

29/4/02

Evening Med Reg

KIMM

81 y.o. mth - small @ frontal subdural
post fall

Lives alone, generally slow on legs
Has had relatively recent onset of exacerbation
of back pain that has been
compounding mobility

Hx// Was on the stairs? at home
Neighbours heard him fall
Found him unresponsive → called CAA
Initially confused in ED
Now oriented

PT cannot remember event
last thing he remembers is breakfast
this am; then being surrounded
by CAA officers

Recently

over several months, gradual
onset of lower + spine &
also lower lumbar spine pain
(Bk pain also noted in '98 in notes)
Apparently no XRs

GP had started pt 2/7 ago
on analgesics. PT has not
started these

Re mobility

Generally slow in mobilizing
(Not for any specific reason)
Recent bk pain has ~~reduced~~ mobility
further

Has had trips + falls over last
few months (but no C.O.C.)
o walking aids

CONTINUATION NOTES

Surname	H	er	9
Other Names			
Classification			02.
Senior Medical Officer			

Date & Time

29/4/02

KW/2

Blgd/1

① Back pain
as above
° sciatica

→ probs. chronic
(mentioned in 1998)
notes

② Depression
post death of wife 3y.a

③ Deaf (R) ear

④ (R) shoulder bullet injury

WWII

Still has residual limitation
in ROM / power

~~⑤~~

⑤ (R) pterygium removal ('98)

Med/11 NRM

Recently prescribed analgesics by GP
(But not yet started)

NCA

Social/11 Mobilizes independently but slowly

Does own shopping + cooking

No walking aids

Lately has been limited by
back pain

2x flights of stairs to 1st Flr
apartment

° Siblings, ° children, ° Relatives
in Sydney → 1x sister in NZ land

GP has been concerned re 'coping'
° has tried to suggest more f
CN visits

CONTINUATION NOTES

Date & Time

Clinic Afelonele

KNOW

BP 180 - 210 systolic *

29/4/02

PR 75 + Reg

RR 18

Sat 98% RIA.

Ⓡ subconjunctival haemorrhage tongue bite

Alert

Oriented

✓ Date / mth / year

✓ Hospital (not which one)

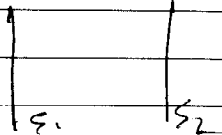
✓ person

C/S

HS dual + ml

NP NR

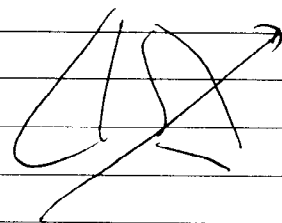
carbide oedema



Resp

AE = equal

BS = Ⓡ

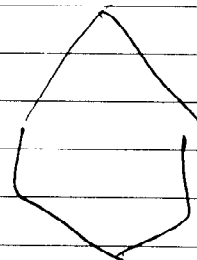


Abdo

soft

non-tender

organomeg



Back

tender over T12

L4

T12 > L4 tenderness

Nerves

Cranial

deaf Ⓡ ear

Nil other

Peripheral

Ⓡ tone, power, reflexes

sensation to LT & PP

Other

difficulty moving about the bed re ever sitting up (2° to back pain)

Surname
Other Na
Classific
Senior M

Record Number
1289109
th

CONTINUATION NOTES

Date & Time

KNOW 29/4/02 Exs// CT head - ⊕ small subdural (frontal)
⊕ ⊕ frontal contusion

ENC - 138/3.8/44/79

LEFT - ⊕ AIB 38

FBC - ⊕ 9.26/149/188

CXR - ✓ ⊕ nφ 78⁺

ECG - SR

⊕ ischaemic

⊕ conduction defect

Assess// 8/10 ⊕

① ⊕ frontal small subdural = ⊕ frontal contusion

→ GCS 15/15 currently (previously confused)

→ BP ↑

② Exacerbation of chronic bk pain

③ ↓ mobility (clives alone, up 2x flight of stairs)

④ Cause of fall uncertain

Plan// As per NSX

↳ control BP

Aim ~~to~~ keep systolic < 180

Small dose of captopril initiated

CONTINUATION NOTES

22161

CONTINUATION NOTES



/DBHB
9-Apr-2002

Date & Time 30/04/02 2030
Nursing. Pt. transferred to the ward at 1930 hrs. Disoriented in time and place. Thinking this is his home, disturbing other patient in room. Getting up of bed every 5 min. Not listening to instructions. Difficult to manage. Given 30 mg of Serenex oral. Awaiting effect. Given few cups of ice water. Had all of it. Has not passed urine as yet. Unstable on feet. Needs full assistance with walking. At great risk for falls. Needs constant supervision. O2 taken satisfactory, afebrile but looking pink on face. Haematoma to the (L) eye, medium size. Goledet R.O.

CONTINUATION NOTES

1/5/02 0100 SIB SHARMA IRMO Night

Arrived to ward & noted pt lying in bed in corridor, desperately trying to escape from bed.

nursing staff took surrounding him, bed rails up & trying to keep him in bed.

pt confused thinks he is in ~~loggia~~ loggia loggia surrounded by Hodigans.

pupils reactive to light direct & consensual slight (L) ptosis noted + (L) lower lid haematoma

pt incontinent of urine in bed.

Has Hx - fall

- (L) subdural haemorrhage noted on CT Scan
On 28/4/02

O/E

afebrile 36.2

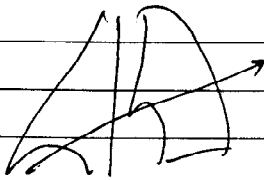
HR 90 bl/min

RR 16 bl/min

bp 140/90 mmHg

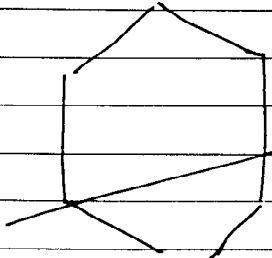
pt moving all arms + legs symmetrically

HSDNM



AE (L) = (R)

° added sounds audible.



soft / tender

unable to do complete Neuro exam as pt is combative + confused.

Dlw Hed Reg: ~~Ben~~ Benjamin Benjamin

confusⁿ 2^o

? Septic

? further subdural bleed.

bloods (29/4): UEC 138 | 3-8 | 103 | 4.4 | 79

FBC (29/4) FBC HB 149

WCC 9.26

PLT 188

P: ① Haloperidol 0.5 mg x 2 given 1211

② Will R/V in 30/60.

re: CT Scan.

1/5
03⁰⁵

SIB Sharma / RMO Night

returned to see pl.

pt more settled & less combative.

O/E: (R) RAPD Pupil reactive to light

CN V (L) = (R) sensory

CN XII - NAD

CN VII - NAD