

**Nepean Private Hospital**  
1-9 BARBER AVENUE  
KINGSWOOD, NSW 2747  
P: 02 4732 7333  
F: 02 4721 8895

## NURSING DISCHARGE SUMMARY - Admitted Patient

**Patients Nominated General Practitioner:**

Dr Nagwa Morris

South Windsor Medical Centre  
508 George Street  
SOUTH WINDSOR NSW 2756

Tel:0245776233 Fax: 0245878702  
Email:

UR: 256112

**TWOMEY** Ms Maree Isobelle  
2 LINDSAY PLACE  
RICHMOND NSW 2753

Sex: Female DOB: 17 Apr 1955  
Indigenous Status: Not Indigenous

Age: 69 yrs

**Insurance/Health Fund:**

Insurance type: Private  
Membership No: 48486963  
Organisation Name: ahm Health Insurance

**Admission Date/Time:** 09 Jul 2024 16:29:24

**Admission Reason:** C3-C6 ANTERIOR CERVICAL DISCECTOMY  
FUSION

**Visit Number:** 603880

**Discharge Date/Time:**  
**Discharge Destination:**

**Discharge Summary Recipient**

**Recipient Name:** Dr Nagwa Morris  
**Organisation Name:** South Windsor Medical Centre

**Attending Consultant:** Dr Matthew Tait  
**Ward:** HDU/CCU

**Referred By:** DR GP Not Provided

**Summary Status:** Final  
**Date Sent:** 17 Jul 2024  
**Version Number:** 1

**Past Medical History:**

OSA, Right Pulmonary Embolism, Bowel cancer-colostomy. Bipolar, Asthma

**Admission Progress:**

1) Date of discharge:, 17/8/2024 2) Discharge Destination: home, 3) Discharge Details  
matilda :,

**Observations:**

Temperature:,36.8. Pulse 68:, Blood Pressure:138/84, Respiratory Rate:18, SaO2:, 98

**Allied Health Discharge Notes:****Transfer Facility Handover Notes:**

**Procedures:**

**Performed Date**

**KNOWN ADVERSE REACTIONS & ALERTS**

2 LINDSAY PLACE  
RICHMOND  
CL:PUB SWAHS  
MC:2195120375/1  
GP:MORRIS, N

2753

R:CAT

CON:

# Hawkesbury District Health Service

Operated by St John of God Health Care and providing  
public patient services under a public-private partnership  
with Nepean Blue Mountains Local Health District.

## EMERGENCY DEPARTMENT DISCHARGE SUMMARY

Wednesday, 26 June 2024

Dear Doctor,

Thank you for seeing **DWONEY, Mrs. Marie Louise**  
69 year old lady presented with left sided low back pain post fall 7week ago  
was trip and landed back ward ,NO LOC , pain getting worse panadol and  
steroid

B/G  
IDDM  
Bowel ca, stoma bag  
Bipolar

Allergies codeine , endone , pethidine

Sx Hx;  
IADLS  
walk with stick and motor chair

no sign of acute cord compression  
CT reported attached

we suggested simple analgesia and NSAID and warm pack  
physio and reduce wight and light exercise once pain settled  
Follow up LMO

Your sincerely

Dr.Dennis Kwok

2 Day Street Windsor NSW 2756  
Locked Mail Bag No. 10, Windsor NSW 2756  
Hospital: T. (02) 4560 5555 F. (02) 4560 5563  
Community Health: T. (02) 4560 5714 F. (02) 4560 5713  
[www.sjog.org.au/hawkesbury](http://www.sjog.org.au/hawkesbury) E. [info.hawkesbury@sjog.org.au](mailto:info.hawkesbury@sjog.org.au)

St John of God Hawkesbury  
District Health Campus Ltd  
ACN 608 054 379

Hospitality · Communication · Respect · Justice · Excellence

WR

CASTLEREAGH IMAGING - CASTLEREAGH CO ABN 75 094 813 411  
HAWKESBURY HOSPITAL (Facility ID 0017140B), WINDSOR, NSW, 2756  
Telephone : 02 45605515 Facsimile : 02 45605517

26/06/2024

Dr UMAIR QAZI  
EMERGENCY DEPARTMENT  
CNR DAY & MACQUARIE STREETS  
WINDSOR NSW 2756

RE: MRS MAREE L TWOMEY (17/04/1955)  
2 LINDSAY PLACE  
RICHMOND NSW 2753  
EPID:

Patient ID : CAS30221  
Service Date : 26/06/2024  
Dept : ED  
UR No : 285906

### CT LUMBOSACRAL SPINE, PELVIS AND LEFT HIP

**Clinical History:**  
Reduced mobility.

**Findings:**

Osseous alignment of the lumbar spine is stable with no dislocation discerned. A lytic bone lesion is seen at L1 vertebral body, can represent intraosseous haemangioma. Old mild anterior wedging of T12 vertebral body is observed. No acute vertebral body collapsed fracture is detected. Degenerative changes with marginal osteophytes are seen at multiple levels. Pedicles are intact. Facet joints are satisfactorily aligned though show degenerative changes.

At L1/2 level, no significant focal disc bulging or protrusion is identified.

At L2/3 level, there are mild posterior disc protrusion and mildly hypertrophied facet joints causing narrowing of the anterior spinal canal and bilateral lateral recesses, more prominent on left side.

At L3/4 level, there are mild posterior broad-based disc protrusion and hypertrophied facet joints & ligamentum flavum causing narrowing of the anterior spinal canal, bilateral lateral

MRS MAREE L TWOMEY (DOB: 17/04/1955) Page(s) 1

Referrer support for online images and report access, please  
Phone: 1300 669 727 M-F 8am-6pm or email: ClientServices@casimaging.com

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HAWKESBURY HOSPITAL (Facility ID 0017140B), WINDSOR, NSW, 2756  
Telephone : 02 45605515 Facsimile : 02 45605517

recesses and neural foramina, more prominent on left side. Left L3 nerve root is encroached at the foraminal zone.

At L4/5 level, there are mild posterior broad-based disc protrusion and hypertrophied facet joints ligamentum flavum causing mild narrowing of the anterior spinal canal and bilateral neural foramina, more prominent on left side. Right L4 nerve root is encroached while left L4 nerve root is just impinged at the foraminal zone.

At L5/S1 level, there are mild posterior broad-based disc protrusion, prominent posterior marginal osteophytes and hypertrophied facet joints causing narrowing of the anterior spinal canal and bilateral neural foramina. Bilateral L5 nerve roots are encroached at the foraminal zones, more prominent on left side which is abutted.

Sacrum and coccyx are normally aligned. An intraosseous haemangioma is likely present at S1 vertebra. Bilateral sacral ala are intact. Bilateral sacroiliac joints are also intact. Bilateral iliac bones are intact. Bilateral acetabulae are intact. Bilateral pubic rami are intact. Pubic symphysis is not widened. Bilateral hip joints are noted in situ though show degenerative changes. Cortical irregularities are seen along bilateral greater trochanters, in keeping with degeneration. Bilateral proximal femurs are intact with no acute fracture detected. No hip joint effusion is discerned. Bilateral pelvic floor muscles are symmetrical.

Evidence of prior abdominoperineal surgery and presence of end colostomy at left lower anterior abdomen. Small bowel loop is not dilated. Uterus is small in size. No pelvic fluid or haematoma is found. Varices can be seen at right groin and right upper thigh.

#### OPINION:

Degenerative changes along lumbar spine with multiple levels of lumbar spondylosis, more prominent on left side overall causing:

- At L3/4 level: Encroachment onto left L3 nerve root at the foraminal zone.
- At L4/5 level: At just impinges onto left L4 nerve root and encroachment onto right L4 nerve root at the foraminal zones.
- At L5/S1 level: Encroachment onto bilateral L5 nerve roots at the foraminal zones, more prominent on left side which is abutted.

Old anterior wedging of T12 vertebral body. No acute vertebral body collapsed fracture is identified along lumbosacral spine. Intact pelvic bones.

MRS MAREE L TWOMEY (DOB: 17/04/1955) Page(s) 1

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HAWKESBURY HOSPITAL (Facility ID 0017140B), WINDSOR, NSW, 2756  
Telephone : 02 45605515 Facsimile : 02 45605517

Osteoarthritis of both hips. No acute fracture or hip joint effusion is detected.

Thank you for referring this patient

Dr Vincent Lai

MRS MAREE L TWOMEY (DOB: 17/04/1955) Page(s) 1

*Referrer support for online images and report access, please*  
Phone: 1300 669 727 M-F 8am-6pm or email: [ClientServices@casimaging.com](mailto:ClientServices@casimaging.com)

**MATILDA**  
NEPEAN

## Discharge Summary Cover Sheet

To:

Dr Nagwa M...Fax: 4587 8702Ravi45711552

Date:

7/8/2024

TWOMEY, Ms MAREE ISOBELLE  
DOB: 17/04/1955 (69Y)  
2 LINDSAY PLACE, RICHMOND 2753  
Fund: AHM HEALTH INSURANCE  
Medicare No: 2195120374 1  
LIYANAGE, Dr UPUL  
Adm: 17/07/2024

MRN: 002228  
FEMALE

Mob: 0400 149 881  
FundNo: 48486963  
Penslan: CRN206899431A  
Bed: 406

Please be advised that the above patient has been discharged from Matilda Nepean Private Hospital



Please find attached a copy of the Clinical Discharge Summary, Discharge Medication Summary and any other relevant paperwork for your records.

Yours sincerely,

Clinical Team

Matilda Nepean ABN 22 637 847 736 | 39 Orth Street Kingswood NSW 2747

T (02) 8123 8700 F (02) 8123 8701 E [info@matildanepean.com.au](mailto:info@matildanepean.com.au)

[www.matildanepean.com.au](http://www.matildanepean.com.au)

MRN: 002228 Maree Isabelle Twomey DOB:  
17/04/1955

# Discharge Summary

## Matilda Nepean Hospital

39 Orth St, KINGSWOOD NSW 2747

Phone 0281236700

Fax

Name: Maree Isabelle Twomey

DOB: 17/04/1955 (69y) Female

2 LINDSAY PLACE, RICHMOND NSW  
2753

MRN: 002228

Date of Admission	Date of Discharge	Discharge From	Discharge Destination	Discharge Doctor
17/07/2024 13:39	7/08/2024 9:24	406	Other/Home	Dr UPUL LIYANAGE

## Problems and Diagnoses

None known

## Clinical Summary

Mrs Twomey was transferred to Matilda Hospital Rehabilitation from Nepean Private private post ACDF c3-c6 under Dr Tait on 10/07. Mrs Twomey presented with recurrent falls, upper and lower limb weakness and diagnosed with cervical myelopathy. Mrs Twomey has a background history of Bowel cancer needing resection and colostomy, Hypertension, Hyperlipidaemia, Type II DM with peripheral neuropathy, nephropathy and retinopathy with visual impairment. She has been known to Dr Ruby Thavakulasingham for her Complex PTSD, bipolar illness type II and anxiety. Mrs Twomey contracted COVID - 19 Infection during her rehabilitation received treatment with Plaxovid. Mrs Twomey's mobility and function have significantly improved with rehab and discharged home on 07/08/2024. Mrs Twomey was continued on her regular medications on discharge. Mrs Twomey needs follow up appointments with Dr Tait and Dr Thavakulasingham.

*Not covered by Family*

## Clinical Documents

## Physiotherapy

MRN 002228 Maree Isabelle Twomey 17/04/1955

**Comments:** Maree TWOMEY was transferred to Matilda Nepean on 17/07/24 following an admission at Nepean Private Hospital where Maree underwent a C3-6 anterior cervical discectomy and fusion on 10/07/24 with Dr Matthew Tait. Maree completed twice daily physiotherapy during her admission with a focus on increased LL strength, gait retraining, gentle neck ROM and balance training. Maree has progressed well and is now independent with her mobility.

**Past Medical History:** Bowel cancer needing resection and colostomy Type II DM HTN High cholesterol Chronic back pain Peripheral neuropathy, nephropathy and retinopathy with visual impairment OSA Asthma

## Social History:

Lives alone in SSH Stairs – threshold steps at front and back access

Normally mobilised nil aid around house – owns mobility scooter

NDIS Care staff for 4 hours Thursday/Friday

Patient reports Independent with ADLs and mobility

Frequent falls - left knee giving way

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MRN: 002228 Maree Isabelle Twomey DOB:  
17/04/1955

**Current Functions:**

**Bed Mobility:** Independent

**Sit to Stand:** Independent

**Transfers:** independent with 4WW

**Mobility:** Independent with 4WW - 70m

**Stairs:** supervision with x 1 handrail

**Other:** Upon DC Maree Twomey will require follow-up physiotherapy for ongoing gait retraining, falls preventions and general reconditioning exercises.

**Referred to Day Rehab**

Yes

✓ No

**Completed by:**

- Clinician Name: Brooke Falchi (SIRA Accredited)
- Position/ Title: Senior Physiotherapist
- Current Date/ Time: 6/08/2024 10:41:47

**Dietitian**

MRN 002228 Maree Isabelle Twomey 17/04/1955

**Comments: -**

Ms Maree Twomey was seen by dietetics for diet review.

Maree received easy to chew (diabetic) diet, no bread/toast/sandwich (as per SP) during her admission in Matilda Nepean. Maree reported poor appetite during early admission, however improved later on. Maree received Glucerna OD. Weight check had not been done during admission as per Maree's request. Maree reported her last known weight as 94kg (July 2024).

Maree was independent in caring for her stoma. Gastrostop TDS were charted as part of her stoma output management.

Maree was encouraged to maintain her regular meals & snacks, in line with Australian Guide to Healthy Eating. Maree was recommended to continue with Glucerna as needed, depending on her appetite. Nil further, handover of care to GP.

**Completed by:**



MRN: 002228 Maree Isobelle Twomey DOB:  
17/04/1955

- Clinician Name: Dee Kismarietta
- Position/ Title: Dietitian
- Current Date/ Time: 6/08/2024 12:05:28

## Occupational Therapy

MRN 002228 Maree Isobelle Twomey 17/04/1955

Comments: - Ms Twomey is a 68F admitted for rehab post anterior cervical discectomy fusion of c3-c6 under Dr Tait on 10/07.

**Home Environment:** - Ms Twomey lives alone in a single-storey house

Front Access: 2 x steps with grab rail on wooden awning pole on veranda, then 1 x small threshold step into front access.

Rear Access: Ramp access to garage

Internal: Level

Bathroom: Recently modified, level access shower recess with glass frame, hand-held shower hose and rails.

Toilet in same room with 1 x drop down rail.

Equipment: Mobility scooter recently funded by NDIS- yet to utilise; LiveLife personal alarm- pendant (recently purchased however not yet set up due to difficulties setting up with new numbers); walking stick

### Self Care: -

Showering: Independent in standing holding grabrail or in seated. Independent washing hair.

Dressing: Independent w upper and lower body clothing in seated

Grooming: Independent

Toileting: Independent with stoma bag + managing bladder at toilet

**Domestic Duties:** - Ms Twomey has NDIS carers who can assist with cleaning, shopping, and transport. Her neighbours can support her as needed.

### Transfers: -

Toilet t/f: Independent nil aid

Bed t/f: Independent nil aid

Chair t/f: Independent nil aid

### Recommendations: -

It is recommended Ms Twomey receives assistance to set up her new falls alarm pendant at home.

It is recommended Ms Twomey receives assistance with her domestic tasks during recovery, her carers and neighbours can assist with this.

MRN: 002228 Maree Isobelle Twomey DOB:  
17/04/1955

**Completed by:**

- Clinician Name: Tamleka Barden
- Position/ Title: Occupational Therapist
- Current Date/ Time: 6/08/2024 15:27:00

## Speech Therapy

MRN 002228 Maree Isobelle Twomey 17/04/1955

**Presenting Condition**

Ms Twomey was transferred to Matilda Nepean Private Hospital transferred from Nepean Private Hospital on 17/7/2024 following C3-C6 anterior cervical discectomy fusion on 10/7/2024.

Ms Twomey was referred to Speech Pathology on 19/07/2024 for swallow/communication assessment.

**Background: Medical History**

Bowel cancer needing resection and colostomy, Type II DM, HTN, High cholesterol, Chronic back pain, Peripheral neuropathy, nephropathy and retinopathy with visual impairment, Asthma, OA, Reflux (self-reported), PTSD

**Baseline diet:** regular (diabetic) diet & thin fluids

**Post-op swallow presentation:**

Ms Twomey reported:

- An incident of feeling like choking/coughing on waking 19/07/24. Resolved once she sat up. ?reflux
- Difficulty swallowing dry, tough textures
- Difficulty swallowing large tablets, or round powdery tablets (e.g. Magnesium & Panadol)
- Alternating mouthfuls food with sips of fluid assisting
- Self-selecting softer foods
- Complexities around appropriate foods due to diabetic dietary requirements, combined with colostomy & diarrhoea an issue at times.
- Pain & stiffness reported right side neck

**Post-op voice presentation:**

- Croaky/raspy voice reported at times
- Often on waking

On initial assessment, Ms Twomey presented with mild dysphagia & dysphonia as a result of ACDF. Reflux may also be impacting oesophageal phase of swallowing.

Ms Twomey was educated regarding normal recovery process post ACDF once swelling subsides. Vocal hygiene strategies were discussed e.g. Increased H2O.

Ms Twomey reported difficulties swallowing soft bread, which she found was 'balling up' in her throat (Indicated to level of upper oesophagus). She avoided having bread, toast & sandwiches as a result of this during her admission.

MRN: 002228 Maree Isabelle Twomey DOB:  
17/04/1955

Ms Twomey's vocal quality and strength was observed to have improved significantly during her admission and appears to be resolving with natural recovery.

### Recommendations

1. EASY TO CHEW (DIABETIC) DIET & THIN FLUIDS
2. Soluble panadol preferred
3. Magnesium tablet to be crushed and given with yoghurt. All other tablets to be whole with yoghurt
4. Re-introduce bread, toast, sandwiches in small quantities as desired under supervision. Alternate with sips of fluid to assist with oesophageal transit
5. Pt to be SOOB for all oral intake + remain upright 20-30 mins post
6. Pls continue with dietitian recommendations
7. Thorough oral hygiene 2-3x per day
8. Seek further SP input if swallowing and voice changes not resolved within next ~2 months

### Completed by:

- Clinician Name: Molly Bright
- Position/ Title:
- Current Date/ Time: 6/08/2024 16:42:48

## Nursing

MRN 002228 Maree Isabelle Twomey 17/04/1955

Comments: - Admitted at Matilda Nepean Private last 17/7/24 for rehab. Post C3-C6 anterior cervical disectomy fusion

PMHx: OSA, right PE, Bowel Ca-colostomy, bipolar, PTSD, Depression and anxiety, Asthma, Covid positive (7/8 and de-isolated on 28/7/24)

Allergies: Codeine, phosphate, Pethidine, Morphine, Pregabalin, Oxycodone hydrochloride, Tramadol

Mobilises: Independently with 4WW

Appointment: Follow up with Dr Tait and Dr Thavakulasingham

### Patient discharged with:

- |               |                        |                          |
|---------------|------------------------|--------------------------|
| ✓ Medications | Pathology request form | ✓ Medication List/ Chart |
| Xrays/Scans   | ✓ Referral letter      | Warfarin book            |
| ✓ Scripts     | Radiology referral     | Other: -                 |
| ✓ Valuables   |                        |                          |

MRN: 002228 Maree Isabelle Twomey DOB:  
17/04/1955

**Completed by:**

- Clinician Name: Ruthie Alave
- Position/ Title: RN
- Current Date/ Time: 6/08/2024 18:58:12

## RISKS

MRN 002228 Maree Isabelle Twomey 17/04/1955

Cognition Risk: Yes ☒ No ☐ Detail:  
Mental Health Risk: ☒ Yes ☐ No ☐ Detail: History of depression and anxiety, PTSD and Bipolar  
Infection Status: Yes ☒ No ☐ Detail:  
Falls Risk: ☒ Yes ☐ No ☐ High ☒ Med ☐ Low

Date of last Fall:

Pressure Risk: Yes ☒ No ☐ Very High ☐ High ☐ Med ☐ Low  
Other Risk: Yes ☒ No ☐ Detail:

**Completed by:**

- Clinician Name: Ruthie Alave
- Position/ Title: RN
- Current Date/ Time: 6/08/2024 21:10:32

## Important Investigation Results

N/A

## Current Allergies

Allergy Type	Allergic To	Date Identified	Criticality	Adverse Reaction
Allergy	Codeine phosphate		High	
Allergy	Pethidine		High	
Allergy	Morphine		High	
Allergy	Pregabalin		High	
Allergy	Oxycodone hydrochloride		High	
Allergy	Tramadol		High	

## Current Medications on Discharge

None known

Printed on: 7/08/2024 9:25:06

MRN: 002228 Maree Isobelle Twomey DOB:  
17/04/1955

## Ceased Medications

None known

## Recommendations

Recommendation For	Recommendation
Ms Maree Isobelle Twomey , DOB 17/04/1955 , ID 002228 Maree Isobelle Twomey	- Continue medication on discharge -Follow up with Dr Tait and Dr Thavakulasingham

## Follow-up Appointments

N/A

## Information Provided

N/A

## Recipients

Electronically signed by Miss Joanna Delos Santos  
Date: 7/08/2024 9:25

# MATILDA

NEPEAN

## DISCHARGE MEDICATION SUMMARY

MATILDA NEPEAN PRIVATE HOSPITAL



Dedicated to Care

Name:	TWOOMEY, Ms Maree Isabelle		Phone:	0406149881	MRN:	2228
Address:	2 Lindsay Place, Richmond 2753		Medicare:	21951203741	Admission Date:	18/07/2024
D.O.B.:	17/04/1955				Discharge Date:	7/08/2024
Allergies:	Oxycodone, Morphine, Pregabalin, Tramadol, Pethidine, Codeine				Pharmacist:	Amal Zeineldaden
Page 1 of 2					Date Last Prepared:	5/08/2024

Medication:	6am	8am	Noon	2pm	6pm	8pm	10pm	Comments:
<input checked="" type="checkbox"/> RABEPRAZOLE 20MG TABS	1							REFLUX/GORD
<input checked="" type="checkbox"/> ESCITALOPRAM 10MG TABS		1						ANXIETY/DEPRESSION
<input checked="" type="checkbox"/> COLECALCIFEROL 1000IU CAPS		1						VITAMIN D SUPPLEMENT
<input checked="" type="checkbox"/> SPIRONOLACTONE 25MG TABS		1						DIURETIC - FLUID SUPPLEMENT
<input checked="" type="checkbox"/> MULTIVITAMIN TABS		1						VITAMIN B1 SUPPLEMENT
<input checked="" type="checkbox"/> THIAMINE 100MG TABS		1						SUPPLEMENT
<input checked="" type="checkbox"/> MAGNESIUM ASPARTATE 500MG TABS		2						SUPPLEMENT
<input checked="" type="checkbox"/> GLUCERNA		2200ML						DIARRHOEA
<input checked="" type="checkbox"/> LOPERAMIDE 2MG TABS/CAPS		2		1		1 to 3		DIARRHOEA
<input checked="" type="checkbox"/> ATORVASTATIN 40MG TABS						1		CHOLESTEROL
<input checked="" type="checkbox"/> FENOIBRATE 145MG TABS						1		CHOLESTEROL
<input checked="" type="checkbox"/> PARACETAMOL 500MG TABS	2		2		2		2	PAIN RELIEF - TAKE NO MORE THAN EIGHT (8) TABLETS PER DAY

### MEDICATIONS STOPPED DURING HOSPITAL

Do not take these medications unless advised by your GP.

This list is your medication management plan as determined by your doctor at Matilda Nepean Private Hospital. Please see your GP to review your medications following discharge from hospital.

Marilyn's Community Pharmacy is the authorised pharmacy for Matilda Nepean Private Hospital. To speak to a pharmacist or pay your pharmacy statement call 02 9977 2095.

Doctor's Signature:

Doctor's Name:

Samuel Alana

Date:

18/8/24

Name:	TWOOMEY, Ms Maree Isobella		MRN:	2228
Address:	2 Lindsay Place, Richmond 2753		Admission Date:	18/07/2024
D.O.B.:	17/04/1955		Discharge Date:	07/08/2024
Allergies:	Oxycodone, Morphine, Pregabalin, Tramadol, Pethidine, Codeine		Pharmacist:	Amr Zaitoun
Page 2 of 2			Date List Prepared:	05/08/2024

Medication:	7am	8am	Noon	2pm	6pm	8pm	10pm	Comments:
<input checked="" type="checkbox"/> PRAZOSIN 2MG TABS		1				1		HIGH BLOOD PRESSURE
<input checked="" type="checkbox"/> MELOXICAM 7.5MG TABS/CAPS		1				1		ANTI-INFLAMMATORY PAIN RELIEF - TAKE WITH FOOD
<input checked="" type="checkbox"/> LAMOTRIGINE 100MG TABS						1		MENTAL HEALTH
<input checked="" type="checkbox"/> DULAGLUTIDE 1.5MG/0.5ML INJ	Inject ONCE a week on FRIDAYS							DIABETES - INJECT ONCE A WEEK ON THE SAME DAY EACH WEEK
<input checked="" type="checkbox"/> TOLUENO SOLOSTAR INJ	Inject 30 units at BEDTIME							DIABETES - LONG ACTING INSULIN
<input checked="" type="checkbox"/> ONDANSERTRON 4MG TABS	Take ONE to TWO tablets every EIGHT hours when needed. Maximum FIVE tablets per 24 hours							NAUSEA/VOMITING
<input checked="" type="checkbox"/> PARENTERAL 50MG/100MG (PARENTERAL)	Take ONE to TWO tablets every FOUR hours when needed. Maximum EIGHT tablets per 24 hours							STRONG PAIN RELIEF
<input checked="" type="checkbox"/> LOPERAMIDE 2MG TABS/CAPS	Take ONE tablet DAILY when needed. Maximum ONE tablet per 24 hours							DARRHOEA
<input checked="" type="checkbox"/> DIAZEPAM 2MG TABS	Take ONE to TWO tablets every FOUR hours when needed.							ANXIETY/MUSCLE SPASM
<input checked="" type="checkbox"/> DEEP HEAT CREAM	Apply TWICE a day when needed.							TOPICAL PAIN RELIEF - APPLY TO THE AFFECTED AREAS

This list is your medication management plan as determined by your doctor at Matilda Nepean Private Hospital.  
Please see your GP to review your medications following discharge from hospital.

Matilda Nepean Pharmacy is the authorised pharmacy for Matilda Nepean Private Hospital. To speak to a pharmacist or pay your pharmacy statement call 02 9977 2095.

Doctor's Signature:



Doctor's Name:

Ismael Al-Ha

Date:

7/8/24