

# HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

24/4/90

Shoulder still painful.  
Some improvement in range of movt.

Further im today  
See tomorrow

GRO-C

27/4/90

2hr history of PR bleeding  
Bright red blood

~~to be~~  
Spontaneous Not related to  
opening bowels

No previous PR bleeding  
no abdo pain. Bowels regular  
(shoulder improving)

OE Comfortable. PR reg

Abdo NAD

PR Bright red blood  
Clots in under parts

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24/4/90

Shoulder still painful  
Some improvement in range of movt  
Further ill today  
See tomorrow

GRO-C

27/4/90

2hr history of PR bleeding  
- Bright red blood  
~~to~~ ~~at~~  
Spontaneous not related to  
opening bowels  
No previous PR bleeding  
no abdo pain. Bowels regular  
(shoulder improving)  
O/E Comfortable. PR 20 reg  
Abdo NAB  
PR Bright red blood  
Clots in under parts

Skm tag at 9 O'clock  
Bleeding site not visible

Plan Imp Probable bleeding piles

Plan Factor VIII to bring level to 100

Surgical opinion:

GRO-C

Dear Surgeon

Thank you for seeing the  
mild haemophilic with IR bleeding.  
He has just had an infusion of factor VIII  
and clotting level should be 100%.

Yours sincerely

GRO-C

(811)

27/4/91

Thank you.

long standing history of prolapsed  
haemorrhoid (reducible). developed rectal bleed  
for the last 2 days. (bright red blood)

O/E - well, not anaemic.

P.R. - prolapsed ulcerated & rectal haemorrhoids  
easily reducible.



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M/F  
M/F/M

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CLINICAL NOTES (Each entry must be signed)

Dr Pander 19/2/90

14/5/90

Bleed (spont) LM ear

v/b

- clot only

Vasculature + tumour

For Full Rx

screen more

+ antibiotics prophylaxis

GRO-C

6/6/90 Dr Mark Butler (Registrar in haematology)  
has discussed this patient with  
Mr Lewis' registrar (31/5/90) It was agreed  
that he should have his haemorrhoids  
injected today because bleeding  
continued. Fvni cover to be given.

GRO-C: Christine Lee

18/7/90

Spont bleed (H) and

Fvni x4 (10204)

screen more

GRO-C



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DATE

CLINICAL NOTES (Each entry must be signed)

28/6/93

See in H/c

Still problems @ ankle

Pain post exercise ± swelling

o/e

Full ROM

No evidence bleed

For

physio

GRO-C

Dr.

2-9-93

Painful R. shoulder since this am.

Playing with daughter this am. Fingers feel 'cold'

o/e

Swelling over R. trapezius Tmdn +

C. spine: all joints full and painless

R. shoulder: ↓ move in/ex/su/rotation  
2nd to pain trapezius

↓ abductions

No dy ↓ sensation

⇒ Muscle bleed 2nd playing w daughter

R to 70%

Repeat name + review

GRO-C

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GRO-B

64

DATE

CLINICAL NOTES (Each entry must be signed)

19/5/92

6/2/94

Telephone Consultation

Has been feeling very tired & lethargic recently. No change in bowel habits. No jaundice. He wonders if it might be due to Hepatitis C infection. Told him it is possible but it could also be due to other causes.

I advised him to see his G.P. or alternatively he could come to the Haemophilia Centre for review.

GRO-C

Hem Register

2/1/94

929  
730

S - User A mild  
getting epistaxis from @ nasal pr about  
3/52. nightly  
Terminate usually after 1hr.  
Has suffered from nose bleeds most of  
life and has had cautery x2 as a  
child.

O - pulse 85 reg  
BP 110/80  
not clinically anaemic  
No bleeding

P - check FBC  
transferrin acid.  
ENT review

GRO-C

6/5/94

Fall @ elbow - haematoma seen  
full range elbow + wrist  
neuro vas ✓

check x/r if worsen: currently no evidence  
of bone/joint  
injury  
Rx 50% today + tomorrow  
Review clinic 7 June

GRO-C

Had received treatment to ~ 30%  
with 8 Y developed tightness in

the throat +



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GRO-B

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

24<sup>th</sup> Jan 96

c/o pain this morning in the back  
progressively worse this evening  
pain in ~~upper~~ (R) interscapular region  
radiating up to neck & downward

Not relieved by paracetamol  
? unsure if it is a bleed.

Turned around this morning in the  
car & to look at baby in the rear  
felt pain (sharp) in back

9/5 - pain interscapular region

No tenderness

pain ~~over~~ inspiration  
neck ROM & generally  
lungs clear

no neurological deficits

Imp. Probable Bleed

(P) Rx to 70%  
prev allergic Rx to # 8Y on  
2 occasions

Switch to High purity product

Replenate 54014 X4.

R/v tomorrow

Codydramol

GRO-C

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GRO-B

M/F  
M/3/00

DATE

CLINICAL NOTES (Each entry must be signed)

12/5/96

Mild Hemophilia A level 770.  
clo pain in thigh just above + behind knee after heavy lifting this am.

OE well Antalgic gait

(L) knee swelling/tenderness/caller.

ROM Flexion to 45°  
Extension to 150°

○ haematoma felt.

→ Rest.

wt 65 kg → replace 460 x 5 = 2300u given

Review H/C tomorrow for further Rx

GRO-C

13/5/96

Reviewed 4:30pm.

Still sore behind (L) knee  
treated again today.

Unable to fully straighten knee  
difficulty walking.

O/E. still swollen behind (L) knee

↓ extension

not hot, tender.

pain on wt bearing + movement

Review again + 2x tomorrow.

advised to rest leg.

GRO-C



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GRO-B

M/F

M/SW

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

10pm

14/6/96.

presented to H/C  
fell over on Wednesday  
injured @ knee  
since then pain + swelling @ knee

O/E

limp

@ knee swollen & redness above

pulse

flexion ✓

but cannot fully extend knee

tender

→ Plan

Rx 35ml/kg

review tomorrow

NB. asthma - 2 episodes after

last dose epinephrine. - more

severe than usual

Given 100mg IV hydrocortisone

10mg IV prednisolone

pre feeds VIII

told to take subcutaneous + he will be



16 Aug

Brayden fell on (R) shin  
hard yesterday  
shin swollen + red  
No heavy injury  
knee pain ✓  
developed allergic wheals and  
some wheezing after Factor 8Y yesterday  
same previously ✓ last Rx in '94.  
Primarily allergic to Factor 8Y  
He is a red thrombophilic and last  
Factor Rx in 1994  
Try ✓ Hydrocort + Prednis ✓ Rx +  
steroids

GRO-C

811

7/1/96. attended H/C for Hep A vaccine

clo. ~~arms~~  
pain + pins + needles (L) arm

Started 1/52 cpo.

Comes + goes

no trauma:

pain above + below elbow + hand  
pins + needles forearm, hand.

Woke when move above

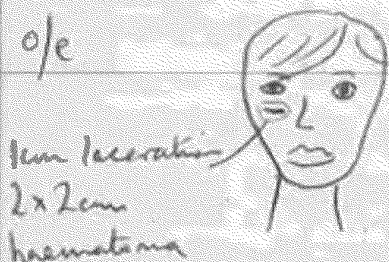
feels grip is weaker than usual  
had frequent bleeds (L) elbow in  
past, not recently.

8/8  
23 00

SHO

- Attended H/c - mild Haem A ~ 7% VIII  
- HCV +ve HIV -ve  
- hit in face playing with daughter  
this afternoon → laceration, bleeding  
stopped, but now notices haematoma.  
- generally well

o/e



plan - 25 u/kg replenate tonight &  
AC and piriton cover

- review tomorrow in H/c if  
haematoma worsens  
- No reaction to replenate.

GRO-C

8/11

A-8-96

Seen for follow up.

Notes i) large no. of bleeds considering VIII:C level

ii) ? reaction to replenate

- had probs @ 54: rash, bronchospasm  
etc

- ? episode related to replenate.

- Since has had HTP can

- doesn't like piriton can. leaving bleeds  
late because of piriton



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GRO-B

SA/F  
M/SAW

DATE

CLINICAL NOTES (Each entry must be signed)

Plan Check Vll:C level.

Tnal dose soon Replinate.

If ht reacts he should be treated  
in future c 1/100.

see 4/52.

GRO-C

19/8/96

1400

NO REACTION TO REPLINATE  
BY GOMES

GRO-C

9/9/96.

2 hrs/haemophilia clonni

B haemophilia A

W Hw ab Pos

PCR Ng

LFIs Normal

Discribed nurse.

Reamed.

(D)

GRO-C



DATE	(Each entry must be signed)
9/6/97	<p>SHO</p> <ul style="list-style-type: none"> <li>- Attended H/C</li> <li>- sudden pain in Rt shoulder while lifting heavy weights in shop this morning</li> <li>- increasing pain through afternoon, some limitation in movement of neck</li> </ul> <p>o/c - pain to palpation over Rt trapezius</p> <ul style="list-style-type: none"> <li>- most painful movement - shrugging shoulders</li> <li>- some pain turning head to left</li> <li>- no obvious swelling</li> </ul> <p><u>Imp</u> Rt trapezius strain / bleed.</p> <p>→ treat 35u/kg</p> <p>→ review tomorrow pm.</p>
9/9/97 7:10pm	<p>Attended H/C</p> <ul style="list-style-type: none"> <li>- fixing a bullet seat - when developed pain @ side of neck</li> </ul> <p>Feels like he has pulled a muscle</p> <p>o/c Pain over sternocleidomastoid.</p> <ul style="list-style-type: none"> <li>- good range of movements</li> <li>- not swollen not <del>hot</del></li> </ul> <p><u>Plan</u> tx 35u/kg.</p>
8/12/97	<p>Attended H/C.</p> <ul style="list-style-type: none"> <li>- fixing washing machine - developed pain @ shoulder</li> </ul> <p>from not tender not swollen or hot</p> <p><u>Plan</u> tx 35u/kg</p>

GRO-C

GRO-C

8/1

GRO-C

6/4/20

Phoned home and spoke to wife

(LFTs normal)

She having some pain, but returned to work today

To ask if pain does not settle or bleeding gets worse

GRO-C

19.7.20

Attended HMC

17.00h

Injured @ Shoulder - moving things around in garage - motorbike fell → tried to catch it → wrenched @ arm.

Pain over @ trapezius

O/E Limited neck @ (rotation)

- 2° to pain region @ trap

Full extension/flex°. No bony pain.

Tender @ trapezius ++. No overt swelling

@ Shoulder jt NAD - pain over trap. on external rotation. No sensory deficit

Impression

? Muscle bked 2° to trauma

Plan / Rx DDAMP + Rest Shoulder.

→ Pt does not know if he has had this before

- had something ~ 5 years ago → wheezy ++

c palpitations → given steroids + pincton

Need to check through notes

Enw DDP → Give Replenate on this acc.

That DDAMP at more appropriate time

In notes → ? Reaction to 8y not DDAMP

? Ever had DDAMP

Need m/c

GRO-C

ME  
SPC 811

Treated to 70%  
2100m  
Replenate



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 M/SAN

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CLINICAL NOTES (Each entry must be signed)

5/4/00

Attended Haem. Centre

Since then mang has had abdominal pain - cramping, continuous aches.

No appt. but eaten much today.  
No nausea or vomiting

Re this mang - normal motion

noticed some ~~small~~ trace of blood on tissue after wiping.

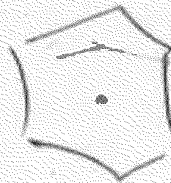
Remains well

no other bleeding

do note pth of piles

has not eaten anything unusual

o/s



Jaundice

↑ BS  
 taken in 2nd  
 "LXKS"  
 names

- Probably gastroenteritis

check c/s

Peppermint oil for symptom relief

GRO-C



DATE

(Each entry must be signed)

20/10/00

Patient presented to HC today  
pain yesterday evening in left shoulder after  
having moved furniture.

pain mainly located left aspect of the neck  
radiating left shoulder  
→ posterior left shoulder

climber: neck stiff  
movement of neck painful  
pain on flexion  
No obvious swelling - No Neurological deficit.

Very likely small blood embolism?

Plan - Start with DDAVP 0.3 µg/kg  
Weight: 68 kg  
check FVII level before & have donor

- Go review

- paracetamol
- avoid 3rd cigarette / NSAIDs
- Go review tomorrow.

GRO-C

211

Patient should ideally be referred to  
rheumatology clinic to exclude systemic problem.

7/1/01

% - pain in (R) shoulder  
lifting heavy boxes.

→ (R) shoulder bleed  
limited movement

(P) DDAVP 0.3 µg/kg.

To come in tomorrow if bleeding not  
settled

GRO-C

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Cons.

DOB

Date

GRO-B

B

MF

MSW

DATE

CLINICAL NOTES (Each entry must be signed)

15/7/03

seen ph.

had pain + swelling over carpal jts

+ metacarpal jts of middle + ring

fingers (R) side - can't remember the traumatic event. Had workup

since 4/7/03.

According to ph had an (L) sb blow bleed 2/5/2 ago + had DDAVP. + had ibuprofen + swelling of legs after kick.

Decided to give Replenche 2000 in + rest + pain killers

GRO-C