

Progress Notes

Ward: _____

Date Time	Progress / Variance Notes
6/8/25	DON (REFSP)
	Thanks for consult 89yo ♀ Pre-Transi workshop.
	SHM lives in own Mosman home Married, no children. Retired master mariner, previously deck officer. Minimal asbestos exposure. Born in Australia. DB Exposure 18 → 35yo, 15 pyh- tion minimal.
	PMML 1) Severe AS 2) Mild coronary aa disease + Prof Voke 3) MMV / 1 chole 4) Left front / cerebellar stroke 5) Carotid aa. disease. 6) ? PFO 7) (L) DUT ~ 10y y (R) DUT post TIA 2016 Chronic renal incompetence 8) (P) THR. 9) Mild dementia Alzheimer's or vascular Brain to Dr Baesi
	→ Nated orthogeriatric RUC and Ap @ ANSH admission.

PROGRESS NOTES

RHC 290

Progress Notes

Ward: _____

URN: _____

Surname: _____

Given Name: _____

DOB: _____ Sex: _____

(Affix Patient ID label here)

RHC101510



BINDING MARGIN - DO NOT WRITE

Date
Time

Progress / Variance Notes

MPC Pt doesn't have great recall of events leading to admission.

↑ SpO₂ over 2 weeks
Hypoxaemia.

No fever
No cough / sputum ?
No wheeze
No chest pain
No oral loss

O₂ Seems lucid.
SpO₂ 96%
RR 16/min
Afebrile.

(1) (1)

(2) right cracks
ILD by asthma.

CT - T11

- patchy posterior segment RUL consolidation
- trace (R) pleural effusion
- (R) hilar adenopathy
- increased basal intestinal markings