

Discharge Summary (Finalised) - Amended

Patient Details

Maree Louise TWOMEY
Date of birth: 17 Apr 1955 (70y) Female
2 Lindsay Pl, Richmond, NSW 2753
MRN: 60902

Hospital Details

St John of God Richmond Hospital
177 Grose Vale Road, North Richmond NSW 2753
Phone: (02) 4570 6100
Fax: (02) 4571 1552

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Medicines on discharge: (20 items)

Medicine	Dosage	Quantity	Frequency	Status	Change Reason	Notes
Lamotrigine	100mg	1000	in the morning and at night	Increased	Change of dose	
Empagliflozin	25mg	1000	In the morning	Unchanged		
Escitalopram	10mg	1000	In the morning	Unchanged		
Atorvastatin	40mg	1000	At night	Unchanged		
Spirolactone	25mg	1000	In the morning	Unchanged		
Prazosin	5mg	1000	At night	Increased	Change of dose	
Pulmicort Turbuhaler	200mcg		2 puffs twice daily	Unchanged		
Rabeprazole	20mg	1000	In the morning	Unchanged		
Colecalciferol	1000iu	1000	In the morning	Unchanged		
Multivitamin	one tablet		in the morning	Unchanged		
Thiamine	100mg	1000	In the morning	Unchanged		
Aspirin	100mg		In the morning	Unchanged		
Paracetamol	1000mg		Three times daily	Unchanged		two x 500mg
Fenofibrate	145mg	1000	In the morning	Unchanged		
Magnesium aspartate	1000mg		At night	Unchanged		two x 500mg
Toujeo Solostar	62 units	subcutaneously	before bed	Unchanged		
Dulaglutide	1.5mg/0.5ml		Injected once weekly on a Friday	Unchanged		Trulicity
Gastrostop	1-2 tablets		6hourly when needed for loose stools (max dose 8tabs/24 hours)	Unchanged		
Prochlorperazine	5mg	1000	6-8 hourly when needed for nausea/vomiting	Unchanged		NAUSRELIEF
Hyoscine (Buscopan)	10-20mg	1000	every 6-8 hours when needed for nausea/vomiting (max dose 80mg/24 hours)	Unchanged		

Ceased medicines

Medicine	Reason for ceasing
Hydrozole Cream	No longer required



ST JOHN OF GOD
Richmond Hospital

TWOMEY

Maree Louise
DOB 17/04/1955 (70Y/F) CAT
PH 0473170298
2 LINDSAY PL
RICHMOND NSW 2753
PVT AHM 48486963
DR THAVAKULASINGAM, DR SIVAR



RM UR 60902 ADM 516061
MC 2195120375/1 (04/2026)
CON 206899431A
ADM DATE 07/07/25
GP MORRIS, DR NAGWA

MULTIDISCIPLINARY RECOVERY AND DISCHARGE PLAN (MRP/MCC)

SAFETY PLAN

To be developed / completed with the patient prior to discharge

It is normal to feel both excited and apprehensive about leaving hospital and returning home. It can take time to adjust to a daily routine and face the challenges of this time of transition.

"My Safety Plan" has been developed with my treating team to assist in my discharge transition to home. It should be used in conjunction with my "Mental Health Recovery and Discharge Plan" as a reference point to assist myself and my support network if I am at risk.

When I am feeling at risk, overwhelmed or distressed the skills that will help me are:

- *Distraction techniques - Music restoring old furniture. app shopping. Come back to cooking. Practice on mobility scooter. Will be writing a new book.*
- *Mse - Mood - euthymic. Affect - reactive. No suicidal ideation or self harm thoughts at time of interview.*
- *NDIS support - carers 5 days a week.*
- *Discharge appts: Mental Health Worker - Michelle Hookham - Wed 2nd Sept. Marie - Pierre Cleret - psychotherapist - speak every fortnight. Dr Morris - appt to be made.*

If my safety plan is at risk, I can call emergency services on 000.

If I am unable to reduce my distress, I can contact the mental health hotline, hospital or present to my local public hospital accident and emergency department. All services are available 24 hours a day. SJGHC Hospital Contact Number: (02) 4570 6100

24 hour Counselling Services include:

 Mental Health Line 1800 011 511	1800 011 511 www.mentalhealthonline.org.au	 beyondblue	1300 224 636 www.beyondblue.org.au
 Lifeline AUSTRALIA	13 11 14 www.lifeline.org.au	 MensLine Australia	1300 789 978 www.mensline.org.au
 NSW GOVERNMENT	Communities & Justice 02 9377 6000 Domestic Violence Line 1800 656 463 Link2Home Homelessness 1800 152 152 LawAccess NSW 1300 888 529 www.lawaccess.nsw.gov.au www.dcj.nsw.gov.au	 Your Room	Sydney 02 9361 8000 Rural 1800 422 599 www.yourroom.health.nsw.gov.au
 1800RESPECT NATIONAL SEXUAL ASSAULT RESPONSE TEAM VICTIMS' SUPPORT & COUNSELLING	1800 737 732 www.1800respect.org.au	 OneDOOR	1800 319 353 www.onedoor.org.au

A copy of this mental health and recovery plan has been given to the patient and is available for them to use post discharge. Yes ☒

Completed by Caregiver (name): Leanne Pke Designation: RM Date: 30/8/25
Patient name: Maree Twomey Signature: L Pke Date: 30/8/25



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MULTIDISCIPLINARY MENTAL HEALTH RECOVERY AND DISCHARGE PLAN

To be completed during the patient stay – My relapse prevention strategies

Things I do to reduce stress

Doing Art, spend time w my support workers.

My early warning / relapse signs are

If I am having early warning / relapse signs I will use the following coping strategies

Poor sleep, poor appetite.

Doing Art, spend time w my support workers.

If I become unwell, I may need help with the following:

☐ Children

☐ Pets

☐ Payment of bills

☐ Contacting work / place of work

☐ Advanced care directive

☐ Power of attorney

☐ Looking after household duties

☐ Other _____

Comments:

DISCHARGE PLANNING

Anticipated Discharge Date: 31/8/25

Transport arrangements for discharge:

Discharge Destination: Home.

NOIS

Outpatient groups / Community Outreach:

Other Community Programs:

My Discharge Plan

My follow up appointments are:

Details / appointment date and other relevant information

☒ GP Name: Dr Morris Appointment date: 18/8/25

☒ Psychiatrist Name: Dr Ruby Appointment date: 11/8/25

☐ Psychologist Name: _____ Appointment date: ____/____/____

☒ Mental Health Worker Name: Michelle Heekham Appointment date: 11/8/25

☐ AOD Counsellor Name: _____ Appointment date: ____/____/____

☐ Day program: referred to _____ group Start date: ____/____/____

☐ Community Mental Health: _____ Appointment date: ____/____/____

☒ Other: NOIS supports as per prep. Appointment date: ____/____/____

My discharge medication has been explained by a Pharmacist (completed as per hospital requirement)

Discharge interview conducted ☒ Yes ☐ No

Discharge medication arranged ☐ Yes ☐ No

Medication discussed with me ☒ Yes ☐ No

Follow up phone call has occurred within 7 days post discharge: ☐ Yes ☐ No ☐ N/A if to be seen with 7 days

Date: _____ Time of call: ____ : ____

* Refer to progress notes for further details

Completed by Caregiver (name): Nicole Designation: RN Date: 31/8/25

This plan has been developed in consultation with the patient, the support person/s and caregiver/s

	Name	Signature	Date
Patient	Maree Twomey		
Nominated family / friend / carer			

Nursing Caregiver responsible for discharge: _____ Designation: _____

Date: ____/____/____