

EXAMPLE

All characters appearing in this simulation are fictitious.
Any resemblance to real persons, living or dead,
is purely coincidental.

FAMILY NAME	Georgio	MRN	123456
GIVEN NAME	Helena	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	02/02/30	M.O.	
ADDRESS			
LOCATION			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

PROGRESS / CLINICAL NOTES

Date and Time
(use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

22/03/15
03:15

ED ADMISSION

85♀ admitted post fall in toilet ~~at~~ ^{last} pm.
 xray → #^s
 Husband reports increasing confusion last 2/52 and ↓ PO intake last 1/52.

PMHx - T2DM
 - HT
 - Falls - x3 last 12mths

Social Hx - Lives @ home w husband.
 - 3x children
 ↳ Son x1 → SYDNEY
 ↳ Daughters x2 → BERBANE + PERTH.
 - Amb & qwe

Imp Fall - 2^o ? cause
 ↑ confusion - ? cause
 ↓ PO intake

Plan Admission for investigation of falls + confusion.
 MSU II
 regular meds.
 Encourage PO intake
 PO Abs for ? UTI.

J. Hero.
 HERO, ED/EMO



SMR050001
BINDING MARGIN - NO WRITING

PROGRESS / CLINICAL NOTES

SMR050.001

EXAMPLE

All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

FAMILY NAME	GEORGIO	MRN	123156
GIVEN NAME	HELENA	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	02/02/50	M.O.	
ADDRESS			
LOCATION			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

PROGRESS / CLINICAL NOTES

Date and Time (use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

2/3/15
0410
NSG New admission to ward 3B with confusion and decreased oral intake and fall this ^{last} pm. No injuries post fall. O/A - alert, anxious, confused. Difficult to reorient to environment. Wandering around unit. Mobilizes c/arms - needs constant reminder to use zone. Calling out for husband. Pyrexia. MBU sent. commenced POABs. Noted high falls risk - located to high visibility room. Needs eye by OT/SW/PT for D/C planning Jell (BUETH, RN)

2/3/15
0700
NSG Ongoing confused behavior overnight. Wandering. Unable to follow simple instructions. Needs plan for ongoing Max today Jell (BUETH, RN)

Holes punched as per AS2828-1999
BRINGING MARGIN - NO WRITING

SMR050.001



SMR110010

Holes punched as per AS2828.1:2012
BINDING MARGIN - NO WRITING

SRH06512 221113

FAMILY NAME	GEORGIO	MRN	123456
GIVEN NAME	HELENA	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
D.O.B.	02/02/30	M.O.	
ADDRESS			
LOCATION			

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date	Time	Date	Time
12/03/15	03:00	05:00	09:00
AIRWAY/BREATHING			
Respiratory Rate		SpO ₂ %	
O ₂ Lpm Device / mode		O ₂ Lpm Device / mode	
RA RA RA RA			
Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask			
CIRCULATION			
Blood Pressure (mmHg) SBP is trigger		Rhythm	
Heart Rate		Neurological	
Enter appropriate letter. A = Alert, V = Rousable by voice (conduct GCS), P = Rousable only by pain (conduct GCS), U = Unresponsive			
Initials		Initials	
M A C U			

EXAMPLE

All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

FAMILY NAME	GEORGIO	MRN	123456
GIVEN NAME	HELENA	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
D.O.B.	02/02/30	M.O.	
ADDRESS			
LOCATION			

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date	Time	Date	Time
12-03-15	03:00	05:00	09:00
EXPOSURE			
Temperature (°C)		Pain	
		<p>Assess pain level at rest and with movement. Enter R for at rest, M for movement</p> <p>Severe (7-10) [] Severe (7-10)</p> <p>Moderate (4-6) [] Moderate (4-6)</p> <p>Mild (1-3) [] Mild (1-3)</p> <p>Nil [] No pain</p>	
Initials		Initials	
M A C U			
Blood Glucose			
Date	Time	BGL	
12/3	05:00	119	
Bowels			
Date			
Weight			
Date			
<input type="checkbox"/> Daily			
Urinalysis			
Date	Time	SG	pH
12/3/15	05:15	1.001	6.0
Leuk	+++	Blood	++
Nitrite	++	Ketones	+
Bilirubin	NIL	U/Bil	NIL
Protein	+	Glucose	LARGE.



Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

Nil known Unknown (Add appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign: *[Signature]* Print: **HEEO** Date: **2/3/18**

FAMILY NAME **Georgio** MRN **123456**

GIVEN NAME **HELENA** MALE FEMALE

D.O.B. **02/02/30** M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct: **HELENA GEORGIO** Weight(kg): Height(cm):

EXAMPLE

All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

REGULAR MEDICATIONS

YEAR 20	DATE & MONTH										
VARIABLE DOSE MEDICATION											
Date	Medication (Print Generic Name)	Drug level									
		Time taken									
Route	Frequency	Dose									
Prescriber to enter dose times and individual dose		Prescriber									
Indication	Pharmacy	Time to be given									
Prescriber Signature	Print Your Name	Contact									
Date	WARFARIN (Marevan/Coumadin) select brand	INR Result									
Route	Prescriber to enter individual dose	Target INR Range	Dose	mg	mg	mg	mg	mg	mg	mg	
Indication	Pharmacy	Prescriber									
Prescriber Signature	Print Your Name	Contact									
DOCTORS MUST ENTER administration times											
Date	Medication (Print Generic Name)										
	2/3 Metformin										
Route	Dose	Frequency & NOW enter times									
	1g	TID									
Indication	Pharmacy										
	T2M 2 meals										
Prescriber Signature	Print Your Name	Contact									
	HEEO										
Date	Medication (Print Generic Name)										
	2/3 RAMIPRIL										
Route	Dose	Frequency & NOW enter times									
	50mg	BD 5mg									
Indication	Pharmacy										
	HT										
Prescriber Signature	Print Your Name	Contact									
	HEEO										
Date	Medication (Print Generic Name)										
	2/3 PANADOL OSTE										
Route	Dose	Frequency & NOW enter times									
	2	TDS									
Indication	Pharmacy										
	PAIN										
Prescriber Signature	Print Your Name	Contact									
	HEEO										
Date	Medication (Print Generic Name)										
	2/3 OXAZEPAM										
Route	Dose	Frequency & NOW enter times									
	30mg	nocte									
Indication	Pharmacy										
	SCOPION										
Prescriber Signature	Print Your Name	Contact									
	HEEO										

RECOMMENDED ADMINISTRATION TIMES

GLUELESS ONLY

Time	Male	Female	1800 to 2000
Morning	0900		
Night			
Twice a day	0900	2000	
Three times a day	0800	1400	2000
Antibiotic 8 hourly	0800	1200	1600
Antibiotic 6 hourly	0800	1400	2000
Four times a day	0600	1200	1800

WARFARIN EDUCATION RECORD

Patient Educated by:

Sign:

Date:

Given Warfarin Book:

Sign:

Date:

DO NOT CRUSH

S/S-Sustained, modified or controlled release formulation. If scored tablet, then half can be given. Dose must be swallowed without crushing.

REASON FOR NURSE NOT ADMINISTERING

Codes MUST be circled

Absent (A)

Fasting (F)

Refused - notify Dr (R)

Vomiting (V)

On leave (L)

Not available - obtain supply or contact Dr (N)

Withheld - enter reason in clinical record (W)

Self Administered (S)

REGULAR MEDICATIONS

YEAR 20	DATE & MONTH										
DOCTORS MUST ENTER administration times											
Date	Medication (Print Generic Name)										
	2/3 Tramethoprim										
Route	Dose	Frequency & NOW enter times									
	PO 300mg	BD									
Indication	Pharmacy										
	UTI										
Prescriber Signature	Print Your Name	Contact									
	HEEO										
Date	Medication (Print Generic Name)										
Route	Dose	Frequency & NOW enter times									
Indication	Pharmacy										
Prescriber Signature	Print Your Name	Contact									
Date	Medication (Print Generic Name)										
Route	Dose	Frequency & NOW enter times									
Indication	Pharmacy										
Prescriber Signature	Print Your Name	Contact									
Date	Medication (Print Generic Name)										
Route	Dose	Frequency & NOW enter times									
Indication	Pharmacy										
Prescriber Signature	Print Your Name	Contact									
Date	Medication (Print Generic Name)										
Route	Dose	Frequency & NOW enter times									
Indication	Pharmacy										
Prescriber Signature	Print Your Name	Contact									

Holes punched as per AS2828-1999 BINDING MARGIN - NO WRITING NE400207 - Medication Chart (NMAC - Ver E) - 150911 - Ref No: 11959

Check if patient has another Medication Chart

NOT A VALID ORDER UNLESS LEGIBLE