

ACCIDENT AND EMERGENCY CENTRE PROGRESS NOTE

Hospital Number	37-72-68	Ward/Class	A212
UNKNOWN, Harry			
Unk, UNK 9999			
00-XXX-1200 Sex M 23y UNK 00 1			
SAMMEL, N.L.	CA1 23/12/93	CH AEC	

(Please enter information or affix Patient Identification Label)

DATE 23.12.93	ARRIVAL TIME 05.07	DEPARTURE TIME	SEEN BY DOCTOR	OLD NOTES CALLED Y <input type="checkbox"/> N <input type="checkbox"/>
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TRIAGE R <input checked="" type="checkbox"/> CU <input type="checkbox"/> LAC <input type="checkbox"/>	REFERRED FROM 1 AMBULANCE 2 SELF/RELATIVE 3 LMO	4 OPD 5 SVH AMO 6 HOSP/TRANS	7 OTHER 00 MVA 01 W/C 31	ALLERGIES
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PRESENTING PROBLEM
Cardiac arrest

ADMISSION

TRIAGE

DIAGNOSIS
post Cardiac Arrest

ADMISSION CONSULTANT
SAMMEL

A. ADMISSION

MEDICATIONS GIVEN IN A.E.C							
DRUG	DOSE	ROUTE	DATE	TIME	ORDERED BY	TIME GIVEN	BY

THIS IS TO CERTIFY THAT I AM TAKING MY DEPARTURE FROM THE ST. VINCENTS HOSPITAL AT MY OWN RISK AND AGAINST THE ADVICE OF THE MEDICAL OFFICER

SIGNATURE

WITNESS DATE

