

***LIVE-NEW* Alder Hey Children's**

Nursing Discharge Plan

Patient Name: VIALS MOORE,GWENDOLYN JOY

NHS Number: 701 057 1422

Date of Birth: 22/08/14

Attending Consultant: Wright,David Martin

Date: 16/03/20 13:59

Medical Record Number: AH1565586

Patient Status: Inpatient

Account Number: V00002508445

Initialization Date: 16/03/20 13:59

Final Discharge Report

- Discharge type

Type of discharge:: Discharge by nurse once discharge plan has been met (Well and ready for discharge)

Discharge status: Review – Nursing

Medical Discharge Documentation Complete?: Yes

Documentation Status: Complete

- Details of Admission

Admission Summary:

Admitted under Mr Wright for Right proximal femur varus osteotomy on 06/03.
Post operative period uneventful

No change to regular meds, simple analgesia for home.

Can mobilise as comfortable
Wound reviewed in fracture clinic

Follow up
Mr.Wright to arrange further follow up.
Outpatient clinic with Uro/gynae

Acute / Suspected Problems:

Problem	Status	Category	Onset
Development delay	Acute	Medical	
Gastroesophageal reflux	Acute	Medical	
Trisomy 21	Acute	Medical	
Tachy-brady syndrome	Suspected	Medical	

Chronic conditions:

Problem	Status	Category	Onset
Constipation	Chronic	Medical	
Sleep apnoea	Chronic	Medical	

Allergies/Adverse Reactions:

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
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PENICILLINS	Allergy		Allergy - Rash	Verified	23/06/15 18:04
?dairy products	Allergy		Unknown Reaction	Uncoded	21/12/15 10:25

Past medical history (Letter): Trisomy 21. Recently weaned off overnight CPAP (Feb2019) for sleep apnoea. Tonsilectomy. Constipation. Previous recurrent LRTIs. GORD

- Operative Procedures

Operative Procedures:

Procedures (Letter)	06/03/20
	Primary procedure:
	Secondary procedure:
	Information for GP:

- Future Follow-up

Future Follow-up required: Yes

Consultant or Pooled: Consultant

Specialty: Orthopaedic & Trauma

Clinic Specific Info: Fracture clinic 16th, Mr Wright to arrange further follow up.

Follow Up Time Frame: Specific Date

Specific Date: 16/03/20

Tolerance (+/- weeks): 0 Tolerance

Tolerance Instruction: ** 0 Tolerance means the patient must attend in the time scale recorded above **



Overbook clinic if necessary: Yes

- Medication

Medication Summary:

Discharge Medication (REVIEWED by pharmacist)

Medication	Dose/Units	Route	Freq	TTO Comment
Halibo Orange Softies	1 TAB	Oral	twice a day	
Medihoney	0 APPL As normal	Topical	as directed As Directed	
Omeprazole Oral Susp	10 MG	Oral	twice a day	
azithromycin 200mg/5ml suspension	300 MG	Oral	three times a week mon/ wed/ fri	
Indicated for: Prophylaxis - Respiratory				
dalivit (multivitamin) oral drops	0.6 ML	Oral	once daily in the morning	
dermol cream (500g)	1 APPL Apply to skin and/or use as a soap substitute	Topical	when required For Dry Skin	
gaviscon advance suspension	5 ML	Oral	four times a day	
ibuprofen 100 mg/5 ml suspension	245 MG Dose as per manufacturers instructions	Oral	Q8H ~	Last had 08:40

morphine sulfate 2mg/1ml oral liquid	2.5 MG Q4-6h PRN. Max 4 doses in 24h. Supply 15ml.	Oral	when required every 4 hours  For Pain	
movicol paediatric plain oral powder	2 SACH	Oral	once daily in the morning	
paracetamol 120 mg/5ml (under 6) suspension	370 MG Dose as per manufacturers instructions	Oral	every six hours 	

TTO Review: 4. Yes – Tomorrow

Discharging Clinician: Luke Edward J Render

Discharge Checklist

Take home medication ready?: Yes

Home equipment available?: No

Has patient been discharged with any medical gases: No

Has patient had CVL removed?: NA

Appropriate referrals completed?: NA

Follow up arranged?: Yes

Safeguarding issues addressed?: NA

Social worker informed?: NA

Name band removed?: Yes

IV access device removed?: Yes

- Teaching

Is a teaching plan for ongoing care required?: No

- Advice

Relevant discharge advice given to family/carer?: Yes

Advice booklets/leaflets required?: No

Contact number given?: Yes (0151 282 4870)

Have you given the patient/ family the friends and family test questionnaire: No

Discharge summary copy given to patient/carer?: Yes

If no to any of the above, please give details:: N/A

- Transport

Is transport arrangement required for discharge?: No

Discharge Referrals

- Mandatory referrals

Mandatory referrals: Mandatory discharge referrals to be ordered (School nurse)

Request for discharge referrals: School Nurse Referral

Discharge

- Discharge

Dis Method: # On Medical Advice

Discharge Destination: Usual Residence

Discharge Outcome: Operation/Treatment Performed

Discharge Comment: Well and ready for discharge

Discharge Date/Time: 16/03/20 14:01

