BUNDABERG BASE HOSPITAL

UR

INTERMEDIATE

Title	Surname	Given Names	Date of Birth	Age
R	P265	I		

Address

Sex	M.S.	Country of Birth	Religion
M	M	AUSTRALIA	Not

Ethnic Origin: NOT ABORIG. OR | ENGLISH ONLY

Telephone - Home	Telephone - Business	Occupation (Current or Last)
		RETIRED

First Contact: AA

Alternative Contact:

If discharged in last 7 days, from which hospital	Date Admitted	Time Admitted	Admission Source
MATER HOSP-BUNDABERG	12 Aug 2003	21:35	HOSPITAL TRANSF

Referring Doctor/Person:
DR C KRASSER
BARGARA CENTRAL FAMILY PRACT
BAUER/DAVIDSON STS
BARGARA 4670

41590011

Unit	Ward	Bed	Treating Doctor
SURG	ICU		PATEL J

Account Class	Health Fund	Health Schedule
GSEDVA	DVA	GOLD

Medicare Number:

Pension Number:

Date Discharged	Time Discharged	Discharge Status
14.8.03	16 10	STANDARD HAR MT MORTAL — HOSP

General Practitioner informed of admission Yes ☐ No ☐

Current Medications:

ICD9CM CODES

QHB.0004.0125.00218

Remember, Discharge Planning begins on Admission. Good discharge planning improves patient and staff satisfaction, reduces hospital length of stays and reduces readmission rates.

If the patient is no longer acute – an episode of care change is required. An episode of care change form must be completed by the consultant treating the patient. This will correctly help describe workloads and the use of resources.

Good discharge planning provides better patient care and better health outcomes.

ADMISSION FRONT SHEET

MR 56B

Queensland Government
Queensland Health

Patient Election Form

1 Complete Section A and Section B by ticking the relevant boxes
2 Sign the patient declarations in both sections

BUNDABERG HOSPITAL SEX UR NO

P265

RETIRED

SECTION A **Please read the *Public or Private — your choice* information attached to this form before you complete this section. If you need help, ask the hospital staff.**

☐ Yes ☑ No **PUBLIC PATIENT** I choose to be treated as a public patient This means I cannot choose my own doctor and that the hospital will provide me with a suitable doctor for my care I will not be charged for accommodation, medical, diagnostic and allied health services or surgically implanted prostheses

☑ Yes ☐ No **PRIVATE PATIENT** I choose to be treated as a private patient by Dr PATEL
I understand that **I may not be fully covered for my treatment costs and I may have to pay for out-of-pocket expenses.**
☑ Yes ☐ No I want a private (single) room, if available, and I agree to pay the extra charges that will apply

DECLARATION BY PATIENT I, (name)

of (address) N/A

have read the *Public or Private — your choice* information attached to this form I understand I have a choice to be a public or private patient and have been fully informed of the consequences of my choice (election) I also understand that this choice can only be changed in the event of "unforeseen circumstances" as set out in the *Public or Private — your choice* information A hospital employee has not directed me towards this decision

Signature *(patient)* **Date**

Signature *(or patient representative)* **Relationship to patient**

of (address) **Date** 12 05 2005

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS I, HELINDA SCHULTE

witnessed the patient or their representative make the election of their choice ☑ An interpreter **was not** required
☐ An interpreter **was** required to ensure the person received sufficient information to make an informed choice
The interpreter's name is

Signature **Position** ADMIN **Date** 12 05 2005

SECTION B **This section tells us who you think will be paying for your hospital expenses and gives us permission to contact them. Please read the *Public or Private — your choice* information attached to this form before you complete this section. If you need help, ask the hospital staff.**

☐ Yes ☐ No Do you hold a **MEDICARE CARD**? My card number is

☑ Yes ☐ No Do you hold a **DEPARTMENT OF VETERANS' AFFAIRS** entitlement card and choose to have DVA pay your hospital expenses? ☑ I have a Gold Repatriation Health Card ☐ I have a White Repatriation Health Card
My entitlement card number is

☐ Yes ☑ No Are you a member of the **AUSTRALIAN DEFENCE FORCES**? My service number is

☐ Yes ☑ No Is this hospital visit in relation to an injury arising out of a **MOTOR VEHICLE ACCIDENT**?

☐ Yes ☑ No Do you have a **WORK RELATED INJURY or ILLNESS**?
If yes, do you have an existing claim for this? My claim number is

☐ Yes ☑ No Have you received or are you entitled to receive **COMPENSATION** for your injury or illness from another source (e g insurance company)? If yes, give details

☐ Yes ☑ No Do you have **PRIVATE HEALTH INSURANCE**?
My health insurance fund is My membership number

☐ Yes ☑ No Are you an **OVERSEAS VISITOR**? I normally live in (Country)

☐ Yes ☑ No Are you an **INTERSTATE VISITOR**? I normally live in (State)

QHB.0004.0125.00219

☐ Yes ☑ No Is there anyone else who will fund your hospital care? e.g. travel insurance
My hospital care will be funded by

☑ Yes ☐ No **CONSENT TO RELEASE OF INFORMATION** . I agree that Queensland Health can give my name, address, date of birth, admission and discharge details and treatment codes to the funding agency I have chosen above so that Queensland Health can be refunded for my hospital care

Signature *(patient)* **Date**

Signature *(or patient representative)* **Date** 12 05 2005

QHPEH 1 June 2002

BUNDABERG HOSPITAL SEX UR NO

P265

Queensland Government
Queensland Health

LAPAROTOMY

A. INTERPRETER/ CULTURAL NEEDS

An Interpreter Service is required yes☐ no☐
If yes, is a qualified Interpreter present yes☐ no☐
A Cultural Support Person is required yes☐ no☐
If yes, is a Cultural Support Person present yes☐ no☐

B. CONDITION AND PROCEDURE

The doctor has explained that I have the following condition. *(Doctor to document in patient's own words)*

re-open abdomen
- laparotomy
? bowel resection

The following procedure will be performed:

Exploration of the abdomen through a cut and possible repair or removal of injured organs or tissues.

C. ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved If you have any concerns, talk these over with your anaesthetist.

If you have not been given an information sheet, please ask for one

D. GENERAL RISKS OF A PROCEDURE

They include:

(a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

(b) Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.

(c) A heart attack because of strain on the heart or a stroke.

(d) Death is possible due to the procedure.

E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which include:

(a) Damage of the bowel may occur which may cause leakage of bowel fluid. This may need further surgery.

(b) Deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery.

(c) Infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage.

(d) The bowel movement may be paralysed or blocked after surgery and this may cause building up of fluid in the bowel with bloating of the abdomen and vomiting Further treatment may be necessary for this.

(e) After severe trauma with blood loss, multi-organ failure can occur This may need further intensive treatment

A weakness can occur in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term. This may need further treatment

In some people healing of the wound may be abnormal and the wound can be thickened and red and may be painful

(f) Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long term complication and may need further surgery.

(g) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

(h) Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis

F. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

(Doctor to document in Medical Record if necessary. Cross out if not applicable)

PROCEDURAL CONSENT FORM

QHB.0004.0125.00220

LAPAROTOMY	UR No	(Please place patient label here)	
	Surname		
	Given Names		
	DOB		Sex M F
	GP		

G. PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes

The doctor has explained other relevant treatment options and their associated risks The doctor has explained my prognosis and the risks of not having the procedure

I have been given a Patient Information Sheet on Anaesthesia. The doctor has explained the risks of anaesthesia and the factors that increase the risks of anaesthesia.

I have been given a Patient Information Sheet (Version 2 10/02) about the procedure and its risks

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse

On the basis of the above statements, I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/ Substitute decision maker and relationship

Signature

Date 13.8.03

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000 If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf

H. INTERPRETER'S STATEMENT

I have given a translation in ..... (*state the patient's language here*) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

Name of Interpreter .....

Signature .....

Date .....

I. ADVANCE HEALTH DIRECTIVE

The patient has an Advance Health Directive/ Enduring Power of Attorney and will provide the doctor with a copy on admission yes ☐ no ☐

J. DOCTOR'S STATEMENT

I have explained

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient

I have given the patient/ substitute decision-maker an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute decision-maker understood the above information

Name of Doctor DAVID MILLAR

Signature .....

te 13/8/03

QHB.0004.0125.00221

Queensland Government
Queensland Health

CONSENT INFORMATION - PATIENT COPY

LAPAROTOMY

PROCEDURE

Exploration of the abdomen through a cut and possible repair or removal of injured organs or tissues.

ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved If you have any concerns, talk these over with your anaesthetist.

If you have not been given an information sheet, please ask for one

GENERAL RISKS OF A PROCEDURE

They include.

(a) Small areas of the lungs may collapse, increasing the risk of chest infection This may need antibiotics and physiotherapy.

(b) Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal

(c) A heart attack because of strain on the heart or a stroke

(d) Death is possible due to the procedure

RISKS OF THIS PROCEDURE

There are some risks/ complications, which include·

(a) Damage of the bowel may occur which may cause leakage of bowel fluid This may need further surgery

(b) Deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery.

(c) Infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage.

(d) The bowel movement may be paralysed or blocked after surgery and this may cause building up of fluid in the bowel with bloating of the abdomen and vomiting Further treatment may be necessary for this

(e) After severe trauma with blood loss, multi-organ failure can occur This may need further intensive treatment

(f) A weakness can occur in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term This may need further treatment.

(g) In some people healing of the wound may be abnormal and the wound can be thickened and red and may be painful

(h) Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long term complication and may need further surgery.

(i) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis

(j) Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

I ACKNOWLEDGE THAT:

The doctor has explained my medical condition and the proposed surgical procedure I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of <u>not</u> having the procedure

I have been given a Patient Information Sheet on Anaesthesia The doctor has explained the risks of anaesthesia and the factors that increase the risks of anaesthesia

I have received a Patient Information Sheet (Version 2. 10/02) about the procedure and its risks

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options

My questions and concerns have been discussed and answered to my satisfaction

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated as appropriate

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements,

<u>I REQUEST TO HAVE THE PROCEDURE.</u>

HOSPITAL

BUNDABERG HOSPITAL SEX UR NO

P265

INPATIENT PROGRESS NOTES

Not Stated RETIRED

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
12/8/03	Transfered from Motes
10.00h	See accompanying letter Day I
	Post op high anterior resection.
	Epidural in situ.
	PMH Arteriopath
	HT, IHD.
	DH metoprolol BD
	Aspro.
	Nitrate patch.
	OE/ Alert + conscious orientated
	in time + place.
	CVS HS I+II+0. pulse 120 Sinus
	tachycardia. BP 120/70
	RS Bilateral basal creps
	? crepitus (R) lower ribs.
	Sats 99 on 4 litres O2.
	GIT Abdo tender.
	Problems poor urine output
	Tachycardic
	Normotensive.
	ECG. Subendocardial ischaemia.
	Plan CXR.
	Bloods MI screen.
	Medical opinion.

QHB.0004.0125.00223

'47714—GOPRINT © MR70

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	D/W Dr. Smolhorgor who will kindly A/V.
	Continue with eridencloss cloted.
12/8/03 2400	Problems:
	(1) Cardiac ischemia as shown by ST↓ in anteroseptal leads. Known arteriopath. Trop 0.6. Postop ECK 1700. Cardiac ischemia worsened by tachycardia (P130) and anemia (Hb 107).
	Plan: Treat as unstable angina with aspirin, Clexane. Reduce heartrate by adequate analgesia + β-blocker infusion to maintain P < 100/min. Increase O_2 delivery with rebreathing O_2 mask, GTN infusion and transfuse 2 U. RBC
	(2) Poor urine output - most likely due to low BP at Mater Hosp. Volume status adequate and no signs hypervolemia or CCF. Use IV Frusemide prn to prevent excessive positive fluid balance. At this time inotrope not indicated. [signature]
12/8/03 [illegible] 2345	Abdomen - widespread guarding °rigidity when examined at 2330, BS present, on initial examination on arrival BS present, °guarding & °peritonism.
	- dusky stoma site.
	- ? ischaemic bowel
	- blood lactate taken
	- Dr Patel notified [signature]
	[illegible]

QHB.0004.0125.00224

BUNDABERG HOSPITAL SEX UR NO

..... HOSPITAL

P265

INPATIENT PROGRESS NOTES Not Stated RETIRED

(Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
12/8/03 2350	Medical JHO
	80y.o ♂ T/F from Mater
	- post-op high ant resection ± ileostomy yesterday pm
	- concern tonight re: ↓BP + ↓U.O.
	PMHx/ CEA
	TURP
	PVD
	Diverticulitis
	HTN
	IHD
	Meds/ Metoprolol
	GTN patch " "
	Avapro
	Zocor
	All/ NKDA
	ECG/ Worsening anterolateral ischaemia
	- deepening ST ↓
	Bloods/ Na 135 K 4.6
	Cl 106 HCO_3 22
	Ur 12.9 Cr 0.14 (012 1/52 ago)
	Alb 31 AST 77 LDH 316.
	CK 1700 TnT 0.62
	Hb 105 WCC 13.2 (N 11.55)
	INR 1.3.
	QHB.0004.0125.00225
	Pt R/Ved by Dr Joines (Anaesthetist) Dr Smalberger (Physician), Dr Risson (Surg. JHO On-call)

INPATIENT PROGRESS NOTES

147714—GOPRINT ©

MR 70

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Awaiting R/V by Dr Patel.
	Plan: • GTN infusion
	• Analgesia
	• 2U PRC transfusion
	• Aspirin, Clexane
	• β-blocker
	• ? to theatre [illegible] Bennett (JHO)
	Lactate 2.2 (0.7-2.5). JS.
13.8.03	SURGERY:
1240AM	80 yr old male, S/p colon
	Resection for diverticulosis with
	diverting ileostomy. Transferred to ICU
	from Mater Hospital with Perioperative
	MI. called by ICU Team to evaluate
	him because of severe abdominal pain
	requiring large doses of morphine.
	Had concerned about ischaemic bowel
	Pt awake, c/o abdominal Pain
	Tachycardic - BP - 150/70 Mmhg
	Abd - moderately distended
	Rigid tenderness in
	lower abdomen - mainly
	on the Rt.
	Incision fine
	Loop Ileostomy - colour is &
	Slightly dusky - bowel
	audible
	Labs - WBC - [illegible]
	Blood gases - acidotic 7.27
	Base 20
	ISS: No obvious evidence of mesenteric
	ischemia on this slide
	ICU: Continue supportive measures
	Re ✓ Blood gases

....HOSPITAL

BUNDABERG HOSPITAL SEX UR NO

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INPATIENT PROGRESS NOTES Not Stated RETIRED

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
13/8/03 0315	Med JHO

Continuing observation of pt in ICU.
Minimal (10-15ml) U.O. last 2hr.
BP 130/72. PR 118.

ABGs:	0029	0107	0157	0247
pH	7.279	7.248	7.156	7.165
pCO_2	44.3	43.3	60.6	62.0
pO_2	167.8	100.7	106.4	107.8
HCO_3^-	20.2	18.5	20.7	21.7
ABE	-6.0	-8.3	-8.5	-7.6.

Imp Metabolic acidosis (↓U.O.) ± worsening resp acidosis (↓LOC 2° morphine infusion)

D/W Dr Risson (Surg JHO On-call) + Dr Swalbergar (Physician)

Plan
- Cease Morphine infusion
- Start Frusemide infusion
- If resp. acidosis continues, consider need for intubation

Jay Swift + Bennett (JHO)

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT

Queensland H... Transfus... ...gy Service... ...edicine

Bundaberg Hospital

Erected by L Kleinsk (LENSKO) RN @ 2350 hrs on 12/8/03
Checked by [illegible]

PRODUCT No 4550062
PRODUCT GROUP A Positive
PRODUCT TYPE Red Cells (42)
Compatible Unit for
UR No P265
SURNAME
GIVEN NAME
DATE OF BIRTH
HOSPITAL BNH WARD Intensiv
PATIENT GROUP A Positive
DATE 12-Aug-03
INITIALS ckll 23:15 14-Aug-20(

Queensland Health Pathology Service
Transfusion Medicine

Erected by L Kleinsk (LENSKO) RN. @ 0200 hrs 13/8/03.
Checked by [illegible]

Bundaberg Hospital

PRODUCT No 4549899
PRODUCT GROUP A Positive
PRODUCT TYPE Red Cells (42)
Compatible Unit for
UR No P265
SURNAME
GIVEN NAMES
DATE OF BIRTH
HOSPITAL BNH WARD Intensiv
PATIENT GROUP A Positive
DATE 12-Aug-03
INITIALS ckll 23:15 14-Aug-20(

QHB.0004.0125.00228

HOSPITAL

BUNDABERG HOSPITAL SEX UR NO

P265

INPATIENT PROGRESS NOTES

Not Stated RETIRED

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
13.8.03	SURGERY -
640 AM	Quite confused and
	agitated.
	c/o Pain - His infusion was
	altered at about 3 AM because
	of nausea
	Heart rate remains in 140s
	BP stable
	afebrile
	Abd. quite Regid from Peen
	Stoma viable & pink.
	urine out. POOR - on Lasix drip
	PT is at least 12 lt. fluid lung
	over last 24 hours.
	Remains acidotic with pH 7.207
	combination of Metabolic and
	Respiratory compound
	AM labs - pending
	Ass: SIP Screening with Diastasum for -
	Diverticular disease & perforation
	MI -
	- Oliguric - ? Renal Function
	- Acidotic
	- Tachycardic
	- Poor Pain control
	Plan: Restart His infusion at 1ml/hr
	will need more aggressive diuresis
	May need ventilatory support Noted

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
13/8/03 8h30	* MI - On re-breathing O2 mask after 2 U RBC ST segments less depressed on ECG. - still tachycardic in 130s/min, but BP normal, - no arrhythmias on ECG. Plan: Advise peri-operative β-blocker therapy to reduce risk. Esmolol/Metoprolol IV boluses or infusion appropriate. Heparin infusion stopped mins pre-operatively. Can taper and stop GTN infusion.
	* Renal function - require Frusemide infusion to maintain adequate urine output. - Volume status adequate. Plan Advise to cont Frusemide infusion to maintain fluid balance.
	* Acidosis - large resp component and smaller metabolic component. IV Morphine not giving adequate analgesia, but causing resp. depression. Plan. Consider postop ventilation and adequate Morphine analgesia.
13.8.03 9 AM	Continue to have abdominal pain - Remains comfortable & apyrexial. & cardiac Discussion with Drs Canfell, Joynor & Swallberger. Safest thing at this stage to have a second look Laparotomy to rule out occult mesenteric ischaemia This will give us better idea of the patients, we are dealing with

BUNDABERG HOSPITAL SEX UR NO

.. ..HOSPITA

P265

INPATIENT PROGRESS NOTE Not Stated RETIRED

(Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	It is quite likely we may not find acute mesenteric ischaemia.
	All seems to agree with the plan
	[signature]
915AM	Plan prognosis & Rationale of 2nd look laparotomy discussed with wife. She agrees with the decision.
	[signature]
1115 RIDDELL	ICU Resident Riddell
	Returned to ICU post 2nd look laparotomy = -ve
	= intubated + ventilated
	CVP
	A-line Bp appx 90/50
	V... PO_2 - 300s.
	R/V By Dr Carter
	(P) O_2 ↓ 50%
	Admit infusion, Fentanyl-analgesia
	Continue.
	[signature] 0077

QHB.0004.0125.00231

INPATIENT PROGRESS NOTES

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BUNDABERG HOSPITAL SEX UR NO

BUNDABERG HOSPITAL

SURGEON'S REPORT

P. 265

Not Stated RETIRED

DATE 13/8/13

DIAGNOSIS & OPERATION PERFORMED

Reopen Laparotomy

SURGEON Patel ASSISTANT ANAESTHETIST Carter

DETAILS OF OPERATION ☐ Notification Correct Count

GA supine
midline laparotomy reopened
free fluid
small bowel inspected → healthy
anastomosis pink no surrounding fluid
saline washout
rectus sheath closed loop 0 novafyl
stapler to skin.

OPERATION RECORD

QHB.0004.0125.00240

MR73A

Mercy Health
and Aged Care
CENTRAL QUEENSLAND LIMITED
ACN 096 724 033
ABN 34 096 724 033
Caring for you for life

MACKAY
Mater Hospital
Mater Day Unit

YEPPOON
Mater Hospital

ROCKHAMPTON
Health Services
Administration Centre

Mater Hospital

Mercy Aged
Care Services
Bethany Home
Leinster Place
McAuley Place
Community Services

Mercy Food Services

Mercy Linen Service

GLADSTONE
Mater Hospital

BUNDABERG
Mater Hospital

12.8.03
8pm

To. Intensive Care Staff
Bundaberg Base Hospital

re P265
26.01.23

Geoff De Lacy has asked for an anaesthetic summary to accompany this gentleman.

He is an 80 year old veteran with a history of hypertension & ischaemic heart disease who underwent right anterior resection and ileostomy for diverticular disease on 10/8/03 under GA/epidural.

Preop CXRay showed heart size upper limit of normal. ECG sinus rhythm. Stress ECG in 2002 was reportedly within normal limits. He has had a R carotid endarterectomy.

He takes Aspro 1 daily, Zocor 1 daily, Minax 1 bd, and wears a Nitroderm patch.

During the procedure he was noted to be oliguric and required rather a lot of IV fluid to maintain output above 30 mls/hr and in the first 24 hours had a +ve balance of nearly 6 litres. He has remained oliguric and tonight a CVP reading was >20. BP has been $\frac{90-140}{50-60}$, P 80-90. SpO2 91-95%.

QHB.0004.0125.00087

MATER MISERICORDIAE HOSPITAL BUNDABERG
PO Box 715 Bundaberg Qld 4670 Phone 07 4153 9539 Fax 07 4153 1063
Email materbundy@materbg.mercycq.com Website www.materbundy.com