

BUNDABERG BASE HOSPITAL

--ID-----SEX---IPR NO--

pill

Ph (H)

Ph (B)

INVESTIGATION RESULTS AND REPORTS

(F)
QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

CHPS - Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512530

Patient Location	Emergency Department (BNH)	UR-No	IS 4
Consultant	Keil, Naldo E (BNH)	Name	P111
Req. Officer	Dr Lipson Sisiolo	Given Name	Sex
	Bundaberg Hosp	DOB	Age
	Bourbong St	Patient Address	
	Bundaberg Qld 4670		

R
O
U
T
I
N
E

Time Collected 03:45 05:00
Date Collected 19 Sep 01 Dec
Time Registered 04:26 05:21
Date Registered 19 Sep 01 Dec
Year 2002 2003
Lab No 107679131 149221954

00 17

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

Units	Ref Range
g/L	(115 - 160)
x10 ⁹ /L	(4.0 - 11.0)
x 10 ⁹ /L	(140 - 400)
	(0.33 - 0.47)
x 10 ¹² /L	(3.80 - 5.20)
fL	(80 - 100)
x 10 ⁹ /L	(2.00 - 8.00)
x 10 ⁹ /L	(1.00 - 4.00)
x 10 ⁹ /L	(0.10 - 1.00)
x 10 ⁹ /L	(< 0.60)
x 10 ⁹ /L	(< 0.20)

WD 10

H
A
E
M
A
T
O
L
O
G
Y

Dr N Buxton
Director of Pathology
Tel. 07-49207301

Dr H Krause
Staff Pathologist
Tel. 07-49207303

Please discard any previous
HAEMATOLOGY ROUTINE
report of the same page number
printed before : 05:22 01 Dec 2003

Page
1

Copy sent to:

MR
22

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

18

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

Patient Location	Emergency Department (BNH)	UR No	IS 4
Consultant	Keil, Naldo E (BNH)	Name	P III
Req. Officer	Dr Lipson Sisiolo	Given Name	Sex
	Bundaberg Hosp	DOB	Age
	Bourbong St	Patient Address	
	Bundaberg Qld 4670		

Time Collected	09:45	05:00
Date Collected	19 Sep	01 Dec
Time Registered	04:26	05:21
Date Registered	19 Sep	01 Dec
Year	2002	2003
Lab No	107679131	149221954

INR	0.9	1.0
Prothrombin Time	11	12
APTT	23	25
Fibrinogen	5.4	5.2
D-Dimer	< 1	
Platelets	297	283

Units	Ref Range
s	(8 - 14)
s	(25 - 38)
g/L	(1.5 - 4.0)
titre	(< 1)
x 10 ⁹ /L	(140 - 400)

Therapeutic Ranges

Heparin therapy

APTT 60 - 90

Warfarin therapy

Recommended INR range for clinical state

Atrial fibrillation (prophylaxis)	2.0 - 3.0 (Strict control necessary)
Prosthetic heart valves (prophylaxis)	2.5 - 3.5
Venous and arterial thrombosis (treatment)	2.0 - 3.0

GENERAL COAGULATION

HAEMATOLOGY

Dr N Buxton Director of Pathology Tel. 07-49207301	Dr H Krause Staff Pathologist Tel. 07-49207303	Please discard any previous HAEMATOLOGY GENERAL COAGULATION report of the same page number printed before : 06:09 01 Dec 2003	Page 1
Copy sent to:			

MR 22

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

CHPS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502630
fax 07-41512559

Patient Location 10 - Medical (BNH)	UR No IS 4
Consultant Strahan, T. Martin(BNH)	Name P111
Req. Officer Dr T. Martin Strahan	Given Name
Bundaberg Hospital	DOB
Bourbong St	Sex
Bundaberg QLD 4670	Age
	Patient Address

Time Collected	03:45	05:00	08:45	12:30	07:40
Date Collected	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Time Registered	04:26	05:21	09:08	14:05	08:56
Date Registered	19 Sep	01 Dec	01 Dec	01 Dec	02 Dec
Year	2002	2003	2003	2003	2003
Lab No	107679131	149221954	149221255	149221062	149286065

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

Note: ND = Not detected.

Comments

05:00 01-Dec-03 Results phoned to ward
Lab No 149221954

00 19

Dr N Buxton Director of Pathology Tel. 07-49207301	Dr H Krause Staff Pathologist Tel. 07-49207303	Please discard any previous CHEMICAL PATHOLOGY GENERAL report of the same page number printed before : 12:04 02 Dec 2003	Page 1
Copy sent to:			

GENERAL

CHEMICAL

PATHOLOGY

MR 23

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	10 - Medical (BNH)	UR No	IS 4
Consultant	Keil, Naldo E (BNH)	Name	
Req. Officer	Dr Lipson Sisiolo	Given Name	P111
	Bundaberg Hosp	DOB	
	Bourbong St	Sex	
	Bundaberg Qld 4670	Age	
		Patient Address	

Time Collected 05:00
Date Collected 01 Dec
Time Registered 05:21
Date Registered 01 Dec
Year 2003
Lab No 149221954

Free T4 20
TSH 1.4

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

Comments

05:00 01-Dec-03 Consistent with euthyroid state.
Lab No 149221954

00 20

Dr N Buxton Director of Pathology Tel. 07-49207301	Dr H Krause Staff Pathologist Tel. 07-49207303	Please discard any previous CHEMICAL PATHOLOGY THYROID FUNCTION report of the same page number printed before : 12:04 02 Dec 2003	Page 1
Copy sent to:			

THYROID
FUNCTION

CHEMICAL
PATHOLOGY

MR
23

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHS-Bundaberg Hospital
P.O.Box 84
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

Patient Location	Emergency Department (BNH)	UR No Name P111	Sex Age
Consultant	Nydam, Kees (BNH)		
Req. Officer	Dr Zaw Min	Given Name	
	Bundaberg Hospital	DOB	
	Bourbong St	Patient Address	
	Bundaberg QLD 4670		

Time Collected 03:45
Date Collected 19 Sep
Time Registered 04:26
Date Registered 19 Sep
Year 2002
Lab No 107679131

Units **Ref Range**

Specimen type **Blood**

C-Reactive Protein **6.2** **mg/L** (**< 5.0**)

P
R
O
T
E
I
N
S

C
H
E
M
I
C
A
L

P
A
T
H
O
L
O
G
Y

00 21

Dr N Buxton
Director of Pathology
Tel. 07-49207301

Dr H Krause
Staff Pathologist
Tel. 07-49207303

Please discard any previous
CHEMICAL PATHOLOGY PROTEINS
report of the same page number
printed before : 05:15 19 Sep 2002

Page
1

Copy sent to:

MR
23

BUNDABERG BASE HOSPITAL
Department of Medical Imaging - Patient Report

Patient Name: *Phil*
UR Number: DOB:
Series Number: 1 Sex:
Attend.Date: 01 DEC 03
Current Date: 08 DEC 2003

Examinations: Chest
Referred: DR I SISIOLO
Location: ED

CLINICAL HISTORY:
CHEST PAIN

CHEST:

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

DS:3208

DR ROBERT JONES

Dictated-But Not Read



Bundaberg HOSPITAL X-RAY, ULTRASOUND, C. T. SCAN.	P111 (Print Patient Identification Label Here)
11.	
10.	
9.	
8.	
7.	
6.	
5.	
4.	
3.	BUNDABERG HEALTH SERVICE DEPT MEDICAL IMAGING P.O. BOX 34 BUNDABERG 4670 Ph (071) 521 222 Fax (071) 531 779
2.	
1.	
DOB. LUMBAR SPINE 15/3/94 There is a decrease in the normal lumbar lordosis with the scoliosis convex to the right centered at L3. The vertebral body heights have been maintained however there is narrowing of the intervertebral disc at most levels although most marked at L1/2, L 4/5 and L5/S1. Osteophyte lipping of the vertebral end plates is present at most levels. Degenerative changes are present in the lumbar posterior facet joints. UR: 059241 DR J MITCHELL :mp 17/3/94 00 24	

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

Bundaberg HOSPITAL

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

P111

(Affix Patient Identification Label Here)

11.

10.

9.

8.

7.

6.

5.

4.

3.

2.

1.

00 34

(AFFIX FIRST REPORT HERE)

**BUNDABERG HEALTH SERVICE
DEPT MEDICAL IMAGING**

P.O. BOX 34
BUNDABERG 4670
Ph (071) 521 222
Fax (071) 531 779

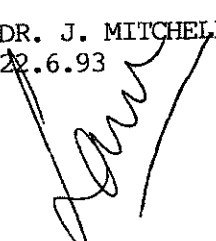
(DOB.

CHEST X-RAY 19.6.93

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

UR.
:kk

DR. J. MITCHELL
22.6.93



00 25

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

Name:

ID:

02-DEC-2003 09:07 BUNDABERG HC-ITAL

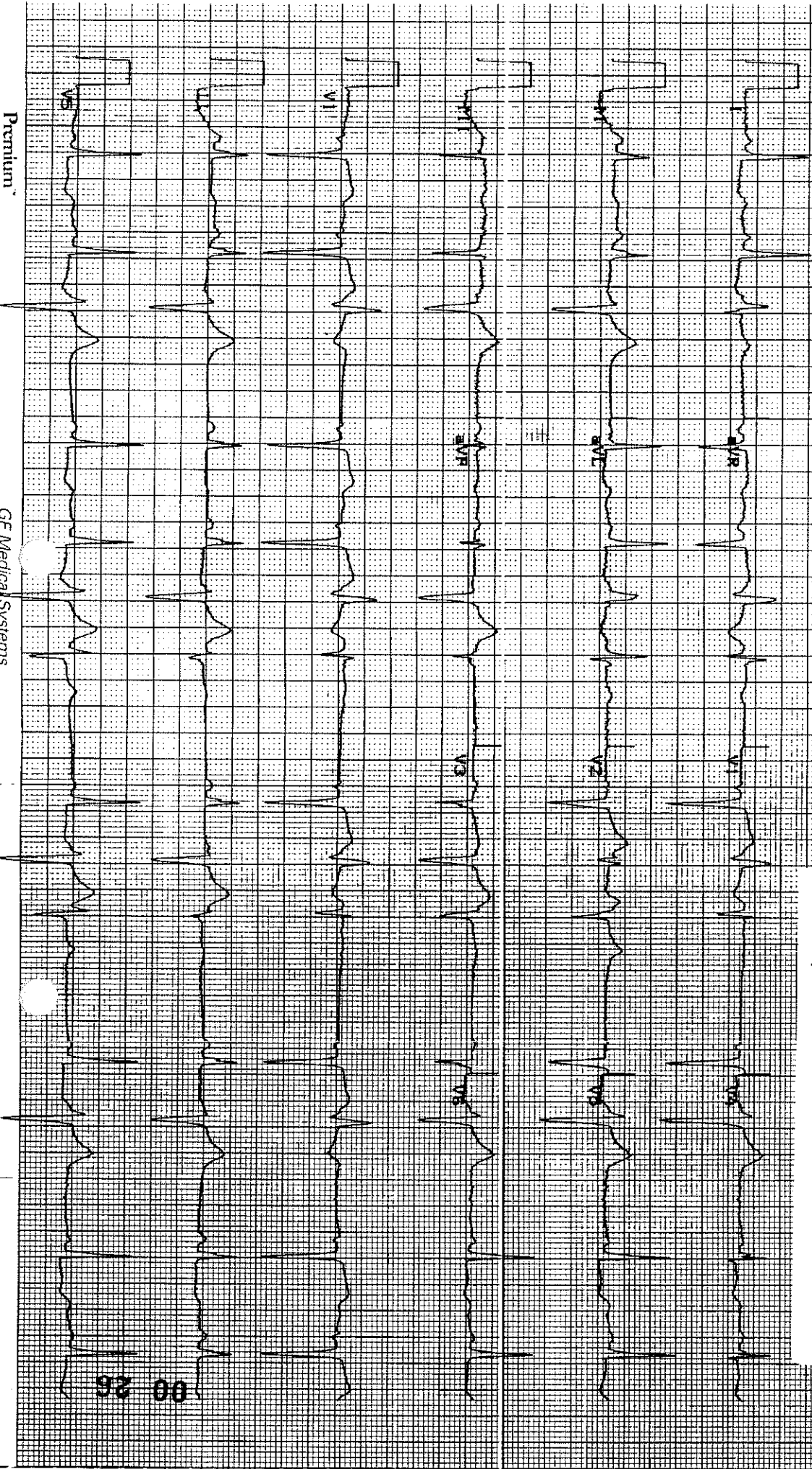
Sample 100%
ID: 4012
Pgm: 007B
V266
Med: Age: Sex: Loc: 1 Room:
Vent. rate: 85 BPM
PR Interval: 140 ms
QRS duration: 84 ms
QT/QTc: 420/497 ms
Tech: P-R-T axes 52 -2 163

NORMAL SINUS RHYTHM WITH FREQUENT PREMATURE ECTOPIC COMPLEXES
LEFT VENTRICULAR HYPERTROPHY WITH REPOLARIZATION ABNORMALITY
CANNOT RULE OUT SEPTAL INFAR
ABNORMAL ECG

BUNDABERG HOSPITAL GEV TTD NO

P111

Referred by:



Premium

GE Medical Systems

00 26

01-Dec-2003 05:10:17

BBH DEPARTMENT OF EMERGENCY MEDICINE

3

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

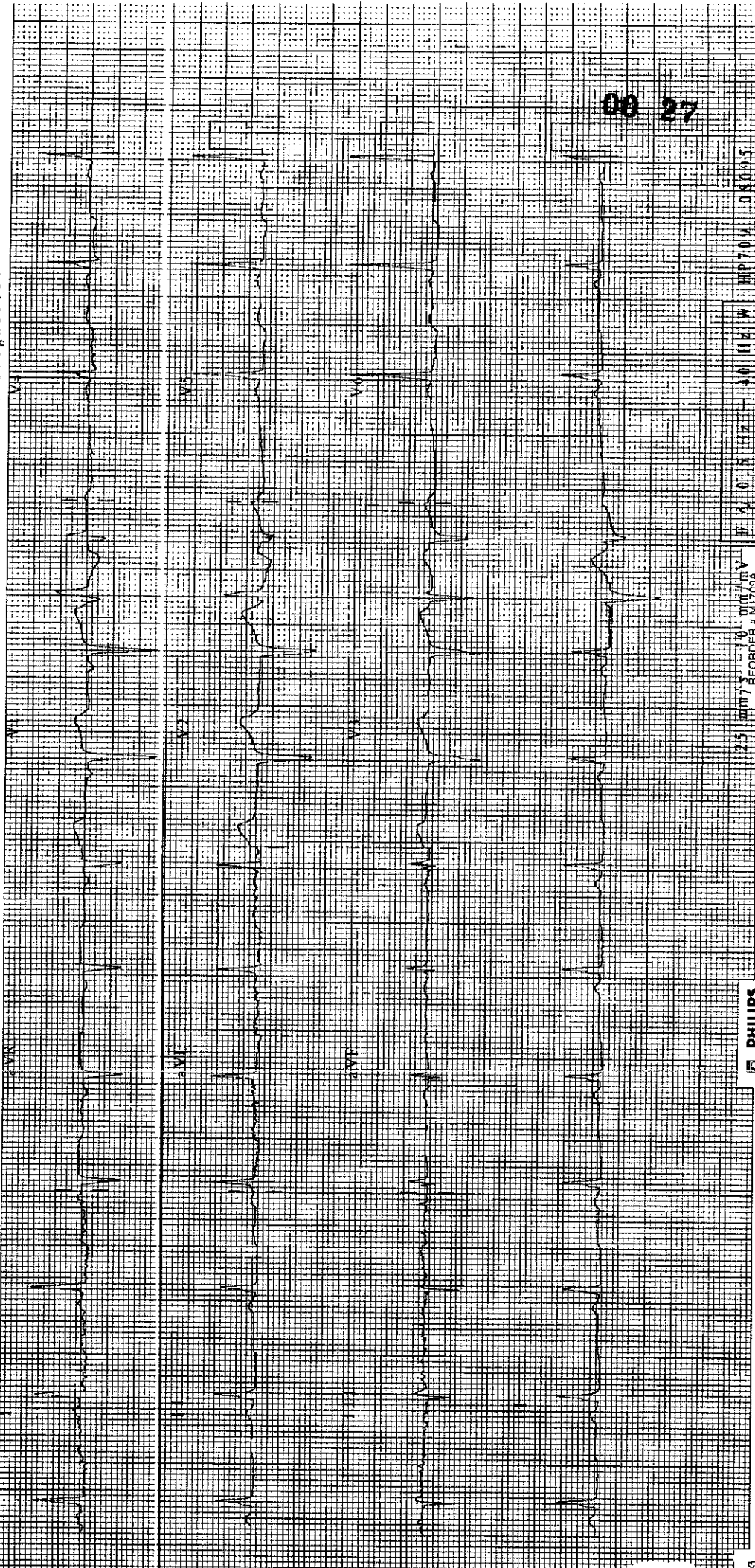
P111

Calibrator
Medi Sign

--A--
P 52
QRS 52
T 149

- ABNORMAL ECG -

Unconfirmed diagnosis.



00 27

PHILIPS

25 mm/s 10 mm/mV
REORDER # M1705A

P 76 Q 15 R 77 - 40 (12) W
MPT004 08005

01-Dec-2003 05:00:31

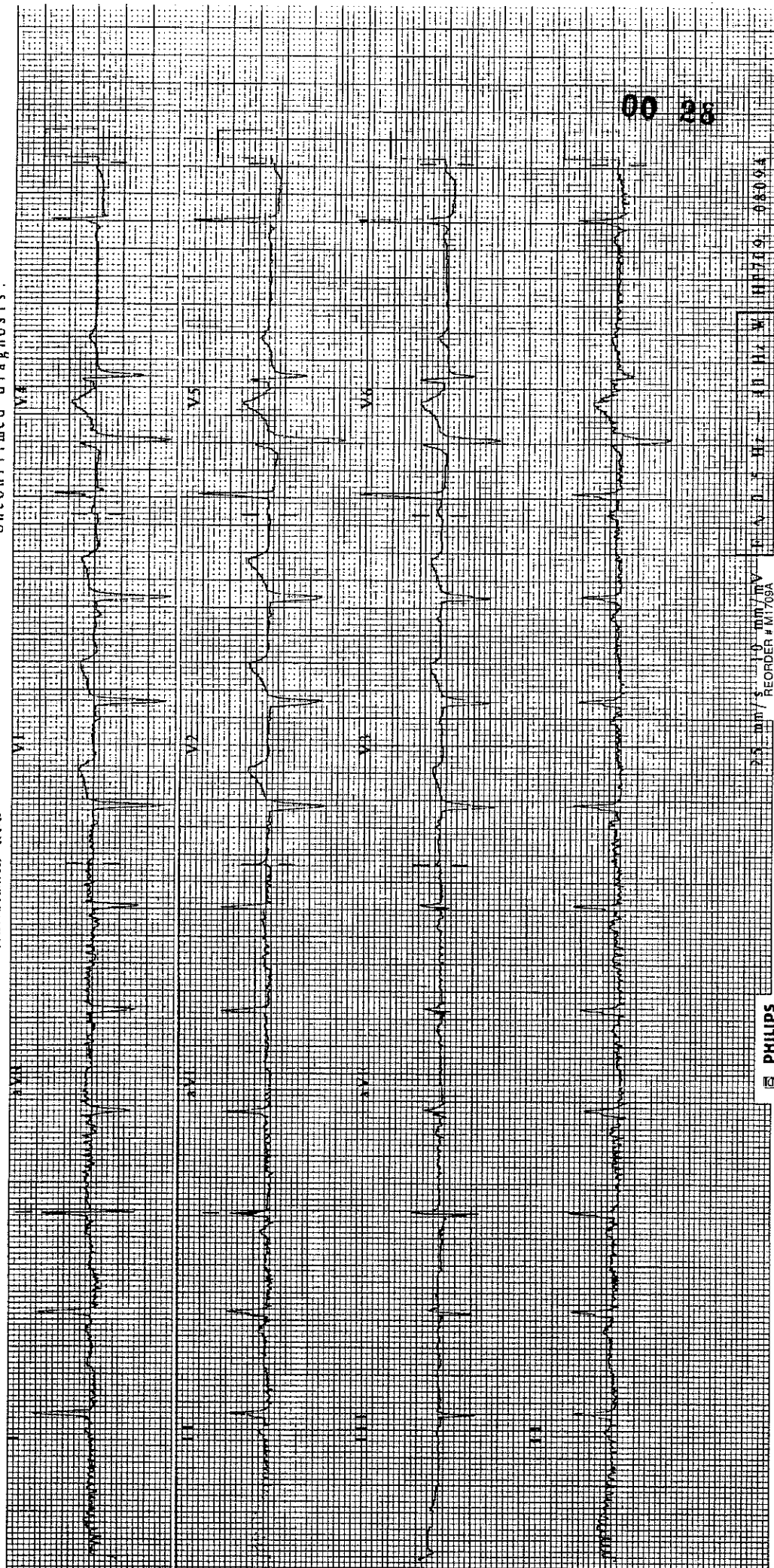
BBH DEPARTMENT OF EMERGENCY MEDICINE

AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
SINUS RHYTHM, RATE 81
MULTIPLE PREMATURE COMPLEXES, VENT & SUPRAVENT
ANTERIOR INFARCT, OLD
ABNORMAL T, CONSIDER ISCHEMIA, LATERAL LEADS

PHI
Collector
Mark Sign

--Axis--
P 95
QRS 14
T 175

- ABNORMAL ECG - Unconfirmed diagnosis.



PHILIPS

25 mm / s 1.0 mm / mV
REORDER # M709A

00 28
HF719: 06094

01-Dec-2003 04:50:48
69 Years

BBH DEPARTMENT OF EMERGENCY MEDICINE

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

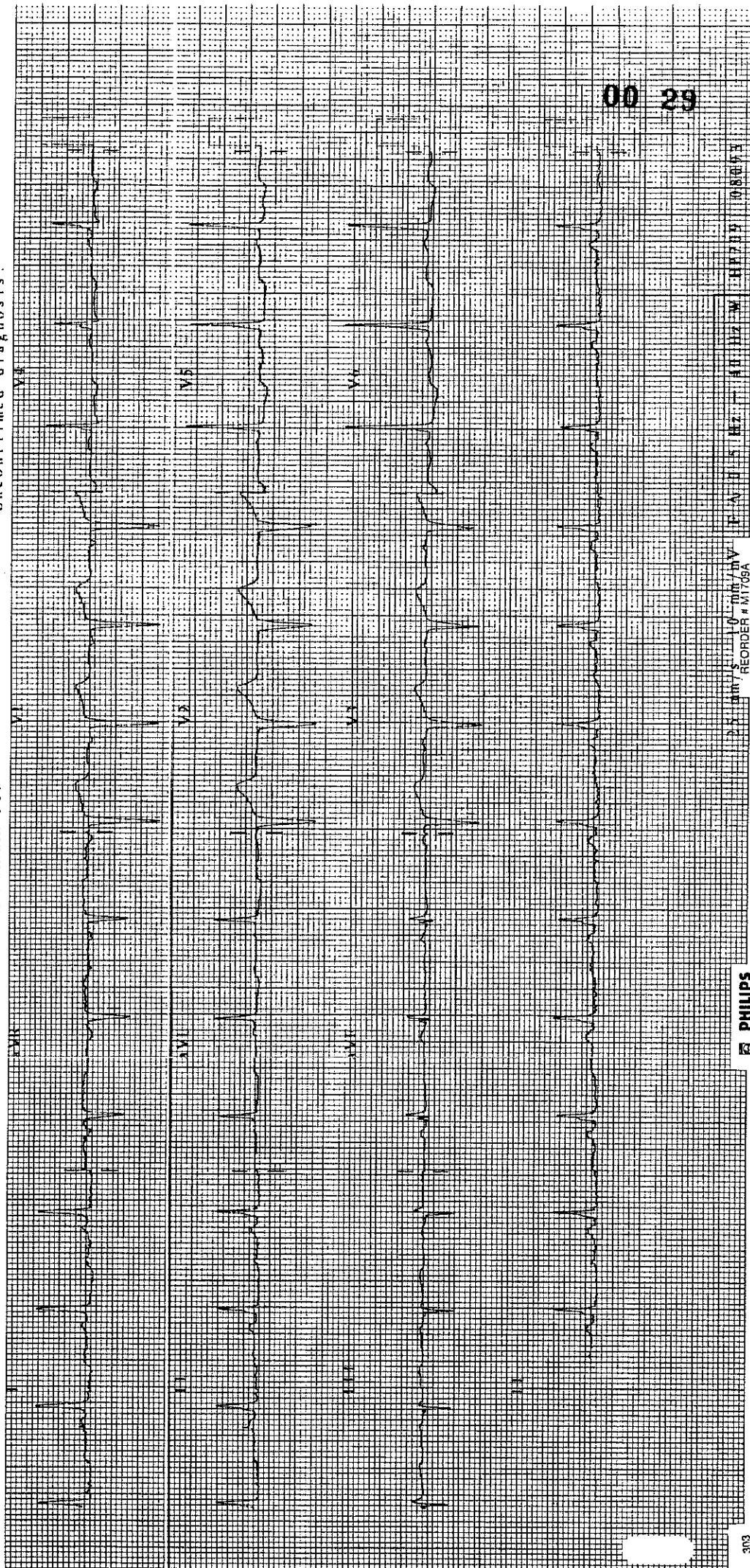
-P111

Corrected
Mean Sign:

--Axis--
P 59
QRS 21
T 144

- ABNORMAL ECG -

Unconfirmed diagnosis.



00 29

P 111 111 111 111 111 111
REORDER # M705A

P 111 111 111 111 111 111
REORDER # M705A

PHILIPS

19-Sep-2002 03:26:02

BBH DEPT EMERGENCY MEDICINE

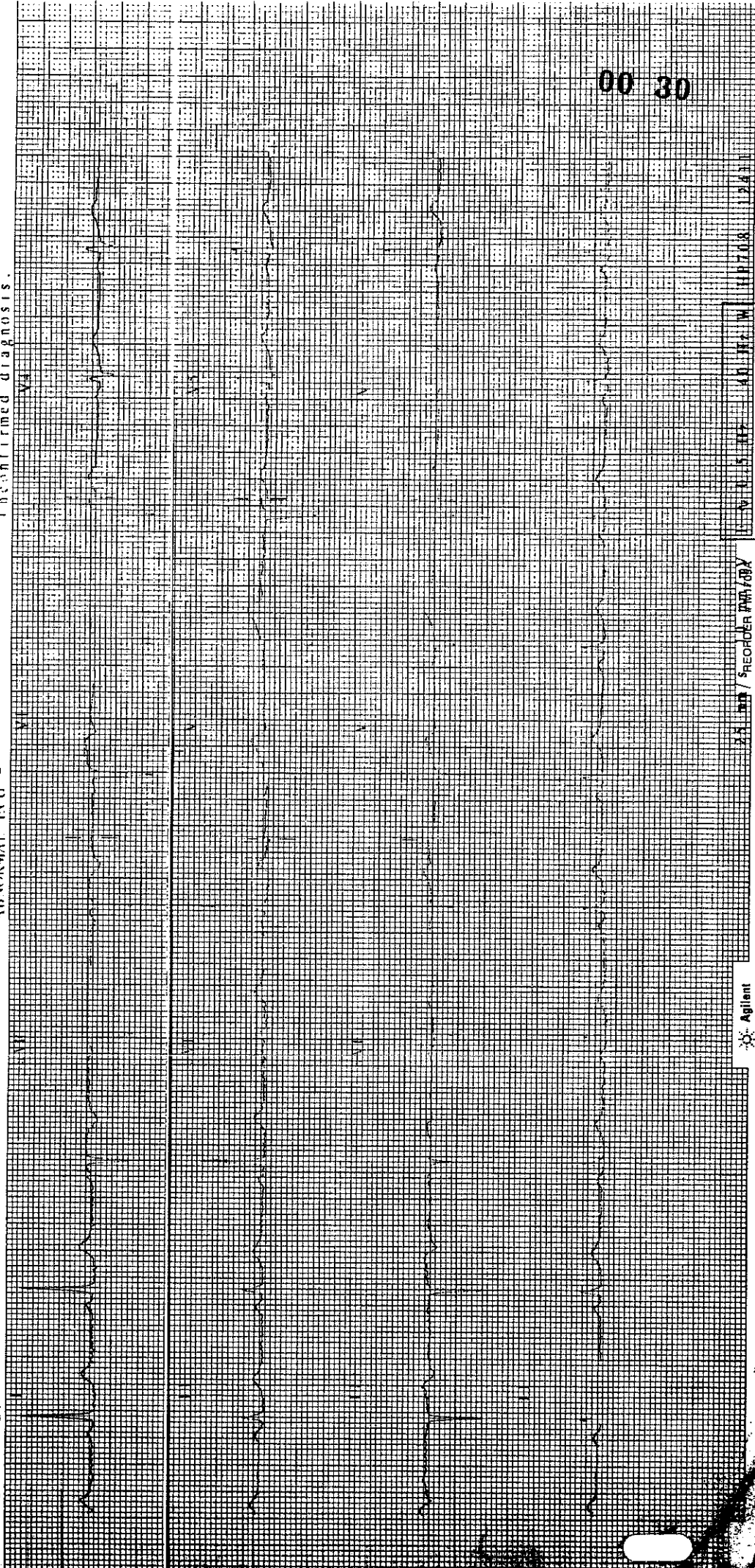
P111

Rate 62 Normal sinus rhythm, rate 62 PR rate & rhythm
PR 166 High QRS voltage R in aVL = 1.2 mV
QRSD 77 Consider Inferior infarct Small Q waves in I, II, aVF
QT 426 Old Anterior infarct Q waves V2-V4
QTc 433

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

5/10 R back pain
under R arm radiating downwards

ABNORMAL ECG - Unconfirmed diagnosis.



00 30

F

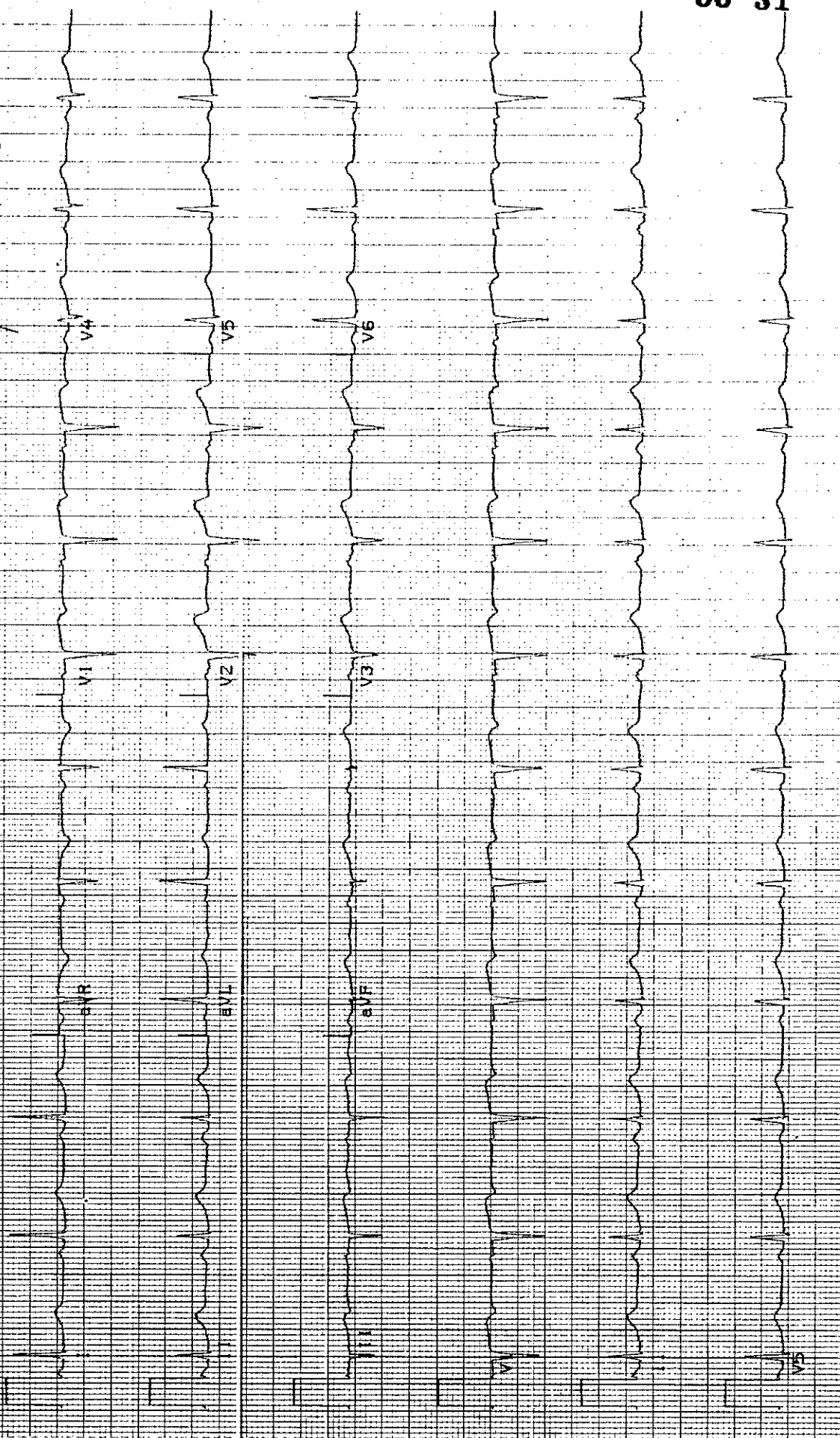
25000714
10000714V
10000714
P00 306D
125014V78
MRB:
STVT 1520M 72K8
SEX: F Race:
Lab: Room:
Ventr rate BP: 120/85
PR interval 156 ms
QRS duration 68 ms
QT/QTc 400/433 ms
P-R-T axes 45 -5 53

Normal Sinus Rhythm
Anteroseptal Infarct, Age Undetermined

P111
Collector
Med Sign

[Signature]

Referred by: BUNDABERG BASE HOSPITAL
Reviewed by:

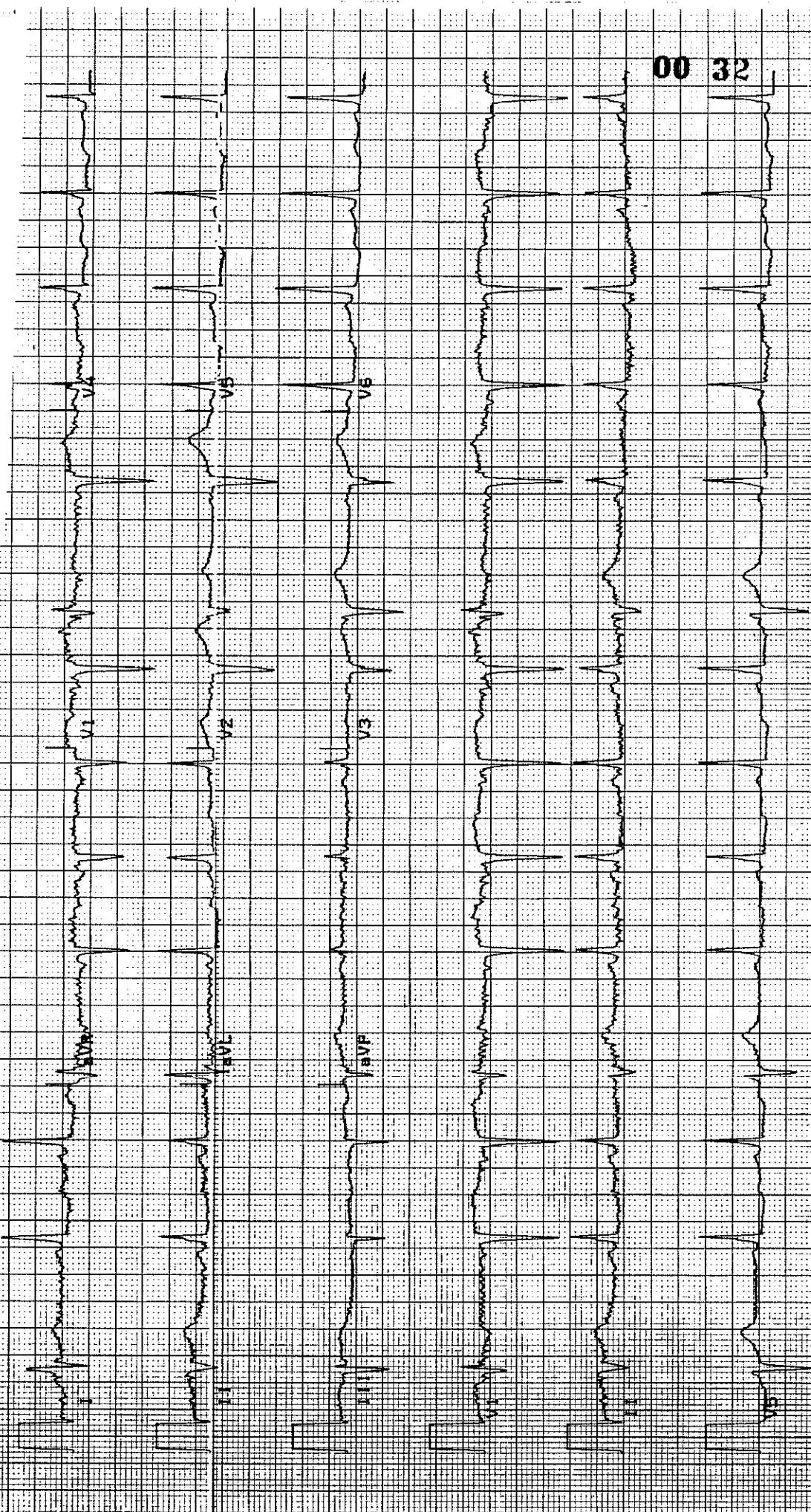


25mm/s	Med	Ht	Wt	NORMAL SINUS RHYTHM WITH FREQUENT PREMATURE ECTOPIC COMPLEXES
10mm/mV	Age			ANTEROSEPTAL INFARCT. AGE UNDETERMINED
40Hz	Sex	Race		ST & T HAVE ABNORMALITY. CONSIDER ABNORMAL ECG
Pgt 0078	Loc	Room		
V208				

BUNDABERG HOSPITAL SEX UR NO

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

Referred by:



19-Sep-2002 4:08:32

BBH DEPT EMERGENCY MEDICINE

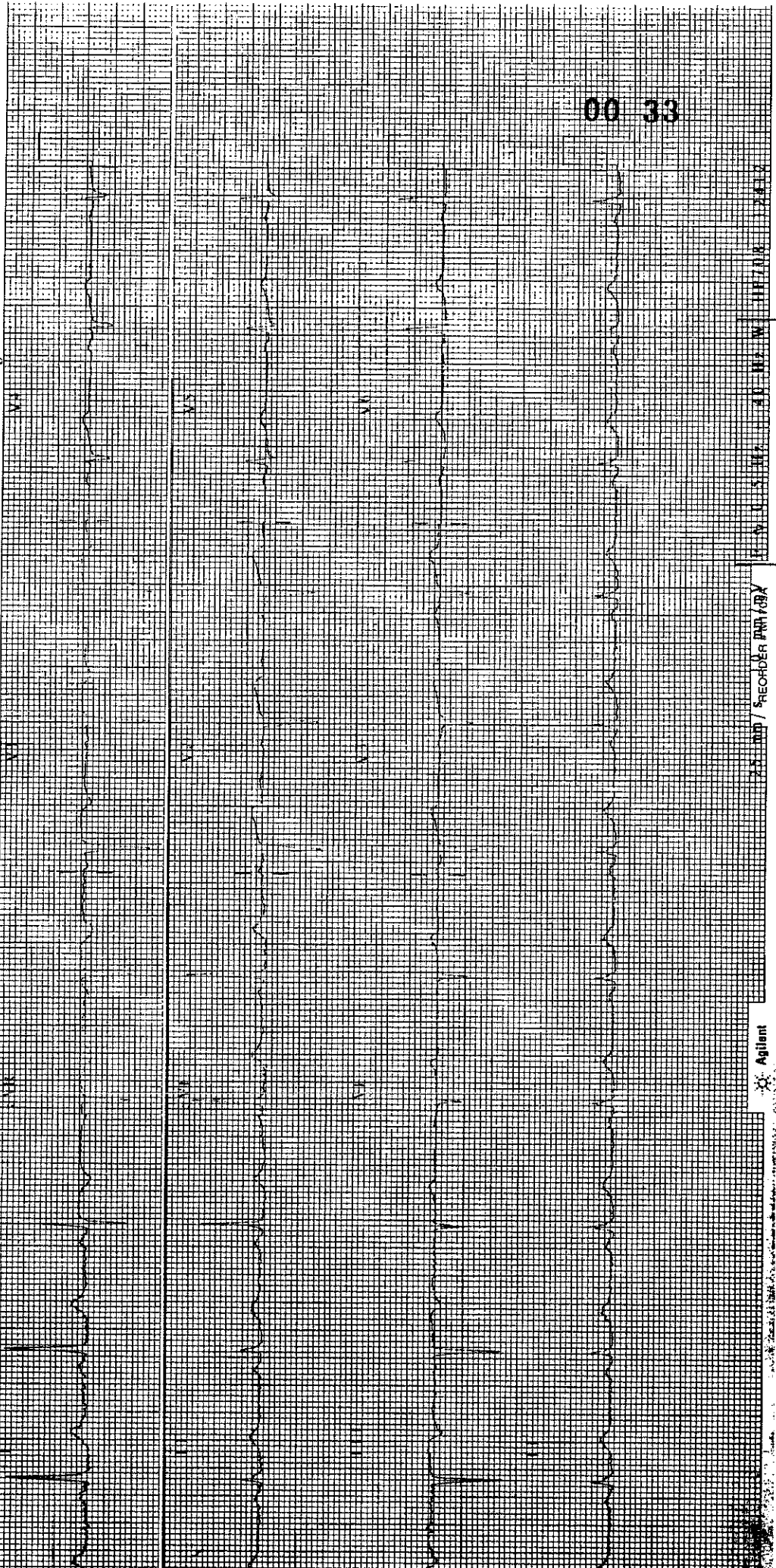
Rate	65	Normal sinus rhythm, rate 65	Normal P axis, PR rate & rhythm
PR	158	Leftward axis	QRS axis -15 to -30
QRSD	90	High QRS voltage	R in aVL = 1.2 mV
QT	430	Probable inferior infarct	20's 2,3,4 1 to 30 to 240
QTc	447	Abn. R wave progression (T/VAV)	Lead for 'u'... O wave or diminished R wave in V2

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

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

Unconfirmed diagnosis.

ABNORMAL ECG -



03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

Clock 1: 02:50
Clock 2: 02:22
Speed: 0.0km/h
Grade: 0.0%

HR: 85bpm
BP: 120/85

TRUCE
STANDING

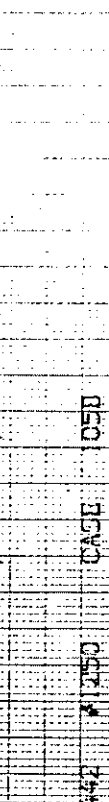
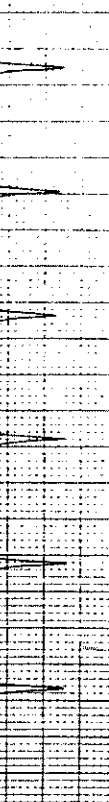
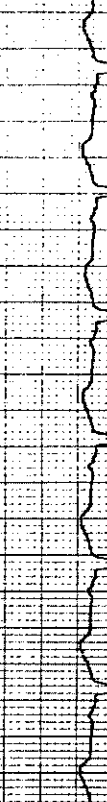
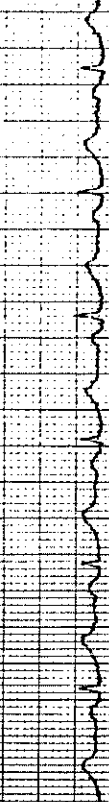
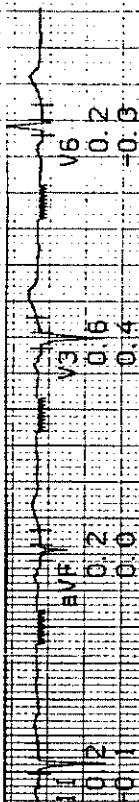
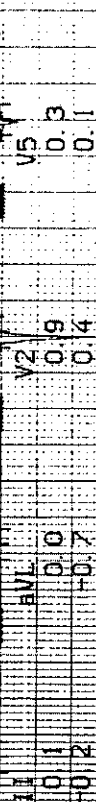
ID: 0543

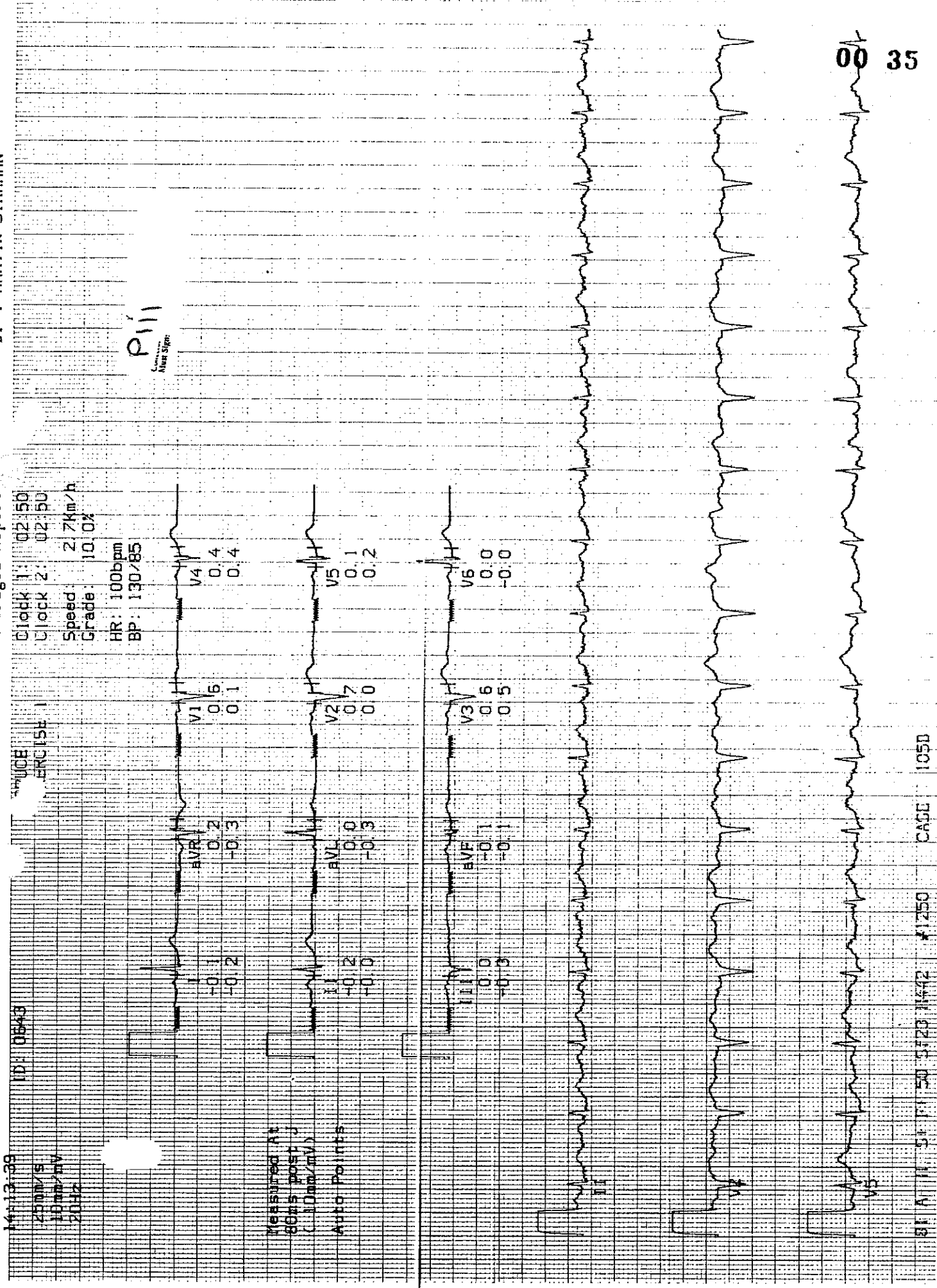
25mm/s
10mm/mV
20Hz

P111
CONNECTOR
Mark Sign

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

Auto Points





P111

Measured At
8675 post J
(10mm/mV)

Auto Points

03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

03-JUL-95 14:15:39 ID: 0643
25mm/s
10mm/mV
20Hz

TRUCE
EXERCISE 2

Clock 1: 05:50
Clock 2: 02:50

Speed: 4.0km/h
Grade: 12.0%

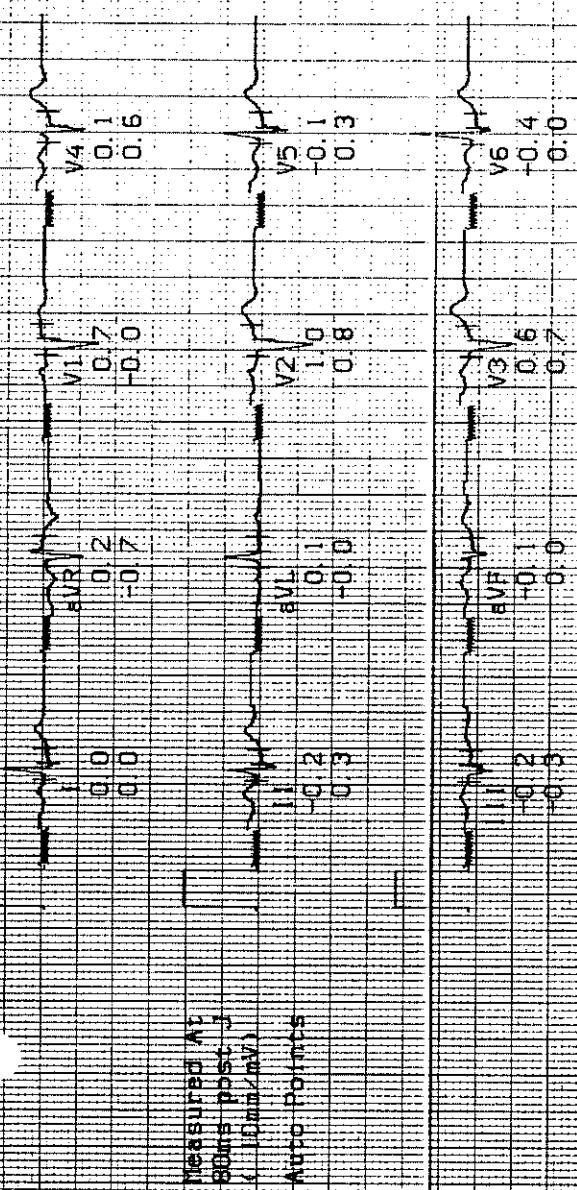
P111

Collector
Heart Sign

HR: 117bpm
BP: 120/80

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

Auto Points



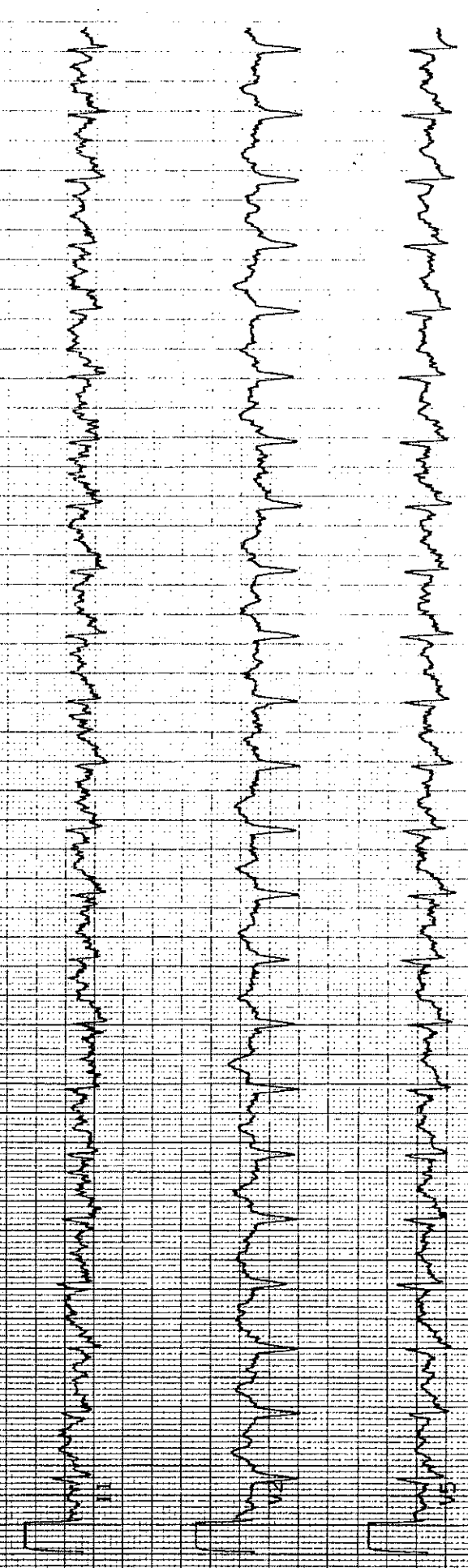
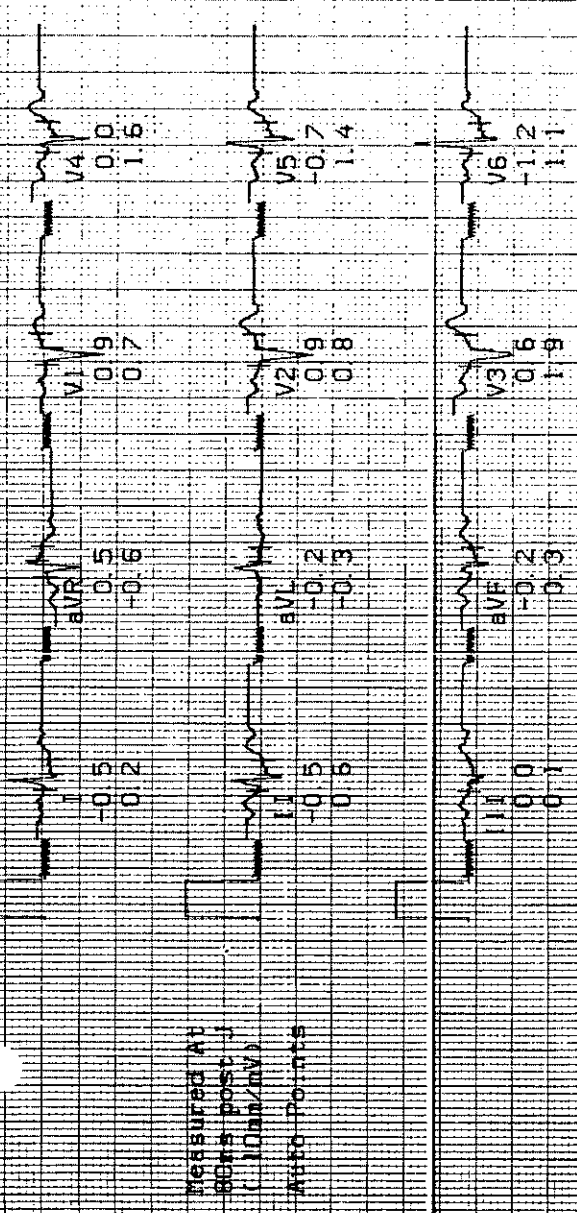
03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

00 37

Block 1: 08:50
Block 2: 02:50
Speed: 5.4km/h
Grade: 14.0%
HR: 140bpm
BP: 120/80



00 38

Speed: 5.4Km/h
Grade: 14.0%

HR: 140bpm
BP: 120/80

BRUCE
PEAK EX

ID: 0543

14-19-95
25mm/s
10mm/mV
20Hz

P111

Collector
Head Sign

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

Auto Points



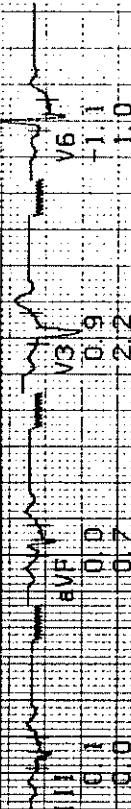
V1
1.1
0.8

V4
0.3
2.3



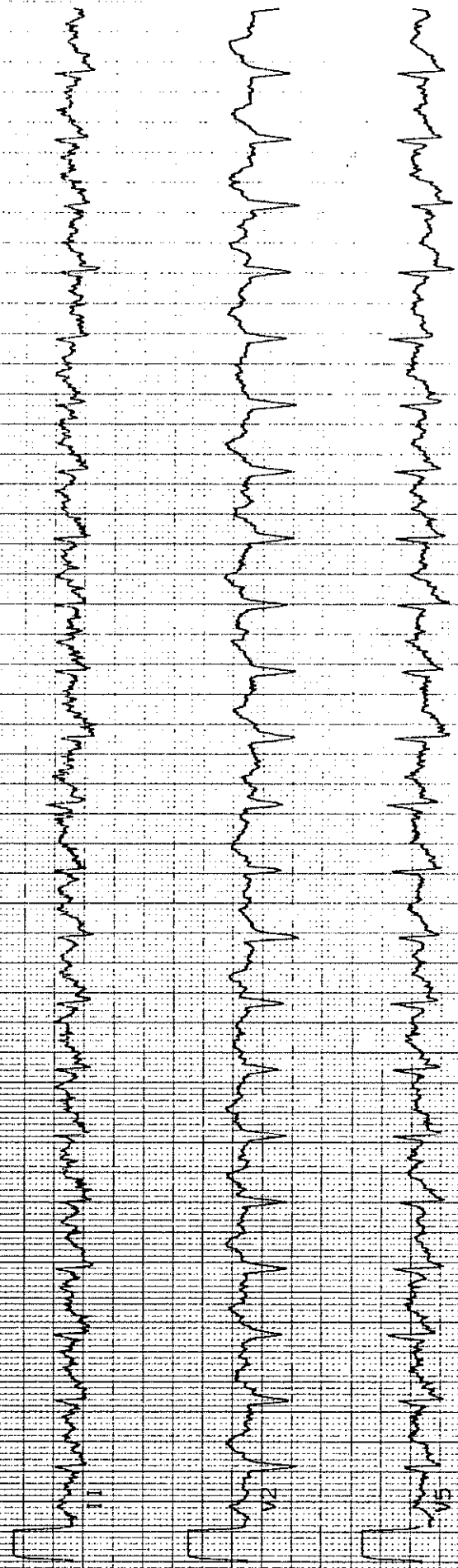
V2
1.1
1.5

V5
-0.5
1.8



V3
0.9
2.2

V6
-1.1
1.0



03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

14:23:52

ID: 0643

BRUCE

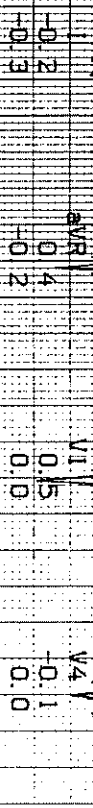
RECOVERY

Clock 1: 09:02
Clock 2: 04:00

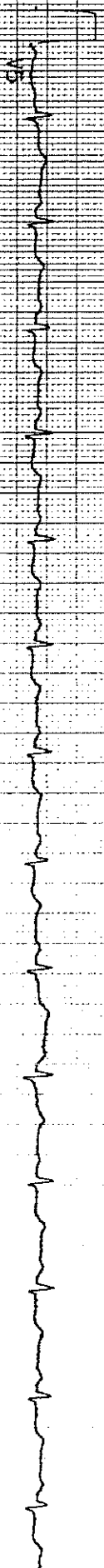
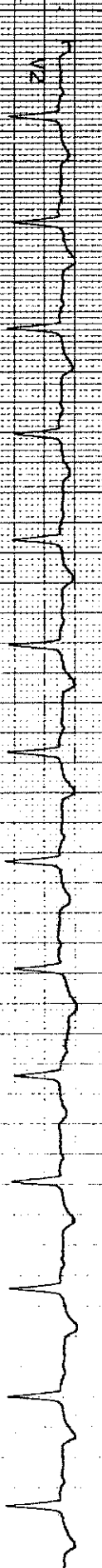
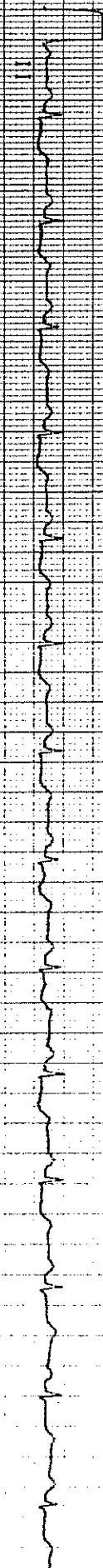
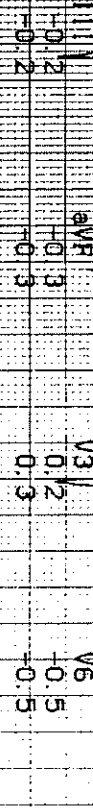
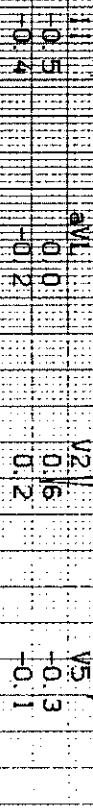
20m/s
10mV/mV
20Hz

Speed: 0.0Km/h
Grade: 0.0%

HR: 83bpm
BP: 120/80



Measured At
BOMs post J
(10mV/mV)
Auto Points



B1 A H 51 F 50 SF23 11442 A1250 CASE 1053

Bundaberg Hospital

SEX

UR NO

P111

Ph (H)
Ph (B)



00 40

03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

ID: 0643

PHYSICIAN

Clock 1: 09:02

Clock 2: 06:00

25mm/s

10mm/mV

20Hz

OVERVIEW

Speed: 0.0km/h

Grade: 0.0%

HR: 79bpm

BP: 115/80

00 41

Bundaberg Hospital

SEX

UR NO

Ph (H)
Ph (B)

P111

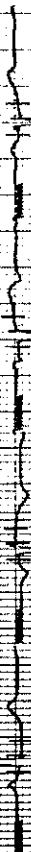


Measured At

BBs Port J

(10mm/mV)

Auto Points



aVR 0.3 0.6

-0.3 0.0

-1.0 0.2



aVL 0.3 0.6

-0.3 0.0

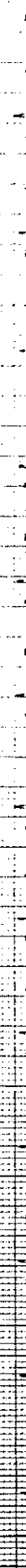
-1.0 0.2



aVF 0.3 0.6

-0.3 0.0

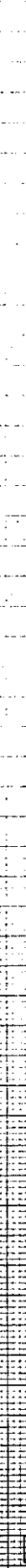
-1.0 0.2



V1 0.3 0.6

-0.3 0.0

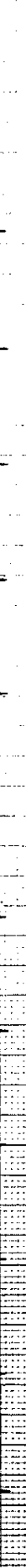
-1.0 0.2



V2 0.3 0.6

-0.3 0.0

-1.0 0.2



V3 0.3 0.6

-0.3 0.0

-1.0 0.2



V4 0.3 0.6

-0.3 0.0

-1.0 0.2

BT A H 5 F 50 0620 11442 #1250

CASE 1050

03-JUL-95

14:27:53

ID: 6643

BRUCE
RECOVERY

Clock 1: 09:02

Clock 2: 08:00

20mm/s

10mm/mV

20Hz

Speed: 0.0km/h

Grade: 0.0%

HR: 81bpm

BP: 110/85

UR NO

SEX

Bundaberg Hospital

P111

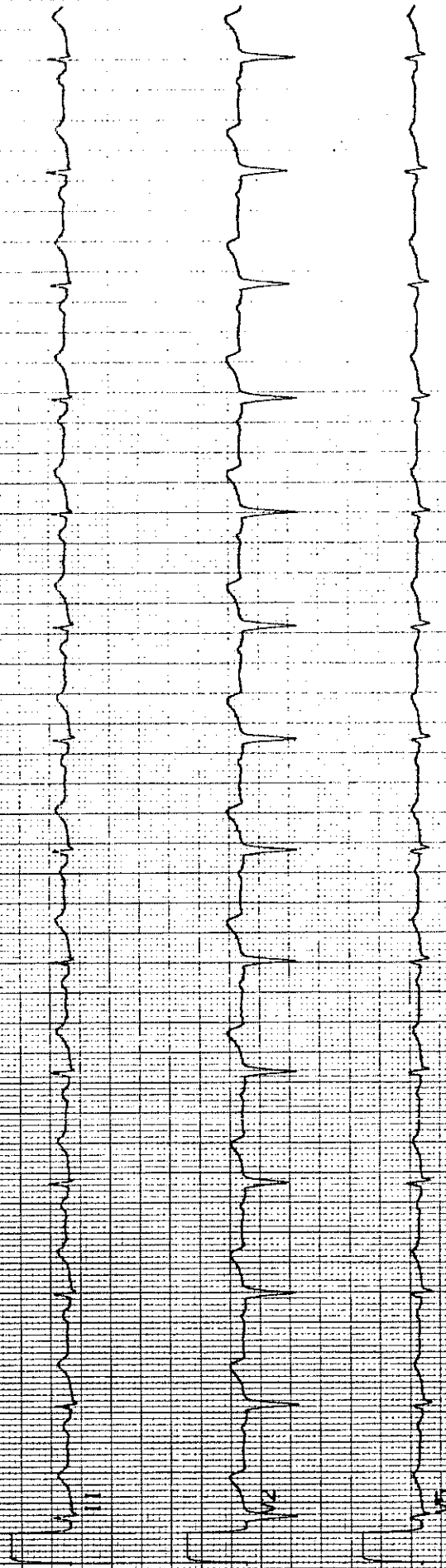
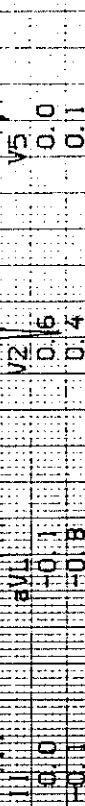
P1 (B)

P1 (B)

00 42

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

Auto Points



03-JUL-95

Averages Report

Dr T MARTIN STRAHAN

ID 0643

HR 81bpm

BP 115/80

20mm/s
10mm/mV
20Hz

HR 81bpm

BP 115/80

Ph (H)
Ph (B)

Bundaberg Hospital

SEX

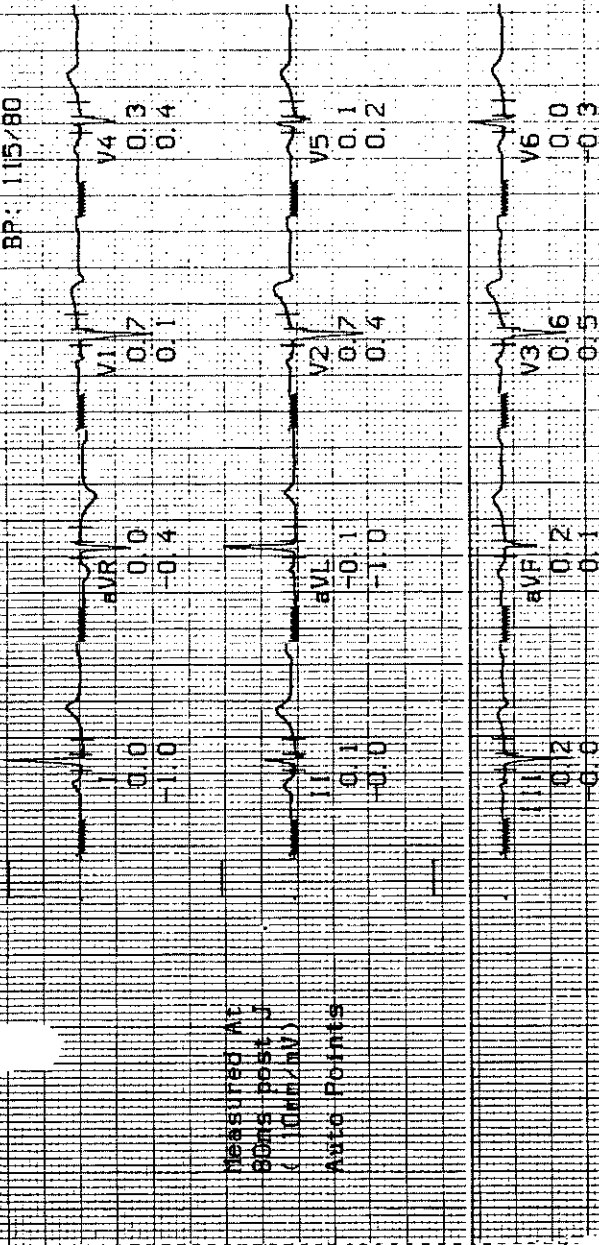
UF NO

00 43

P111

Measured At
SDAs post J
(10mm/mV)

Auto Points



PRE-TEST
 (1) 00:00
 (2) 00:00
 0043
 03-JUL-95
 13:55:54
 HR: 64bpm
 BP: 20/85

STANDING
 (1) 01:00
 (2) 01:00
 HR: 50bpm
 BP: 120/85

EXERCISE 1
 (1) 02:00
 (2) 02:00
 HR: 105bpm

EXERCISE 1
 (1) 03:00
 (2) 03:00
 HR: 101bpm
 BP: 130/85

EXERCISE 2
 (1) 04:00
 (2) 04:00
 HR: 117bpm

EXERCISE 2
 (1) 05:00
 (2) 05:00
 HR: 120bpm

EXERCISE 2
 (1) 06:00
 (2) 06:00
 HR: 121bpm
 BP: 120/80

EXERCISE 2
 (1) 07:00
 (2) 07:00
 HR: 120bpm

EXERCISE 2
 (1) 08:00
 (2) 08:00
 HR: 120bpm

EXERCISE 2
 (1) 09:00
 (2) 09:00
 HR: 120bpm

00 44

25mm/s
 10mm/mV
 100Hz

Procedure
 BRICE

Sample Cardiac
 Cycles

Measured At
 09:05 post

< 10mm/mV >

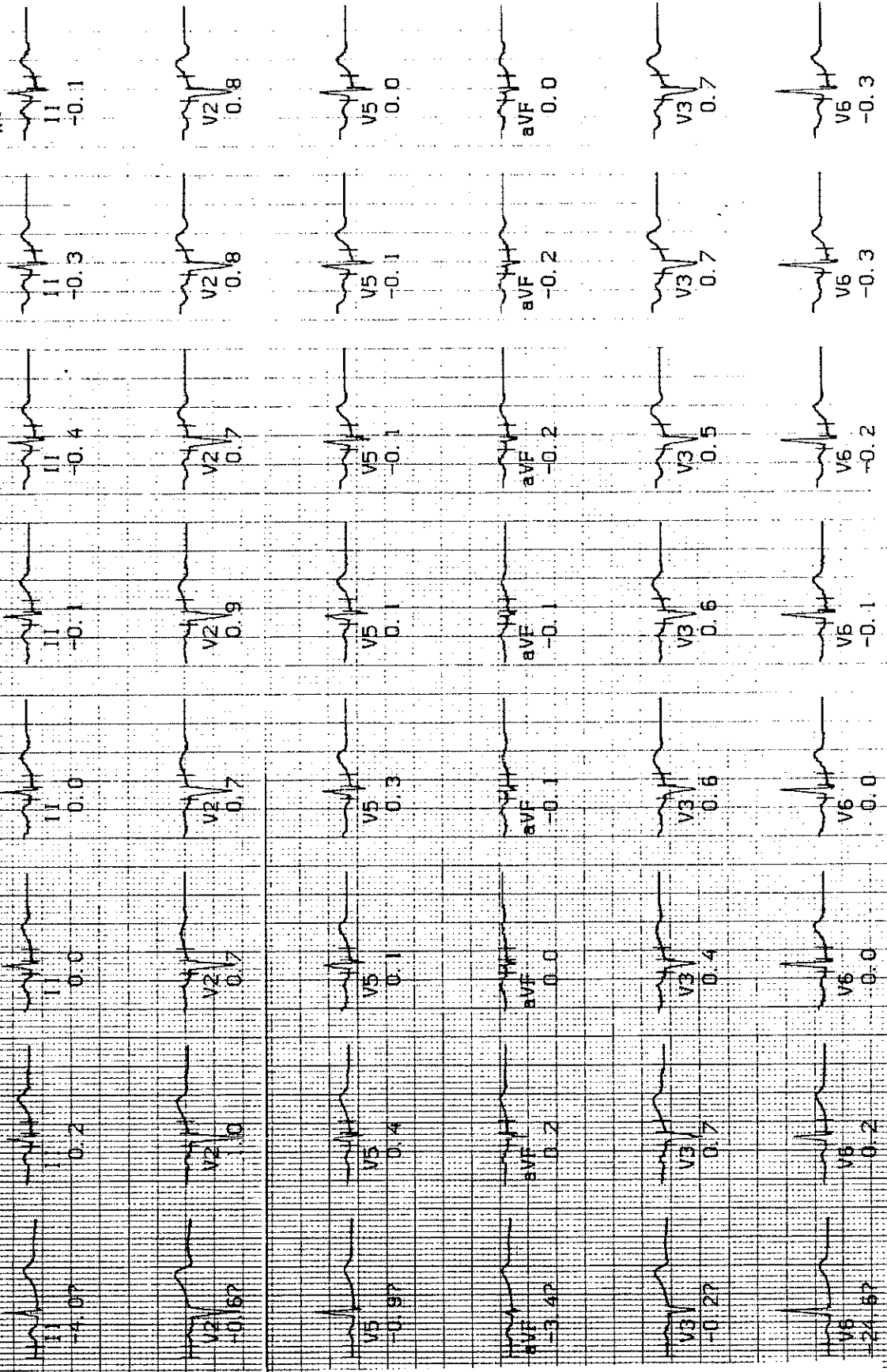
Auto Points

UR NO

SEX

Bundaberg Hospital

Pb (B)
 Pb (B)



•
•
•

v5

UR NO

1. The first step is to identify the problem. This involves understanding the symptoms and the context in which they are occurring.

2. The second step is to gather information. This includes looking at the data, talking to the people involved, and understanding the system.

3. The third step is to analyze the information. This involves looking for patterns, identifying the root cause, and understanding the impact of the problem.

4. The fourth step is to develop a solution. This involves brainstorming ideas, evaluating them, and choosing the best one.

5. The fifth step is to implement the solution. This involves putting the plan into action and making sure it works.

6. The sixth step is to evaluate the results. This involves looking at the data and seeing if the problem has been solved.

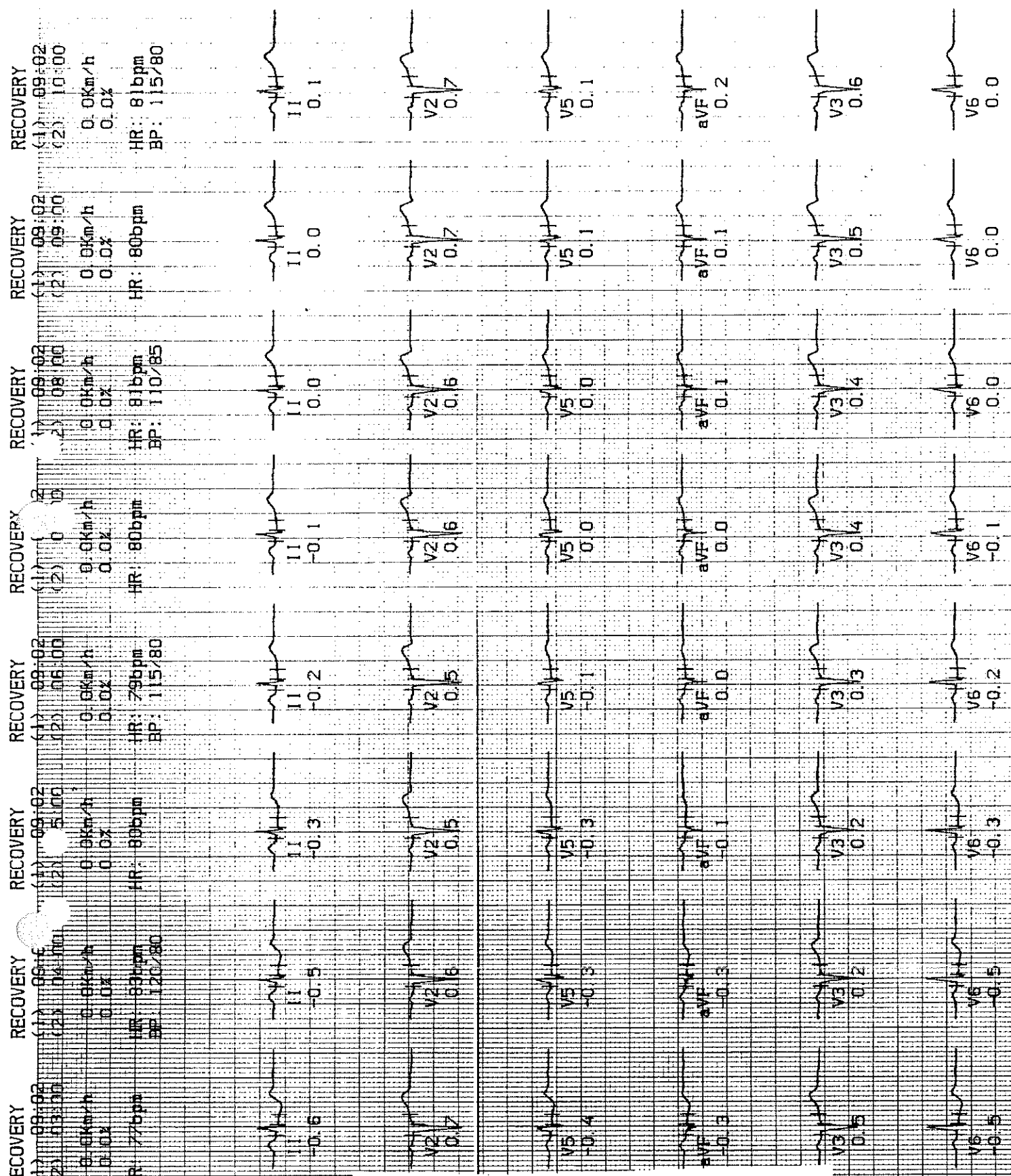
7. The seventh step is to document the process. This involves writing down what was done and why, so that it can be repeated if necessary.

8. The eighth step is to communicate the results. This involves telling the people involved what was done and why, so that they can learn from the experience.

9. The ninth step is to review the process. This involves looking at the whole process and seeing if it can be improved.

10. The tenth step is to celebrate the success. This involves acknowledging the people who did the work and the results they achieved.

RECOVERY RECOVERY RECOVERY RECOVERY RECOVERY RECOVERY RECOVERY
 (1) 09:02 (1) 09:02 (1) 09:02 (1) 09:02 (1) 09:02 (1) 09:02 (1) 09:02
 (2) 09:00 (2) 09:00 (2) 09:00 (2) 09:00 (2) 09:00 (2) 09:00
 0.0km/h 0.0km/h 0.0km/h 0.0km/h 0.0km/h 0.0km/h 0.0km/h
 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%
 HR: 77bpm HR: 80bpm HR: 80bpm HR: 81bpm HR: 81bpm HR: 80bpm HR: 81bpm
 BP: 120/80 BP: 115/80 BP: 115/80 BP: 110/85 BP: 115/80 BP: 115/80 BP: 115/80



IR NO

SEX

Bundaberg Hospital

Pb (B)
Pb (B)

00 46

Bundaberg Hospital

SEX

UR NO

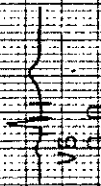
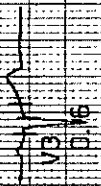
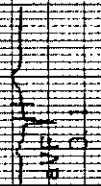
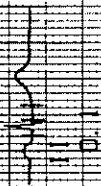
P111

Ph (H)
Ph (B)



RECOVERY

(1) 09:02
(2) 10:03
0843
03-JUL-95
13:56:54
HR: 81 bpm
BP: 115/80



00 47

Graded Exercise Summary Report

DR T MARTIN STRAHAN

Name: [REDACTED] Date: 03-JUL-95
 ID: 0844 Time: 13:56:54
 Age: [REDACTED] Referred by: BUNDABERG BASE HOSPITAL
 Ht: [REDACTED] Medications: ASPIRIN
 Wt: 72kg Test Indication: CHEST PAIN. PH OF 2 MIS
 Sex: Female Test Type: BRUCE
 Race: Cauc Technician: JEANNE BOOTH

MUSE Loc: 255

Phase	Stage	Time	Duration	Speed	Grade	W.L.	H.R.	B.P.	R.P.P.	R.R.	V.E.	ST	Comments
			in Phase of Stage	(km/h)	(%)	(METs)	(bpm)		(/100)	/min	(/min)	(V6)	
PRE-TEST		00:00	00:00	0.0	0.0	1	64	20/85	77		0		
STANDING		13:54	13:54	0.0	0.0	-	50	120/85	108		0	0.2	
EXERCISE	1	03:00	03:00	2.7	10.0	4	101	130/85	131		0	-0.1	
	2	06:00	06:00	4.0	12.0	7	121	20/80	145		0	-0.3	
	3	09:00	09:00	5.4	14.0	9	140	20/80	158		0	-1.1	
PEAK EX		00:00	00:00	5.4	14.0	9	140	120/80	158		0	-1.1	
RECOVERY		10:03	10:03	0.0	0.0	1	81	115/80	93		0	0.0	

Results

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

Impressions:

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

00 18

--ID--
 --SEX--UR NO--
 P111
 Ph (H)
 Ph (B)

EDITOR: JDSU

Confirmed By: DR T MARTIN STRAHAN

Date: 03 JUL 95

25mm/s
10mm/mV
100Hz
Pgm 0058
v206
S

Med: ASD 110
22-APR-94 Ht: 71kg
Sex: F Race: CAUC
Loc: Room:
Vent. rate: 77 BPM
PR interval: 152 ms
QRS duration: 68 ms
QT/QTc: 372/415 ms
P-R-T axes: 40 -10 44

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

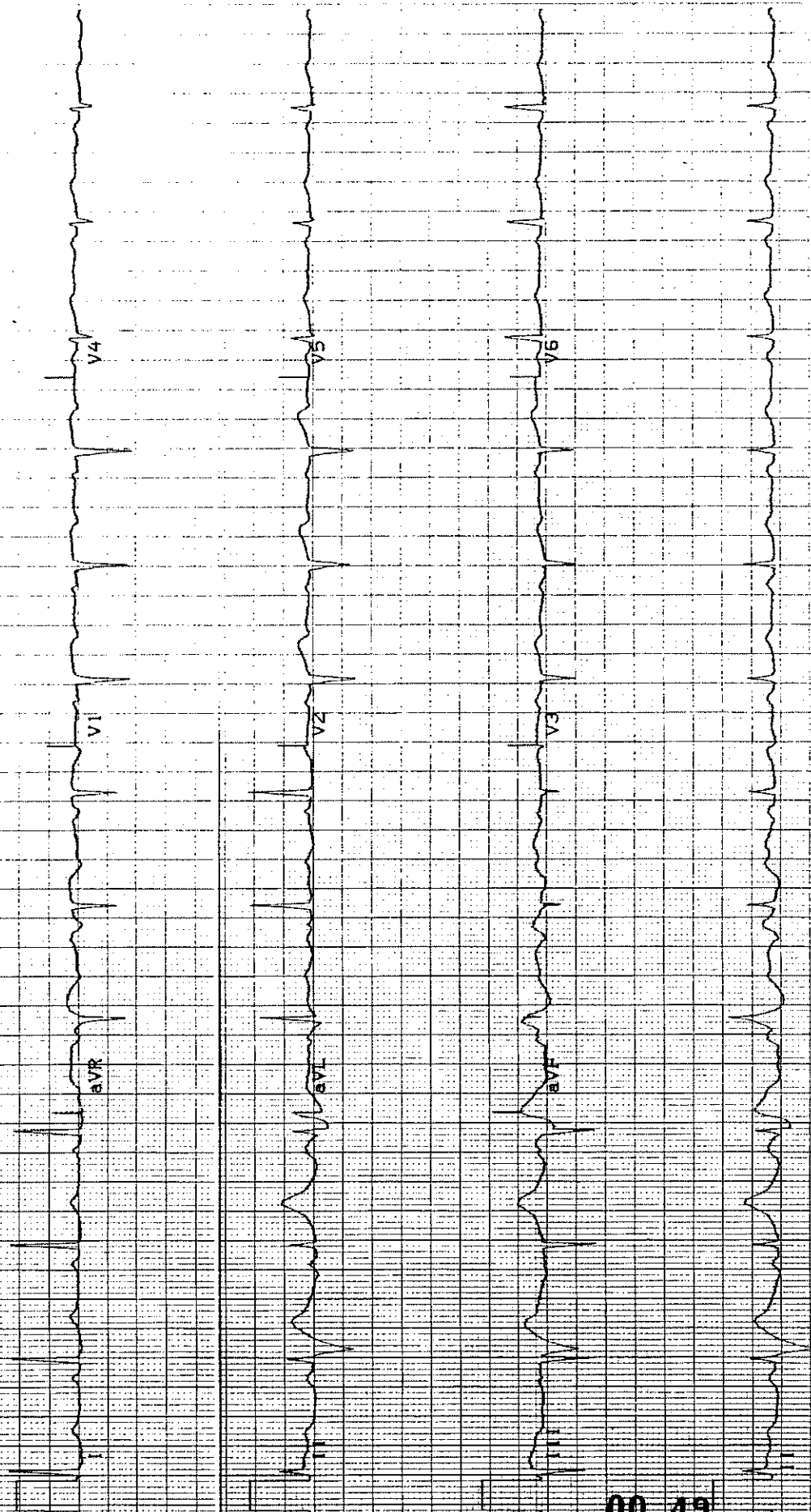
--ID-----SEX---UR NO--

P111

Ph (H)
Ph (B)

Referred by:

Reviewed by:



12-JUN-95 11:57 A+E. BUNO 9ERC ASE HOSPITAL.

Name: ID

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

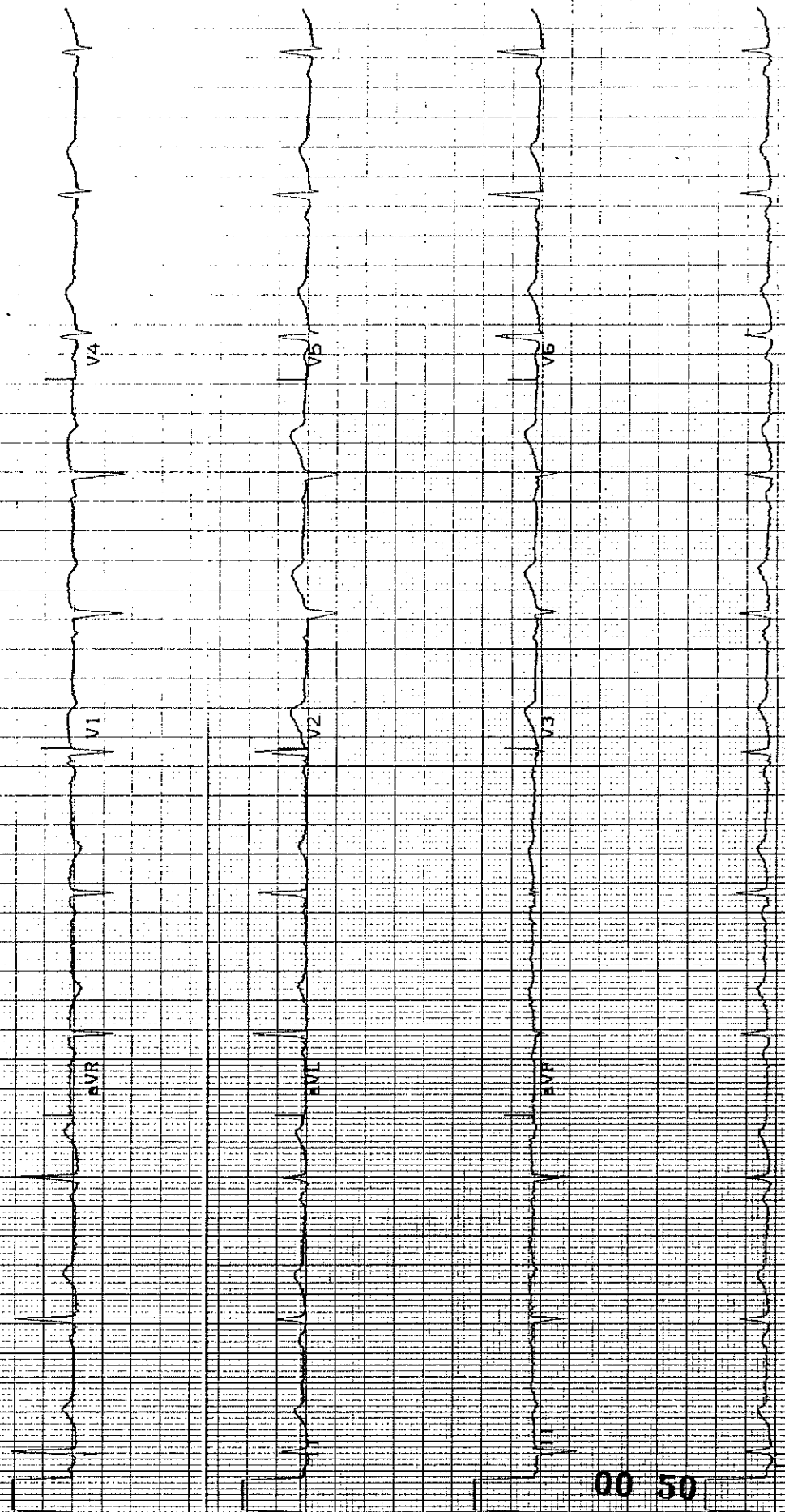
Ph(H)
Ph(B)

NORMAL SINUS RHYTHM
SEPTAL INFARCT, AGE UNDETERMINED
ABNORMAL ECG

Lead
Age
Sex
Loc
Rate
Room
Pgt
DUSA
V296
Vent. rate 62 BPM
PR interval 164 ms
QRS duration 72 ms
QT/QTc 420/427 ms
P-R-T axes 47 5 43

Referred by:

Unconfirmed



00 50

Bundaberg

HOSPITAL

Surname Pill R. No. _____

Given Names _____

Sex _____ D.O.B. _____

Ward _____ Clinic _____

ELECTROCARDIOGRAPH
REQUEST AND REPORT

CLINICAL NOTES: B.P. _____

DRUGS

Digoxin ☐
B. Blocker ☐
Diuretic ☐
Other ☐

REPORT

00 51

Signature _____

Date _____

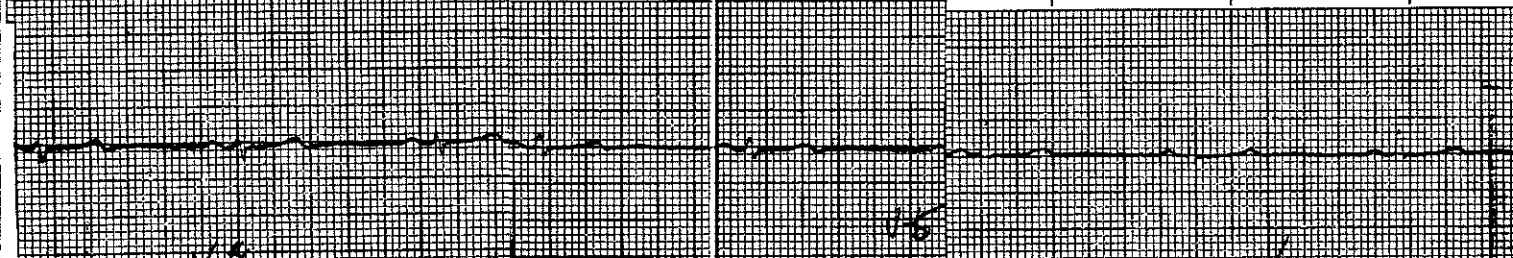
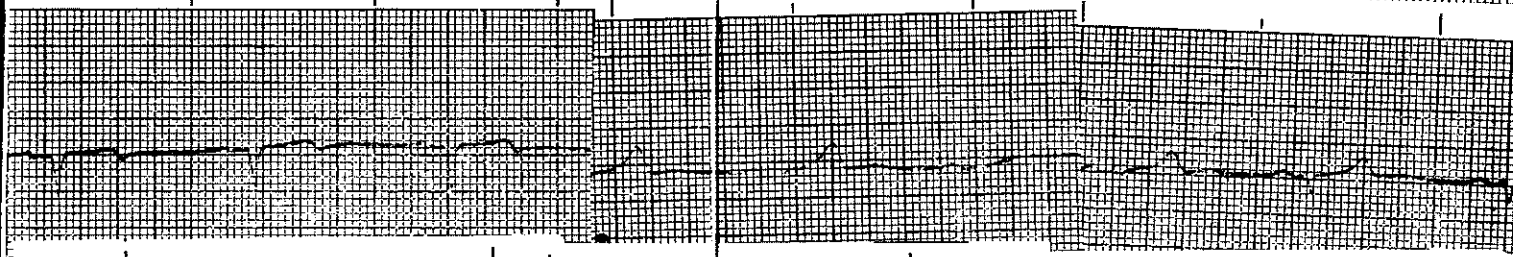
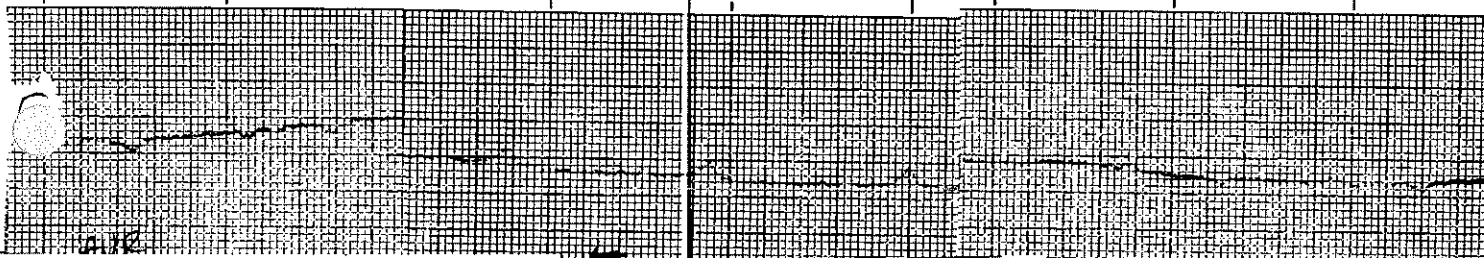
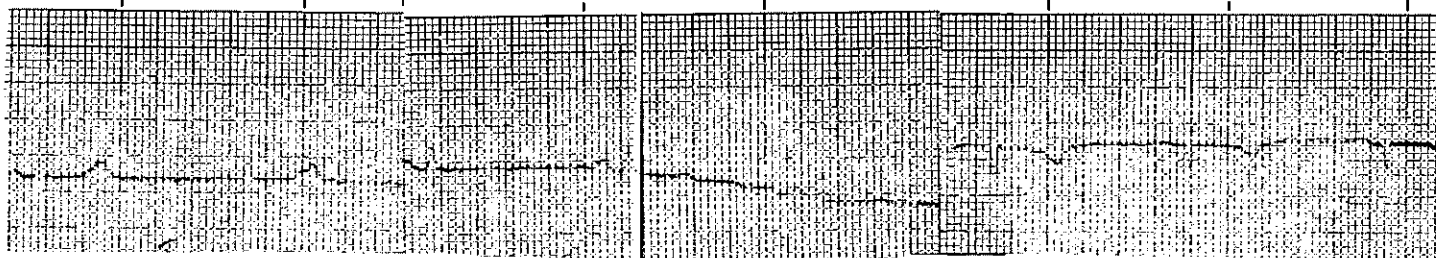
Specialist Signature _____

Date 10/9/93

CALIBRATION _____

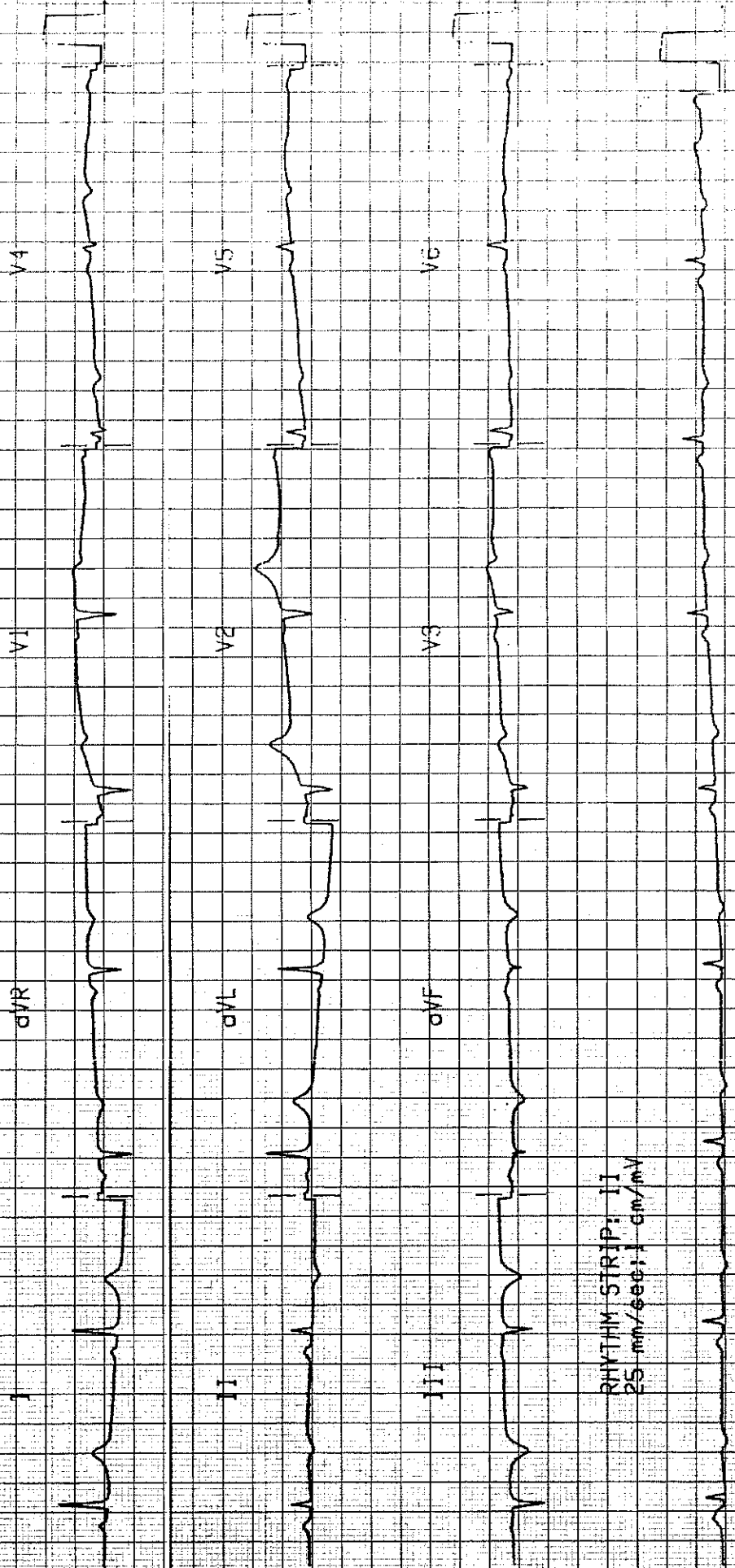
DATE _____

TIME _____



BUNDABERG BASE HOSPITAL

00 52



RHYTHM STRIP: II
25 mm/sec; 1 cm/mV

28 JUN 93 8:13:15

UBC 00000-0000

40 24751

W 100000

BUNDABERG BASE HOSPITAL

P111

I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

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

00 53

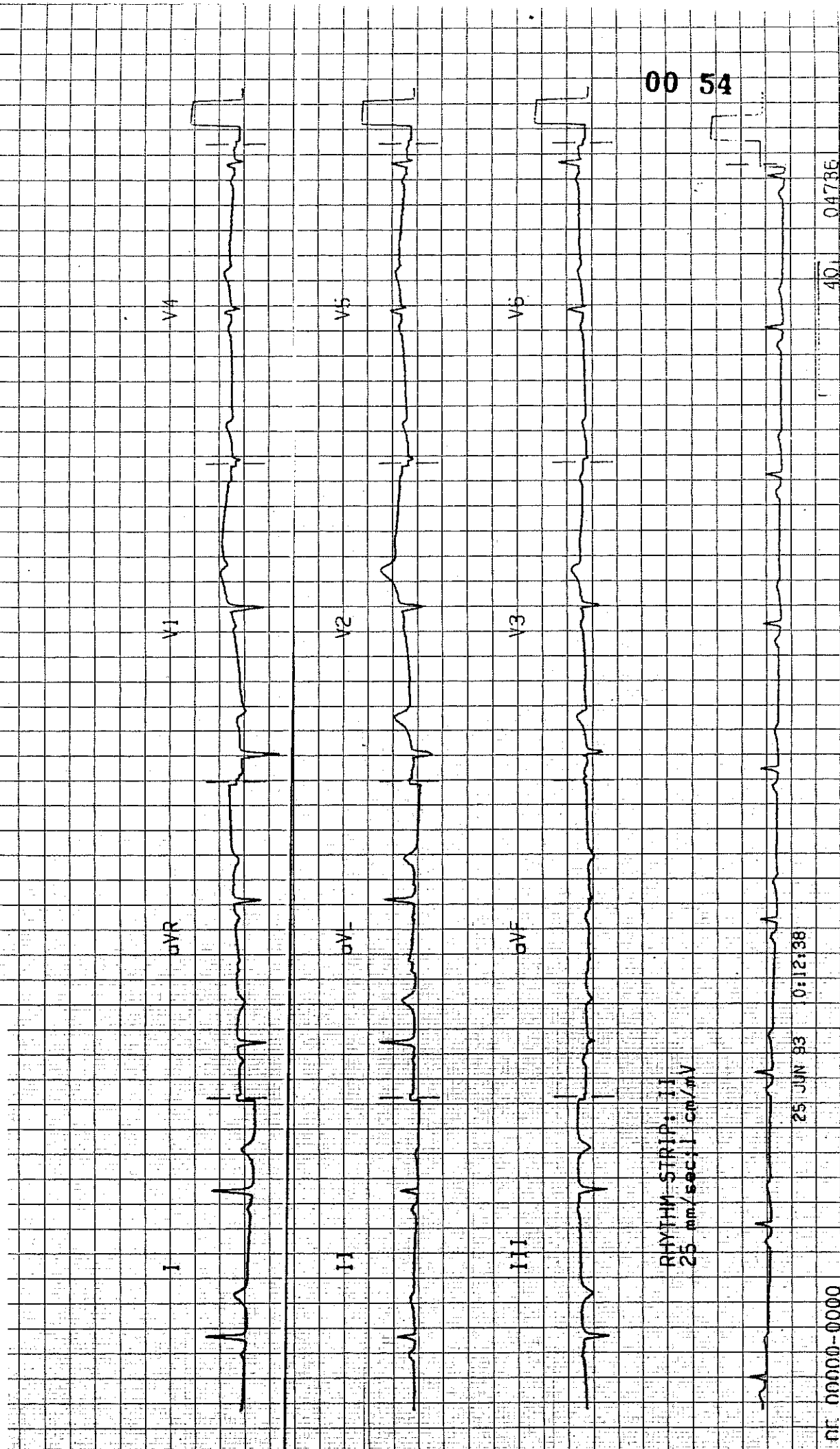
26 JUN 93 11:22:49

LOC 00000-0000
4700 AH-K25

12 01718


 26/6/83
 Post 1 min walk on stairs
 No tightness in neck or across chest. O₂ given at 6 Lpm.
 Tightness eased whilst E.C.G. being taken.

BUNDABERG BASE HOSPITAL



RHYTHM STRIP: II
 25 mm/sec, 1 cm/mV

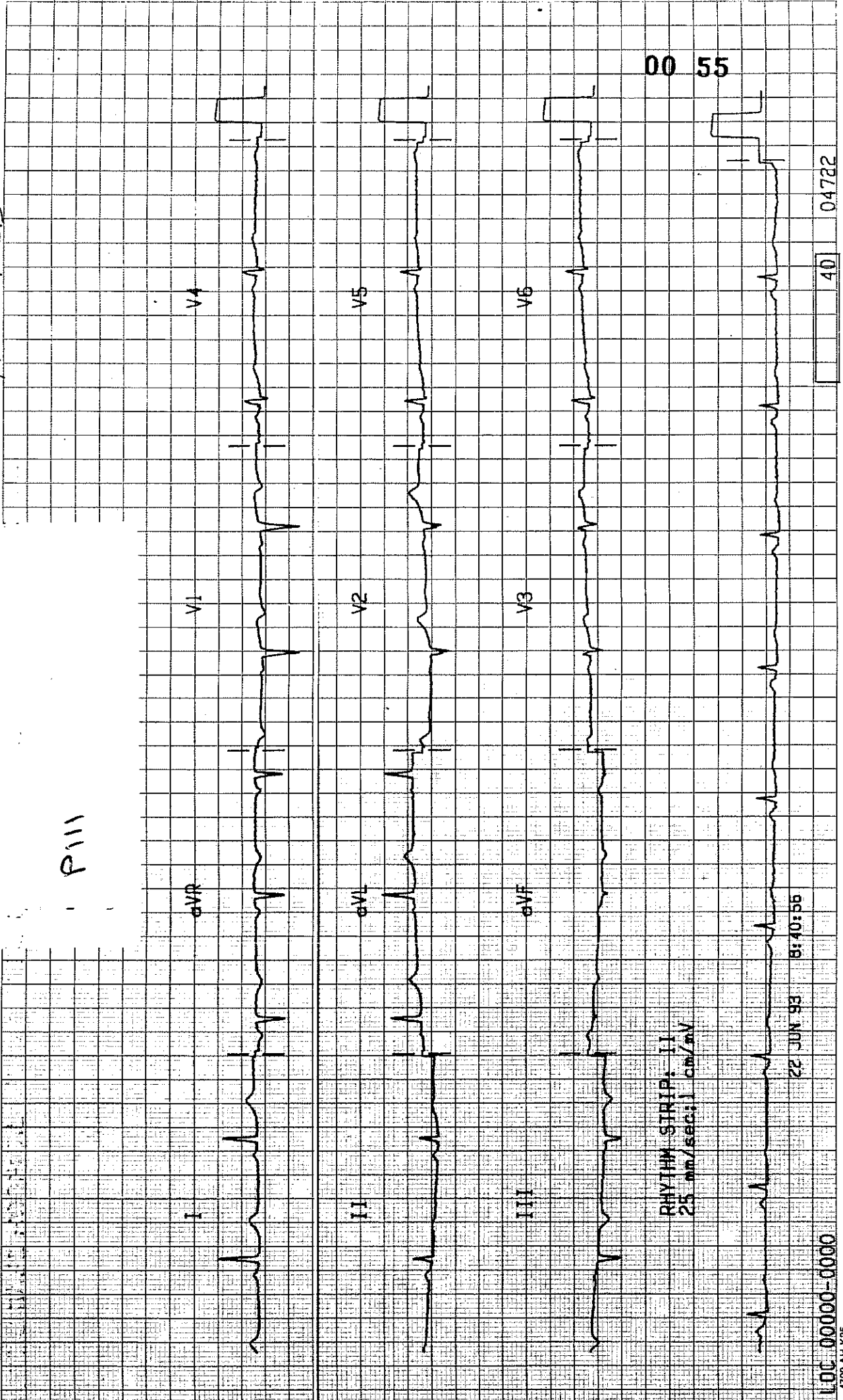
25 JUN 83 0:12:38

000000-0000

04786

PAID FEE

P111

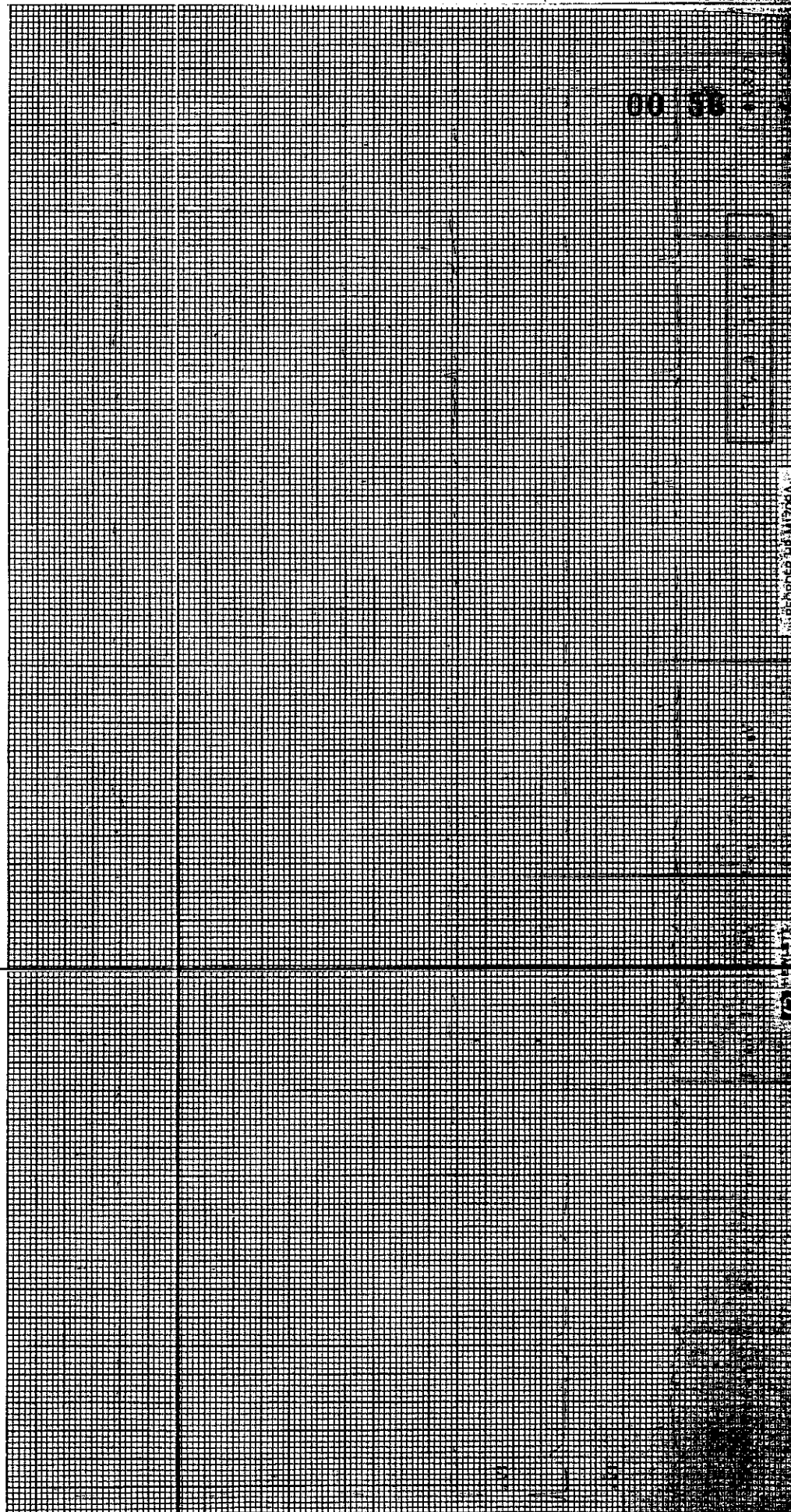


20/06/1993 08:00:00

P111

Remfrew
20/6/93

BUNDABERG BASE HOS



BUNDABERG BASE HOSPITAL

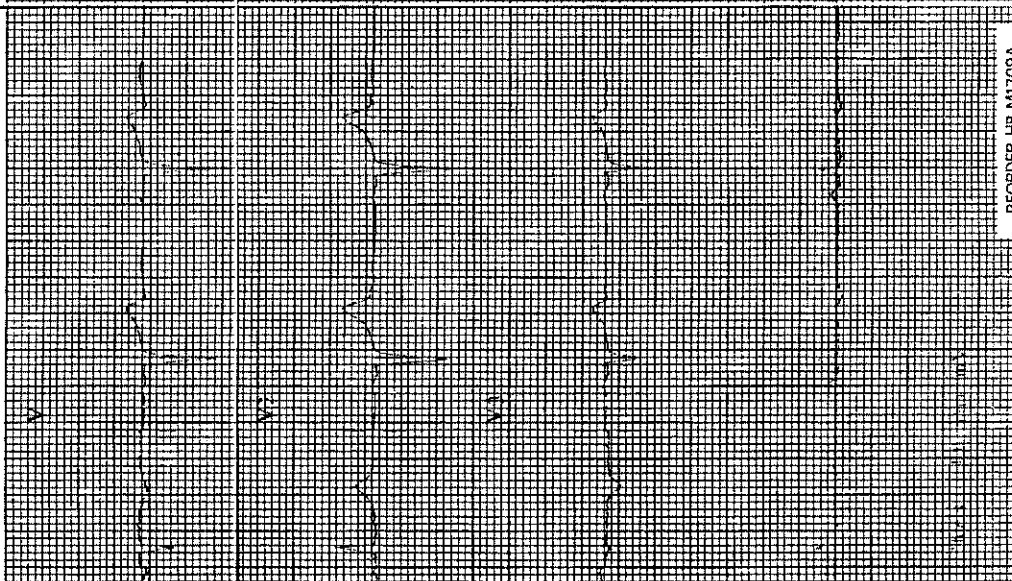
Dept.
Room

BUNDABERG BASE HOSPITAL
ITAL

Pamfree.

P111

00 52



REORDER HP M1709A

HEWLETT
PACKARD

00 58

10/6/93

P111

Benjfero

00 59

REORDER HP M1705A

HEWLETT
PACKARD

DATE: 10/10/93
TIME: 10:00
ROOM: 1000

W 23 5 8 8 5

10/10/93 10:00 1000

P111

Panster

10/10/93

P111

pain 6/10 in severity
between shoulder blades.

00 60

18/06/1993 19:01 06

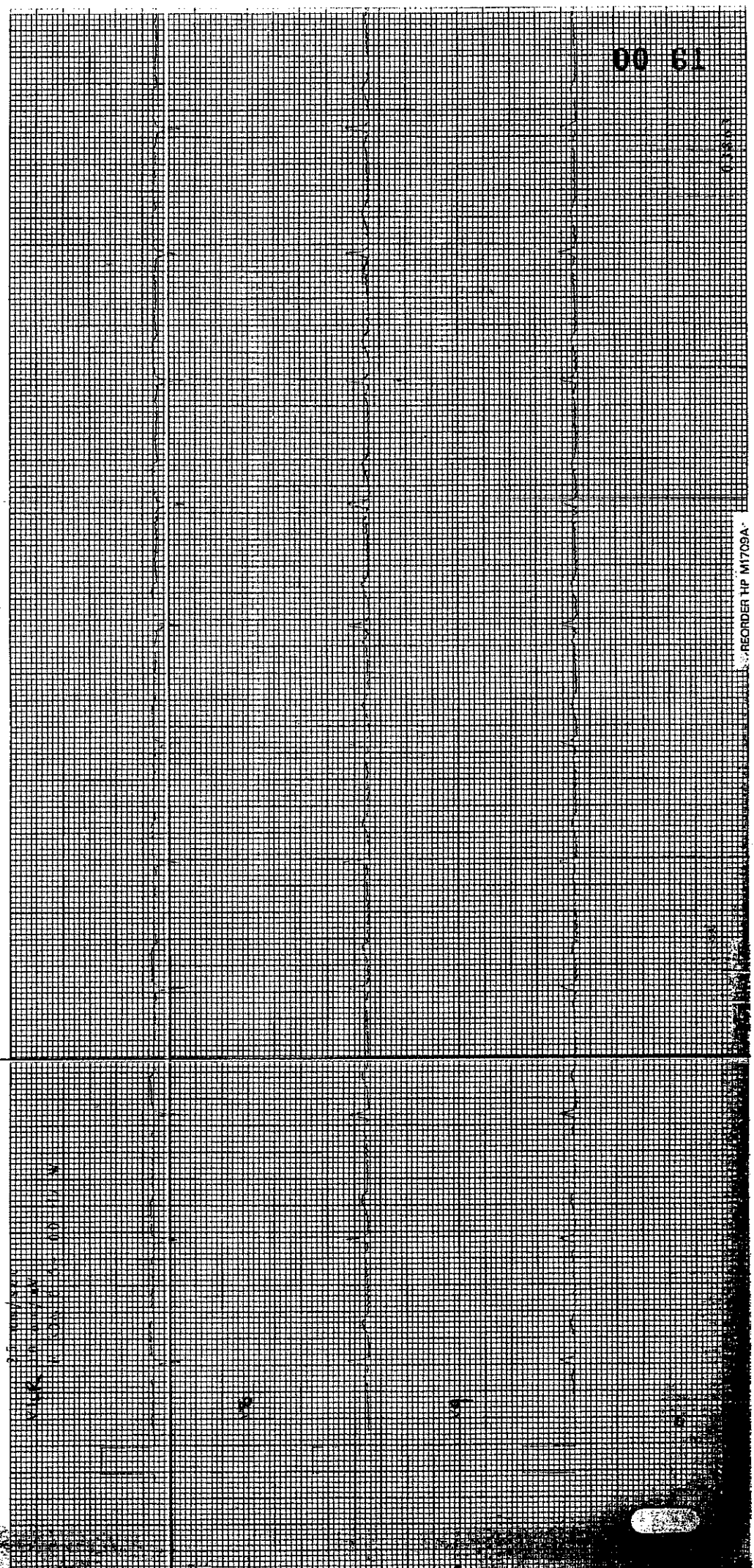
BUNDABERG BASE HOSP

Dept:
Room:

P111

6/10 pain between shoulders

Posterior



00 61

REORDER HP M1709A

Name:

18-JUN-93 16:31 A+E, BLINDBERG BASE HOSPITAL.

Med: 25mm/s
Age: 10mm/mV
Sex: 40Hz
Pgm: 005A
V206

Ht: Ht:
Race: Race:
Room: Room:

Vent. rate: 58 BPM
PR interval: 156 ms
QRS duration: 72 ms
QT/QTc: 415/409 ms
P-R-T axes: 43 -10 36

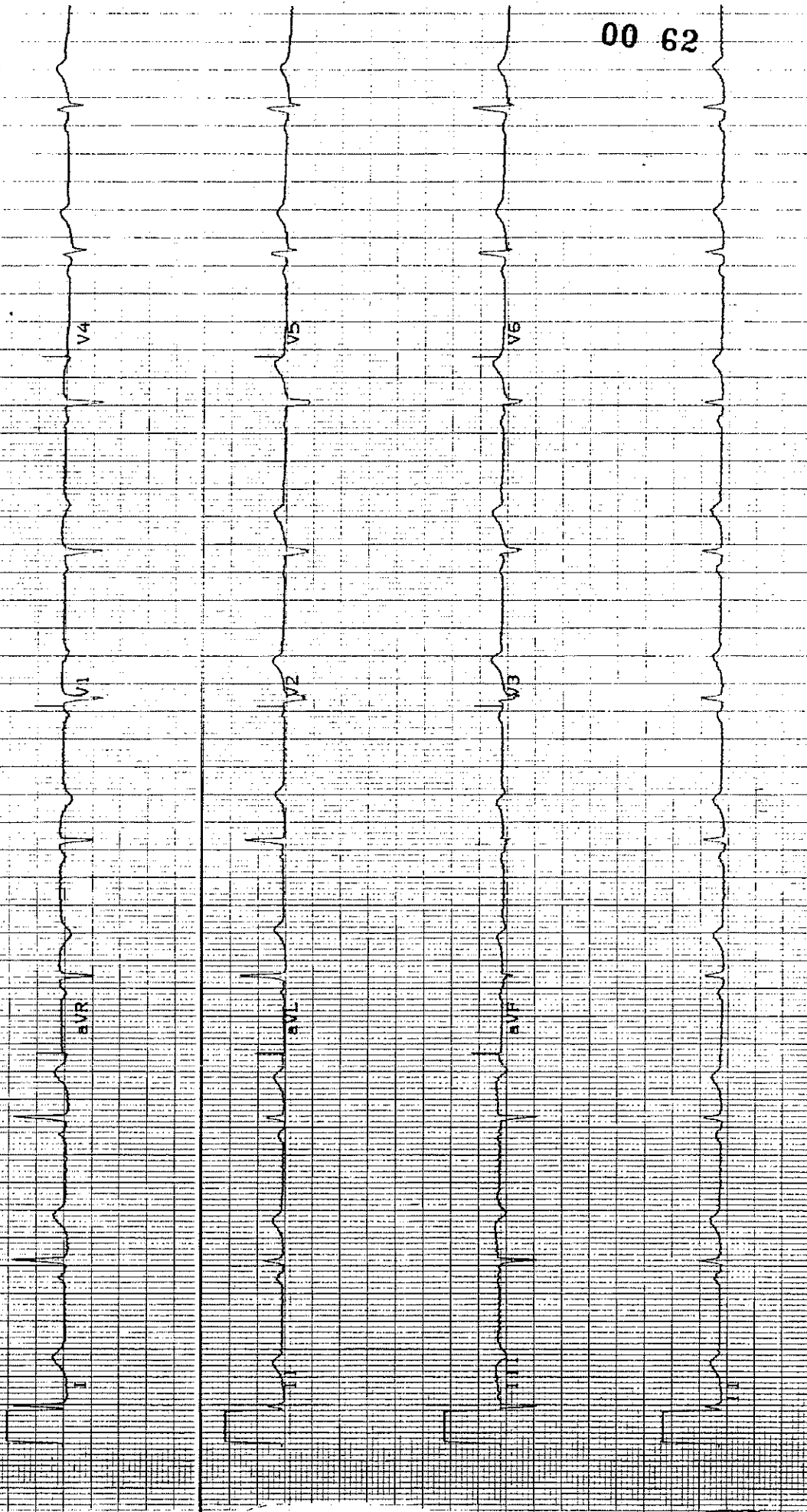
Referred by:

Unconfirmed

SINUS BRADYCARDIA
LOW VOLTAGE QRS
SEPTAL INFARCT, AGE UNDETERMINED
INFERIOR INFARCT, AGE UNDETERMINED
ABNORMAL ECG

P III

0 pain



00 62