



RHC101510

# Progress Notes

WADEY, MR Anthony  
MRN: \*\*ME00305229  
DOB: 02/02/1936 Age: 89 (M)  
45 CONGEWOI RD  
MOSMAN 2088  
Home Ph: 02 9969 8870  
Medicare: 2023950347  
S/Net No:  
DVA:  
NSP 0017200H

Adm No AE07509045  
Adm Date: 01/08/25 08:00  
Att Dr: Hansen, Peter S  
Ref Dr: Solomons, Barry  
Fund: HFHCF 35141088  
MC Exp: 02/2018 MC Ref: 1  
Pen No:



Ward: \_\_\_\_\_

Date

Time

Progress / Variance Notes

In comparison to CT chest  
@ RNSH on 28/7, has  
improved

CRP 85 on admission

Imp RUC changes are consistent  
with a resolving bacterial  
community acquired pneumonia  
despite unusual clinical  
presentation.

Although improving, should be  
followed to resolution with  
a rpt CT chest in 6-8  
weeks to exclude underlying  
lesion given smoking history.

Should also have RTT at same  
point once pneumonia has  
resolved.

Providing CT chest clear in 6-8  
weeks & RTT (N), then do  
not anticipate any objections  
to TAVI from a respiratory  
perspective



PROGRESS NOTES

RHC 290

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Date	Time	Progress / Variance Notes
6/8/25	11:00	Cardio - Tjong / Araya 89M TAN workup # HAP
		Feeling well, <del>lign</del> is bed and engaged well CT TAVI yesterday - consistent w/ HAP Reviewed by resp Dr Don yesterday w/ HAP
		TAV ongoing - IDC out this morning 8:30 ~96ml PR
		Hints of haematuria in bag initially - no clots / frank blood Reviewed ulcer & lower limb - superficial ulcer - nil st of infection - swab taken yesterday - <del>swab</del>
		Plan: 1) Cont. eval ably 2) Output PFTs + repeat CT as per Dr Don 3) Continue TAV 4) D/W rianse re d/c
06/08/2025	1535hr	NURSING: Commence patient care @ 0730hr. Patient alert and oriented. Vital obs stable. Medication given as charted. IDC removed after reviewed by cardiac team. Pass trial of void. Gone through discharge with patient and patient's wife. Patient discharged. — BC (Belinda) KEN —

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BINDING MARGIN - DO NOT WRITE