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Date	CLINICAL NOTES: Each entry must be dated (and timed where appropriate), include an indication of the patient's consultant, and be legibly signed by the person making the entry
25/7/99	<p>I need to review a weaned <u>plea</u></p> <p><i>[Signature]</i></p>
25-7-99	<p>Further deterioration overall. needs to analgesia vomiting 2 fluids no firm pulse keep very unstable 1-ml happy for nursing staff to continue death</p> <p><i>[Signature]</i></p>
26.7.99	<p>1900 hrs. Mrs Thurston died peacefully Death verified by S/N F. SHAW ° E.N. E. BELL <i>[Signature]</i> <i>[Signature]</i></p> <p>NO CAROTID ARTERY PULSE NO RADIAL PULSE NO HEARTBEAT WHEN LISTENING WITH STETHOSCOPE NO VISIBLE RESPIRATION NO INSPIRATORY SOUNDS OF BREATHING WHEN USING STETHOSCOPE NO PUPIL REACTION TO LIGHT.</p>

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