

THE MEDWAY NHS TRUST - DISCHARGE LETTER AND PRESCRIPTION

292

Dear GP _____ Date _____

Your Patient Katsina Margery

Address _____ Unit No. 670524A2

Urgent RWR

ADMISSION DATE _____ WARD Victory HOSPITAL MMH

DISCHARGE DATE _____ CONSULTANT Mr Ahmed

PRINCIPAL DIAGNOSIS _____

COEXISTING PROBLEMS _____

OPERATIVE PROCEDURES fasciotomy for cc synd. after humerus

DISCHARGE MEDICATION: FOUR WEEKS TREATMENT WILL NORMALLY BE PROVIDED FOR CONTINUING THERAPY

Drug Sensitivity nil CHILD RESISTANT CONTAINERS REQUIRED YES NO

Drug (Approved Name)	Route	Dose (Metric)	Directions	WHEN MEDICATION RUNS OUT		Doctors Signature	PHARMACY Date/Qty/Sig
				OBTAIN FROM GP	STOP		
<u>Paracetamol</u>	<u>PO</u>	<u>1gm</u>	<u>QDS PRN</u>			<u>[Signature]</u>	<u>X 100X500mg</u>
<u>Ibuprofen</u>	<u>PO</u>	<u>500mg</u>	<u>TDS PRN</u>			<u>[Signature]</u>	<u>X 25X500mg</u>
<u>Bactroban</u>	<u>Top</u>	<u>Apply</u>	<u>QDS</u>		<u>16/5/9</u>		<u>[Signature]</u>
<u>Stellisept</u>	<u>Top</u>	<u>Apply</u>	<u>QD</u>		<u>16/5/9</u>		<u>[Signature]</u>

OTHER TREATMENT AND RECOMMENDATIONS _____

20 MAY 2009
DATE
NOTES
TO
PRES
TELL PT. NORMAL

INFORMATION GIVEN TO PATIENT / RELATIVES _____

FOLLOW-UP ARRANGEMENTS 1/5/9
AN OUT-PATIENT APPOINTMENT HAS / HAS NOT BEEN MADE

REFERRAL TO OTHER AGENCY, e.g. _____ DATE _____

Consultant, Health Visitor, Social Services _____

COMPLETED BY DR. Raulo STATUS Sho DATE 14/5/09

For further information please contact the appropriate Ward Manager

THE TOP COPY SHOULD BE SENT TO THE GP AS SOON AS POSSIBLE.
THE SECOND COPY (YELLOW) SHOULD BE RETAINED IN THE NOTES.
THE THIRD COPY (GREEN) SHOULD BE GIVEN TO THE PATIENT.