

Hospital Authority  
North District Hospital

Duplicate Copy (PPI)  
CONFIDENTIAL

Case No: HN0000000(0)

HKID: A00000(0)

Name : Patient XXX

病人

DOB:01/01/1931

### Discharge Summary

Sex : M Age : 74y



Ward: A2 Spec: MED

[ HKID: A00000(0) ]

Admission Date: 05-11-1998 15:08

Admission Source: A&E

Transfer From: QMH

Exp. Dis. Date: 01-11-2005

Discharge Type: H+FU

Discharge To:



[ Case No: HN0000000(0) ]

### Drug Allergy/Non-drug Allergy/Adverse Drug Reaction/Alert

Drug Allergy/Non-drug Allergy/Adverse Drug Reaction/Alert information is temporarily not available, please check patient's medical records.

### Diagnosis: Modifier Description

(\*Modifier: ?=Provisional; C=Complications)

Spec

Principal:

Benign tumour of testis (this is additional notes for this diagnosis for the patient testing for more than 1 line Ia) (222.0)

MED

Epistaxis (784.7)

O&G

Chronic renal impairment (585.1)

WARD

### Procedure: Description

Proc Date

Spec

Clinician Name

Principal:

Diagnostic procedure on skull (to testing more than 1 line of notes 2 line 3 line and more 4 line 5 line) (01.19)

01-01-2000

O&G

WONG XXX

Sinoscopy (22.19)

SRG

CHAN XXX

Incision of bronchus (33.0)

01-01-2000

MED

CHAN XXX

### Discharge Note:

PRESENTING SYMPTOMS

SIZE AT PRESENTATION:123

HEARING AT PRESENTATION:

OPERATION IF ANY

Date of operation:

Type of operation:

Degree of resection:

Complication

RADIOSURGERY IF ANY

Date of radiosurgery

Type of radiosurgery

Dosage:

Complication

FACIAL NERVE STATUS:

PROGRESS OF TUMOUR: No tumour seen/ decrease in size/ stable in size/ increase in size.

FU REMARKS:

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### Discharge Note:

PLAN OF FURTHER MANAGEMENT:

### Plan of Management:

here is the plan of management.

### Anaesthetic Note:

Surgery Start Date: 01/07/2005 14:43

Anaesthesiologist(s): DR. CHAN XXX

Anaesthetic Type: None

DR. WONG XXX

ASA Status: 1e

DR. CHAN XXX

Note: AMI (Acute myocardial ischaemia) - in OTS123456789026478

### Nursing Discharge Note:

Physiotherapy:

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The muscle power of left shoulder and elbow is satisfactory (grade4). The range of motion of left wrist flexion 65, extension 70 with muscle power grade 4 and grade 4 respectively. The left hand power grip is about 50% of right hand. The muscle power of left hip and knee is full except hip extensors (grade 4). The range of motion of left ankle is 0-18 with muscle power grade 4 of dorsiflexors, grade 3 of plantorflexors. The left single leg balance is fair. The patient can walk with one stick on all environmental terrories 血壓脈搏呼吸體溫體重入 | 原因病歷肺部感染中風 (左 / 右) 缺水痛風症慢性阻塞性吸道疾病柏金遜症腸胃感染退化性關節炎缺血性心臟 f 老人癱呆症泌尿道感染摔跌充血性心臟衰竭老人昏亂 abc 褥瘡股 def 骨骨折 (左 / 右) 高血壓腎臟衰竭糖尿病白 獄?(左 / 右) 其他 123

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#### Nursing Discharge Note:

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\* 若不適用, 請刪去

如有任何疑問, 請致電 26838041, 1C 病房護士查詢

Paragrap 1: 肺部感染中風(左/右)缺水痛風症慢性阻塞性呼吸道

疾病柏金遜症腸胃感染退化性關節炎缺血性心臟病老人癱呆泌尿道感染摔跌充血性心臟衰竭老人昏亂褥瘡股  
庚袋?(左/右)高血壓

This is the final testing of some English only. Medical Social Service:

#### General Discharge Note:

1231231231234567890

#### Audiology Discharge Note:

This is an audiology note.

#### Dietetics Discharge Note:

This is a dietetics note.

#### Medical Social Work Discharge Note:

This is a msw note.

#### Occupational Therapy Discharge Note:

This is an occupational therapy note.

#### Optometry Discharge Note:

This is an optometry note.

#### Physiotherapy Discharge Note:

This is a Physiotherapy note.

#### Podiatry Discharge Note:

This is a podiatry note.

#### Prosthetics & Orthotics Discharge Note:

This is a prosthetics & orthotics note.

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### Speech Therapy Discharge Note:

This is a speech therapy note.

### Medication on Discharge:

1. PARACETAMOL (PANADOL) tablet  
oral : 250 mg q6h for 1 weeks
2. PREDNISOLONE tablet  
oral : 10 mg daily for 2 weeks, then  
15 mg daily for 2 weeks, then  
20 mg daily for 2 weeks
3. GLIBENCLAMIDE (DAONIL) tablet  
oral : 5 mg om and  
10 mg pm for 2 weeks
4. PREDNISOLONE tablet  
oral : 20 mg daily for 2 weeks, then  
15 mg om and  
10 mg pm for 2 weeks, then  
10 mg daily for 2 weeks
5. CAPD BAXTER SPIKE (STANDARD CALCIUM)  
1.5 % DEXTROSE 1 LITRES x 1 bag per day for 1 weeks and  
2.5 % DEXTROSE 1 LITRES x 1 bag per day for 1 weeks

### 病人覆診需知

請於 月 日 (星期 ) , 午 時往

- |                                      |     |                                       |     |
|--------------------------------------|-----|---------------------------------------|-----|
| <input type="checkbox"/> 西營盤國家醫院 5 樓 | 科覆診 | <input type="checkbox"/> 鄧志昂專科診所 樓    | 科覆診 |
| <input type="checkbox"/> 瑪麗醫院 座 樓    | 科覆診 | <input type="checkbox"/> 政府普通科門診覆診    |     |
| <input type="checkbox"/> 東華醫院 樓      | 科覆診 | <input type="checkbox"/> 其他 ( _____ ) |     |

### Medical Officer In Charge:

Antenatal Record testing account

### Specialist In Charge:

XXX

Date

Signature

Printed by testing a/c yy

DISCHARGE SUMMARY

MR0002