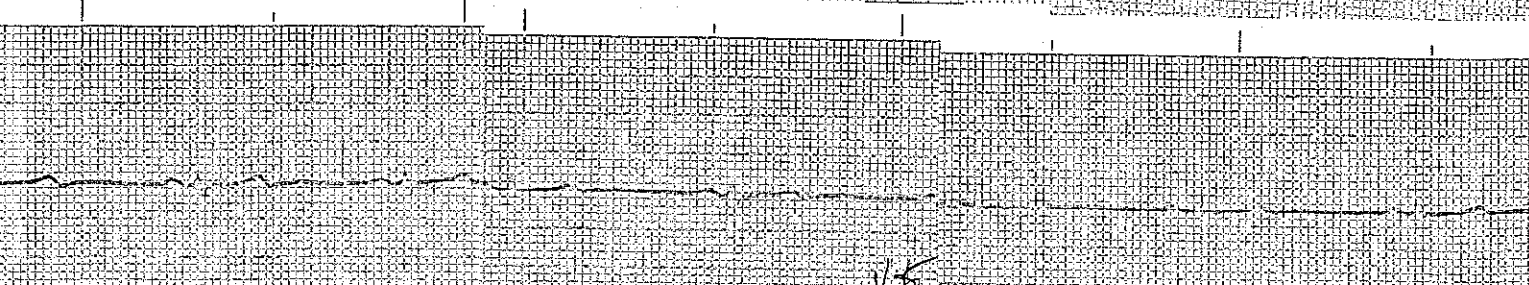
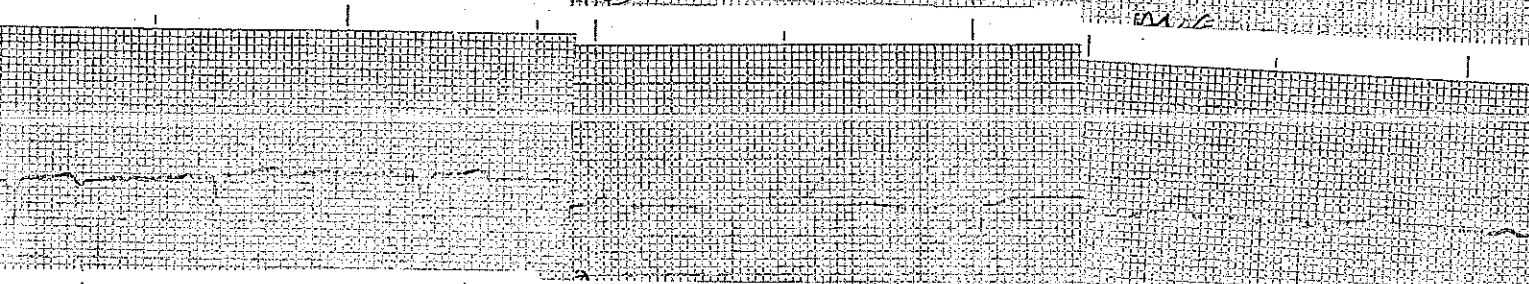
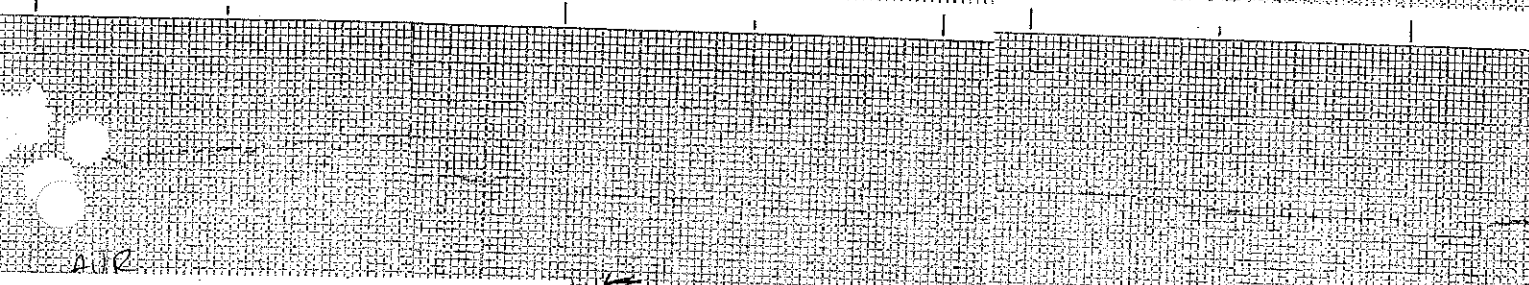
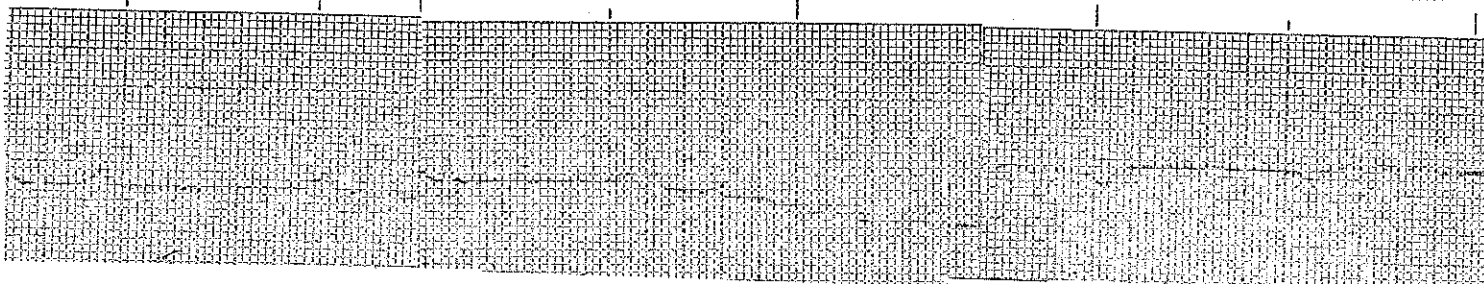
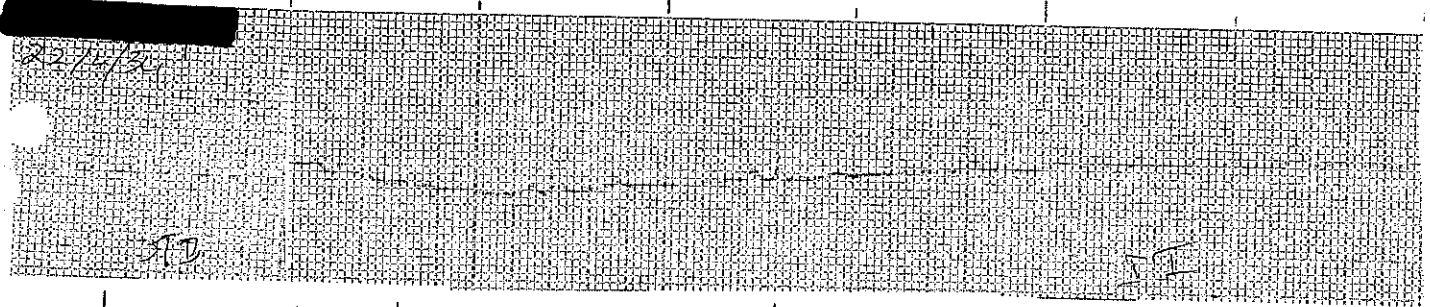
HOSPITAL

Surname U.R. No. Given Names Sex D.O.B. 22-4-34Ward Clinic ELECTROCARDIOGRAPH
REQUEST AND REPORTCLINICAL NOTES: B.P.

DRUGS

Digoxin ☐
B. Blocker ☐
Diuretic ☐
Other ☐

REPORT

Signature Date *Medical Clinic*
Specialist Signature Date 10/9/93CALIBRATION DATE TIME 

059241

F

22/04/1934

HUSBAND

BASE HOSPITAL

0261

F 22/04/1934

HUSEAND

23

min walk stairs

Post

46 tightness in neck & across chest. O₂ given at 6 Lpm.

tightness eased whilst E.C.G. being taken.

FA 22/01/1964

HUSBAND

BASE HOSPITAL

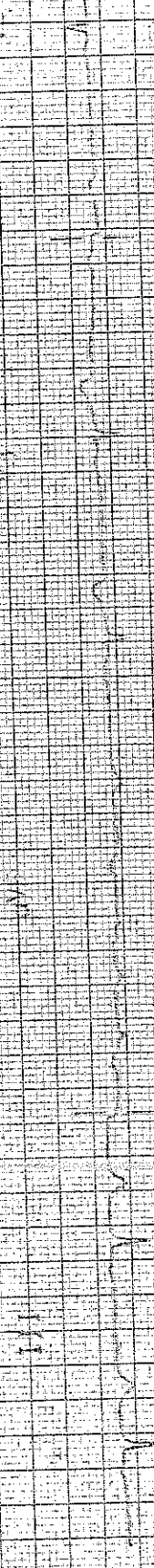
V1



V2



V3



RAVIM 3111: 11
25 am/noon 1 gm/ml

PAID FEE

[REDACTED]
F
22/04/1984
[REDACTED]
Y, HUSBAND
[REDACTED]

V1

V1

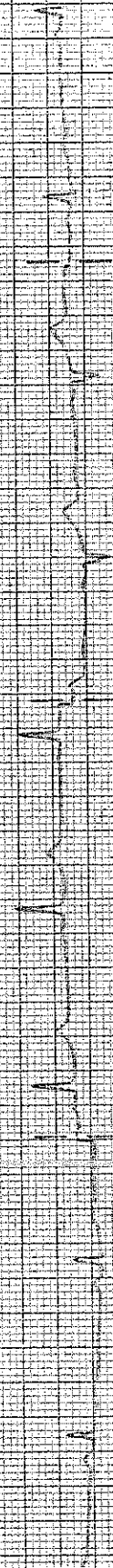
V1



V2

V2

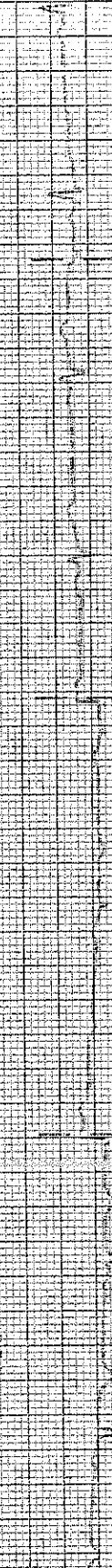
V2



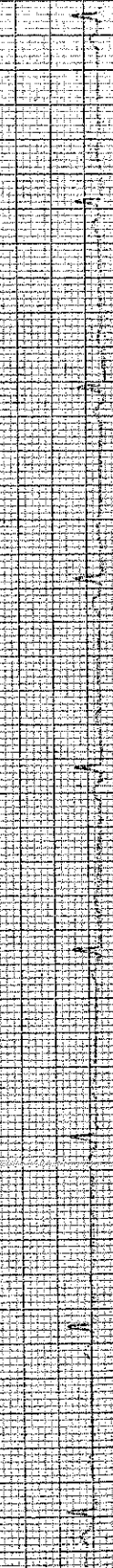
V3

V3

V3



PHYSICIAN STRIP II
25 mm/sec: 1 cm/mV



21/06/1993

07:23:53

BASE HOSP

Dept:

Room:

Pamfree

BASE HOSPITAL
ITAL

BASE HOSP

Dept:

Room:

19/06/1993 07:44:27

19/6/93


[REDACTED]

Parizero

BASE HOSP
Dept:
Room:

19/06/1993 07:45:00

19/6/93


Kunster

18/06/1973 18:59.02

BASE HOST

Dept:

Room:

[REDACTED]

Pain 6/10 in severity
between shoulder blades.

0254

6/10 pain between shoulders

[REDACTED]

Posterior

HR

8

9

DOB: 22-4-34

Med: Sinus Bradycardia
Age: Low Voltage QRS
Sex: Septal Infarct, Age Undetermined
Loc: Inferior Infarct, Age Undetermined
Room: Abnormal ECG

0244

Vent rate 58 BPM
PR interval 156 ms
QRS duration 72 ms
QT/QTc 416/409 ms
P-R-T axes 40 -10 -36

Referred by: Unconfirmed

