

ROYAL CANBERRA HOSPITAL RCH

PRE-OPERATION

BAYLISS ALEXANDER
25/08/1970 M R/C S
ROBSON.

NURSING SUMMARY
M CREEK RD
EALESVILLE 3777

608552
a.m. / / /
p.m.

SIGNATURE

1. PERMISSION FOR OPERATION FORM CHECKED:

2. SKIN PREPARATION CHECKED:

NOTE ABNORMAL SKIN CONDITION:

3. WIRED:
CATHETERIZED:
CATHETER IN SITU:

AMOUNT POIS TIME TO ALB SUGAR

4. PROTHESIS: A. DENTURES UPPER LOWER BRIDGEWORK
REMOVED - DENTURES PLACED IN LABELLED CUP. NOTE LOCATION.
B. GLASS EYE CONTACT LENS
C. OTHER - DESCRIBE

5. HAIR CHECKED - PINS REMOVED

MAKEUP AND NAIL POLISH REMOVED

DRESSED IN HOSPITAL GOWN AND SURGICAL VIS HOSPITAL PYJAMAS
 HOSPITAL

6. PREMEDICATION GIVEN:

YES
NO

TIME a.m. p.m.

7. VALUABLES CARED FOR TO REGULATIONS:
RINGS COVERED WITH STRAPPING:

8. TEMPERATURE 36.4 PULSE 84 B.P. 80/80 WEIGHT

9. RECORDS ASSEMBLED IN THE FOLLOWING ORDER:

- 1 THIS SHEET
- 2 OPERATION RECORD (MEU)
- 3 ANAESTHETIC EXAM.
- 4 PATHOLOGY FORMS
- 5 ADMIN. HISTORY & REQUEST
- 6 PRESCRIBING & RECORDING SHEET
- 7 X-RAYS

10. EQUIPMENT TO O.T. - DESCRIBE:

PINS

11. EQUIPMENT RETURNED TO THE WARD:

PINS

12. IDENTIFICATION OF PATIENT:

IDENTIBAND

SISTER

PRE-OPERATION NURSING SUMMARY

- 1. THIS SHEET TO ACCOMPANY EACH PATIENT GOING TO O.T.
- 2. EACH ITEM TO BE SIGNED BY PERSON CARRYING OUT THE INDIVIDUAL STEPS IN PREPARING PATIENT. SIGNING OF ITEM DONATES RESPONSIBILITY FOR IT.
- 3. THE FINAL CHECKING FOR COMPLETENESS OF LIST IS THE RESPONSIBILITY OF SISTER OR NURSE IN CHARGE OF WARD.

77100/34361/05 Rev. 11/80

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69

2 21
RAC
EXAMINER

EXAMINER
EXAMINER

522801

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ROYAL CANBERRA HOSPITAL
OPERATION RECORD

RCH

BAYLISS ALEXANDER
25/08/1970 M R/C S
ROBSON 51

CHIM CREEK RD
TEALESVILLE 3777

DA990 34815/036

SURGEON	VANCE	608552
ASSISTANTS	CALDER	
ANAESTHETIST	MORRISON	ANAESTHETIC
PRE-OPERATIVE DIAGNOSIS	# (L) mid Radius	71285
OPERATIVE DIAGNOSIS		
SPECIMENS TO PATHOLOGY	nil	

OPERATION DETAILS *Open reduction +
Internal fixation of (L) Radius*

lateral incision

6 hole semi-tubular plate + 6 screws

*wound closed in layers ± polygl skin and
+ 2.0 nylon for skin
subcuticular*

good reduction obtained

WOUND CLOSURE
(Please enter further details on back of sheet)

POST-OPERATIVE INSTRUCTIONS	
PACK OR DRAIN	TYPE SITE
	Instructions
CATHETER	Instructions
GASTRIC TUBE	Instructions
OTHER TREATMENT	<i>(Drugs and I.V. Fluids to be written on separate order sheets.)</i>

COUNT ACCEPTED AS CORRECT/INCORRECT	SURGEONS' SIGNATURE <i>14 m Guyer</i>	DATE <i>17/12/84</i>
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OPERATION RECORD

70

FD

71

361
MAY 17 1964
R10
21

MEMPHIS 3533
CREEK RD
4 0 8 2 2 5



ROYAL CANBERRA HOSPITAL

RCM

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OPERATING THEATRE RECORD

BAYLISS ALEXANDER
25/08/1970 M R/C S
ROBSON 51

CHUM CREEK RD
LEALESVILLE 3777

608552

REGISTERED NURSES REPORT

Original Medical Record
First Copy Theatre
Second Copy Discharge Office

AGE OF PATIENT	15.	DATE OF ADMISSION	17/12/85	WARD	H.W.	THEATRE NUMBER	4.	X-RAYS	NO YES. 16-12-85
SURGEON	DR VANCE.			ASSISTANT DR CALDWELL.					
ANAESTHETIST	DR MORISON.			TYPE OF ANAESTHETIC G.A.					
SCRUB NURSE	RN WRIGHT		SCOUT NURSE	RN YIK		ANAESTHETIC NURSE RN BENNETT.			
TOURNIQUET APPLIED	Left Arm 11.55 AM.			TOURNIQUET REMOVED 12.30 PM.					
OPERATION PERFORMED open reduction and internal fixation of # Left Radius									
DATE OF OPERATION	17/12/85.		TIME COMMENCED	11.40 AM.		TIME COMPLETED	12.40 AM.		


COUNT ITEMS	TOTAL NUMBERS USED	DETAILS OF SPECIMENS—PATHOLOGY	PRIVATE
GAUZES	5		
SPONGES	5		G.I.M.C.
INSTRUMENTS	10	PARTICULARS OF DRAINS, TUBES, CATHETERS, PACKS, ETC. LEFT IN SITU	
ARTERY FORCEPS	6		
TISSUE FORCEPS			
NEEDLES (ORDINARY)		IMPLANTS 6 hole semi-tubular plate & 18x3 cortical screw in left hand 20x30	
ATRAUMATIC NEEDLES	3		
NEUROPATHIES		COUNT CORRECT INCORRECT	
PEANUTS		SURGEON INFORMED YES NO	
ROLLED GAUZE			
OTHER		SURGEON'S SIGNATURE	

INFILTRATION

WOUND IRRIGATION

DETAILS OF DISCREPANCIES

COMMENTS


 THEATRE SISTER'S SIGNATURE

REGISTERED NURSES REPORT

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ROYAL CANBERRA HOSPITAL
OPERATING THEATRE RECORD
REGISTERED NURSES REPORT

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REGISTERED NURSES REPORT

ANAESTHETIC RECORD

BAYLISS ALEXANDER
25/08/1970 M R/C S 51

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ANAESTHETIST: MORISOW

SURGEON: VANCE

CHUM CREEK RD
LEALESVILLE 3777

608552

OPERATION: int br. radi

ELECTIVE DATE:
EMERGENCY

PRE-OPERATIVE STATE		PREMEDICATION	OTHER PRE-OP DRUGS	ANAESTHETIC RISK
BP	P. RATE	nil		GOOD FAIR POOR DESPERATE
WT	Hb.			
BLD. GRP	TEMP.			
URINE				

PRE-OPERATIVE FACTORS (previous surgery and serious illness)

major msk, head injury - consciousness not fully returned
Hb electroph 75 cap

T.	P&BP	Grid									
33	250										
38	200										
33	150										
28	100										
23	50										

NOTES

ECG N/A

Fentanyl 100
Kup 0.2 S.V

GENERAL ANAESTHETIC	Thiopentone	125	Suxamethonium		Narcotic						
	Methohexitone		Gallamine		Atropine		N2O	Halo-thane	Trichlor-ethylene	Methoxy-flurane	
	Propomid		d-Tubo-Curarine		Neostigmine					Enflurane	
	Ketamine		Alcuronium	15	Vasopressor		O2	Cyclo-propane	Ether	Other	
	Alfathesin		Pancuronium								
TECHNIQUE	Airway		Ventilation		System		Posture:				
	Pharyngeal	Nasal	Spontaneous	Assisted	Open	CO ₂ Abs.	Supine	Lateral	Lithotomy		
LOCAL	Endotracheal	Oral	Controlled		Semi-Closed		Prone	Sitting	Other		
	Drug		Nose		Topical	Infiltration	Nerve Block	Spinal	Epidural		
INTRAVENOUS FLUIDS GIVEN	Site	RT hand								Fluid Loss - Total	
	Blood	Saline	HARRISON								Blood

POST-OPERATIVE CONDITION:

TIME INDUCTION TIME RECOVERY SIGNATURE ANAESTHETIST

ANAESTHETIC RECORD

RECOVERY ROOM OBSERVATION CHART

DATE AND TIME	PULSE	BLOOD PRESSURE	OTHER	CONSCIOUSNESS a, b, c, d, e	OBSERVATION	REMARKS
17-12-85 12.25 PM	108	120/80		a	OXYGEN	Via Nasal Cath.
12.55	76	115/80		a	DRESSING	Not Oxyg.
1.05 pm	80	118/80		c	P.V. LOSS	nil
					I.D. CATHETER	nil
					DRAIN	nil
					ANALGESIC	nil
					CIRCULATION	Hand - blue bandage loosened
					TRANSFERRED TO	H.W.
					WARD AT	1.10 PM
					SIGNATURE OF SISTER	J.K. order.

(a) Full consciousness. (b) Response to touch. (c) Response to a vocal stimulus. (d) Response to a painful stimulus.
 (e) No response at all to any stimulus (coma)

DRUGS, ETC. ADMINISTERED

SPECIAL TREATMENT GIVEN (e.g., Bladder Washouts)

Arm elevated on pillow.

DAVID S ALEXANDER
 25/08/1970 M R/C S
 ROBSON 51

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CHUM CREEK RD
 LEALESVILLE 3777

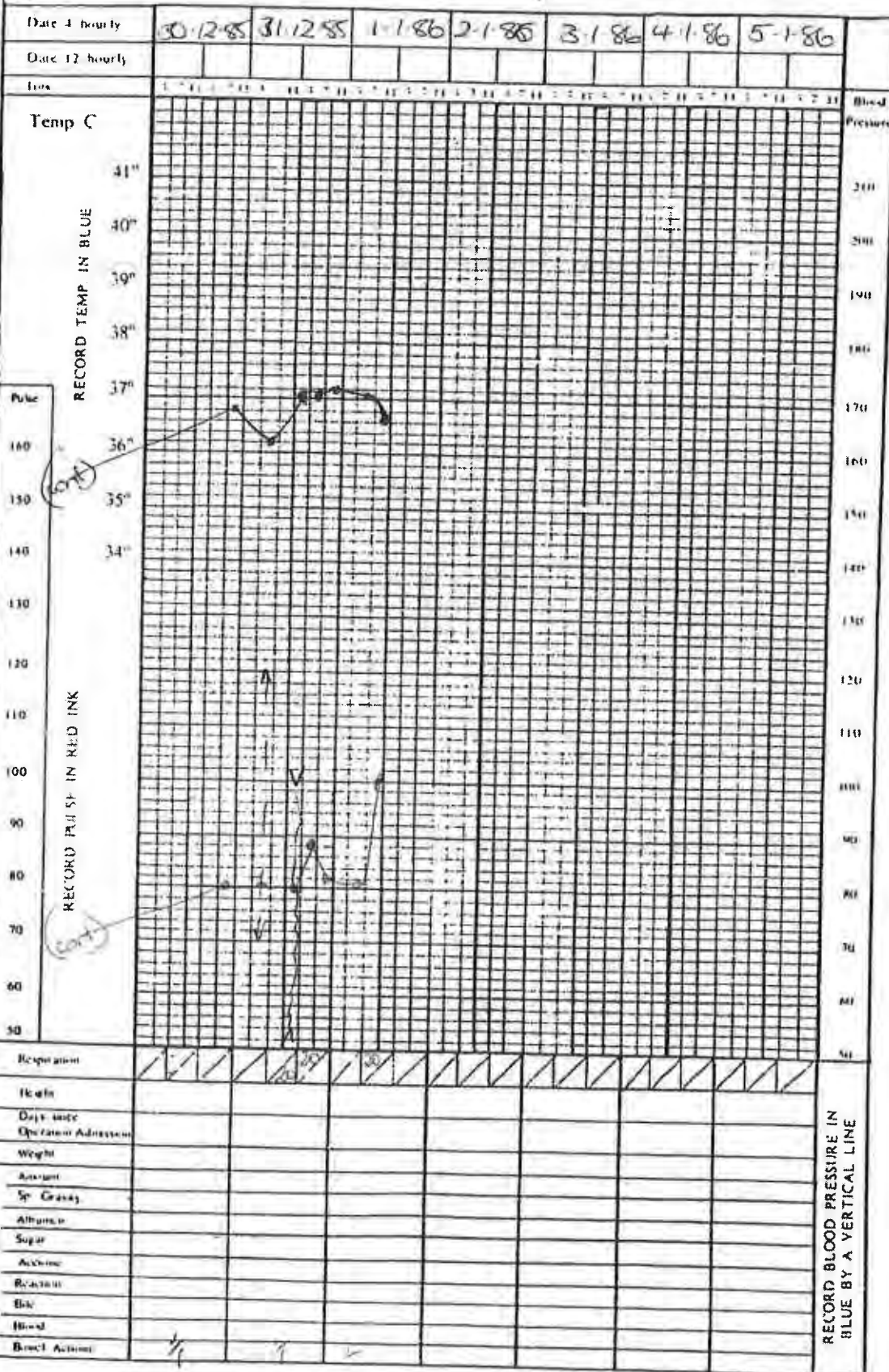
60 85 52

7 12 85

ROYAL CANBERRA HOSPITAL

COMPOSITE CHART —
 TEMPERATURE, PULSE
 AND BLOOD PRESSURE

COMPOSITE CHART — TEMPERATURE, PULSE AND BLOOD PRESSURE



RECORD TEMP IN BLUE

RECORD PULSE IN RED INK

RECORD BLOOD PRESSURE IN BLUE BY A VERTICAL LINE

DATE	NO	NURSING DIAGNOSIS (Cause and Effect) Actual/Potential health problems/needs/responses	NCP USED		DATE RESOLVED & SIGNATURE
			G	S	
19.12.85	1.	Potential change in physical condition	✓		
19.12.85	2.	Assistance & A.O.L's due to condition		✓	
19.12.85	③	Ⓟ Chest Infection.		✓	
- -	④	Ⓟ Psycho-social change due to hospitalization		✓	

NURSING CARE PLAN / GENERAL (G) NURSING ORDERS / ACTIONS

	29/12 1985	3-1-86	7-1-86
OBSERVATIONS:			
TPR	4/24 + Neuro Obs.	BO T+P	D T+P
BP	4/24	Daily	D
Weight	Weekly	Sunday	Sunday
Urinalysis	Weekly	Sunday	Sunday
HYGIENE:			
Sponge/Shower/Bath	Full assist both/shower	Shower	Shower
Teeth/Dentures	Full assist	PC assist	PC
Hair	Full assist.	PRN	PRN
TOILETS:			
Eye/Ear/Nasal/Mouth	4/24 prn	PRN	PRN
Peri/Penile	n/a.	n/a	n/a
ACTIVITY:			
EXERCISE:			
Leg - Passive/Active	4/24 when in bed.	max mobilise & supervision	max mobilise & supervision
Coughing/Breathing	4/24 when in bed.	n/a	n/a
REST:			
Pressure Area Care	4/24 prn.	4/24 PRN	4/24 PRN
COMFORT:			
Position	SOOB in neuro chair.	SOOB neuro chair	SOOB neuro chair
SAFETY:			
Bed Rails	Yes, when in bed.	NA	NA
PAIN CONTROL	As per B sheet.	NA	NA
NUTRITION:			
Diet	Select: Full assist.	select	select
Fluids	As desired - assist, encourage.	free	free
ELIMINATION			
Fluid Balance	Yes.	N/A	N/A
Urine	Bottle 2/24	toilet 2/24	toilet 2/24
Bowels	chart daily.	chart daily	chart daily
PLAN: Revised by	Y. Small e	1/5	1/5
Date	19.12.85.	29/12/85	3-1-86

DRAFT 2/1/86

COMMUNICATION/ SPECIAL ORDERS

MVA - 7-12-85.
 Open reduction & int. fixation @ mid radius 17-12-85
 Sutures removed 27-12-85
 For MSU Monday 30-12-85
 Rehab. consult 2-1-86.

NURSING CARE PLAN / SPECIFIC (including Rehabilitation, Psychosocial, Health Education, Family Counselling)

DATE N/D NO.	EXPECTED OUTCOMES	NURSING ORDERS/ACTIONS	TIME & FREQUENCY	CEASE DATE & SIGNATURE
19-12-85 (2)	Able to assist or attend own ADL's.	<ul style="list-style-type: none"> Assist with all ADL's, encourage pt to attend own needs. Encourage pt to feed himself. Explain to patient steps in attending own ADL's. Encourage patient to answer questions - talk to patient and explain procedures / cares being given to him. 	ongoing	
(3)	Nil chest infection	<ul style="list-style-type: none"> Encourage physio. Sit out of bed for meals - encourage deep breathing. Report + record any abnormalities in Temp. 	ongoing	
(4)	Adapted to hospitalization	<ul style="list-style-type: none"> Explain hospital / ward procedures to patient and family. TLC. Encourage patient to talk and to visit family. Encourage visitors. 	ongoing	

NURSING CARE PLAN FLOWCHART

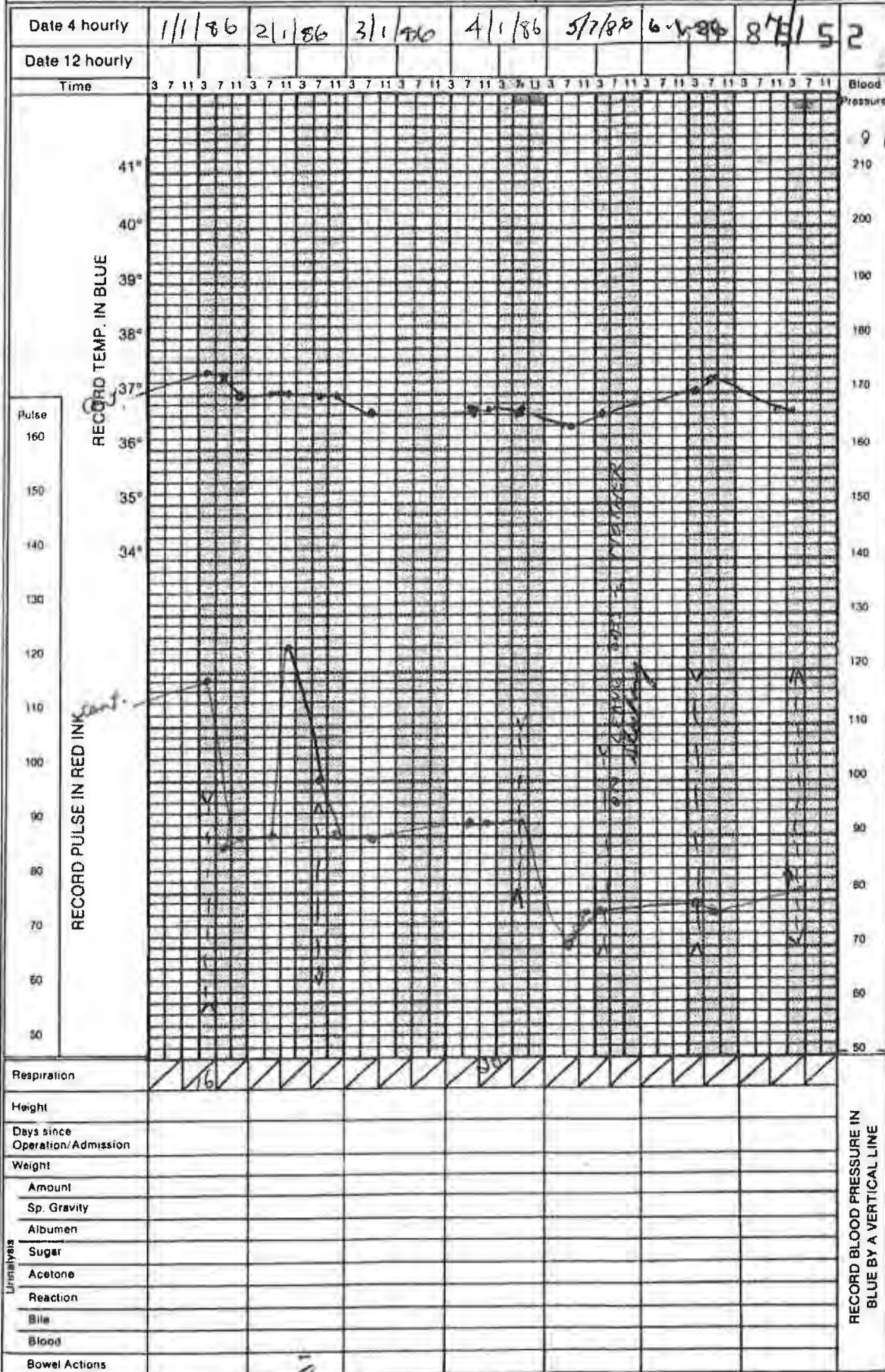
**Composite Chart —
Temperature, Pulse
and Blood Pressure**

BAYLISS ALEXANDER
25/08/1970 M R/C S
ROBSON 51

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C4000/34815/014

CHUM CREEK RD
LEALESVILLE 3777



COMPOSITE CHART — TEMPERATURE, PULSE AND BLOOD PRESSURE



AGrt Alexander BAYLIS 84

BAYLISS ALEXANDER
 DOB 25/08/1970 M R/C 5
 ROBSON 51
 Sex Male
 CHUM CREEK RD
 Dorr ALESVILLE 3777

NEUROLOGICAL OBSERVATION CHART

PINS 608552

Ward A4E 7/12/85
 61205

STOCK NUMBERS:
 RCH: C400034815/022
 WVH:
 CALVARY:

STANDARDISED FORM
 Not to be amended/altered
 without approval from the
 Medical Records Advisory Committee

Date		7/12/85		Record Observations as indicated or by series of dots	
Time					
LEVEL OF RESPONSE	Eyes open	Spontaneously To speech To pain None		Eyes closed by swelling - C	
	Best verbal response	Orientated Confused Inappropriate Words Incomprehensible Sounds None		Endotracheal tube or tracheostomy - T	
	Best motor response	Obey commands Localise pain Flexion to pain Extension to pain None		Usually record the best arm response	
1	Blood pressure and Pulse rate Respiration Pupil scale (m.m.)	240		40	Temperature °C
2		230		39	
3		220		38	
4		210		37	
5		200		36	
6		190		35	
7		180		34	
8		170		33	
PUPILS		right	Size Reaction	4+	+ reacts - no reaction c. eye closed
		left	Size Reaction	4+	
LIMB MOVEMENT	ARMS	Normal power Mild weakness Severe weakness Spastic flexion Extension No response		Record right (R) and left (L) separately if there is a difference between the two sides	
	LEGS	Normal power Mild weakness Severe weakness Extension No response			

NEUROLOGICAL OBSERVATION CHART

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GUIDE TO RECORDING NEUROLOGICAL OBSERVATION CHART

LEVEL OF RESPONSE

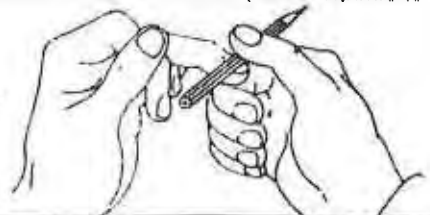
Eyes open

Should indicate the degree of stimulation required to make the patient open his eyes.

Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.

Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.

Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.



Best verbal response

Oriented	Confused	Inappropriate	Incomprehensible
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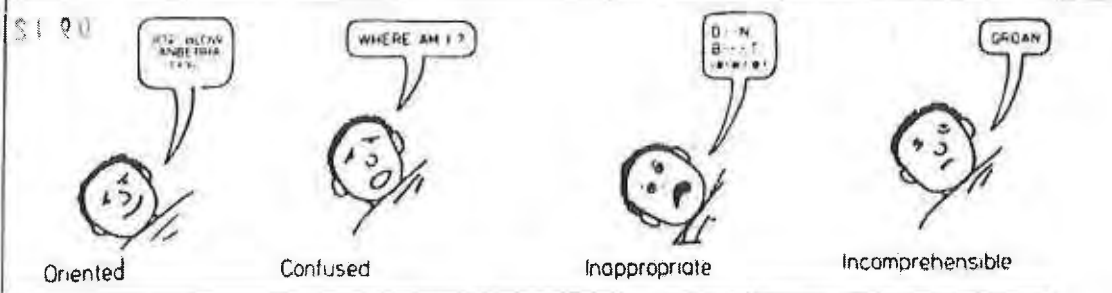
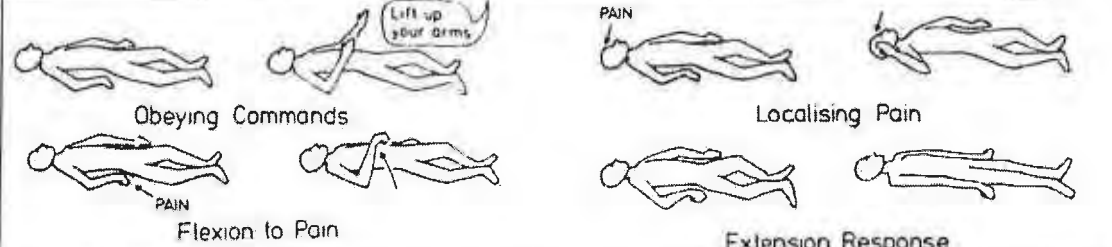
Best motor response

Obeying Commands	Localising Pain
Flexion to Pain	Extension Response

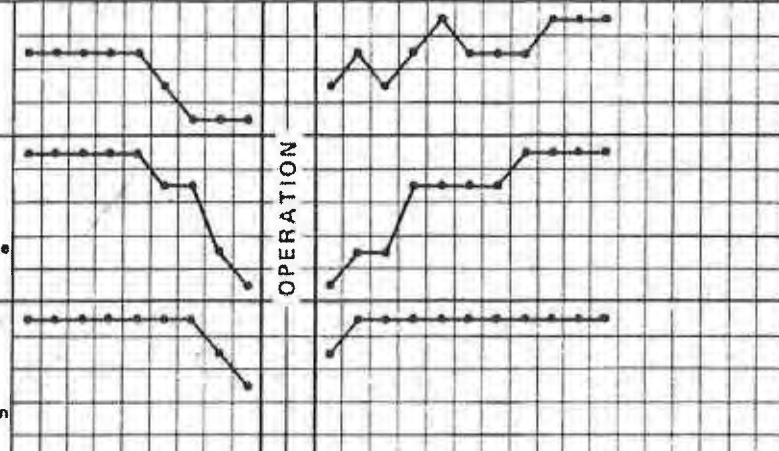
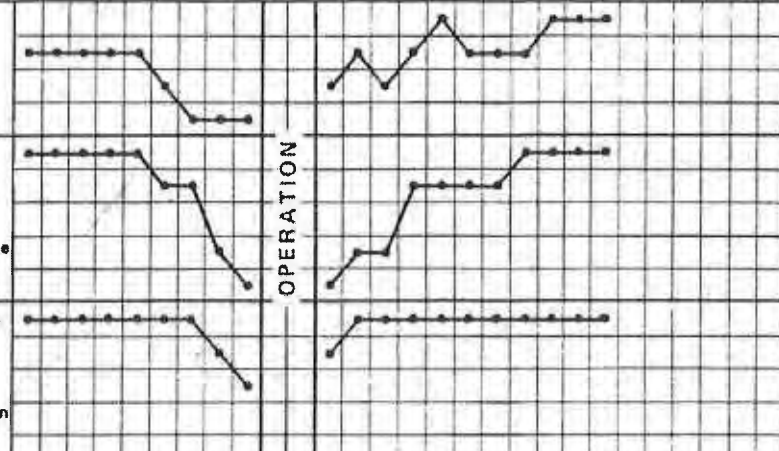
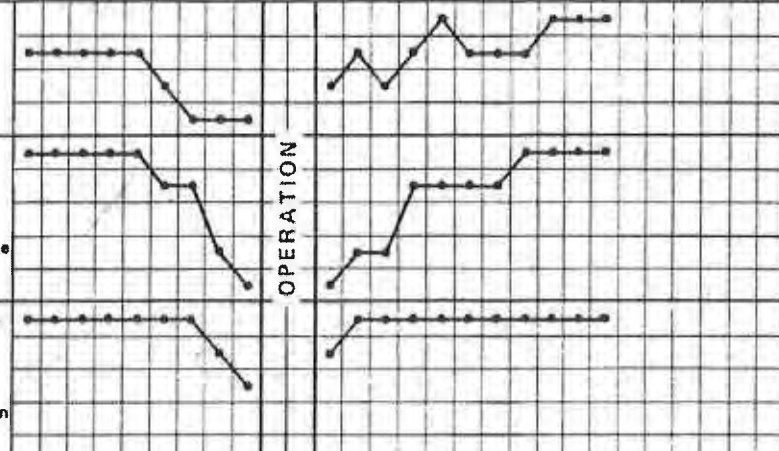
EXAMPLE

LEVEL OF RESPONSE	Eyes open	Spontaneously To speech To pain None															Eyes closed by swelling = C
	Best verbal response	Orientated Confused Inappropriate Words Incomprehensible Sounds None															Endotracheal tube or tracheostomy = T
	Best motor response	Obey commands Localise pain Flexion to pain Extension to pain None															Usually record the best arm response
PUPILS	right	Size Reaction	4 4 4 4 4 4 5 7	OPN.	6 6 6 5 5	G G G G	+ reacts - no reaction c. eye closed										
	left	Size Reaction	4 4 4 4 4 4 4 4		5 4 4 4 4 3 3 4 4												
LIMB MOVEMENT	A R M S	Normal power	R R R R R R	OPERATION	R R R R R R R R R R	Record right (R) and left (L) separately if there is a difference between the two sides.											
		Mild weakness	L L		L L L L												
		Severe weakness	L		L L L L												
	L E G S	Extension	L		L L												
		No response	L		L L												
		Normal power	R R R R R R		R R R R R R R R R R												
Mild weakness	L L	L L L L															
Severe weakness	L	L L L															
Extension	L	L L															
No response	L	L L															

GUIDE TO RECORDING NEUROLOGICAL OBSERVATION CHART

LEVEL OF RESPONSE	<p>Should indicate the degree of stimulation required to make the patient open his eyes.</p> <p>Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.</p> <p>Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.</p> <p>Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.</p> 
	<p>Best verbal response</p> 
	<p>Best motor response</p> 

EXAMPLE

LEVEL OF RESPONSE	<p>Eyes open</p> <p>Spontaneously</p> <p>To speech</p> <p>To pain</p> <p>None</p>	<p>OPERATION</p> 		<p>Eyes closed by swelling = C</p>		
	<p>Best verbal response</p> <p>Orientated</p> <p>Confused</p> <p>Inappropriate Words</p> <p>Incomprehensible Sounds</p> <p>None</p>	<p>OPERATION</p> 		<p>Endotracheal tube or tracheostomy = T</p>		
	<p>Best motor response</p> <p>Obey commands</p> <p>Localise pain</p> <p>Flexion to pain</p> <p>Extension to pain</p> <p>None</p>	<p>OPERATION</p> 		<p>Usually record the best arm response</p>		
PUPILS	right	Size	4 4 4 4 4 4 5 5 7	OPN.	6 6 6 5 5	+ reacts - no reaction c. eye closed
	left	Size	4 4 4 4 4 4 4 4 4		5 4 4 4 4 3 3 4 4	
LIMB MOVEMENT	A R M S	Normal power	R R R R R R	OPERATION	R R R R R R R R R R	Record right (R) and left (L) separately if there is a difference between the two sides.
		Mild weakness	L L		L L L L	
		Severe weakness	L		L L L L	
		Spastic flexion				
		Extension	L			
	L E G S	Normal power	R R R R R R		R R R R R R R R R R	
		Mild weakness	L L		L L L L	
		Severe weakness	L		L L L L	
		Extension	L			
		No response	L		L L	

Name REH
 DOB RAYLISS ALEXANDER
5/12/1927 M R/C 5
 Sex BRN 51

NEUROLOGICAL OBSERVATION CHART

Doctor CHAM CREEK RD
LEALESVILLE 3777

PINS 108552

Ward

14/2/85

STOCK NUMBERS:
 RCH: C400034815/022
 WWH:
 CALVARY:

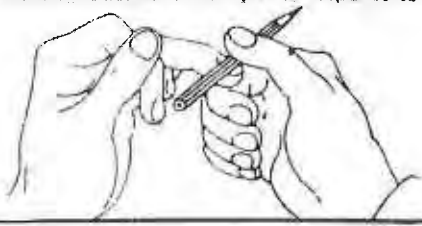
STANDARDISED FORM
 Not to be amended/altered
 without approval from the
 Medical Records Advisory Committee

Date		16/2/85		17/12/85		18/2		19/2		Record Observations as indicated or by series of dots			
Time		3	7	11	3	7	11	3	7		11		
EYES OPEN	Spontaneously	[Graph showing eye opening status]										Eyes closed by swelling = C	
	To speech	[Graph showing eye opening to speech]										Endotracheal tube or tracheostomy = T	
	To pain	[Graph showing eye opening to pain]											
BEST VERBAL RESPONSE	Orientated	[Graph showing verbal response]										Usually record the best arm response	
	Confused	[Graph showing verbal response]											
	Inappropriate Words	[Graph showing verbal response]											
BEST MOTOR RESPONSE	Obey commands	[Graph showing motor response]										Temperature °C	
	Localise pain	[Graph showing motor response]											
	Flexion to pain	[Graph showing motor response]											
BLOOD PRESSURE AND PULSE RATE	Blood pressure	[Graph showing blood pressure]										Respiration	
	Pulse rate	[Graph showing pulse rate]											
	Respiration	[Graph showing respiration]											
PUPILS	right	Size	7 6 5 6 5 5	5 5 5 5 6 6 6 6 6 5 5 5 5 5	+ reacts								
	left	Size	7 6 5 6 5 5	5 5 5 5 6 6 6 6 6 5 5 5 5 5	- no reaction								
LIMBS	right	Normal power	[Graph showing limb power]										Record right (R) and left (L) separately if there is a difference between the two sides
	left	Normal power	[Graph showing limb power]										

NEUROLOGICAL OBSERVATION CHART

GUIDE TO RECORDING NEUROLOGICAL OBSERVATION CHART

Eyes open
Should indicate the degree of stimulation required to make the patient open his eyes.
Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.
Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.
Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.



LEVEL OF RESPONSE

Best verbal response: Oriented (speech bubble: 'IT'S 4.15 AND ANBLORRA 111'), Confused (speech bubble: 'WHERE AM I?'), Inappropriate (speech bubble: 'D N B...T'), Incomprehensible (speech bubble: 'GRÖAN').

Best motor response: Obeying Commands (speech bubble: 'Lift up your arms'), Flexion to Pain (PAIN), Localising Pain (PAIN), Extension Response (PAIN).

EXAMPLE

LEVEL OF RESPONSE	Eyes open	Spontaneously	[Graph showing eye response levels over time]														OPERATION	Eyes closed by swelling = C			
		To speech	[Graph showing eye response levels over time]																		
		To pain	[Graph showing eye response levels over time]																		
		None	[Graph showing eye response levels over time]																		
Best verbal response		Orientated	[Graph showing verbal response levels over time]														Endotracheal tube or tracheostomy = T				
		Confused	[Graph showing verbal response levels over time]																		
		Inappropriate Words	[Graph showing verbal response levels over time]																		
		Incomprehensible Sounds	[Graph showing verbal response levels over time]																		
Best motor response		Obey commands	[Graph showing motor response levels over time]														Usually record the best arm response				
		Localise pain	[Graph showing motor response levels over time]																		
		Flexion to pain	[Graph showing motor response levels over time]																		
		Extension to pain	[Graph showing motor response levels over time]																		
PUPILS	right	Size	4	4	4	4	4	4	5	5	7	OPN.	6	6	6	5	5	+ reacts - no reaction c. eye closed			
		Reaction	+	+	+	+	+	+	+	+	-		-	-	-	+	c		c	c	
	left	Size	4	4	4	4	4	4	4	4	4		5	4	4	4	3		3	4	4
		Reaction	+	+	+	+	+	+	+	+	+		+	+	+	+	+		+	+	+
LIMB MOVEMENT	ARM	Normal power	[Graph showing limb movement levels over time]														OPERATION	Record right (R) and left (L) separately if there is a difference between the two sides.			
		Mild weakness	[Graph showing limb movement levels over time]																		
		Severe weakness	[Graph showing limb movement levels over time]																		
		Spastic flexion	[Graph showing limb movement levels over time]																		
	LEGS	Normal power	[Graph showing limb movement levels over time]																		
		Mild weakness	[Graph showing limb movement levels over time]																		
		Severe weakness	[Graph showing limb movement levels over time]																		
		Extension	[Graph showing limb movement levels over time]																		
NO RESPONSE		Normal power	[Graph showing limb movement levels over time]																		
		Mild weakness	[Graph showing limb movement levels over time]																		
		Severe weakness	[Graph showing limb movement levels over time]																		
		Extension	[Graph showing limb movement levels over time]																		


LEVEL OF RESPONSE

Should indicate the degree of stimulation required to make the patient open his eyes.

Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.

Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.

Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.



Best verbal response:

- Oriented: "JOE BLOW CANBERRA 1976"
- Confused: "WHERE AM I?"
- Inappropriate: "D--N B---T (e.g.)"
- Incomprehensible: "GRAN"

Best motor response:

- Obeying Commands: "Lift up your arms"
- Flexion to Pain: "PAIN"
- Localising Pain: "PAIN"
- Extension Response: "PAIN"

EXAMPLE

LEVEL OF RESPONSE	Eyes open	Spontaneously To speech To pain None											Eyes closed by swelling = C									
	Best verbal response	Orientated Confused Inappropriate Words Incomprehensible Sounds None											Endotracheal tube or tracheostomy = T									
	Best motor response	Obey commands Localise pain Flexion to pain Extension to pain None											Usually record the best arm response									
PUPILS	right	Size Reaction	4 +	4 +	4 +	4 +	4 +	4 +	5 +	5 +	7 -	OPERATION	6 -	6 -	6 -	5 +	5 +	G G	G G	C C	+ reacts - no reaction c. eye closed	
	left	Size Reaction	4 +	4 +	4 +	4 +	4 +	4 +	4 +	4 +	4 +		5 +	4 +	4 +	4 +	4 +	3 +	3 +	4 +		4 +
LEGS	ARM	Normal power											OPERATION									Record right (R) and left (L) separately if there is a difference between the two sides.
		Mild weakness																				
		Severe weakness																				
	LEGS	Spastic flexion																				
		Extension																				
		No response																				

GUIDE TO RECORDING NEUROLOGICAL OBSERVATION CHART

LEVEL OF RESPONSE

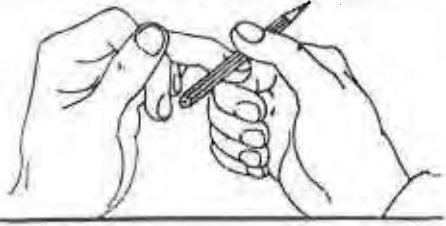
Eyes open

Should indicate the degree of stimulation required to make the patient open his eyes.

Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.

Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.

Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.

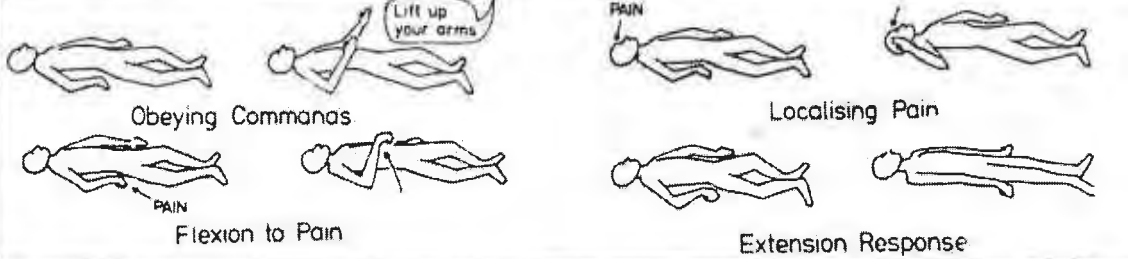


Best verbal response



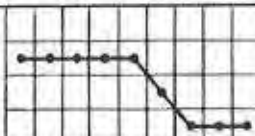
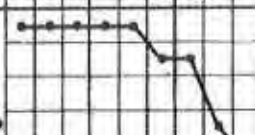
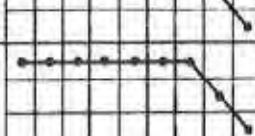
Oriented Confused Inappropriate Incomprehensible

Best motor response



Obeying Commands Flexion to Pain Extension Response Localising Pain

EXAMPLE

LEVEL OF RESPONSE	Eyes open	Spontaneously To speech To pain None															Eyes closed by swelling = C
	Best verbal response	Orientated Confused Inappropriate Words Incomprehensible Sounds None															Endotracheal tube or tracheostomy = T
	Best motor response	Obey commands Localise pain Flexion to pain Extension to pain None															Usually record the best arm response
PUPILS	right	Size Reaction	4 4 4 4 4 4 5 5 7	OPERATION										6 6 6 5 5	+ reacts - no reaction c. eye closed		
	left	Size Reaction	4 4 4 4 4 4 4 4 4	OPERATION										5 4 4 4 4 3 3 4 4			
ARMS	Normal power			OPERATION											Record right (R) and left (L) separately if there is a difference between the two sides.		
	Mild weakness			OPERATION													
	Severe weakness			OPERATION													
	Spastic flexion			OPERATION													
	Extension			OPERATION													
	No response			OPERATION													
LEGS	Normal power			OPERATION													
	Mild weakness			OPERATION													
	Severe weakness			OPERATION													
	Extension			OPERATION													

WODEN VALLEY HOSPITAL
CANBERRA HOSPITAL
NEUROLOGICAL
OBSERVATION CHART

BAYLISS ALEXANDER
25/08/1970 M R/C S 51
Name:
Unit: CHUM CREEK RD
TEALESVILLE 3777

552/145

94

Neuro obs

Date		11/8/70 21:45		6085		Record Observations as indicated or by series of dots		
Time		10:37:11						
MOTOR RESPONSE	Eyes open	Spontaneously	→ → → →			Eyes closed by swelling = C 12 35		
	Best verbal response	Orientated	→ → → →			Endotracheal tube or tracheostomy = T		
		Confused						
Best motor response	Obey commands	Localise pain	→ → → →			Usually record the best arm response		
		Flexion to pain						
		Extension to pain						
PUPILS	PUPILS	right	Size	3 4		+ reacts - no reaction c. eye closed		
		Reaction		+ +				
		left	Size	3 4				
		Reaction		+ +				
		A R M S	A R M S	Normal power		R R		Record right (R) and left (L) separately if there is a difference between the two sides
				Mild weakness		L L		
				Severe weakness				
				Spastic flexion				
Extension								
No response								
L E G S	L E G S			Normal power		✓ ✓ →		
				Mild weakness				
		Severe weakness						
		Extension						
Pupil scale (m.m.)		10						
Blood pressure and Pulse rate		240		40		Temperature °C		
		230		38				
		220		38				
		210		37				
		200		36				
		190		35				
		180		34				
		170		33				
		160		32				
		150		31				
		140		30				
		130						
		120						
		110						
		100						
		90						
		80						
		70						
		60						
		50						
		40						
		30						
		20						
		10						

NEUROLOGICAL OBSERVATION CHART

GUIDE TO RECORDING NEUROLOGICAL OBSERVATION CHART

LEVEL OF RESPONSIVENESS


Eyes open

Should indicate the degree of stimulation required to make the patient open his eyes.


Spontaneously: Indicates functioning of the arousal mechanisms in the reticular activating system of the brain stem.

Opening to speech: Patient's eyes are not open at the beginning of the examination but will open in response to verbal stimulation.


Opening to pain: If verbal stimulation is unsuccessful physical stimulation is applied, the most useful being to extend pressure on the patient's finger nail bed by means of pen or pencil, see illustration.




Best verbal response




Oriented



Confused

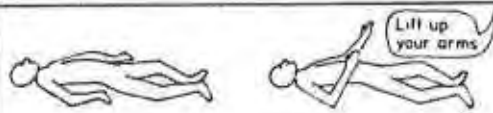


Inappropriate

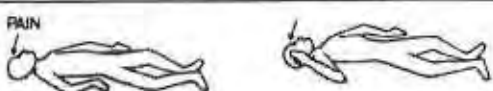


Incomprehensible

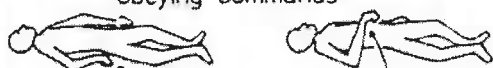
Best motor response



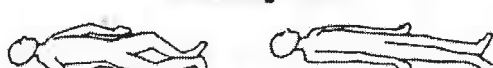
Obeying Commands



Localising Pain



Flexion to Pain



Extension Response

EXAMPLE

LEVEL OF RESPONSIVENESS	Eyes open	Spontaneously	OPERATION										Eyes closed by swelling = C
	Best verbal response	To speech	OPERATION										Endotracheal tube or tracheostomy = T
		To pain											
Best verbal response	Orientated	OPERATION	Usually record the best arm response										
	Confused			OPERATION	Usually record the best arm response								
Best verbal response	Inappropriate	OPERATION	Usually record the best arm response										
	Words			OPERATION	Usually record the best arm response								
Best verbal response	Incomprehensible	OPERATION	Usually record the best arm response										
	Sounds			OPERATION	Usually record the best arm response								
Best verbal response	None	OPERATION	Usually record the best arm response										
	Obey commands			OPERATION	Usually record the best arm response								
Best motor response	Localise pain	OPERATION	Usually record the best arm response										
	Flexion to pain			OPERATION	Usually record the best arm response								
Best motor response	Extension to pain	OPERATION	Usually record the best arm response										
	None			OPERATION	Usually record the best arm response								
PUPILS	right	Size	4 4 4 4 4 4 5 5 7			OPN.	6 6 6 5 5	C C C C	+ reacts - no reaction c. eye closed				
		Reaction	+ + + + + + + + -	- - - + +									
	left	Size	4 4 4 4 4 4 4 4 4	5 4 4 4 4 3 3 4 4									
		Reaction	+ + + + + + + + +	+ + + + + + + + +									
LEVEL OF RESPONSIVENESS	A R M S	Normal power	OPERATION										Record right (R) and left (L) separately if there is a difference between the two sides.
		Mild weakness	OPERATION										
		Severe weakness	OPERATION										
		Spastic flexion	OPERATION										
	L E G S	Extension	OPERATION										
		No response	OPERATION										
		Normal power	OPERATION										
		Mild weakness	OPERATION										
	L E G S	Severe weakness	OPERATION										
		Extension	OPERATION										
		No response	OPERATION										
				OPERATION									

fp

ROYAL CANBERRA HOSPITAL

OBSERVATION CHART

C4000/34815/019

P.I.N.S.

BATLIS ALEXANDER
257 2/19/ M R/C S
ROBSON 51

CHUM CREEK RD
LEALESVILLE 3777

608552

96

DATE AND TIME	TEMP	PULSE	RESPS.	BP		RESPONSE LEVEL F	PUPILS		PUPIL REACTION (ABC) R L	Position	OTHER OBSERVATIONS OR REMARKS	
				Lying	Standing		R	L				
9.12.85 1300	37 ^{PA}	82	18	122	70		4	4	+	+	Left	mod creamy sputum
2pm	37 ^{PA}	78	20	100	60		3	3	+	+	Left	
3pm		86	20	114	76		5	5	+	+	Right	mod creamy sputum
4pm		83	20	108	60		4	4	+	+	Right	
5pm	36 ⁸	76	20	108	60		4	4	+	+	Lt.	Small creamy white sputum
6pm		96	20	120	78		4	4	+	+	Right	Small creamy white sputum
7pm		102	22	126	86		5	5	+	+	Right	Small creamy white sputum
8pm	37	66	20	116	74		4	4	+	+	Left	
9pm		98	24	124	76		5	5	+	+	Left	
10pm		92	24	120	80		5	5	+	+	Right	
11pm		76	20	130	90		4	4	+	+	Right	
12am		68	24	120	80		3	3	+	+	Right	

OBSERVATION CHART

TYPE OF OBSERVATION:

RESPONSE LEVEL: A—alert, B—drowsy/rousable, C—not speaking, D—moving spontaneously, but not to command, E—responds only to pain, F—not responding to pain.

PUPILS: •—dilated, o—normal, .—pinpoint.

PUPIL REACTION: A—brisk, B—sluggish, C—absent.

Note: The blank column may be used for additional observations, ie. Lochia, PV loss, F.H.S. etc., by writing in the appropriate heading.

FREQUENCY:

ROYAL CANBERRA HOSPITAL

OBSERVATION CHART

C4000/34815/019

HAYLES ALEXANDER

M R/C 51

CHUM CREEK RD
LEALESVILLE 3777

608552

P.I.N.S.

DATE AND TIME	TEMP.	PULSE	RESPS.	B.P.		RESPONSE LEVEL F	PUPILS		PUPIL REACTION (ABC)		OTHER OBSERVATIONS OR REMARKS
				Lying	Standing		R	L	R	L	
10.12.85 1am	36 ⁹	68	20	110/60		3	3	+	+	left	Small amount creamy sputum
2am		88	20	110/80		6	6	+	+	left	Small amount creamy sputum
3am	36	92	16	130/80		6	6	+	+	Left	Small amount creamy sputum
4am		92	16	110/80		6	6	+	+	left	Small amount creamy sputum
5am		68	20	110/60		5	5	+	+	Right	Small amount creamy sputum
6am		78	20	130/70		5	5	+	+	Back	ph 6 SG 1020 Protein + Blood - trace
7am		68	20	110/70		3	3	+	+	Right	Naso gastric ph 1
8am		70	18	110/75		4	4	+	+	Right	
9am	35	73	18	120/75		3	3	+	+	Back	Naso gastric ph 1
10am	36 ⁵	58	18	95/70		2	2	+	+	left	
11am	35 ⁷	69	18	110/75		3	3	+	+	Right	
12nd		81	20	105/70		3	3	+	+	Right	
1 ^r	35 ⁷	80	20	115/70		4	4	+	+	Back	
2 ^r	35 ⁸	58	16	120/90		5	5	+	+	left	
3 ^r	35 ⁹	63	16	120/80		5	5	+	+	left	
4 ^r											

OBSERVATION CHART

TYPE OF OBSERVATION:

RESPONSE LEVEL: A—alert, B—drowsy/rousable, C—not speaking, D—moving spontaneously, but not to command, E—responds only to pain, F—not responding to pain.

PUPILS: •—dilated, o—normal, .—pinpoint.

PUPIL REACTION: A—brisk, B—sluggish, C—absent.

Note: The blank column may be used for additional observations, ie. Lochia, PV loss, F.H.S. etc., by writing in the appropriate heading.

FREQUENCY:

ROYAL CANBERRA HOSPITAL

RCH

98

OBSERVATION

BAYLISS ALEXANDER

25/08/1970

M R/C S

ROBSON

51

CHART

P.I.N.S.

MUM CREEK RD
SALESVILLE 3777

608552

C4000 / 34815 / 019

DATE AND TIME	TEMP.	PULSE	RESPS.	B.P.		RESPONSE LEVEL	PUPILS		PUPIL REACTION (ABC)	OTHER OBSERVATIONS OR REMARKS
				Lying	Standing		R	L		
12/12/69 1:50 pm	36	72	16	120/90						I.V. therapy
2:00 pm		66	16	120/90						patient
2:30 pm	36.5	64	14	120/90						✓
3 pm		64	16	130/90		D				patient
3:30	36.8	72	16	130/90		D				patient HAV
4:00		76	16	130/90		D				patient
5 pm	36.6	88	18	120/90		D				patient
6 pm	37	74	14	130/90		D				patient
7 pm	37	74	14	130/90		D				patient
8 pm	36	70	14	130/90		D				patient

OBSERVATION CHART

TYPE OF OBSERVATION:

RESPONSE LEVEL: A - alert, B - drowsy/rousable, C - not speaking, D - moving spontaneously, but not to command, E - responds only to pain, F - not responding to pain

FREQUENCY:

PUPILS: # - dilated, o - normal, . - pinpoint

PUPIL REACTION: A - brisk, B - sluggish, C - absent

Note: The blank column may be used for additional observations, i.e., Lochia, PV loss, F.H.S. etc., by writing in the appropriate heading

88

99

2
21

RIC

RECEIVED
ALEXANDER
RICHARDSON
MAY 19 1952

100 CREEK RD
FRENCHVILLE 3333

52280

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103

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INTRAVENOUS FLUID THERAPY AND ADDITIVE ORDERS

104

INTRAVENOUS FLUID AND ADDITIVE ORDER SHEET

SHEET No. 1

NAME:

BAYLIS ALEXANDER

WARD: 1191 M R/C 51

AN ADDITIVE SERVICE OPERATES FROM PHARMACY

CHUM CREEK RD

EACH SOLUTION SHOULD BE ORDERED INDIVIDUALLY AND IN THE SEQUENCE REQUIRED

BOTTLE No.	FLUID-STRENGTH	VOLUME	ADDITIVE-DOSE				PHARMACY ONLY
1	N/2 Saline + 1ml 2.5	500 ml	KCl 40 meq & 5mg 40 meq/hr				
	M.O. Signature: <i>[Signature]</i>	Date: 7/12/85	Duration (hrs):	Time to start:	Time started: 1100	Time finished: 0712	Started by: <i>[Signature]</i>
2	N/2 Saline + 2.5% Dext	500ml	WARD				
	M.O. Signature: <i>[Signature]</i>	Date: 7/12/85	Duration (hrs): 40ml/hr	Time to start:	Time started: 9pm	Time finished: 1100	Started by: <i>[Signature]</i>
3	N/2 Saline 2.5% Dext	500ml	KCl 40 meq				
	M.O. Signature: <i>[Signature]</i>	Date: 8/12/85	Duration (hrs): 40ml/hr	Time to start:	Time started: 1100	Time finished:	Started by: <i>[Signature]</i>
4	N/2 Saline 2.5 Dext	500 ml	NGT				
	M.O. Signature: <i>[Signature]</i>	Date: 8/12/85	Duration (hrs): 40ml/hr	Time to start:	Time started: 1100	Time finished:	Started by: <i>[Signature]</i>
5	N/2S+2.5D	500ml	NGT				
	M.O. Signature: <i>[Signature]</i>	Date: 9/12/85	Duration (hrs): 40ml/hr	Time to start:	Time started: 11pm	Time finished:	Started by: <i>[Signature]</i>
6	N/2S+2.5D	500ml	<i>[Crossed out]</i>				
	M.O. Signature: <i>[Signature]</i>	Date: 9/12/85	Duration (hrs):	Time to start:	Time started:	Time finished:	Started by:
7	5% Dextrose	500mls	500mls				
	M.O. Signature: <i>[Signature]</i>	Date: 9/10/85	Duration (hrs): 60ml/hr	Time to start:	Time started: 7:50	Time finished:	Started by: <i>[Signature]</i>
8	Hesmeral	500ml					
	M.O. Signature: <i>[Signature]</i>	Date: 12/12/85	Duration (hrs): 60ml/hr	Time to start:	Time started: 5am	Time finished:	Started by: <i>[Signature]</i>
ORDERS							

ROYAL CANBERRA HOSPITAL CALG 1-1875 076 REV. 2.8.77

Infusion rates for 1000 ml (Adult set)	Drops per minute:	72	48	36	24	18	12
	Time taken: Hrs:	4	6	8	12	16	24

INTRAVENOUS FLUID THERAPY AND ADDITIVE ORDERS

RC II

105

INTRAVENOUS FLUID AND ADDITIVE ORDER SHEET

SHEET No

1

NAME: ELLISS ALEXANDER

25/18/1970

M R/C

S

BSON

51

WARD:

CHUM CREEK RD
LEALESVILLE 3777

AN ADDITIVE SERVICE OPERATES FROM PHARMACY

EACH SOLUTION SHOULD BE ORDERED INDIVIDUALLY AND STRICTLY IN THE SEQUENCE REQUIRED

BOTTLE No.	FLUID-STRENGTH	VOLUME	ADDITIVE DOSE				PHARMACY ONLY
1	<i>Inulin 4000</i>	<i>1 li</i>	<i>30/min</i>				
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
	<i>[Signature]</i>	<i>17.12</i>			<i>11:45</i>		<i>[Signature]</i>
2	<i>Mannitol 20%</i>	<i>24/min</i>	<i>100 ml</i>				
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
	<i>[Signature]</i>	<i>17.12</i>				<i>8:30 pm</i>	
3	<i>1/2 D N 5</i>	<i>1 L</i>					
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
	<i>[Signature]</i>	<i>17/12</i>	<i>18</i>		<i>8:30</i>		<i>[Signature]</i>
4	<i>N.S.</i>	<i>1 L</i>					
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
	<i>[Signature]</i>	<i>18/12</i>	<i>12</i>		<i>3:30 pm</i>	<i>18/12</i>	<i>KR</i>
5	<i>NS</i>	<i>1 L</i>					
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
	<i>[Signature]</i>	<i>18/12</i>	<i>12</i>				
6							
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
7							
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by
8							
	M.O. Signature	Date	Duration (Hrs)	Time to start	Time started	Time finished	Started by

ORDERS

Infusion rates for 1000 ml (Adult set)	Drops per minute	72	48	36	24	18	12
	Time taken - Hrs.	4	6	8	12	16	24

ROYAL CANBERRA HOSPITAL
C-4000/34815/026
REVISED 8/77

1215 hrs 7/12/85

RCH

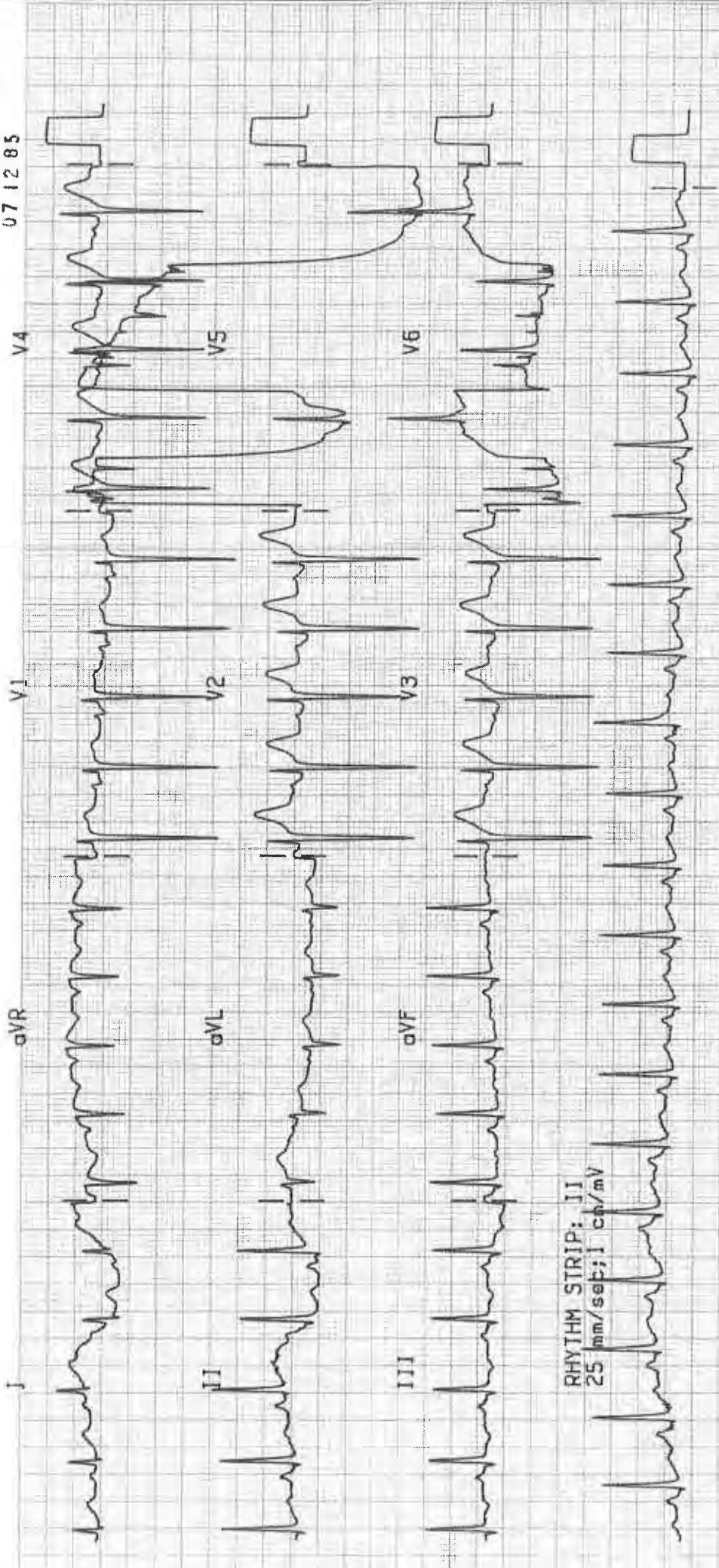
foi

BAYLISS ALEXANDER
5/18/1971 M R/C S
BSON 51

1000 CREEK RD
HALESVILLE 3777

408552

071285



RHYTHM STRIP: J1
25 mm/sec; 1 cm/mV

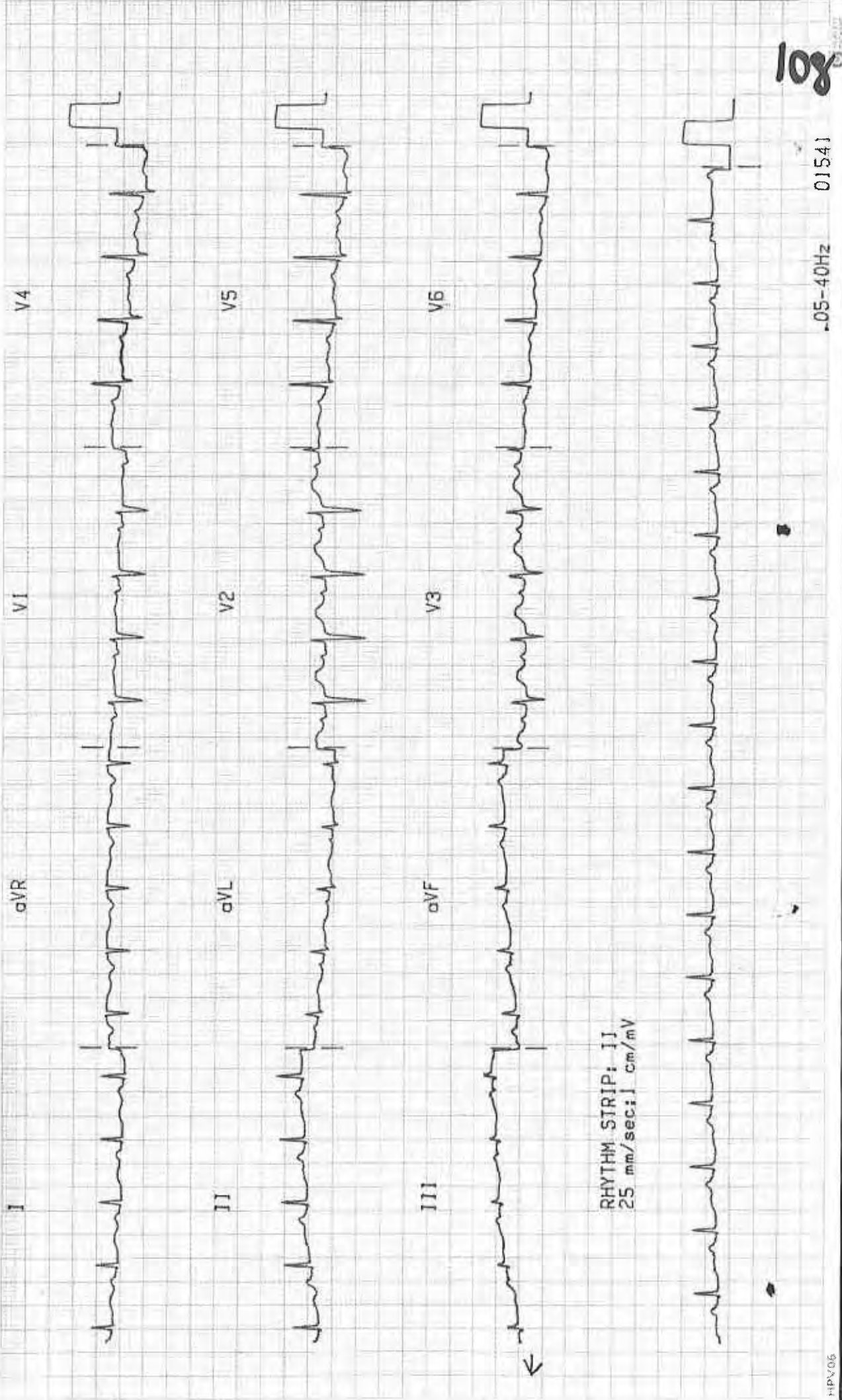
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Amlyloid / Nephrosis
Levin Bonane

low amplitude tracing

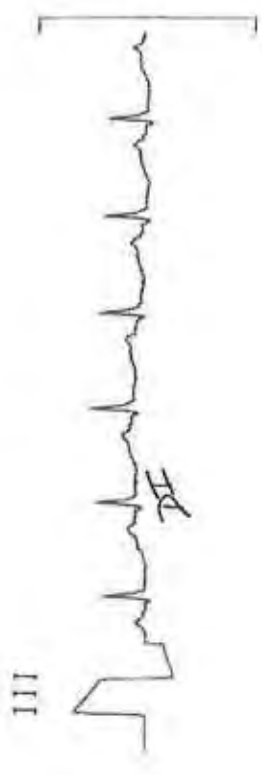
Baylis
9-1-86 9:10
Dr. Stanley



108

109

PAGE 1 : TIME 0:00:00
25 mm/sec; 1 cm/mV



ROYAL CANBERRA HOSPITAL

INTENSIVE CARE UNIT FLOWCHART

TIME	12 MN 2400	1 AM 0100	2 AM 0200	3 AM 0300	4 AM 0400	5 AM 0500	6 AM 0600	7 AM 0700	8 AM 0800	9 AM 0900	10 AM 1000	11 AM 1100	12 MID 1200	1 PM 1300	2 PM 1400	3 PM 1500	4 PM 1600	5 PM 1700	6 PM 1800	7 PM 1900	8 PM 2000	9 PM 2100	10 PM 2200	11 PM 2300
TEMP	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1
PULSE	52	64	54	54	54	50	62	72	67	62	70	74	62	62	70	74	76	76	80	84	80	80	80	80
RESPS	16	20	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
B.P.	120/80	120/80	110/80	110/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80
C.V.P.																								
P.A.P.																								
P.C.W.P.																								
D'STOX																								
Conscious: Pt																								
Position	Right	Right	lt	best back	best back	best	best	best	best	best	best	best	best	best	best	best	best	best	best	best	best	best	best	best

TUBE SIZE/CHANGE	12 MN	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 MID	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
DRIVING																								
FLOW																								
VENTILATOR																								
MODE																								
MIN VOL																								
TOTAL VOLUME																								
PT TOTAL VOLUME																								
PRESSURE																								
PEEP																								
INVT RATE																								
WFGS ONLY																								
PRICE																								
CUFF																								

LABORATORY RESULTS

TIME	IN	OUT	PT	PC	PE	RE	SAT	SpO2	Temp	P	R	HR	ECG	ABG	U	Stool	Other

DATE: 12/13/31 Age: 15
 Weight: Height: 1.285
 Allergies:
 NURSING STAFF:
 Night: J. J. J. J.
 p.m.: J. J. J. J.

RCH
 RAYLESS ALEXANDER
 257 CALIPPO
 28354
 JOHN CHECK RD
 STATESVILLE 3777
 608552



ROYAL CANBERRA HOSPITAL
 257 2222
 8/74
 CHIEF NURSE
 180 ELLIOTT ST
 CANBERRA ACT 2601
 06 257 2222

INTENSIVE CARE UNIT FLOWCHART

ROYAL CANBERRA HOSPITAL

TIME	12 NN	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 MD	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
TEMP	36.8	36.8	36.4	36.7	36.5	36.8	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
PULSE	78	68	64	68	58	72	66	30	63	76	62				88	88			88					
RESPS	16	15	16	16	16	20	20	18	18	20	20				20	20			20					
B.P.	110/70	120/80	110/70	110/70	110/70	110/70	110/70	120/80	120/80	130/90	120/90				120/80	120/80			120/80					
C.V.P.																								
P.A.P.																								
RCWP																								
D'STX																								
Position	R	B	L	L	R	R	R	R	R	SPOB	S	R												

TIME	PH	P.O.P.	P.O.P.	BC	BC	SAT	Na	K	Cl
LABORATORY RESULTS									

Date: 12/12/88
 Weight: 68 kg
 Height: 180 cm
 Age: 42

NURSING STAFF:
 Night: [Signature]
 Day: [Signature]
 P.M.: [Signature]

Allergies: [Blank]

Admission: b 0 8 5 5 2

13 12 55



EU

DATE		TIME		TEMP		WATERWAYS		SPUTUM VOLUME		SPECIFIC GRAVITY		PH		PROTEIN		GLUCOSE		BILE		OTHER	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66
67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154
155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176
177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198
199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242
243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286
287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308
309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330
331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352
353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374
375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418
419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440
441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462
463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484
485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506
507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528
529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550
551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572
573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594
595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616
617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638
639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660
661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682
683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704
705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726
727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748
749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770
771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792
793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814
815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836
837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858
859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880
881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902
903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924
925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946
947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968
969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990
991	992	993	994	995	996	997	998	999	1000												

COMMENTS

Handwritten notes in the comments section.

1. To expect
 2. None
 3. Checked
 4. Concluded
 5. Microscopic
 6. Microscopic
 7. Microscopic
 8. Microscopic
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 99. Microscopic
 100. Microscopic

ROYAL CANBERRA HOSPITAL

INTENSIVE CARE UNIT FLOWCHART

RECEPTION TELEPHONE 870 5 11
 14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31
 CHURCH STREET RD
 LEALINGVILLE 3777
 608552
 15 12 85

DATE: 15/12/85 Age: 73
 Weight: Height:
 Allergies:
 NURSING STAFF:
 Night: [Signature]
 Day: [Signature]
 P.M.: [Signature]

LABORATORY RESULTS

TIME	PH	P CO ₂	P O ₂	SiC	BE	SAT ₂	Na ⁺	K ⁺	Cl ⁻

TIME	12 MN	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 MD	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
TEMP			36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
PULSE			72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72
RESPS			18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
S.P.			112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65	112/65
C.V.P.																								
P.A.P.																								
P.C.W.P.																								
D'STIX																								

TUBE SIZE/CHANGE
 O₂ CONIC
 FLOW
 VENTILATOR
 MODE
 MIN VOL
 TIDAL VOLUME
 P/TIDAL VOLUME
 PRESSURE
 PEEP
 MAX PRESS
 MIN FRONT PIECE

114

TIME	12 MN 2400	1 AM 0100	2 AM 0200	3 AM 0300	4 AM 0400	5 AM 0500	6 AM 0600	7 AM 0700	8 AM 0800	9 AM 0900	10 AM 1000	11 AM 1100	12 MD 1200	1 PM 1300
TEMP.												37	37	
PULSE												108	120 125	118
RESPS												32	30 28	28
D.P.												110 110	115	
C.V.P.														
P.A.P.														
F.C.W.P.														
O ₂ STIX														
INS												✓	✓	

TUBE SIZE/CHANGE

O ₂ CONC														
FLOW														
VENTILATOR														
MODE														
TIDAL VOLUME														
PEEP														
IRV RATE														
MINES ON T.PIECE														
CU-F														
AIR ENTRY														
HUMIDIFIER														
TEMP														
WATERTRAPS														
EXPIRATORY VOL/TIME														
Eyes open	Spontaneously to speech to pain													
Best Verbal response	Orientated Confused Inappropriate Words No Sounds													
Best motor response	Obeys commands Localize pain Flexion to pain None													
PUPILS	right	Size Reacts												
	left	Size Reacts												
LIMB MOVEMENT	DRUGS	Normal power												
		Mild weakness												
		Severe weakness												
		No response												
LIMB MOVEMENT	DRUGS	Normal power												
		Mild weakness												
		Severe weakness												
		No response												

COMMENTS

*Myra Childs
Blood gases*

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AS REC IN MRD

ROYAL CANBERRA HOSPITAL

120 INTENSIVE

TIME	12 MN 2400	1 AM 0100	2 AM 0200	3 AM 0300	4 AM 0400	5 AM 0500	6 AM 0600	7 AM 0700	8 AM 0800	9 AM 0900	10 AM 1000	11 AM 1100	12 MD 1200
TEMP	37.9	37.5	37.9	37.8	37.7	37.1	37.1	37.3	37.1	37.1	37.2		37.1
PULSE	130	114	135	120	128	116	121	116	123	104	110	108	108
RESPS	38	40	36	24	34	26	24	24	28	24	20	20	22
B.P.	130/70	120/80	130/80	131/80	152/70	130/80	140/76	120/66	140/70	120/70	120/80	130/80	140/80
C.V.P.													
P.A.P.													
P.C.W.P													
D'STIX													
GARRIC PU								2.					
GIRTH	67.5cm	67.5cm	65cm	65cm	65cm	66	66	65cm	65cm	66cm	66cm	65.5cm	65cm
POSITION	L	L	R	R	L	L		R	R	L	L	L	R

SIZE/CHANGE	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L
FLOW	↑ 8L	↑ 8L	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L	8L
VENTILATOR MODE	Hudson MASK	H/M	H/M	H/M	Hudson	Hudson	Hudson	Hudson	Hudson	Hudson	Hudson	Hudson	Hudson
MIN VOL													
TIDAL VOLUME													
PT TIDAL VOLUME													
PRESSURE													
PEEP													
IMV RATE													
MINS ON T PIECE													
CUFF													
AIR ENTRY													
HUMIDIFIER													
TEMP													
WATERTRAPS													
SPUTUM VOL/TYP					2 c/B		mod amount		1 c/B		1 c/B		1 c/B

Eye open	Spontaneous to speech	To pain	None	•	•	•	•	•	•	•	•	•	•
Good Verbal response	Oriented	Coherent	Inappropriate Words	Incomp. Sounds	None	•	•	•	•	•	•	•	•
Best motor response	Localize pain	Flexion to pain	Extension to pain	None	•	•	•	•	•	•	•	•	•
PUPILS	right	Size	Reaction	Size	Reaction	1	5	3	1.5	5	3	3	3
	left	Size	Reaction	Size	Reaction	1	6	1.5	6	1.5	4	3	5
LIMB MOVEMENT	Normal power	Mid weakness	Severe weakness	Spastic flexion	Extension	No response							
	Normal power	Mid weakness	Severe weakness	Spastic flexion	Extension	No response							

COMMENTS

AIR ENTRY		HUMIDIFIER		TEMP		WATER/TANKS		BIPULSUM VOLTAGE	
Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30
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43	43	43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47	47	47
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53	53	53	53	53	53	53	53	53	53
54	54	54	54	54	54	54	54	54	54
55	55	55	55	55	55	55	55	55	55
56	56	56	56	56	56	56	56	56	56
57	57	57	57	57	57	57	57	57	57
58	58	58	58	58	58	58	58	58	58
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63	63	63	63	63	63	63	63	63	63
64	64	64	64	64	64	64	64	64	64
65	65	65	65	65	65	65	65	65	65
66	66	66	66	66	66	66	66	66	66
67	67	67	67	67	67	67	67	67	67
68	68	68	68	68	68	68	68	68	68
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71	71	71	71	71	71	71	71	71	71
72	72	72	72	72	72	72	72	72	72
73	73	73	73	73	73	73	73	73	73
74	74	74	74	74	74	74	74	74	74
75	75	75	75	75	75	75	75	75	75
76	76	76	76	76	76	76	76	76	76
77	77	77	77	77	77	77	77	77	77
78	78	78	78	78	78	78	78	78	78
79	79	79	79	79	79	79	79	79	79
80	80	80	80	80	80	80	80	80	80
81	81	81	81	81	81	81	81	81	81
82	82	82	82	82	82	82	82	82	82
83	83	83	83	83	83	83	83	83	83
84	84	84	84	84	84	84	84	84	84
85	85	85	85	85	85	85	85	85	85
86	86	86	86	86	86	86	86	86	86
87	87	87	87	87	87	87	87	87	87
88	88	88	88	88	88	88	88	88	88
89	89	89	89	89	89	89	89	89	89
90	90	90	90	90	90	90	90	90	90
91	91	91	91	91	91	91	91	91	91
92	92	92	92	92	92	92	92	92	92
93	93	93	93	93	93	93	93	93	93
94	94	94	94	94	94	94	94	94	94
95	95	95	95	95	95	95	95	95	95
96	96	96	96	96	96	96	96	96	96
97	97	97	97	97	97	97	97	97	97
98	98	98	98	98	98	98	98	98	98
99	99	99	99	99	99	99	99	99	99
100	100	100	100	100	100	100	100	100	100

URINALYSIS

TIME
Spec. G
PH
Protein
Ketones
Glucose
Blood
Bile

ORDERS

COMMENTS

184

J81

187

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PM

128

AS REC IN MRD

ROYAL CANBERRA HOSPITAL

INTENSIVE

TIME	12 MN 2400	1 AM 0100	2 AM 0200	3 AM 0300	4 AM 0400	5 AM 0500	6 AM 0600	7 AM 0700	8 AM 0800	9 AM 0900	10 AM 1000	11 AM 1100	12 MD 1200	13
TEMP.		36 ⁹ M			35 ^S		36	35 ^S	36 ^M	36 ^{PM}	35 ^{PM}	36 ^M	36	36
PULSE	52	47	52	44	52	56	48	60	55	52	76	81	49	54
RESPS	16	18	16	14	16	20	20	20	14	15	16	15	16	14
B.P.	100/60	110/30	100/60	115/20	110/60	150/40	120/80	120/80	130/90	120/70	130/90	110/90	110/70	120/70
C.V.P.														
P.A.P.														
P.C.W.P.														
D'STIX														
Gastric pH							2							
Position	Left	L	R	R	R	L	L	R	R	L	Back	Back	R	R

TUBE SIZE/CHANGE														
O ₂ CONC														
FLOW														
VENTILATOR														
MODE														
MIN VOL														
TIDAL VOLUME														
PT TIDAL VOLUME														
PRESSURE														
PEEP														
IMV RATE														
MINS ON T PIECE														
CUFF														
AIR ENTRY														
HUMIDIFIER														
TEMP														
WATERTRAPS														
SPUTUM VOL./TYPE														

Eyes open	To speech		To pain		None									
	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Best Verbal response	Oriented		Confused		Incomp. Sounds		None							
	Obey commands		Localise pain		Flexion to pain		Extension to pain							
	None		None		None		None							
PUPILS	Right	Reaction	Size	Reason	Right	Reaction	Size	Reason	Right	Reaction	Size	Reason	Right	Reaction
	+	+	+	+	+	+	+	+	+	+	+	+	+	+
L I M B M O V E M E N T	A R M S	Normal power	R	L	R	L	R	L	R	L	R	L	R	L
		Mid weakness												
		Severe weakness												
		Spastic flexion												
L I M B M O V E M E N T	L E G S	Normal power	R	L	R	L	R	L	R	L	R	L	R	L
		Mid weakness												
		Severe weakness												
		Spastic flexion												

COMMENTS

180

ROYAL CANBERRA HOSPITAL INTENSIVE CARE UNIT FLOWCHART

TIME	12 MN	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 MD	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
TEMP							36.4									36.1								
PULSE			76				90										96							
RESPS			20				18										20							
B.P.			112/86				132/86										120/80							
C.V.P.																								
P.A.P.																								
PC-W.P.																								
D'STIX																								

Date: 14. 12. 85. Age: 13-14-85
 Weight: Height:
 Allergies:

NURSING STAFF
 Night
 a.m.
 p.m.

LABORATORY RESULTS

TIME	IN	OUT	UO/P	UO/D	UO/F	UO/S	UO/T	UO/V	UO/W	UO/X	UO/Y	UO/Z

TUBE SIZE/CHANGE	U. CONC	FLOW/LATOR	INSURE	MIN VOL	TIDAL VOLUME	PE TOTAL VOLUME	PRESSURE	FEED	INV BAVE	MINES ON T TUBE	CLIP	AIR ENTRY

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PE1

MEDICATION RECORD ROYAL CANBERRA HOSPITAL

C4000-34820-010

BODY WEIGHT:	HEIGHT:	PATIENT'S DETAILS:
SUBSTANCES NOT TO BE ADMINISTERED:		ALEXANDER 57 2/1977 M R/C 5 51 CREEK RD SALESVILLE 3777

NKA

138

PHARMACY ONLY	DATE TO START	MEDICATION	DOSE		SCHEDULES	DATE TO CEASE	ADDITIONAL INSTRUCTIONS
			ROUTE				
	14/12	Dexamethasone	8mg	oral	3 7 11		Dr. [Signature]
	14/12	Hep. saline	5mls	IV	3 7 11		Dr. [Signature]
	14/12	Ranitidine	100mg	IV	3 7 11		Dr. [Signature]
14/12	14/12	Ranitidine	150mg	oral	3 7 11		Dr. [Signature]
14/12	14/12	Septin syrup	15mls	oral	3 7 11		Dr. [Signature]
S	16/12	Dexamethasone	var.	oral	3 7 11		see chart Dr. [Signature]
58		Pelladine	50-25mg	im	3 7 11		Dr. [Signature]
58		Codine phosph Dexamethasone	25mg	im	3 7 11		Dr. [Signature]
					1 3 7 11		VARIABLE DOSE ORDERS →
					1 3 7 11		VARIABLE DOSE ORDERS →

DATE REQ.	TIME REQ.	ONCE ONLY DRUG	DOSE	ROUTE	M.O. SIGNATURE	GIVEN BY/ TIME
17/12	14:30	Septin syrup	15mls	oral	AM [Signature]	K [Signature]
17/12	5PM	Dexamethasone	8mg	IV	[Signature]	[Signature]
17/12	5:30p	hydrocortisone	100mg	IV	[Signature]	[Signature]
17/12		CODEINE PHOSPHATE	25mg	im	[Signature]	[Signature]
17/12	9PM	Dexamethasone	8mg	IV	[Signature]	[Signature]
18/12	2-450	hydrocortisone	100mg	IV	[Signature]	[Signature]

92 R

139

138

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149

149

2
21

HAYLIS ALEXANDER
M RIC
R BORN
4011 CREEK RD
FALESVILLE 2771

10825

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147

147

HAYLIZ ALEXANDER
M RIC 2
21

10825
CAMP CREEK RD
LEAVELTLE 3773

10825

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MEMORANDUM FOR THE RECORD

2
21

150

0 2 2 5

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BAYLISS Alexander 162018 8/12/85 ICU
DR GANGULY:BC DR ROBSON

CHEST: (3)
There is some crowding of lung markings at the right base which may be due only to incomplete lung expansion. Otherwise, no segmental consolidation or collapse is noted. There is mild peribronchial thickening. The cardiac shadow is within normal limits.

X-RAY REPORT

X-RAY REPORT

BAYLISS Alex 162018 10/12/85 1A
DR. KRINGS:LMC DR. ROBSON
(no.4)

CHEST: Mobile: The lungs are clear.

BAYLISS Alex 162018 7/12/85 CAS/1A
DR. GANGULY:LMC C.O./DR. ROBSON
(no.2)

CHEST: No consolidation or collapse noted. The cardiac shadow is normal, allowing for position. A small density is projected over the humeral head - ? artefact on skin or bone island.
CERVICAL SPINE: C7 is incompletely visualised in the lateral view. No significant bone or disc abnormality is noted. Alignment appears normal.
LEFT FOREARM: There is an oblique fracture with a small comminuted fragment, in the mid-third of the diaphysis of the radius, with slight ulnar and volar displacement of the distal fragment.

X-RAY REPORT

BAYLISS Alex 162018 7/12/85 1A
DR GANGULY:BC DR ROBSON

CT SCAN BRAIN: (1) (non contrast)
There is a degree of generalised cerebral oedema with poor grey-white demarcation anteriorly and with distension of the lateral ventricles. There is some hyperdensity in the left Sylvian fissure, consistent with the presence of a little blood within the subarachnoid space. There is some focally hypodensity in the left frontal region (Sivir 11))) suggestive of localised cerebral contusion. There is no displacement of midline structures. No space occupying lesion noted.

X-RAY REPORT

454

BAYLISS Alex 162018 12/12/85 1A
DR. CRAMER:LMC DR. ROSSON
(no.7)

CHST: Lungs are clear.
LEFT FOREARM: Fracture of distal radius shows some anterior displacement of distal fragment. Limb is in plaster.

BAYLISS Alexander 162018 11/12/85 1A
DR. COARD:LMC DR. ROSSON
(no.6)

CHST: The cardiac outline is within normal limits and the lungs are clear.

BAYLISS Alexander 162018 10/12/85 1A
DR. COARD:LMC DR. ROSSON
(no.5)

CHST: The transverse cardiac diameter is within normal limits. The lungs are clear.
(no films of left radius)

X-RAY REPORT

X-RAY REPORT

X-RAY REPORT

BAYLISS Alex 162018 20/12/85 R wd
DR. WILBY:LMC DR. H.H.D. DR. ROSSON
(no.8 10)
OF SCHEP BRAIN: (Without contrast medium)

No abnormality was demonstrated. The ventricles appear to be normal size and there is no evidence of raised intracranial pressure. No focal lesion could be seen and there is no intracranial hemorrhage.

BAYLISS Alex 162018 17/12/85 R wd.
DR. KRINGS:LMC DR. ROSSON
(no.9)

LEFT FOREARM: The plate and screws hold the radial fragments in good position.

10

BAYLISS Alex 162018 15/12/85 1A
DR. GANEV:LMC DR. ROSSON
(no.8)

CHST: The lung fields show no consolidation or collapse. The pleural spaces are clear and the cardiac shadow is not enlarged.

X-RAY REPORT

X-RAY REPORT

X-RAY REPORT

1217

ROYAL CANBERRA HOSPITAL X-RAY DEPARTMENT
 Date: 21.9.88
 Name: BAYLISS Alex
 Age: 51
 PID: 608552
 D.O.B.: 1/12/36

Referring Doctor: DR. DANITA
 Radiologist: DR. PRICE, JMC

Examining Report (No. 11)

CT SCAN BRAIN: 0.2400
 Sections were taken from the skull base to the vertex without contrast.
 Normal appearances throughout. No evidence of any space-occupying lesion, intracranial haematoma or focal tissue loss. The ventricular system is not dilated.

LAB. REG. NO. 000346
 TESTS REQUIRED: m/c/s
 DATE/TIME REQ'D: 38
 ROUTINE SAME DAY URGENT

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

REPORT: SPUTUM macro/saliva/mucoid/purulent; bloodstained/mucopurulent
 Micro Occasional pus cells, moderate cellular debris masses of mixed oval type floccular moderate amount of positive bacilli, and culture Heavy growth of pneumococci, influenzae with a heavy growth of streptococci; penicillinase positive/bilirubin negative
 (P. aeruginosa negative)
 21.9.88

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUIRED/REPOST

LAB. REG. NO. 6998
 TESTS REQUIRED: Blood Cult
 DATE/TIME REQ'D: 38
 ROUTINE SAME DAY URGENT

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

REPORT: Head injury Temp 38
 No growth of organisms
 Patient returned

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUIRED/REPOST
 DATE OF REPORT: 21.9.88
 PATHOLOGIST: JMC

LAB. REG. NO. 000154
 TESTS REQUIRED: m/c/s
 DATE/TIME REQ'D: 38
 ROUTINE SAME DAY URGENT

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

REPORT: Protein 150 mg/l
 Urea 4.0 mmol/l
 Creatinine 110 µmol/l
 WBC 10.0/mm
 Erythrocytes 4.0/mm
 RBC 300/mm

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUIRED/REPOST

LAB. REG. NO. 6998
 TESTS REQUIRED: Blood Cult
 DATE/TIME REQ'D: 38
 ROUTINE SAME DAY URGENT

PATIENT NAME: BAYLISS, ALEXANDER
 ADDRESS: 17 BARRON ST, CANBERRA
 REQUEST BY DR. DANITA
 HOSPITAL: RCH
 WARD: ICU
 PROV. NO. 608552
 CAUSALTY: CLINIC: DISPENSARY: OTHER:

REPORT: Head injury Temp 38
 No growth of organisms
 Patient returned

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUIRED/REPOST
 DATE OF REPORT: 21.9.88
 PATHOLOGIST: JMC

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LAB. REG. No. **002509** REG. No. **340120** UNIT No. **51** AGE SEX **54**

PATIENT NAME **DAVLISS ALEXANDER** PATIENT ADDRESS **1007 CREEK RD**

ROUTINE NAME DAY DATE/TIME REC'D. **508552** PROV. No. **508552**

URGENT NATURE OF SPECIMEN **URINE** REQUEST BY DR. **WARD** HOSPITAL **W** HOSP. CLINIC Casualty Uninsured Disch. Comp. Para. PHB Para. Repeat

RELEVANT HISTORY: **Head Injury**

REPORTING DR'S SIGNATURE: **AM...** DATE: **10/12/81** BENEFIT CODES: **09A**

LAB. REG. No. **002509** REG. No. **340120** UNIT No. **51** AGE SEX **54**

PATIENT NAME **DAVLISS ALEXANDER** PATIENT ADDRESS **1007 CREEK RD**

ROUTINE NAME DAY DATE/TIME REC'D. **508552** PROV. No. **508552**

URGENT NATURE OF SPECIMEN **URINE** REQUEST BY DR. **WARD** HOSPITAL **W** HOSP. CLINIC Casualty Uninsured Disch. Comp. Para. PHB Para. Repeat

RELEVANT HISTORY: **MVA Closed Head Injury**

REPORTING DR'S SIGNATURE: **J. Kane** DATE: **2/12/85** BENEFIT CODES:

Specimen collected: Date **11/12/81**

SODIUM 15 mmol/L
POTASSIUM 22 mmol/L
CREATININE 2.6 mmol/L
OSMOLALITY 561 mosm/kg

CAPITAL TERRITORY HEALTH COMMISSION, ACT. PATHOLOGY REQUEST FORM

LAB. REG. No. **002528** REG. No. **ABG's** UNIT No. **51** AGE SEX **51**

PATIENT NAME **DAVLISS ALEXANDER** PATIENT ADDRESS **1007 CREEK RD**

ROUTINE NAME DAY DATE/TIME REC'D. **508552** PROV. No. **508552**

URGENT NATURE OF SPECIMEN **REST** REQUEST BY DR. **Rest** HOSPITAL **Rest** HOSP. CLINIC Casualty Uninsured Disch. Comp. Para. PHB Para. Repeat

RELEVANT HISTORY: **Head Injury**

REPORTING DR'S SIGNATURE: **Sum...** DATE: **07/12/85** BENEFIT CODES:

LAB. REG. No. **002549** REG. No. **Urine Elects** UNIT No. **51** AGE SEX **51**

PATIENT NAME **DAVLISS ALEXANDER** PATIENT ADDRESS **1007 CREEK RD**

ROUTINE NAME DAY DATE/TIME REC'D. **508552** PROV. No. **508552**

URGENT NATURE OF SPECIMEN **URINE** REQUEST BY DR. **W** HOSPITAL **W** HOSP. CLINIC Casualty Uninsured Disch. Comp. Para. PHB Para. Repeat

RELEVANT HISTORY: **MVA**

REPORTING DR'S SIGNATURE: **J. Kane** DATE: **7/12/85** BENEFIT CODES:

Specimen collected: Date **7/12/85**

SODIUM 68 mmol/L
POTASSIUM 42 mmol/L
CREATININE 10.1 mmol/L
OSMOLALITY 608 mosm/kg

CAPITAL TERRITORY HEALTH COMMISSION, ACT. PATHOLOGY REQUEST FORM

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DATE OF REPORT: **8/12/81**

PATHOLOGIST: **[Signature]**

DATE OF REPORT: **7/12/85**

PATHOLOGIST: **[Signature]**

LAB. REG. NO. **0026164** REG. NO. **0025787** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11** WARD **11A**

RELEVANT HISTORY **urine 11/10/65 00:30 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **191** mmol/L
 POTASSIUM **89** mmol/L
 CREATININE **10.4** mmol/L
 OSMOLALITY **1161** mosm/kg

LAB. REG. No. **0026288** REG. No. **0026288** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11A** WARD **11A**

RELEVANT HISTORY **urine 3/10/65 00:30 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **105** mmol/L
 POTASSIUM **2.1** mmol/L
 CREATININE **10.3** mmol/L
 OSMOLALITY **1145** mosm/kg

LAB. REG. No. **0025787** REG. No. **0025787** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11** WARD **11A**

RELEVANT HISTORY **urine 11/10/65 00:30 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **12** mmol/L
 POTASSIUM **99** mmol/L
 CREATININE **12.8** mmol/L
 OSMOLALITY **1188** mosm/kg

LAB. REG. No. **0026081** REG. No. **0026081** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11A** WARD **11A**

RELEVANT HISTORY **urine 10/26/65 09:41 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **42** mmol/L
 POTASSIUM **22** mmol/L
 CREATININE **7.2** mmol/L
 OSMOLALITY **785** mosm/kg

LAB. REG. No. **0026288** REG. No. **0026288** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11A** WARD **11A**

RELEVANT HISTORY **urine 3/10/65 00:30 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **105** mmol/L
 POTASSIUM **2.1** mmol/L
 CREATININE **10.3** mmol/L
 OSMOLALITY **1145** mosm/kg

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T. PATHOLOGIST **W. J. C.** DATE OF REPORT **11/12/65**

LAB. REG. No. **0026081** REG. No. **0026081** UNIT No. **51** AGE YRS **51**

PATIENT NAME **BAYLIS ALEXANDER** PATIENT ADDRESS **517-11/1977**

ADDRESS FOR REPORT **517-11/1977** REQUEST BY DR. **W. J. C.**

ROUTINE URINE DATE/TIME REQD. PROX. No. **08552**

NATURE OF SPECIMEN **urine** HOSPITAL **11A** WARD **11A**

RELEVANT HISTORY **urine 10/26/65 09:41 head injury**

REPORT: Specimen collected: Date **11/12/65** TIME **0800** DATE OF REPORT **11/12/65**

SODIUM **42** mmol/L
 POTASSIUM **22** mmol/L
 CREATININE **7.2** mmol/L
 OSMOLALITY **785** mosm/kg

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T. PATHOLOGIST **W. J. C.** DATE OF REPORT **11/12/65**

16

LAB. RES. No. [REDACTED] REG. No. 348

PATIENT NAME: BAYLIS ALEXANDER
 ADDRESS: 247 R/1975 M R/C
 ROBINSON
 ADDRESS FOR REPORT: CUMBER CREEK RD
 PEASEVILLE 3777

UNIT No. 51
 AGE 51
 SEX M

ROUTINE SAME DAY DATE/TIME REQ'D:

RE: CHEMICAL PATHOLOGY R.C.H. HOSPITAL
 SAMPLE ID 9828

REQUENT BY DR. [Signature]

TRAYS: 1 CLP: 14 09:37 11/DEC/85 HI

TEST	RESULT	RANGE
URER	8.0 MMOL/L	2.5-7.5
NR	139 MMOL/L	137-147
K	3.9 MMOL/L	3.5-5.1
CL	108 MMOL/L	98-109
ALB	36 G/L	35-50
GLU	7.1 MMOL/L	3.5-8.5
BGE	24.8-33.0	24.8-33.0
CR	2.22 MMOL/L	2.10-2.60
CRE	62 UPMOL/L	60-110

***** CALCULATED VALUES *****
 ANION GAP 8
 OSMOLALITY 283

REQUESTING DR'S SIGNATURE: [Signature] DATE: 10/12/85

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUEST REPORT

LAB. RES. No. [REDACTED] REG. No. 348

PATIENT NAME: BAYLIS ALEXANDER
 ADDRESS: 247 R/1975 M R/C
 ROBINSON
 ADDRESS FOR REPORT: CUMBER CREEK RD
 PEASEVILLE 3777

UNIT No. 51
 AGE 51
 SEX M

ROUTINE SAME DAY DATE/TIME REQ'D:

RE: CHEMICAL PATHOLOGY R.C.H. HOSPITAL
 SAMPLE ID 177

REQUENT BY DR. [Signature]

TRAYS: 1 CLP: 16 09:58 11/DEC/85 HI

TEST	RESULT	RANGE
URER	8.2 MMOL/L	2.5-7.5
NR	139 MMOL/L	137-147
K	4.0 MMOL/L	3.5-5.1
CL	108 MMOL/L	98-109
ALB	41 G/L	35-50
GLU	7.3 MMOL/L	3.5-8.5
BGE	24.8-33.0	24.8-33.0
CR	2.22 MMOL/L	2.10-2.60
CRE	69 UPMOL/L	60-110

***** CALCULATED VALUES *****
 ANION GAP 7
 OSMOLALITY 283

REQUESTING DR'S SIGNATURE: [Signature] DATE: 11/12/85

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUEST REPORT

169

LAB. RES. No. [REDACTED] REG. No. 348

PATIENT NAME: BAYLIS ALEXANDER
 ADDRESS: 247 R/1975 M R/C
 ROBINSON
 ADDRESS FOR REPORT: CUMBER CREEK RD
 PEASEVILLE 3777

UNIT No. 51
 AGE 51
 SEX M

ROUTINE SAME DAY DATE/TIME REQ'D:

RE: CHEMICAL PATHOLOGY R.C.H. HOSPITAL
 SAMPLE ID 177

REQUENT BY DR. [Signature]

TRAYS: 1 CLP: 16 09:58 11/DEC/85 HI

TEST	RESULT	RANGE
URER	8.2 MMOL/L	2.5-7.5
NR	139 MMOL/L	137-147
K	4.0 MMOL/L	3.5-5.1
CL	108 MMOL/L	98-109
ALB	41 G/L	35-50
GLU	7.3 MMOL/L	3.5-8.5
BGE	24.8-33.0	24.8-33.0
CR	2.22 MMOL/L	2.10-2.60
CRE	69 UPMOL/L	60-110

***** CALCULATED VALUES *****
 ANION GAP 7
 OSMOLALITY 283

REQUESTING DR'S SIGNATURE: [Signature] DATE: 11/12/85

CAPITAL TERRITORY HEALTH COMMISSION, A.C.T.
 PATHOLOGY REQUEST REPORT

COOK & HEATHCOTE PRINTERS CANB 82 296

LAB. REG. NO. **R0026487** REG. No. **8552** DATE/TIME REC'D. **14/12/85**

PATIENT NAME **RAYLISS ALEXANDER** AGE **51** SEX **F**

PATIENT ADDRESS **608552**

ADDRESS FOR REPORT **608552**

REQUEST BY DR. **RCH** HAND **IA**

PROV. No. **1412/85**

DATE OF REPORT **14/12/85**

RELEVANT HISTORY **arterial pain**

TEST	RES. VALUES	REF. RANGE
UREA	6.4	2.5-7.5 HI
Na	136	137-147
K	3.9	3.5-5.1
Cl	104	98-109
Alb	37	35-50
		3.5-8.5
		66-110

RELEVANT HISTORY: **arterial pain**

LAB. REG. NO. **R0026487** REG. No. **8552** DATE/TIME REC'D. **12/12/85**

PATIENT NAME **RAYLISS ALEXANDER** AGE **51** SEX **F**

PATIENT ADDRESS **608552**

ADDRESS FOR REPORT **608552**

REQUEST BY DR. **RCH** HAND **IA**

PROV. No. **12/12/85**

DATE OF REPORT **12/12/85**

RELEVANT HISTORY **arterial pain**

TEST	RES. VALUES	REF. RANGE
UREA	9.1	2.5-7.5 HI
Na	140	137-147
K	4.2	3.5-5.1
Cl	108	98-109
Alb	39	35-50
GLU	7.4	3.5-8.5
CRE	68	66-110

RELEVANT HISTORY: **arterial pain**

LAB. REG. NO. **R0026519** REG. No. **8552** DATE/TIME REC'D. **15/12/85**

PATIENT NAME **RAYLISS ALEXANDER** AGE **51** SEX **F**

PATIENT ADDRESS **608552**

ADDRESS FOR REPORT **608552**

REQUEST BY DR. **RCH** HAND **IA**

PROV. No. **15/12/85**

DATE OF REPORT **15/12/85**

RELEVANT HISTORY **arterial pain**

TEST	RES. VALUES	REF. RANGE
UREA	8.0	2.5-7.5 HI
Na	139	137-147
K	3.9	3.5-5.1
Cl	106	98-109
Alb	39	35-50
GLU	7.0	3.5-8.5
CHL	2.24	2.10-2.60
CRE	64	66-110

RELEVANT HISTORY: **arterial pain**

LAB. REG. NO. **R0026519** REG. No. **8552** DATE/TIME REC'D. **13/12/85**

PATIENT NAME **RAYLISS ALEXANDER** AGE **51** SEX **F**

PATIENT ADDRESS **608552**

ADDRESS FOR REPORT **608552**

REQUEST BY DR. **RCH** HAND **IA**

PROV. No. **13/12/85**

DATE OF REPORT **13/12/85**

RELEVANT HISTORY **arterial pain**

TEST	RES. VALUES	REF. RANGE
UREA	8.0	2.5-7.5 HI
Na	139	137-147
K	3.9	3.5-5.1
Cl	106	98-109
Alb	39	35-50
GLU	7.0	3.5-8.5
CHL	2.24	2.10-2.60
CRE	64	66-110

RELEVANT HISTORY: **arterial pain**

ACT. HEALTH AUTHORITY
PATHOLOGY REQUEST/REPORT

LAB. REQ. NO. 57 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: EMY, LISS UNIT NO. 101
 PATIENT ADDRESS: 6065

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

LAB. REQ. NO. 57 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: EMY, LISS UNIT NO. 101
 PATIENT ADDRESS: 6065

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

LAB. REQ. NO. 8 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: ALEXANDER UNIT NO. 101
 PATIENT ADDRESS: 100

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

LAB. REQ. NO. 8 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: ALEXANDER UNIT NO. 101
 PATIENT ADDRESS: 100

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

PERFORMED BY: [Signature] TEST NO. 0511

SA	OF CODES	VALUES	DATE
14.7	WBC	12000	
3.97	HGB	12.5	
11.3	HCT	35.0	
3.31	MCV	100.0	
83.3	MCH	33.3	
28.5	MCHC	33.3	
34.2	RDW	11.5	
12.9	PLT	250000	
34.5	DIFF		
6.9	DIFF		
11.5	DIFF		

DIFFERENTIAL: None

PERFORMED BY: [Signature] TEST NO. 008

SA	OF CODES	VALUES	DATE
8.56	WBC	12000	
3.37	HGB	12.5	
10.1	HCT	35.0	
29.1	MCV	100.0	
86.3	MCH	33.3	
30.0	MCHC	33.3	
34.7	RDW	11.5	
12.8	PLT	250000	
26.4	DIFF		
7.2	DIFF		
10.9	DIFF		
87.2	DIFF		
2.2	DIFF		
7.5	DIFF		

DIFFERENTIAL: None

LAB. REQ. NO. 57 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: EMY, LISS UNIT NO. 101
 PATIENT ADDRESS: 6065

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

LAB. REQ. NO. 8 REG. NO. 5465
 TESTS REQUIRED: Syphilis

PATIENT NAME: ALEXANDER UNIT NO. 101
 PATIENT ADDRESS: 100

ADDRESS FOR REPORT: 100
 REQUEST BY DR. RCA WARD 60 PROV. NO. 101
 PHYSICIAN: Uninsured Phys. Clinic Chap.
Phys. Prog. Phys. Report

NATURE OF SPECIMEN: Syphilis
 DATE/TIME RECEIVED: 7/12/58

RELEVANT HISTORY: None
Head (h)

REPORT: None REQUESTING DR'S SIGNATURE: [Signature] DATE: 7/12/58 BENEFIT CODES: None

SN	DATE	TEST NO.	TEST NAME	MINIMUM VALUES
1	11/12/55	052	DIFFERENTIAL	
2			WBC	5000
3			NEUT	50%
4			LYM	20%
5			MON	1%
6			EOS	1%
7			PLT	150,000
8			HGB	12.5
9			HCT	35.1
10			MCV	82.9
11			MCH	29.6
12			MCHC	35.6
13			RDW	12.4
14			PLT	309

ABO - RhO

21

LAB. REQUIS. RES. NO. PATIENT NAME: ALAN BATTLE UNIT NO. 10

TESTS REQUIRED: cyt + blood work

DATE/TIME REC'D: 11/12/55

ROOM: SWABBY LOCALITY: DATE/TIME REC'D BY: 11/12/55

WARD: Robson

RELEVANT HISTORY: VAB, H-3, H-15, H-16, H-17, H-18, H-19, H-20, H-21, H-22, H-23, H-24, H-25, H-26, H-27, H-28, H-29, H-30, H-31, H-32, H-33, H-34, H-35, H-36, H-37, H-38, H-39, H-40, H-41, H-42, H-43, H-44, H-45, H-46, H-47, H-48, H-49, H-50, H-51, H-52, H-53, H-54, H-55, H-56, H-57, H-58, H-59, H-60, H-61, H-62, H-63, H-64, H-65, H-66, H-67, H-68, H-69, H-70, H-71, H-72, H-73, H-74, H-75, H-76, H-77, H-78, H-79, H-80, H-81, H-82, H-83, H-84, H-85, H-86, H-87, H-88, H-89, H-90, H-91, H-92, H-93, H-94, H-95, H-96, H-97, H-98, H-99, H-100

INDUSTRIAL INF. SIGNATURE: [Signature] DATE: 7-12-55

REPORT: Wound to forehead, POS. for bacteria, streptococcus, staphylococcus aureus.

9-12-55

LAB. REC. NO. 52 TEST NO. 3403 PATIENT NAME: BATTLE, ALEXANDER UNIT NO. 51

TESTS REQUIRED: S4

DATE/TIME REC'D: 11-12-55

ROOM: 10 LOCALITY: 10

WARD: Robson

RELEVANT HISTORY: W. bleed, head injury

INDUSTRIAL INF. SIGNATURE: [Signature] DATE: 11-12-55

REPORT: W. bleed, head injury

166

12

167

TEST NO.	TEST NO.	UNIT
14.5	12.05	008
4.46		
13.3		
38.3		
29.8		
34.6		
12.2		
38.4		
7.8		
4.6		
1.4		
94.0		
7		
2		
13.6		

LAB. REG. NO. 8 REG. NO. SA 3400

PATIENT NAME: RAYLISS ALEXANDER M R/C UNIT NO. S 51

ADDRESS FOR REPORT: 608 CREEK RD, LESCVILLE TN 37773

DATE: 13 DEC 55

REQUEST BY: RCH

PROV. NO. 13108

DATE: 13 DEC 55

REPORT: head injury

RELEVANT HISTORY: 13 DEC 55 0035

STATE HEALTH AUTHORITY: NATUROLOGY REQUEST/REPORT

MA

STATE HEALTH AUTHORITY
NATUROLOGY REQUEST/REPORT

Fdl

10

CA	12/85	TEST NO.	102
20.3	3	WBC	11.4
4.69	9	HGB	14.2
13.7	7	HCT	11.2
38.6	6	RDW	13.2
84.2	2	MCV	87.7
29.8	8	MCH	28.2
35.4	4	MCHC	32.5
12.3	3	RDW-CV	13.1
5.35	5	PLT	150,000
15.9	9	CLT	12,000
8.4	4	RDW	13.1
87.1	1	MCV	87.7
1.7	7	PLT	150,000
17.7	7	RDW-CV	13.1

Normal
Red cell normal

LAB. REC. NO. 102 REG. NO. 5968

TESTS REQUESTED

PATIENT NAME RAYLIS ALEXANDER APT. NO. 87C UNIT NO. 51

PATIENT ADDRESS CLIM CREEK RD
162 LESVILLE 3777

PHYSICIAN NAME REY N. WARD M.D. No. 08552

DATE/TIME REC'D. 10-10-44

URGENT DATE TIME REC'D. 10-10-44

NATURE OF SPECIMEN Blood

RELEVANT HISTORY Post Op Day 2

REQUISITIONER SIGNATURE L. M. Miller DATE 10/10/44

PHYSICIAN SIGNATURE [Signature] DATE 10/10/44

LAB. HEALTH AUTHORITY PATIENT ID NUMBER

DATE OF REPORT

of 1

PATIENT DETAILS

MRD
Entry

608552

169

Patient : Alexander BAYLISS

Referral Source: Dr GUPTA

Referral Date : 21/9/92

ACTION TAKEN

DATE

Assessment Sessions

22/9/92; 23/9

Feedback Sessions

Full Typed Report

Forward To:

Verbal report to Dr Gupta

Chart Notes

22/9/92

Liaison with Rehab.

Liaison with Community Agencies

Other

Sent to Solicitor Smedley Hall & Collyer 20/11/00



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pji

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REHABILITATION & GERIATRIC SERVICE REFERRAL FORM

WODEN VALLEY HOSPITAL
P.O. BOX 11
WODEN ACT 2606
TELEPHONE 842198

87.

NAME: Bayliss	GIVEN NAME: Alexander	UNIT No: 608552
-------------------------	---------------------------------	---------------------------

DATE OF BIRTH: 25-8-1970	AGE: 15 yrs	SEX: MALE	MARITAL STATUS: S.M.W.D.S. Other Single
------------------------------------	-----------------------	---------------------	--

Address (Private) Chum Creek Road, Healesville 3777 Phone No:	Address (Present) Royal Canberra Hospital Phone No:
--	--

Contact Person: → Mother Phone No:	Next of Kin: Mother Christine Bayliss Phone No: A/A.
--	---

Nature of Problem: **M.V.A. - Head injury (closed)**
- midshaft # (L) Radius

Referred by: DR Robson	General Practitioner: NOT KNOWN Phone No:
----------------------------------	--

Service Requested:

<u>Extended Care:</u>	<u>Clinical Services</u>	<u>Accommodation</u>
1. Day Centre	7. Geriatric Inpatients	17. Nursing Home
2. Day Hospital	<input checked="" type="checkbox"/> 8. Rehab Inpatients	18. Hostel
3. Vocational Rehabilitation	9. Geriatric Outpatients	19. Respite Care
4. Mobile Rehab Unit	10. Rehab Outpatients	20. Crisis Care
5. C.E.P.	11. Prosthetic Service	
6. Hartley Street Centre	12. Social Work	
	13. Speech Therapy	
	14. Physiotherapy	21. Other
	15. Occupational Therapy	
	16. Hydrotherapy	

Remarks:

Signature: _____
Date: _____ (Please Print Name)

Action Taken:
2/1/86 closed head injury 2/12/86
Sister killed, broken # leg, multiple #s.
Family moving to Sydney? transfer time
Shel

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