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HSC SHSCT		Main Th	A RECORD	PROCEDURE DATE	27-07-2016
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and Social Care Trust sellly Care - for you, with you

Elective Surgical Patients – Admission Checklist & Risk Assessments

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2) Any new medicati	ions commenced sinc	e Pre-Op Asse	essment? No 🔽	Yes (if yes	please detail)
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Acute Kidney Injury (AKI) Risk Assessment Tool for Elective General Surgical In-Patients aged 60 and over

Score (circle each that applies) Personal Information redacted by the USI

Risk Factor

Elective intra-abdominal or major vascular surgery

Emergency intra-abdominal or major vascular surgery

* Co-morbidities (≥ 2)

Baseline GFR < 60 mls/min

#

Systolic BP < 100mmHg

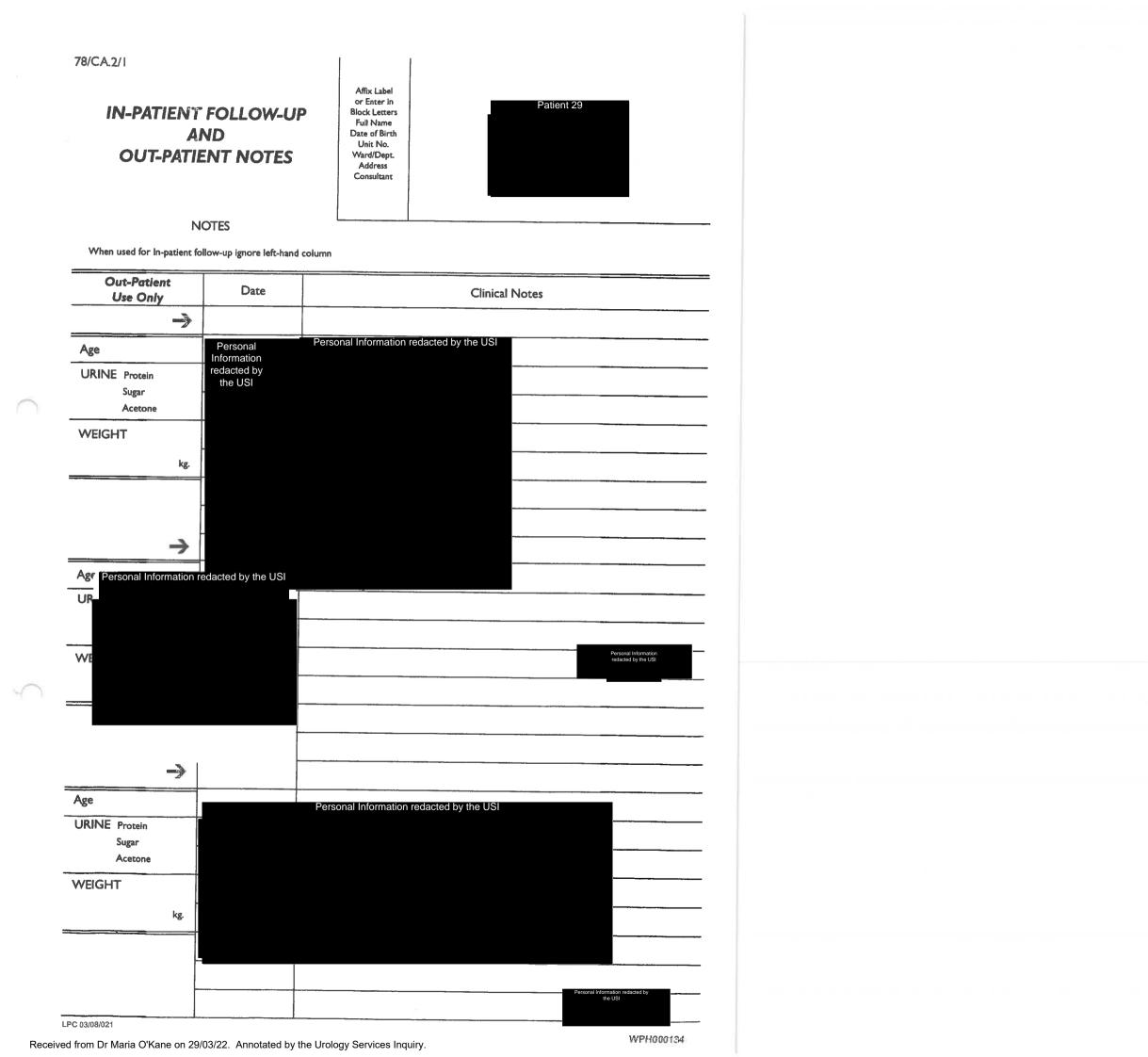
-- Nephrotoxic medications (Pre-admission)

Total score on admission

 $^{\circ}$, $^{\circ}$ [•] If risk score is ≥ 3 then patient is <u>AT RISK</u> OF AKI Follow guidance on Pre-emptive Management

*'
* Co-morbidities = IHD, Heart Foilure, Hypertension, Diabetes, TIA/CVA, PVD --- Nephrotoxic medications = ACEi/ARB, NSAIDs, Diuretics

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.



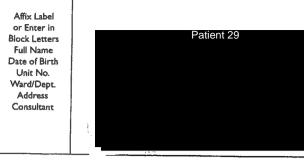
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IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

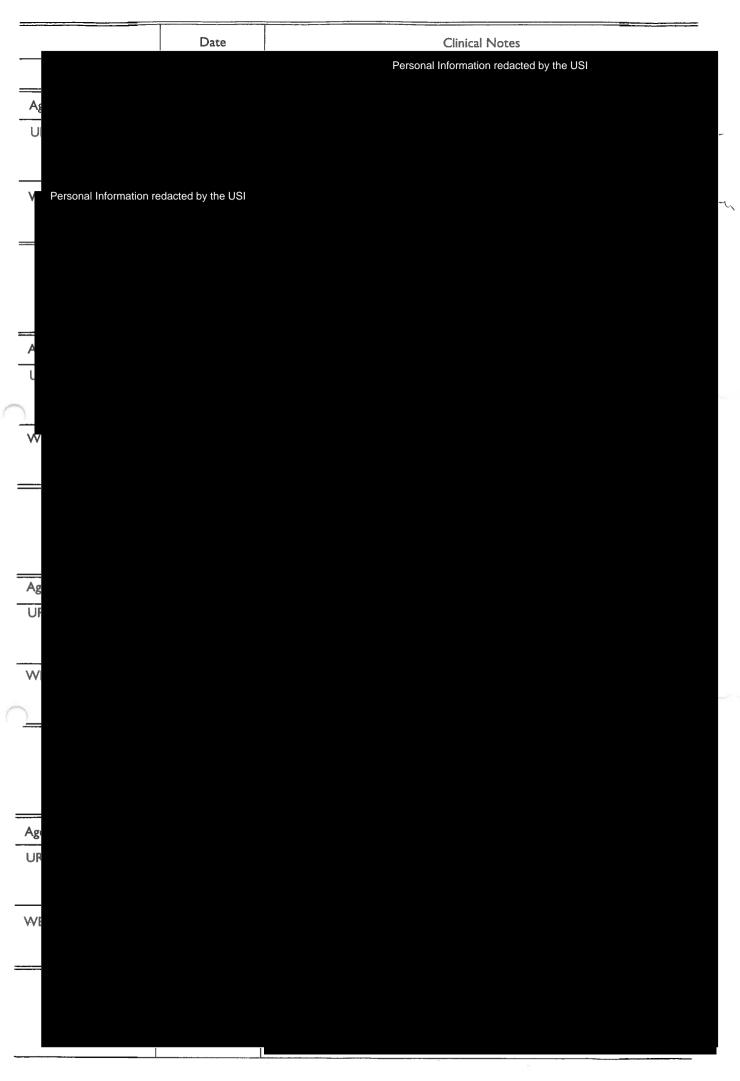


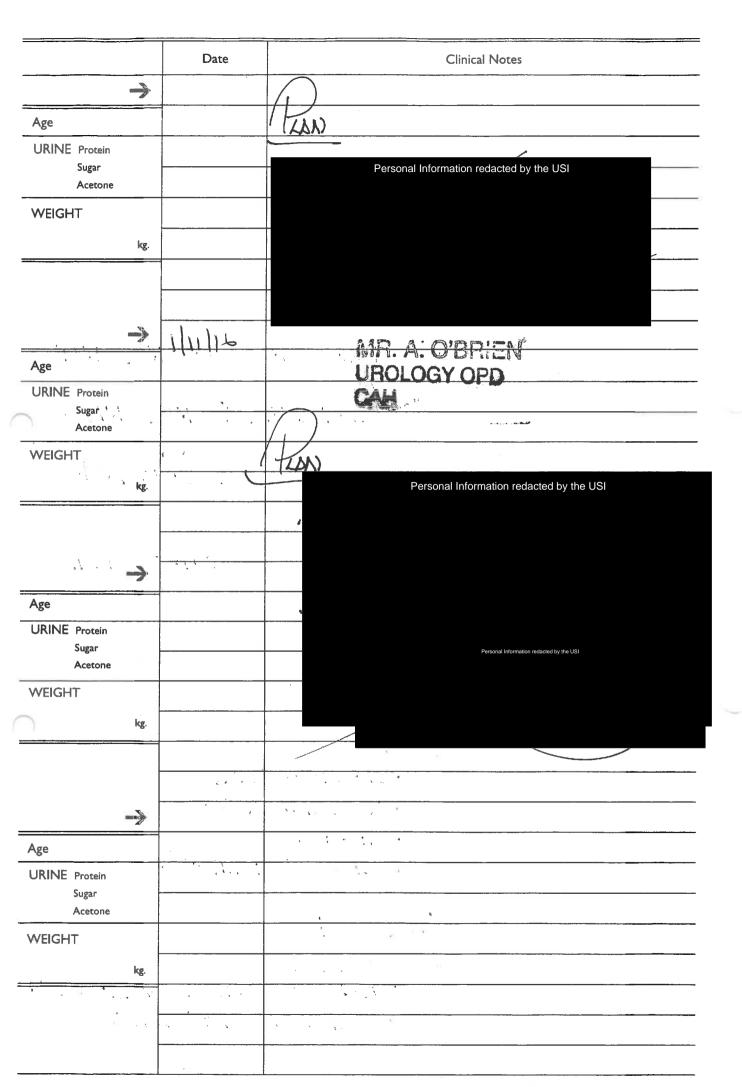
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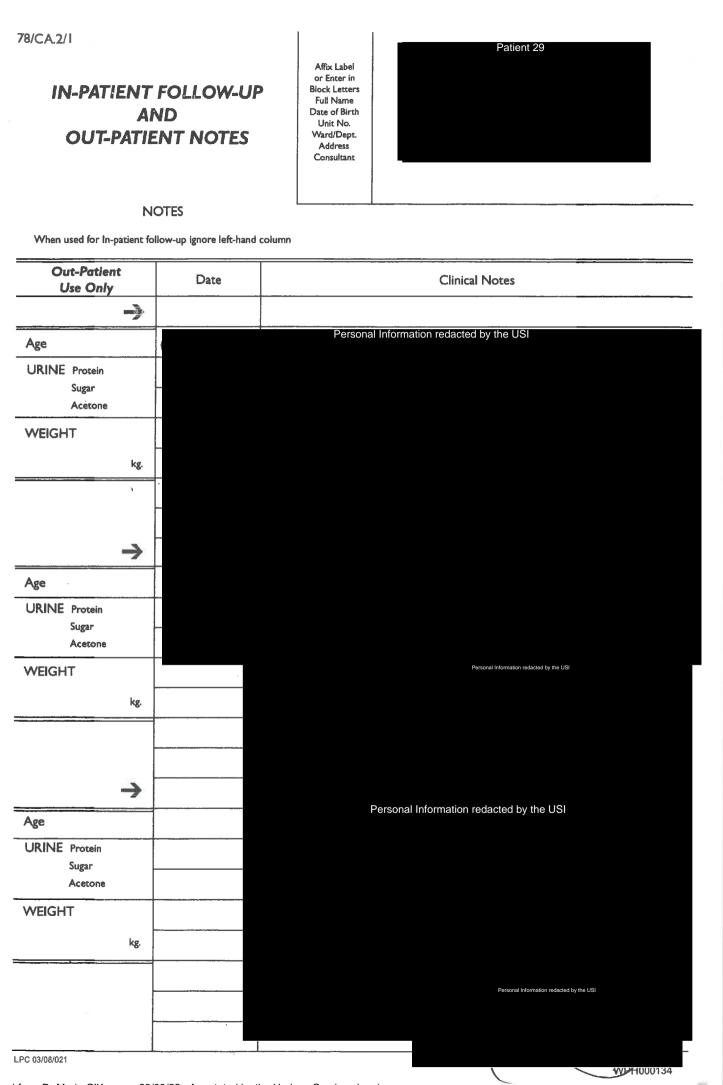
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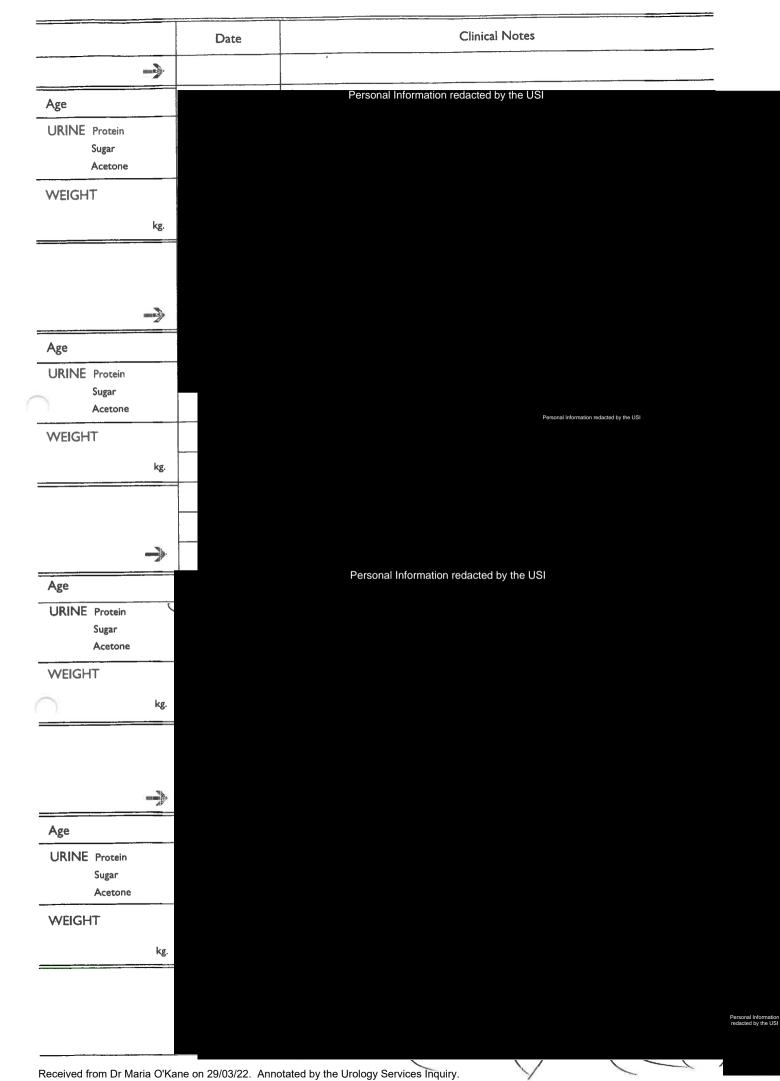
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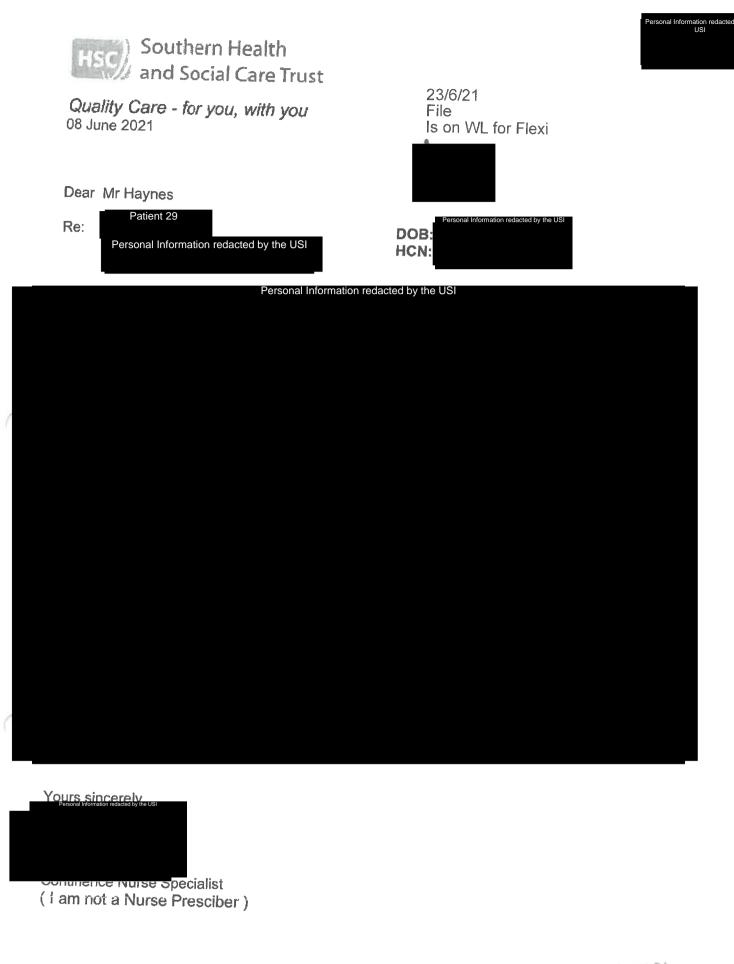
Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.







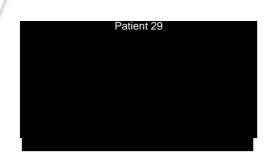




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DATE:

CONSULTANT:

OPERATION:

SALINE IRRIGATION INTAKE AND OUTPUT CHART

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epartment		Туре	Name and H&C		Screening update	Attachments
EC/urology	25	screening	Patient 25 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector Current management plan in place with MDH but needs an SJR for previous episodes	06/12/2021 Discussed at screening,	
C/urology	24	screening	Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector under on-going oncology FU SJR into previous care		
C/urology	23	screening	Patient 72 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector SJR - on bicalutamide for years before he had alternative treatment (2012-2014) and only started his LH/RHa in May 2014		
C/urology	22	screening	Patient 44 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector currently on combined Androgen Blockade - SJR for bicalutamide 50mg		
C/urology	21	screening	Patient 34 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector SJR no letters pt was on bicalutamide for a number of years before being offered radiotherapy		
C/urology	20	Screening	Patient 71 HNC: Personal Information redacted by the USI	Diagnosis: Initial urological issue of chronic urinary retention requiring intermittent catheterisation Abdominal hysterectomy 2008 complicated with small bowel obstruction requiring emergency laparotomy. Colostomy for chronic constipation 2010 Cystectomy, salpingo-oopherectomy and ileal conduit urinary diversion 2011		
C/urology	19	Screening	Patient 21 HNC: Personal Information redacted by the USI	Diagnosis: Circumcision June 2019 for lichens sclerosus (balanitis xerotica obliterans) Lower urinary tract symptoms		
C/urology	18	screening	Patient 63 HNC: Personal Information redacted by the USI	Highlighted by Professor Sethia Delayed diagnosis of Ca lung		
C/urology	17	Screening	Patient 59 Personal Information redacted by the USI	Diagnosis: Low risk prostate cancer diagnosed 2006 - Upgrade to intermediate risk prostate cancer on surveillance biopsies 2012 commenced Bicalutamide 50mg daily September 2019		
C/urology	16	Screening	Patient 47 HNC: Personal Information redacted by the USI	Highlighted by Professor Sethia incorrect management of Ca prostate in 2010 - possible harm		

SEC/urology	15	Screening	Patient 58 Personal Information redacted by the USI	Highlighted by professor Sethia DIAGNOSIS: Adenocarcinoma of prostate - He has been diagnosed with prostate cancer in 2008 and has been kept on active surveillance since then.	
SEC/urology	14	screening	Patient 64 HNC: Personal Information redacted by the USI	Highlighted by professor Sethia Diagnosis: T2, N0, M0 Gleason 4+3 iPSA 27NGS/ML (on 5ARI) prostate cancer. 9 out of 14 cores recent TURP.	
SEC/urology	13	Screening	Personal Information redacted by the USI Personal Information redacted by the USI *Deceased	Highlighted by professor Sethia August 2018 diagnosed metastatic prostate cancer PSA>400 Started on degarelix MDM 16.08.18 to continue ADT PSA rise to 9.2 in February 2019. Started on bicalutamide 50mg. March 2019 PSA 15 Started on dexamethasone MDM recommended referral to oncology Died	
SEC/urology	12	Screening	Patient 30 Personal Information redacted by the USI	Highlighted by professor Sethia Diagnosis: Prostate cancer Gleason score 3+3=6 in 2018 – no evidence of follow-up	
SEC/urology	11	Screening	Patient 62 HNC: Personal Information redacted by the USI	Patient request and highlighted by professor Sethia: I would like to have my care reviewed I was operated on by Mr Hagan in the City Hospital but the diagnosis and original procedure were carried out by Mr OBrien. As a result I had bladder cancer and prostate cancer I also had a kidney removed and as a result I had a stent inserted and now wear a colostomy bag.	
SEC/urology	10	screening	Patient 27 HNC: Personal Information redacted by the USI	Diagnosis: 4.5cm left renal mass Prostate cancer on androgen deprivation therapy On Bicalutamide and Tamoxifen for gleason 3+4 prostate cancer since 2014, stage T2 N0 M0	
SEC/urology	9	screening	Patient 65 HNC: Personal Information redacted by the USI Personal Information redacted by the	Was TURP necessary? Now incontinent	29/11/2021 Discussed at sc unable to provide informati following hernia repair, TUI resolves after 3-4 months. also cause bladder voiding advised need notes to revie
SEC/urology	8	screening	Personal Information redacted by the USI HNC: Personal Information redacted by the USI Datix : Personal Information redacted by the	Incorrect management of Ca prostate - complicated case- may have suffered harm	29/11/2021 Discussed at sc reviewed notes, unable to
SEC/urology	7	screening	Patient 52 HNC: Personal Information redacted by the USI Personal Information redacted by the	1. Previous transitional cell carcinoma of bladder 2. Bladder outlet obstruction 3. Urinary infection Potentially incorrect management	29/11/2019 Discussed at sc management, pt was go yrs treatment, he had a check o pathway, had a MRI, pt ha of the concerns raised in th relation to concerns he had
SEC/urology	6	Screening	Patient 73 Personal Information redacted by the USI	Telephone clinic on 15 May 2021: comment on PRF Although would likely have been recommended to proceed to orchidectomy, the US was not reviewed at urology MDM prior to surgery, and subsequent pathology was benign. The US report had raised a number of differentials so I feel best practice would have been review at MDM	

creening. Decision for TURP not always taken to MDT. Mr Haynes ion from NIECR. Require full notes to review. Post op retention RP and now incontinent. 80-90% retention after hernia repair Should offer trial removal of catheter in 3 months, anaesthesia can problems. 10% risk in hernia repair in men over 65 yrs. Mr Haynes ew. Notes attached	Adobe Acrobat Document
creening Sarah Ward to ask Chris for update on concerns, Mark identify concerns raised.	
creening. June 2018 TURPT, resection Aug 2018 - standard at the time recommended for BCG treatment, completed this of bladder. Had a TURP, appears to have continued on surveillance of PE. Right hydronephrosis nephrostomy was completed. Unsure his case. Sarah Ward to contact Mr Sethia for more information in d raised and feedback.	

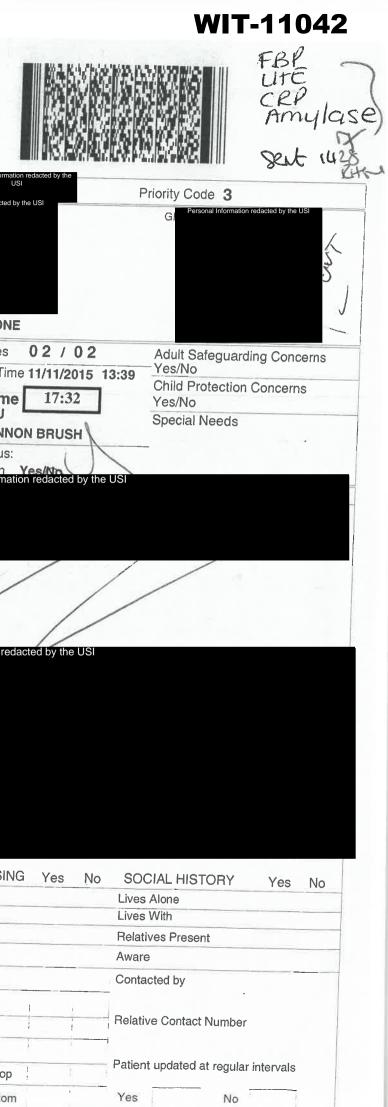
SEC/urology	5	screening	Patient 46 HNC: Personal Information redacted by the USI	SJR on bicalutamide for years before going on an LA analogue and started on non-recommended treatment		
SEC/urology	4	screening	Patient 28 Personal Information redacted by the USI	Diagnosis: T3b N1 prostate cancer at diagnosis 2017 treated with oral Bicalutamide		
SEC/urology	3	screening	Patient 79 Personal Information redacted by the USI	interventions states 19 procedures in total although limited documentation on NIECR a	22.11.2021 Discussed at screening- Mr Haynes has reviewed patient – Patient had a significant number of treatments due to chronic pelvic pain syndrome without evidence. 19 Procedures, timing or waiting lists and getting treatment were expedited, seen privately and added to list. Currently on appropriate management pathway. Contacted Trust, Mr Haynes reviewed care and would appreciate an external review of his management and care. Need external reviewer to review case.	
SEC/urology	2	Screening	Patient 29 HNC: Personal Information redacted by the USI Personal Information Personal Inform		2.11.2021 Discussed at screening- at consultation patient brought up concerns - not consented for isk of erectile dysfunction, retrograde ejaculation. Mr Haynes to review and bring back next week.	Adobe Acrobat Document
SEC/urology	1	Screening	Patient 54 HNC : Personal Information redacted by the USI Personal Information Pational Information Patient State Personal Information Personal Information Personal Information Personal Information Personal Information redacted Personal Information Personal	(3+4) pT1 RT3 N0 M0 adenocarcinoma prostate gland. Treatment history: radiotherapy not given due to other comorbidities. Commenced on Zoladex 2010 and remains on this to date. patient is currently on an LHRHa for his non metastatic prostate cancer. For outpatient review to recommend stopping this LHRHa and ongoing management with watching waiting/ intermittent ADT a h W	5.11.21 - in 2010 the clinical thinking that radiotherapy was the primary treatment of choice. Radiotherapy discussion was had but MDT discussion felt patient was not fit for same. Reason given or not progressing to radical radiotherapy. At time of diagnosis localised prostate cancer - was eferred for radio but on LHRH analogue for a prolonged time. Was discussed at MDT and view was hat if he was not fit for treatment consideration should have been for watchful waiting rather than androgen depravation therapy (Zoladex) which was commenced in 2010. All patients will be started on androgen depravation therapy before radiotherapy. Unclear as to who made the decision to start androgen depravation therapy - Governance to obtain MDT outcome from 2010.19/11/2020 Wendy has advised there was no MDT at this time. Nothing on CaPPS Should have had watchful /waiting. What did MDT recommend at the time. There is comment not fit for radiotherapy, should have had watchful waiting. Were MDM running routinely for prostate cancer at that time. If not there is no MDM liscussion with recommended treatment, would hormone treatment be used at the time. Wendy to task Robert McCormick and feedback next week.	

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CRAIGAVON HOSPITAL EMERGENCY DEPARTMENT

Lurgan Road, Craigavon, BT6 35QQ Tel: 028 38334444 Fax: 028 38351276

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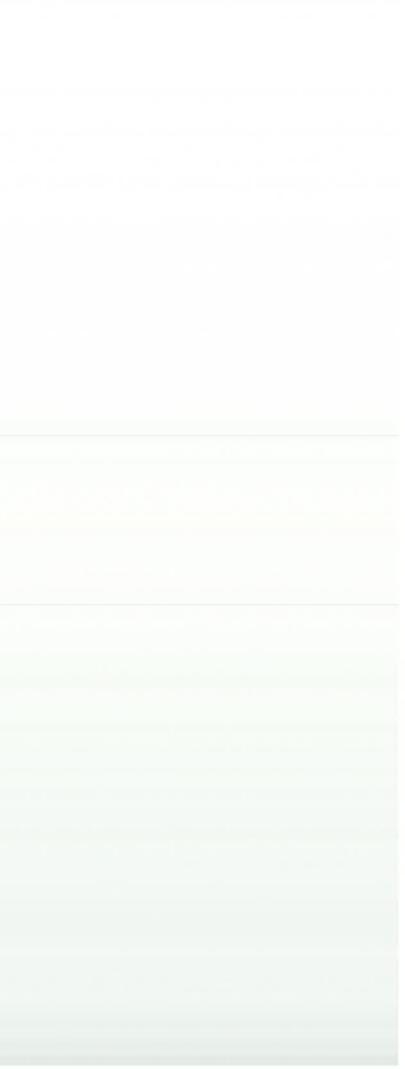




Patient 65	WIT-11043
Forename	Dob redacted by the USI
	Administration
te Time to be Signature redacted by the USI	

Urinary Catheter Insertion and Monitoring Form NOTE: Keep this form at the patient's bed and file in the medical notes when appropriate. If catheter needs reinserted please use new form and file the old form in patient's notes.

PATIENT DETAILS (use Addressograph label)	INDICATION FOR CATHETERIZATION
Patient 65	
Name Personal Information redacted by the USI Healthcare Date of birth Address	Urinary Retention Result of Bladder scan (if available) Painful Painless Failed TROC
Concultant	
Consultant Hospital Ward General Practitioner Health Care facility/Home	 To maintain skin integrity Urinary Input/output monitoring Other
CATHETER INSERTION	
Patient cor Date Operator n INSERTION 1. Dis 3. Ste 6. Ase Easy inser Descriptio CSU collected Slosed Drainage system Yes / No. PPE appropriately used Yes / No.	
CATHETER INFORMATION (use label from	catheter)
Catheter type Standard Female Short-term	Long-term
Make	REF 226516UK
Lot number Size Expiry date_	
Amount of water used to inflate balloon	16Ch/Fr (5.3mm) 10mL
Type of Gel used Lignocaine Sterile lubricant Gel	Image: Sterile R Lor MYZFR067 Use 2020 - 04 PK8702551 03/2011 Image: Sterile R 03/2011



Daily Review of Catheterization

DAY/DATE	NAME, DESIGNATION	INDICATION TO REMAIN	PLAN (REMOVE, FURTHER REVIEW)
1	Perso	nal Information redacted by the USI	· · · · ·
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Date catheter removed_

If failed trial removal of catheter (TROC) use new form documenting clearly it is a repeat insertion of catheter.

If the patient is going home with a new catheter inform the following:

General Practitioner	<i>h</i>	
istrict nurse if househound		1
nsului nuise li nousepounu		
Continence team if not		
ousebound		
his information is documented on t	he patient's e-dischar	ge letter? Yes / No
atient given a urinary catheter patie		
OTE: Please send a photocopy of this	form to the GP/District	t nurse/Continence Team/ Nursing hom

Quality Care - for you, with you

INFECTION PREVENTION & CONTROL RISK ASSESSMENT TOOL AND PATIENT PLACEMENT

Dotiont No.			1		a a fam § 1	I PLAC	EWEN
Patient Name Date of Birth			2	Health & Care Numbe			
Patient 65	Patient 65 Personal Information redacted by the USI					on redacted by the	
Does the patient have a histo	ry or:						
Carbapenemase Producing Er	terobacteriaceao//	0E)		Circle a:	s app	ropriate	_
Has the patient been in previo	Us contact with a C			Yes		No	1
Meticillin-resistant Staphyloco	CCUS quireus (MDCA)	E/CPU case?		Yes	/	No	
Vancomycin-resistant Enteroc	OCCUS (VRE)			Yes	1	No	
Clostridium difficile				Yes	1	No	
Extended Spectrum Beta-Lacta	mase (FSBI)			Yes		No	
Glycopeptide-Resistant Entero				Yes	1	No	/
	cocci (GRE)			Yes	/	No	
Does the patient currently hav	e: Refer to Triag	e flowchart					
Veningitis	- Jor to mug	e jiowchurt		Circle as a	appro	priate	1000
Diarrhoea or Vomiting				Yes	1	No	
rash thought to be due to an	infection			Yes	1	No	
lu-like illness				Yes	1	No	1-
ymptoms/signs suggestive of T	B			Yes	\square	No	+
bscess or draining wound that				Yes		No	+
aveller's fever	connot be covered			Yes	1	No	1-
				Yes	11	No	/
as the patient been:				Circle as a			
inpatient in a hospital outside	e of Northern Irelan	d in the past 12 mo	nths	Yes	plot		
s the patient been an inpatier	it in BHSCT in the pa	st 12 Months			_(No	
				Yes	1	No	
patient in a Hospital within NI	where there has been	an sproad of CDC		HCAI Alerts	U		
	there there has been	an spread of CPE - F	ICAI Ale	rts 🔲	N	0 .	
	ctions						
Patient Flow have been inform	ed re outcome of abo		~	Circle as a	pprop	riate	
		ve assessment	(Yes		No	
Document lo	cation of in-patient pl	acement as determin	hed hur				
Name of Ward	Open bay		appropri	and the second second			
	opennay	Side room without	Side	Aller moor			

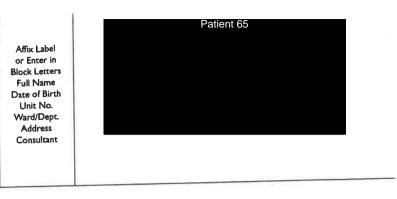
ed re outcome of abo		Circle as ap	propriate
		Yes	No
cation of in-patient p	lacement as determin	ed by Patient F(
Open bay	Side room without en-suite	Side room with en-	Negative pressure
			room
ment assessor details	and date and time of	assessment:	
		Dates	
		Date:	Time:
		11/11/15	1019
1	cation of in-patient p Open bay nent assessor details	Tick as a Open bay Side room without en-suite	Yes cation of in-patient placement as determined by Patient Flow Tick as appropriate Open bay Side room without en-suite Side room with en- suite ment assessor details and date and time of assessment;

PLEASE FILE THIS ASSESSMENT TOOL WHEN COMPLETED WITH PATIENT'S NOTES

If any concerns repatient management, please refer to the relevant Trust infection prevention and control guidance documents available on the Trust intranet site and/or contact a member of the infection prevention and control terms. Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

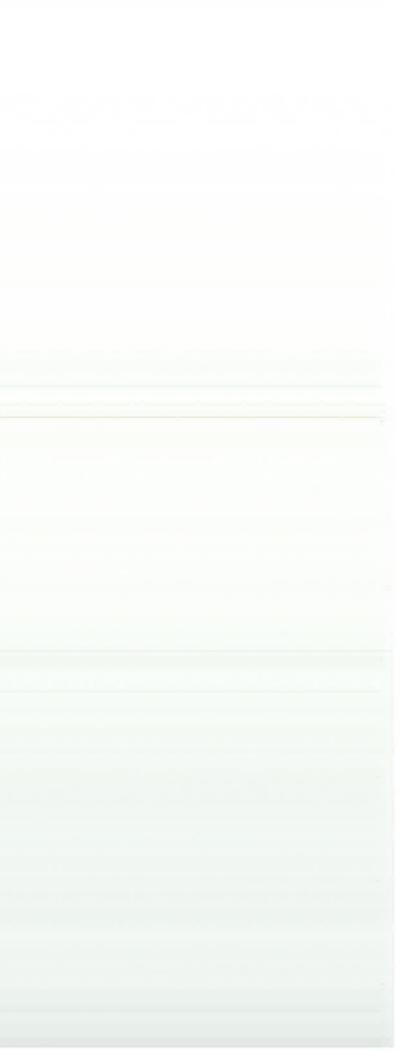
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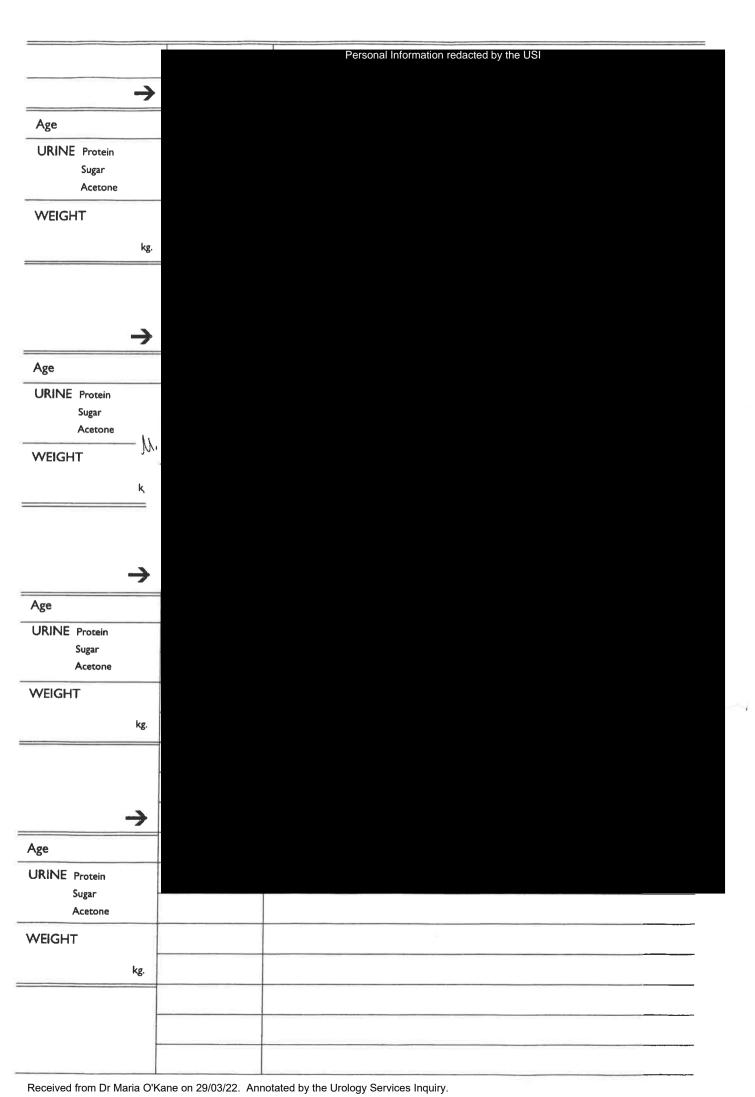
IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES



NOTES When used for In-patient follow-up ignore left-hand column

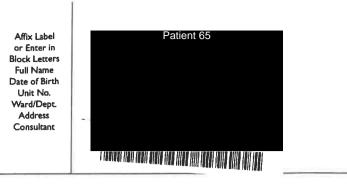
Out-Patient Use Only	Date	Clinical Notes
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IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES



NOTES

When used for In-patient follow-up ignore left-hand column

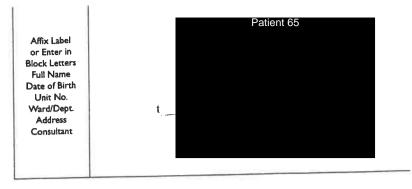
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Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

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IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

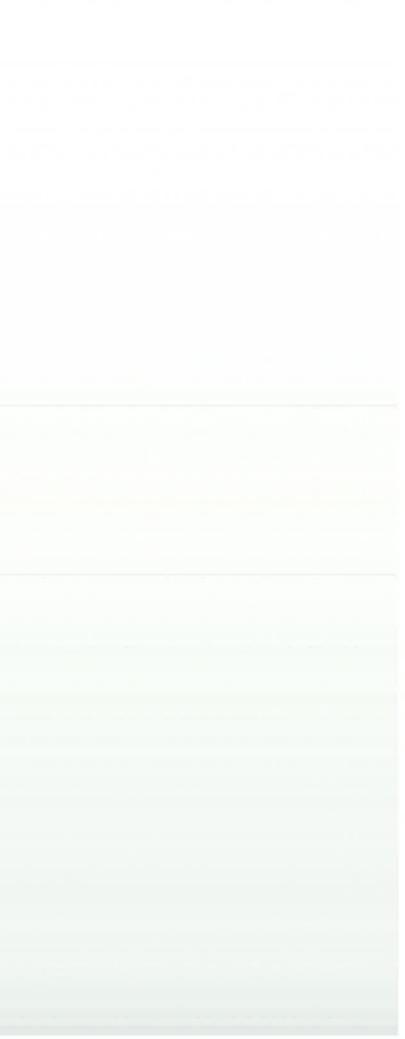


When used for In-patient follow-up ignore left-hand column

NOTES

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Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.



78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES	Affix Label or Enter in Block Letters Full Name Date of Birth Unit No. Ward/Dopt. Address Consultant	Patient 65	

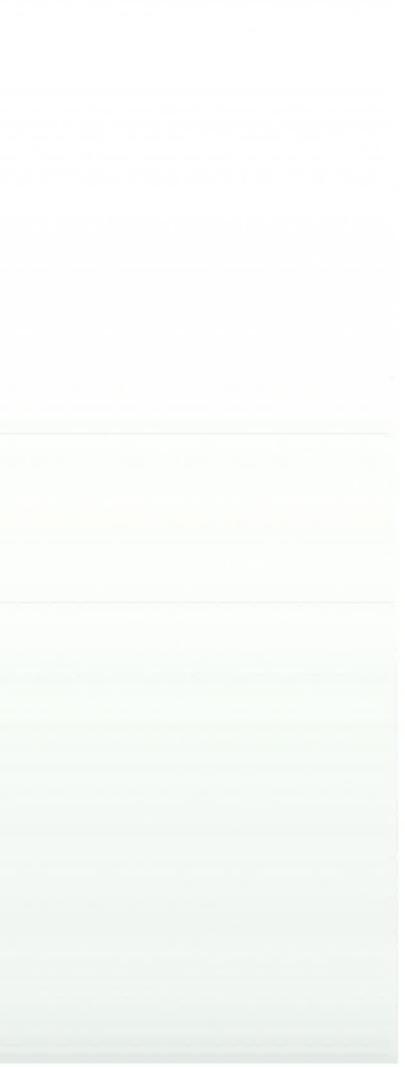
NOTES

When used for In-patient follow-up ignore left-hand column

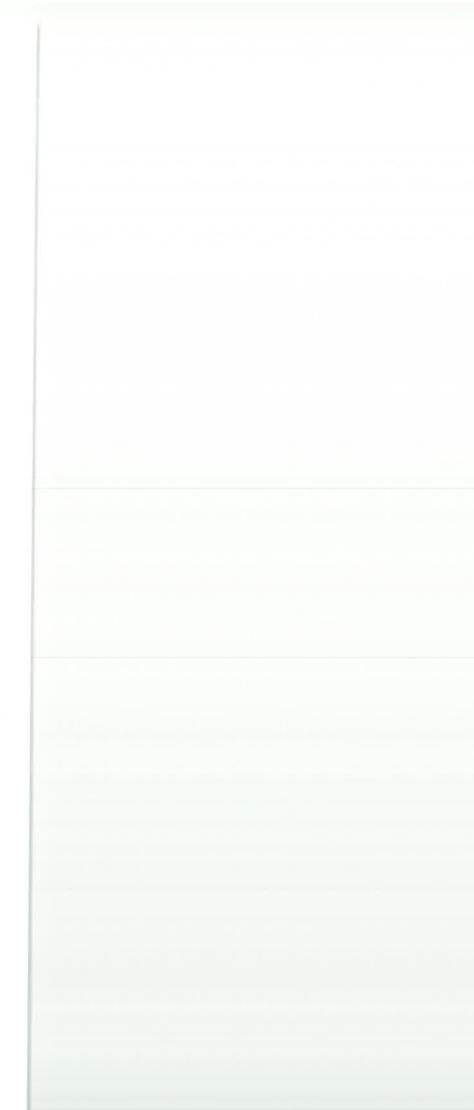
Out-Patient Use Only	Date	Clinical Notes
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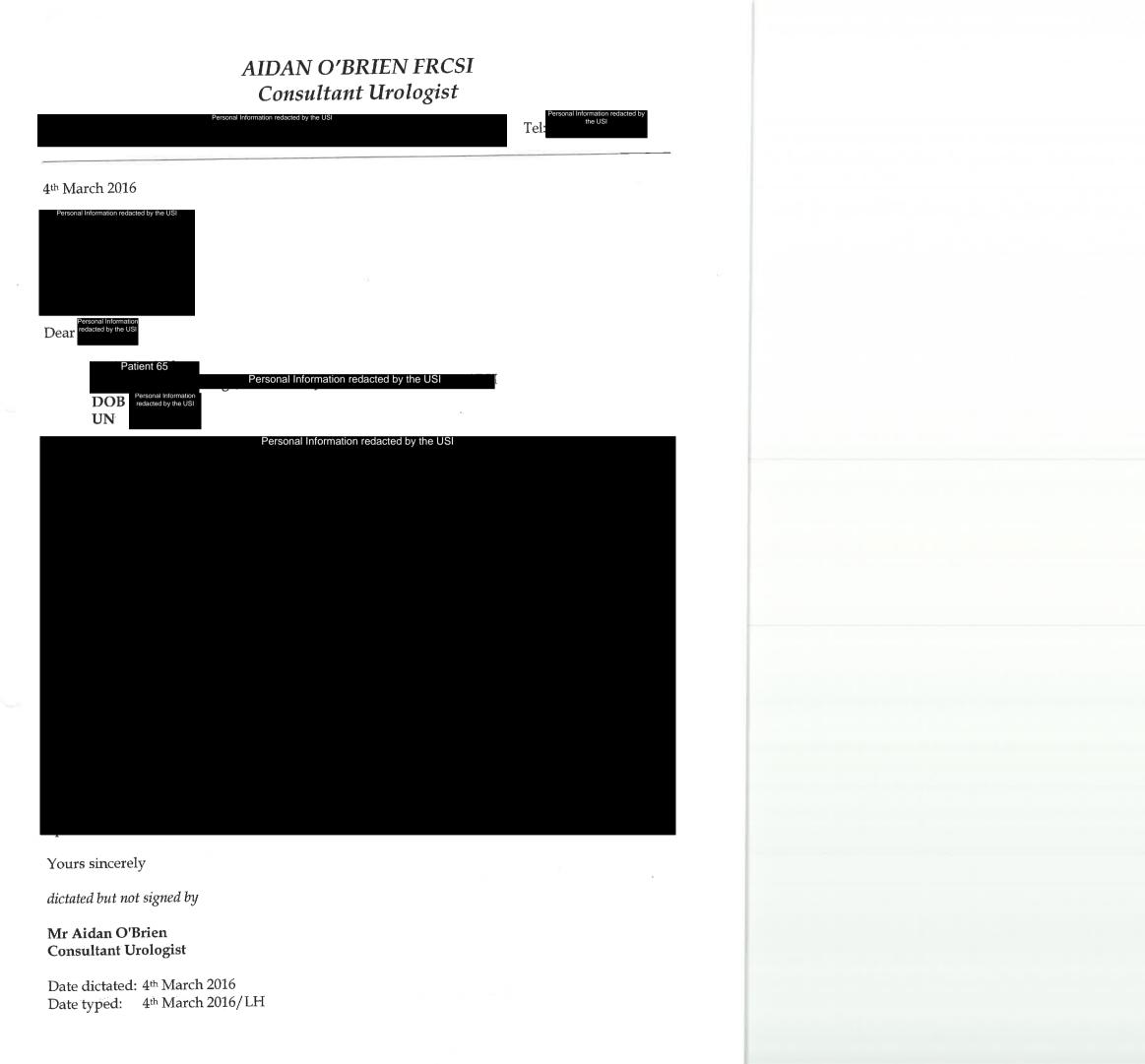
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Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.



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HSS TRUST

Hospital Unit

GP PRACTICE or other

Primary Care Provider

FORM 1 - CONSENT FOR EXAMINATION, TREATMENT OR CARE Personal details (or pre-printed label) Surname/family name First names Patient 65 Date of Birth □ Male □ Female H+C No. (or Special requirements (language o Statement of healthcare professional Responsible healthcare professionalJob Title..... Name of proposed procedure or course of treatment (include side of body or site and brief explanation if medical term not clear) Personal Information redacted by the USI I have explained the p Personal Information redacted by the USI The intended benefits ... Personal Information redacted by the USI This procedure will involve: 🖬 general and/or regional anaesthesia 📮 local anaesthesia 📮 sedation I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this individual. The following leaflet/tane has been provided Personal Information redacted by the USI Signed Name (Print) Contact details (if patient wishes to discuss options later) Statement of interpreter (where appropriate) I have interpreted the information above to the person giving consent to the best of my ability and in a way which I believe s/he can understand. SignedDate Name (Print) Copy accepted by person giving consent Yes/No (please circle)

Received from Dr Maria O'Kane on 29/03/22. Annota

ited I	by	the	Urolog	y Services	s Inquiry.	
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Statement of person giv

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I agree to the procedure or course of treatment described on this form.

LPC 03/08/03

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about possible additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

*I agree that healt	hcare students, who will be supervised by healthcare professionals, may observe
or assist in my car	e. * You may remove this sentence without affecting your care.
Pa	tient 65 Personal Information redacted by the USI
Signature	Date
	*
Name (Print)	$^{\odot}$
A witness should sig	n below if the person is unable to sign but has indicated his or her consent. Young
people/children may	also like a parent to sign here (see notes)
Signature	Date
Alasia a construction	
Name (Print)	
Confirmation	of consent (to be completed by a healthcare professional when the person is admitted for
Confirmation the procedure, if s/he	of consent (to be completed by a healthcare professional when the person is admitted for has signed the form in advance). I have confirmed that s/he has no further questions and wishes
Confirmation the procedure, if s/he the procedure to go a	of consent (to be completed by a healthcare professional when the person is admitted for has signed the form in advance). I have confirmed that s/he has no further questions and wishes head.
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Confirmation the procedure, if s/he the procedure to go a Signature Name (Print) Important notes See also	of consent (to be completed by a healthcare professional when the person is admitted for has signed the form in advance). I have confirmed that s/he has no further questions and wishes head. Date

	WIT-1	1054
ving c	consent	

3,

	Date	
(ask p	rson to sign/date here)	

Item Date Medication name, type, strength Dose Admin 9am | 1pm 5pm 9pm Nurse 1 Nurse 2 GP sign Discontinued started Personal Information redacted by the USI Date/initial 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Residen

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PRESCRIPTION RECORD SHEET

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PAGE 1 OF 1

WIT-11055

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

	RATIVE ASSESSMENT		atus: 1 2 3 4 5 6 E PROCEDURE DETAILS	
Patient 65	PERS	ONNEL		
	Anaesthetist	(grade):	Diagnosis: Operation: Tuch.	
	Jen Jer	•	NCEPOD : Scheduled	
	Surgeon:	~~~	Urgent Emergency	
Ward staff to complete	MEDICAL HISTORY Personal Information r		KAMINATION & NOTES	
	Personal Information r	redacted by the USI		
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SURGI	CAL PRO	CEDU	RE:					Please see:	
Oxygen	@	L/min .		% for	hrs/over	night/hur	nidified	Drug Kardex	1.
Target S	SpO₂ ≥	ay %	6					Fluid balance chart	ū
								PCA Form	
ANALG								Epidural Form	
Morphi	ne/1V (m	g/ant) up	to max	mls			Intrathecal opiate For	m 🗆
Paracet	amol	m	g IV/PO	/NG/PR	hrly	/ PRN/Re	gular	CVC Audit sheet	
Other -									
			(for	rovor .			POSTOP INVESTIGA	TIONS
ANTIEN	NETICS		766	1				Full ICU Patient 6	
				,				FBP, U&	
Routine	Observa	tions	1					ABG	
				/		1		CXR	
Discharg	ge at Sist	er's adv	vice 🖌		Only after D	/W anaes	thetist 🛛		
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Patient Protection AAGBI Equipment Check	ProcedureDate:				toring ne ID			cular Ac	cess		Arter	ial:	Airway N PreO ₂	/lanageme IV inductio	
WHO Safety Checklist Eye Protection Pressure Points Padded Warming Mat	 Operation: Consultant (Superation): Anaesthetist(s): 			ECG SpO2 NIBP ABP		ETCO ₂ FIO ₂ Gas	1. 2. 3.		С	F F			Facemask		
Forced Air Warmer Blood Warmer	□ Surgical Team:			CVP CO		Temp NM BIS	CVC:	Audit F	orm 🗆						
Calf compression	CAH DHH D	SIH D Inea	atre:			1				1					
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Asleep 🗆															
JSG in plane OOP													Ox		
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	SpO ₂												↓ ¢		
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	PAP											-			
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	Patient 65		Personal Information		onal Information acted by the USI
In the second	and these set of the set of the	H&C			
H&C Number	Personal	CEDURE: Height	ASA 3	Service	Urology
A	Information	Weight	Type of admission	Theatre Location	
Gender	the USI	Body Mass Index	Visit ID CA	AH THEA 41-7 Disharge to	
Blood group		PlannedProcedureSent For 2016-03	-16 19:10:00 T U R PRO	DSTATE	
ALLERGIES	distant in the second		ANAESTHETIC TECH	INIQUES	
			I Regional anaesthe	esia II Sedation	
PERSONNEL	A COLORADO		Induction Type: No	one	COLT OF STREET
Anaesthetist: Tim.Bo	ennett			Surgeon: aidan.o'brien	
LINES, TUBES AND	DRAINIS		AIRWAY MANAGEME	NTOPOLOGICAL	
	Personal I	nformation redacted by the USI			
POSITIONING			PROTECTION		
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TOTALS OF GIVEN D	RUGS AND FLUID		A CONTRACTOR OF STREET		The Manual Martin
Gentamicin 160 mg Bupivacaine 0.5% HY			NaCl 0.9%. 500 mL		
Ondansetron 4 mg					
Paracetamoi 1000 mg Fentanyi IT 25 µg					
NOTES			Pre-Op Notes	N DO BOSTICI PROPERTY	
		Personal Information red			
Report printed	16/03/16 20):30		Pag	je 1/4
Received from D	r Maria O'Kane on :	29/03/22. Annotated by the Urolog	y Services Inquiry.		

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

HSC				IESIA RECORD	PROCEDURE DATE	16-03-2016
Patient 65	5					Personal
			H&C	rrsonal Information redacted by the USI	DATE OF BIRTH	Information redacted by the USI
16/	/03/2016	19:52	20	:00	20:07	20:15
			Р	ersonal Information reda	cted by the USI	
- Heart Rate /min	$\begin{array}{c} 90 \\ 162 \\ 80 \\ 144 \\ 200 \\ 144 \\ 70 \\ 126 \\ 175 \\ 126 \\ 100 \\ 10$					
	10 25 18					
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Paracetamol Bupivacaine 0.5% HYPER [5	IV inj mg		Mandger verifiere erne synger som			100
mg/mL]	Spinal mg	13 • 25		nie stanie z data dzienie w kiedzie wier w wiedzie zwanie zwanie w sposowe za sposowe w		1
Fentanyi IT [50 µg/mL]	Spinal µg	20	1		······	
Ondansetron [2 mg/mL]	IV inj mg			2 a =		4
Gentamicin (40 mg/mL)	IV inj mg		16	50	ž.	
NaCl 0.9%.	IV inf mL	(500				
AA	5	Spvoflurane		Sevot	lurane	
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Mode of ventilation					مند من بروان من من المن المن المن المن المن المن ا	
Target ETAA		An-10-10-1				
Target ETAA Pmean	cmH2O					
Target ETAA Pmean Exp Sevoflurane	%					
Target ETAA Pmean Exp Sevoflurane Exp O2	%					
Target ETAA Prnean Exp Sevoflurane Exp O2 Exp Desflurane	% % %		•			
Target ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Frigger flow	% % ⊔/min					
Target ETAA Prnean Exp Sevoflurane Exp O2 Exp Desflurane Frigger flow Exp Isoflurane	% % ⊔/min %					
Target ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane	% % L/min %					
Target ETAA Prmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset	% % L/min % % cmH2O					
Target ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset PEEP	% % L/min % cmH2O .cmH2O					
Target ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset PEEP	% L/min % cmH2O cmH2O %					
Farget ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset PEEP asp Sevoflurane % iO2set	% % L/min % cmH2O .cmH2O					
Farget ETAA Primean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset PEEP Isp Sevoflurane % iO2set Isp Desflurane %	% L/min % cmH2O cmH2O %					
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Farget ETAA Pmean Exp Sevoflurane Exp O2 Exp Desflurane Trigger flow Exp Isoflurane MAC PEEPset PEEP Isp Sevoflurane % iO2set Isp Desflurane % io2set Isp Nitrus Oxide	% % L/min % cmH2O cmH2O % %					
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