Government of South Australia
Health
Northern Adelaide Local Health Network

Freedom of Information Office

Lyell McEwin Hospital
Haydown Road
ELIZABETH VALE SA 5112

Modbury Hospital
Smart Road
MODBURY SA 5092

T 08 8282 0395
E: Health.NALHNFOI@sa.gov.au

Your ref: TN:SS:220107
Our ref: 22FOI-0711
UR: 684756

10 October 2022

Guardian Injury Law
Att: Tanya Neilson
PO Box 110
EMERALD VIC 3782

Dear Ms Neilson,

Re: Freedom of Information Notice of Determination regarding Muris Boric DOB: 11/11/1985

I refer to your application under Section 13 of the Freedom of Information Act 1991 (FOI Act) for access to your client's medical records, held at Lyell McEwin Hospital.

I have today determined, under Section 23 of the FOI Act, to provide you with full access to the enclosed documents, namely a complete copy of your client's medical records.

If you are unhappy with this determination you are entitled to apply for an internal review in accordance with section 29 of the FOI Act. To make an internal review application, please either write a letter or send an internal review application form (available on-line at www.archives.sa.gov.au) to the Chief Executive Officer of this agency, within 30 (calendar) days after you receive this letter.

If you need further information on any of the above please telephone the Freedom of Information Office on: 8282 0395 or email Health.NALHNFOI@sa.gov.au

Yours sincerely

Leanne Garwood
Freedom of Information Officer
Northern Adelaide Local Health Network

WARNING

CONFIDENTIAL MEDICAL INFORMATION

This information has been released by the Northern Adelaide Local Health Network under the *Freedom of Information Act 1991*.

It is your responsibility to ensure this information is stored in a secure location and is only accessible to people who you want to have access to it.

If you no longer require this information, you should dispose of it in a secure manner. It is recommended that you do not place it in a recycle bin unless it is specifically used for confidential waste or the documents have been shredded.

SURNAME: MURIS

First Name: BORIC

Other Names:

68 47 56

Unit Record Number

AFFIX ALERT LABEL HERE

VOLUME NUMBER

CONFIDENTIAL

LYELL McEWIN HOSPITAL

MEDICAL RECORD

ATTENTION

Electronic Health Record Information may be captured for this patient in CPS/OACIS/ HASS/ORMIS/OBTraceVue. **For CPS only**, please refer to the RN or Midwife caring for the patient to access information.

D/C DATE	SPECIALIST	SEP. SUMMARY

HYBRID RECORD
SUNRISE EMR

DO [illegible] FROM THE HOSPITAL WITHOU[T]

LMH000075130

NORTHERN ADELAIDE LOCAL HEALTH NETWORK

MR 011

Please Circle Relevant Hospital

Lyell McEwin HOSPITAL | Modbury HOSPITAL

Government of South Australia

SA Health

Summary of Admissions

LMH URN 684756

Surname: MURIS

Given Names: BORIC

DOB: 11.11.1985 Sex: MALE

affix bar code

Admiss. No.	Episode No.	Admission Date	Discharge Date	Full Diagnosis	Procedures	Specialist
1	1	17/11/22	17/11/22			Anand

SUMMARY OF ADMISSIONS

MR 011

Revised 05/2019 NALHN 12001425

8182 9723
LMH Medical Records

WINDSOR HEART
& SPECIALIST CENTRE

480 Specialist Centre
480 North East Road
Windsor Gardens SA 5087

Clinic 08 7092 2760
Fax 08 8166 3362
practice.manager@windsorheart.com.au
www.windsorheart.com.au

Release of information form

DATE: 18/01/2022

PATIENT NAME: Muris Boric - Muris Boric

UR NUMBER:

DOB: 11/11/1975

6884750

ADDRESS: 5 Welsh Cres, Para Hills 5096

DOCTOR REQUESTING:

I am writing to request : (please circle)

(Correspondence)

ED attendance 17/01/2022

Discharge Summary

(Test results)

18/1/22
19/1/22
VV

Thank you.

Janet

email: reception@windsorheart.com.au

Diagnostic Divider

All test results (eg. Bloods, autopsy results, x-ray reports, diagnostic reports) go into this section of the medical record.

The order of the pathology forms should be Histopathology, clinical chemistry, Haematology, Microbiology/Serology, organ imaging, then all other diagnostic results. Within each group of pathology the results should be in reverse chronological order (the most recent at top).

DIAGNOSTIC

(1)

BORIC, MURIS	ECG 12 Lead Analysis	Page 1/1
Medical Record Number: / Second ID:	Identification:	
Bed: E10 / Unit: ED		
Printed: 17 Jan 2022 13:30:29 / Measurement Time: 17 Jan 2022 13:30:28	Notes:	

Date of Birth	---
Age	---
Gender	-
Height	---
Weight	---
Ethnicity	---
Ventricular Rate	99 /min
PR Interval	184 ms
QRS Duration	86 ms
QT/QTc	336 / 431 ms
P-R-T Axis	80 17 76

KU
1354
17/1/22

*** Unconfirmed ECG Report ***
NORMAL SINUS RHYTHM
NORMAL ECG

LMH URN 684756

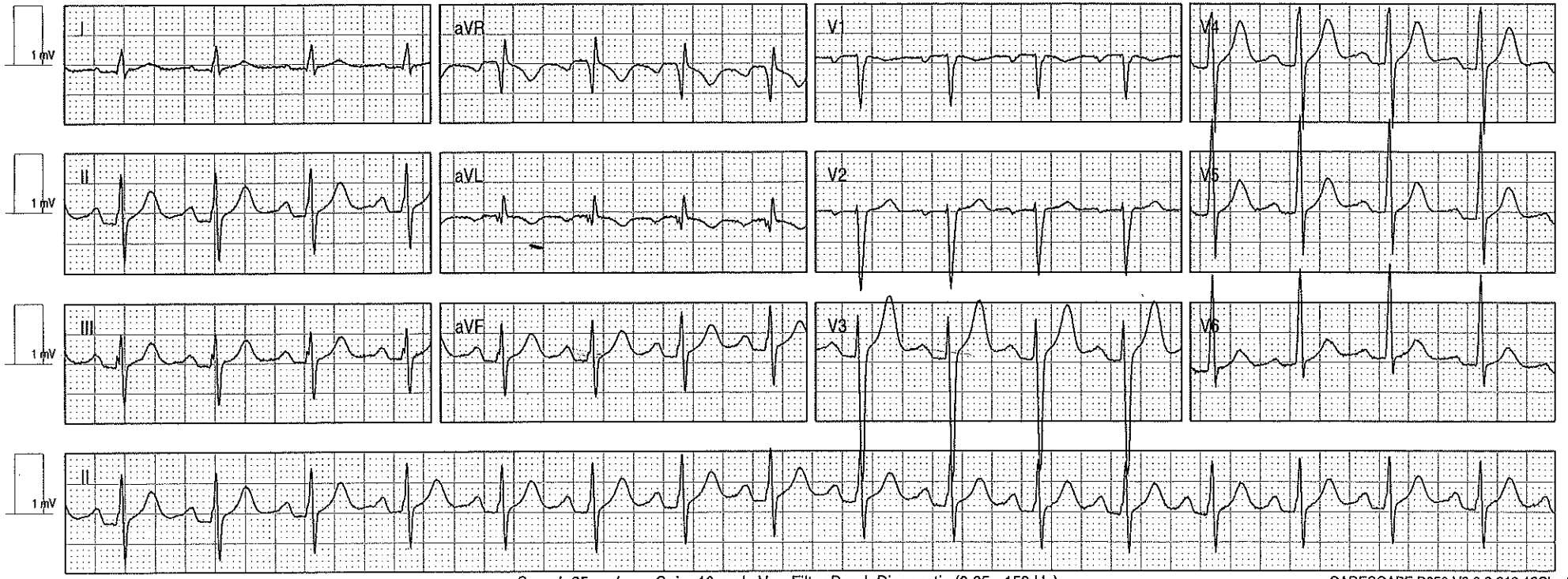
Surname: MURIS

Given Names: BORIC

DOB: 11.11.1985 Sex: MALE

3/10 chest pain

T-P Elevation
TWI all.



Speed: 25mm/s Gain: 10mm/mV Filter Band: Diagnostic (0.05 - 150 Hz)

CARESCAPE B650 V2.0.8.213 12SL v22

BORIC, MURIS		ECG 12 Lead Analysis	Page 1/1
Medical Record Number: Second ID:		Identification:	
Bed:	E10		
Unit:	ED		
Printed:	17 Jan 2022 16:05:53	Notes:	
Measurement Time:	17 Jan 2022 16:05:51		

Date of Birth	---
Age	---
Gender	-
Height	---
Weight	---
Ethnicity	---
Ventricular Rate	105 /min
PR Interval	182 ms
QRS Duration	86 ms
QT/QTc	332 / 438 ms
P-R-T Axis	82 39 74

*** Unconfirmed ECG Report ***
SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

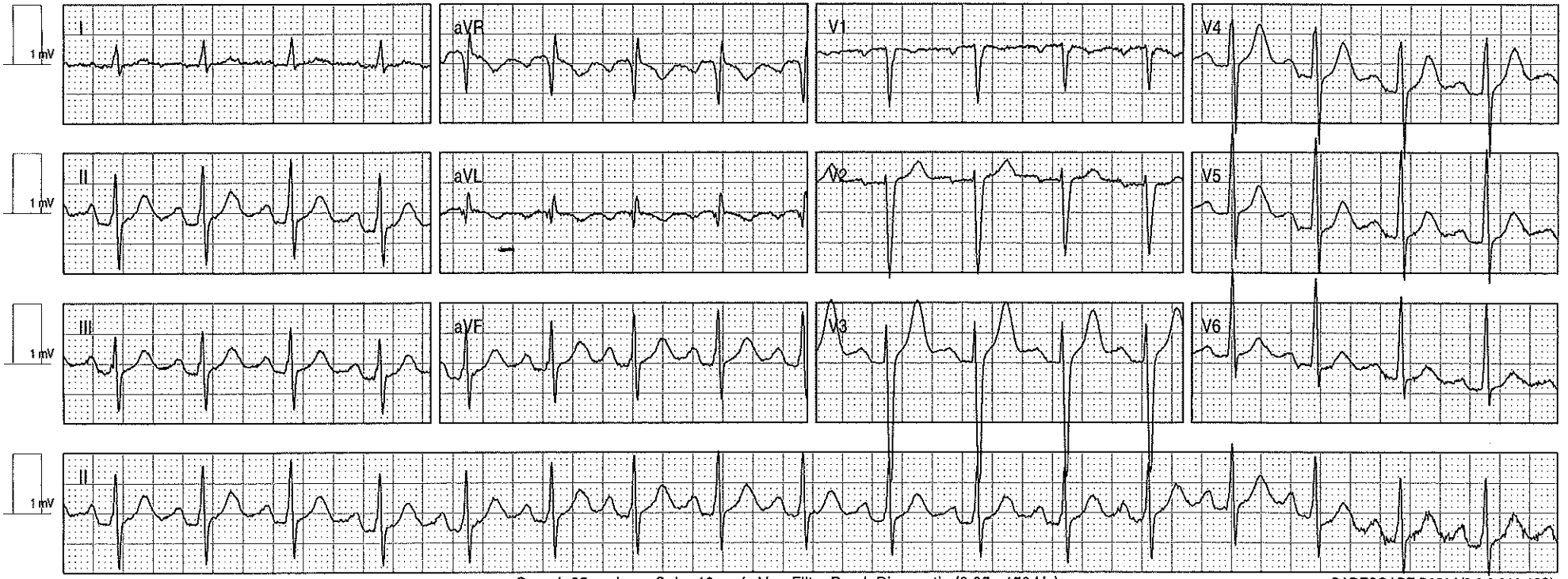
LMH URN **684756**

Surname: **MURIS**

Given Names: **BORIC**

DOB: **11.11.1985** Sex: **MALE**

Tachy
T-P segment elevation.
TWI AVL



Speed: 25mm/s Gain: 10mm/mV Filter Band: Diagnostic (0.05 - 150 Hz)

CARESCAPE B650 V2.0.8.213 12SL v22

OACIS CLINICAL ORDER MANAGEMENT

SA PATHOLOGY

SA Pathology APA, Frome Road, Adelaide SA 5000
Result Enquiries: (08) 8222 3000 Toll Free: 1800 188 077
www.sapathology.sa.gov.au

Lyell McEwin Hospital, Haydown Road, Elizabeth Vale SA 5112

Order Date : 17/01/2022
Order Time : 14:10
Visit Number : 1507947

MRN: **LMH-000684756**

Surname: **MURIS**
Given Name: **BORIC**
Day Tel: **0422349123**
D.O.B: **11/11/1985** Sex: **Male**
Home Tel: **0422349123**
Address: **5 WELSH CRESCENT PARA HILLS, SA, 5096**
Medicare: **51284416141**
Location: **LMH ED:EEC10 - Emergency A**
Clin Unit: **ANE - Emergency**

CONSULTANT: **Bruce, Peter**
REQUESTOR: **Bruce, Peter, 2922347J**
REQUESTOR CONTACT: **Phone - 29512**

OACIS ELECTRONIC ORDER - ELECTRONICALLY SIGNED ORDER
ORDER VALID ONLY WITHOUT MODIFICATION

Patient Status at Date of Specimen Collection:
Hospital patient in a recognised hospital
Hospital Emergency

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practise associated with this claim, or as authorised/required by law.

Practitioner's Use Only (Reason Patient Cannot Sign)

Medicare Benefits (Section 20 A Health Insurance Act 1973)
I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.
PATIENT (or responsible adult) Signature and Date

_____ ___ /___ /___

☐ Do not send to My Health Record

COPY TO:

Clinical Notes
pleuritic chest pain ?myocarditis

	TEST(S) REQUESTED	Rule 3 Exemption[ ] Self Determine[ ]	SPECIMEN SOURCE	COLLECTION BY	PRIORITY
1	**COMPLETE BLOOD EXAMINATION**		Blood	Already Collected	URGENT
2	**C-REACTIVE PROTEIN**		Blood	Already Collected	URGENT
3	**ELECTROLYTES, UREA, CREATININE**		Blood	Already Collected	URGENT
4	**TROPONIN T LEVEL**		Blood	Already Collected	URGENT

COLLECTOR DECLARATION
I certify that this sample was taken from the patient stated and labelled immediately.
The same details have been checked by: (✓)
[ ] a) Comparing the wrist band
[ ] b) Asking the patient, if possible (spell your name?)
[ ] c) Carer/guardian assistance

[ ] I have also signed on the specimen to verify patient ID
[ ] I have completed Collection Date and Collection Time

SIGN _____

COLLECTION DATE ____/____/_____

COLLECTION TIME _____:_____

PRINT NAME _____

LMH URN: 684756
Surname: MURIS
Given Names: BORIC
DOB: 11.11.1985 Sex MALE

Specified APP Yes/No Name.....

Doctor's signature: _____ Date: 17/01/22

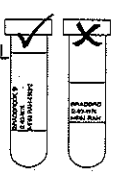
SPECIMEN LABELS

version 8.5.00.07

000684756 MURIS, BORIC 11/11/1985 Male Location: LMH ED:EEC10	000684756 MURIS, BORIC 11/11/1985 Male Location: LMH ED:EEC10	000684756 MURIS, BORIC 11/11/1985 Male Location: LMH ED:EEC10
Collector/Date/Time Order #: 6583467	Collector/Date/Time Order #: 6583467	Collector/Date/Time Order #: 6583467

IF MORE SPECIMENS THAN SUPPLIED LABELS, PLEASE WRITE PATIENT DETAILS ON ADDITIONAL SPECIMENS.

Bend Form To Remove Labels



Printed: 17/01/2022 14:11:00

ADMISSION

Lyell McEwin Health Service

ADMISSION SUMMARY

DVA | **URN** 684756-1

Surname	Marital Status	Date of Birth	Age
MURIS	SINGLE	11 Nov 1985	36

Given Names	Gender	Ethnic Origin	Religion
BORIC	M		Islam

Language
ENGLISH

Address	Medicare Number	Occupation	Birth Place
5 WELSH CRESCENT PARA HILLS 5096 (M) 0422349123 (B) (H) 0422349123	5128441614 1 Exp Date: 03/2026		Bosn.Herz

Fund	Schedule	Membership Number
BUPA		75242404

Contact 1	Relationship	Contact 2	Relationship
MELIKA BORIC 5 WELSH CRESCENT PARA HILLS 5096 (M) 0401682541 (B) (H) 0401682541	MOTHER	Accessed under the FOI Act 1991 (M) (B) (H)	

Referring Medical Officer	Telephone	General / Family Doctor	Telephone
		PRACTICE MANGER PARA HILLS 365 DAYS MED 1 WILKINSON ROAD PARA HILLS 5096	72311988

ADMISSION DETAILS

Reason for Admission	Time	Admission Category	Patient Category
CHECT PAIN FI	14:12	EMERGENCY	1 OVERNIGHT

Election	Type	Admission Date	Admission Source
HOSPITAL	ORDINARY	17 Jan 2022	EMERGENCY DEPT.

Unit	Specialist	Ward
TRAUMA/ACCIDEN	DR ANAND, A	EXTENDED EMERG

IS THIS A READMISSION WITHIN 28 DAYS THAT IS UNPLANNED AND/OR UNEXPECTED? **YES / NO**

SEPARATION DETAILS

Date: 17 | 1 | 22 Time: 21 :46

Nature of Separation

0. Discharge on Leave
1. Home
2. Hospital
3. NH or Hostel
4. Other HC Accomm.
5. Died - no autopsy
6. Died - with autopsy
7. Hospital - down trans.
8. Self discharged
9. Unknown
A. Administrative Discharge
E. End of Quarter Rep.

1

Tick upon Completion of Coding

COMMENTS:

Signature of Discharging Medical Officer	Date	Signature of Checking Registrar	Date
Print Name of Discharging Medical Officer		Print Name of Checking Registrar	

Printed: 17/Jan/2022 17:25

LYELL MCEWIN HEALTH SERVICE

Surname: **MURIS** | Time: 12:53 | Arrival Date: 17 JAN 2022 | UR No: **684756**

Given Names: BORIC | Ur Requested: N

Complaint: 0104 CHEST PAIN

Presenting Problem: AMBER-CHEST - CHEST PAIN

VERIFIED DEMOGRAPHICS

Triage Priority: **3**

Triage Assessment: MODERNA 1/11 CHEST PAIN POST - PERICARDITIS. FEELING FLAT, PAST FEW DAYS NIGHT SWEATS CHEST PAIN SOBOE GLOBAL ST ELEVATION, TACHY TREATED WITH COLCHICINE RAT NEGATIVE WITH SAAS

Triage RN: KOSMALA, DANIELLE | Alert | Location: EECU BED 10

Initial obs	Temp	Pulse	Resps	BP	SpO2	VAS	WAS	Safety Level
Urinalysis								

Leukocytes	Nitrites	Urobilinogen	Protein	pH	Blood	Ketones	Bilirubin	Glucose	SHOC

Referral Source: SELF / FAMILY / ... | Liaison | Mode of Arrival: AMBULANCE SER... | Ambulance Care No.: 34277 | Disaster No.

Date of Birth: 11 NOV 1985 | Age: 36 | Sex: M | Marital Status: NEVER ... | Country of Birth: BOSNIA & HERZEGO... | Ethnicity: NO - CLIENT

Address: 5 WELSH CRESCENT
PARA HILLS
SA 5096

Language: ENGLISH | Religion: ISLAM

Occupation | Employment Status | Compensable: PUB

Home Phone No: 0422349123 | Work Phone No: 0422349123 | Insurance | Fund | Medicare No: 5128441614 | Referral Letter

LMO name: PRACTICE MANGER,

Address: PARA HILLS 365 DAYS MED
1 WILKINSON ROAD
PARA HILLS
SA 5096

Phone: 72311988 | Fax | Email

Next of Kin: MELIKA BORIC

Relationship: PARENT

Address: 5 WELSH CRESCENT
PARA HILLS
SA 5096

Mobile Phone No: 0401682541 | Work Phone No

Previous Emergency Department attendances

Date of Attendance | Discharge diagnosis

Previous Inpatient Admissions

Date of Discharge | Discharge Diagnosis | Other Conditions | Specialist

EMERGENCY DEPARTMENT RECORD

MR1709

NORTHERN ADELAIDE LOCAL HEALTH NETWORK

MR 700

Please Circle Relevant Hospital

Lyell McEwin HOSPITAL Modbury HOSPITAL

Government of South Australia
SA Health

Primary Screening and Intervention

UR No: _____
Do not hand write these details, except when adhesive barcode labels are unavailable
Surname: _____
First Name: _____
D.O.B._____ Sex:_____

Time of Vitals	Temp	HR	RR	BP	SaO_2	FiO_2	BSL	Pain Score	GCS

DO NOT RECORD FORMAL FULL MEDICAL ASSESSMENT ON THIS PAGE

Clinical Notes:

Date:_____ Time:_____ Name:_____ Sign:_____

All the following have been considered: **YES** **NO**

- **All investigations and interventions documented on this page**
- Patient name/allergy bracelet attached to patient
- ED nursing observation chart started
- Initial meds charted on standard med chart
- IV fluids or oral fluids charted on appropriate fluid chart
- Time ED consultant in main department was contacted is documented

Revised 01/2018 NALHN 12001392

Government of South Australia
SA Health

SA Ambulance Service

SA Ambulance Servic[?] . atient Clinical Record

Medical In Confidence

HOSPITAL / PATIENT COPY
Sensitive: Medical – I2 – A2

FROM

2 Priority on dispatch   Priority change en-route: ☐ at: ______ (time)

Address   Number and street: 5 Welsh Cres

Suburb / Town: Para Hills

Property ID number [redacted]

PATIENT

Surname: Boric   Title: Mr

Given name: Muris   Middle name or initial

Address   Number and street: 5 Welsh Cres

Suburb / Town: Para Hills.

M/F: M   Date of birth: 11/11/1985   Age: 36   Age risk factor (circle category): ≤12 / (13-69) / ≥70   Est. weight (kg): 85

Phone number   Ambulance Cover No.   ☐ Private health insurance

[redacted] ☐ Aboriginal ☐ Torres Strait Islander [redacted]   Pension No.

Responsible person contact details (parent / guardian if patient <16 years)

Responsible person phone number   ☐ Contacted   ☐ Advance Care Directive sighted

REFERRAL

Transport
3 Priority to destination   Priority change en-route: ☐ at: ______

TNT - patient referred to: ☐ Self-care ☐ Existing care ☐ Other HCP

Details of destination **OR** details of referral: LMHS

Suburb / Town: Eliz Vale

Accessed under the FOI Act 1991

Attending clinician signature & surname or ID: 3806 [signature]

Assisting clinician signature & surname or ID: ....

Date	17 JAN 22
Day	MO
Dispatch No.	[?]536
Event No.	84277
Triage Tag No. (if applicable)	
Received	1156
Dispatched	1201
Arrived scene	1215
Arrived patient	1220
Depart scene	1238
Arrived destination	1251
Transfer of care	
Clear	

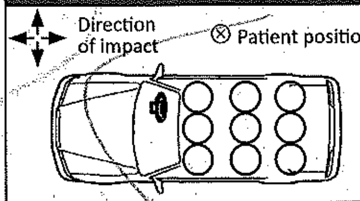
[redacted]

Call sign: PFD63

[redacted]

MVC - PATIENT POSITION

Direction of impact   ⊗ Patient position



FOR ALL TNT

The clinical and historical risks have been considered and managed.

Clinician to initial & ID

SA Ambulance Service Patient Charter
... a patient of the SA Ambulance Service you are entitled to:
Timely and effective emergency treatment
Courteous and honest communication
Caring and professional consultat...

LMH URN 684756
Surname: MURIS
Given Names: BORIC
DOB: 11.11.1985 Sex: MALE

[redacted]

COMPLETE FOR ALL PATIENTS WITH PAIN

Pain Scores (/10)   Initial 5   Final 5

Pain assessment at handover:
☐ Worsened ☐ Uncontrolled ☑ Controlled ☐ Fully relieved

COMPLETE FOR ALL OUT OF HOSPITAL CARDIAC ARRESTS

CPR attempted prior to SAAS arrival?
☐ No ☐ Yes ☐ Unknown

Did SAAS attempt CPR?
☐ No → *Reason:* ☐ Obvious death ☐ Terminal illness
☐ Yes ☐ ROSC before arrival ☐ ACD

Cardiac arrest witnessed by?
☐ SAAS ☐ Other ☑ Not witnessed ☐ Unknown

First arrest rhythm seen by SAAS?
☐ VF ☐ VT ☐ PEA ☐ Asystole ☐ Unknown
☐ Unknown - shockable ☐ Unknown - non shockable

Aetiology of arrest? ☐ Presumed cardiac
☐ Medical ☐ Respiratory ☐ Drowning
☐ Asphyxia (includes hanging) ☐ OD/poisoning
☐ Trauma ☐ Electrocution ☐ Other

AED (pads) applied prior to SAAS arrival?
☐ No ☐ Yes ☐ Unknown

* If yes, how many defibrillations delivered? ______
(write zero (0) if none delivered)

Defibrillation by SAAS?
☐ No ☐ Yes - how many? ______ ☐ Unknown

* If yes, time first defibrillations delivered? ______

Return of spontaneous circulation (ROSC) at any stage?
☐ No ☐ Yes, not sustained ☐ Yes, up to handover at ED

* If yes, time first of first ROSC? ______

CPR performed during transport? ☐ No ☐ Yes ☐ N/A

Reason for terminating resuscitation?
☐ SAAS decision ☐ GP/Doctor request ☐ Terminal illness
☐ ROSC achieved ☐ ACD ☐ Other

COMPLETE FOR ALL MOTOR VEHICLE COLLISIONS

Vehicle type
☐ Motorcycle ☐ Bicycle ☐ Pedestrian
☐ Car/truck/van ☐ Other ______

Estimated impact forces
☐ High (>60km) ☐ Medium (40-60km) ☐ Low (<40km)
☐ Rollover

Extrication
☐ Ejected ☐ Self ☐ Bystander ☐ SAAS ☐ Other

Entrapment
☐ Trapped with compression ☐ Trapped no compression
☐ Not trapped

Seat belt/helmet ☐ Not worn ☐ Worn ☐ Unknown

Airbag ☐ Deployed ☐ Not deployed ☐ N/A

TREATMENT SUMMARY

Airway
☐ Suction
☐ Forceps FB removal
☐ Oropharyngeal
☐ Nasopharyngeal
☐ Supraglottic
☐ Endotracheal tube
☐ Needle cricothyroidotomy
☐ Surgical cricothyroidotomy

Breathing
☐ Nasal oxygen
☐ Mask oxygen
☐ Non-rebreather oxygen
☐ Bag/mask: O2
☐ Bag/mask: O2 + IPPV
☐ CPAP

Circulation
☐ Arterial tourniquet
☑ ECG monitoring
☑ 12 lead ECG
☐ IV cannula
☐ Aseptic IV cannula
☐ Venous expansion
☐ Intraosseous cannula
☐ External pacing
☐ Cardiac compressions
☐ Synchronised cardioversion
☐ Defibrillation
☐ Mechanical CPR device

Posture
☐ Sitting
☑ Supine/semi-recumbent
☐ Supine with legs raised
☐ Lateral
☐ Prone

Splinting
☐ Cardboard
☐ Cervical collar
☐ Traction
☐ Spinal (splint or VacMat)
☐ Pelvic

Other
☐ Blood product in progress
☐ Syringe driver
☐ Orogastric tube
☐ Needle thoracostomy
☐ Physical restraint
☐ Safety net applied
☐ Specialised lift equipment
☐ Other ....

Drugs
☐ Adenosine
☐ Adrenaline
☐ Amiodarone
☐ Atropine
☐ Aspirin
☐ Benzylpenicillin
☐ Co-Phenylcaine
☐ Droperidol
☐ Fentanyl
☐ Fexofenadine
☐ Glucagon
☐ Glucose oral
☐ Glucose IV
☐ GTN
☐ Hydrocortisone
☐ Ipratropium
☐ Ketamine
☐ Levetiracetam
☐ Lorazepam
☐ Magnesium
☐ Methoxyflurane
☐ Midazolam
☐ Morphine
☐ Naloxone
☐ Ondansetron
☐ Paracetamol
☐ Prednisolone
☐ Salbutamol
☐ Saline 0.9% IV
☐ Other

☐ Additional clinical notes/PCR attached

(min. 2 sets) Time:		1227	1235	1250			
Resp Rate (/min) Write actual value	≥ 31						
	26 - 30						
	21 - 25						
	11 - 20	16	17	16			
	8 - 10						
	≤ 7						
Suppl. O_2	RA or L/min	RA	RA	RA			
SpO_2 (%) Write actual value	≥ 95	99	99	99			
	90 - 94						
	≤ 89						
BP (mmHg) Write actual systolic and diastolic value; 125 – 60; Colour zones are for systolic BP only	≥ 200						
	180-199						
	170-179						
	130-169	140		140			
	120-129						
	110-119						
	100-109			P			
	90 - 99	90					
	80 - 89						
	70 - 79						
	60 - 69						
	≤ 59						
CRT	(<2 sec, >2 sec or none)	<2	<2	<2.			
Pulse rate (bpm) Write actual value; Record pulse rate not ECG heart rate	≥ 140						
	120-139						
	100-119	101	102				
	60 - 99			97			
	50 - 59						
	40 - 49						
	≤ 39						
Temp (°C) Write actual value	≥ 38.6						
	38.1-38.5						
	35.6-38.0	37.1					
	35.1-35.5						
	≤ 35.0						
GCS (TOTAL)	15	15	15				
	13 - 14						
	9 - 12						
	≤ 8						
E-V-M Attempt to wake patient before scoring	E (/4)	4	4				
	V (/5)	5	5				
	M (/6)	6	6				
Pupils	L+/- R+/-	[illegible]					
Pain Score (0 - 10)	8 - 10						
	5 - 7	6					
	0 - 4						
BGL (mmol/L)		6.2 mmol					
SAT score (-3 to +3)							
$EtCO_2$ (mmHg)							

ALLERGIES or ADVERSE DRUG REACTIONS: Food sensitivity

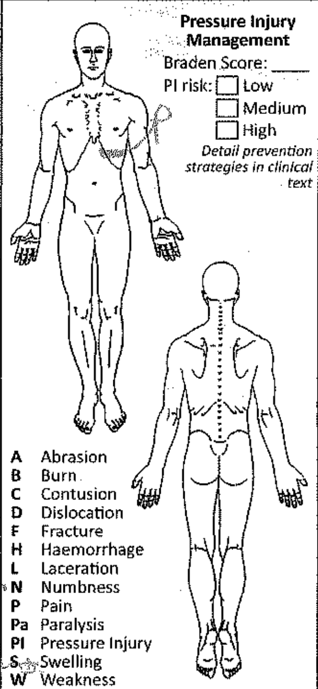
COMMUNICABLE DISEASES: Nil known.

PHx (past medical history) **Medⁿ** (medications) ☐ Pt's meds taken & handed over **Hx** (history) **O/A** (on arrival) **O/E** (on examination)

Presenting complaint: Chest pain - recent Pericarditis dx.

PHx - IBS, Homocysteinemia.
Medⁿ - Vitamins, Choline.
Hx - 36 yo. ♂ 1st dose of Moderna vaccine 1/12 ago. Chest pain and dx with Pericarditis post. ? ongoing issues approx 1/52 ago pt lifted heavy item - ↑ in pain along with lethargy, N, general malaise & SOBOE past few days. Mother phoned SAAS this am and concerned due to ongoing symptoms.
O/A - met by mother outside of address - pt walked to ambulance - RAT test outside of ambulance.
O/E - CNS - GCS 15. Pain score 4. SKIN - Normal, sweaty.
Resp - RR 16 NAD. SOBOE past few days. SpO_2 99% RA.
pt able to speak paragraphs.
CVS - HR - tachy. BP ✓. 12 lead - global ST elevation.
pt describes (L) side chest pain - ↑ tenderness + palpation of region. Pain more severe post 2/7 ago pt.
GIT - ⊘ N or V. ⊘ abdo pain. ⊘ bowel or urinary complaints.
pt c/o ↑ (L) arm region [illegible] past few days ? since lifting / over exerting himself last week and some ↑ lethargy.
Night sweats and [illegible] past few days as well.
Hx of Pericarditis post 1st Moderna vaccine (vaccine 1/12). ⊘ further vacc given. pt due for more tests and cardio review in the next month. Mother concerned as pt symptoms ongoing and worsening past few days. to [illegible] review.

Provisional diagnosis:



Pressure Injury Management
Braden Score: ____
PI risk: ☐ Low ☐ Medium ☐ High
Detail prevention strategies in clinical text

A Abrasion
B Burn
C Contusion
D Dislocation
F Fracture
H Haemorrhage
L Laceration
N Numbness
P Pain
Pa Paralysis
PI Pressure Injury
S Swelling
W Weakness

ECG analysis (attach copy to back of PCR)
12 lead
Global
ST elevation.

Recommendation (clinical summary of treatment, and a referral plan for all TNT - including any signs or symptoms for the patient to consider seeking further review)

[illegible] ? [illegible] 2x 12 leads [illegible] - [illegible].

1226 RAT test → Negative (control line present).

Falls Management *(detail in clinical text)*
Length of time on the ground: ________
(if > 1 hour, complete pressure injury risk screening)
Mobility assessment completed: ☐ Y ☐ N
Falls risk: ☐ Low risk ☐ High risk
Falls referral completed: ☐ Yes ☐ No

☐ Patient information provided *(specifically: ....)* ☐ Clinical consult completed (with EOC clinician or SAAS Medical Officer)

Time	Drug or intervention	Dose	Units	Route

Time	Drug or intervention	Dose	Units	Route

LYELL MCEWIN HOSPITAL
DEPT OF EMERGENCY MEDICINE

DIRECTOR OF EMERGENCY DEPT : DR AMAN ANAND MBBS FACEM DIPMEDTOX AFRACM
A UNIVERSITY TEACHING HOSPITAL

Government of South Australia
SA Health

January 17, 2022

Emergency Department
Lyell McEwin Health Service
Haydown Road
ELIZABETH VALE 5112

BORIC MURIS
5 WELSH CRESCENT
PARA HILLS
Age 36 yrs
URNo 684756

Dear PRACTICE MANGER,,

BORIC MURIS presented to the Emergency Department at Lyell McEwin Health Service on the 17 JAN 2022 at 12:53. The presenting problem was AMBER-CHEST - CHEST PAIN.

The diagnosis was CHEST PAIN FOR INVESTIGATION - ANGINA & ISCHAEMIC HEART DISEASE

Muris is a 36 years old , brought in by SAAS, with increasing chest pain on mild exertion .
relevant history : clinically diagnosed pericarditis post moderna vaccine first dose last november

Muris was haemodymanically stable except for tachycardia 105, ECG changes consistent with pericarditis

bloods: CBE, EUC, LFTs, Trops 7--->6, DDimer 0.88
CXR NAD
CTPA - no PE

Cardiology review: symptoms, Tachycardia, ECG changes consistent with ongiing pericarditis , treatment with antiinflammatory : NSAIDs for a week , clochicine for 3 months

patient was given a prescription , educated that the pericarditis to resolve may take some time ,sick certificate for a week

ELISSA PEARTON
EMERGENCY DEPARTMENT CONSULTANT
Prov. No. 4217456F

FAXED
DATE: 17/1/22
FAX NO: 8260 7055
NAME: Nm -

GP2U Telehealth
Bridging the gaps
Level 2, 38 Montpelier Retreat
Battery Point, Tasmania 7004
Phone: 1300 472 866 (1300 GP2U NOW)
Fax: 1800 472 832 (1800 GP2U FAX)
Email: admin@gp2u.com.au

Dr Manmohan (Mona) Kaur
Provider Number: 215716PK

To Whom It May Concern

SA Health

Monday November 22, 2021

LMH URN: 684756
Surname: MURIS
Given Names: BORIC
DOB: 11.11.1985 Sex MALE

RE: Mr. Muris Boric

I am writing this letter to inform you that the above-mentioned is a long term patient of mine.

He had the Moderna mRNA Covid 19 vaccine on 1st November 2021 and immediately afterwards had heart flutters and then soon afterwards developed chest pain and shortness of breath. He was diagnosed with clinical peri/myocarditis. He has never had any cardiovascular symptoms prior to the vaccine.

He is recovering with treatment. However, he continues to have some symptoms of peri/myocarditis.

I recommend that his 2nd dose of the Covid 19 vaccine be delayed by 12 weeks.

Thank you for your consideration

Kind Regards

Dr Manmohan (Mona) Kaur

GP2U Telehealth
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Level 2, 38 Montpelier Retreat
Battery Point, Tasmania 7004
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Fax: 1800 472 832 (1800 GP2U FAX)
Email: admin@gp2u.com.au

Dr Manmohan (Mona) Kaur
Provider Number: 215716PK

LMH URN:684756
MURIS, BORIC
11.11.1985 MALE
5 WELSH CRESCENT
PARA HILLS, 5096
Medicare: 5128441614 Pos: 1 Valid: 03/2026

Cardiologist Concerned, SA Heart

Monday December 6, 2021

RE: Muris Boric DOB 11/11/1985

5 Welsh Crescent, Para Hills SA 5096

Dear Doctor,

Thank you for seeing this 36 year old man with symptoms of post vaccine myocarditis.

He received his first dose of the Moderna Covid 19 mRNA vaccine on 1st November 2021 and within 10 minutes experienced left sided chest pain, shortness of breath and heart flutters which persisted for a week

He saw a GP 2 days after the vaccine and his examination and ECG were normal. He then consulted with me for ongoing symptoms so I ordered blood tests which came back normal. He was treated with nutraceuticals and there was no further SOBOE and heart flutters. However he has continued to experience left sided chest pain described as a burning sensation and tightness in the chest. 2 days ago, he experienced worsening pain in his left arm and chest area lasting several hours.

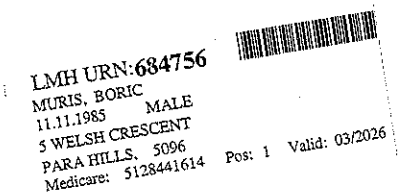
He is extremely worried about his heart and his inability to get back to his normal activities and is wishing a cardiology work up with further investigations.

He also has a history of irritable bowel syndrome(stable) and homocysteinemia.

Thank you for your review with regard to management.

Kind Regards

Dr Manmohan (Mona) Kaur



AUSTRALIAN
Clinicalabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred:	09/11/2021
		Collected:	09/11/2021 09:39:00
		Tested:	09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-HAE-0
Reported:	09/11/2021 16:00:13	Status:	Final
Reference:		Patient Belongs to User:	DR. MONA KAUR 215716PK

Test: HAE-Routine Haematology

CLINICAL NOTES: post vaccine chest pain, heart flutters

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

	Date:	**09/11/21**	13/08/20	(# Refers to current result only)
	Coll. Time:	09:39	NS	
	Lab Number:	59628187	43990423	
HAEMOGLOBIN		153	160	(125 - 175) g/L
RBC		4.83	5.19	(4.50 - 6.50)x10 ^12 /L
HCT		0.46	0.50	(0.40 - 0.55)
MCV		95	96	(80 - 99) fL
MCH		31.7	30.8	(27.0 - 34.0)pg
MCHC		333	321	(310 - 360) g/L
RDW		12.1	11.9	(11.0 - 15.0)%
WCC		6.2	5.0	(4.0 - 11.0) x10 ^9 /L
Neutrophils		3.3	2.6	(2.0 - 8.0) x10 ^9 /L
Lymphocytes		2.4	1.9	(1.0 - 4.0) x10 ^9 /L
Monocytes		0.4	0.2	(< 1.1) x10 ^9 /L
Eosinophils		0.1	0.1	(< 0.7) x10 ^9 /L
Basophils		0.0	< 0.1	(< 0.3) x10 ^9 /L
PLATELETS		213	234	(150 - 450) x10 ^9 /L
ESR		5		(1 - 15) mm/h

#59628187 : The red cell, white cell and platelet parameters are within normal limits.

MBA-W FBE-C ESR-C CK-W TIH-W CRP-W QDD-W

This request has other tests in progress at the time of reporting

LMH URN **684756**

Surname: **MURIS**

Given Names: **BORIC**

DOB: **11.11.1985** Sex: **MALE**

AUSTRALIAN
Clinicalabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred:	09/11/2021
		Collected:	09/11/2021 09:39:00
		Tested:	09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-CRP-0
Reported:	09/11/2021 16:06:28	Status:	Final
Reference:		Patient Belongs to User:	DR. MONA KAUR 215716PK

Test: CRP-C-Reactive Protein

CLINICAL NOTES: post vaccine chest pain, heart flutters

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.	CRP	Units	Ref. Range
09/11/21	09:39	59628187	< 0.7	mg/L	(< 3.0)
01/06/20	11:40	40937011	< 0.7		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

MBA-W FBE-R ESR-R CK-W TIH-R CRP-C QDD-W

This request has other tests in progress at the time of reporting

AUSTRALIAN
Clinicalabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred:	09/11/2021
		Collected:	09/11/2021 09:39:00
		Tested:	09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-CE-0
Reported:	09/11/2021 16:06:29	Status:	Final
Reference:		Patient Belongs to User:	DR. MONA KAUR 215716PK

Test: CE-Cardiac Markers

CLINICAL NOTES: post vaccine chest pain, heart flutters

BIOCHEMISTRY

CARDIAC/MUSCLE MARKERS **SPECIMEN: SERUM/PLASMA/WHOLE BLOOD**

Date:	09/11/21		
Coll. Time:	09:39		
Lab Number:	59628187		
CK	107	(< 201)	U/L

59628187 Normal CK level.

MBA-C FBE-R ESR-R CK-C TIH-R CRP-C QDD-W

This request has other tests in progress at the time of reporting

AUSTRALIAN
Clinicalabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred:	09/11/2021
		Collected:	09/11/2021 09:39:00
		Tested:	09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-MBI-0
Reported:	09/11/2021 16:06:29	Status:	Final
Reference:		Patient Belongs to User:	DR. MONA KAUR 215716PK

Test: MBI-General Chemistry

CLINICAL NOTES: post vaccine chest pain, heart flutters

GENERAL CHEMISTRY

SPECIMEN: SERUM

	Sodium	143 mmol/L	(135 - 145)	Calcium	2.51 mmol/L	(2.10 - 2.60)
	Pot.	3.8 mmol/L	(3.5 - 5.2)	Adj. Ca	2.44 mmol/L	(2.10 - 2.60)
	Chlor.	104 mmol/L	(95 - 110)			
*	Bicarb.	**34** mmol/L	(22 - 32)	Phos.	1.34 mmol/L	(0.75 - 1.50)
				T.Prot.	80 g/L	(60 - 82)
	Urea	6.7 mmol/L	(3.5 - 8.0)	Albumin	45 g/L	(35 - 50)
	Creat.	92 umol/L	(60 - 110)	Glob.	35 g/L	(23 - 39)
	eGFR	> 90 mL/min/1.73m2	(> 59)	Alk.Phos	55 U/L	(30 - 120)
	Urate	0.43 mmol/L	(0.18 - 0.47)	Bili.	9 umol/L	(< 25)
	Gluc.	5.6 mmol/L	(see below)	GGTP	20 U/L	(< 51)
	Chol.	3.3 mmol/L		AST	26 U/L	(< 41)
				ALT	22 U/L	(< 51)
				LD	142 U/L	(50 - 280)

Glucose Reference Ranges

Random	3.0 - 6.9	mmol/L
Fasting	3.0 - 5.4	mmol/L

The glucose result has been produced on a non-preserved sample.

ELECTROLYTES
Mildly raised bicarbonate is unlikely to be of clinical significance.

Note: The Calcium and Adjusted Calcium reference ranges have been changed to the Harmonised Australian Reference Intervals on 08/10/2020.

MBA-C FBE-R ESR-R CK-C TIH-R CRP-C QDD-W

This request has other tests in progress at the time of reporting

AUSTRALIAN
Clinicallabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred:	09/11/2021
		Collected:	09/11/2021 09:39:00
		Tested:	09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-TIH-0
Reported:	09/11/2021 16:06:30	Status:	Final
Reference:		Patient Belongs to User:	DR. MONA KAUR 215716PK

Test: TIH-Troponin I TNIH

CLINICAL NOTES: post vaccine chest pain, heart flutters

BIOCHEMISTRY

CARDIAC MARKERS - TROPONIN I **SPECIMEN:SERUM/PLASMA/BLOOD**

Date: **09/11/21**
Coll Time: 09:39
Lab Number: 59628187

---

hsTNI (ATL)	< 3	(< 54)	ng/L

59628187 Normal troponin I result with the high sensitivity assay indicates it is unlikely that there is significant myocardial damage. However, troponin levels may take 6 hrs or more after an episode of chest pain to become raised.

Troponin I is analysed using a high sensitivity method on a Siemens Atellica system (SI units ng/L apply).
Note: gender and method specific Reference Intervals apply.

TIH downloaded to DR M KAUR on specialn by Louise Bennett on 09/11/21 at 15:34.

MBA-C FBE-R ESR-R CK-C TIH-R CRP-C QDD-W

This request has other tests in progress at the time of reporting

AUSTRALIAN
Clinicalabs

Australian Clinical Labs 1 BUTLER BOULEVARD, ADELAIDE AIRPORT

Patient:	MR MURIS BORIC 5 WELSH CRESCENT PARA HILLS SA 5096	Referred: Collected: Tested:	09/11/2021 09/11/2021 09:39:00 09/11/2021 14:37:00
DOB:	11/11/1985	UR/MR No.:	
Sex:	M	Lab No:	21-59628187-QDD-0
Reported:	09/11/2021 20:18:10	Status:	Final
Reference:		Patient Belongs to	DR. MONA KAUR
		User:	215716PK

Test: QDD-D-Dimer(FDP) Quant/Qual.

CLINICAL NOTES: post vaccine chest pain, heart flutters

HAEMATOLOGY SPECIMEN: BLOOD

D-DIMER (FIBRINOGEN DEGRADATION PRODUCTS)

D-Dimer Level	190 ng/mL	(< 500)

COMMENT D-Dimer level is normal.

Thrombosis (DVT/PE) is largely excluded. However if there is a high clinical suspicion, appropriate radiological investigations are recommended

MBA-R FBE-R ESR-R CK-R TIH-R CRP-R QDD-C

All tests on this request have now been completed

Government of South Australia
SA Health

EMERGENCY DEPARTMENT ADULT RDR CHART (MR 59A –ED)

Hospital/Site: _____

UR No: _____
Surname: MURIS
Given Names: BORIC
DOB: 11.11.1985 Sex: MALE
Date of Birth _____ Sex/Gender: _____

HISTORY OF PRESENTING COMPLAINT: Date: 17/1/22 Time: 1300

1/11/21 moderna → diagnosed with pericarditis
2/7 left sided chest pain, SOBOE. RAT ✓ SAAS 1326
nil fevers, productive cough. Not seen GP.

ASSESSMENT FINDINGS: A - patent
B - Talking in full sentences
C - pink & perfused

BROUGHT IN BY: ☑ SAAS ☐ SAPOL ☐ WALK IN **FROM:** ☐ HOME ☐ LLOC ☐ HLOC ☐ OTHER: _____

MENTAL HEALTH STATUS: ☐ Voluntary ☐ Section 56 ☐ Section 57 ☐ ITO ☐ CTO

PAST MEDICAL HISTORY:
pericarditis

ALLERGIES: food sensitivities

☐ **DOCUMENTED ON ALERT MR0**

RELEVANT MEDICATIONS:
colchicine
vitamins

INFECTIOUS STATUS: _____

NEXT OF KIN:
Contact 1: _____
Relationship: _____
Phone No: _____
Mobile: _____

A. AIRWAY

☑ **Patent** ☐ **Compromised** ☐ **Assisted** **Interventions:** _____
Cervical Spine Immobilised: ☐ Yes ☐ N/A

B. BREATHING

Breath Sounds:	☑ Normal	☐ Wheeze	☐ Stridor		
Dyspnoea:	☑ None	☐ Mild	☐ Moderate	☐ Severe	
Cough:	☑ None	☐ Productive	☐ Non-Productive		
Oxygen:	☑ None	☐ Nasal	☐ Mask	☐ NRM	_____ L/Min

C. CIRCULATION

Skin: ☑ Warm & Dry ☐ Pale ☐ Flushed ☐ Diaphoretic ☐ Cyanotic
Pulse: ☑ Regular ☐ Irregular

D. DISABILITY

Eyes
☑ 4 Open Spontaneously
☐ 3 Open to Speech
☐ 2 Open to Pain
☐ 1 Closed

Best Verbal Response
☑ 5 Orientated
☐ 4 Confused
☐ 3 Inappropriate Words
☐ 2 Incomprehensible
☐ 1 None

Best Motor Response
☑ 6 Obeys Command
☐ 5 Localises to Pain
☐ 4 Withdraws to Pain
☐ 3 Decorticate Flexion
☐ 2 Decerebrate Extension
☐ 1 No Movement

Pupils

	R	L
Size	3	3
Reaction	+	+

Baseline Limb Strengths

Arm Strength					Leg Strength				
NP	MW	SW	NR		NP	MW	SW	NR	
C/L					C/L				

GCS Total /15

ECG ☐ Time _____ **Troponin** ☐ Time _____
☐ **NIXR** ☐ **IV Cannula** Time: _____ Size: _____ Location: _____
☐ **NIPP** ☐ **IV Cannula** Time: _____ Size: _____ Location: _____
☐ **Nurse Initial Pathology** **U/A** ☐ Yes ☐ No **BHCG** ☐ Positive ☐ Negative

Designation: RN ☑ **First set of Observations completed** ☑ **ID confirmed** ☑ **Wrist band applied**
Nurse's Name: Williamson **Signature:** _____

EMERGENCY DEPARTMENT ADULT RDR CHART MR 59A – ED

Government of South Australia
SA Health

EMERGENCY DEPARTMENT ADULT RDR CHART (MR 59A –ED)

Hospital/Site: _____

PATIENT LABEL
LMH URN 684756
Surname: MURIS
Given Names: BORIC
DOB: 11.11.1985 Sex: MALE

Chart Number:

General Instructions

You must record a set of observations including a minimum of respiratory rate, blood pressure, pulse rate, temperature, oxygen saturation and level of consciousness/sedation:

- On admission.
- At a frequency appropriate for the patients clinical state but not less than once/shift for acute inpatients.
- As per local procedures with a minimum of once daily for patient's awaiting discharge placement.
- If the patient is deteriorating or an observation is in a shaded area.
- Whenever you are worried about the patient.
- If required.

Review is required for 2 or more new/unexpected pain within the hour or 2 consecutive pain scores of 8-10 within the hour despite medication administration.

When graphing observations, place a dot (·) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. If observations fall above or below the graphic parameters, write the value in the relevant box. For systolic blood pressure, use the symbol indicated on the graphic chart.

Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made by a RMO or more senior doctor.

Modifications

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges and rationale (where a response will not be triggered) below. Duration of modification must be specified. Check ACD and 7 Step Pathway - Resuscitation Plan.

	Modification 1	Modification 2	Modification 3	Modification 4
Start Date and Time				
Finish Date and Time				
Duration				
Triggers for MDT review				
Triggers for MER call				
Doctor's Signature				
Doctor's Name *(print)*				
Doctor's Designation				
Nurse/Midwife Signature				
Nurse/Midwife Name *(print)*				
Nurse/Midwife Designation				

RESUSCITATION

7 Step Pathway – Resuscitation Plan (MR RESUS)
☐ Current ☐ In Progress
☐ No plan ☐ 7 Step Pathway – Resuscitation Plan needs review
☐ In Medical Record ☐ In MyHealth Record

Advance Care Directive (ACD)

- *A patient who is at the end of their life and is not for resuscitation may still require urgent medical response for symptom management.*
- *Refer to current MR RESUS or Advance Care Directives for instructions / patients wishes regarding MER call, CPR and other treatment limitations.*
- *Other advance care plan* ☐ _____

Assessments

SEE PAGE 1 - SECTION D

Year																							
	Date	17/1																					
	Time	1300	1310	1335																			
Respiratory Rate *(breaths/min)*	Write ≥ 36																						Write ≥ 36
	31 - 35																						31 - 35
	26 - 30																						26 - 30
	21 - 25																						21 - 25
	16 - 20	•	•	•																			16 - 20
	11 - 15																						11 - 15
	8 - 10																						8 - 10
	Write ≤ 7																						Write ≤ 7
O_2 Saturation *(%)*	≥ 98	•	•	•																			≥ 98
	95 - 97																						95 - 97
	92 - 94																						92 - 94
	89 - 91																						89 - 91
	Write ≤ 88																						Write ≤ 88
O_2 Flow Rate *(L/min)* Write value:	Write > 8																						Write > 8
	Write 7 - 8																						Write 7 - 8
	Write 5 - 6																						Write 5 - 6
	Write 0 - 4																						Write 0 - 4
Delivery Method/Air		RA	RA	RA																			
Blood Pressure *(mmHg)* Use systolic blood pressure as trigger for response	Write ≥ 200s																						Write ≥ 200s
	190s																						190s
	180s																						180s
	170s																						170s
	160s																						160s
	150s																						150s
	140s																						140s
	130s	✓																					130s
	120s			V																			120s
	110s			I																			110s
	100s			I																			100s
	90s			I																			90s
	80s	^		I																			80s
	70s			I																			70s
	60s			^																			60s
	50s																						50s
	Write ≤ 40																						Write ≤ 40
Heart Rate *(beats/min)*	Write ≥ 140																						Write ≥ 140
	130s																						130s
	120s																						120s
	110s																						110s
	100s	•	•	•																			100s
	90s																						90s
	80s																						80s
	70s																						70s
	60s																						60s
	50s																						50s
	40s																						40s
	Write ≤ 30																						Write ≤ 30
Temperature *(°C)*	Write ≥ 39.1																						Write ≥ 39.1
	38.6 - 39.0																						38.6 - 39.0
	38.1 - 38.5																						38.1 - 38.5
	37.6 - 38.0																						37.6 - 38.0
	37.1 - 37.5																						37.1 - 37.5
	36.6 - 37.0		•																				36.6 - 37.0
	36.1 - 36.5																						36.1 - 36.5
	35.6 - 36.0																						35.6 - 36.0
	35.1 - 35.5																						35.1 - 35.5
	Write ≤ 35																						Write ≤ 35
Sedation Score Refer to table on page 5	3																						3
	2																						2
	1																						1
	0	-	-	•																			0
New/Unexpected pain (2 or more pain scores of 8-10 within 1 hour require review see page 5)	Write Y or N																						Write Y or N
Pain Score *At rest* (2 or more pain scores of 8-10 within 1 hour require review see page 5)	8 - 10																						8 - 10
	5 - 7																						5 - 7
	0 - 4	3	4	•																			0 - 4
Blood Glucose Level (mmol/L)																							
Initials																							

GLASGOW COMA SCORE						PUPILS				LIMB STRENGTH								NEUROVASCULAR						
						Right		Left		Arms				Legs				Limb:						
Date	Time	Eyes Open	Best Verbal Response	Best Motor Response	/15 GCS TOTAL	Pupil Size	Pupil Reaction	Pupil Size	Pupil Reaction	Normal Power	Mild Weakness	Severe Weakness	No Response	Normal Power	Mild Weakness	Severe Weakness	No Response	Colour	Temperature	Movement	Sensation	Pulse	Capillary Refill	Pain
17/1	1900	4	5	6	15																			

NEURO-VASCULAR LEGEND
Colour - pink, pale, cyanotic
Temperature - hot, warm, cool, cold
Movement - present, decreased, absent
Sensation - present, decreased, absent (tingling, numbness)
Pain - mild, moderate, severe

Date	Time	Comments / Remember to sign all entries including designation
	1856	IVC inserted R/CF · Bloods sent - CBC ak
17/11/22	2100	Pt is Attended CT PA Angiogram Pulmonary With IV contrast omnipaque 50mls + N/Saline 50mls — ACU Liptai (RN)

MEDICAL IMAGING
Lot: 15681247
OMNIPAQUE™ 350 mg I/mL 50 mL GE Healthcare

IV CONTRAST AFTER-CARE

During this imaging procedure the patient was administered IV contrast. To reduce the possible effects of nephrotoxicity the recommended after-care should ensure the patient is well hydrated for at least 12 hours following the examination.

PUPIL SCALE (mm)
1 2 3 4 5 6 7 8

Progress Notes: (Sign each entry please)

ED consultant.

D. Dimer ⊕ 0.88 ↑.

For CTPA, — NAD

Home Ibuprofen 1/52
Colchicine 3/12

[signature] flu cardiology
appointment

Discharge Diagnoses:

Pericarditis

Disposition:

- [x] Discharge
- [ ] Inpatient admission under ______
- [ ] H@H admission
- [ ] Hospital Transfer to ______ (short stay form completed)

Discharge Check List

- [x] Follow up Appt — GP / (OPD) Card / Metro Homelink / Other ______
- [x] Discharge Letter
- [ ] Sick / Workcover Certificate ______ days
- [x] Discharge Prescription
- [ ] Patient Information Sheet

MO/ENP Name [signature] Signature [signature] Date __/__/__ Time ____

ED Consultant Note:

NORTHERN ADELAIDE LOCAL HEALTH NETWORK

Please Circle Relevant Hospital: Lyell McEwin HOSPITAL / Modbury HOSPITAL

Government of South Australia
SA Health

Generic Adult Presentation

UR No: LMH URN 684756
Name: Surname: MURIS
Given Names: BORIC
D.O.B.: DOB: 11.11.1985 Sex: MALE
Doctor:
Ward:

Name of MO/ENP: Haha Date: 17/1/22 Time: 1500

History: 30M, 3 days of on & off chest pain on exertion, ~~to~~ SOB (mild) + feels sweaty, thirsty, doesn't feel his normal self. Chest pain: atypical, squeezy, radiating to neck. ↑ with exertion, associated with exertional dyspnoea.

Had 1st Moderna vaccine in November, after which he had chest pain, SOB, was diagnosed by past clinical Moderna myo/pericarditis. Had ECG, Bloods / booked for Echo in Feb, MRI in April → by cardiologist in Windsor health.

Patient is worried about fatigue and slow recovery in the last few days, began after feeling better, made some activity, sym ptoms returned.
Started on colchicine prescribed by cardiologist before as NSAIDs cause gastric discomfort.

Past Medical History: ______

Allergies: NKA

Smoking: –

EtOH / Rec Drug Use: –/–

Medications:

Colchicine (started yesterday)

NALHN 12000890

Revised 08/2013

Refer to the "Flippa files" for reminders of important missed diagnoses of your patient's problems

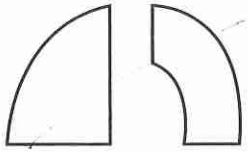
Examination

Initial Vitals

Time	Temp	HR	RR	BP	SaO_2	FiO_2	BSL	Pain Score	GCS
		~~115~~ 110							E V M

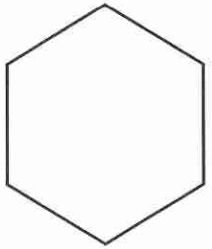
General Appearance: _____

Chest (CVS + Resp):



Abdo:

soft
non tender



Neuro:

grossly intact

Other:

~~Lt~~ no oedema
no calf tenderness

Working Diagnoses/Problems:

~~RO~~ Chest pain with exertion → ACS / PE / ongoing pericarditis

Please Refer to LMH Emergency Department Clinical Guideline for Management Plans.

Initial Management Plan:

Bloods: CBE, EUC, TropiNN
CXR

_____ Time: _____ MO/ENP Signature: _____

Investigations (write results)

Blood Tests:

CBP _____
EUC _____
Ca/Mg/PO_4 _____
LFT/Lipase _____
Troponin 7 → 6
CRP/BSL _____
Other _____

Imaging:

Plain XR's ordered:

CT/Nuc Med/MRI/Other ordered:

ECG:

Rate - _____ Rhythm - _____ Axis - _____
QTc - _____ QRS shape - _____
ST changes/T wave inv _____

Urinalysis/Other:

Procedure Note: (remember to fill in consent forms & procedural sedation checklist)

MO/ENP Signature: _____

Progress Notes: (Time and sign each entry please)

PERC score (+)
Discussed with Elissa, advised to send for D Dimer as pt is tachycardic, ECG changes consistent with pericarditis
~~Called~~ ca~~r~~
Had a face to face talk with Cardiology Reg. examined ECG, most probably Pericarditis & given patient didn't take actual ~~tt~~ for it so he needs to take proper antiinflammatory.

Please Circle Relevant Hospital

Lyell McEwin HOSPITAL   Modbury HOSPITAL

Government of South Australia
SA Health

Clinical Record

LMH URN 684756
UR No: ___
Surname: MURIS
Do not ha
Surname: _
Given Names: BORIC
First Name
DOB: 11.11.1985 Sex: MALE
D.O.B.___

DATE / TIME	NOTE: ALL ENTRIES MUST HAVE SIGNATURE & DESIGNATION RECORDED
	30yrs old male
	Generally fit
	presented today c̄ hx of
	~~Central~~ atypical chest pain
	Central - squeezing in nature
	radiating to his back
	↑ worse c̄ exertion
	associated c̄ exertional dysp
	recently dx clinical pericarditis
	post ~~1st~~ Moderna injection
	in begining of Nov
~~to~~	had full ~~workup c̄~~
	ECG blood → -ve
Mx	by cardiology by antiinflam
	~~Vit C infusion~~
~~to~~	initially improved
	few days ago ↑ sympt
	then → commenced on colchicine
No	infection ~~Co~~ symptom
~~A~~	No reflux symptom

CLINICAL RECORD

NALHN 11004398
Revised 08/2020

NORTHERN ADELAIDE LOCAL HEALTH NETWORK

MR 550

Government of South Australia
SA Health

Clinical Record

UR No: ______
Do not hand write these details, except when adhesive barcode labels are unavailable
Surname: ______
First Name: ______
D.O.B. ______ Sex: ______

DATE / TIME	NOTE: ALL ENTRIES MUST HAVE SIGNATURE & DESIGNATION RECORDED
	Not smoker.
	all vitals within the normal range
	ex HR 110
	CVS S1+S2+0
	chest → clear
	Calves → no signs of DVT
	ECG - 1st trop —
	PERC score 1 tachy
	CXR pending.
	ddx - unlikely ACS
	no feature of PE
	ECG -
	less likely PE

Affix patient identification label here and overleaf

URN: LMH URN 684756

Family nar Surname: MURIS

Given nam Given Names: BORIC

Address:

DOB: 11.11.1985 Sex: MALE

Date of bir F☐

Attach ADR sticker

See front page for details

As required PRN medicines

First prescriber to print patient name and check label correct: .....

Year: 20.....

NOT A VALID ORDER UNLESS LEGIBLE

DO NOT WRITE IN THIS BINDING MARG

DO NOT WRITE IN THIS BINDING MARGIN

Date	Medicine (print generic name)	Route	Dose	Hourly frequency	Max PRN dose/24 hrs	Indication	Pharmacy	Prescriber signature	Print your name	Contact
17/1	paracetamol	PO/NG	1g	QID	PRN 4g					
17/1	Ibuprofen	PO	400mg	TDS	PRN 1.2g					
17/1	Oxycodone	PO	5-10mg	Q4H	PRN					
17/1	Ondansetron	PO/IV	4-8mg	TDS	PRN					
					PRN					
					PRN					
					PRN					

Date | Time | Dose | Route | Sign

Continue on discharge? Yes / No — Dispense? Yes / No — Duration: ..... days Qty: .....

Prescriber's signature: ..... Print your name: ..... Date: .....

Check if patient has another Medication Chart — Hospital Only Prescription

Government of South Australia — SA Health

Facility/Service: .....

Ward/Unit: .....

Medication chart number ..... of .....

Additional charts: ☐ IV fluid ☐ Palliative care ☐ BGL/insulin ☐ Chemotherapy ☐ Acute pain ☐ IV heparin ☐ Other

Once only, pre-medication, telephone orders and nurse initiated medicines

(Telephone orders MUST be signed within 24 hrs of order)

Date / time prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Telephone orders Check initials N1	Telephone orders Check initials N2	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

Medicines taken prior to presentation to hospital

(Prescribed, over the counter, complementary) Own medicines brought in? Y☐ N☐ Administration aid (specify) .....

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration

GP: Community pharmacy:

Sign: Print: Date: Medicines usually administered by:

Check if patient has another Medication Chart — Hospital Only Prescription

National Medicine Chart – 04/2020 – NIMC Acute Downtime - 22191

NIMC - ACUTE (Downtime Form)

NOT A VALID ORDER UNLESS LEGIBLE

Affix patient identification label here and overleaf

URN: LMH URN 684756

Family name: Surname: MURIS

Given names: Given Names: BORIC

Address:

DOB: 11.11.1985 Sex: MALE

Date of birth:

First prescriber to print patient name and check label correct: .... Weight (kg):............ Height (cm):............

Attach ADR sticker

Allergies and Adverse Drug Reactions (ADR)

☑ Nil known ☐ Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

COMPLETE ALERT SHEET IN MEDICAL RECORD

Sign .... Print .... Date 17/1

Regular medicines

Year 20............ Date and month →

Variable dose medicine

Date	Medicine (print generic name)	Drug level
Route	Frequency Prescriber to enter dose time and individual doses	Time level taken
Indication	Pharmacy	**Dose**
Prescriber signature	Print your name / Contact	Prescriber
		Time to be given: ....
		Time given

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

VTE risk assessed: Yes ☐ Prophylaxis not required ☐ Contraindicated ☐ Signature: .... Date: ....

Date	Medicine (print generic name)
Route	Dose / Frequency and NOW enter times
Indication: VTE prophylaxis	Pharmacy
Prescriber signature	Print your name / Contact
Mechanical prophylaxis	AM check
Prescriber/NI signature	Print your name / Contact / PM check

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Warfarin	Marevan / Coumadin select brand
Route: oral	Prescriber to enter individual doses	Target INR Range
Indication		Pharmacy
Prescriber signature	Print your name	Contact

INR Result

Dose: mg mg mg mg mg mg mg mg

Prescriber

1600 Initial 1

Initial 2

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Pharmaceutical review:

Prescriber's signature: .... Print your name: .... Contact: .... Date: .... Pharmacist: .... Date: ....

Recommended administration times
Guidelines only

Morning	Mane	0800			
Night	Nocte				1800 or 2000
Twice a day	BD	0800			2000
Three times a day	TDS	0800	1400	2000	
Regular 6 hourly	6 hrly	0600	1200	1800	2400
Regular 8 hourly	8 hrly	0600	1400	2200	
Four times a day	QID	0600	1200	1800	2200

Tick if slow release

SR = Sustained, modified or controlled release formulation.
If scored tablet, then half can be given.
Dose must be swallowed without crushing.

Warfarin education record

Patient educated by:..........
Sign:..........
Date:..........
Given warfarin book:..........
Sign:..........
Date:..........

Reason for not administering
Codes MUST be circled

Absent	(A)
Fasting	(F)
Refused – notify prescriber	(R)
Vomiting	(V)
On leave	(L)
Not available – obtain supply or contact prescriber	(N)
Withheld – enter reason in clinical record	(W)
Self administered	(S)

Regular medicines

Year 20............ Date and month →

PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Date	Medicine (print generic name)	Tick if slow release
Route	Dose / Frequency and NOW enter times	
Indication	Pharmacy	
Prescriber signature	Print your name	Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:........days Qty:........

Pharmaceutical review:

Prescriber's signature: .... Print your name: .... Contact: .... Date: .... Pharmacist: .... Date: ....

Lyell McEwin Hospital

Radiology Report

PATIENT DEMOGRAPHICS

MRN : 684756-LMH

NAME : BORIC, MURIS
D.O.B. 11/11/1985 **AGE :** 36 y
GENDER: Male

SERVICE : XR Chest;
STATUS : Final
REQUESTED BY : BRUCE, PETER
EXAMINED : 17/01/2022 15:48
REPORTED : 17/01/2022 15:55

PATIENT MRN: 000684756
PATIENT NAME: BORIC MURIS
DATE OF BIRTH: 11/11/1985
STUDY DATE: 17/01/2022 STUDY TIME: 02:59 PM
REFERRING DR: BRUCE,Peter,2922347J,LMH
WARD UNIT: Emergency Department Trauma Accident Emergency
EXAMINATION: Study: XR Chest
Procedure(s): XRCHE - XR Chest
CLINICAL DETAILS:
Relevant Clinical Indications / Comments: pleuritic chest pain ?myocarditis
Admit Reason: CHEST - CHEST PAIN, Admit Date Time: 2022-01-17 12:53
COMPARISON:
None available at time of report
FINDINGS:
Normal heart size and cardiomediastinal contours. No plain radiographic features of any sizable pericardial effusion. Lungs normally aerated with no focal areas of consolidation or collapse. No diffuse infective / inflammatory change. No pleural effusion or pneumothorax. No overt osseous abnormality.
REPORTED BY: ANIL KOOKANA, Consultant, 17/01/2022 03:55 PM

South Australia
Medical Imaging
Lyell McEwin Hospital

LMH Medical Imaging Level 1
Lyell McEwin Hospital
120-130 Haydown Road
Elizabeth Vale SA 5112

Phone: (08) 8182 9999
sahealth.sa.gov.au/sami
ABN 96 269 526 412

Lyell McEwin Hospital

Radiology Report

PATIENT DEMOGRAPHICS

MRN : 684756-LMH

NAME : BORIC, MURIS
D.O.B. 11/11/1985 **AGE :** 36 y
GENDER: Male

SERVICE : CT Angiogram - Pulmonary (CTPA;
STATUS : Final
REQUESTED BY : PEARTON, ELISSA
EXAMINED : 17/01/2022 21:01
REPORTED : 17/01/2022 21:16

PATIENT MRN: 000684756
PATIENT NAME: BORIC MURIS
DATE OF BIRTH: 11/11/1985
STUDY DATE:17/01/2022 STUDY TIME: 08:47 PM
REFERRING DR: PEARTON,ELISSA,4217456F,LMH
WARD UNIT:Emergency Extended Care Unit Trauma Accident Emergency
EXAMINATION:Study: CT Angiogram Pulmonary CTPA
Procedure(s): CTPA - CT Angiography Pulmonary Arteries and their branches
CLINICAL DETAILS:
Relevant Clinical Indications / Comments: Chest pain, persistently tachycardic hght d-dimer ? PE Admit Reason: CHECT PAIN FI, Admit Date Time: 2022-01-17 14:12
COMPARISON:
None available at time of report
TECHNIQUE:
All CT scans at this facility use dose modulation, iterative reconstruction and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable, whilst maintaining diagnostic quality.
FINDINGS:
The lungs appear relatively clear. No major collapse or consolidation. No pleural effusion. No central pulmonary embolus identified.
CONCLUSION:
No evidence of significant pulmonary embolus
REPORTED BY: SUSIE SALONIKLIS, Consultant, 17/01/2022 09:16 PM

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ABN 96 269 526 412

Lyell McEwin Hospital

Radiology Report

PATIENT DEMOGRAPHICS

MRN : 684756-LMH

NAME : BORIC, MURIS
D.O.B. 11/11/1985 **AGE :** 36 y
GENDER: Male

SERVICE : MR Cardiac Perfusion;
STATUS : Final
REQUESTED BY : CHACKO, SUJITH
EXAMINED : 09/03/2022 17:53
REPORTED : 15/03/2022 12:15

PATIENT MRN: 000684756
PATIENT NAME: MURIS BORIC
DATE OF BIRTH: 11/11/1985
STUDY DATE: 09/03/2022 STUDY TIME: 04:43 PM
REFERRING DR: CHACKO,SUJITH,471887AK,LMH
WARD UNIT: LMH Outpatient Cardiology
EXAMINATION: Study: MR Cardiac Perfusion
Procedure(s): 99MRCAPERF - MR Cardiac Perfusion Routine Non Medicare Claimable
MR491 - MR Contrast
CLINICAL DETAILS:
? vaccine induced pericarditis. Rule out myocardial involvement.
COMPARISON STUDY/REPORT:
None available at time of report
TECHNIQUE:
Height: ... BP: ... eGFR: ...
Weight: ... HR: ... Contrast: ...
FINDINGS:
Cardiac Indices: (Normal male ranges in brackets)

Left Ventricle			Right Ventricle		
EDV	(102 - 218)	160 ml	EDV	(124 - 256)	... ml
ESV	(18 - 82)	58 ml	ESV	(38 - 118)	... ml
SV	(74 - 150)	102 ml	SV	(75 - 151)	... ml
EF	(57 - 81)	64 %	EF	(47 - 71)	... %
Total mass	(81 - 165)	139 g	Total mass	(25 - 57)	... g

Anatomical Findings: Normal cardiac chamber dimensions. No pericardial effusion or pericardial thickening evident. There is no mediastinal mass or adenopathy, the major vessels appearing normal. No axillary adenopathy appreciated.Extracardiac structures otherwise are unremarkable. Distended stomach noted.No myocardial oedema identified on the T2 fat sat sequences.
Functional Appearance: ...
Perfusion: No rest perfusion defect appreciated. Rim artefact in the interventricular septum is appreciated at mid ventricular level.
Delayed Hyper Enhancement: No delayed hyperenhancement identified.
Sequences: ...
CONCLUSION:
Examination within normal limits. No evidence of post vaccine myocarditis identified.Reported by Dr B Lorraine and Dr L Huynh.
REPORTED BY: LUAN HUYNH, Cardiologist, 15/03/2022 12:15 PM

South Australia

Lyell McEwin Hospital

Radiology Report

PATIENT DEMOGRAPHICS

MRN : 684756-LMH

NAME : BORIC, MURIS
D.O.B. 11/11/1985 **AGE :** 36 y
GENDER: Male

SERVICE : MR Cardiac Perfusion;
STATUS : Final
REQUESTED BY : CHACKO, SUJITH
EXAMINED : 09/03/2022 17:53
REPORTED : 15/03/2022 12:15

Medical Imaging
Lyell McEwin Hospital

LMH Medical Imaging Level 1
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Phone: (08) 8182 9999
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ABN 96 269 526 412

Laboratory Summary Report

PATIENT DEMOGRAPHICS

MRN	684756-LMH
Ordering MRN	702331844-SAP
NAME	BORIC, MURIS
DOB	11/11/1985 **AGE** 36 y
GENDER	Male

Department: Haematology
Procedure: D-Dimer
Requested: 17/01/2022
Collection Date: 17/01/2022 16:46
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: ELSOALY MAHA
Lab No: [Lab No =

Test	Result	Units		Normal Range
D-Dimer	See Comment			0.00 - 0.49
D dimer Comment	The citrate anticoagulated specimen was clotted and unsuitable for coagulation studies. Please send a fresh specimen for analysis together with a new request form if the test is still required.			
RESULT COMMENTS	D dimer Note: the reference interval for D-Dimer is adjusted according to age. D dimer Comment For patients with suspected venous thromboembolism (VTE): < 0.5 mg/L Negative >= 0.5 mg/L Positive A positive D dimer means VTE is NOT excluded. A negative D dimer excludes VTE in patients with low or unlikely pre-test probability. Please refer to local VTE diagnostic pathways.			

Department: Biochemistry
Procedure: Troponin T Level
Requested: 17/01/2022
Collection Date: 17/01/2022 16:45
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: PEARTON ELISSA
Lab No: [Lab No =

Test	Result	Units	Normal Range
Troponin T	6	ng/L	<=16
Troponin-T Comment	Comment The clinical scenario MUST be taken into consideration when interpreting troponin results. If this is the first troponin measurement for this presentation, repeat testing after a minimum of one hour is recommended. A *significant rise and/or fall in troponin AND clinical evidence of acute ischaemia on history or 12 lead ECG is required for a diagnosis of acute myocardial infarction. Troponin elevation (>99th centile) without symptoms of ischaemia or without a *significant change over time represents myocardial injury for which there is a wide differential diagnosis. *Please refer to local protocols for further information on significant change values and patient management. PLEASE NOTE: The reference interval is based on sex-matched 99th centile values in the adult population without cardiovascular or other significant disease. A single result is of limited value in the clinical assessment of patients presenting with chest pain or other symptoms potentially due to Acute Coronary Syndrome.		

Department: Haematology
Procedure: D-Dimer
Requested: 17/01/2022
Collection Date: 17/01/2022 16:45
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: PEARTON ELISSA
Lab No: [Lab No =

Test	Result	Units		Normal Range
D-Dimer	0.88	mg/L	H	0.00 - 0.49
D dimer Comment	Comment For patients with suspected venous thromboembolism (VTE): < 0.5 mg/L Negative >= 0.5 mg/L Positive A positive D dimer means VTE is NOT excluded. A negative D dimer excludes VTE in patients with low or unlikely pre-test probability. Please refer to local VTE diagnostic pathways.			
RESULT COMMENTS	D dimer Note: the reference interval for D-Dimer is adjusted according to age.			

Laboratory Summary Report

PATIENT DEMOGRAPHICS

MRN	684756-LMH
Ordering MRN	702331844-SAP
NAME	BORIC, MURIS
DOB	11/11/1985 **AGE** 36 y
GENDER	Male

Department: Biochemistry
Procedure: Glucose Level
Requested: 17/01/2022
Collection Date: 17/01/2022 16:45
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: ELSOALY MAHA
Lab No: [Lab No =

Test	Result	Units		Normal Range
Fasting Glucose	NS 7.1	 mmol/L	 H	 3.2 - 5.5

Department: Biochemistry
Procedure: Troponin T Level
Requested: 17/01/2022
Collection Date: 17/01/2022 16:09
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: ELSOALY MAHA
Lab No: [Lab No =

Test	Result	Units	Normal Range
Troponin T	6	ng/L	<=16
Troponin-T Comment	Comment The clinical scenario MUST be taken into consideration when interpreting troponin results. If this is the first troponin measurement for this presentation, repeat testing after a minimum of one hour is recommended. A *significant rise and/or fall in troponin AND clinical evidence of acute ischaemia on history or 12 lead ECG is required for a diagnosis of acute myocardial infarction. Troponin elevation (>99th centile) without symptoms of ischaemia or without a *significant change over time represents myocardial injury for which there is a wide differential diagnosis. *Please refer to local protocols for further information on significant change values and patient management. PLEASE NOTE: The reference interval is based on sex-matched 99th centile values in the adult population without cardiovascular or other significant disease. A single result is of limited value in the clinical assessment of patients presenting with chest pain or other symptoms potentially due to Acute Coronary Syndrome.		

Department: Haematology
Procedure: Complete Blood Examination
Requested: 17/01/2022
Collection Date: 17/01/2022 13:55
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: UNDERWOOD KATHRYN
Lab No: [Lab No =

Test	Result	Units		Normal Range
Haemoglobin	160	g/L		135 - 175
White cell count	7.38	x10*9/L		4.00 - 11.00
Platelet Count	210	x10*9/L		150 - 450
Red Blood Cells	5.08	x10*12/L		4.50 - 6.00
Packed Cell Volume	0.47	L/L		0.40 - 0.50
Mean Cell Volume	93.1	fL		80.0 - 98.0
M.C.H.	32	pg		27 - 33
Mean Cell HB Conc.	338	g/L		310 - 360
Red Cell Distribution Width	11.9	%	L	12.0 - 15.0
Mean Platelet Volume	10.00	fL		9.50 - 13.00
Neutrophils %	84	%		
Neutrophils	6.20	x10*9/L		1.80 - 7.50
Lymphocytes %	12	%		
Lymphocytes	0.90	x10*9/L	L	1.10 - 3.50
Monocytes %	4	%		
Monocytes	0.27	x10*9/L		0.20 - 0.80
Eosinophils %	0	%		
Eosinophils	0.01	x10*9/L	L	0.02 - 0.50
Basophils %	0	%		
Basophils	0.01	x10*9/L		<=0.10

Laboratory Summary Report

PATIENT DEMOGRAPHICS

MRN	684756-LMH
Ordering MRN	702331844-SAP
NAME	BORIC, MURIS
DOB	11/11/1985 **AGE** 36 y
GENDER	Male

Department: Biochemistry
Procedure: Troponin T Level
Requested: 17/01/2022
Collection Date: 17/01/2022 13:55
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: UNDERWOOD KATHRYN
Lab No: [Lab No =

Test	Result	Units		Normal Range
Troponin T	7	ng/L		<=16
Troponin-T Comment	Comment			

The clinical scenario MUST be taken into consideration when interpreting troponin results. If this is the first troponin measurement for this presentation, repeat testing after a minimum of one hour is recommended. A *significant rise and/or fall in troponin AND clinical evidence of acute ischaemia on history or 12 lead ECG is required for a diagnosis of acute myocardial infarction. Troponin elevation (>99th centile) without symptoms of ischaemia or without a *significant change over time represents myocardial injury for which there is a wide differential diagnosis. *Please refer to local protocols for further information on significant change values and patient management.

PLEASE NOTE:

The reference interval is based on sex-matched 99th centile values in the adult population without cardiovascular or other significant disease. A single result is of limited value in the clinical assessment of patients presenting with chest pain or other symptoms potentially due to Acute Coronary Syndrome.

Department: Biochemistry
Procedure: Liver Function Tests
Requested: 17/01/2022
Collection Date: 17/01/2022 13:55
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: UNDERWOOD KATHRYN
Lab No: [Lab No =

Test	Result	Units		Normal Range
Albumin	45	g/L		34 - 48
Globulins	38	g/L		21 - 41
Total Protein	83	g/L	H	60 - 80
Bilirubin	7	umol/L		2 - 24
Gamma Glutamyl Transpeptidase	23	U/L		0 - 60
Alkaline phosphatase	51	U/L		30 - 110
Alanine Aminotransferase	25	U/L		0 - 55
Aspartate aminotransferase	30	U/L		0 - 45
Lactate dehydrogenase	169	U/L		120 - 250

Department: Biochemistry
Procedure: Lipase Level
Requested: 17/01/2022
Collection Date: 17/01/2022 13:55
Spec Site: BLOOD

Site: SAP
Status: Final
Received Date: 17/01/2022
By: UNDERWOOD KATHRYN
Lab No: [Lab No =

Test	Result	Units	Normal Range
Lipase	41	U/L	0 - 60

Laboratory Summary Report

PATIENT DEMOGRAPHICS

MRN	684756-LMH
Ordering MRN	702331844-SAP
NAME	BORIC, MURIS
DOB	11/11/1985 **AGE** 36 y
GENDER	Male

Department:	Biochemistry	Site:	SAP
Procedure:	Electrolytes, Urea, Creatinine	Status:	Final
Requested:	17/01/2022	Received Date:	17/01/2022
Collection Date:	17/01/2022 13:55	By:	UNDERWOOD KATHRYN
Spec Site:	BLOOD	Lab No:	[Lab No =

Test	Result	Units	Normal Range
Sodium	144	mmol/L	135 - 145
Potassium	4.3	mmol/L	3.5 - 5.2
Chloride	103	mmol/L	95 - 110
Bicarbonate	28	mmol/L	22 - 32
Anion Gap	17	mmol/L	7 - 17
Urea	4.7	mmol/L	2.7 - 8.0
Creatinine (Blood)	83	umol/L	60 - 110

Department:	Biochemistry	Site:	SAP
Procedure:	C-Reactive Protein	Status:	Final
Requested:	17/01/2022	Received Date:	17/01/2022
Collection Date:	17/01/2022 13:55	By:	UNDERWOOD KATHRYN
Spec Site:	BLOOD	Lab No:	[Lab No =

Test	Result	Units	Normal Range
C-Reactive Protein	0.3	mg/L	0.0 - 8.0

Department:	Biochemistry	Site:	SAP
Procedure:	.Estimated Glomerular Filtration Rate	Status:	Final
Requested:	17/01/2022	Received Date:	17/01/2022
Collection Date:	17/01/2022 13:55	By:	UNDERWOOD KATHRYN
Spec Site:	BLOOD	Lab No:	[Lab No =

Test	Result	Units	Normal Range
Estimated GFR	>90	mL/min/1.73m2	>=60