

# BUNDABERG BASE HOSPITAL

Patient Identification:

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

P111

Ph (H)

Ph (B)

# CORRESPONDENCE



NOT PATEL patient  
ref MAX to RU

Queensland Hospital  
7/5 → ?  
6/52

Piii

PATIENT / FAMILY COUNSELLING SERVICE

INTAKE ASSESSMENT FORM

Met = review team. Investigated by HRC + solicitor for settlement.  
Script Argy, Usual etc.  
ily [circled] only available ~~through~~ 8-2

1. Patient

My name is ..... I am from the Patient Support team of Queensland Health. Our records show that you have been a patient of Dr Patel. This is a courtesy call to give you an opportunity to talk to someone regarding a free counselling service which has just been established

2. Family of deceased

My name is ..... I am from the Patient Support team of Queensland Health. Our records show that ..... was a patient of Dr Patel. This is a courtesy call to give you an opportunity to talk to someone regarding a free counselling service which has just been established.

Are you interested in this service? Y N

Options

- Telephone – at a time convenient to you
- Can you come in to see us? – *don't offer free transport/home visits in the first instance. Explore options*
- Would you like a follow up call?
- Are there other family members who would be interested in this service?
- Follow up with others – Detail

Do you have any concerns if a record is kept of the counselling session(s)?

Re contact Counsellor..... Guthrie Date... 28/4/05

NO ANSWER.

offe ~~800000~~  
Available last  
8-2

Records processed by CO1.  
St. Detention

Patient Support Team

REVIEW

Name..... EPH .....

Patient  Staff  Family member of deceased patient

Initial Contact - DATE.....

Relevant background

1. To BBH

CARDAC INVESTIGATION NOT COMPLETED - DISCHARGED  
DECEASED AT HOME EARLY NEXT AM. NB.  
PERFORMED CPR FOR 30 MINS. TILL EMS ARRIVED  
NOT SUCCESSFUL

Outcome / Issues

HAS BEEN TO H.R.C. + THERE IS TO BE  
FINANCIAL SETTLEMENT.  
SOLICITOR HAS REQUESTED DOCUMENTS THROUGH  
FOI. - GEORGE IS CONCERNED THIS HAS  
BEEN DELAYED.

2. Family Support

HAS A SON WHOM GEORGE DRIVES  
TO WORK.

3. Issues ID / Current Situation

REQUIRES BOWEL SURGERY - BOOKED INTO GREENSLOPES HOSPITAL - 7/6 (FOR DT 14/6) & MAY BE THERE FOR 6/2. HIGH RISK AS GEORGE HAS EMPHYSEMA.  
ANGRY & UPSET AT BBH. +++.

4. Action Plan

DOES NOT WANT COUNSELLING - ONLY WANTS TO MAKE SUBMISSION TO ROYAL COMMISSION. BUT ANXIOUS HE WILL MISS OUT DUE TO UPCOMING HOSPITALIZATION.

GAVE PERMISSION FOR S.W. TO CONTACT PATIENT SUPPORT GROUP TO PROVIDE INFO ON R/C. CONTACTED IAN FLEMING RE SAME & HE WILL

Short Term (6 weeks and under)  Long term Follow Up.

5. Referred to:

- Pt Liaison
- Social Worker
- No further Action
- Religious support - what religion?
- Are you happy to be referred to BBHS?

Counsellor.....

*L. J. [Signature]*

6/6/05.



Date: 01/12/03 Incident number: 495A41 A: 12 B: 11 Surname: Pili

Unit number: 4404 Start case km: End case km: Given names: 00 63

Received: 0346 Dispatched: 0347 On case: 0349 On scene: 0405

At patient: 0407 Departed scene: 0422 At destination: 0446 Clear: AMPDS dispatched: 10103

Hospital notified: Called assistance: Appointment: AMPDS round: Gender (M/F): Date of birth: Est. age: Patient telephone:

Sub address (lot / unit / shop): AMPDS round: PCC / Senior / DVA: 05505320A Patient telephone:

Place name (property / building / bridge): Next of kin (name, relationship): Next of kin telephone:

Address (street number, name): Employer / group subscription / guardian name / occupation:

Suburb / town: Billing address (if different from above):

Postcode: THIS TRANSPORT C: 0001

Destination / address: Base Hosp - B. Bary

Postcode: 4670 D THIS TRANSPORT: 1663

Subscriber number: Expiry date:

Customer number: Date account raised:

Chargeable km: Account type: Service charge: \$

TO: Base Hosp - B. Bary

Postcode: 4670 D THIS TRANSPORT: 1663

Subscriber number: Expiry date:

Customer number: Date account raised:

Chargeable km: Account type: Service charge: \$

SIGN: 1765812219 Stand, 525A19 219 Kid. Chauhan

Checked by:

CODE: E: 10 F: 27 H: 01 J: 000 K: 022 L: 000 M: 3 N: 1 R: 4 S: 0000 X: 5 Y: 00 Z: 02

Times	0408	0413	0423	0438	0444
Pulse rate + regularity:	99:R	87:R	88:R	90:R	82:R
Respiratory rate + effort:	18:N	18:N	18:N	18:N	18:N
Oxygen saturation:	96%	100%	98%	98%	98%
ETCO <sub>2</sub> :					
Systolic:	113	108	112	117	105
Diastolic:	91	84	73	69	81
Temperature:	N	N	N	N	N
Colour:	N	N	N	N	N
Moistness:	N	N	N	N	N
ECG Rate:		100			
ECG rhythm:		SR			
Blood sugar level:					
Pain level:	5	0	0	0	0
PUPIL					
Reacts (+) No reaction (-) Eyes closed (c)	+	+	+	+	+
Eye opening	4	4	4	4	4
Verbal Response	5	5	5	5	5
Motor Response	6	6	6	6	6
Total GCS	15	15	15	15	15





# QUEENSLAND AMBULANCE SERVICE

Date: 10/09/02 Incident number: 469A41 A: 2 B: 1 Surname: Pill  
 Unit number: 712 Start case km: End case km: Given names: 00 65  
 Received: 0229 Dispatched: 0230 On case: 0231 On scene: 0248  
 At patient: 0250 Departed scene: 0302 At destination: 0321 Clear: AMPDS d spatched: 05A01  
 Hospital notified: Called assistance: Appointment: AMPDS fund: PCC / Senior / DVA: QSS05320A  
 Sub address (lot / unit / shop): Place name (property / building / bridge): Address (street number, name):  
 Gender (M/F): Date of birth: Est. age: Patient telephone: Next of kin (name, relationship): Next of kin telephone: Employer / group subscription / guardian name / occupation: Billing address (if different from above): Postcode: Subscriber number: Expiry date: Customer number: Date account raised: Chargeable km: Account type: Service charge: \$

INCIDENT/PATIENT LOCATION: THIS TRANSPORT C: 4001 TOTAL TRANSPORT Facility of origin: Base Hosp  
 Postcode: 4670 D THIS TRANSPORT: 1663 Facility of destination: 7  
 ID number: Level: Station: Officer: Checked by: SIGN CODE: E: 05 F: 25 H: 01 J: 000 K: 073 L: 000 M: 05 R: 4 S: 6000 T: 5 X: 00 Y: Z:

INCIDENT/PATIENT LOCATION: THIS TRANSPORT C: 4001 TOTAL TRANSPORT Facility of origin: Base Hosp  
 Postcode: 4670 D THIS TRANSPORT: 1663 Facility of destination: 7  
 ID number: Level: Station: Officer: Checked by: SIGN CODE: E: 05 F: 25 H: 01 J: 000 K: 073 L: 000 M: 05 R: 4 S: 6000 T: 5 X: 00 Y: Z:

Time	0258	0308	0321			
Pulse rate + regularity	71:R	69:R	71:R			
Respiratory rate + effort	36:R	36:R	36:R			
Oxygen saturation	98%	98%	98%			
Ei CO <sub>2</sub>						
BP						
Systolic	183	166	180			
Diastolic	95	96	93			
Temperature	N	N	N			
Colour	N	N	N			
Moistness	N	N	N			
ECG Rate	71	69	71			
ECG rhythm	SR	SR	SR			
Blood sugar level						
Pain level (0-10)	8	6	4			
PUPIL						
Reacts (+) No reaction (-) Eyes closed (c)	5+	5+	5+			
Eye opening	4	4	4			
Verbal Response	5	5	5			
Motor Response	6	6	6			
Total GCS	15	15	15			

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ECG rhythm	SR	SR	SR			
Blood sugar level						
Pain level (0-10)	8	6	4			
PUPIL						
Reacts (+) No reaction (-) Eyes closed (c)	5+	5+	5+			
Eye opening	4	4	4			
Verbal Response	5	5	5			
Motor Response	6	6	6			
Total GCS	15	15	15			





RMcB/ns

28 June 1995

Dr B Hartley  
31 Maryborough Street  
BUNDABERG 4670

Dear Dr Hartley

RE: P111

I have recently received this lady's thyroid function test results following her admission to the Base Hospital with an episode of atypical chest pain in mid-June this year. This shows that she is hypothyroid with Free T4 level of 8pmol/L (9-23) and a TSH of 35mIU/L (0.05-5.0). In addition her thyroid antibodies show she has an elevated thyroid microsomal level at 4490 and elevated thyroglobulin at 1733. In addition her speckled nuclear antigens are elevated at Titre 160.

I understand this lady has been previously told she is hypothyroid and commenced on Thyroxine some time ago however she elected to cease this herself. It would appear from these results that she certainly does need Thyroxine and I would be grateful if you could see her in order to go over this with her. As she has an outpatient appointment with Dr Strahan for an exercise tolerance test on 3 July this year I have sent a copy of this letter to him.

Yours sincerely

ROD MCBAIN  
Medical PHO for Dr Strahan

Copy to Dr M Strahan

Signed by Dr C Swannell

BUNDABERG BASE HOSPITAL

00 68

GP/lm

10th September 1993

Dr J Joiner  
PO Box 1661  
BUNDABERG 4670

Dear Jon

RE:           P III          

This patient was admitted in my absence on leave in June having sustained a myocardial infarct.

There were no initial ECG changes and so Streptokinase was not given, CK subsequently peaked at around 700. She had a previous history of myocardial infarction in 1988 and had also been advised to take treatment for hypothyroidism but had discontinued. Clinically she was apparently not hypothyroid.

She was subsequently discharged on the 28th. June on treatment with Anginine PRN, Aspirin 150mgs, Atenolol 50mgs, Imdur 60mgs and Thyroxine 100 micrograms daily. When reviewed today she seemed still to have limited exercise capability and was having minor pains with exertion although not taking treatment.

Follow up thyroid function tests taken 2 weeks ago were within normal range. A fasting cholesterol was a little increased at 6.3 but with a low HDL at 0.99 indicating increased risk.

Today she was also complaining of some discomfort and numbness in the left thigh area which sounded like nerve compression symptomatology.

On examination she looked well, still moderately overweight at 75 kilos. Cardiovascular and respiratory examination normal with blood pressure 130/90. ECG showed that the previously noted changes in the inferior leads had recovered.

This patient should continue to recover as she loses weight and her thyroid recovers. Should she continue to have niggling pains onward referral to Brisbane for angiography may be necessary, for the moment as her ECG does seem to have improved I have not made any specific plans. I have asked her to come to see you for follow up.

Yours sincerely

GRAHAM PINN - VISITING PHYSICIAN