



NSP 0017200H

**Pen No:**

## Progress Notes

**Ward:**

Date	Progress / Variance Notes
10/7/25 11:10	NURSING: empagliflozin given as per cardio. Pt can also have her metform today. Stat suppository given. SBP: 85 while sitting on the chair, not dizzy, asymptomatic, both arms 80-85 on the machine. Asked pt to go to bed and BP rechecked: SBP: 98. Cardiac team informed. <u>mb(rn)mnholkm</u>
10/7/25 1905	NURSING: TOC @ 1530. A+O x3. Vitals Stable. SOOB. Meds as charted. When giving pre-meal Somac, pt had choking episode. Applied 3-5 back blows which worked successfully. Pt stated that had not occurred in 3 years pt stated has seen dietitian/SF in past. F/Speech review? <u>T. Dennis (CNS) TDS</u>
11/7/25 0140	NURSING: Pt. care commenced @ 0700 hrs post handover. Pt. alert and orientated. Observations attended and charted, BIF. Medications administered as charted. Pt. slept well overnight. Pt. maintaining own hygiene and care. No other concerns. <u>Chau Nimrajjeet Kaur RN</u>

File in record in date order



**Ramsay**  
Health Care

# Progress Notes

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

URN: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

(Affix Patient ID label here)

RHC101510


BINDING MARGIN - DO NOT WRITE

Date	Progress / Variance Notes
11/7/25	<p>Time</p> <p>DON CRESP</p> <p>Thanks for consult re nodules</p> <p>8lyo &amp;</p> <p>Pr - MRI workshop for severe AS</p> <p>SHr lives alone in Eastwood villa &amp; level access</p> <p>Single, never married, no kids</p> <p>Refused smoking. No toxic drugs</p> <p>Closest family brother in Mansfield</p> <p>Non smoker</p> <p>MR ENM</p> <p>Bar in kitchen ORB exposure</p> <p>PMMr</p> <p>1) Pituitary Net</p> <p>- acromegaly</p> <p>- transphenoidal surg 2023</p> <p>Dr LHM</p> <p>2) Thyroid nodules / MNG</p> <p>3) Osteoporosis</p> <p>4) Colonic polyps</p> <p>5) T2DM</p> <p>6) NSVT</p> <p>7) ↑ chole</p> <p>8) CLL &amp; B Mackinlay</p> <p>9) Vocal cord dysfunction</p> <p>S/B RSP physician by gp?</p> <p>Had RFT &amp; RW &amp; Danielle</p> <p>PSG also done? excluded OSA</p>



## Progress Notes

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

Date	Time	Progress / Variance Notes
		Curry,
		SOBDE
		- ↑ air linear
		- now limited to 100m
		- ↑ leg extension
		Mixar w/yr
		Mixar of/for production
		On homeopathy
		→ gingivitis
		→ ecchymosis
		No wt loss
		No recent RT.
		OE SpO <sub>2</sub> 96.6
		RR 16/min
		
		Curry → As per
		Bulat asthma to press
		CT - TBM
		- irregular 20mm ground glass nodule @ apex
		- 7mm RUC nodule more inferiorly
		- 3mm LUC nodule



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Date  
Time

## Progress / Variance Notes

- 7mm LUL nodule
- hiatal hernia

Previous imaging @ PRP going back to 2015.

Two of the RUL nodules have increased a little over the past 10 years, & ↑ a little in density - others stable.

IMP Two of Marion's RUL ground glass nodules suspicious for AIS or low grade adenocarcinoma (multifocal).

However, they remain quite indolent & not causing symptoms.

Advice

- proceed to TAVI, as progression from lung perspective easily ≥ 12mo
- after TAVI - I will RUL & arrange PET scan & +/- CT - TIVA B.

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PROGRESS NOTES

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