

Referral/Discharge Status: Request Referral
Referral Description: Transfer PatientFile
Primary Care Provider: DR S Carter
Referring Physician: DR S Carter
NHI: MBM8174

DATE: 23 Jun 2011

Dear Student Health Service

Thank you for your Patient Transfer Request regarding:

Miller Jamie Lee - 18y - 03 Sep 1992 - (Male) - NHI: MBM8174
Address: 6 BERG PLACE Whakatane

Please find attached the relevant Clinical Information pertaining to this patient.

21 Sep 2010 Philippa Oats (PF)
COD to wound.
looks good.
paraffin gauze and dry dressing applied
home cares advised

21 Sep 2010 Dr Russell Meads (RM)

toe looks excellent redress- note for cross country

Out Box: Off Work Certificate

20 Sep 2010 Philippa Oats (PF)
Instrument Pack details.... 100910A1
xylocaine used by RM: 309109 exp aug 11 and 306606 exp sep10

20 Sep 2010 Dr Russell Meads (RM)

toe nail - for wedge resection

RX Abs

Rx: Floxapen 500MG CAPS - 1 caps, Three Times Daily till all taken for
infection - 30

24 Aug 2010 Dr S Carter (SC)
L big toe ingrown and still problematic
Prolonged course of abs helped but now clinically thrush in the mouth
Drops given
As per ED suggestion will try hosp referral for treatment as unable to afford
private treatment

Rx: Augmentin 500 Tab - 1 tabs, Three Times Daily - 21

Rx: Paracetamol 500mg Cap - 2 caps, Four Times Daily prn for pain and fever -
100

Rx: Nilstat 100,000IU/1ml Oral Drops 24ml - 1 mls, Four Times Daily until 48
hrs after symptoms improved - 1

Out Box: Outpatient Dept Ref

02 Jul 2010 Dr S Carter (SC)
L toenail ingrown recurrence of infection
Would like resection
Discussed options, to check with Mum if has insurance
Will contact us to book in appt either with SK or DG
No hx of accident

Rx: Flucloxacillin 500mg Cap - 1 caps, Four Times Daily until finished for infection - 28

05 Mar 2010 Dr L Thomas (LT)

Painful ingrown (L) big toenail laterally

Secondary infection with granulation Suggest Augmentin/Foban ~ review -may require resection of some sort. LT

Rx: Augmentin 500 Tab - 1 tabs, Three Times Daily-take with food - 20

Rx: Foban 2% Crm 15g (tube) - Apply TDS - 1

Full History Medications

20-Sep-2010 Floxapen 500Mg Caps - 1 caps, Three Times Daily till all taken for infection - 30

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Rx: Foban 2% Crm 15g (tube) - Apply TDS - 1

History
Myringot + short term grommet

11 Aug 2010, Discharge Summary
Referral/Discharge Status: Completed and treated/discharged
Primary Care Provider: DR SALLY CARTER
Referring Physician: MOS CECILIA (PUVI) COLLINS
NHI: MBM8174
Diagnosis Details: REVIEW FOLLOWING XRAY
Diagnosis Details: [N2451] Toe pain

Admission Time: 11 Aug 2010 8:43 am
Discharge Time: 11 Aug 2010 9:20 am
Clinic Name: Bay of Plenty District Health Board

Facility: Whakatane Hospital - Emergency Department

Followup
seen in ED yesterday for ingrown toe nail.xray- nad.for GP/ FU.

Discharge Status: ADVISED ~ DISCHARGED

Observation date:

11 Aug 2010, Left Foot X-Ray
REPORT: No periosteal reaction of alternation in the trabecular pattern to suggest an underlying osteitis.

Dictated by: Dr. Kathy Sutton

Ordered by: MARIUS KEYSER
Lab Test Results Interpreted by: Kathy Sutton
Laboratory: bopdhrsd
Observation date: 11-Aug-2010

11 Aug 2010, Discharge Summary
Referral/Discharge Status: Completed and treated/discharged
Primary Care Provider: DR SALLY CARTER
Referring Physician: unspecified
NHI: MBM8174
Diagnosis Details: ingrown toe nail
Diagnosis Details: [M07yz] Infection toe

Admission Time: 10 Aug 2010 4:54 pm

Discharge Time: 10 Aug 2010 8:00 pm
Clinic Name: Bay of Plenty District Health Board

Facility: Whakatane Hospital - Emergency Department

Additional Diagnoses/Problems: Recurrent infected ingrown toenail

Followup

Ps seen by ED MOSS, Dr. Marius KeyserPs with frequently ingrown toenail, infected. + swollen with oozing of serious fluid. Used flucloxacillin in past, few times. With exam: Bone nadPain with flexion and extension of toe. Neurovascular intact. Problem: Need X-ray, review bone, ?? need to exclude any osteitis, osteomyelitis Infective ingrown toenails going on long term. Plan: 1. Flagyl and flucloxacillin 2. X-ray as outpatient (will be contacted to return for X-ray by Radiology dept) 3. After X-ray and infection improved, to return to GP for referral to Surgical clinic as outpatient for possible surgery.

Discharge Status: TREATED ~ DISCHARGED

Observation date:

02 Jun 2009, Discharge Summary
Referral/Discharge Status: Completed and treated/discharged
Primary Care Provider: DR SALLY CARTER
Referring Physician: unspecified
NHI: MBM8174
Diagnosis Details: sore throat
Diagnosis Details: [H051.] Acute up resp tract infection

Admission Time: 29 May 2009 9:50 pm
Discharge Time: 29 May 2009 11:30 pm
Clinic Name: Bay of Plenty District Health Board

Facility: Whakatane Hospital - Emergency Department

Followup

sore throat and cough since the past week/ not improving Throat injected chest
clear started on amoxycillin

Discharge Status: TREATED ~ DISCHARGED

Observation date:

12 Aug 2008, notes received

Thank you,

Phoenix Health Centre

Attending Doctor:

DR S Carter

Admission Time:

23 Jun 2011 9:37 am

Clinic Name:

Phoenix Health Centre

Observation date: