



Date and Time: 29/10/2017

Somewhere

Anywhere

Postcode

Phone number

Patient Name: Harry Barnes	D.O.B: 01/09/1957	NHS Number: 4879235646			
Date of Admission: 04/10/2017	Date of Discharge:	29/10/2017			
Diagnosis: Fractured left neck of femur					
Other Conditions: COPD, Osteoporosis					
Procedures and Therapies: Surgical intervention  Complications: Post-operative DVT					
Summary of admission and assessment: Admitted following mechanical fall sustaining fracture left neck of femur. Underwent surgical fixation with good result. During admission developed post-operative left calf swelling and pain. DVT popliteal vein on scan. Commenced on treatment dose Tinzaparin and discharged on NOAC.					
Investigations: Xray, Blood tests, USS scan lower limb, ECG.					
Follow up Plans: Physiotherapy, Orthopaedic outpatient appointment in 3 months.					
Discharged to: Home with outpatient follow up.					
Signed by:					
Responsible Consultant: Mr Boneman					



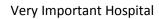
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Patient Name: Sally Browne	D.O.B: 19/01/201	0 NHS Number: 4758390276		
Date of Admission: 20/12/2016		Date of Discharge: 21/12/2016		
Diagnosis: Tonsillitis				
Other Conditions: Asthma				
Procedures and Therapies: IV antibiotics, IV fluids, observation, IV medicatons (other)  Complications: Nil				
Summary of Admission: Admitted with sore throat, pyrexia, difficulty eating a drinking. Treated according to guudelines. Able to eat and drink, well to go home with close family input.				
Investigations: Blood tests, urine sample.				
Follow up Plans: Nil				
Discharged to: Home				
Signed by:				
Responsible Consultant: Mr ENT				
Date and Time: 21/12/2016				





Date and Time: 15/02/2017

Somewhere

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Postcode

Phone number

Patient Name: Kieran Hart	D.O.B: 14/02/1990	NHS Number: 6789236745		
Date of Admission: 04/02/2017	Date (	of Discharge: 15/02/2017		
Diagnosis: Acute cholecystitis with gal	Istones.			
Other Conditions: Obesity				
Procedures and Therapies: Laparoscopic cholecystectomy  Complications: Post-operative wound infection				
Summary of Admission: Admitted with right upper quadrant pain, vomiting, fever. Treated as per sepsis protocols. Found to have acute cholecystitis and gallstones. Underwent cholecystectomy. Developed erythema and pus around wound site requiring re-investigation and washout. Improved on IV antibiotics.				
Investigations: USS abdomen, Xray, Blood tests, urine dip, microbiology.				
Follow up Plans: Surgical outpatient in 2 weeks				
Discharged to: Home with outpatient	follow up			
Signed by:				
Responsible Consultant: Mr Scalpel				





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### INPATIENT DISCHARGE SUMMARY

Patient Name: Nina Roberts	D.O.B: 09/03/1945	NHS Number: 4758936746
ratient Name, Mina Noberts	D.O.D. 03/03/1343	NIIS NUITBEL 4/30330/40

Date of Admission: 01/01/2015 Date of Discharge: 01/04/2015

Diagnosis: Subdural haematoma

Other Conditions: Ischaemic heart disease, atrial fibrillation, vascular dementia

Procedures and Therapies: Neurosurgical intervention, physiotherapy

Complications: Hospital acquired pneumonia

Summary of Admission: Unwitnessed fall at home on anticoagulation with amnesia. Admitted with Low GCS. Found to have bilateral subdural haematomas requiring neurosurgical intervention. Closely monitored with recovering consciousness and requiring intensive physiotherapy. Developed cough with sputum production and temperature during admission. Treated with IV antibiotics for hospital acquired pneumonia. Discharged to care home.

Investigations: CT scan, Xray, Blood tests, microbiology

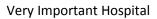
Follow up Plans: Home GP follow up

Discharged to: Nursing home

Signed by: \_\_\_\_\_

Responsible Consultant: Mr Brain

Date and Time: 01/04/2015





Date and Time: 03/12/2016

Somewhere

Anywhere

Postcode

Phone number

Patient Name: George Harrison	D.O.B: 02/04/1975	NHS Number: 9758436754		
Date of Admission: 05/11/2016	Date of Discharge: 03/12/2016			
Diagnosis: Intentional drug overdose	and alcohol dependence			
Other Conditions: Type 2 Diabetes, hy	pothyroidism.			
Procedures and Therapies: IV medicat	tion (other), oral medicatio	on (other).		
Summary of Admission: Admitted following intentional overdose due to low mood surrounding current social circumstances. Observed and commenced on alcohol detoxification regime. Reviewed by specialist nurses in drug and alcohol team and psychiatry team. Social services involved due to no fixed abode. Commenced on anti-depressants and discharged with community follow up.				
Investigations: Blood tests, ECG, Ultrasound scan, physical observations, blood glucose.				
Follow up Plans: Community specialis	t nurse input			
Discharged to: Home, social input				
Signed by:				
Responsible Consultant: Mr Mood				