

| DATE | TIME | DRUG | DOSE | ROUTE | M.O. | GIVEN BY | TIME GIVEN |
|---------|------|--------------|--------|---------|------|----------|------------|
| 07/04 | 1940 | Morphine | 2.5g | IV | NS | JS | 1945 |
| | 1940 | Oralansetron | 4mg | IV | NS | JS | 1945 |
| 11/7 | | N saline | 1L | IV stat | NS | | |
| 11/04 | 0830 | Roxitane | 2-Tab | PO | NS | 2 | 0840 |
| | 0840 | Kil Saline | 1000ml | IV | NS | 2 | 0840 |
| 11/04 | 1410 | Oralansetron | 8mg | IV | NS | 2 | 0420 |
| 11/7/04 | 0730 | N Saline | 1L | IV | NS | 2 | 0830 |

MEDICAL HISTORY, EXAMINATION, TREATMENT AND FOLLOW-UP

DATE/TIME

11/7/04
20:30

4200

Michael

Background

① IBD

- involving SB and terminal Ileum
Saw Gastroenterologist 2002
Colonoscopy - NAD

② Asthma

③ Perianal - vaginal fistula / Multiple perianal abscesses
- Severe Shal Rockhampton + labial abscess
- Pouching in situ
- Labial fistula

④ TIA

⑤ Received LTI
HOP

⑥ HPE

⑦ Endometriosis

⑧ Hysterectomy

⑨ Appendicectomy

Mud

① Codex Phosphate

② Prochlorperazine
5mg intermittent

③

Allergy

Stecher / Macrolin

Dysuria since having the labial fistula. Radical
feels symptoms of UTI over the last few weeks.
If hx of lower of gut, lower abdominal pain
of N+ vomiting, drows + shakes
I passed a Uroge stents

Abdo pain - dull ache, constant

Headache + mild rock stiffness

rash / photophobia

Pain improved after warm shower and analgesia improved
the N+ vomiting

ADMISSION CHECKLIST

Medical Order Sheets:

Medication ☒

Fluids ☐

Fluid Balance Chart ☒

XRay ☒

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 12

Speciality ☐

Discharge Date ☐

Time ☐

APPT ☐ Department ☐

Date ☐

IN CARE OF ☐ RELATIVE ☐ FRIEND ☐ SELF

AFTER CARE INSTRUCTIONS GIVEN ☐

Use of crutches ☐

RN Signature: ☐



CONTINUATION SHEET

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

11/11/62

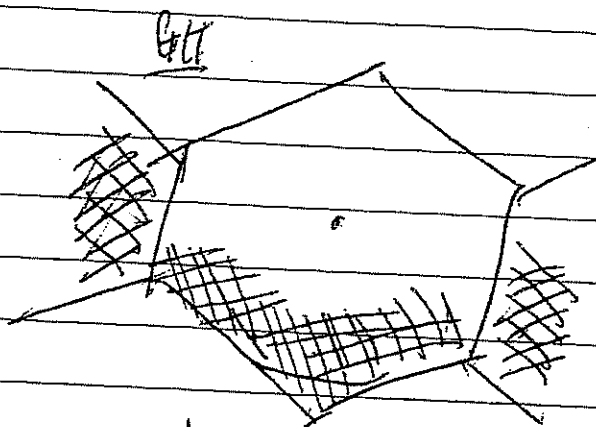
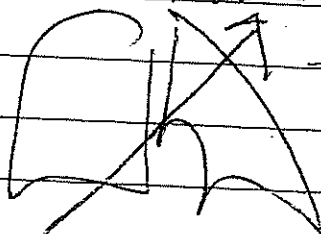
ENG

9/12 Land
 G₁ S₁ chief

BP
 HR 80

RESP

SpO₂ 98% on RA



FWT
 Imp

Blood small
 B₁ mod, Protein

ON₁ 11/11/62
 Leuc.

- ① UTI
- ② Gastroenteritis
- ③ Renal colic
- ④ Exacerbation of IBD

Lower abd tenderness
 B₁ lateral flank tenderness

PV - tenderness + f₁
 discharge

P

KUB - NAD

Bloods - (N) FBG - week 13, No f

U₁ B₁ / LFT / CRN (N)

Discharge, Pt happy to go home

Review in 12/11, will see own doctor tomorrow

Additional: Pt in pain + N₁ - unable to go home

CT Renal today - possibly Bilateral ureteric calculi, °hydronephrosis

ZT11

11/11/62

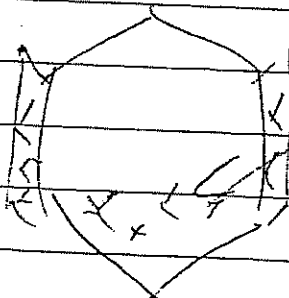
DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

JZB/K

12/7/69

Pct did not feel well
enough to go home last
night, unrelieved, abdominal
abdo.



tended, ° rechem
BS ↓

Wine + Bloods: ~~ADD~~

Ph: - Morphine 2.5mg i/v
- Codeine 10mg i/v

⇒ not falls asleep.

As there are no beds as were
patient stays on DBT o/k for obs
+ will be reviewed later on.

OT

BUNDABERG HOSPITAL EMERGENCY RECORD

| | | | | | | | |
|-------------|--|------------|--|-----------------------|--|-----|--|
| Surname | | Given Name | | Date of Birth | | Sex | |
| LESTER | | VICKI E | | 11 Nov 62 | | F | |
| Patient No: | | Emerg. No: | | Arrival Date and Time | | | |
| 034130 | | 03020268 | | 20 Sep 03 12:15 | | | |
| Triage Cat | | Area | | Complaint | | | |
| 3 | | WR | | GROIN PAINS | | | |

Allergies:- Macrolon & Stenidil

Immunisation Status:- Up to date

Triage Notes Pt states she has abscesses in groin area. Has presented here recently following admission operation. States now very uncomfortable.

TRIAGE RN Printed Name/Stamp Looney R

Signature

[illegible]

WARD TEST URINE:-

WEIGHT:-

MEDICATION ORDERS

| DATE | TIME | DRUG | DOSE | ROUTE | M.O. | GIVEN BY | TIME GIVEN |
|---------|-------|----------------|-------|-------|------|----------|------------|
| 20/9/03 | | N/S IL | 41m | | | Body | 1320 |
| 20/9/03 | 13:25 | Cefotaxime | 1g | IV | | Body | 1345 |
| 20/9/03 | | Morphine | 2.5mg | PO | | Body | 1350 |
| 20-9 | | Morphine | 2.5mg | IV | | Body | 1515 |
| 20-9 | | N/S IL | 6 | IV | | ✓ | |
| 20-9 | | Flucloxacillin | 1g | IV | | | |
| 20-9 | | Ventolin | 5mg | NEG | | ay | 1645 |

3318Hospital

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX UR NO
F 034130

11-11-1962
A

CONTINUATION SHEET

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

HOME DUTIES
[REDACTED] (1012)

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

HR - 111 TO

Legs - 432(+)

No rashes

for lymphatic (+)

Abd.



Surg
14 (+)

for 8 inches (+)

CNS - normal

LIE:

- Jaundice & redness (+) over the labium sup. & ver.

Rt
1" x 2"

- Perianal swelling 3 o'clock x 9 o'clock

PR & VE - PT refused

4cm in diam for anal swelling

△ Perianal abscesses & proctitis
probably Pelvic proctitis

Rx:

- CBC, urea & E, CRP, ESR, Coagulation screen

Blood culture

- To discuss w/ PHO for possible USS (pelvic)

- Dig. N/S LL x 416r

- IV Cefotaxime 1g SL

14.15pm

20/9/03

- Refr to Dr Fairbrother at 14:15pm/20.9.03

.....HOSPITAL

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

LESTER

F 034130

VICKI E

11-11-1962

A

OUTPATIENT NOTES

Ph (H)

Ph (B)

Anglican

HOME DUTIES

DATE

PROGRESS NOTES

- 8 AUG 2002

DR ZURAUSKAS

MEDICAL

PRIVATE

WT 43.8 kg

HT 154.8 cm

B/P 107/64

P 93

V/A

SG 1-030

Gr protein

Notes 87%

39yo ♀ home duties 2 children " asthmatic

Rx

salmeterol 6x/day

budesonide 400mcg 11 bid

bronchcon cough medicine

kliogest

panadeine forte

Allergies maxcedon + stemetil → dystonic

Cig 20/day

COH

growth under tongue to be removed by ENT surgeon

↓
Rockhampton Dr Matthews

PMHx

TAH + BSO due to PID + endometriosis

UTI: during winter

appendicectomy

Hx

lung problems in the family
whooping cough aged 8 - ventilated
asthma since childhood

recurrent chest infections in winter

.....HOSPITAL

--ID--

SEX--UR NO--

LESTER

F

034130

VICKI E

11-11-1962

A

OUTPATIENT NOTES

Ph (H)

Ph (B)

ANGLICAN

HOME DUTIES

DATE

PROGRESS NOTES

14 MAR 2002

GASTROENTEROLOGY

DR RADFORD-SMITH

GP referral

39 year old lady 40

1) diarrhoea

2) RIF pain

3) low back pain

Hx

- symptoms present for years, intermittent
- at least 5 yrs

- diagnosed as "colitis" ~12 yrs
ago, but diagnosed old hospital
(public hospital)

- rpt ending of colonoscopy 1996 → in
macroscopic

- further dx but no colonoscopy, 1999

- diarrhoea:

5-10 x / d, including nocturnal
dysentery

Malabsorption

- blood rare

semi-floppy - loose
difficult to push
o greasy look

- RIF:

low down

slight relief, & incomplete form depression.
bloating ++, b appetite

OUTPATIENT NOTES

--ID--
 LESTER (Bailey) SEX--UR NO--
 VICKI E F 034130
 [REDACTED]
 [REDACTED] 11-11-1962
 [REDACTED] A
 Ph (H) [REDACTED]
 Ph (B)
 ANGLICAN
 HOME DUTIES

| DATE | PROGRESS NOTES |
|-----------|--|
| (14/3/02) | <p>SH smoker - started ~15 yrs - 20/day Alcohol - nil home</p> |
| OE | <p>Thin, otherwise quite well can do any of nodes</p> |
| | <p>Keep ? underlying IBD?</p> |
| Plan | <p>1) Bloods incl. B27 2) See at RBH for WBC scan + have ERS</p> |
| | R |

.....HOSPITAL

--ID-----SEX---UR NO--
 LESTER F 034130
 VICKI E
 11-11-1962
 A
 Ph(H)
 Ph(B)
 ANGLICAN

OUTPATIENT NOTES

| DATE | PROGRESS NOTES |
|-------------|--|
| 12 MAY 1999 | SURGICAL REGISTRAR |
| | PHILLIPS (RMS) |
| | 36yo ♀ with long hx of diarrhoea previous colonoscopy → colitis • last ~ 11 yrs ago • insufficient preparation |
| | Has diarrhoea every day just recently noticed blood (frank) + mucous in stools Assoc lower abdo cramps with diarrhoea Morning nausea almost every day Feels of incomplete evacuation of bowels No fam hx bowel Ca, bowel problems States recently will lose weight then regain it (up to 6kg), not assoc with worsening of diarrhoea |
| | Occasional abdominal bloating (recently) |
| | PMHx • endometriosis → total hysterectomy • Ross River Virus • ? colitis • asthma |
| | PSHx • multiple laparoscopies • hysterectomy + bilateral oophorectomy • appendectomy • colonoscopy |

.....HOSPITAL

--ID-----SEX---UR NO--
LESTER F 034130
VICKI E

11-11-1962

A

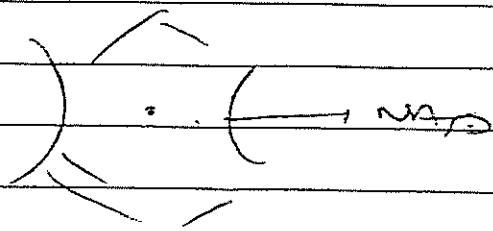
OUTPATIENT NOTES

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

DATE

PROGRESS NOTES

*Allegic to
nasal
steroids*



Book for rhinoplasty

SURGICAL

- 2 DEC 2003

SURGICAL

DR PATEL

*Sent for Rh re: ? retained
packing following drainage of
multiple periorbital abscesses*

*for USS to monitor of periorbital
region & ? I/B.*

17 DEC 2003

SURGICAL WARD REVIEW

*Post excision of scar tissue -
As due to inflammation -*

Continues to feel like packs present -

*Re-iterated not packing
→ dissolvable packing the 1st time
→ Scar tissue.*

o/e, healing well.

*P: R/V 6/52
Dr Patel*

DISPATCH

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

CHPS - Bundaberg Hospital
P.O. Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

| | | | | | |
|-------------------------|----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Thet Aung | Given Name | Vicki E | Sex | F |
| | Emerg-BNH | DOB | 11-Nov-1962 | Age | 40 years |
| | Bourbong Street | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | [REDACTED] | | |

Time Collected .13:00
Date Collected 20 Sep
Time Registered 14:21
Date Registered 20 Sep
Year 2003
Lab No 143170826

INR 0.9
Prothrombin Time 9
APTT 28
Fibrinogen 7.7
Platelets 623

| Units | Ref Range |
|----------------------|-------------|
| s | (8 - 14) |
| s | (25 - 38) |
| g/L | (1.5 - 4.0) |
| x 10 ⁹ /L | (140 - 400) |

Therapeutic Ranges

Heparin therapy

APTT 60 - 90 sec

These ranges are for the treatment of venous and arterial thrombo-embolism. These ranges are not suitable for acute coronary syndromes.

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

**G
E
N
E
R
A
L**

| | | | | | |
|------------------|----------------------------|-----------------|-------------|-----|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Persis Tiang | Given Name | Vicki E | Sex | F |
| | Bundaberg Hosp | DOB | 11-Nov-1962 | Age | 41 years |
| | Bourbong Street | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | | | |

[illegible]

26-Jul-99 Haemolysed 2+
Lab No 18132303

Please discard any previous
CHEMICAL PATHOLOGY GENERAL
report of the same page number
printed before : 14:02 12 Jul 2004

Page

CHEMICAL PATHOLOGY

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: LESTER VICKI E
UR Number: 034130 DOB: 11 NOV 62
Series Number: 5 Sex: F
Attend.Date: 12 JUL 04
Current Date: 14 JUL 2004

Examinations: CT - RENAL COLIC
Referred: DR N KEIL
Location: ED

CLINICAL HISTORY;
? RENAL STONES.

CT OF RENAL TRACTS.

Non-contrast study has been performed.

FINDINGS;

There is no evidence of opaque renal calculus. The ureters are not dilated. NO lesion seen in the bladder. NO abnormality detected in the liver, adrenals, spleen or pancreas.

COMMENT: I can see no evidence of an opaque renal or ureteric calculus. A few opacities noted in the pelvis, I think these are vascular.

SG:3566

DR DAVID CAMPBELL

4
DICTATED-BUT NOT READ

CASE

11:07:04 38.1 A21 2.0 11

12080 1719 1719 1724

1729 1811 1926

26A11 1A11

PATIENT

LESTER

VILGKI

11/11/1962

4974 9570

John (husband)

INCIDENT/PATIENT LOCATION

4677 00101

BUNDABERG BASE HOIP.

BUNDABERG ST, BIRBING

4670 1663

ADMINISTRATION

Subscriber number

Customer number

Chargeable for

Account type

Service charge

SIGN

013602 16102

005969 19102

013602 16102

CODE

13 27 01 000

033 031 3 1

3 0000 5 88 0.2 0.2

OBSERVATION

| Times | 1729 | 1800 | 1815 | 1830 | 1900 |
|---|-------|------|------|------|------|
| Pulse rate - regularly | 90b | 90b | 90b | 90b | 90b |
| Respiratory rate - effort | 24b | 20b | 20b | 18b | 18b |
| Oxygen saturation | | | | | |
| ETCO2 | | | | | |
| Systemic | 140 | 140 | 140 | 140 | 130 |
| Diastolic | 80 | P | P | P | P |
| Temperature | 39.0H | 2 | 2 | 2 | 2 |
| Colour | P | 2 | 2 | 2 | 2 |
| Mucous | 2 | 2 | 2 | 2 | 2 |
| ECG rate | | | | | |
| ECG rhythm | | | | | |
| Blood sugar level | | | | | |
| Pain level | 0.8 | 0.6 | 0.5 | 0.5 | 0.7 |
| PUPIL | | | | | |
| Reacts (+) No reaction (-) Eyes closed (c) | | | | | |
| Eye opening | 4 | 4 | 4 | 4 | 4 |
| Spontaneous (4) To voice (3) To pain (2) None (1) | 5 | 5 | 5 | 5 | 5 |
| Verbal response | 6 | 6 | 6 | 6 | 6 |
| Oriented (5) Confused (4) Inappropriate (3) Incomprehensible (2) None (1) | | | | | |
| Motor Response | | | | | |
| Obeys (6) Localized (5) Withdraw (4) Flexion (3) Extension (2) None (1) | | | | | |
| Total GCS | 15 | 15 | 15 | 15 | 15 |

QUEENSLAND AMBULANCE SERVICE

Date: 06/02/04 Incident number: 219A, 121 2B 1
 Unit number: 20137 Start case km: On case km: On scene km:
 Received: 0930 Dispatched: 0931, 14 On case: 0936 On scene: 1009
 At patient: 1010 Departed scene: 1037 At destination: 1159 Clear:
 Hospital notified: Called assistance: Appointment: AMPDS dispatched: 26A1
 AMPDS found:

Surname: LESTER
 Given names: VICKI GLAMIE
 Permanent address (number, street, suburb, town):
 Postcode:
 Gender (M/F): F Date of birth: 11/11/1962 Est. age: 42
 PCV / Senior / DVA: Patient telephone:
 Next of kin (name, relationship): Next of kin telephone:
 Employee / 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: \$

Place name (property, holding, bridge):
 Address (street number, name):
 Suburb / town:
 Postcode: 4677 THIS TRANSPORT: 0101
 Destination / address: BUNDA BERG BASE HOSPITAL
 Postcode: 4680 THIS TRANSPORT: 1663

Postcode:
 Subscriber number:
 Expiry date:
 Customer number:
 Date account raised:
 Chargeable km: Account type: Service charge: \$

SIGN: 010510183 16 617 1 KRP
 CODE: 13 27 01 000
 033 8 1
 4 0000 5 07 02 02

CODE: 13 27 01 000
 033 8 1
 4 0000 5 07 02 02

| TIME | 1010 | 1030 | 1135 | | | | | | |
|---|--------|----------|----------|--|--|--|--|--|--|
| Pulse rate - regularly | ik | 74/1 | 70/1 | | | | | | |
| Respiratory rate - effort | IN | 15 IN | 15 IN | | | | | | |
| Oxygen saturation | RA 98% | 98% | | | | | | | |
| Et CO ₂ | | | | | | | | | |
| Systolic | | 110 | 120 | | | | | | |
| Diastolic | | 80 | 85 | | | | | | |
| Temperature | WARM | 36.3° | N | | | | | | |
| Colour | | 3 | 3 | | | | | | |
| Moistness | | N | N | | | | | | |
| ECG rate | | 84 | 70 | | | | | | |
| ECG rhythm | | RRREG SR | IRREG SR | | | | | | |
| Blood sugar level | | | | | | | | | |
| Pain level | 0.8 | 0.8 | 0.5 | | | | | | |
| PUPIL | | 3 | 3 | | | | | | |
| Reacts (1) - No reaction (3) - Eyes closed (3) | | 3 | 3 | | | | | | |
| Eye opening | | | | | | | | | |
| Spontaneous (4) - To voice (3) - To pain (2) - None (1) | 4 | 4 | 4 | | | | | | |
| Verbal Response | | | | | | | | | |
| Oriented (5) - Confused (4) - Inappropriate (3) - Incomprehensible (2) - None (1) | 5 | 5 | 5 | | | | | | |
| Motor Response | | | | | | | | | |
| Obeys (5) - Localized (4) - Withdraw (3) - Flexor (2) - Extension (1) - None (0) | 6 | 6 | 6 | | | | | | |

034130

F

AUTHORITY TO SUPPLY MEDICAL INFORMATION

To: DR. PATEL (SURGEON)

BUNDABERG BASE HOSPITAL

--ID-- --SEX-- --UR NO--
 SURR LESTER F 152692
 VICKY ELAINE

PHONE NUMBER

ADD Ph (H) [REDACTED] M
 Ph (B)
 Anglican

11-11-1962

DATE OF BIRTH



HOUSEWIFE

I hereby authorise and request you to supply and medical
 information concerning myself to:

Name: Dr D. McGRUBER

Address: ROCKHAMPTON BASE HOSPITAL
 CANNING ST
 ROCKHAMPTON

Re: Drainage of pus from peri-anal abscess

Date Of Accident Or Treatment: Sept. 03

Treating Doctor (If Known): Dr Parr

Any Other Information Felt Necessary:

No operation notes

SIGNATURE

V. Lester

WITNESS

8/03/04

Bundaberg Base Hospital

SPECIALIST REFERRAL FORM

UR 034130
2/12/03
3.15

Please return to: OUTPATIENT RECEPTION or mail to:

DOCTOR / CLINIC C/o Bundaberg Base Hospital, PO Box 34 Bundaberg Qld 4670

26 NOV 2003

REFERRAL TO:

- | | | | | | |
|---|---|--|---|---|---|
| <input checked="" type="checkbox"/> Dr. Patel Surgical | <input type="checkbox"/> Dr. Gaffield Surgical | <input type="checkbox"/> Dr. Zurauskas Rheumatology | <input type="checkbox"/> Dr. Miach Nephrology | <input type="checkbox"/> Dr. Stumer Gynaecology | <input type="checkbox"/> Dr. Robinson Orthopaedic |
| <input type="checkbox"/> Dr. Waite Dermatology | <input type="checkbox"/> Dr. Anderson Urology | <input type="checkbox"/> Dr. Thiele Vascular | <input type="checkbox"/> Dr. Williams Paediatric | <input type="checkbox"/> Dr. Wijeratne Gynaecology | <input type="checkbox"/> Dr. Pratt ORF |
| <input type="checkbox"/> Antenatal Dr _____ | <input type="checkbox"/> Diabetic Educator RN | <input type="checkbox"/> Endocrinology Dr _____ | <input type="checkbox"/> Dr. Ryan Paediatric | <input type="checkbox"/> Genetics | <input checked="" type="checkbox"/> Other (specify) <i>Dr. Patel Surgery</i> |

PATIENT DETAILS: (Please ask patient to complete and return to hospital)

SURNAME: LESTER GIVEN NAME: Vicki GlaneADDRESS: Street: _____ DATE OF BIRTH: 1 / 1Suburb: _____ SEX: ☐ Female ☐ Male

Home Phone No: _____ Business Ph No: _____

COUNTRY OF BIRTH: Aus RELIGION: COEMARITAL STATUS: ☐ Never Married ☒ Married ☐ De facto ☐ Separated ☐ Widowed
☐ Divorced ☐ Not StatedINDIGENOUS STATUS: ☒ Not Indigenous ☐ Indigenous ☐ Torres Strait Islander ☐ Aust Aboriginal
☐ Unknown/Not Stated ☐ Aboriginal & Torres Strait

PERSON TO CONTACT IN EMERGENCY:

Name: _____
Street: _____
Suburb: _____
Home Phone No: _____
Business Phone No: _____
Relationship: Mother Next of Kin

ALTERNATIVE CONTACT IN EMERGENCY (If applicable)

Name: _____
Street: _____
Suburb: _____
Home Phone No: _____
Business Phone No: _____
Relationship: _____MEDICARE NO: _____ QLD AMBULANCE COVER? ☒ Yes ☐ No ☐ UnkPRIVATE HEALTH INSURANCE? ☐ Yes ☒ No ☐ UnknownHEALTH FUND NO: Name _____ Schedule: _____ Fund No: _____
(if applicable)PENSION CARE NO: _____ Affairs No: _____
(if applicable)☐ Compulsory Third Party☐ Third PartyGENERAL PRACTITIONER: Name: Dr Vito E. VillalunaAddress: Agnes Coast Medical Centre
Agnes CoastPlease complete upside
DR VITO VILLALUNA
2 RAFTING GROUND RD
AGNES WATER Q 4677
Phon No 250881DL
Fax No 2204180

CLINICAL DETAILS

PROVISIONAL DIAGNOSIS:

Perineal Abscess multiple
 s/p incision + Drainage - 19th Sept 2003
 i packing

* T/C Remaining or Retained packing -

ACTIVE CO-MORBIDITIES:

HISTORY AND EXAMINATION:

- left on a /ff Abscess Formed
 at the previous site
 on a /ff loose motion

SIGNIFICANT PAST HISTORY:

MEDICATIONS:

ALLERGIES:

DR VITO VILLALUNA
 2 RAFTING GROUND RD
 AGNES WATER Q 4577
 Prov No 250861DL
 Pres No 2224186

INVESTIGATIONS:

Significant Investigations: 26/11/03
 w/s of the Perineal Area / Felix May
 of the findings of a "hypodermic" incision
 measuring approx 2.0 cm The rectal
 mass is parallel to the anal muscle
 No debris seen on the @ Colic ingov

REFERRING DOCTOR:

Dr Vito G. Villaluna DATE: 26.11.03 -

**BUNDABERG HEALTH SERVICE DISTRICT
CLINICAL SUMMARY**

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F 03413

VICKI E

11-11-196

Usual GP: Agnes Coast Medical

Address: _____

Ph (H) _____

Ph (B) _____

Anglican

HOME DUTIES

Admission Date:

12/7/4

Discharge Date:

Follow up Clinic:

Referral:

Principal Diagnosis: (one only). The condition which after study, was found to be the main reason for the patient's admission.

pelvic pain - exacerbation of chronic pain

Secondary Conditions:

no cause found

Principal Procedure:

Analgesia.

Type of anaesthetic -

☐

Local

☐

Sedation

☐

General

☐

Spinal

☐

Epidural

Secondary Procedure/s and or Significant Non-Surgical Procedures:

Complications:

☐

Wound infection (include organism)

☐

Urinary tract infection (include organism)

External Cause of Injury/Poisoning:

Clinical Course and Significant Results:

Pain settled. Remained afebrile
Pt comfortable

D/C home

Falls Risk Assessment:

☐

High

☐

Med

☐

Low

Interventions that need addressing following discharge:

Remove Sutures/Clips: _____

LMO ☐

Hospital Doctor ☐

Enclosed by Mail:

Abnormal results:

☒ ECG

☒ Radiology Reports

☒ Haematology

☒ Histopathology

☒ MBA20

☒ Other

DISCHARGE MEDICATION - DOSAGE & FREQUENCY

DISCHARGE MEDICATION - DOSAGE & FREQUENCY

MO Signature: _____

Designation: _____

Consultant: _____

JHO

Galfield

Print Name: _____

Date: _____

Athanasios

13/7/4

11 Nov 1962 41

DNWV

ENGLISH ONLY

A & E

GAFFIELD

NIL

1994年12月

13704.

1140

A large, stylized handwritten letter 'C' is drawn on a grid background. The letter is formed by a single continuous stroke that starts at the top right, curves down and to the left, and then curves back up and to the right, ending near the starting point. The grid consists of 10 vertical columns and 20 horizontal rows. The letter 'C' is approximately 4 columns wide and 10 rows high.



Queensland Government
Queensland Health

At Bundaberg Hospital
LESTER
VICKI E

SEX
F

UR NO
034130

Patient Election Form

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

St [REDACTED]
Fl [REDACTED]
S: Ph (H) [REDACTED]
Ph (B)
D: DNWV

11-11-1962

A



HOME DUTIES

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 [REDACTED]. 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)

Vicki Lester

(address)

as above

I 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. I also understand that this choice can only be changed with the consent of the hospital. I have signed this declaration and that this information. A hospital employee has not directed me towards this decision.

Signature (patient)

[Signature]

Date 11 07 2004

Signature (on behalf of representative)

[Signature]

Relationship to patient HUSBAND

(address)

as above

Date 11 07 2004

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS I, [REDACTED]

111697

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

[REDACTED]

Signature

[Signature]

Position

Admin

Date

11 07 2004

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 [REDACTED]
- ☐ 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 [REDACTED]
- ☐ Yes ☒ No Are you a member of the **AUSTRALIAN DEFENCE FORCES**? My service number is [REDACTED]
- ☐ 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 [REDACTED]
- ☐ 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 [REDACTED]
- ☐ Yes ☒ No Do you have **PRIVATE HEALTH INSURANCE**?
- My health insurance fund is [REDACTED] My membership number [REDACTED]
- ☐ Yes ☒ No Are you an **OVERSEAS VISITOR**? I normally live in (Country) [REDACTED]
- ☐ Yes ☒ No Are you an **INTERSTATE VISITOR**? I normally live in (State) [REDACTED]
- ☐ Yes ☒ No Is there anyone else who will fund your hospital care? e.g. travel insurance
- My hospital care will be funded by [REDACTED]

☒ 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)

[Signature]

Date

11 07 2004

| DATE | TIME | T | P | R | BP | O ₂ Sat | Bin Score | REMARKS |
|---------|------|-----------------|----|----|--------|--------------------|-----------|--|
| 11/7/04 | 1945 | 35 ⁶ | 82 | 20 | 158/92 | | 10/10 | 4mg Ondansetron IV. clo, generalised abdo |
| | 2000 | | 92 | 24 | 146/95 | | | IV morphine 2.5mg. Pt. requesting to go for a shower taken in commode chair. |

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SPECIFIC OBSERVATION SHEET

Ph (H)

Ph (B)

DNWV



HOME DUTIES

EXAMPLES:

- 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 COLUMNS

| DATE | TIME | T | P | R | BP | SpO ₂ | O ₂ | Pain | REMARKS |
|---------|-------|------------------------------|----------|----|--------|------------------|----------------|-----------------------|---|
| 11-7-04 | 2345 | 36.2 | 84 | 24 | 149/96 | 98% | | | |
| 12-7-04 | 0100 | | 93 | 19 | 126/97 | 99% | | 5/10 | |
| | 0640 | 37.2 | 76 | 20 | 101/66 | 96% | | 8/10 | |
| | 0815 | 36.9 | 72 | 20 | 99/61 | 98% | RA | 7/10 | Lower abdo & back pain pt returned from shower |
| | 0820 | 2.5 mg Morphine N/S flush | | | | | | | |
| | 0825 | N/S 1000 mL Stat commenced | | | | | | | |
| | 0840 | 100 mg Indomethacin PR | | | | | | | |
| | 0900 | to xray | | | | | | | |
| | 1045 | 36.9 | 60 | 22 | 113/70 | 99% | RA | Sips H ₂ O | |
| | 1050 | heat pack applied to abdo | | | | | | | |
| | 1200 | 36.7 | 70 | 22 | 108/70 | 99% | RA | | Clo pain |
| | 1345 | 1 Lt | N/S stat | | | | | | |
| | 1350 | 36.2 | 58 | 20 | 145/87 | 99% | RA | 7/10 | |
| | 1445 | 20 mg Buscopan IM | | | | | | | |
| | 1630 | 36.8 | 60 | 20 | 108/68 | 98% | RA | 4/10 | PR Indomethacin |
| | 21030 | | 58 | 20 | 120/60 | 98% | RA | 6/10 | hot shower - Buscopan given |
| | 2200 | pain settled | | | | | | | |
| | 2310 | in Shower | | | | | | | |
| | 0040 | in Shower | | | | | | | |
| | 0115 | in shower - refused o'valium | | | | | | | |
| | 0200 | 36.3 | 56 | 18 | 116/58 | 98% | | | room air |
| | 0500 | 36.6 | 60 | 18 | 121/57 | 98% | | | o'v 1m analgesia |



Queensland Government
Queensland Health

BUNDABERG HEALTH SERVICE DISTRICT

PATIENT PROFILE

Date:/...../..... Time Admitted to Ward:hrs

Bundaberg Hospital

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UR NO

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11-11-196

Ph (H)

Ph (B)

DNWV



HOME DUTIE

Information given by: Patient ☐ Relative ☐ Other:

Presenting Problem/Illness/Reason for Admission:

Preferred name: Vicki

Correct name band in place: Yes ☒ No ☐

Relatives aware of admission: Yes ☒ No ☐

(include accident/injury details)

Allergies or Reactions: Maxalon

Exometel Pethidine

Is patient on any medication: Yes ☐ No ☐

Medication brought in: Yes ☐ No ☐ NA ☐

Polypharmacy > 5 drugs: Yes ☐ No ☐ NA ☐

Communication:

Coherent: Yes ☒ No ☐

Incoherent: Yes ☐ No ☐

English spoken: Yes ☒ No ☐

English understood: Yes ☒ No ☐

Interpreter needed: Yes ☐ No ☒

Other language preferred: Nil

Impairment:

Speech: Yes ☐ No ☒ Speech pathology notified Yes ☐ No ☐

Hearing: Yes ☐ No ☒ Hearing aid Yes ☐ No ☒

Retained by patient Yes ☐ No ☐

Sight: Yes ☐ No ☒ Glasses/contact lenses Yes ☐ No ☒

Retained by patient Yes ☐ No ☐

Social History:

Does patient smoke: Yes ☒ No ☐ lots

Did patient smoke: Yes ☐ No ☐

Does patient drink alcohol: Yes ☐ No ☒

Does patient have problems sleeping: Yes ☒ No ☐ ... Sleep pattern Poor.

Does patient live alone: Yes ☐ No ☒

Family support: Yes ☒ No ☐

Whom and what support: Hubby & Kids.

Prior to admission was patient receiving:

Meals on Wheels Yes ☐ No ☒ Notified: Yes ☐ No ☐

Home Help Yes ☐ No ☒ (if applicable) Yes ☐ No ☐

Domiciliary Nursing Yes ☐ No ☒ Yes ☐ No ☐

St Vincent Yes ☐ No ☒ Yes ☐ No ☐

Blue Care Yes ☐ No ☒ Yes ☐ No ☐

Community Health Yes ☐ No ☒ Yes ☐ No ☐

Oxygen therapy Yes ☐ No ☒ Yes ☐ No ☐

Personal care status:

Hygiene/shower/bath Independent ☒ Assist ☐ Dependant ☐

Mobility/transfer Independent ☒ Assist ☐ Dependant ☐

Meals/feeding Independent ☒ Assist ☐ Dependant ☐

Dressing Independent ☒ Assist ☐ Dependant ☐

Toileting Independent ☒ Assist ☐ Dependant ☐

Does the patient have any concerns regarding hospitalization:

Spouse Yes ☐ No ☒

Children Yes ☐ No ☒

Transport Yes ☐ No ☒

Accommodation:

Lives in own home Yes ☒ No ☐

Lives in nursing home Yes ☐ No ☒

Lives in hostel Yes ☐ No ☒

Other:

Someone to care for them Yes ☐ No ☐

Special needs:

Medical History

Chest infection Yes ☒ No ☐

Asthma Yes ☒ No ☐

Pneumonia Yes ☒ No ☐ Past.

Cardiac problems Yes ☐ No ☒

Diabetes Yes ☐ No ☒ Which type (1 or 2)

Epilepsy or fits Yes ☐ No ☒

Previous operations/illness: Lots. ~~Refractive~~ ~~As~~

Endometriosis, Choni Pelvic I.D

Cervical 75. Hypertension

General appearance:

Skin: General condition: Good.

Pressure areas: Yes ☐ No ☒

Heels: Good

Sacrum: Good.

Other:

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Ph (H) [REDACTED]

Ph (B)

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INPATIENT PROGRESS NOTES



HOME DUTIES

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

12-7-04

Tuesday

4240 g i suprapubic abdo pain radiating to both

flanks since high fever 101

? febrile as have

chills

debris PU/PR DIC

multiple petis 18 lines to date:

1. - cannot PMS

2. - cannot walk

3. perianal abscess & chills & anorexia

4. - Rock (supra) E vaginal involvement

4. pains TAIL I take down & collect 20

to encephalopathy

hasen no vomiting

no air bowel habit

5. ? inflammatory bowel disease (thickened

on CT) several @ colonoscopy to

date

6. appendicitis

WBC 13 CRP 14 Wt 60kg

Kidney

liver @

7. - cannot abdo pain attributed to the above

similar to previous episode

PW: no abdo

cramps

no abdo

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

06 Sneezy
No going
chy mms members
afaba



initially turn no guarding
no rebound

B31 overdone

Citric acid. No calcitriol seen
(non-100) no free flow

2, 7 - scans PID
2 LTI

Dim Du Gabbiola who signs by her ex-
admission on chryad + hangover.

Tang
8

12/7/14

See by
1345

Gynae

* Chronic pelvic pain

- Poly TAH/BSO for endometriosis
- underwent lap adhesionlysis 8/03
- simple adhesionlysis perfect
- no effect on pain
- recurrent perianal abscesses
- ? labial abscess
- NO discharge in recent week

* Presents with exacerbation of pain
S/B general onyx
TWCC. CRP 10

.....HOSPITAL

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Ph(B)

Anglican

HOME DUTIES

INPATIENT PROGRESS NOTES

(Amix Patient)

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

12/7/04.
1400.

Surg Admission Notes - TIANET

42yo ♀ admitted for Fx of lower abdomen
w/ vomiting and Mx of dehydration

Please refer to surg/O&G/DEM notes

P/ IV fluid Nsabi's stool K2

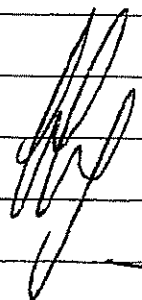
• Nsabi's 4/6

• Analgesia strict + ondansetron prn

• Surg review on the ward

• Ketorolac notified

• Ketorolac to commence Abx if required



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INPATIENT PROGRESS NOT



HOME DUTIES

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

WTV Used

VIBLPT (2)

CT (2)

Q# afib pls ✓

[] SM abdo.

No labial abscess.

Imp given pty TAHBSO + recurrent
perineal abscesses it is very difficult
to see a gynaecological cause for
pain

(P) likely admit surgically for analgesia

[Signature]
Bouman

12.7.04

1600

Admitted to ward after spending
night in DEM - Incont faeces & HA
showered -

12.7.04

1600

Tong

Q IV fluids + suph analgesia

Q diet

have when comfortable

[Signature]

.....HOSPITAL

Bundaberg Hospital

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HOME DUTIES

INPATIENT PROGRESS NOTES

(Affix Patient Identification Label Here)

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

13-07-04 0200. 1ml Buscopan 5mg + 0.5mg morphine given + pt persuaded to get into bed. 0230 Pt noted to be asleep, in bed.

0510. Slept for about 3 1/2 hrs then awake but less troubled. Seen in further morphine given i hotpack + at 0600 pt off downstairs for cigarette - expect because I asked her to wait until the other patients in the room were awake before she had another shower. Seen

13/7/4 Towsey WR.

ATHANASIOU

Pt still has some pain, but requesting to be d/c'd home. Then became angry when told she was being sent home.

Afebrile. Ob's stable.

Add codeine phosphate

P If pt wishes to leave → d/c
If she wishes to stay → keep in for analgesia

13/7/04.

12MD

Showering at 0730 hrs. Patient offered suppository for abdo pain. Stated she would insert same after shower. S/B R. For discharge. W. Removed Patient's husband notified. Patient expressed displeasure at not having surgical intervention.

1145hrs. Mother of patient came to

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INPATIENT PROGRESS NOTES

HOME DUTIES

(ATTN: PAPER IDENTIFICATION LABEL 11010)

DATE AND
STAFF CATEGORY

PROGRESS NOTES

ALL NOTES MUST BE CONCISE AND RELEVANT

4-ssual pathology in relation to her pelvic pain
She is undergoing Mrs. as Rschy for her
permanently - vaginal fistula.

Should she be re-present (abdominal pain), we
would be happy to have her re-admitted for
further dx

Wong
D

Bundaberg Dist. Health Service
CARE PATH ACTIONS (Formatted)

Care Path: SURG-2
Surgical Nursing Care Path

Page: 1

Bundaberg Hospital
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11-11-1962

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HOME DUTIES

| INDICATOR | Day 1 | Day 2 | Day 3 |
|-------------------------------|---|--|--|
| CONSULTS | <input checked="" type="checkbox"/> Surgical Review. | <input type="checkbox"/> Surgical Review | <input type="checkbox"/> Surgical Review |
| TESTS/PROCEDURES | <input type="checkbox"/> ECG (if indicated) <input type="checkbox"/> Pathology. | <input type="checkbox"/> Pathology if indicated | <input type="checkbox"/> Pathology if indicated |
| MOBILITY | <input checked="" type="checkbox"/> Waterlow scale <input type="checkbox"/> Patient Code <i>Sadip</i> <input type="checkbox"/> Staff Code <input type="checkbox"/> Equipment Code <input type="checkbox"/> Falls risk | <input type="checkbox"/> Waterlow scale <input type="checkbox"/> Patient code <input type="checkbox"/> Staff code <input type="checkbox"/> Equipment code <input type="checkbox"/> Falls risk | <input type="checkbox"/> Waterlow scale <input type="checkbox"/> Patient code <input type="checkbox"/> Staff code <input type="checkbox"/> Equipment code <input type="checkbox"/> Falls risk |
| LINE | <input type="checkbox"/> Full assist <input checked="" type="checkbox"/> Partial assist <input type="checkbox"/> Self | <input type="checkbox"/> Full assist <input type="checkbox"/> Partial assist <input type="checkbox"/> Self | <input type="checkbox"/> Full assist <input type="checkbox"/> Partial assist <input type="checkbox"/> Self |
| NUTRITION | <input type="checkbox"/> NBM <input checked="" type="checkbox"/> Fluids <input type="checkbox"/> Light <input type="checkbox"/> Full | <input type="checkbox"/> NBM <input type="checkbox"/> Fluids <input type="checkbox"/> Light <input type="checkbox"/> Full | <input type="checkbox"/> NBM <input type="checkbox"/> Fluids <input type="checkbox"/> Light <input type="checkbox"/> Full |
| OBSERVATIONS | <input checked="" type="checkbox"/> Baseline TPR & BP <input checked="" type="checkbox"/> TPR <i>BP</i> <input type="checkbox"/> BP <input type="checkbox"/> BSL (if indicated) <input type="checkbox"/> Ward urinalysis <input type="checkbox"/> Weight (if not recorded previously) <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> Observe IV cannula site Day... <input checked="" type="checkbox"/> Eve...ND... <i>IV Removed</i> | <input type="checkbox"/> TPR <input type="checkbox"/> BP <input type="checkbox"/> BSL <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> Observe IV cannula site Day... <input type="checkbox"/> Eve...ND... | <input type="checkbox"/> TPR <input type="checkbox"/> BP <input type="checkbox"/> BSL <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> Observe IV cannula site Day... <input type="checkbox"/> Eve...ND... |
| ICATIONS | <input type="checkbox"/> IV Fluids <input type="checkbox"/> Analgesia <input type="checkbox"/> Antiemetic <input type="checkbox"/> Anticoagulant therapy (if indicated) <input checked="" type="checkbox"/> <i>Meds</i> | <input type="checkbox"/> IV therapy <input type="checkbox"/> Analgesia <input type="checkbox"/> Anticoagulant therapy (if indicated) <input type="checkbox"/> Aperient (if required) | <input type="checkbox"/> IV fluids <input type="checkbox"/> Analgesia <input type="checkbox"/> Anticoagulant <input type="checkbox"/> Aperient |
| WOUND CARE | <input type="checkbox"/> Observe wound for redness, swelling & ooze | <input type="checkbox"/> Observe wound for redness, swelling & ooze | <input type="checkbox"/> Observe wound for redness, swelling & ooze |
| TREATMENTS/ INTERVENTIONS | <input type="checkbox"/> Pressure area care | <input type="checkbox"/> Pressure Area Care | <input type="checkbox"/> Pressure area care |
| CONTINENCE | <input checked="" type="checkbox"/> Self <i>Toilet</i> | <input type="checkbox"/> Self | <input type="checkbox"/> Self |
| TEACH/COUNSEL/ EMOTIONAL SUPP | <input type="checkbox"/> Deep breathing & leg exercises <input type="checkbox"/> Notify Diabetes Educator if indicated <input type="checkbox"/> Orientate to ward | <input type="checkbox"/> Deep breathing & leg exercises <input type="checkbox"/> Ensure pt has Diabetes Educator review if indicated | <input type="checkbox"/> Deep breathing & leg exercises |
| RN (Day) | <i>S. Baxter</i> | | |
| RN (Evening) | | | |
| RN (Night) | | | |
| Allied Health | | | |

Bundaberg Hospital

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11-11-1962

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FLUID ORDER SHEET

Ph (H)

$$\text{Ph (B)}$$

DNWV

HOME DUTIES

If this form contains I.V. orders file in chart

(Affix Patient Identification Label Here)

Weight :

ALL FLUID ORDERS TO BE SIGNED BY MEDICAL OFFICER

[illegible]

OUTPUT

[illegible]

INTAKE; ORAL N/G I/V C.V.L. TOTAL MEASURED BALANCE

| | | | | |
|---------------------|-----------|-------------|--------------|-------------|
| OUTPUT: URINE | N/G | I.C.C. | DRAINS | TOTAL |
|---------------------|-----------|-------------|--------------|-------------|

TRUE BALANCE

UR NO
034130

1. **Introduction**
 2. **Background**
 3. **Methods**
 4. **Results**
 5. **Discussion**
 6. **Conclusion**
 7. **References**
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 153. **Declarations**
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 238. **Appendix**
 239. **Tables**
 240. **Figures**
 241. **Supplementary Materials**

A

[illegible]

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

☐ Nil known

| Drug | Reaction | Date |
|-----------|-------------------|------|
| Pethidine | Dystonic react. | |
| Maxalon | Dystonic reaction | |
| Stemetil | Dystonic reaction | |
| | | |
| | | |

Bundaberg Hospital

LESTER

VICKI E

SEX

F

UR NO

034130

11-11-1962

Ph (HM)

1 Ph (B)

DNWV .



HOME DUTIES

ADDITIONAL CHARTS

☐ IV Fluid☐ BSL/Insulin☐ Acute Pain☐ Other☐ Palliative Care☐ Chemotherapy☐ IV Heparin

MEDICATION CHART, of

Ward/Unit:

Patient Weight (kg) _____ Height (cm) _____

Queensland Government

Queensland Health

Facility/Service:

ONCE ONLY, PRE-MEDICATION, TELEPHONE ORDERS & NURSE INITIATED MEDICINES

(Telephone orders **MUST** be signed within 24 hours of order)

Drugs taken Prior to Admission

Own medications brought in? ☐ Y ☐ N

Administration Aid specify

[illegible]

GP:

Community Pharmacy:

BINDING MARGIN - DO NOT WRITE

| | | | | |
|--|----------------------|------------------------------|-----------------|------------------|
| Title | Surname | Given Names | PUBLIC | 084130-6 |
| MS | LESTER | VICKI E | Date of Birth | Age |
| | | 11 Nov 1962 | 41 | |
| Address | | Sex | M.S. | Country of Birth |
| [REDACTED] | | F | A | AUSTRALIA |
| [REDACTED] 4677 | | Ethnic Origin | Religion | |
| | | NOT ABORIG. OR ENGLISH ONLY | DNWV | |
| Telephone - Home | Telephone - Business | Occupation (Current or Last) | | |
| [REDACTED] | [REDACTED] | HOME DUTIES | | |
| First Contact | Alternative Contact | | | |
| SHIRLEY BAILEY MOTHER [REDACTED] [REDACTED] [REDACTED] | [REDACTED] | | | |
| If discharged in last 7 days, from which hospital | | Date Admitted | Time Admitted | Admission Source |
| [REDACTED] | | 04 Dec 2003 | 15:21 | OUTPATIENT DEPT |
| Referring Doctor/Person | Unit | Ward | Bed | Treating Doctor |
| AGNES COAST MEDICAL | SURG | MOPS | [REDACTED] | PATEL J |
| PO BOX 151 AGNES WATER | Account Class | Health Fund | Health Schedule | |
| 4677 | GPE | NIL | [REDACTED] | |
| 49749988 | Medicare Number | Pension Number | | |
| [REDACTED] | [REDACTED] | | [REDACTED] | |
| Date Discharged | Time Discharged | Discharge Status | | |
| 4-12-03 | 1700? | Home | | |



Queensland Government
Queensland Health

Patient Election Form

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

A BUNDABERG HOSPITAL SEX UR NO
LESTER F 034130
VICKI E
11-11-1962
A
Ph (H)
Ph (B)
Anglican HOME DUTIES

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
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): VICKI LESTER

of (address):

I 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): V. Lester

Date: 11/11/2003

Signature (or patient representative):

Relationship to patient:

of (address):

Date:

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS I, 043966

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 R. Ellison

Position AO

Date 11/11/2003

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 0101 105

☐ 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)

☐ 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): V. Lester

Date: 11/11/2003

Signature (or patient representative):

Date:

034130

| | | |
|---|-------------|-----------------------------------|
|  Queensland Government Queensland Health GENERIC CONSENT | U.R. No | (Please place patient label here) |
| | Surname | Victoria Lerche |
| | Given Names | Victoria |
| | D.O.B. | Sex M F |
| | GP | |

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)

Retained placenta
in Perineum

This condition requires the following procedure: (Doctor to document)

Removal of placenta

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) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which may happen specifically with this type of surgery.

♦ They include : (Doctor to document)

(a) Bleeding

(b) Infection

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

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 space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

PROCEDURAL CONSENT FORM



CONSENT INFORMATION - PATIENT COPY

GENERIC CONSENT

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 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) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

SPECIFIC RISKS OF THIS PROCEDURE

There are some risks/ complications, which may happen specifically with this surgery. The doctor has listed these on the consent form.

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 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 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.**

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph(H)

Ph(B)

Anglican

HOME DUTIES

INPATIENT PROGRESS NOTES

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

4.12.03

MINOR OP:

Exploration of I&D Site
of Previous Perineal Abscess,
to R/O retained pedicle

1 Y. Lids came.

Incision through previous
scar.

Cavity explored

Deep scar tissue excised

No pedicle material
found.

Skin closed w 2 stitches
q 4/0 Nylon

State

MEDITRAX T.T.S.

SERIAL No.

856814

Home

BUNDABERG HOSPITAL

LESTER

VICKI E

SEX

F

UR NO

034130

11-11-1962

A

Ph (H)

Ph (B)

Anglican

Surgeons

HOME DUTIES

UR
Number

AFFIX PATIENT LABEL HERE

Surname

Given
Name

DOB

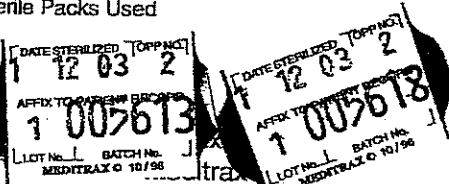
Sex

No. Scrubbed Assistant

Patel

Rissani

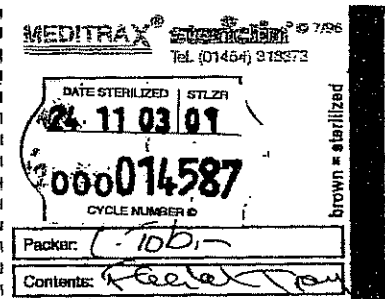
Sterile Packs Used



Stericlin TTS
Label
Here

Affix
Meditrax
Stericlin TTS
Label
Here

Affix
Meditrax
Stericlin TTS
Label
Here



Affix
Meditrax
Stericlin TTS
Label
Here

Affix
Meditrax
Stericlin TTS
Label
Here

Affix
Meditrax
Stericlin TTS
Label
Here

All Chemical Sterilisation Indicators Checked & Passed ☐

Signature of
Responsible Scrub Nurse: _____

Print
Name: _____

Remarks: _____

Signature of
Responsible Scout: _____

Print
Name: _____

James Linsley

**BUNDABERG DISTRICT HEALTH SERVICE
SURGICAL DISCHARGE SUMMARY**

Local Doctor Dr Caddell
Address Agnes

BUNDABERG HOSPITAL
LESTER
VICKI E
Ph (H) [REDACTED]
Ph (B) [REDACTED]
Anglican
SEX F
UR NO 034130
11-11-1962
HOME DUTIES

Admission Date: 20/9/03
Consultant: PATEL

Discharge Date: 22/9/03
Follow-up Clinic:

PRINCIPAL DIAGNOSIS*

Multiple perianal abscesses & Anal abscess

SECONDARY DIAGNOSES

- | | | | | | |
|--|------------------------------|---------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Chronic Renal Failure | <input type="checkbox"/> IHD | <input type="checkbox"/> Peptic Ulcer | <input type="checkbox"/> Anaemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> CCF | <input type="checkbox"/> Dementia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> COAD | <input type="checkbox"/> Diabetes |

SYMPTOMS/SIGNS ON PRESENTATION

PRINCIPAL PROCEDURE

I/D perianal abscesses

SECONDARY PROCEDURE/S

IV a/b's

- ☒ Upper Endoscopy ☐ Rigid Sigmoidoscopy ☐ Colonoscopy

INVESTIGATIONS:

WRITE ABNORMAL RESULTS

WRITE ABNORMAL RESULTS

| | Y | N | NAD |
|--------------|--------------------------|--------------------------|--------------------------|
| F.B.C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biochem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L.F.T's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microbiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Histology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Xray | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Y | N | NAD |
|------------|--------------------------|--------------------------|--------------------------|
| Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CT Scan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ECG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Angiogram | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMPLICATIONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Haematoma | <input type="checkbox"/> Atelectasis | <input type="checkbox"/> DVT | <input type="checkbox"/> IV Site Phlebitis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemorrhage | <input type="checkbox"/> Wound Infection/Breakdown | <input type="checkbox"/> Prolonged ileus |
| <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> CCF/LVF | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Retention |
| <input type="checkbox"/> Acute Renal Failure | <input type="checkbox"/> CVA | <input type="checkbox"/> UTI | <input type="checkbox"/> Adverse Drug Reaction |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Decubitus Ulcer | <input type="checkbox"/> Unplanned Return to Theatre | |

CLINICAL COURSE

- ☐ GP Wound Follow-up ☐ Remove Sutures Date...../...../.....

Cause of injury/poisoning (if applicable)

Place of occurrence

DISCHARGE MEDICATIONS

Signature

[Signature]

(sign)

P. S. S. W.

(print) DATE

22/9/03

1602

ICB901/C00ES

Patients are the focus of all planning.

A hand-drawn sketch of a bird's head in profile, facing left, on a grid background. The sketch shows the outline of the head, beak, and eye area. The beak is pointed upwards and to the right. The eye is represented by a simple line. The head is rounded at the back. The sketch is drawn with a single continuous line.



Queensland Government
Queensland Health

ABSCESS DRAINAGE

GP

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX F UR NO 034130

11-11-1962
A

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

HOME DUTIES

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)

Perianal abscess.

The following procedure will be performed:

Drainage of the abscess – a collection of pus.

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) A malodorous discharge may continue for some time. This may require long term wound dressings.
- (b) The collection may re-accumulate, and may require further surgery.
- (c) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- (d) 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 space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

PROCEDURAL CONSENT FORM

ABSCESS DRAINAGE

BUNDABERG HOSPITAL SEX UR NO
LESTER F 034130
VICKI E [REDACTED]
[REDACTED] 11-11-1962
Ph (H) [REDACTED] A
Ph (B) [REDACTED]
Anglican HOME DUTIES

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: 09/02) 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

VICKI LESTER

Signature

V. Lester

Date

20-9-03

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

N. F. D. BLOTHNER

Signature

Date

20-9-03

GENERAL OBSERVATION SHEET

Anglican

13

034130

11-11-1962 -

A

HOME DUTIES

[illegible]

..... HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

03413

VICKI E

11-11-196

SPECIFIC OBSERVATION SHEET

Ph(H)

Ph(B)

Anglican

HOME DUTY

EXAMPLES:

Pt had *Prochlorperazine* = 9am today

- 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 COLUMNS

| DATE | TIME | T | P | R | BP | MAP | O ₂ | SpO ₂ | PAIN | REMARKS |
|---------|------|-----------------|----|----|--------|-----|----------------|------------------|------|---|
| 20/9/63 | 1230 | 35 ⁹ | 97 | 22 | 139/91 | 101 | RA | 97% | 7/10 | is perianal area (abscess) |
| | 1320 | | | | | | | | | IV 1L 4/24 commenced |
| | 1335 | | 94 | 24 | 122/84 | | RA | 97 | | has started |
| | 1345 | | | | | | | | | IV AB'S = See MRI 4 |
| | | | | | | | | | | = Pt requesting hot show now = |
| | | | | | | | | | | = Pt requesting pain relief De modified = |
| | 1350 | | | | | | | | | X 2.5g Morphine IV |
| | 1400 | | | | | | | | 7/10 | |
| | 1410 | | 79 | 24 | 126/85 | | RA | 98% | 7/10 | |
| | 1550 | | | | | | | | | MSU Collected |
| | | | | | | | | | | libid this test |
| | | | | | | | | | | 2.5g IV morphine |
| | 1535 | 37 | 85 | 18 | 126/93 | | RA | 98% | 7/10 | |
| 20/9/63 | 1605 | RTW | 89 | 20 | 100/72 | 136 | RA | 98% | 9/10 | Spinal anaesthetic. |
| | 1900 | | 90 | 20 | 100/65 | | | | | |
| | 2000 | | 84 | 20 | 101/69 | | | | 0/10 | |
| | 2130 | 37 ⁶ | 81 | 20 | 103/65 | | | | | |
| | 0010 | | 80 | 24 | 96/65 | | | | 8/10 | cf burning feeling on |

Dundaberg Base HOSPITAL

Bundaberg Hospital
LESTER
VICKI E

SEX
F

UR NO
034130

11-11-1962
A

Ph (H)
Ph (B)
Anglican



INPATIENT PROGRESS NOTES

HOME DUTIES

(All notes must be concise and relevant)

| DATE AND STAFF CATEGORY | PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT |
|----------------------------|---|
| Surgical | PC - 41 ♀ c perianal pain |
| | HPC - 1/12 ago laparoscopic break down of adhesions → staph. infection. This has been problematic since. Now has 2x perianal abscess & traking up into labia. Now v. painful ° AD+V; Some constipation otherwise bowels normal ° Previous lbc & skin infection, boils, etc |
| | - PMH - Asthma severe requiring nebulisers. Recent op had been previously cancelled due to resp. problems. |
| | - Hysterectomy - Hydatidiform molar pregnancy. Previous endometriosis - ° Diabetes, |
| | SH - Smokes 20/day ° Alcohol |
| | DH - Bricanyl Inh Ventolin. Home nebuliser Allergic to Maxalon, Stemetil → dystonic Response. |

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034131

VICKI E

11-11-196:

Ph(H)

Ph(B)

Anglican

HOME DUTIE

INPATIENT PROGRESS NOTES

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

20/9/03 . 2245

stable post op. sensation returned ^{to leg} although
states some numbness perianal. Pad in situ -
mod - Bleed on previous pad. Oral analgesia
x 2 given awaiting effect. Tolerating
diet and fluids - Met to void post
operatively. Other care as per path.
Syrich on

21/9/03

cf - severe pain - peri area
1m Morphine given 0010 + 0640 hr
with much effect. N/Saline
instilled over vulva & peri
area - mild relief - Loss moderate
IV Cont 12/24 - ~~Phogane~~

NURSING

21-9-03

1530

IVABD cont + NT. Oral analgesic given
for pain relief. Pt c/o large swelling
area @ side of vaginal. Pt pressed
surrounding area. Large ^{amount of} discharge (hard)
~~Picking~~ from site. DR Fairbrother contacted
will R/V pt ASAP

Mullus (MULLINS) RN

21-9-03

LN JHO
I+D yesterday,
Packing in place.
Stable

→ Dressing change.
Home tomorrow

21-9-3

2020

Packing fell out of wound. D/W Dr Fairbrother, not for
revision as unable to secure in place. (Cannula removed)

Bundaberg Dist. Health Service
CARE PATH ACTIONS (Formatted)

Care Path: 12SNCP
Surgical Nursing Care Path
Page: 1

BUNDABERG HOSPITAL
LESTER
VICKI E
SEX F
UR NO 03411
11-11-196
Ph(H) [REDACTED]
Ph(B) [REDACTED]
Anglican
HOME DUTIE

| INDICATOR | Day 1 20-19-103 | Day 2 21-19-103 | Day 3 22-19-103 |
|----------------------------------|--|--|--|
| CONSULTS | <input type="checkbox"/> Surgical Review. | <input checked="" type="checkbox"/> Surgical Review | <input type="checkbox"/> Surgical Review |
| TESTS/PROCEDURES | <input type="checkbox"/> Ward Urinalysis. | <input type="checkbox"/> | <input type="checkbox"/> |
| MOBILITY | <input checked="" type="checkbox"/> 1st Assist - 1st ADP | <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> 1st ADP |
| HYGIENE | <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> 1st ADP |
| NUTRITION | <input checked="" type="checkbox"/> Full | <input checked="" type="checkbox"/> Full | <input checked="" type="checkbox"/> Full |
| OBSERVATIONS | <input type="checkbox"/> Waterlow scale..... <input type="checkbox"/> Fall risk score..... <input checked="" type="checkbox"/> Diabetes risk score..... <input checked="" type="checkbox"/> TPR post op..... <input checked="" type="checkbox"/> BP..... <input type="checkbox"/> FBC | <input type="checkbox"/> Waterlow scale..... <input type="checkbox"/> Fall risk score..... <input checked="" type="checkbox"/> TPR 100..... <input checked="" type="checkbox"/> BP..... <input type="checkbox"/> FBC | <input type="checkbox"/> Waterlow scale..... <input type="checkbox"/> Fall risk score..... <input checked="" type="checkbox"/> TPR 100..... <input checked="" type="checkbox"/> BP..... <input type="checkbox"/> FBC |
| MEDICATIONS | <input checked="" type="checkbox"/> IV Therapy <input checked="" type="checkbox"/> Analgesia <input type="checkbox"/> Anticoagulant therapy | <input checked="" type="checkbox"/> 1st ADP <input checked="" type="checkbox"/> 1st ADP | <input type="checkbox"/> Apertents <input checked="" type="checkbox"/> 1st ADP |
| WOUND CARE | <input checked="" type="checkbox"/> Intact. PADISIN | <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> 1st ADP |
| TREATMENTS/ INTERVENTIONS | <input type="checkbox"/> Pressure area care <input checked="" type="checkbox"/> encouraged lay on side | <input checked="" type="checkbox"/> Pressure Area Care <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> Pressure area care 1st ADP |
| CONTINENCE | <input checked="" type="checkbox"/> Toilet post op void | <input checked="" type="checkbox"/> 1st ADP | <input checked="" type="checkbox"/> 1st ADP |
| TEACH/COUNSEL/ EMOTIONAL SUPP | <input checked="" type="checkbox"/> Deep breathing & leg excercises <input type="checkbox"/> Notify Diabetes Educator if indicated | <input type="checkbox"/> Deep breathing & leg excercises <input type="checkbox"/> Ensure pt has Diabetes Educator review if indicated | <input type="checkbox"/> Deep breathing & leg excercises |
| ALLIED HEALTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RN (Day) | <i>Nymch ON</i> | <i>SAV/RN</i> | <i>SAV/RN</i> |
| RN (Evening) | | <i>SAV/RN</i> | |
| RN (Night) | | <i>SAV/RN</i> | |
| Allied Health | | <i>SAV/RN</i> | |



BUNDABERG
HEALTH SERVICE
DISTRICT

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX UR NO
F 034130

11-11-1962
A

PATIENT DISCHARGE PLAN

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

HOME DUTIES

Referred to:
YES N/A

Attended service
prior to discharge
YES NO

Comments

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Therapist |
| <input type="checkbox"/> | <input type="checkbox"/> | Physiotherapist |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Dietitian |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychologist |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech Pathology |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Educator |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomal Therapist |
| <input type="checkbox"/> | <input type="checkbox"/> | Indigenous Health |
| <input type="checkbox"/> | <input type="checkbox"/> | ATODS |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartstart |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue Care 4151 5515 |
| <input type="checkbox"/> | <input type="checkbox"/> | Meals on Wheels 4151 5825 |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Mental Health |
| <input type="checkbox"/> | <input type="checkbox"/> | OZCare 4151 5928 |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist Clinic |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Health |
| <input type="checkbox"/> | <input type="checkbox"/> | ACAT 4123 8249 |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please specify) |

☐ ☐

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☐ ☐

☐ ☐

OTHER DISCHARGE DETAILS

- | | |
|---|--|
| Education provided | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Valuables returned to patient | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Medications given to patient | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Relatives or transfer facility notified | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Patient Transfer Summary completed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Own x-rays returned to patient | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Discharge summary given to patient | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Medical certificate given to patient | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| Hospital x-rays copied | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Has home support been arranged? (ie significant other, transport, phone etc) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |

Transport arranged:

☒ Private ☐ QAS

DATE: 22-9-3 SIGNATURE/PRINTED NAME:

[Signature] (SAR)

DESIGNATION: (RN)

Trend printout

Identification:

Date: 20 Sep 2003
Time: 17:11
Hospital: Bundaberg General Hospital
Department: Intensive Care
OR: Theatre 4

Patient Id: VICKI-LESTER
Last name:
First name:

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX F
UR NO 034130
11-11-1962
A

Ph (H)
Ph (B)
Anglican

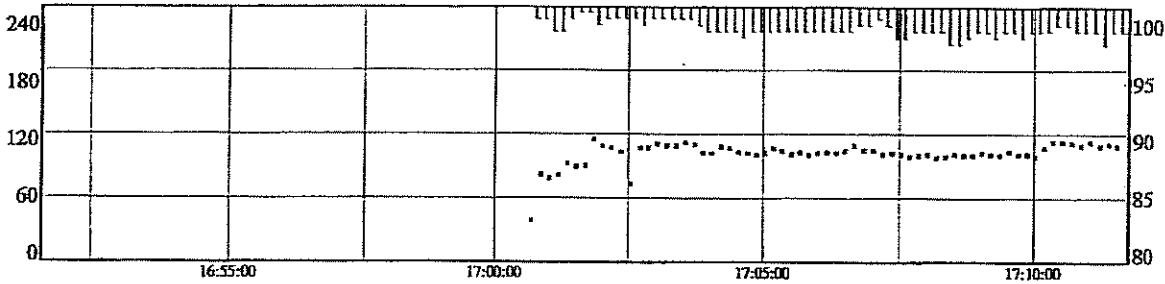
HOME DUTIES

P1

HR
/min

Legend

HR



SpO2
%

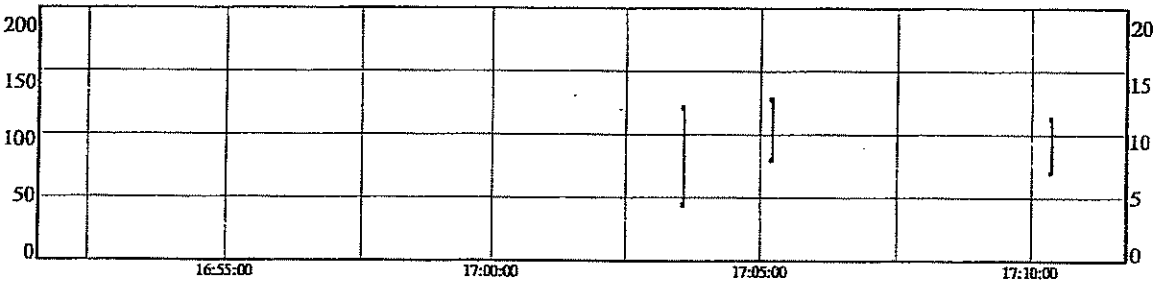
Legend

SpO2

Art
mmHg
NIBP
mmHg

Legend

Art NIBP



CVP
mmHg

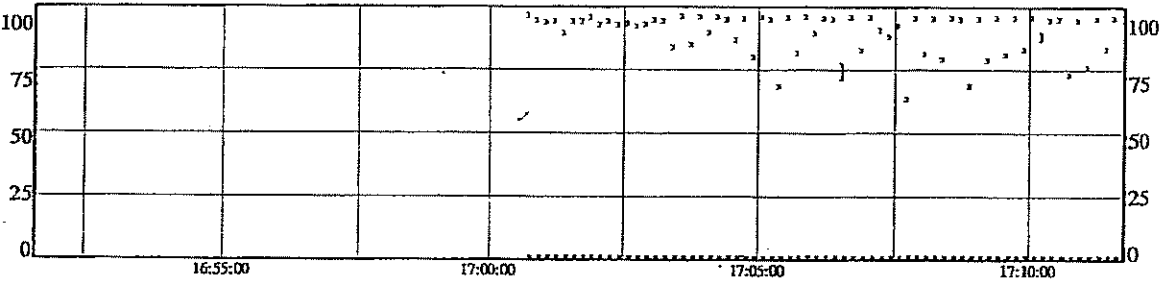
Legend

CVP

O2
%

Legend

O2



N2O
%

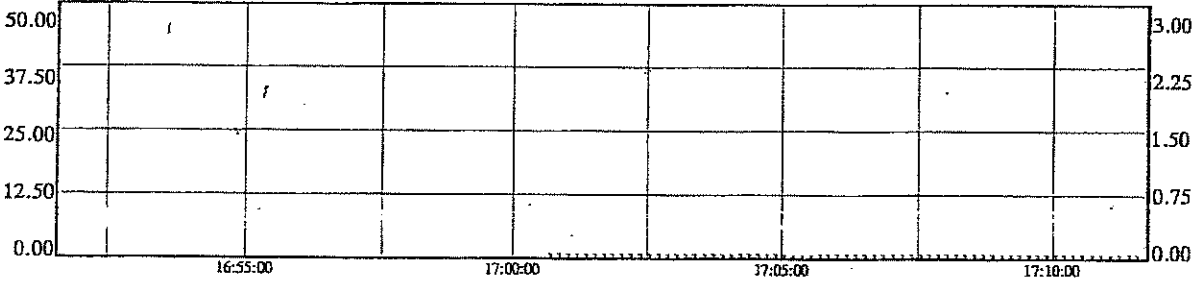
Legend

N2O

CO2
mmHg

Legend

CO2



AA
%

Legend

AA

Mark

| | | | |
|-------|-------|-------|-------|
| 16:55 | 17:00 | 17:05 | 17:10 |
|-------|-------|-------|-------|

BUNDABERG HOSPITAL

SURGEON'S REPORT

BUNDABERG HOSPITAL

LESTER

VICKI E

SEX

F

UR NO

034130

11-11-1962

A

Ph(H)

Ph(B)

Anglican

HOME DUTIES

DATE: 20.9.03

DIAGNOSIS & OPERATION PERFORMED: Multiple perianal abscesses

& ~~the~~ labial abscess

IED 9 3 abscesses

SURGEON: PATEL

ASSISTANT:

ANAESTHETIST: JONER

DETAILS OF OPERATION:

☐ Notification Correct Count

SPINAL Anaesthesia

- Prone leg position

- Sterile Drap

- 3 abscesses incised Pres Draining

- Irrigated

- Carphones Seal.

- Packed

[Signature]

OPERATION RECORD

BUNDABERG HOSPITAL

PERI-OPERATIVE NURSING RECORD

BUNDABERG HOSPITAL

LESTER

VICKI E

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UR NO

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11-11-1962

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Ph (B)

Anglican

HOME DUTIES

DATE: 20/9/03

INSTRUMENT NR:

J Peterson

OPERATION PERFORMED

SCOUT NR:

PDaniel

1 + D: Periznaal + Lzbia

ANAES NR:

RELIEVER:

AVinzzen

Abscesses

Details of Count Items

PRE-OP

ADDED DURING OPERATION

FIRST
COUNT

FINAL
COUNT

RAYTEC SWABS

5

5

SPONGES

Haemostats

2

2

Haemostats - long

Tissue Forceps

Clamps -

Towel Clips

Rt. Angles

Roberts

Needles - Atraumatic

Needles - Others

1

Blades

1

Retractor Screws

SPECIMENS:

Abscess pus

NO. OF SPECIMENS:

1

☒ Bundaberg Hospital

☐ Sullivan and Nicolaides

☐ Nil Specimen

SIGNATURES:

Scrub NR

Scout NR

Anaesthetic NR

NR Reliever

PERI-OPERATIVE NURSING RECORD

PATIENT RECORD OF STERILE PACKS USED

BUNDABERG HOSPITAL SEX UR NO
 LESTER F 034130
 VICKI E
 11-11-1962
 A
 Ph (H) _____
 Ph (B) _____
 Anglican HOME DUTIES

SERIAL N°

701520

D.o.B.

Ward

Room

12

Op. No.

Planned / Executed Surgical Procedure:

Theatre No.

Date

1 + D Abscess

4

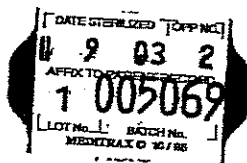
20/9/01

Surgeons

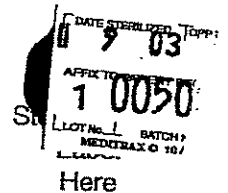
PATEL

Scrubbed Assistant

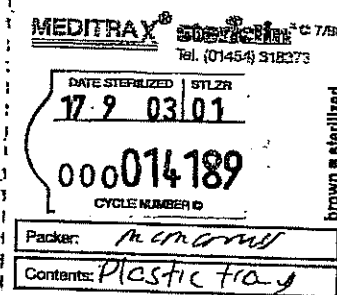
Sterile Packs Used



Affix
 Meditrax
 Stericlin TTS
 Label
 Here

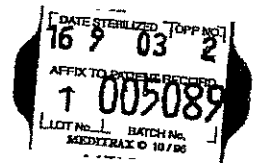


Affix
 Meditrax
 Stericlin TTS
 Label
 Here



Affix
 Meditrax
 Stericlin TTS
 Label
 Here

Affix
 Meditrax
 Stericlin TTS
 Label
 Here



Remarks:

Signature of
 Responsible Scrubbed Assistant:

Print
 Name:

.....HOSPITAL

BUNDABERG HOSPITAL
LESTER

LESTER

VICKI E

SEX

KT

UR NO

034130

11-11-1962

A

Ph (H)

$$\text{Ph(B)}$$

Anglican

HOME DUTIES

FLUID ORDER SHEET

If this form contains I.V. orders file in chart

Weight :

ALL FLUID ORDERS TO BE SIGNED BY MEDICAL OFFICER

[illegible]



LESTER

VICKI E

11-11-1962

A

CLINICAL SUMMARY

Usual GP Dr. CaddellAddress Agnes CoakAgnes CoakAdmission Date: 2/08/83 Discharge Date: 2/08/83

Ph (H)

Ph (B)

Anglican

HOME DUTIES

N6

Principal Diagnosis: (one only) (The condition which after study, was found to be the main reason for the patient's admission)

Secondary Conditions:

Principal Procedure: laparoscope and adhesiolysisType of anaesthetic: ☐ Local ☐ Sedation ☐ General ☐ Spinal ☐ Epidural

Secondary Procedure/s and or Significant Non-Surgical Procedures:

Complications:

- | | |
|---|---|
| <input type="checkbox"/> Wound infection (include organism) | <input type="checkbox"/> Urinary tract infection (include organism) |
| <input type="checkbox"/> Chest infection | <input type="checkbox"/> Adverse drug reaction |
| <input type="checkbox"/> Haemorrhage/haematoma | <input type="checkbox"/> DVT |
| <input type="checkbox"/> Pulmonary embolism | <input type="checkbox"/> Others (please specify below) |

External Cause of Injury/Poisoning:

Clinical Course and Significant Results:

finding 7 laparoscope - pelvic mass.
Band of adhesion over lower abdomen
& ovary.

No need of gynae follow up.
If further problem or pain need
surgeon opinion.

Enclosed by Mail

Abnormal results

- | |
|--|
| <input type="checkbox"/> ECG |
| <input type="checkbox"/> Radiology reports |
| <input type="checkbox"/> Haematology |
| <input type="checkbox"/> Histopathology |
| <input type="checkbox"/> MBA20 |
| <input type="checkbox"/> Other |

DISCHARGE MEDICATION/DOSAGE:

DISCHARGE MEDICATION/DOSAGE:

MO Signature: [Signature]Designation: Dr. H. [Signature]Consultant: Dr. H. [Signature]Print name: Shaheen QuaderDate: 26/08/83

PUBLIC

34130-4

MS LESTER VICKI E 11 Nov 1962 40

Address [REDACTED] Sex F A Country of Birth AUSTRALIA Religion Angl

Ethnic Origin NOT ABORIG. OR ENGLISH ONLY

Telephone - Home [REDACTED] Telephone - Business [REDACTED] Occupation (Current or Last) HOME DUTIES

First Contact SHIRLEY BAILEY MOTHER [REDACTED] Alternative Contact [REDACTED]

Discharged in last 7 days from which hospital [REDACTED] Date Admitted 21 Aug 2003 Time Admitted 10:29 Admission Source OUTPATIENT DEPT

Referring Doctor/Person DR C CADDELL AGNES COAST MEDICAL PO BOX 151 AGNES WATER 4677 49749988
Unit GYNA Ward DSU Bed [REDACTED] Treating Doctor WIJERATN
Account Class GPE Health Fund NIL Health Schedule [REDACTED]
Medicare Number [REDACTED] Pension Number [REDACTED]

Date Discharged 22.8.03 Time Discharged 11.00 Discharge Status Home

General Practitioner informed of admission Yes ☒ No ☐

Current Medications

ICD9CM CODES

Remember, discharge planning begins on Admission!
Good discharge planning improves patient and staff satisfaction, reduces hospital length of stay, 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.



Queensland Government
Queensland Health

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX UR NO
F 034130

11-11-1962
A

Patient Election Form

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

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

HOME DUTIES

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 [REDACTED]. 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 (Name)

[REDACTED] Vicki Lester
[REDACTED] Agnes Water

I have read the **Public or Private - your choice** information attached to this form and I have chosen to be a public or private patient and I am fully informed of the consequences of my choice. I understand that my choice cannot be changed until the end of my stay in hospital. I agree to pay the extra charges that will apply. A hospital employee has not coerced me towards this decision.

Signature (of patient) [REDACTED] V. Lester Date 14 18 2003

Signature (or patient representative) [REDACTED] Relationship to patient [REDACTED]

(or address) [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS I

[REDACTED] 043244
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 [REDACTED]

Signature [REDACTED] Position AO Date 14 18 2003

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 [REDACTED] 112005

☐ 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 [REDACTED]

☐ Yes ☒ No Are you a member of the **AUSTRALIAN DEFENCE FORCES**? My service number is [REDACTED]

☐ 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 [REDACTED]

☐ 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 [REDACTED]

☐ Yes ☒ No Do you have **PRIVATE HEALTH INSURANCE**?

My health insurance fund is [REDACTED] My membership number [REDACTED]

☐ Yes ☒ No Are you an **OVERSEAS VISITOR**? I normally live in (Country) [REDACTED]

☐ Yes ☒ No Are you an **INTERSTATE VISITOR**? I normally live in (State) [REDACTED]

☐ Yes ☒ No Is there anyone else who will fund your hospital care? e.g. travel insurance

My hospital care will be funded by [REDACTED] Medicare

☒ 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) [REDACTED] V. Lester Date 14 18 2003

Signature (or patient representative) [REDACTED] Date [REDACTED]



LAPAROSCOPY - GYNAECOLOGICAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph (H)

Ph (B)

Anglican

HOME DUTIES

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)

FOR LAPAROSCOPIC EXAMINATION
BECAUSE OF DYSMENORRHOEA

The following procedure will be performed:

A tube is put into the abdomen and instruments passed down the tube to examine the inside of the abdomen and pelvis using a camera and video monitor.

Sometimes, bands of fibrous tissue grow around the bowel or other organs. If so, the doctor may need to cut these. The doctor may also need to operate on the pelvic organs.

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:

- Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- A heart attack because of strain on the heart or a stroke.
- Death is possible due to the procedure.

E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which include:

- Deep bleeding inside the abdomen. This may need fluid replacement, blood transfusion or further surgery. This may mean a longer than expected stay in hospital and longer recovery time.
- Damage to other organs, such as bladder or bowel, which may need further surgery. This may mean a longer than expected stay in hospital and longer recovery time.
- Rarely the gas, which is passed into the abdomen, can cause heart and chest complications.
- Infections such as pus collections in the abdominal cavity. This may need surgical drainage and antibiotics.
- 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.
- In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.
- A weakness in the wound with the development of a hernia (rupture). This may need further surgery.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- 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

LAPAROSCOPY - GYNAECOLOGICAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

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Ph (H)

Ph (B)

Anglican

HOME DUTIES

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: 09/02) 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

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

Signature

Date

HOSPITAL/

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

GENERAL OBSERVATION SHEET

Ph (H)

Ph (B)

Anglican

HOME DUTIES

[illegible]

BUNDABERG HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph (H)

Ph (B)

Anglican

HOME DUTIES

WEEKLY OBSERVATION SHEET

INDICES

FINGERS/TOES - Colour, temp, movement, swelling, pain, numbness, Remarks

URINE - Vol, colour, reaction, BG, Albumen, Blood, sugar, bile, Remarks

APPROXIMATE 24 HR URINE

TIME

FINGERS/TOES ID

OTHER

INDICATE OBSERVATIONS IN SEPARATE COLUMNS

| DATE | TIME | T | P | BP | IV | Chart | PV | Draw | REMARKS |
|---------|------|----|-----------|--------|---------------|-------|----|------|---|
| 21-8-63 | 1620 | 80 | 130/80 | patent | ozone machine | ✓ | ✓ | ✓ | conscious pain becoming controlled |
| | 1650 | 80 | 130/80 | ✓ | ✓ | ✓ | ✓ | ✓ | IVAB's given stat |
| | 1720 | 70 | 120/80 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | 1750 | 70 | 110/70 | ✓ | ✓ | ✓ | ✓ | ✓ | ice to neck |
| | 1815 | 68 | 110/70 | ✓ | ✓ | ✓ | ✓ | ✓ | on clonidine for nausea & effect |
| | 1930 | 36 | 68 110/70 | ✓ | ✓ | ✓ | ✓ | ✓ | small ozone up to stomach from dressing HPU |
| | 2000 | 68 | 110/70 | ✓ | ✓ | ✓ | ✓ | ✓ | iv pulled out - not replaced as pt drinking & voiding well. |

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

INPATIENT PROGRESS NOTES

Ph(H)

Ph(B)

Anglican

HOME DUTIES

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

14/8/3

40 ♀ FOR DIAGNOSTIC LAPAROSCOPY 2°
DYSPLASIA

- COMPLETED 1/2 2° SEVERE COLIC
- COMPLETED COURSE OF ABX
- STILL ON PEBULIPEN
- WEANING OFF EPERONY
- NO NEW CONCERNS

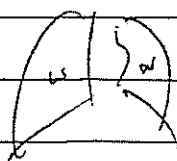
PHYS - GASTROENTEROLOGY 2° ENDOMETRIOSIS
APENDICITIS

MON: PREDNISOLONE
VENTOLIN
PAINKILLER

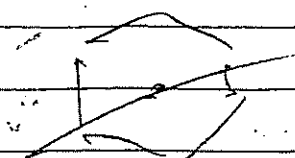
ANALGESIC: MORPHINE
STRENGTH
PAINKILLER

OE: OBS STABLE

CUS: S1 - S2



BILATERAL UTERINE
LOOP AE



SNT

[Signature]

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph(H)

Ph(B)

Anglican

HOME DUTIES

INPATIENT PROGRESS NOTES

(Attch Patient Identification Label Here)

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

22.8.03.

Nursing
11:30 AM

Pt. slow to mobilise earlier but mobility improved after removal of below knee tubing. Stab-wounds cleaned and redressed. Obs stable. Voiding small amounts - easier in the shower. Advice re wound care given. Panadiene Forte script written up for pt. by Dr. Quarder. Discharged at 11:00 AM. *Guthrie RNEM*

CARE PATH ACTIONS (Formatted)

Care Path: DSU-L

Laparoscopy/Lap Sterilisation

Page: 1

BUNDABERG HOSPITAL

LESTER

VICKI E

SEX

F

UR NO

034130

11-11-1962

A

Ph (H)

Ph (B)

Anglican

HOME DUTIES

| INDICATOR | PRE-ADMISSION | Day 1 | HOME DUTIES |
|------------------------------|---|---|--|
| ADMISSION | <input type="checkbox"/> Clerical admission | <input checked="" type="checkbox"/> Orientate to ward | |
| CONSULTS | <input type="checkbox"/> Gynae medical officer assessment <input type="checkbox"/> Anaesthetic assessment <input type="checkbox"/> Consent <input type="checkbox"/> Pre-medication | <input checked="" type="checkbox"/> RMO to inform patient of results post op <input type="checkbox"/> Discharge summary <input type="checkbox"/> Discharge script as required <input type="checkbox"/> Medical certificate as required | |
| TESTS | <input type="checkbox"/> HCG <input type="checkbox"/> FBC | <input checked="" type="checkbox"/> Ensure test results in chart | |
| MOBILITY | | <input checked="" type="checkbox"/> RIB following pre-med <input type="checkbox"/> Mobilise on recovery | <input type="checkbox"/> Able to mobilise independently |
| HYGIENE | | <input checked="" type="checkbox"/> Ensure pre-op showers X2 attended <input type="checkbox"/> Pre-op clip | <input type="checkbox"/> Able to shower independently |
| NUTRITION | | <input checked="" type="checkbox"/> NBM 6hrs pre-op <input checked="" type="checkbox"/> Fluids & diet when able to tolerate | <input type="checkbox"/> Able to tolerate a normal diet |
| OBSERVATIONS | <input checked="" type="checkbox"/> Baseline observations <input checked="" type="checkbox"/> Weight <input type="checkbox"/> Nursing history & assessment | <input checked="" type="checkbox"/> 1/2hly obs X 3 if condition stable <input type="checkbox"/> TPR & BP on discharge <input checked="" type="checkbox"/> Observe wound dressings | <input type="checkbox"/> Observations within normal range |
| MEDICATIONS | | <input checked="" type="checkbox"/> Pre medication <input type="checkbox"/> Usual meds as ordered <input type="checkbox"/> IM/PO analgesia post op | <input type="checkbox"/> Pain is able to be controlled by oral analgesia |
| TREATMENTS | | <input checked="" type="checkbox"/> Theatre gown & pants <input checked="" type="checkbox"/> Theatre checklist <input type="checkbox"/> O2 via mask if shoulder tip pain post op <input checked="" type="checkbox"/> IV until tolerating fluids post op | <input type="checkbox"/> Wounds clean and dry on discharge |
| TEACH/COUNSEL/EMOTIONAL SUPP | <input checked="" type="checkbox"/> Educate patient when to fast <input checked="" type="checkbox"/> Educate patient on pre op showers (X2) <input checked="" type="checkbox"/> Provide pt with Day Surgery & Laparoscopy handouts <input checked="" type="checkbox"/> Educate pt on post op exercises | <input checked="" type="checkbox"/> Reinforce pre /post op exercises | <input type="checkbox"/> Understands wound care post discharge |
| DISCHARGE PLANNING | <input checked="" type="checkbox"/> Discuss expected length of stay <input type="checkbox"/> Identify needs ie Child care, home help <input type="checkbox"/> Discuss follow up care & ROS (Day 5) | <input checked="" type="checkbox"/> Reinforce discharge plan <input checked="" type="checkbox"/> OPD follow up appt <input checked="" type="checkbox"/> Educate pt on wound care <input type="checkbox"/> Educate pt follow up care for ROS <input type="checkbox"/> Letter /referral to GP for ROS | <input type="checkbox"/> All discharge requirements are met |
| RN (Day) | | M. Blokes RN. Zoe Donald, J. Keppel | |
| RN (Evening) | | | |
| RN (Night) | | | |
| Allied Health | | | |

ANAESTHETIC RECORD

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph (H)

Ph (B)

Anglican

HOME DUTIES

Planned Operation:

Diagnostic laparoscopes

Age

31

Sex

F

Weight

Ref

Date

21.8.03

Previous Anaesthetics:

See note 22/7/03

Significant History:

Cancelled due to cough
Now improved.

Medications:

NBM:

Neck Mobility

Jaw Mobility:

CVS:

HS Folic

Mallampati score:

1

Teeth Dentures:

No

ECG:

Loose:

RSP:

Bilateral wheeze

CXR/Pulm. Func:

B.P.:

OTHER:

Sunshine
No alcohol

Pulse:

Any Allergies:

None
SOMETIL

A.S.A.:

1

Procedure explained:

Special Investigations:

Procedural worries addressed

| | | | | |
|---------|-----------|-----------|---------|-------|
| Hb | Platelets | WBC | INR | |
| | | | | |
| Na | K | CL | Urea | Creat |
| | | | | |
| Glucose | Protein | Bilirubin | GAMM GT | CA |
| | | | | |

X-Match:

no. of units:

Grp and hold:

PAC Anaesthetist:

Date:

M. H. S.
14/8/03

Premedication:

| Date | Time | Drug & Dose | Route | Doctor | Nurse | Time Given |
|------|------|--------------|-------|----------|-------|------------|
| 22/7 | | VENTOLIN SPC | NEB | M. H. S. | Reidy | 1320 hrs |

Record of Recovery - Bundaberg Health Service District

Patient's Name: _____

Date: _____

Recovery Inhalation Infusions

| Fluids | Rate | Additives | Signature |
|--------|------|-----------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Medications

| Time | BP | Pulse | Resp | Temp | VAS | O ₂ Sat | O ₂ L/m | Power | LOC | Total | Wound | Drug | Dose | Route | Given (sig) |
|------------|--------|-------|------|------|-----|--------------------|--------------------|-------|-----|-------|------------|--------------|------|-------|-------------|
| 1505 | 125/72 | 91 | 18 | | 5 | 98% | 6 | | | 15 | reinforced | morphine 2mg | 2mg | IV | |
| 1510 | | 99 | 20 | | | 99% | | | | 15 | restless | morphine 2mg | 2mg | IV | |
| 1515 | 125/85 | 99 | 20 | | | 99% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1520 | 132/93 | 101 | 22 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1522 | 129/91 | 109 | 28 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1525 | 132/92 | 107 | 24 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1530 | 144/96 | 105 | 24 | | | 101% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1533 | 125/83 | 106 | 20 | | | 101% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1536 | 138/86 | 106 | 20 | | | 101% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1539 | 127/81 | 96 | 20 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1542 | 152/95 | 106 | 20 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1545 | 143/81 | 103 | 20 | | | 96% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1548 | 124/83 | 99 | 18 | | | 100% | RA | | | 15 | | morphine 2mg | 2mg | IV | |
| 1553 | 129/90 | 104 | 18 | | | 99% | RA | | | 15 | settled | morphine 2mg | 2mg | IV | |
| ADMG TOTAL | | | | | | | | | | | | | | | |

Recovery Medications Orders

| Drug | Dose | Route | Signature |
|--------------|------|-------|-----------|
| morphine 2mg | 2mg | IV | |
| | | | |
| | | | |
| | | | |

| | | | |
|-------------|-----|----|--|
| ON OXASTROM | 4mg | IV | |
|-------------|-----|----|--|

ADMG TOTAL

| Score | colour or saturation | (%) | Power | LOC: Verbal response or Motor response |
|-------|----------------------|-------|------------------|--|
| 1 | central cyanosis | <87 | Nil | none |
| 2 | cold, cyanosed | 87-90 | head lift & | Incomprehensible sound |
| 3 | cyanosed periphery | 91-94 | Hand grip <5 sec | Inappropriate words |
| 4 | pale, flushed | 95-97 | Head lift & | confused |
| 5 | pink | >97 | hand grip >5 sec | oriented |

BUNDABERG HOSPITAL
LESTER
VICKI E.
SEX F
UR NO 034130
11-11-1962
Ph (H)
Ph (B)
Anglican

HOME DUTIES
b) On anaesthetist's instructions

Anaesthetist
Recovery Sister

BUNDABERG HOSPITAL PERI-OPERATIVE NURSING RECORD

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX F
UR NO 034130

11-11-1962

A

Ph(H)

Ph(B)

Anglican

HOME DUTIES

DATE: 21/8/03

INSTRUMENT NR: P DANIEL

OPERATION PERFORMED

SCOUT NR: J LACEY

LAPAROSCOPY

ANAES NR: W SHARROCK

RELIEVER:

| Details of Count Items | PRE-OP | ADDED DURING OPERATION | | | | | | | | | | FIRST COUNT, | | | | | | | | | | | FINAL COUNT |
|------------------------|--------|------------------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|-------------|
| PAYTEC SWABS | 5 | | | | | | | | | | | | | | | | | | | | | | 5 |
| SPONGES | | | | | | | | | | | | | | | | | | | | | | | |
| Haemostats | | | | | | | | | | | | | | | | | | | | | | | |
| Haemostats - long | | | | | | | | | | | | | | | | | | | | | | | |
| Tissue Forceps | 3 | | | | | | | | | | | | | | | | | | | | | | 3 |
| Clamps - | | | | | | | | | | | | | | | | | | | | | | | |
| Towel Clips | 2 | | | | | | | | | | | | | | | | | | | | | | 2 |
| Rt. Angles | | | | | | | | | | | | | | | | | | | | | | | |
| Needles - Atraumatic | | | | | | | | | | | | | | | | | | | | | | | 2 |
| Needles - Others | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Blades | 1 | | | | | | | | | | | | | | | | | | | | | | 1 |
| Retractor Screws | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

SPECIMENS:

NO. OF SPECIMENS: _____

☐ Bundaberg Hospital

☐ Sullivan and Nicolaides

☐ Nil Specimen

SIGNATURES:

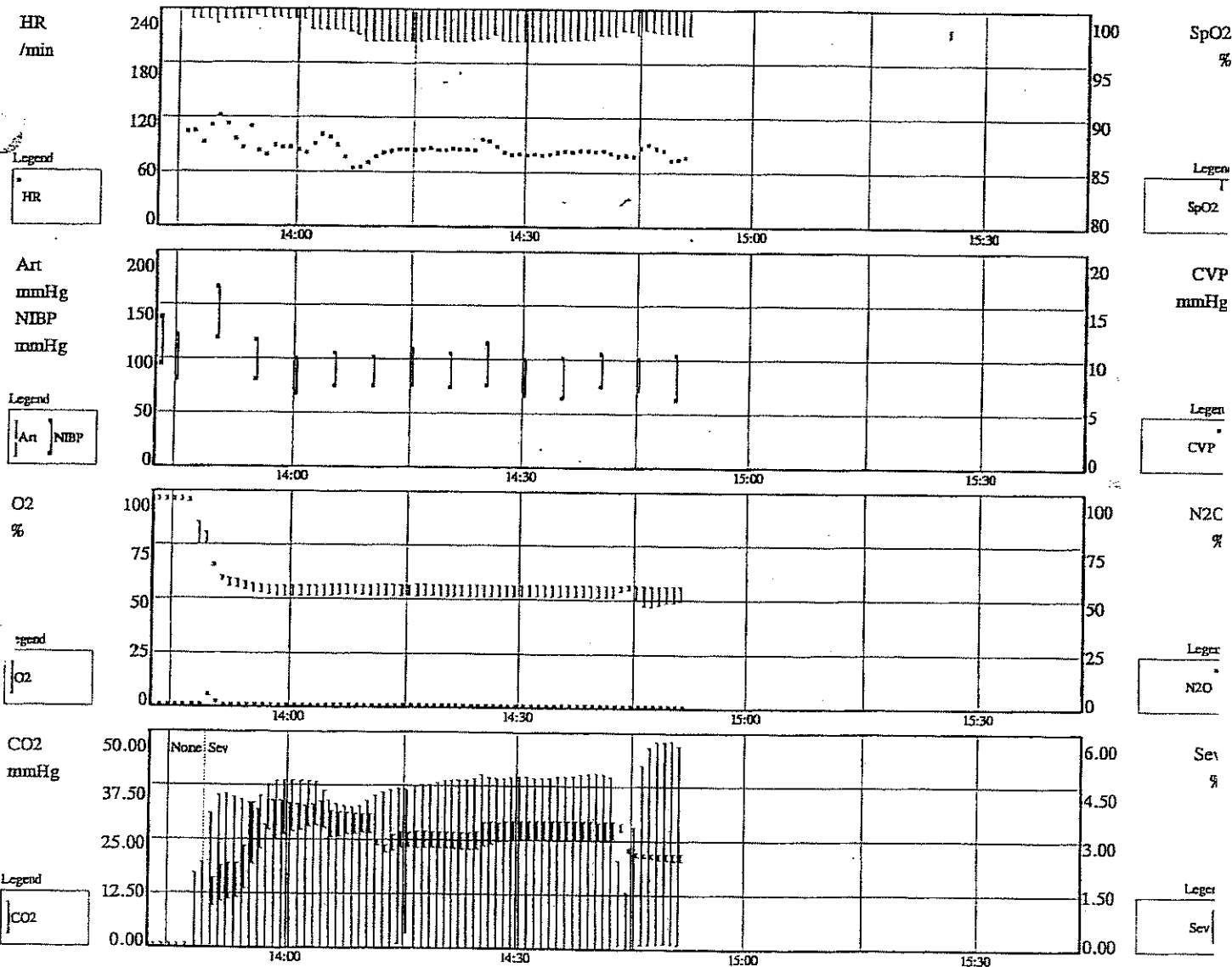
Scrub NR

Scout NR

Anaesthetic NR

NR Reliever

| Trend printout | | Identification: |
|---|--|--|
| Date: 21 Aug 2003 Time: 14:52 Hospital: Bundaberg General Hospital Department: Intensive Care OR: Theatre 2 | | P1 Notes: --ID-- --SEX-- --UR NO-- LESTER F 034130 VICKI E 11-11-1962 A Ph (H) [REDACTED] Ph (B) [REDACTED] ANGLICAN HOME DUTIES |
| Patient Id: VICKI LESTER Last name: First name: | | |



Mark

| | | | |
|-------|-------|-------|-------|
| 14:00 | 14:30 | 15:00 | 15:30 |
|-------|-------|-------|-------|

BUNDABERG HOSPITAL SEX UR NO
LESTER F 034130
VICKI E
11-11-1962
A
Ph (H)
Ph (B)
Anglican HOME DUTIES

BUNDABERG HOSPITAL

SURGEON'S REPORT

DATE: 21/8/03

DIAGNOSIS & OPERATION PERFORMED:

Laparoscopy "circ" adhesiolysis

SURGEON: COUNDEN

ASSISTANT: WIJERATNE

ANAESTHETIST: CARTER

DETAILS OF OPERATION:

☐ Notification Correct Count

- Direct laparoscopic approach
- 2 minor ports
- pelvis clear
- Band of adhesion over lower abdomen with omentum
- Adhesions dissected & divided
- Few adhesions along umbilicus - difficult to divide → abandoned
- Washout

OPERATION RECORD

PATIENT RECORD OF STERILE PACKS USED

BUNDABERG HOSPITAL SEX UR NO
LESTER F 034130
VICKI E

SERIAL N°

702178

Ph (H)

Ph (B)

Anglican

11-11-1962

A

D.o.B.

Ward

Room

HOME DUTIES

| | | | |
|--------------------|---------------------------------------|--------------------|---------|
| Op. No. | Planned / Executed Surgical Procedure | Theatre No. | Date |
| | Laparoscopy | 3 | 21/8/01 |
| Surgeons | | Scrubbed Assistant | |
| GOUNDEN / WIERATNE | | | |

Sterile Packs Used

DATE STERILIZED TOPP NO
13 8 03 2
AFFIX TO PATIENT RECORD
1 004870
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

MEDITRAX STERICLIN 7/96
Tel. (01454) 318373
DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
000007731
CYCLE NUMBER
Packer: C. Tobr
Contents: WICHT Tray

MEDITRAX STERICLIN 7/96
Tel. (01454) 318373
DATE STERILIZED TOPP NO
19 8 03 01
AFFIX TO PATIENT RECORD
000014015
CYCLE NUMBER
Packer: C. Tobr
Contents: Gynae Pack

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004911
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
13 8 03 2
AFFIX TO PATIENT RECORD
1 004872
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004912
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

MEDITRAX STERICLIN 7/96
Tel. (01454) 318373
DATE STERILIZED TOPP NO
15 8 03 2
AFFIX TO PATIENT RECORD
000007714
CYCLE NUMBER
Packer: C. Tobr
Contents: Lap Gyne Tray

DATE STERILIZED TOPP NO
15 8 03 2
AFFIX TO PATIENT RECORD
1 004888
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
13 8 03 2
AFFIX TO PATIENT RECORD
1 004875
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004909
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004913
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004913
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

DATE STERILIZED TOPP NO
19 8 03 2
AFFIX TO PATIENT RECORD
1 004911
LOT NO. BATCH NO.
MEDITRAX 10/98
TTS

Affix
Meditrax
Stericlin TTS
Label
Here

Remarks:

Signature of
Responsible Scrubbed Assistant:

Print
Name:

MEDITRAX Austmel Pty.Ltd. Tel: 1800 074 085 Fax: (07) 5597 5244

Re-Order Code: TTS 201

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130 _

VICKI E.

11-11-1962

A

FLUID ORDER SHEET

Ph (H)

Ph (B)

Anglican

HOME DUTIES

If this form contains I.V. orders file in chart

Weight :

ALL FLUID ORDERS TO BE SIGNED BY MEDICAL OFFICER

[illegible]

OUTPUT

| | ORAL N/G | | | PERIPH. I.V. | | | PERIPH. I.V. | | | C.V.L. | | | URINE | | DRAINS | | DRAINS | | | | BOWELS |
|-----|----------|----------|-------|--------------|----------|-------|--------------|----------|-------|--------|----------|-------|------------|-------|--------|-------|--------|-------|-------|--|--------|
| | TYPE | HRLY VOL | TOTAL | TYPE | HRLY VOL | TOTAL | TYPE | HRLY VOL | TOTAL | TYPE | HRLY VOL | TOTAL | HRLY URINE | TOTAL | | TOTAL | | TOTAL | TOTAL | | |
| ime | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | | | | | | | | |
| 700 | | | | | | | | | | | | | | | | | | | | | |
| 800 | | | | | | | | | | | | | | | | | | | | | |
| 900 | | | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | | | | | | | | |
| 700 | | | | | | | | | | | | | | | | | | | | | |
| 800 | | | | | | | | | | | | | | | | | | | | | |
| 900 | | | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | | | | | | | | |
| 700 | | | | | | | | | | | | | | | | | | | | | |
| 800 | | | | | | | | | | | | | | | | | | | | | |
| 900 | | | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | | | | | | | | |
| ALS | | | | | | | | | | | | | | | | | | | | | |

Handwritten:

4/20/65 1000

↓

--ID-----SEX---UR NO--
LESTER F P 034130
VICKI E

PH(H)
Ph(B)
ANGLICAN HOME DUTIES
11-11-1962 A

--ID--SEX--UR NO--
 LESTER F 034130
 VICKI E
 11-11-1962
 A
 HOME DUTIES
 ANGLICAN
 PH (H)
 PH (B)

INTAKE: ORAL N/G I/V C.V.L. TOTAL MEASURED BALANCE \pm WEIGHT

| OUTPUT: URINE | N/G | I.C.C. | DRAINS | TOTAL | TRUE BALANCE |
|---------------|-----|--------|--------|-------|--------------|
| | | | | | |

1-1-1

**Bundaberg Health Service District
MEDICATION CHART**

BUNDABERG HOSPITAL SEX UR NO
LESTER F 034130
VICKI E
[REDACTED]
[REDACTED] 11-11-1962
Ph (H) [REDACTED] A
Ph (B)
Anglican HOME DUTIES

ALLERGIES/ALERTS

*Maxalon
Stemetil
Phenergan*

Admission Weight: kg

ONCE ONLY (AND PREMEDICATION) DRUGS

| DATE | TIME | DRUG | DOSE | ROUTE | DOCTOR | GIVEN BY | TIME GIVEN |
|--------|------|-------|------|-------|-------------|-------------------|------------|
| 21/8/3 | 1625 | KEFIV | 2 gm | IV | [Signature] | B. J. [Signature] | 1640 hrs |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

VERBAL ORDER MEDICATIONS – Excluding IV infusions (Must be signed by Medical Officer within 24 hours)

| DATE | TIME | Date Given | Time Given | Dose | Sign. | DATE | TIME | Date Given | Time Given | Dose | Sign. |
|-------------|------|------------|------------|------|-------|-------------|------|------------|------------|------|-------|
| Medication | | | | | | Medication | | | | | |
| Route | Dose | Freq. | | | | Route | Dose | Freq. | | | |
| Received by | | Checked by | | | | Received by | | Checked by | | | |
| Dr ordering | | Dr's Sign. | | | | Dr ordering | | Dr's Sign. | | | |

| DATE | TIME | Date Given | Time Given | Dose | Sign. | DATE | TIME | Date Given | Time Given | Dose | Sign. |
|-------------|------|------------|------------|------|-------|-------------|------|------------|------------|------|-------|
| Medication | | | | | | Medication | | | | | |
| Route | Dose | Freq. | | | | Route | Dose | Freq. | | | |
| Received by | | Checked by | | | | Received by | | Checked by | | | |
| Dr ordering | | Dr's Sign. | | | | Dr ordering | | Dr's Sign. | | | |

| DATE | TIME | Date Given | Time Given | Dose | Sign. | DATE | TIME | Date Given | Time Given | Dose | Sign. |
|-------------|------|------------|------------|------|-------|-------------|------|------------|------------|------|-------|
| Medication | | | | | | Medication | | | | | |
| Route | Dose | Freq. | | | | Route | Dose | Freq. | | | |
| Received by | | Checked by | | | | Received by | | Checked by | | | |
| Dr ordering | | Dr's Sign. | | | | Dr ordering | | Dr's Sign. | | | |

FOR DRUGS NOT GIVEN INSERT
(according to Hospital Policy)

R REFUSED
S STARVING

A ABSENT
W WITHHELD

BUNDABERG HOSPITAL
LESTER
VICKI E

SEX F UR NO 034130

11-11-1962
A

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

HOME DUTIES

| Record of Administration | | | | Date → ↓ Time | 21 | 22 | 23 | 24 | | | | | | | | | | | | | Discharge Supply <input type="checkbox"/> days Dr's Signature |
|--------------------------|------|------|-------|------------------|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Drug | | | | 0600 | - | AS | | | | | | | | | | | | | | | |
| PARACETAMOL | | | | 1200 | - | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | 1800 | R | | | | | | | | | | | | | | | | Pharmacist |
| PR | 1cm | q6 | 21/8 | 2200 | R | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| M. Lest | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | 0800 | X | AS | | | | | | | | | | | | | | | <input type="checkbox"/> days Dr's Signature |
| DICTHONAMAZ | | | | | | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | | | | | | | | | | | | | | | | | | Pharmacist |
| PR | 100m | q6 | 21/8 | | | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| M. Lest | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> days Dr's Signature |
| | | | | | | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | | | | | | | | | | | | | | | | | | Pharmacist |
| | | | | | | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> days Dr's Signature |
| | | | | | | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | | | | | | | | | | | | | | | | | | Pharmacist |
| | | | | | | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> days Dr's Signature |
| | | | | | | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | | | | | | | | | | | | | | | | | | Pharmacist |
| | | | | | | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> days Dr's Signature |
| | | | | | | | | | | | | | | | | | | | | | |
| Route | Dose | Freq | Start | | | | | | | | | | | | | | | | | | Pharmacist |
| | | | | | | | | | | | | | | | | | | | | | |
| Doctor | | | | Time check | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

| Bundaberg Health Service District PRN MEDICATION CHART | | BUNDABERG HOSPITAL | | SEX | UR NO |
|---|--|--------------------|------------------|-------------|------------|
| | | S | LESTER | F | 034130 |
| | | (| VICKI E | | |
| | | | [REDACTED] | | |
| | | | [REDACTED] | | 11-11-1962 |
| | | S | Ph(H) [REDACTED] | | A |
| | | | Ph(B) | | |
| | | | Anglican | | |
| | | | | HOME DUTIES | |

SEX UR NO
F 034130

11-11-1962
A

HOME DUTIES

| PRN ADMINISTRATION | | | | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Discharge Supply <input type="checkbox"/> days Dr's Signature Pharmacist | |
|---------------------|------------|-----------|------------|------|------|------|-----|------|------|------|-----|------|------|------|-----|---|--|
| DRUG | | | | | | | | | | | | | | | | | |
| <i>MORPHINE</i> | | | | | | | | | | | | | | | | | |
| ROUTE | DOSE | FREQ. | START | | | | | | | | | | | | | | |
| <i>s/c</i> | <i>5mc</i> | <i>q2</i> | <i>2/8</i> | | | | | | | | | | | | | | |
| DOCTOR | | | Time check | | | | | | | | | | | | | | |
| <i>mhel</i> | | | | | | | | | | | | | | | | | |
| PRN ADMINISTRATION | | | | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Discharge Supply <input type="checkbox"/> days Dr's Signature Pharmacist | |
| DRUG | | | | | | | | | | | | | | | | | |
| <i>SN DANSETRAN</i> | | | | | | | | | | | | | | | | | |
| ROUTE | DOSE | FREQ. | START | | | | | | | | | | | | | | |
| <i>IV</i> | <i>4mg</i> | <i>q8</i> | <i>2/8</i> | | | | | | | | | | | | | | |
| DOCTOR | | | Time check | | | | | | | | | | | | | | |
| <i>mhel</i> | | | | | | | | | | | | | | | | | |
| PRN ADMINISTRATION | | | | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Discharge Supply <input type="checkbox"/> days Dr's Signature Pharmacist | |
| DRUG | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ROUTE | DOSE | FREQ. | START | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| DOCTOR | | | Time check | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| PRN ADMINISTRATION | | | | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Date | Time | Dose | Sig | Discharge Supply <input type="checkbox"/> days Dr's Signature Pharmacist | |
| DRUG | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ROUTE | DOSE | FREQ. | START | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| DOCTOR | | | Time check | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

[illegible][illegible]



BUNDABERG HEALTH SERVICE DISTRICT

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Usual GP

Address

Admission Date:

Discharge Date:

Follow-up Clinic:

Referral:

Principal Diagnosis: (one only) The condition which after study, was found to be the main reason for the patient's admission.

Secondary Conditions:

Principal Procedure:

Type of anaesthetic:

☐ Local☐ Sedation☐ General☐ Spinal☐ Epidural

Secondary Procedure/s and or Significant Non-Surgical Procedures:

Complications:

☐ Wound infection (include organism)☐ Urinary tract infection (include organism)☐ Chest infection☐ Adverse drug reaction☐ Haemorrhage/haematoma☐ DVT☐ Pulmonary embolism☐ Others (please specify below)

External Cause of Injury/Poisoning:

Clinical Course and Significant Results:

Diagnostic Laryposcope has been
Cancelled because of RTI.
Advised to have I.R.
Booked for procedure 3/5 &
rebook of procedure 4/5.

Enclosed by Mail

Abnormal results

☐ ECG☐ Radiology reports☐ Haematology☐ Histopathology☐ MBA20☐ Other

DISCHARGE MEDICATION/DOSAGE:

DISCHARGE MEDICATION/DOSAGE:

MO Signature:

Designation:

Consultant:

Print name:

Date:

PUBLIC

34130-3

Title

Surname

Given Names

MS

LESTER

VICKI E

11 Nov 1962 40

Address

Sex M S

Height 2 1/2

Weight 110

F

A

AUSTRALIA

Angl

Ethnic Group

NOT ABORIG. C

ENGLISH ONLY

Telephone Home

Telephone Business

Occupation Present or Past

HOME DUTIES

Marriage Certificate

SHIRLEY BAILEY
MOTHER

Discharged in last 7 days from which hospital

Date Admitted

Time Admitted

Admission Charge

22 Jul 2003

08:00

OUTPATIENT DEPT

Referral from Person

Unit

Ward

Room

DR C CADDELL
AGNES COAST MEDICAL
PO BOX 151
AGNES WATER

4677

GYNA

DSU

WIJERATN

Work Unit Class

Health Status

Special Notes

GPE

NIL

49749988

Medical Number

Other

Referral Number

Discharged

Time Discharged

Discharge Status

22/7/03

11.12

Home



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.

--ID--SEX--UR NO--
LESTER F 034130
VICKI E
11-11-1962
Ph (H) [redacted]
Ph (B) [redacted]
ANGLICAN
HOME DUTIES

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 [redacted]. 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) [redacted]
of (address) [redacted]

I 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 unusual circumstances. I have read the **Public or Private** - your choice information. A hospital employee has not directed me towards this decision.

Signature (patient) [redacted] V. hester Date 17 07 2003

Signature (or patient representative) [redacted] Relationship to patient [redacted]

of (address) [redacted] Date [redacted]

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS

I, [redacted] 043244
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 [redacted]

Signature [redacted] Position [redacted] Date 17 07 2003

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 [redacted] 01/005

☐ 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 [redacted]

☐ Yes ☒ No Are you a member of the **AUSTRALIAN DEFENCE FORCES**? My service number is [redacted]

☐ 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 [redacted]

☐ 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 [redacted]

☐ Yes ☒ No Do you have **PRIVATE HEALTH INSURANCE**?

My health insurance fund is [redacted] My membership number [redacted]

☐ Yes ☒ No Are you an **OVERSEAS VISITOR**? I normally live in (Country) [redacted]

☐ Yes ☒ No Are you an **INTERSTATE VISITOR**? I normally live in (State) [redacted]

☐ Yes ☒ No Is there anyone else who will fund your hospital care? e.g. travel insurance

My hospital care will be funded by [redacted] Medicare

☒ 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) [redacted] V. hester Date 17 07 2003

Signature (or patient representative) [redacted] Date [redacted]

.....HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph(H)

Ph(B)

Anglican

HOME DUTIES

INPATIENT PROGRESS NOTES

(Affix Patient Identification Label Here)

DATE AND
STAFF CATEGORY

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

17/7/13

40 ♀ FOR PLASTIC LARYNGECTOMY PROCEDURE
OF SUPRACARINA.

PHYS: ENDOMETRIOSIS → HEPATITIS
APPROXIMATE

WGS: PNEUMOTHORAX
VENTILATION

PULMONARY

ALLERGY: NITROGEN

STEMOMA

CHROMATIN

OLE: OBS STABLE

CX: PULSE REGULAR

S₂ - S₀

CHEST = CLEAR

ABDO = SNT

WGS = GRABBY COSTA

PLAN: BRUG

SEMINOM

Bundaberg Dist. Health Service
CARE PATH ACTIONS (Formatted)

Care Path: **DSU-L**
Laparoscopy/Lap Sterilisation
 Page: **1**

--ID-----SEX--UR NO--
 LESTER F 034130
 VICKI E
 [REDACTED] 11-11-1962
 [REDACTED] A
 Ph (H) [REDACTED]
 Ph (B) [REDACTED]
 ANGLICAN HOME DUTIES

| INDICATOR | PRE-ADMISSION | Day 1 | CLINICAL OUTCOMES |
|------------------------------|--|--|--|
| ADMISSION | <input type="checkbox"/> Clerical admission | <input checked="" type="checkbox"/> Orientate to ward | |
| CONSULTS | <input checked="" type="checkbox"/> Gynae medical officer assessment <input checked="" type="checkbox"/> Anaesthetic assessment <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Pre-medication | <input type="checkbox"/> RMO to inform patient of results post op <input type="checkbox"/> Discharge summary <input type="checkbox"/> Discharge script as required <input type="checkbox"/> Medical certificate as required | |
| TESTS | <input checked="" type="checkbox"/> hCG <input type="checkbox"/> FBC | <input checked="" type="checkbox"/> Ensure test results in chart | |
| MOBILITY | | <input checked="" type="checkbox"/> RIB following pre-med <input type="checkbox"/> Mobilise on recovery | <input type="checkbox"/> Able to mobilise independently |
| HYGIENE | | <input checked="" type="checkbox"/> Ensure pre-op showers X2 attended <input type="checkbox"/> Pre-op clip | <input type="checkbox"/> Able to shower independently |
| NUTRITION | | <input checked="" type="checkbox"/> NBM 6hrs pre-op <input type="checkbox"/> Fluids & diet when able to tolerate | <input type="checkbox"/> Able to tolerate a normal diet |
| OBSERVATIONS | <input checked="" type="checkbox"/> Baseline observations <input checked="" type="checkbox"/> Weight <input type="checkbox"/> Nursing history & assessment | <input type="checkbox"/> 1/2hrly obs X 3 if condition stable <input type="checkbox"/> TPR & BP on discharge <input type="checkbox"/> Observe wound dressings | <input type="checkbox"/> Observations within normal range |
| MEDICATIONS | | <input checked="" type="checkbox"/> Pre medication <input type="checkbox"/> Usual meds as ordered <input type="checkbox"/> IM/PO analgesia post op | <input type="checkbox"/> Pain is able to be controlled with oral analgesia |
| TREATMENTS | | <input checked="" type="checkbox"/> Theatre gown & pants <input checked="" type="checkbox"/> Theatre checklist <input type="checkbox"/> O2 via mask if shoulder tip pain post op <input type="checkbox"/> IV until tolerating fluids post op | <input type="checkbox"/> Wounds clean and dry on discharge |
| TEACH/COUNSEL/EMOTIONAL SUPP | <input checked="" type="checkbox"/> Educate patient when to fast <input checked="" type="checkbox"/> Educate patient on pre op showers(X2) <input checked="" type="checkbox"/> Provide pt with Day Surgery & Laparoscopy handouts <input checked="" type="checkbox"/> Educate pt on post op exercises | <input type="checkbox"/> Reinforce pre /post op exercises | <input type="checkbox"/> Understands wound care post discharge |
| DISCHARGE PLANNING | <input checked="" type="checkbox"/> Discuss expected length of stay <input checked="" type="checkbox"/> Identify needs ie Child care, home help <input type="checkbox"/> Discuss follow up care & ROS(Day 5) | <input type="checkbox"/> Reinforce discharge plan <input type="checkbox"/> OPD follow up appt <input type="checkbox"/> Educate pt on wound care <input type="checkbox"/> Educate pt follow up care for ROS <input type="checkbox"/> Letter /referral to GP for ROS | <input type="checkbox"/> All discharge requirements are met |
| RN (Day) | [Signature] | | |
| RN (Evening) | [Signature] | | |
| RN (Night) | | | |
| Allied Health | | | |

PERIOPERATIVE RECORD

 Ph (H)
 Ph (B)
 ANGLICAN

HOME DUTIES

 Pre Operative Nursing
 Assessment:

Adverse Drug Reactions:

 Stemetil Maxalon
 Phenergan

 22-7-03 Admitted to DSH for diagnostic laparoscopy
 c/o Dr Wijeratne. Transferred to OT at 09.30 hrs.

 Anest (Kern)
 RN

158 cm

Signature:

Printed name:

Designation:

| Date | Time | Temp | BP | Pulse | Resps | Weight | BSL | ECG | O2 Sats |
|---------|-------|------|--------|-------|-------|----------|-----|-----|---------|
| 17-7-03 | | | 126/74 | 83 | | 43.6 kgs | | | |
| 22-7-03 | 08.15 | 36.1 | 112/77 | 92 | 18 | | | | 97% |

Pre Operative Check

Post Operative Check

 Patient states procedure and
 site of same Right or Left

I.D. Band

Consent

Charts with patient

X-Rays

X-match/Path (Current)

Remove Make-up/Jewellery Rings taped

Remove Contact Lenses

Hearing Aid

Prosthesis/Implants

Loose Teeth

Dentures - Removed/Left in situ

Full upper/lower

Partial upper/lower

Toy/Dummy

PreOp Wash

Premed Given

 Yes/No/NA
 Ward OT

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

I.D. Band

Patient Charts

X-Rays

Medication Sheet

IV Fluid Sheet

OP Notes

Anaesthetic Notes

Check Drains

Check Dressings

Hearing Aid

Prosthesis/Implants

Loose Teeth

Dentures - Removed/Left in situ

Full upper/lower

Partial upper/lower

Toy/Dummy

 Yes/No/NA
 OT

| |
|--|
| |
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| |
| |
| |
| |
| |
| |

Any alerts to OT Staff or Anaesthetist:

Last Ate: 22.00g

Last Drank: coffee 4 am

Last Voided:

RN Signatures/printed name/designation:

 Anest (Kern)
 ward

theatre

theatre

BUNDEBERG HEALTH SERVICE DISTRICT

ANAESTHETIC RECORD

--ID-----SEX--UR NO--
LESTER F 034130
VICKI E
11-11-1962
A
PH (H)
PH (B)
ANGLICAN HOME DUTIES

Planned Operation:

Lapamocopy

Age

40

Sex

F

Weight

108

Date

22.7.03

Previous Anaesthetics:

- High dose / Asphyxia, Multiple Gynecom op.
- Venous port anastomosis

Significant History:

- Recent diagnosis in Ashes - Started on prednisone
- IHD
- DM

Medications:

PREDNISOLONE 5mg
Ventolin inh, Pulmicort inh.

NBM:

Neck Mobility

Jaw Mobility:

CVS:

HS 1x11x0

HR 72bpm

Mallampati score:

2

Teeth Dentures:

Loose:

NAD

ECG:

RSP: Good energy bilobed enough anastomosis

CXR/Pulm. Func:

B.P.: 126/74

OTHER:

Pulse: 83

- Smoker 20/day
- Nil alcohol

Any Allergies:

Allergy - Maxalene
Sildenafil

A.S.A.: 2

Procedure explained:

Special Investigations:

| Hb | Platelets | WBC | INR | |
|---------|-----------|-----------|---------|-------|
| | | | | |
| Na | K | CL | Urea | Creat |
| | | | | |
| Glucose | Protein | Bilirubin | GAMM GT | CA |
| | | | | |

X-Match:

no. of units:

Grp and hold:

PAC Anaesthetist:

Date:

Premedication:

| Date | Time | Drug & Dose | Route | Doctor | Nurse | Time Given |
|---------|------|--------------|-------|--------|-------|------------|
| 17/7/03 | | Ventolin 5mg | IV ch | Mr | Mr | 09:10 AM |
| | | | | | Am | 00:20 AM |

Postponed
due to acute
exacerbation of
chronic lung
infection.
22/7/03

| | |
|---|-----------------------|
| <u>Day Surgery Post Operative Record</u> | --ID-----SEX--UR NO-- |
| | LESTER F 034130 |
| | VICKI E |
| | [REDACTED] 11-11-1962 |
| | [REDACTED] A |
| Ph(H) [REDACTED] | |
| Ph(B) | |
| ANGLICAN | HOME DUTIES |
| BUNDABERG HEALTH SERVICE DISTRICT | |

--ID-----SEX---UR NO--
LESTER F 034130
VICKI E
[REDACTED] 11-11-1962
[REDACTED] A
Ph (H) [REDACTED]
Ph (B)
ANGLICAN HOME DUTIES

| | | | | |
|---|--------------------------|----------------------------------|-----------------------------|--------------------------|
| Conscious State: | 1. Aware | 2. Rousable | 3. Unrousable | |
| Colour: | 1. Pink | 2. Pale | 3. Cyanosed | |
| Nursing Report | | | | |
| 22.07.03 Operation cancelled by anaesthetist - chest infection. | | | | |
| Chest cups + sandwiches. IVC removed. AKR (KRM) RN. | | | | |
| | | | | |
| | | | | |
| Discharge Checklist | | | | |
| Vital signs stable | <input type="checkbox"/> | | Dressing checked | <input type="checkbox"/> |
| Respirations normal | <input type="checkbox"/> | | Patient escort | <input type="checkbox"/> |
| Nausea/vomiting minimal | <input type="checkbox"/> | | Take home medication | <input type="checkbox"/> |
| Able to ambulate | <input type="checkbox"/> | | Discharge instruction sheet | <input type="checkbox"/> |
| M.O. Signature: | | R.N. Signature: AKR (KRM) | | |
| Discharged to: Home 11.12 hrs | | | | |
| Follow-up Appointment: | | | | |
| Date: | Time: | Clinic: | | |

HOSPITAL
DISCHARGE SUMMARY

Local Doctor A. F.G./16 (MOLTO)
 Address PO BOX 411 PO
More Water
AGNES WATER

U.R.
 SURNAME
 GIV
 D.C.

LESTER
 VICKI E
 [REDACTED]
 Ph (H) [REDACTED]
 Ph (B) [REDACTED]
 ANGLICAN

F 034130

11-11-1962

A

Admission Date

Discharge Date

Discharge to

Clinic

Appt. date

time

Symptoms/signs on presentation

For Colonoscopy

ADMITTING DIAGNOSIS

Ulcerative Colitis

* PRINCIPAL DIAGNOSIS

Colonoscopy

Secondary Diagnoses

PRINCIPAL PROCEDURE

Secondary procedure/s

INVESTIGATIONS:

WRITE ABNORMAL RESULTS

| | Y | N | NAD |
|-----------|--------------------------|--------------------------|--------------------------|
| F.B.C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BIOCHEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L.F.T.'s | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MICRO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HISTOLOGY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| X-RAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CT SCAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.C.G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To caecum
Cardiac force.
Normal ileocaecum throughout colon
and rectum.
Random biopsy taken.

Clinical Course/Complications

First 5

Cause of injury/poisoning (if applic.):

Place of Occurrence:

Medication on Discharge

No Change

R.M.O.

Schub

(sign)

(print)

DATE

11/10/11

CONSULTANT

Samuelson

(sign)

(print)

DATE

| | | | | | | | |
|-------------|--|------------|--|-----------------------|--|-----|--|
| Surname | | Given Name | | Date of Birth | | Sex | |
| LESTER | | VICKI E | | 11 Nov 62 | | F | |
| Patient No: | | Emerg. No: | | Arrival Date and Time | | | |
| 034130 | | 05003469 | | 12 Feb 05 14:40 | | | |
| Triage Cat | | Area | | Complaint | | | |
| 3 | | A3 | | ABDO PAIN | | | |

Triage Notes

PT presents w/ nerve atk pain - state she has been vomiting.

TRIAGE RN Printed Name/Stamp

Signature

[illegible]

NURSING NOTES

ID: 02-12-05 18:30

CLARITY: _____
COLOR: DK. YELLOW
GLU NEGATIVE
BIL* SMALL
KET* 40 mg/dL
SG 1.025
BLO* TRACE-INTACT
PH 6.5
PRO* 100 mg/dL
URO 0.2 E.U./dL
NIT NEGATIVE
LEU NEGATIVE

WARD TEST URINE:--

WEIGHT:-

| DATE | TIME | DRUG | DOSE | ROUTE | M.O. | GIVEN BY | TIME GIVEN |
|---------|------------------|------------|--------|-------|----------|----------|------------|
| 12/2/05 | 15 ¹⁵ | Odansetron | 4 mg | i.v. | C. Phil. | MLB | 1525 |
| 12/2/05 | 15 ¹⁵ | Morphine | 2.5 mg | i.v. | C. Phil. | MLB | 1525 |
| 12/2/05 | 15 ³⁵ | Morphine | 2.5 mg | i.v. | C. Phil. | MLB | 1540 |
| 12/2/05 | 1900 | Morphine | 2.5 mg | IV | MLB | MLB | 1905 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

.....Hospital

BUNDABERG HOSPITAL

SEX

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

Ph (H)

Ph (B)

Anglican

HOME DUTIES

CONTINUATION SHEET

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

Lshush

42 yr old lady.

12-2-5.

Complains of Chronic Pelvic Pain.
Pain originates in BH 11ac fossa
radiating down to the Perineal Region
and radiating down to the groin.
Chronic Pain Present since 2 years
getting worse.

Says has Duodenal obstruction and
needs a surgery right now

Does not feel like eating & Drinking
vomiting on & off.

- ϕ Bowel motion 5 days - ϕ Constipated
normally because does not eat

- Complains of Pain in the Back, Chest
and Arms.

- Colicky Pains in the lower abdomen.
 ϕ jaundice ϕ PR bleed ϕ Hematuria
 ϕ melena

ϕ 1/2 gall stones

ϕ 1/2 dysuria, frequency complains
of Boring micturition since 2 days.
 ϕ Haematuria

ϕ 1/2 Renal Stones.

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LESTER
VICKI E

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CONTINUATION SHEET

HOME DUTIES

(ATTN Patient Identification Label Here)

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

wa-137 K-4-2-
Abb-43 G1b-35
ALT-54 AST-48 LD-411
Lipase 78
Hb-152 WCC-18.1

- ① Pans - NSAIDs for Pain Relief.
- Urine Test for No Cystitis.
- No surgical intervention Req.

Asker

HOME DUTIES

T P R BP Or Sats Pain

12.2.05 1450 {36² 87 24 / RA 99% 10/10 Bloods ✓
BSL 6.5

1525 95.24 ¹⁴⁴/102. LA 99% 10/10 2.5mg IV morph
4mg IV Ondansetron

1540 20 8/10 2.5mg IV morph

1645 68.20 ¹³¹/84. RA 99% 5/10

1815 → Pt handover received, pt crying and using head voice
+ reassurance given. Pt stated 'I've got no fluid in
me' → offered H₂O or ice to suck, pt refused both.

1830 → Pt voided urine MSU ✓

1840 - Pt crying due to ↑ pain. 7/10

1845 - 2.5mg Morphine given (verbal order Dr Arkish).

1905

1910 80 22 ¹⁵⁴/77. RA 98% 7/10 Pt crying + demanding
to see a doctor

1910 - Pt stated 'I just want to go home, not lie here
for hours'.

1915 → Reviewed by Dr Hillich, pt crying and non-receptive
to Dr. Keeps stating 'I want to leave, but I'll
be back!' Pt refused to sign discharge paper and
tried to leave before IVc was removed. IVc removed @ 1920.

1940 → Pt left DM, escorted Pt to taxi, discharged
into care of Taxi driver @ 1945 sang
upstairs @ 1950 and addressed of same.

212

BUNDABERG HOSPITAL EMERGENCY RECORD

| | | | | | | | |
|-------------|--|------------|--|-----------------------|--|-----|--|
| Surname | | Given Name | | Date of Birth | | Sex | |
| LESTER | | VICKI E | | 11 Nov 62 | | F | |
| Patient No: | | Emerg. No: | | Arrival Date and Time | | | |
| 034130 | | 05003302 | | 10 Feb 05 11:56 | | | |
| Triage Cat | | Area | | Complaint | | | |
| 4 | | WR | | REVIEW | | | |

Allergies:-

Immunisation Status:-

Triage Notes

Seen here 8/2/05 - Returning to
Carnes Water today. Asking if the surgeons
have scheduled any procedures for her.

TRIAGE RN Printed Name/Stamp.

Signature _____

[illegible]

NURSING NOTES

WARD TEST URINE:-

WEIGHT:-

MEDICATION ORDERS

[illegible]

.....Hospital

Bundaberg Hospital

LESTER

VICKI E

SEX
F

URN
034130

11-11-1962
A

Ph (H)

Ph (B)

DNWV



HOME DUTIES

CONTINUATION SHEET

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

8/2/65

Adm. - Maxolon - Pythone (20)
Phergan

Ph - 034130

cont. page

Stannet - Pythone (20)

Current med:

• Codine Phosphate

• Kaporal

• Gubergan

NO) Lacerated / NW before vomiting

> 0.800s chest pain, 8.6.65

> apnoea, 1st Disten, 10 = 37

> in pain (Cough) Bp = 135/9

PA - 74

RA - 20

Shin - look deflated

Nov. 9.65

• dry lips + Buccal mucosa

Resp:

AD

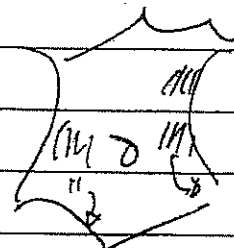
clear
6E
oamb

col,

SSS

o mmm

MTL



(+) tender rt+

(+) gland

But soft (4) Disten

o Disten

(+) Bowel sound

o mass

Bundaberg Hospital

LESTER

VICKIE

SEX

F

URN

03413

11-11-1

A



HOME DUTY

DEV

TR NO

larger to: Maxolon, Stemetel, Pethidine

Ph (H)

Ph (B)

DNWV

T P R BP Q Sat.

Pain

U/T

8/2/05 1410 37³ 74-20 ^{139/} RA 98%

1435 IV Morphine 2.5mg given:

1435 Pink Lady given orally
68 RA 99%

1515 2.5mg Morphine given I.V.

1615 61 24 ¹⁴³/₉₄ RA 98%

$\frac{7}{8}$

Pain in head, lower b
& abdo.

1630

1750 57 24 ¹⁵¹/₉₈ RA 99%

$\frac{8}{10}$

Scam
Pain in head
Back in DEM

1820 66 20 ¹⁵⁰/₉₄ RA 98%

$\frac{4}{10}$

2.5 morph. pain
eased in head.

1830 67 24 ¹⁶⁵/₉₆ RA 97%

Pain in grain

1845 36² 136 99%

Surgeons

1920 81 - ¹³⁶/₇₈ RA 99%

$\frac{5}{10}$

0402064503

BUNDABERG HOSPITAL EMERGENCY RECORD

| | | | | | | | |
|-------------|--|------------|--|-----------------------|--|-----|--|
| Surname | | Given Name | | Date of Birth | | Sex | |
| LESTER | | VICKI E | | 11 Nov 62 | | F | |
| Patient No: | | Emerg. No. | | Arrival Date and Time | | | |
| 034130 | | 05002963 | | 08 Feb 05 12:03 | | | |
| Triage Cat | | Area | | Complaint | | | |
| 3 | | A2. | | LOWER BACK PAIN | | | |

Allergies:- maxolon/steroids, pherwegen

Immunisation Status:-

Triage Notes Brought in by EMS with lower back pain. Patient went straight to shower + lay on floor + showered self with soap. Unable to get patient out of shower - refusing to come out. post-renal etio, hep = positive.

TRIAGE RN Printed Name/Stamp Ann Hoffman (RN) Signature

[illegible]

WARD TEST URINE:-

WEIGHT:-

MEDICATION ORDERS

| DATE | TIME | DRUG | DOSE | ROUTE | M.O. | GIVEN BY | TIME GIVEN |
|------|------|---------------------|----------------|---------------|--------------|--------------------|------------|
| 6/2 | | MORPHINE | 5mg | IV | ℓ | <i>[Signature]</i> | 1250 |
| 6/2 | | MORPHINE | 5mg | IV | ℓ | | |
| 6/2 | | BUSPION | 20mg | IV | ℓ | | |
| 6/2 | | ONDANSETRON | 4mg | IV | ℓ | <i>[Signature]</i> | 1310 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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SEX

UR NO

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034130

VICKI E

11-11-1962

A

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HOME DUTIES

CONTINUATION SHEET

DATE AND TIME

HISTORY, EXAMINATION AND TREATMENT

6/2/05

Pt given 5mg 10 morphine
& lying in on dorsum as very distressed,
restless + agitated.
Demanding to go in shower + threatening to leave.

Explained morphine will help C the pain &
we are unable to assist her in shower. Hot
wet packs provided & pt left to try to calm
down + for analgesic to take effect.

~1.20 pm - Handed pt over to Dr. O'Brien to take
my break.

~2.20 pm - returned from break to be told
pt ~~was~~ has now locked herself in the toilet &
refuses to come out. Husband is aware & states
Vicki's parents will come to pick her up.
Pt has been demanding to leave: see nursing report.

3.05 pm

Pt agreed to come out of the toilet. ~~cleaner~~
Dhs pt in relaxation room (refuses to lie ~~on bed~~ ^{on bed}) ~~THO.~~
Now changes story:
States she thinks she has food poisoning after
eating prawns last night.
States her diarrhoea (watery) x 2 since
& vomiting & central abd. cramps.
Also now states she has dysuria (despite denying
it earlier). Per

.....Hospital

Bundaberg Hospital

LESTER

VICKI E

SEX

F

UR NO

034130

11-11-1962

A

Ph (H)

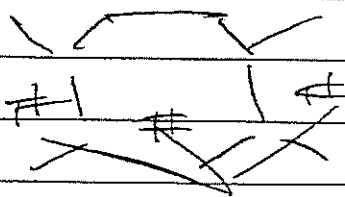
Ph (B)

Anglican



HOME DUTIES

CONTINUATION SHEET

| DATE AND TIME | HISTORY, EXAMINATION AND TREATMENT |
|---------------|---|
| 6/2/05 | JHO |
| | |
| | Thanks for above review, Patient no longer wants to see Dr. Creswell, I will RLV. |
| | |
| | Hx as above. |
| | ~ 12 hrs crampy abdo pain + diarrhoea + vomiting. |
| | last vomit ~ 12 hrs previous. |
| | Had prawns for dinner last night. |
| | - Dysuria. |
| | long Hx of abdominal pain |
| | - adhesions. |
| | - PID. |
| | |
| | O/E. |
| |  |
| | Tender. |
| | Cachectic. |
| | |
| | Imp - Castro |
| | UTI. |
| | |
| | Plan - MSU |
| | Await bloods |

10: 02-06-85 16:05

..... HOSPITAL

Bundaberg Hospital
LESTER
VICKIE

SEX
F

UR NO
034130

11-11-1962
A

CLARITY: _____
COLOR: BROWN
GLU NEGATIVE
BIL* SMALL
KET* 15 mg/dL
SG >=1.030
BLQ* MODERATE
PH 5.0
PRO* >=300 mg/dL
URO 0.2 E.U./dL
NIT NEGATIVE
LEU NEGATIVE

ATION SHEET

Ph (H) _____
Ph (B) _____
DNWV



HOME DUTIES

ES - Colour, temp, movement, swelling, pain, numbness, Remarks
colour, reaction. SG. Albumen, Blood, sugar, bile, Remarks

OBSERVATIONS RECORDED: URINE ☐ FINGERS/TOES ☐ OTHER.....

INDICATE OBSERVATIONS IN SEPARATE COLUMNS.

| DATE | TIME | T | P | R | Bl | O ₂ | SpO ₂ | Bin Score | REMARKS |
|--------|------|------|----|----|--------|----------------|------------------|-----------|---|
| 6/2/05 | 1245 | 35.3 | 83 | 20 | 132/90 | RIA | 96% | 9/10 | |
| | 1248 | | | | | | | | IV Zog inserted U/vein |
| | 1255 | | | | | | | | 50mg Morphine IV as charted, 4.0mg ORAMETRO 1300. |
| | 1320 | | | | | | | | Pt insisting on having a shower, advised pt strongly not to leave ward due to recent administration of drugs however pt refused and left for shower against nursing advice. |
| | 1355 | | | | | | | | Patient locked herself in shower and refused to open door at first after talking to her through the door, pt finally opened and refused to leave. Gave clean towels and asked her to return to bed once she finished. |
| | 1410 | | | | | | | | Pt returned from shower demanding me to call her husband to take her home. 1415 phoned husband who agreed to come in. 1420 advised pt of same and reassured her that leaving without seeing a Dr was undesirable, Pt adamant, stated 'I just want to go home!!'. Pt refused to sign discharge at own risk paper. Rang husband & advised of same, he advised me that Vickie's parents will come and pick her up, +ve reassurance given to Vickie. 1420 offered Pt 1/2 O. |
| | 1445 | | | | | | | | pt demanded ice to suck, ice given, currently waiting in relatives room. |

CONTINUED

INDICATE OBSERVATIONS IN SEPARATE COLUMNS

| DATE | TIME | REMARKS |
|----------|------|--|
| 27/02/03 | 1540 | → GAVE PT ICE TO SICK. |
| | 1645 | By Written in retrospect, patient was offered bed in corridor as acute beds were full upon her return from the shower. Pt used raised voice and stated 'I'm not sleeping in a corridor!' Tried to offer reassurance with no effect. Pt then left ward to use the toilet. |
| | 1410 | → and spent approx 30 min with door locked inside toilet. Checked patient every 15 min to ensure safety. |
| | | By (Richard Doodson RN)? |

UR NO

LESTER

F

034130

VICKI E

11-11-1962

A

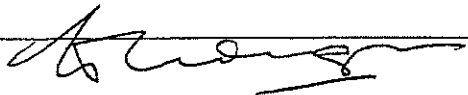
$$\text{Ph (H)}$$
$$\text{Ph}(\mathbb{B})$$

Anglican

HOME DUTIES

D.O.B.

OUTPATIENT NOTES

| DATE | PROGRESS NOTES |
|---------|---|
| 28-4-05 | Dr O'Loughlin's Surgical Review |
| | History of perianal abscesses → advice I/M picking budding / Rockhopper |
| | Also adhesions ? extensive Causing recurrent abscess pain nausea, wt loss etc. |
| | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> $\frac{2}{1}$ - </div> <div> No obvious fistula perianal region Abdo - AT </div> </div> |
| | <div style="text-align: right;"> non tender no mass. </div> |
| | Feels she has residual perianal collections ± swelling. |
| | Repeat U.S (local) Laparoscopy (brienne) |
| |  |

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPSS - Bundaberg Hospital
P.O. Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

| | | | | | |
|-------------------------|--|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Christina Pillich Bundaberg Hospital Bourbong Street Bundaberg Qld 4670 | Given Name | Vicki E | Sex | F |
| | | DOB * | 11-Nov-1962 | Age | 42 years |
| | | Patient Address | [REDACTED] | | |

| | | |
|------------------------|-----------|-----------|
| Time Collected | 14:30 | 15:00 |
| Date Collected | 08 Feb | 12 Feb |
| Time Registered | 15:28 | 16:07 |
| Date Registered | 08 Feb | 12 Feb |
| Year | 2005 | 2005 |
| Lab No | 207374760 | 207348204 |
| Specimen Type | Blood | Blood |

| | | | Units | Ref Range |
|------------------|------|-------|--------------------|---------------|
| Haemoglobin | 150 | 152 | g/L | (115 - 160) |
| White Cell Count | 14.3 | 18.1 | $\times 10^9/L$ | (4.0 - 11.0) |
| Platelets | 316 | 360 | $\times 10^9/L$ | (140 - 400) |
| Haematocrit | 0.44 | 0.45 | | (0.33 - 0.47) |
| Red Cell Count | 4.61 | 4.73 | $\times 10^{12}/L$ | (3.80 - 5.20) |
| MCV | 95 | 95 | fL | (80 - 100) |
| Neutrophils | 8.91 | 12.91 | $\times 10^9/L$ | (2.00 - 8.00) |
| Lymphocytes | 3.93 | 3.29 | $\times 10^9/L$ | (1.00 - 4.00) |
| Monocytes | 1.26 | 0.96 | $\times 10^9/L$ | (0.10 - 1.00) |
| Eosinophils | 0.11 | 0.78 | $\times 10^9/L$ | (< 0.60) |
| Basophils | 0.09 | 0.16 | $\times 10^9/L$ | (< 0.20) |

ROUTINE

HAEMATOLOGY

[Signature]

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPSS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41612539

| | | | | | |
|-------------------------|----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | Sex | F |
| Req. Officer | Dr Claire Cresswell | Given Name | Vicki E | Age | 42 years |
| | Bundaberg Hospital | DOB | 11-Nov-1962 | | |
| | Bourbong St | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | | | |

ROUTINE

| | | | | | | |
|-----------------|----------|----------|----------|-----------|-----------|-----------|
| Time Collected | ??:?? | 11:30 | 16:00 | 13:00 | ??:?? | 13:35 |
| Date Collected | 26 Jul | 28 Jul | 14 Mar | 20 Sep | 11 Jul | 06 Feb |
| Time Registered | 16:45 | 12:20 | 16:26 | 14:21 | 21:25 | 13:47 |
| Date Registered | 26 Jul | 28 Jul | 14 Mar | 20 Sep | 11 Jul | 06 Feb |
| Year | 1999 | 1999 | 2002 | 2003 | 2004 | 2005 |
| Lab No | 18132303 | 18126187 | 79678528 | 143170826 | 162068206 | 207362267 |
| Specimen Type | Blood | Blood | Blood | Blood | Blood | Blood |

Units Ref Range

| | | | | | | | | |
|------------------|------|------|------|-------|-------|-------|--------------------|---------------|
| Haemoglobin | 161 | 143 | 148 | 123 | 139 | 163 | g/L | (115 - 160) |
| WBC | 13.0 | 11.1 | | | | | $\times 10^9/L$ | (4.0 - 11.0) |
| White Cell Count | | | 11.3 | 24.8 | 13.0 | 13.9 | $\times 10^9/L$ | (4.0 - 11.0) |
| Platelets | 348 | 325 | 466 | 623 | 379 | 389 | $\times 10^9/L$ | (140 - 400) |
| Haematocrit | 0.48 | 0.43 | 0.45 | 0.37 | 0.42 | 0.48 | | (0.33 - 0.47) |
| Red Cell Count | 4.70 | 4.15 | 4.58 | 4.13 | 4.74 | 5.07 | $\times 10^{12}/L$ | (3.80 - 5.20) |
| MCV | 103 | 103 | 98 | 90 | 88 | 95 | fL | (80 - 100) |
| Neutrophils | 9.75 | 8.88 | 5.23 | 19.15 | 11.21 | 10.72 | $\times 10^9/L$ | (2.00 - 8.00) |
| Lymphocytes | 2.60 | 1.74 | 4.25 | 3.50 | 1.44 | 2.47 | $\times 10^9/L$ | (1.00 - 4.00) |
| Monocytes | 0.51 | 0.47 | 0.99 | 1.31 | 0.27 | 0.47 | $\times 10^9/L$ | (0.10 - 1.00) |
| Eosinophils | 0.12 | 0.01 | 0.71 | 0.62 | 0.01 | 0.15 | $\times 10^9/L$ | (< 0.60) |
| Basophils | 0.13 | 0.00 | 0.11 | 0.22 | 0.06 | 0.08 | $\times 10^9/L$ | (< 0.20) |
| ESR | | 8 | 13 | 65 | | | mm/Hr | (< 12) |

B

HAEMATOLOGY

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPSS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502630
fax 07-41512539

| | | | | | |
|-------------------------|-----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Christina Pillich | Given Name | Vicki E | Sex | F |
| | Bundaberg Hospital | DOB | 11-Nov-1962 | Age | 42 years |
| | Bourbong Street | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | [REDACTED] | | |

GENERAL

| | | | |
|------------------------|-----------|-----------|-----------|
| Time Collected | 13:35 | 14:30 | 15:00 |
| Date Collected | 06 Feb | 08 Feb | 12 Feb |
| Time Registered | 13:47 | 15:28 | 16:07 |
| Date Registered | 06 Feb | 08 Feb | 12 Feb |
| Year | 2005 | 2005 | 2005 |
| Lab No | 207362267 | 207374760 | 207348204 |
| Specimen Type | Blood | Blood | Blood |

Units Ref Range

| | | | | | |
|-------------------------|-------|-------|-------|-----------|-----------------|
| Sodium | 143 | 142 | 137 | mmol/L | (135 - 145) |
| Potassium | 3.6 | 3.7 | 4.2 | mmol/L | (3.2 - 4.5) |
| Chloride | 108 | 106 | 101 | mmol/L | (100 - 110) |
| Bicarbonate | 19 | 24 | 22 | mmol/L | (22 - 33) |
| Anion Gap | 16 | 12 | 14 | mmol/L | (4 - 13) |
| Osmolality (Calculated) | 293 | 289 | 275 | mmol/kg | (275 - 295) |
| Glucose | 5.8 | 4.5 | 6.2 | mmol/L | (3.0 - 7.8) |
| | | | | (Fasting) | 3.0 - 6.0 |
| Urea | 4.9 | 3.2 | 4.9 | mmol/L | (3.0 - 8.0) |
| Creatinine | 0.074 | 0.070 | 0.079 | mmol/L | (0.050 - 0.100) |
| Urea/Creat | 66 | 46 | 62 | | (40 - 100) |
| Urate | 0.21 | 0.16 | 0.15 | mmol/L | (0.15 - 0.45) |
| Protein (Total) | 81 | 69 | 79 | g/L | (62 - 83) |
| Albumin | 46 | 44 | 43 | g/L | (33 - 47) |
| Globulin | 36 | 25 | 35 | g/L | (25 - 45) |
| Bilirubin (Total) | 9 | 11 | 6 | umol/L | (< 20) |
| Alkaline Phosphatase | 108 | 84 | 92 | U/L | (30 - 100) |
| Gamma-GT | 35 | 26 | 27 | U/L | (< 50) |
| Alanine Transaminase | 126 | 81 | 54 | U/L | (< 40) |
| Aspartate Transaminase | 68 | 86 | 48 | U/L | (< 35) |
| Lactate Dehydrogenase | 237 | 319 | 411 | U/L | (110 - 250) |
| Calcium | 2.46 | 2.23 | 2.47 | mmol/L | (2.15 - 2.60) |
| Calcium (Alb. Corr.) | 2.35 | 2.16 | 2.41 | mmol/L | (2.15 - 2.60) |
| Phosphate | 1.10 | 0.79 | 1.05 | mmol/L | (0.70 - 1.40) |
| Lipase | | 20 | 78 | U/L | (< 70) |

CHEMICAL

Comments

Lab No 207348204

15:00 12-Feb-05 Potassium result is unavailable due to specimen haemolysis, but it is likely to be normal. LD could not be determined due to specimen haemolysis. Recollection is necessary to obtain results.

PATHOLOGY

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

CHPS-Bundaberg Hospital
P.O. Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

| | | | | | |
|-------------------------|----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Christina Pillich | Given Name | Vicki E | Sex | F |
| | Bundaberg Hospital | DOB | 11-Nov-1962 | Age | 42 years |
| | Bourbong Street | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | | | |

| | | |
|------------------------|-----------|-----------|
| Time Collected | 14:42 | 15:00 |
| Date Collected | 17 Jul | 12 Feb |
| Time Registered | 14:55 | 16:07 |
| Date Registered | 17 Jul | 12 Feb |
| Year | 2003 | 2005 |
| Lab No | 137862732 | 207348204 |
| Specimen Type | Blood | Blood |

Units **Ref Range**

B-hCG (Quant) < 2 < 2 IU/L

BhCG Test Interpretation

Non Pregnant: < 5 U/L
Pregnant: > 25 U/L
Post Menopause: < 20 U/L

The assay used to quantitate hCG in the specimen is only approved for use in pregnancy.

If hCG quantitation is required to monitor malignancy, gestational trophoblastic disease (eg hydatiform mole) or other pathological processes, it MUST be performed by a different assay (sample referred to Central Laboratory).

Please inform the laboratory AND include appropriate clinical notes on the request form if hCG is requested for ANY purpose other than pregnancy.

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QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPSS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

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|-------------------------|----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Claire Cresswell | Given Name | Vicki E | Sex | F |
| | Bundaberg Hospital | DOB | 11-Nov-1962 | Age | 42 years |
| | Bourbong St | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | [REDACTED] | | |

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|---------------------------|----------|----------|----------|-----------|-----------|-----------|--------------|------------------|
| Time Collected | 11:20 | 11:30 | 16:00 | 13:00 | ??:?? | 13:35 | | |
| Date Collected | 27 Jul | 28 Jul | 14 Mar | 20 Sep | 11 Jul | 06 Feb | | |
| Time Registered | 11:32 | 12:20 | 16:28 | 14:21 | 21:25 | 13:47 | | |
| Date Registered | 27 Jul | 28 Jul | 14 Mar | 20 Sep | 11 Jul | 06 Feb | | |
| Year | 1999 | 1999 | 2002 | 2003 | 2004 | 2005 | | |
| Lab No | 18126486 | 18126187 | 79878528 | 143170826 | 162068206 | 207362267 | Units | Ref Range |
| Specimen Type | Blood | Blood | Blood | Blood | Blood | Blood | | |
| C-Reactive Protein | < 5 | < 5 | < 5.0 | 55 | < 5.0 | < 5.0 | mg/L | (< 5.0) |
| IgA | | | 0.9 | | | | g/L | (1.0 - 4.0) |

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QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512559

| | | | | | |
|-------------------------|----------------------------|------------------------|-------------|------------|----------|
| Patient Location | Emergency Department (BNH) | UR No | BN034130 | IS | 4 |
| Consultant | Keil, Naldo E (BNH) | Name | LESTER | | |
| Req. Officer | Dr Ben Howes | Given Name | Vicki E | Sex | F |
| | Bundaberg Hospital | DOB | 11-Nov-1962 | Age | 42 years |
| | Bourbon Street | Patient Address | [REDACTED] | | |
| | Bundaberg Qld 4670 | | [REDACTED] | | |

ROUTINE

Lab No : 14317-0826 Micro No : BN03M7020

Blood Culture Microbiology

COLLECTION DETAILS :

Bottles : Anaerobic / Aerobic / /

Collected : 13:00 20-Sep-03

Registered: 14:21 20-Sep-03

Ward of Isolation : DEM~BNH

CULTURE: No growth after 5 days incubation

Final Report: 08:24 26-Sep-03.

Lab No : 20737-3808

Micro No : BN05M1127

Urine Microbiology

SPECIMEN : Urine Mid stream

MICROSCOPY

Leucocytes < 10 x10⁶/L RR (<10)

Erythrocytes < 10 x10⁶/L RR (<10)

Epithelials 10 x10⁶/L

Collected : ???:? 06-Feb-05

Registered: 10:14 07-Feb-05

Ward of Collection : DEM~BNH

CULTURE Culture not indicated by microscopy result.

Final Report: 11:04 08-Feb-05.

MICROBIOLOGY

Dr H Krause
Director of Pathology
Tel.(07)4920 7301

Please discard any previous
MICROBIOLOGY ROUTINE
report of the same page number.
Report printed: 12:00 08 Feb 2005

PAGE 002

Copy sent to:

MI

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: LESTER VICKI E
UR Number: 034130 DOB: 11 NOV 1962
Series Number: 8 Sex: F
Attend.Date: 12 FEB 05 Attend Number: 151948
Current Date: 15 FEB 05

Examinations: Abdomen - Plain, Chest
Referred: DR N KEIL, BUNDABERG BASE HOSPITAL, PO BOX 34, BUNDABERG, 46
Location: ED
Reported By: SG:4024 DR JOCK ANDERSON

CLINICAL HISTORY;

ABDO PAIN.

CHEST;

The lungfields, heart and mediastinum appear normal.

ABDOMEN:

NO abnormality can be seen in the abdominal gas pattern. The right lobe of the liver is prominent.

DICTATED û BUT NOT READ

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: LESTER, VICKI E
UR Number: 034130 DOB: 11 NOV 1962
Series Number: 7 Sex: F
Attend.Date: 08 FEB 05 Attend Number: 151728
Current Date: 10 FEB 05

Examinations: Chest, Abdomen - Erect & Supine
Referred: DR N KEIL, BUNDABERG BASE HOSPITAL, PO BOX 34, BUNDABERG, 46
Location: ED
Reported By: SG:4015 DR JOCK ANDERSON

CLINICAL HISTORY;

RECURRENT ABDO PAIN.

ABDOMEN:

There is a moderate amount of faeces in the colon. The abdominal gas pattern appears normal. The right lobe of the liver is prominent. NO calculi can be seen.

CHEST:

There is an opacity projected over the anterior end of right rib 5. It is possible that this is a composite shadow and a progress examination may be advisable to further assess this change. NO other abnormality can be seen in either lung field. The heart and mediastinum appear normal.

DICTATED & BUT NOT READ

#12

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: LESTER, VICKI E
UR Number: 034130 DOB: 11 NOV 1962
Series Number: 6 Sex: F
Attend.Date: 08 FEB 05 Attend Number: 151727
Current Date: 10 FEB 05

Examinations: Urinary Tract, Pelvis, Female non-pregnant
Referred: DR N KEIL, BUNDABERG BASE HOSPITAL, PO BOX 34, BUNDABERG, 46
Location: ED
Reported By: SG:4014 DR BENEDICT EMECHETE

CLINICAL HISTORY;

RECURRENT ABDO PAIN.

RENAL ULTRASOUND;

Transabdominal and transvaginal scans were obtained.

Neither uterus nor ovaries were identified. NO residual mass in the pelvic cavity. NO localised collection.

Both kidneys display normal sonographic appearances and size.

(Film report only, patient not available for direct examination)

DICTATED û BUT NOT READ

#12

034130 FQ

BUNDABERG BASE HOSPITAL
DEPT OF MEDICAL IMAGING - SONOGRAPHERS OBSERVATIONS

Female Pelvic Ultrasound

Patient Name: Vicki WESTER

Date of Birth: 11/11/62

UR Number: 034130

Clinical Notes:

| Organ | Normal | Abnormal | Size | Comment |
|-------------|--------|----------|-------|---|
| Uterus | | | cm | Hypertrophy |
| Endometrium | | | cm | |
| Rt Ovary | | | cm | Neither ovary identified. Patient indicates BSO. |
| Lt Ovary | | | cm | |
| Pelvis | ✓ | | cm | Limited views of opo ++ |
| Rt Kidney | ✓ | | 12 cm | |
| Lt Kidney | ✓ | | 10 cm | |
| Other | | | cm | |
| | | | | |

Additional Comments :- TA & TV pelvis u/s performed
Large amount of gas in the abdomen/pelvis
No gross pelvic collections / masses or free fluid seen

Sonographer: T.N.

Date: 8/2/05

Summary:

NB THE SONOGRAPHER'S OBSERVATIONS SHOULD NOT SUBSTITUTE FOR A RADIOLOGIST REPORT.
 RADIOLOGIST REPORT PENDING

my your phone call : history :-
FILE COPY

**BUNDABERG HEALTH SERVICE DISTRICT
EXECUTIVE SERVICES**

Enquiries to: Dr Darren Keating
Telephone: 4150 2210
Facsimile: 4150 2029
Our Ref: DK:sh

4 March 2005

Ms V Lester
[REDACTED]
[REDACTED]

Dear Ms Lester

Thank you for your letter received 2 March 2005 outlining your concerns with the quality of service that you have received whilst and inpatient at the Bundaberg Base Hospital.

I wish to advise that this matter is being investigated and a response will be provided shortly.

Thank you

Yours sincerely



Dr Darren Keating
Director of Medical Services

RECEIVED
- 2 MAR 2005

To The Director of Medical Services;
Re: Darren Keating;
Bundaberg Base Hospital;

BY:.....

213605.

I am writing this letter of concern, to you, in distress that I have had to come to the stage of writing this,

while feeling so generally unwell at the present time.

Feeling this so necessary to receive Any Level of Medical Care from your Hospital.
(Bundaberg Base Hospital).

Complaining also about this level of Medical Care that I have been receiving from this hospital at this present time, 25th February, 2005. prior to this also, consultation with Dr Witjeranje (Gynecologist) in the women's unit (mid 2003) explaining to him then I thought it wasn't the endometriosis causing my problems experiencing the bowel problems, stomach contracting, vomiting, dehydration and pain as I had been doing, and having had prior to this years before surgery to dissect the adhesions from the bowel and pelvic region with a Gynecologist in N.S.W. and finding some relief with the problem then, I thought this may have been the problem again; When he was writing the the forms to perform the operation (Laparoscopy), Because on atleast one occasion prior to this date,

(1999), being admitted to Bundaberg Base Hospital with these same terrible symptoms, for 5 days

while being treated with Drip, steroids, pain relief and general medical care being scheduled for

(Gastroscope) procedure in this period of time, and after forcing the preperation liquid down, in preperation for this procedure, the doctor called the ward from the theatre, said he was cancelling the operation that was planned because I had asked for a shower and the Nurse assisted me in the shower as we were on our way to the theatre and I needed help with this. and was concerned about general hygiene and the chance of germs in theatre. Doctor then left

the hospital without performing this procedure. I was later discharged from the hospital still very sick, weighing 35 kilo's in body weight and with no diagnosis. From being admitted for Day Surgery after this time;

Re: Laparoscopy Aug/September 2003. Gynecologist (Dr Witjerane) went in looking for endometriosis and adhesions to be dissected. No Endometriosis noted (previous Hysterectomy)

But Adhesions were dissected in the pelvic region, Doctor said he had dissected all the ones that he could, but I would need further surgery to dissect the ones that were tangled around the Duodenum and Bowel, but I would have to see the Bowel Specialist/Surgeon to do

these ones. I was kept in the Women's Unit overnight for Drainage bag, drip, pain relief, observation and discharged the following day, but asked could I remain in the Bundaberg Area instead of returning home, incase I may need to return to the hospital. My Parents and children picked me up from the hospital and at our own cost payed for motel accomodation

near to the hospital, till I was well enough and able, to travel home to Agnes Water.

Before I had even returned home the drainage site had already become Red, inflamed and very

sore. On my return home feeling so ill, visited Agnes Water Medical Centre; seeing Dr Ken Corbett, the drainage site had worsened, even more inflamed, so sore and oozing 'pus', and continuing to get worse all the time. Dr Corbett swabbed area and had a general look at the site and me, diagnosed a Staph infection, I was given antibiotics and even another course of antibiotics on a second visit to the Surgery. M.R.A.S. was diagnosed from swab later and I continued to worsen all round and get sicker by the day. On one occasion having to go to Bundaberg for business with my husband, had to pay for more accommodation yet again as I was just so sick, the lady at the motel could even tell you just how sick I was and have been on many occasions she has seen, she has even helped me get into the hot shower which seems to

bring some relief when I'm in agony, when I could gather enough strength to get up, I went next door to the motel to Sugarland Medical Practice, saw Dr Senanayake, who swabbed area

had a general look at my condition by this time abscess had formed directly below the drainage site, high in the groin area. M.R.A.S. was diagnosed again from swab, I was given antibiotics again and a cream, but continued to worsen by the minute, vomiting and in agony with more abscess's forming every day. Spreading from the first abscess under the site then continuing down the left Labia till they got to around the end of the anal passage then started spreading back up the right Labia to the top of the vagina. By this stage I was crawling around on my hands and knees, vomiting and in so much Pain... Visited Agnes Water

Medical Centre yet again, saw Dr Corbett, he diagnosed Cellulitis and told me he would ring the Ambulance and that I needed to go to the hospital immediately. My husband told him he would drive me straight in, which he then did. Arriving in the Casualty Department on Saturday **2003**

September 19th, Dr Patel was called into the hospital to operate on me immediately, operated

later that day, I was told I would have to have a Spinal Block Anaesthetic as the Anaesthetist was worried about my chest, after enduring this painful procedure, already in so much pain with my groin area, I had an allergic reaction to the anaesthetic and started shaking uncontrollably all over through my entire body, so the anaesthetist said he would have to put me under anyway, I awoke later in my bed in the Surgical Ward C. Still in a lot of pain and with three packings inserted into the holes they had made during theatre. On the one visit

to my bedside Dr Patel told me they (surgeons) had got a lot of 'pus' out of the abscess's and had now inserted 'packings' into the three sites and that these 'packings' would have to be removed before I left the hospital. During the time I was in the hospital I removed two of the 'packings' myself, as this seemed to relieve some pressure and pain. But I could only do this as they appeared out of the sites enough for me to probe them out slowly. The third 'packing' was too far back in the anal area where I couldnt see it at all, let alone get to it to remove it myself. So when my family arrived to pick me up, when I was being discharged

from the hospital, I went in search of Nurse Andrew who had been looking after me that morning

and found him on a coffee-break and when I asked him could he take the 'packing' that remained

out for me, his reply was "You can take the 'packing' out yourself at home over the next couple

of days, whilst having salt-baths". When I replied "Are you sure Andrew? As it's still so very sore and right back in the anal area, where I can't even see it, let alone be able to probe it out myself". He then said with my family present, "Yes, Just take a hand-mirror into the bath with you so you can see it, to probe it out." And proceeded to walk off with his coffee in hand, leaving my family and I dumb founded, and with no alternative but to leave the hospital with the remaining 'packing' still in my body and still so very sore.

Over the next day or so, I had numerous salt-baths trying to retrieve the remaining 'packing' myself but just couldnt get to it to probe it out, even getting my husband to try retrieving it for me but neither of us could get to it and it just seemed to be closing up being so clean from the salt-baths and the 'packing' was still inside my body and still continuing to get sorer

Made another appointment at Agnes Water Medical to ask the Doctor if he could retrieve it for me, but the Doctor said he couldnt get to it either after a few attempts with the surgical tweezers, he said the site looked clean but still inflamed and was too closed up for him to retrieve it now. I was then sent for Ultra-sounds to look at it. Two tunnels were present in the Ultra-sound (fistula's), one showing the foreign body lying in it, being the 'packing' that remained ofcourse as it still had not been removed and I continued to get sicker and more abscess's were appearing all the time along the Labia and anal area where the 'packing'

and (fistula's) appeared on the scans.

On a forced family visit to the Gold Coast even seeing a doctor down there who sent me for X-Ray's to look for any metal strips that might have been used during theatre, not being able to find any strips he then diagnosed Staph Infection with abscess's present and put me on more antibiotics and pain relief to temporarily treat me till I got home to see Dr Patel.

Referred back to Dr Patel from my local Doctor in December 2003, saw him in his rooms at the hospital where he proceeded to tell me "It was just my negative attitude, I was'nt sick

and it didn't matter that the packing had been left in, as it was only sorbisol and it would break down itself eventually." When I asked him how long this would take, as I was still so sick and developing abscess's all the time, he didn't have any idea. Sent me over to the X-Ray Department for another Ultra-sound, and he appeared over therein the room with the

Technician, Dr Patel then asked me if I would let him operate on me under a local anaesthetic

to retrieve the packing, I asked him if he was sure he could do this procedure without a General anaesthetic, he said yes and asked me if I could return later that day when the Day Surgery theatre was finished so he could do it there, so I then had to pay for more motel accommodation myself so could return for the operation and recovery overnight in Bundaberg.

on my return to the hospital just praying Dr Patel would be able to retrieve the 'packing' and stop me from being so sick, he proceeded to put my legs in stirrups on the operating table with one Nurse present, and started inserting the local anaesthetic needles into this already inflamed and so sore area, then after a short period of time, which he thought long enough to have deadened the area started proceeding with the operation, when I screamed that

it still wasn't deadened at all, he inserted even more local anaesthetic which still did nothing to deaden the area due to all the scar tissue, he then proceeded with the operation and while he was cutting into me I was screaming in agony telling him exactly what I could feel and had pulled my body down the table away from him as much as the stirrups would allow.

Dr Patel just said "if you don't keep still I'll end up slipping with the knife", and proceeded to operate on me. The Nurse told me to just squeeze her arm as hard as I could and scream as loud as I wanted with the pain. I begged her sobbing in pain to "Please check the dish the doctor was holding to see if he had retrieved the packing yet so this horrifying situation could be over with", she looked around to the doctor's tray and said "Yes Vicki don't worry he has got a few things in the tray". It was something I will never forget in my lifetime.

After feeling he had probed enough and only pushing what remained of the 'packing' further into the track (fistula), he then apologised for putting me through the operation under a local anaesthetic and commented that it didn't deaden due to the scar tissue everywhere. Discharged from the hospital I then went back to my motel accommodation as I was asked again

to stay near to the hospital again and not return home, but I was haemorrhaging heavily from

the operation site, the lady from the motel having to help me from the taxi and put me into bed. Till my family returned to the room. Bleeding heavily well into the next day or so.

Arrived back home in Agnes Water and continued to get sicker and more abscess's all the time, so referred to Dr MacGregor at Rockhampton Base Hospital (General Surgeon) from Agnes

Medical Centre after my experience with Dr Patel. After a consultation with Dr Mac Gregor he then did his own Ultra-sounds within the hospital, noted the fistula's and foreign body, then decided to operate. Which he then did, and I was kept in the ward in Rockhampton Base

for a couple of days while the 'packings' were pulled out of the fistula and repacked daily, by the nursing staff. Had to pay all the cost involved again for all the transport and accommodation for Rockhampton trips as when I approached Bundaberg Base with my travel forms

was told they wouldn't pay for any of this as the operation could be performed there. Even after Dr Mac Gregor had booked the operation as a necessity and signed all travel forms for me to be reimbursed. Being so sick I had no choice again but to go ahead with the already planned operation. (on return visit to Dr Patel for stitches to be removed he informed me he had sent nothing from the dish away to be tested, looking for 'packing remains, said it had been thrown into the bin.) Then went ahead with planned operation in Rockhampton Base Hospital.

After returning home from hospital I had to attend the Agnes Water Medical Centre daily to have the 'packing' pulled out of the fistula and repacked daily for two weeks, by the nursing staff.

Since this operation the condition has improved to the extent the abscess's have appeared less frequent, and my general health with the fistula's and staph infection has improved,

(LAST DIAGNOSED WITH M.R.A.S. FROM SWAB FROM ABSCESS AUG, 2004.)

but I am still having frequent problems with my duodenum and bowel with regular bouts of vomiting, diarrhea when the bowel is working at all, going two weeks at a time without a movement, intense pain and usually so sick an ambulance has to be called and I'm taken to hospital for assessment. Which has happened on atleast three occasions lately in one week. (FEB, 2005)

Agnes Medical doctor referred me on February 8th in an ambulance from his surgery to Bundaberg Base Hospital in intense pain and down to 35 kilo's in weight with the vomiting, dehydration, etc. I was taken to the Casualty department from there taken over to the Ultra-sound technician for an internal probe scan, as he couldnt see through all the gas etc on a normal Ultra-sound. After performing this Trevor then said he wanted to accompany back to Casualty, as there was a few things he had to discuss with the surgeons from the scan, which he did. The Surgeons then came to my bedside still in their theatre garb, and said I would have to have an operation but they wouldnt be performing it tonight then ran off back to theatre, the sister at my bedside said to me, "I don't know what to do, as the doctors didnt write anything on the chart and gave her no directions, and she couldnt ring them in theatre".

She then called another G.P. in to see me from the Casualty Department, who asked if they were going to operate tonight and when told they were not, said I could go home and discharged

me. My Parents picking me up from the hospital and paying again for accommodation as I was

too sick to travel home to Agnes Water, under the shower and vomiting continually so couldnt

get out of bed in motel for two days, when I was well enough travelled home to Agnes.

Visited the hospital Casualty Dept. before leaving Bundaberg and saw yet another Doctor there, as I was still so ill, and worried about returning home so far from the hospital. She then checked with the surgeons for me, and returned amazed and said I could return home and they would send me the date of operation in the mail. So once again had no choice but to return home sick still.

My daughter's Birthday on the Saturday, 12th February I made a trip to Bundaberg to buy a birthday present with my Parents and family still feeling terrible, seeing Dr Vueti, Agnes Medical before making the trip as I was feeling so bad. In Bundaberg getting so sick an ambulance had to be called while I was shopping, I was taken to Bundaberg Base again in intense pain, before being given any pain relief or even being allowed a hot shower to help with the pain, I was questioned intensely by a Casualty G.P. Christina about "killing my baby by swallowing keys or something", she obviously had me mixed up with another patient, but this

didnt help me at all in the intense pain I was in, and didnt help my confidence after I had just explained to her about my previous visit on February 8th, and I was still no better from then still vomiting, dehydrated and in pain, still hadnt used my bowel at all and dropping weight by the day. Doctor Habib from Doctor Patel's Surgical team was brought into Casualty and told me the Ultra-sound was normal from internal probe and the bowel wasnt blocked, and there were nothing noted on my file from the technician Trevor, then told Christina (doctor)

to discharge me still sobbing in pain and dehydrated. Dragging myself to the taxi rank to catch a taxi back to the motel, Nurse Richard from the Casualty Department, who had been looking after me followed me outside to see if I was alright, and said he still didnt want me leaving the hospital so sick and would I just let him keep me in Casualty overnight so he could watch me and continue some pain relief and vomiting drugs (omnidanzitron) as I'm allergic to both stemetil and maxolon (suffering severe dystonia). But I asked him if the doctor's would be doing anything and he said No they had discharged me but he was worried about my condition.

So feeling there was no point, I returned to the motel to my family, still in so much pain and so unwell, paying again for more accommodation. Returning home as soon as I was able.

So once again being discharged from your hospital very sick and still in desperate need of Medical care. If not been admitted only for investigation, fluid drip, and much needed pain relief. Which seemed to be obvious to everybody around me (except your surgical team),

my Parents and Husband even begging for this in Casualty with me.

Making it very hard for me to have any confidence at all in the level of medical care that I have received to this date, and will have to endure in the future (with impending operation on my bowel area inevitable). I am genuinely worried and gravely concerned

about any terrifying situation I may find myself in with Dr Patel and his surgical team. I have two children and a family to think about, so it's on their behalf I'm writing this to you as I am so concerned for my life.

Summarising my medical situation in short for you. I am still in the same situation with my medical condition and bowel problems now to this date 25th February, 2005. that I originally saw Dr Witjeranje (Gynocologist), in August 2003. Only so much sicker with periods of the bowel spasming, vomitting and severe (labour) like pain, sick enough for ambulance to take me to hospital on countless occasions; being more and more frequent, with less time between these periods all the time. As well as having to deal with the continuous sickness/Pain associated with the Staph infections Re; packing, from the first operation date September 2003 and still having to endure now with this situation.

My Bowel has still not been attended to, to this date 25th February 2005. to dissect the adhesions that are strangling it and my condition continues to worsen all the time.

Losing five kilo's in weight just recently in five days, bringing my body weight to just 35 kilo's and still left in a lot of pain all the time. (which my family were so concerned about in Casualty with Dr Habib, on Saturday 12th February, 2005).

So I'm hoping by writing this to you Mr Keating, you may understand the position I'm in and my family are also in with my said Medical care and possibly do something on our behalf to help improve our situation. So maybe the next time I have to be taken to your hospital the level of medical care I receive will improve and I won't be sent home again in need of attention, and left to wither away at home till I die.

When I was told Bundaberg Hospital would not offer the travel subsidy for my operation on the phone, to Rockhampton. The lady said I would not have to have Dr Patel operate, she could arrange for the other surgical team headed by another surgeon to do the operation, but the operation was already booked for the following week in Rockhampton and I was just too sick to put it off and wait any longer. I would be willing now to have these said surgeons, assess my case now and further treatment with them, as I have no other alternative.

and no confidence at all in Dr Patel and his surgical team. (Dr Chan headed the surgical team that was bought down from theatre to see me in the Casualty Department to discuss impending operation on February 8th.). My only concern would be the chance of infection (M.R.A.S) infecting the operation site once again while in theatre, at Bundaberg Base Hospital.

Hoping to receive a reply to this letter A.S.A.P., with great hope, that my level of medical care with your hospital has improved enough to save my life, when needed.

Yours sincerely,

Address;

[REDACTED ADDRESS]

V. hester

Vicki Lester.

birthdate: 11/11/1962.

Bundaberg Base Hospital
Bundaberg
Q.L.D. ~~4611~~

UK: 034130
- 51

Recd 14/4/05

(Records & Files Section).

Dear Sir,

I'm writing this letter to you in request of my medical records and ultra-sound reports Dated from July / August 2003, to this date 12th April 2005. Concerning my appointments with Dr Patel and Dr Witzgerange. Could you please forward all my records and appointments and ultra-sound reports to me for this period of time. I would be grateful if you could do this as soon as possible. (Under the freedom of information act.)

Thanking You,
V. Lester

VICKI LESTER

D.O.B. 11-11-1962

Address:

[REDACTED]

[REDACTED]

[REDACTED]

Phone:

[REDACTED]



Queensland Health

Our Reference: UR 034130

19th April 2005

Enquiries Health Information Services
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670
Telephone (07) 4150 2151
Facsimile (07) 4150 2159

Ms Vicki Lester
[REDACTED]
[REDACTED]

Dear Ms Lester

REQUEST FOR INFORMATION

I refer to your letter of application for access to your health records held by the Bundaberg Health Service District. Your application was received in this office on the 14th April 2005 and the details of your request is as follows:

"medical records and ultra-sound reports, dated from July/August 2003, to this date 12th April 2005. Concerning my appointments with Dr Patel and Dr Witjeranje"

RELEASE OF INFORMATION PROCESS

As an authorised officer in the Bundaberg Health Service District, I will be pleased to process your request, however before documents can be released, I require you to supply some proof of your identity. You may produce documents in person to this department or alternatively supply by mail, proof of identity certified to be a true copy of the original by a Justice of the Peace or Commissioner of Declarations. Suitable documents for proof of identity include:

- Current Queensland or interstate driver's licence
- Birth certificate
- Current Pension or Health Benefits Card
- Car registration
- Current Australian passport
- Naturalisation or citizenship certificate
- Immigration papers or other documents issued by the Commonwealth Department of Immigration

I note that you have mentioned Dr Patel in your request. If you are experiencing any problems, please note that a review of health services at the Bundaberg Hospital is currently underway and you can contact them as per the attached.

*Highlighted pages (Vol I & II) released
to patient on 26/4/05 - add*



This is your Health Care Card (HCC)

Please remove the card from the bottom of this letter by carefully tearing around the perforations.

The card can then be folded in half so it can be carried with you more easily.

What concessions can I get with my card?

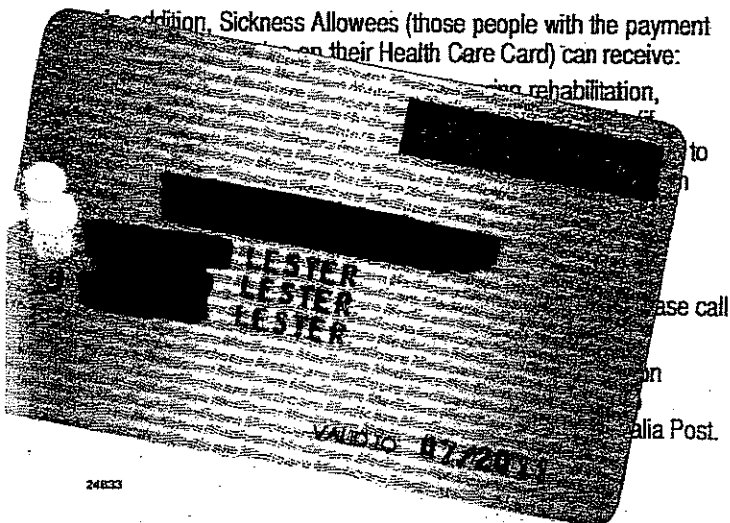
Commonwealth Concessions

All Health Care Card holders can receive subsidised prescription medicines on the Pharmaceutical Benefits Scheme (PBS) at a concessional rate, and free for the rest of the year after spending up to the PBS Safety Net threshold. Premiums charged by manufacturers may apply to some alternative brands/medicines.

To access concessional PBS medicines, Health Care Card holders must show their concession card AND their Medicare card. You should also note that from 1 July 2004, pharmacists will be able to confirm your concessional entitlement electronically. Ask your pharmacist to fill in a Prescription Record Form for each prescription to show when you have reached the Safety Net threshold for your entitlement to free PBS medicines.

For more information on the PBS call 1800 020 613 (freecall) or email pbs.enq@hic.gov.au

In addition, Sickness Allowees (those people with the payment on their Health Care Card) can receive:



Other Concessions

See the back of this letter for more information about other concessions you may be able to get with your HCC. Show your HCC and ask what concessions are available when you get services – government and non-government.

How to use this card

This card entitles you and your dependants shown on the card to pharmaceutical benefits. A wide range of medicines is available at a concessional rate.

You do not need private health insurance to get pharmaceutical benefits.

The Customer Reference Number (CRN) of the patient and a cross in the concession box must be shown on prescription forms. Anyone can enter this information on prescriptions.

Use this card AND your Medicare card for:

Free medical treatment from doctors who bulk bill Medicare. If your doctor does not bulk bill, you may be charged a fee. You can then claim a benefit from Medicare, although you may have to pay the difference between the benefit and the fee charged.

Use your Medicare card for:

Free accommodation and treatment provided by hospital doctors in public hospitals.

You will have to pay accommodation fees if you are a private patient in a public hospital or if you go to a private hospital.



VICKI E LESTER

DATE OF GRANT
4 DEC 2002

CARD EXPIRY DATE
20 MAY 2005

Signature of cardholder

V. Lester

Payment type

PP

Issued by Centrelink on behalf of the Commonwealth

CRN

Dependants

*original
Witnessed
Jill
SAR
HIM*

Told along these lines your card will tear out easily

Agnes Coast Medical Centre2 Rafting Ground Rd, Agnes Water, QLD, 4677

PO Box 151

Agnes Water, QLD, 4677Ph: (07) 4974 9988Fax: (07) 4974 9302

Dear Doctor,

RE: Vicki LesterDOB 11.11.62

I would be grateful if you could kindly forward copies of complete notes
/copies of relevant details relating to

ALL REPORTS

This would be invaluable in assisting in the continuing care of the above
patient who has indicated they wish to attend this practice. The patient is
aware that any charges for transfer of records will be borne by the patient.

Yours Sincerely,

I, V. Lester give consent to have my records
forwarded to Dr V. Lester at Agnes Coast Medical Centre, 2
Rafting Ground Rd, Agnes Water, 4677, QLD.

Signed [Signature]

DR SAILASA VUETI
2 RAFTING GROUND ROAD
AGNES WATER QLD 4677
Prov No 2522301X
Pres No 2232805

UR: 034130

sent 11-25 and
15/2/05

AUTOMATIC COVER SHEET

DATE : 15-FEB-2005 11:18

STO :

FAX NO. : 041502529

FROM : AGNES COAST MEDICAL
CEN

FAX NO. : 07 49749302

2 PAGES WERE SENT

(INCLUDING THIS COVER SHEET)

ACUTE CARE REFERRAL

Urgent

| | | | |
|---|--|--|--|
| <p>GENDER: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p> | | <p>DATE: <input type="checkbox"/> UK</p> | |
| <p>MARITAL STATUS: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> | | <p>SURNAME: Lester GIVEN NAME: Vicki ADDRESS: TELEPHONE: DATE OF BIRTH: 11/11/62</p> | |
| <p>Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>DVA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>Is this patient appropriate for Private Hospital Care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| <p>Phone Contact with PHO: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:</p> | | | |
| <p>Provisional Diagnosis: Abdominal Pain / Vomiting</p> | | | |
| <p>Referred to: A+E <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Admission</p> | | | |
| <p>Relevant History, Findings and Investigations: (Please attach copies of results if available) (Use reverse of page if space insufficient)</p> | | | |
| <p>She has been unwell x 3/2 - fever, nausea + vomiting, with severe abdominal crampy pains. No diarrhoea / Hematuria / Dysuria. Seen at Medical Centre yesterday given - V. fluid x 2L. Morphine 15 / Buscopan + Phenergan 1-m. with some relief this morning.</p> | | | |
| <p>Treatment prior to transport: 1-m Phenergan / IVF. * Drug dependent 1-v Buscopan</p> | | | |
| <p>Medications: Codeine Phos. Kaynarol Buscopan</p> | | <p>Past Medical History: - Smoker. - H. pylori infection. - COAD. - Perianal abscess. - Chronic abd. pain.</p> | |
| <p>Allergies: - Stemetil - Maxolon</p> | | <p>GP Signature: [Signature] GP Details: (With valid GP letter available) DR. PAULISA VURETT 2 RUFFING GARDENS ROAD AGNES CORST MEDICAL CENT PO Box 20223 MA Perth WA 6000</p> | |
| <p>Department of Emergency Medicine Bundaberg Base Hospital Bourbon Street BUNDABERG QLD 4670</p> | | | |

ACUTE CARE REFERRAL

| | | |
|--|--|---|
| GENDER: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | DATE: 15/2/05 - UP: |
| MARITAL STATUS: <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | SURNAME: Lester GIVEN NAME: Vicki ADDRESS: [REDACTED] TELEPHONE: [REDACTED] DATE OF BIRTH: 11/11/62 |
| Private Health Insurance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DVA <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this patient appropriate for Private Hospital Care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Phone Contact with PHO: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: | | |
| Provisional Diagnosis: Vomitting / Acute Abdominal Pain | | |
| Referred to: A+E <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Admission | | |
| Relevant History, Findings and Investigations: (Please attach copies of results if available) (Use reverse of page if space insufficient) | | |
| This is the 3rd time she has presented to the medical centre with the same problems / complaints - acute abd. colic, and continuous vomiting. This pain and vomiting is relieved after Morphine 15g / Phenergan. | | |
| D/W Dr Chan - he is willing to assess her | | |
| Treatment prior to transport: 1-M Morphine again 1-M Phenergan | | |
| Medications: Codemine Phosphate | | Past Medical History: |
| | | Ulcerative colitis |
| | | Gynaec - personal obs |
| Allergies: Stemetil Maxalon | | GP Signature: [Signature] GP Details: [Stamp] (Affix stamp or label if available) |
| Department of Emergency Medicine Bundaberg Base Hospital Bourbong Street BUNDABERG QLD 4670 | | SAILASA VUETI TING GROUND ROAD LINES WATERLOO 4677 Prov No 25220 DX |

Form with multiple sections: CASE, INCIDENT/PATIENT LOCATION, TO, SIGN, ADMINISTRATION, OBSERVATION, PUPIL, GCS. Includes fields for patient details, location, transport, and clinical observations.



CASE

Date: 08.02.05 Incident number: 714A.21 A: 40 B: 1

Unit number: 2712 Start case km: End case km:

Received: 1146 Dispatched: 1129 On case: 1153 On scene: 1156

At patient: 1152 Departed scene: 1219 At destination: 1334 Clear:

Hospital notified: Called assistance: Appointment: AMPDS dispatched: 1A1

Sub address (lot / unit / shop): AMPDS found: 1A

PATIENT

Surname: LUSTEE Given names: VICKY

Permanent address (number, street, suburb, town): [REDACTED] Postcode: [REDACTED]

Gender (M/F): F Date of birth: 11.11.1962 Est. age: 42

PCC / Senior / DNA: Patient telephone: [REDACTED]

Next of kin (name, relationship): [REDACTED] Next of kin telephone: [REDACTED]

Employer / group subscription / guardian name / occupation: [REDACTED]

Billing address (if different from above): [REDACTED] Postcode: [REDACTED]

INCIDENT/PATIENT LOCATION

Place name (property / building / bridge): [REDACTED]

Address (street number, name): [REDACTED]

Suburb / town: [REDACTED]

ADMINISTRATION

Subscriber number: [REDACTED] Expiry date: [REDACTED]

Customer number: [REDACTED] Date account raised: [REDACTED]

Chargeable km: [REDACTED] Account type: [REDACTED] Service charge: \$ [REDACTED]

TO

Postcode: 4077 THIS TRANSPORT: 5340

Destination / address: DBH A+C

Postcode: 4070 D THIS TRANSPORT: 1003

OFFICE USE ONLY

Subscription number: [REDACTED] Expiry date: [REDACTED]

Customer number: [REDACTED] Date account raised: [REDACTED]

Chargeable km: [REDACTED] Account type: [REDACTED] Service charge: \$ [REDACTED]

SIGN

| ID number | Level | Station | Officer |
|-------------|-------|---------|---------|
| 3075 | 1 | 19 | 104 |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| Checked by: | | | |

CODE

| E | F | H | J |
|-----|------|----|-----|
| 1 | 47 | 61 | 200 |
| K | L | M | O |
| 053 | 000 | 0 | 1 |
| R | S | T | X |
| 5 | 0000 | 5 | 007 |
| Y | Z | | |
| | | | |

OBSERVATION

| Times | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--------|--------|---|---|---|---|---|---|
| Pulse rate + regularity | 110 | 100 | | | | | | |
| Respiratory rate + effort | 18 | 18 | | | | | | |
| Oxygen saturation | 94 | 94 | | | | | | |
| Et CO ₂ | | | | | | | | |
| BP | 120/70 | 120/70 | | | | | | |
| Systolic | 120 | 120 | | | | | | |
| Diastolic | 70 | 70 | | | | | | |
| Temperature | N | N | | | | | | |
| Colour | N | N | | | | | | |
| Molstrness | M | M | | | | | | |
| ECG Rate | | | | | | | | |
| ECG rhythm | | | | | | | | |
| Blood sugar level | | | | | | | | |
| Pain level | 3 | | | | | | | |
| PUPIL | | | | | | | | |
| Reacts (+) No reaction (-) Eyes closed (c) | | | | | | | | |
| Eye opening | | | | | | | | |
| Verbal Response | | | | | | | | |
| Motor Response | | | | | | | | |
| Total GCS | 13 | 13 | | | | | | |

PUBLIC

034130-8

Age

11 Nov 1962 | 42

Religion

DNWV

ENGLISH ONLY

HOME DUTIES

Alternative Contact

[REDACTED]

Admission Source

EMERGENCY DEPAR

Treating Doctor

KEIL N

Health Schedule

Pension Number

Home

[illegible]

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

[illegible]

ALERT

1 Emergency No. [05003469] 02 Patient No. [034130]
Name LESTER, VICKI E DOB 11 NOV 1962 Sex F
Complaint ABDO PAIN
Arrived 12 FEB 05 14:40 Visit Type 1 CONDITION REQUIRES ACUTE CARE
Triage 12 FEB 05 14:40 Category 3 URGENT
Comment
3 Referring Doctor [2] of [2] AGNES COAST MEDICAL GP

TREATMENT COMMENCED

4 Date [12 FEB 05] 05 Time [15:00] 09 Dep. Date [12 FEB 05] 10 Time [19:50]
6 Doctor [DRS] DR DRS 11 Disposal [HOM] HOME
7 Nurse [] 12 Dep. Status [2] EMERGENCY DEPT SERVIC
8 Area [A3] ACUTE OBS. THREE 13 Destination []
14 Pay. Class [MC] MEDICARE

DIAGNOSIS AND TREATMENT

5 Diagnosis [1] of [1] 16 [R10.0] ACUTE ABDOMEN
7 Procedure [] of [] 18 []
9 Nurse Initiated []

Enter Field Number or Code

Filed IYAR [12 FEB 05 20:05]