

AMS

POWG

6953793

CONTINUATION NOTES

Date & Time	
29/4/02	C/O Urinary frequency
	Tenes / lethargy
	Background - Medications (list from LMO)
	Actilar (Soubinol)
	Celebrex 200 mane
	Dafonin 500 bd
	Diaminon 120 mane 8 @ nocte
	Chlorthal 20 mane
	Tamoxifen 20 mane
	lanoxin 125 mane
	Mondur 90 mane
	Mevasec 5mg mane
	Paracetamol pm
	Pivital 30mg nocte
	Ranit 2 150mg bd
	Solprin 1/2 mane
	Tear natural T drop tds R + L
	Temozepam 10 pm
	Zoloft 100mg i nocte
	<u>PMH</u> ① Diabetes mellitus
	→ (R) ^{right} knee amputation ~1995
	(L) BKA ~1996
	Has had stump ulcers.
	Wheelchair for mobilisation now.
	② IHD
	③ Chronic AF
	④ H-T
	⑤ (L) hemisphere CVA → transient (R) hemiparesis

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⑥ High grade ^{intra}-ductal ca breast.
Controlled on tamoxifen

⑦ Lepreimia

⑧ Hypertthyroidism → hypercalcaemia,
now well-controlled.

⑨ OA

Allergies Penicillin
Elastoplast
DuoDeriv.

SH Never married. No children.

Never smoked. No ETOH.

Lives alone in single storey house.

Sister in Mona Vale, Brother in Perth.

Has vital call.

Home care visits daily.

LMO is currently putting together a
multi-disciplinary care package. She has been
fully compensated & living satisfactorily at
home.

O/E Pulse 82

BP 209/99 initially → 175/71

RR 14/min

SpO₂ 96% to RA

BSL 8.9

looks flushed, warm to touch

Temp 36.9

Abdo

Abdomen soft,
no tenderness in
suprapubic area
No guarding or
rebound tenderness.

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Date & Time	CVS	JVP + 2 cm
		Apex beat - Cat claw time 5 th ICB
		HS 1 " 1 + ml.
		1 2 r
		Peripheral pulses - weak popliteals, no feet!
		Femorals present, no delay.
	RS	Trachea central
		Expansion good R=L
		PN resonant
		BS vesicular
	CNS	Oriented in time.
		Place - thought we were in St George hospital!
		No focal deficit.
	Ix	MSU - >100 w/c, <10 RC Epith +
		Orgs + ? contaminated
		→ repeated with in-out catheter.
		EXR - cardiomegaly, lung fields clear.
		EKG - AF, downslowing lead S1s → ? dig effect.
		FBC Hb 107 Wc 15.3 Plat 256
		CEC 139 / 3.8 / 105 / 27 / 7.8 / 107
		CRP - 22
		Blood cultures -
	Δ UTI	→ mild delirium.
		Unable to manage alone in wheelchair
		→ referred to Geriatrics w/ ce admission
	Rx	Leftixone
		Cefuroxime -

[Signature]

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