Surname: Surname MRN: MRN

First name: First name

DOB: day / month/ year Gender: Select gender

Address: Patient address

Facility: Facility

(Affix addressograph)

Dear enter doctor’s name,

Patient’s name, enter patient age, presented to the facility name Emergency Department on the click here to enter presentation date. The presenting problem was related to choose an item.

The patient was assessed and deemed suitable for management under the Nursing Delegated Emergency Care Model.

A brief history and physical assessment gathered the following information;

Enter relevant patient history and examination results

 The patient was managed in line with the select NMG used Nursing Management Guideline.

[ ]  Medications were administered enter medication/s name if any given

[ ]  Investigations were initiated (please chase results) enter any investigations initiated

[ ]  Other nursing interventions list other nursing interventions.

The patient was discharged from the emergency department and advised to follow-up with you by enter follow-up date. Discharge instructions were given and included enter discharged instruction summary that was provided

Please contact the ED on enter ED contact number should you require further information.

Sincerely,

RN Name / signature