

FROM : GWMH MEDICAL RECORDS

PHONE NO. : 023 92511376

11 Mar. 2003 10:44AM P1

With FORWARDED WITH  
RETURNED

From: Gosport War Memorial Hospital  
Medical Records Department

To: Medical Records Department  
Queen Alexandra Hospital

Ext: 2251

Date: 11/3/07  
From: Ben C

NUMBER	NAME	REQD FOR	DATE
✓ Q 927939	<b>Code A</b>	Pr deceased	Box NO
✓ Q 953683		"	145/02
Q 984793		"	Box 407/02
✓ Q 710737		"	R/file
Q 963406		Pr deceased	R/file
✓ Q 353267		Pr deceased	with Marilyn Chumbers Andler 5/3/03
✓ Q 579061		"	R/file
✓ Q 728635		"	Box 185/03
<del>Q 710737</del>		"	F/file
<del>Q 579061</del>		"	"
✓ Q 945652		"	Box 53/03
As per telephone conversation			
Thanks Tony			
92 / 286916			

✓ FOUND AND SENT TO GWMH / Maurice 6.577



REPORT

DATE	SITE NAME	SITE TYPE	ADDRESS	CITY	STATE	ZIP
01/04	044					

From: Gosport War Memorial Hospital  
Medical Records Department

To: Central Medical Records  
Royal Hospital Haslar

Ext: 2251

FOR JOHN WARE

Date: 11/3/03

From: Beverly C

NUMBER	NAME	REQD FOR	DATE
✓ RN 166020	<b>Code A</b>	Anduk	
RN 222147		patient E3	
✓ RN 828048			ASAP
✓ RN 279093		1	
✓ RN 814697			
72524			
✓ RN <del>75324</del>			
RN 359274		Sultan wd.	
✓ RN 833183		1	ASAP
✓ RN 130660		1	
✓ RN 86203		1	
<del>833183</del>			
RN 37199		man	
RN 809436		FR - Peer Review	
✓ RN 322974		1	
RN 42988		1	

MT REPORT

11/15/83 10:00AM

NO.	OTHER FACSIMILE	EDGET TIME	LENGTH	TYPE	LEFT	RIGHT
01	06270398	11 Oct 1983	22'S	IV	2'	0'

2000  
↓

G.	RN	Q
102871 Moore	166020	927939
103306 ✓ Eade	222147	953683
96227 ✓ Overton	828048	984793
53442 Duck ✓	279093	710737
90717 Seldon ✓	814697	963406 ✓
90575 Bone ✓	72524	<del>353267</del>
<del>96227</del> <del>1</del>	359274	579061
99623 Layton ✓	833183	728635
96141 Newman ✓	130660	579061
	(0239276226)	945652
	<del>02228</del>	<del>710737</del>

8286916

86203

833183

37199

809436

322974

✓

Benzodiazapine.

R & E:

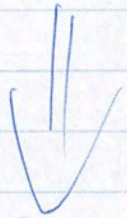
Jett's paper → updated Version.

? CPA for concerns

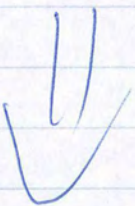
||  
||  
? public Health.

Include NSF Info.

NICE Grp



NSF grps



LIT(5).

Ward

Doc of pain

Syringe D. Indicated.

Starting Dose approp

Increase in Dose approp.

Copy Specified Medication





## DIAMORPHINE PRESCRIBING

Patient ID ..... Ward:..... Diagnosis \_\_\_\_\_

Is there a WHO Analgesic ladder accessible on the ward?    Yes                  No

	Yes	No	Type of evidence/Where evidence found/Dates etc
Agreed pain assessment			
Non-verbal indicators			
Psychological and social state			
Site of pain			
Severity of pain			
Assessment of the effects of prescribed medication?			
Effects of the prescribed medication are <i>recorded</i>			
Patient/carer/relative involvement			
Syringe Driver Used?			
Rationale for syringe driver?			
Syringe Driver variable dose prescription sheet completed?			(Note any omissions)
Syringe Driver record chart completed?			