PATIENT NAME LEON GRATTON CHI ..... CONSULTANT .....

REGULAR PRESCRIPTIONS			Times to be given	Date ⇓ and Month ⇒ 3/9	4/9	5/9											
DRUG CO-AMOXICLAV																	
Dose 625mg	Route PO	Start Date 03/09/25	08:00	X	SM	P											
Reason for Change/Stopping																	
Indication CAP	Comments IV → oral switch NEW MLH9		14:00	N	JM	P											
Prescriber's Signature Drawbridge			22:00														
DRUG																	
Dose	Route	Start Data															
Reason for Change/Stopping																	
Indication	Comments																
Prescriber's Signature																	
DRUG																	
Dose	Route	Start Date															
Reason for Change/Stopping																	
Indication	Comments																
Prescriber's Signature																	
DRUG																	
Dose	Route	Start Date															
Reason for Change/Stopping																	
Indication	Comments																
Prescriber's Signature																	
DRUG																	
Dose	Route	Start Date															
Reason for Change/Stopping																	
Indication	Comments																
Prescriber's Signature																	
DRUG																	
Dose	Route	Start Date															
Reason for Change/Stopping																	
Indication	Comments																
Prescriber's Signature																	

PATIENT NAME ..... CHI ..... CONSULTANT .....

AS REQUIRED PRESCRIPTIONS

Date	Time	Dose	Sig	Date	Time	Dose	Sig	Date	Time	Dose	Sig

DRUG SODIUM CHLORIDE 0.9%

Dose	Route	Start Date
2 - 10 ml	IV	

Indication	Frequency/Max Dose
FLUSHING CANNULA	

Reason for changing/stopping

Prescriber's Signature | Comments

DRUG SYMPTOMATIC RELIEF POLICY

Dose	Route	Start Date

Indication	Frequency/Max Dose

Reason for changing/stopping

Prescriber's Signature | Comments

DRUG SALBUTAMOL 100 micrograms

Dose	Route	Start Date
2 puffs	INH	30/08

Indication	Frequency/Max Dose
Asthma, breathlessness	4 hrs in 24 hrs

Reason for changing/stopping pMDI

Prescriber's Signature [signature] | Comments MU19 Dwe

DRUG PARACETAMOL

Dose	Route	Start Date
500 mg	PO	30/08

Indication	Frequency/Max Dose
Pyrexia	4g

Date	Time	Dose	Sig
31/8	10	500 mg	[signature]
4/8	21 00	500 mg	[signature]
1/9	0731	500mg	[signature]
2/9	20 59	500mg	[signature]
4/9	23 43	500mg	[signature]

Reason for changing/stopping Review dosed

Prescriber's Signature [signature] | Comments MU19

DRUG Aveeno cream

Dose	Route	Start Date
1 applicator	Local	30/08

Indication	Frequency/Max Dose
dry skin	3 applicators

Reason for changing/stopping

Prescriber's Signature [signature] | Comments Dwe

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
Tel: 01334 465694 Ext. 55702
http://www.nhsfife.scot.nhs.uk

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191

Our Ref: AMM/LR

Letter ID: 5669296

Date Dictated: 17/09/2024
Date Typed: 24/10/2024

Dear Dr MacLaren

Clinic Date: 17/09/2024

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Diagnosis: Atopic dermatitis

Management:
Continue 10 mg oral Methotrexate on a Tuesday
Continue Folic Acid 5 mg 6 times weekly
Emollient of choice – Aveeno or Oilatum
For topical steroids if flares

Follow Up: 3 months telephone

I had a telephone consultation with Leon today. He is doing much better and says he has been regularly getting his Methotrexate and his skin is looking great and people have been commenting on how good it is looking. He sounded really positive on the phone and I have suggested he continue with the 10 mg and encouraged him that he does need to take the Folic Acid as this is important for when on Methotrexate, and he now understands this as he had been taking it more sporadically he admits. I will make another appointment with him with either myself or a specialist Nurse in 3 months' time.

Kind regards

Yours sincerely

Dr Alexandra McMullan
Consultant Dermatologist

Authorised on 25/10/2024 15:46:18 by Dr Alexandra McMullan.

Yours sincerely

Dr Siobhan McGaw
GPS1 in Dermatology

Authorised on 18/03/2025 13:40:11 by Siobhan McGaw.

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
Tel: 01334 465694 Ext 55702
http://www.nhsfife.scot.nhs.uk

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191
Our Ref: SM/SG

Letter ID: 5863178

Dear Dr MacLaren

Clinic Date: 25/02/2025

Date: 18/03/2025

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Diagnosis:
Atopic eczema

Management:
Continue 10mg oral Methotrexate (Tuesdays)
Continue folic acid 5mg on non-methotrexate days
Continue regular and liberal use of emollient (Epaderm and Aveeno)
Dermol as soap substitute
Betnovate ointment for flares

Follow up:
3 months via telephone – sooner if any concerns

It was a pleasure to review Leon on the phone today. He reports a flare in his eczema last week which is gradually improving. This is particularly affecting his arms which became significantly red and itchy. He denies any increased heat in the skin or weeping/crusting. He is systemically well in himself. He is currently using Epaderm 3 times a day and Aveeno once daily, as well as Dermol soap substitute for the shower. He has not used any topical steroids for over a year.

I have suggested the above plan and encouraged Leon to contact us if things are not settling or he has any concerns. At which it would be preferable to see him in person to review his skin and he has requested that this be at Cupar given difficulties getting to St Andrews. I have advised him to use Betnovate ointment for flares once daily for 1-2 weeks, alternate days for 1-2 weeks and then reducing to twice weekly for 1-2 weeks before stopping. He can use this in the future for flares if required.

Kind regards.

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

KJ MacLaren

Derm UNIT/WARD/DEPT

Ward/Clir
Hosp .....
Surname
First Nam
Address
Occupatic
G.P. & Ad

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

V700828K

DATE

25/2/05

Ulv.

Dx — Atopic eczema
on MTX 10mg weekly.
Flare ~~arm~~ Atopy Equiv (TDS), Aveno (OD)

Bend for review.
All stopped overnight. (tr > 1/4)
NW eczema & body-fetter.
Symmetrically well

(P) Betnovate for flare — OD 1-2 weeks, then ↓
Cont emollient — liberal ↑↑
MTX 10mg.
If no improvement/worsening — to contact us back.
would refer tel — but if ended need consider a
appt @ Cupar.

FHB (MR) 44

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

TORY/ CONTINUATION SHEET

KJ MacLaren

Derm Reg .... UNIT/WARD/DEPT

Ward/Clinic/
Hosp .....
Surname .....
First Name .....
Address .....
Occupation .....
G.P. Address .....

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

USE BLOCK LETTERS

DATE

(50)

25/7/25

Atopic Eczema

Continue long once a week
Relic acid
Betnovate
Emollient

Slowly clearing, hair only on hand & feet.
Only mild epidermal. Advised Betnovate.

No flare up.
Blood pressure fine.

F/U F2F in Cupar > St Andrews Next.

M. Sel

FHB (MR) 44

I checked his bloods which were done in July and they were fine. I will now book him a face to face appointment as it has been a while since we saw him face to face preferably in Cupar and if not possible then in St Andrews.

Thank you.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

Authorised on 26/08/2025 16:36:32 by Dr Manu Sehrawat.

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
Tel: 01334 465694 Ext 55702
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

1703751191

CHI: 1703751191

Letter ID: 200065197

Dear Dr MacLaren

Clinic Date: 25/07/2025

Date: 11 August 2025

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic eczema

Plan:
Continue 10mg oral Methotrexate once a week
Continue with Folic acid 5mg six days and week and omit on day of Methotrexate
Continue regular and liberal use of an emollient
Dermol as a soap substitute
Betnovate ointment on active areas once daily for 2-4 weeks and then slowly wean down

Follow up:
3 months face to face preferably Cupar otherwise in St Andrews

I spoke with Leon on the telephone today. He reports that there was no flare up noticed since we spoke with his last in February. He reports that his eczema is slowly clearing up. He only has a few active lesions on his hands and feet on which he is only using emollients. I have advised him to start using Betnovate. He reported that he ran out of his prescription and therefore he will contact yourselves to get more. He will use it once daily for 2-4 weeks or until they clear and then slowly wean down. He will continue with emollients and soap substitute.

DATE

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

KJ MacLaren

Derm UNIT/WARD/DEPT

Ward/Clin
Hosp
Surname
First Name
Address
Occupation
G.P. & Ad

V700828K

Surname: Gratton
Forename: Leon
Date of Birth: 17/03/1975
CHI: 1703751191

USE BL

DATE

22/10/15

(50)s

On methotrexate for Psoriasis
1 day

~~Still short~~ Greatly better but feet still sore. Only bedroom. Not helping much

Blood in oct file.

Asked to see Mr R2R & may need a dose.

M Sch

FHB (MR) 44

Adamson Hospital
Bank Street
Cupar
Fife
KY15 4JG

Department of Dermatology
Tel: 01334 651200 Ext: 51339
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191

Letter ID: 200213851

Dear Dr MacLaren

Clinic Date: 22/10/2025

Date: 31 October 2025

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic eczema

Plan:
1. To continue Methotrexate 10mg once a week.
2. Continue Folic Acid 5mg 6-days a week and omit on day of Methotrexate.
3. Continue regular and liberal use of emollient.
4. Dermol 500 as soap substitute.
5. Continue Betnovate ointment on active areas fo 2-4 weeks and then slowly wean down.
6. Follow-up face to face appointment next available. Appointment booked 26/11/2025.

I spoke with Leon on the telephone as he received a telephone appointment this time as well.

He reports that his eczema is getting better but his feet are still sore. He is still using Betnovate which is not helping much. He reported that his hands are better. I note that he had his bloods done in October and they were all fine.

Since I have not seen him in clinic and his feet eczema is not improving, I would like to see him face to face before I consider increasing his does to 15mg. Increasing dose to 15mg will be the next plan but I would like to see his feet before I increase it. The rest of the plan will stay as above.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

Authorised on 11/11/2025 17:15:41 by Dr Manu Sehrawat.

Gratton
Leon
3 Makgill Row
Springfield
CUPAR
KY15 5SA

1703751191

HISTORY/CONTINUATION SHEET

KJ MacLaren

Ward/Clinic/
Hosp

V700828K

Surname: Gratton

Forename: Leon

Date of Birth: 17/03/1975

CHI: 1703751191

Cons.

Unit No.
Date of B.
State
Sex

USE

HOSPITALS

Perm Rep ..... UNIT/WARD/DEPT

DATE

28/11/25

Support worker

Warrin Hospital. 6 weeks ago - s/o/ due throat of Pneumonia. Restarted AT

Eczema flaring

(1) Behavioral concerns

(2) + Methotrexate 15mg once weekly

(3) RA

(4) Blood tests weekly x 8 weeks.

(5) OU work

K/U Bruntsfield

KJ MacLaren

FHB (MR) 44

Thank you.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

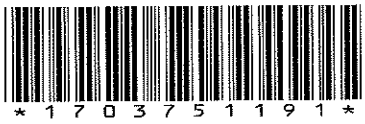
Authorised on 16/12/2025 17:03:01 by Dr Manu Sehrawat.

Adamson Hospital
Bank Street
Cupar
Fife
KY15 4JG

Department of Dermatology
Tel: 01334 651200 Ext: 51339
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN



CHI: 1703751191

Letter ID: 200274568

Dictated: 26 November 2025
Date: 15 December 2025

Dear Dr MacLaren

Clinic Date: 26/11/2025

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic dermatitis

Plan:
Increase the dose of Methotrexate to 15mg once a week.
Continue Folic Acid 5mg once daily except on the day of Methotrexate.
Continue Betnovate ointment on active rash once daily for 2-4 weeks and then slowly wean down.
QV wash as soap substitute.
Hydromol ointment as emollient.
Will need bloods twice-weekly for 4-weeks and then back to once monthly.

Follow-up:
Review in 3-4 months.

I saw Leon in the Clinic today. He was accompanied by a support worker. He reported that his skin was getting better with Methotrexate except for his feet and therefore he was given a face to face appointment today. Six-weeks ago he ended up in hospital because of pneumonia when he had his Methotrexate withheld for a few weeks. He has now restarted it back. He reported that because they had stopped his Methotrexate his eczema had flared up. At the moment he is using Betnovate ointment. He reports that Dermol 500 makes his skin more irritated therefore I asked him to stop it and would prescribe him QV wash. Because he is a big man, therefore I have increased his dose of Methotrexate to 15mg rather than 10mg once a week. I would be grateful if you could increase the dose. I have done this via e-prescription as well. He will need frequent bloods for 4-weeks and then can go back to once a month or less frequent blood tests.

I am planning to see him back in 4-months time.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Cardiology
Tel: 01592 643355 Ext 28073 -
Lisa Clews
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr Christopher Olley
Specialty Doctor in Psychiatry
Stratheden Hospital
Springfield
CUPAR
KY15 5RR

1703751191

CHI: 1703751191

ADMINISTRATIVE
LETTER

Letter ID: 3397867

Date: 12/06/2019

Dear Dr Olley

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Thank you for your enquiry about Mr Gratton.

His QT prolongation likely reflects his antipsychotic treatment and if this is required for his mental health condition I would not change this based on the ECG findings though I would take the usual precautions at dose increments and avoid concomitant therapies that could worsen this tendency.

Regarding his asymptomatic sinus tachycardia I would suggest this requires no treatment though I note obesity and deconditioning may contribute here. I would however suggest antihypertensive therapies if his blood pressure is sustained at unsatisfactory levels. Given his age group I would suggest an ACE inhibitor or angiotensin receptor blocker with appropriate monitoring of renal function with the dose titrated to achieve satisfactory levels.

Kind regards

Yours sincerely

Dr R I Cargill
Consultant Cardiologist

Authorised on 13/06/2019 17:01:35 by Dr R Cargill.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Pat-Name: Leon Grayson

.1703751191

Age: ..... M / F

..... cm/ ..... kg

..... / ..... mmHg

HR 112/min

Intervals:
RR 534 ms
P 74 ms
PR 146 ms
QRS 90 ms
QT 330 ms
QTC 452 ms

Axis:
31 °
QRS 24 °
T 64 °

P (II) 0.08 mV
S (V1) -1.28 mV
R (V5) 1.12 mV
Sokol: 2.41 mV

SINUS TACHYCARDIA

5.70

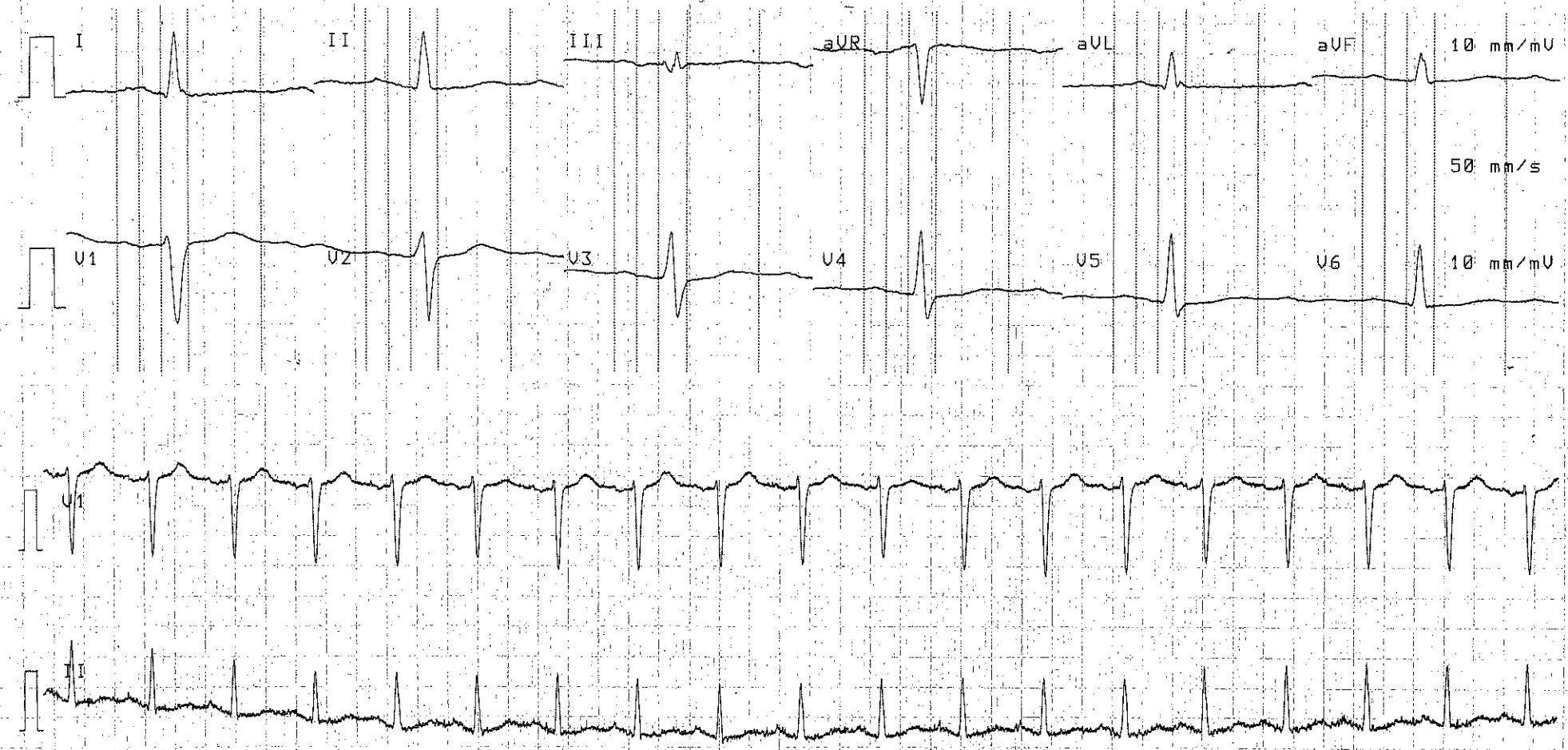
UNCONFIRMED REPORT

PLS

MILD
↑ QTC I

MILD
↑ HR

→ p RPT ECG
Mar 2019



25 mm/s 10 mm/mV F50 Tu 27-NOV-18 13:50:44 P80Six I 3E03

Pat-Name: LEON GRATTON

1703751191

Age: ..... M / F

..... cm/ ..... kg

..... / ..... mmHg

HR 104/min

Intervals:

RR	575 ms
P	110 ms
PR	136 ms
QRS	84 ms
QT	332 ms
QTC	443 ms

Axis:

P	7 °
QRS	22 °
T	64 °

P (II)	0.08 mV
S (V1)	-1.16 mV
R (V5)	1.00 mV
Sokol.	2.49 mV

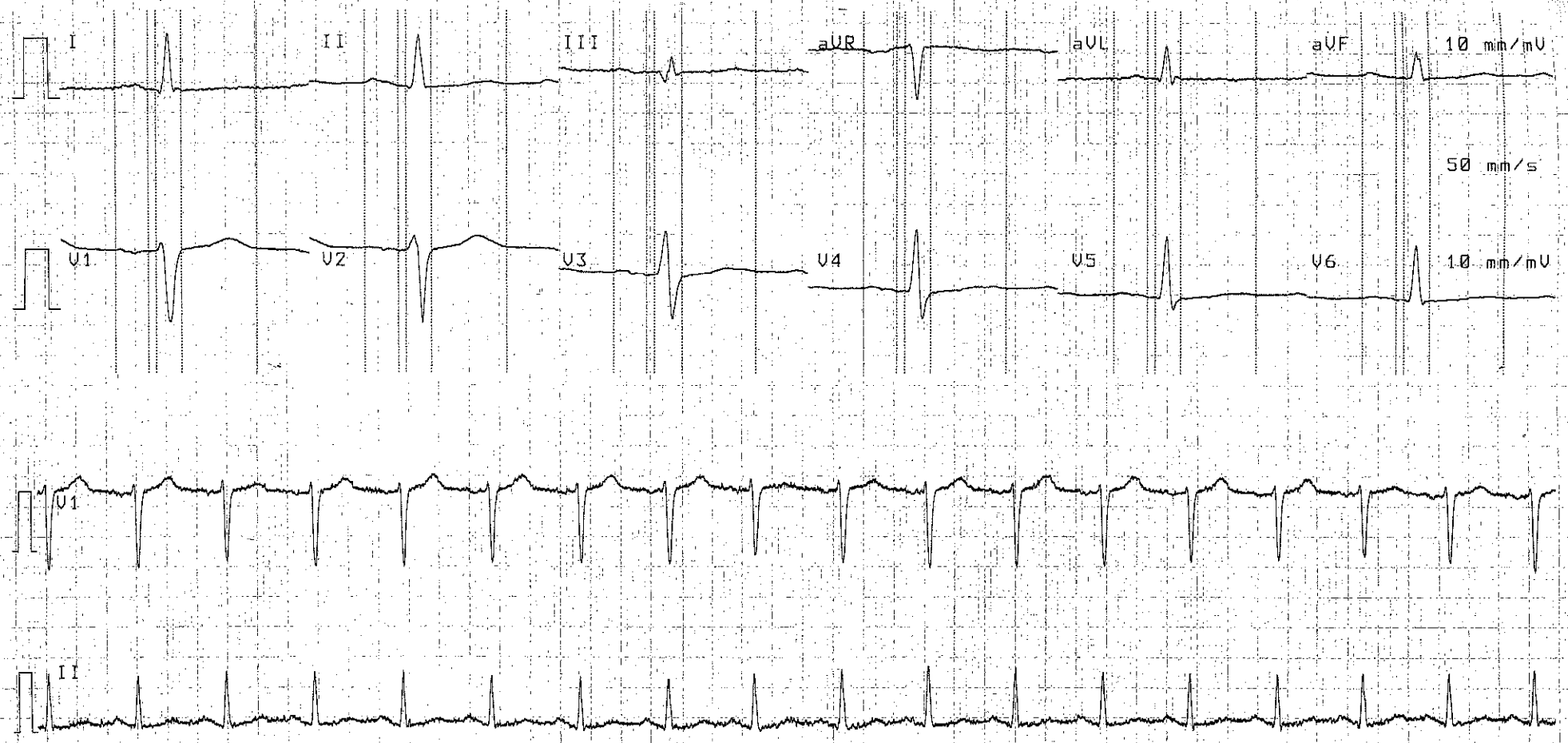
SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

5.70

UNCONFIRMED REPORT

Pls fwd

MILD TACHYCARDIA
QTCF MUCH IMPROVED
→ Repeat ECG
OD TO IX UNTIL
RECEIVE ADVICE FROM
CARDIOLOGY



25 mm/s 10 mm/mV F50 Tu 19-FEB-19 09:42:20 P80Six I 3E03

ID: CHI: 1703751191 / CRN: 1703751191
Patient Name: GRATTON, Leon
Admitted: 30 - Aug - 2025
DOB: 17 Mar 1975 (50y) **Gender:** Male

Observation Chart

NHS Fife

EWS Regime History

1 **FEWS**

Start Date: 30/08/2025 21:02 End Date:

Temperature	<=34.90 (3)	35.00-35.40 (2)	35.50-35.90 (1)	36.00-37.40 (0)	37.50-37.90 (1)	38.00-38.40 (2)	38.50+ (3)
Lying Systolic Blood Pressure	<=79 (3)	80-89 (2)	90-99 (1)	100-179 (0)	180-189 (1)	190-199 (2)	200+ (3)
Heart Rate	<=39 (3)	40-49 (1)	50-99 (0)	100-109 (1)	110-129 (2)	130+ (3)	
Respiration Rate	<=7 (3)	8-19 (0)	20-23 (1)	24-31 (2)	32+ (3)		
AVPU	Alert (0)	Verbal (1)	New Confusion (1)	Pain (2)	Unresponsive (3)		
O2 Saturation	<=84 (3)	85-89 (2)	90-94 (1)	95+ (0)			

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting

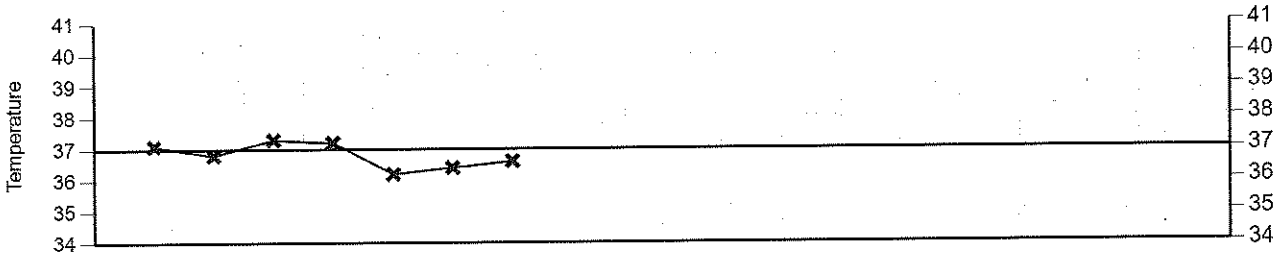
Date Printed 31/08/2025 17:38

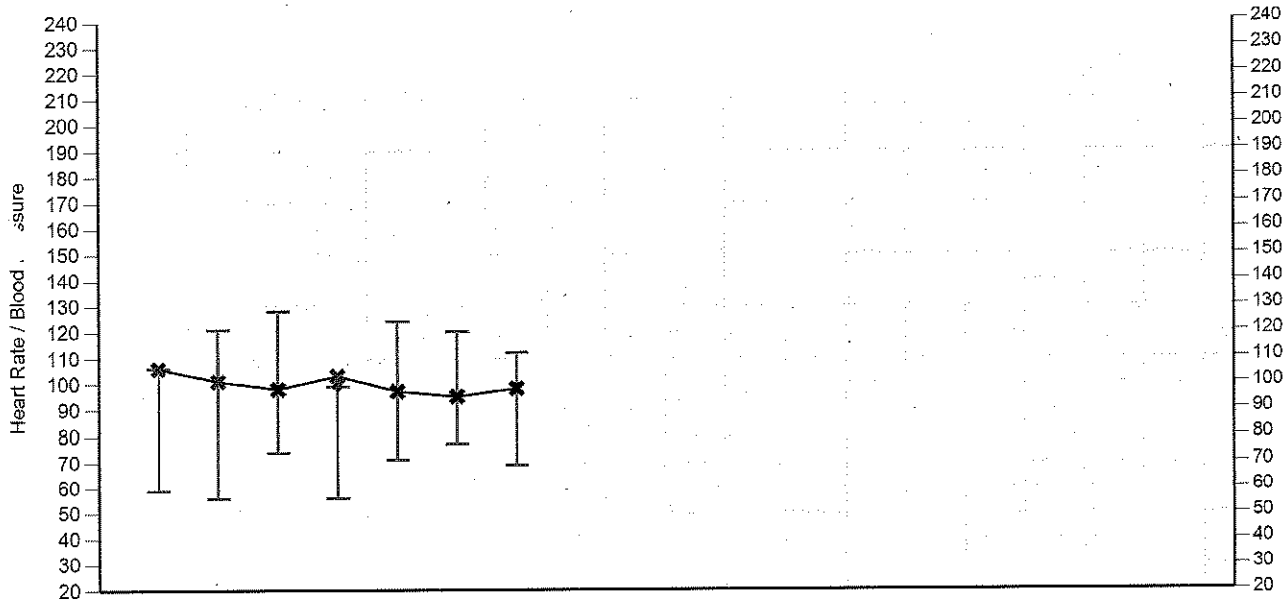
ID: CHI: 1703751191 / CRN: 1703751191
Patient Name: GRATTON, Leon
Admitted: 30 - Aug - 2025
DOB: 17 Mar 1975 (50y) **Gender:** Male

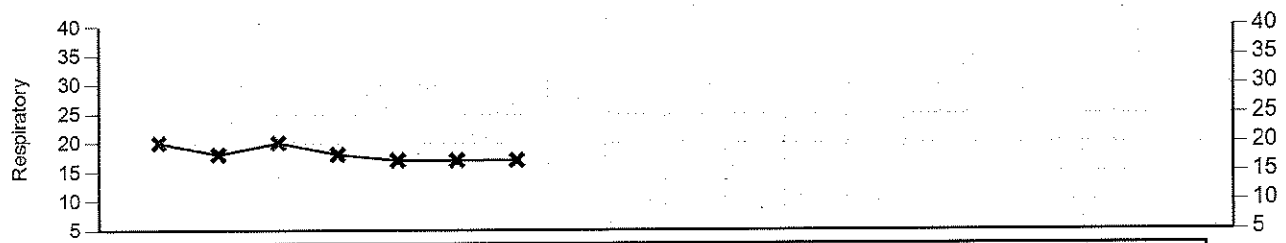
Observation Chart

NHS Fife

DATE	30/08	30/08	31/08	31/08	31/08	31/08	31/08
TIME	21:33	22:17	01:33	05:26	09:47	14:00	15:37
FEWS	3	2	1	2	1	0	1







O2 Sat	93	93	95	95	92	95	94
On 02 %	NC	NC	NC	NC	NC	No	NC
Ward			VADM1				VWD53
Temp	37.1	36.8	37.3	37.2	36.2	36.4	36.6
Pulse (p/m)	106	101	98	103	97	95	98
Lying BP	106/59	121/56	128/74	99/56	124/71	120/77	112/69
Standing BP							
Resp	20	18	20	18	17	17	17
O2 Sat	93	93	95	95	92	95	94
On 02 %	NC	NC	NC	NC	NC	No	NC
AVPU	A	A	A	A	A	A	A
Pain (Rest)							
Pain (Move)							
N/V							
Bowels							
Weight (kg)							
EWS Regime	1	1	1	1	1	1	1
Nurse	KG	LG	KG	KG	AM	AM	JS

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting

Date Printed 31/08/2025 17:38

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

FRAILTY Assessment

	30/08/2025 21:33
Recorded by	gilesk
1. Has the patient been admitted from a nursing or residential home?	No
2. Does the patient have NEW functional decline?	No
3. Dementia diagnosis or are there any concerns about memory/cognition	No
4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual?	No
5. Has the patient fallen in the past 3 months or is a fall the reason for admission?	No
6. Does the patient attempt to walk alone although unsteady or u[illegible]fe?	No
7. Does the patient or their relatives have fear or anxiety re falling?	No
FormResult	1
Ward	V Admissions Unit 1
Bed	

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025

DOB:	17 March 1975	50y
Gender:	Male	

CPE Clinical Risk Assessment

CPE CRA		
CPA Date	CPA Time	CPA By
30/08/2025	21:33	gilesk

CPE colonisation or infection at any time in the past	No
Infomation on Infection In the past 12 months	
Patient has been an inpatient outside Scotland?	No
Patient has received holiday dialysis outside Scotland?	No
Patient been close contact of someone with CPE?	No
Discussed with patient/carer and information sheet provided	
Reason and contact IPCT	
Patient Placement (single room)	
Give reason and contact IPCT	
Contact precautions in place	
[redacted]	[redacted]

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

Patient IV Summary

Line Details	Reason for insertion	Insertion Date		Colour	Inserted by		
Left ante-cubital fossa	Diagnosis	30/08/2025 09:00		Pink			
	Reviewed	Inflamation	Dressing Intact	Bioconector attached & Taped	Remain Reason	Remove Reason	Removed

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

MRSA Clinical Risk Assessment

MRSA CRA		
Screening Date	Screening Time	Screening By
30/08/2025	21:33	gilesk

MRSA CRA completed at pre-assessment.	No
Patient has history of MRSA colonisation or infection at any time in the past	No
Patient admitted from somewhere other than home e.g. another hospital, care home?	No
Patient has wound/ulcer or invasive device present before admission	No
Discussed with patient/carer and information sheet provided	
Supplied Reason if the above answer is no	
Patient placement (single room/cohort/separated) – refer to protocol	
Placement not possible as per protocol. Reason Documented	
Cohort or Separated Nursing	
Contact precautions in place	
MRSA Screening Required	No

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

Nutritional Assessment

Special Dietary Requirements?	No
Please specify:	
Special Meal Types	
Food Allergies?	
Please specify:	
Food Intolerance?	
Please specify:	
Texture Modified	
Thickened Liquids	
Renal	
Other (Please specify)	
Route of Nutritional Intake	Oral
Independant Menu Choice?	Yes
Likes dislikes form completed?	
Copy of Catering Lefleat Provided?	No
Assistance or Equipment Required?	No
Items Required?	
Other Items	
Contributing factors that may affect intake	No
Physical e.g. swallowing/oral problems	
Please specify (Physical):	
Physiological e.g. Nausea/constipation	
Please specify (Physiological):	
Psychological e.g. Dementia	
Please specify (Psychological):	
Social	
Please specify(Social):	
Environmental	
Please specify(Env):	

Recorded By gilesk on 30/08/2025 20:34

ID: CHI: 1703751191 / CRN: 1703751191
Patient Name: GRATTON, Leon
Admitted: 30 - Aug - 2025
DOB: 17 Mar 1975 (50y) **Gender:** Male

Observation Chart

NHS Fife

EWS Regime History

1 **FEWS**

Start Date: 30/08/2025 21:02 End Date:

Temperature	<=34.90 (3)	35.00-35.40 (2)	35.50-35.90 (1)	36.00-37.40 (0)	37.50-37.90 (1)	38.00-38.40 (2)	38.50+ (3)
Lying Systolic Blood Pressure	<=79 (3)	80-89 (2)	90-99 (1)	100-179 (0)	180-189 (1)	190-199 (2)	200+ (3)
Heart Rate	<=39 (3)	40-49 (1)	50-99 (0)	100-109 (1)	110-129 (2)	130+ (3)	
Respiration Rate	<=7 (3)	8-19 (0)	20-23 (1)	24-31 (2)	32+ (3)		
AVPU	Alert (0)	Verbal (1)	New Confusion (1)	Pain (2)	Unresponsive (3)		
O2 Saturation	<=84 (3)	85-89 (2)	90-94 (1)	95+ (0)			

❤ Irregular Heart Rate
✘ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting

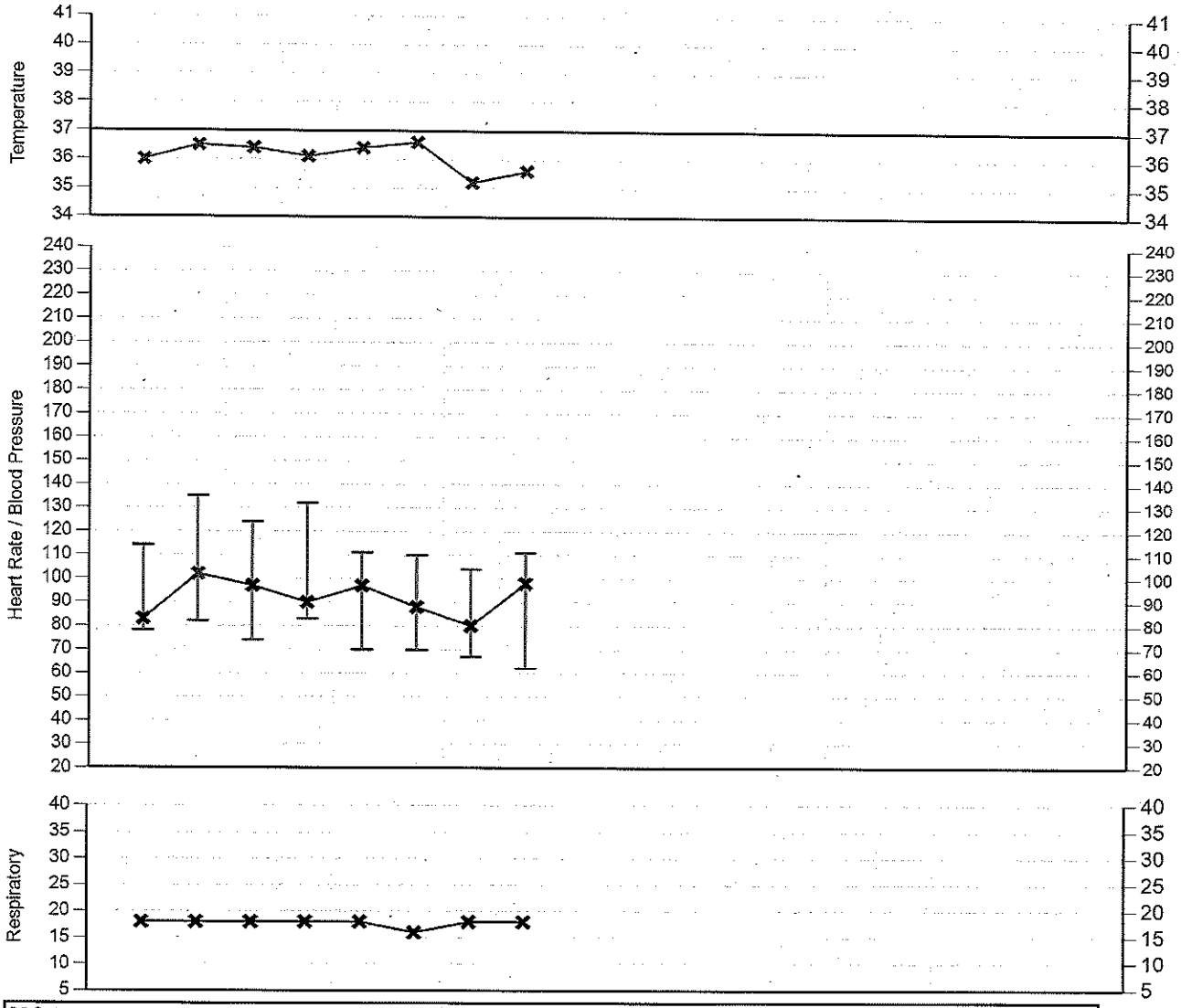
Date Printed 05/09/2025 18:51

ID: CHI: 1703751191 / CRN: 1703751191
Patient Name: GRATTON, Leon
Admitted: 30 - Aug - 2025
DOB: 17 Mar 1975 (50y) **Gender:** Male

Observation Chart

NHS Fife

DATE	03/09	03/09	03/09	04/09	04/09	04/09	05/09	05/09
TIME	05:54	13:17	21:50	05:55	13:52	21:43	05:50	13:07
FEWS	1	1	1	1	1	1	2	1



O2 Sat	90	95	93	92	94	92	95	96
On 02 %	NC	NC	NC	NC	NC	No	No	No
Ward				VWD53				
Temp	36.0	36.5	36.4	36.1	36.4	36.6	35.2	35.6
Pulse (p/m)	83	102	97	90	97	88	80	98
Lying BP	114/78	135/82	124/74	132/83	111/70	110/70	104/67	111/62
Standing BP								
Resp	18	18	18	18	18	16	18	18
O2 Sat	90	95	93	92	94	92	95	96
On 02 %	NC	NC	NC	NC	NC	No	No	No
AVPU	A	A	A	A	A	A	A	A
Pain (Rest)								
Pain (Move)								
N/V								
Bowels								
Weight (kg)								
EWS Regime	1	1	1	1	1	1	1	1
Nurse	MG	AS	CM	CM	AS	AR	GD	AS

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting

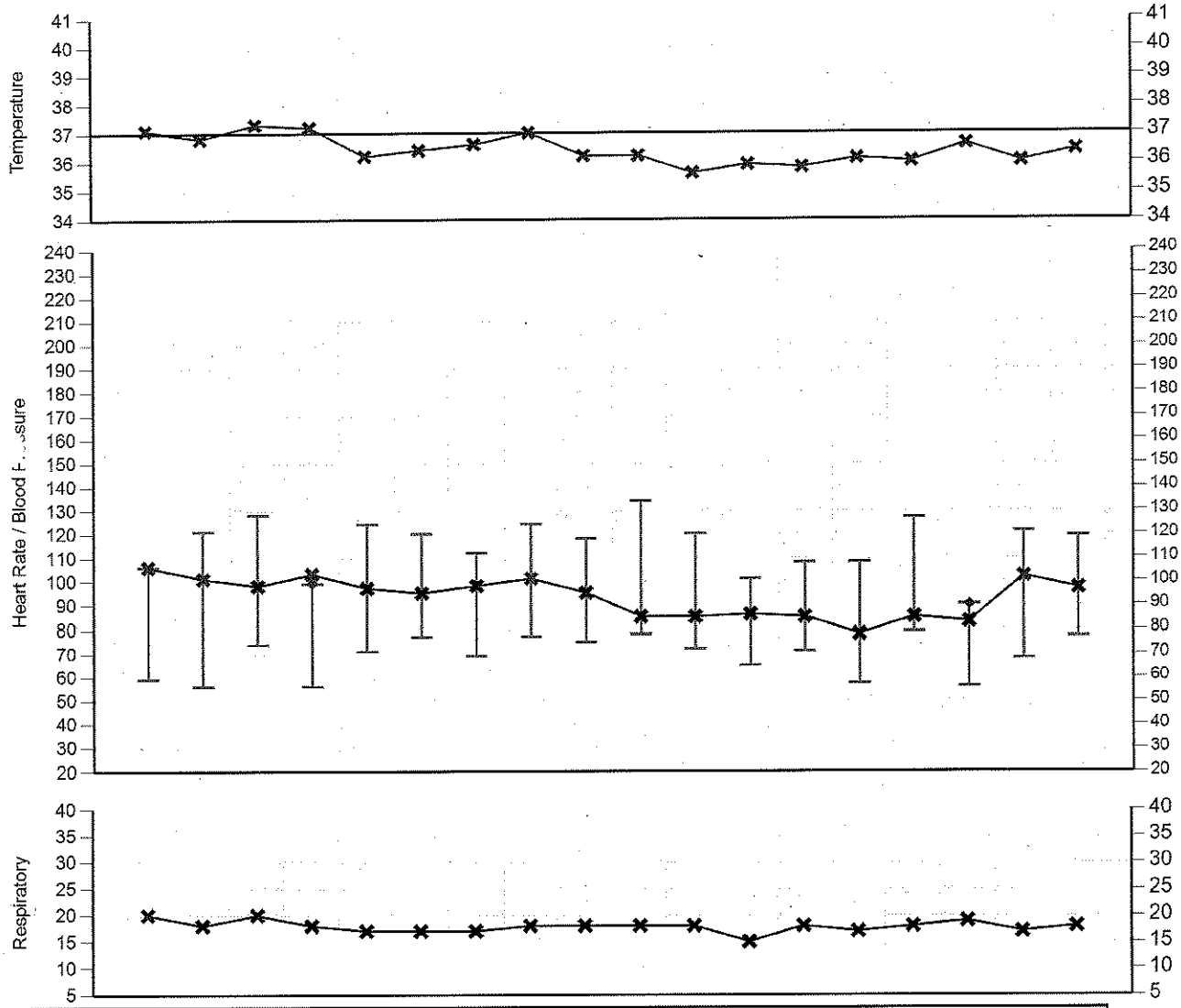
Date Printed 05/09/2025 18:51

ID: CHI: 1703751191 / CRN: 1703751191
Patient Name: GRATTON, Leon
Admitted: 30 - Aug - 2025
DOB: 17 Mar 1975 (50y) **Gender:** Male

Observation Chart

NHS Fife

DATE	30/08	30/08	31/08	31/08	31/08	31/08	31/08	31/08	31/08	01/09	01/09	01/09	01/09	01/09	01/09	02/09	02/09	02/09
TIME	21:33	22:17	01:33	05:26	09:47	14:00	15:37	18:22	21:50	01:12	05:30	09:26	13:35	17:57	21:36	05:59	13:22	21:42
FEWS	3	2	1	2	1	0	1	2	1	1	2	2	2	1	0	2	2	1



O2 Sat	93	93	95	95	92	95	94	94	92	93	91	93	94	93	95	93	91	94
On 02 %	NC	NC	NC	NC	NC	No	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	No	NC
Ward			VADM1									VWD53						
Temp	37.1	36.8	37.3	37.2	36.2	36.4	36.6	37.0	36.2	36.2	35.6	35.9	35.8	36.1	36.0	36.6	36.0	36.4
Pulse (p/m)	106	101	98	103	97	95	98	101	95	85	85	86	85	78	85	83	102	97
Lying BP	106/59	121/56	128/74	99/56	124/71	120/77	112/69	124/77	118/75	134/78	120/72	101/65	108/71	108/57	127/79	90/56	121/68	119/77
Standing BP																		
Resp	20	18	20	18	17	17	17	18	18	18	18	15	18	17	18	19	17	18
O2 Sat	93	93	95	95	92	95	94	94	92	93	91	93	94	93	95	93	91	94
On 02 %	NC	NC	NC	NC	NC	No	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	No	NC
AVPU	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Pain (Rest)																		
Pain (Move)																		
N/V																		
Bowels																		
Weight (kg)																		
EWS Regime	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Nurse	KG	LG	KG	KG	AM	AM	JS	JA	AS	AS	AS	RH	RH	RH	MH	MG	RH	MG

♥ Irregular Heart Rate
✕ Value Contributes to FEWS
A Patient Absent
▲ Value Out Of Range

0 - No Nausea or Vomiting
1 - Occasional Nausea
2 - Frequent Nausea
3 - Occasional Vomiting
4 - Frequent Vomiting

Date Printed 05/09/2025 18:51

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

FRAILTY Assessment

	30/08/2025 21:33
Recorded by	gilesk
1. Has the patient been admitted from a nursing or residential home?	No
2. Does the patient have NEW functional decline?	No
3. Dementia diagnosis or are there any concerns about memory/cognition	No
4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual?	No
5. Has the patient fallen in the past 3 months or is a fall the reason for admission?	No
6. Does the patient attempt to walk alone although unsteady or u fe?	No
7. Does the patient or their relatives have fear or anxiety re falling?	No
FormResult	1
Ward	V Admissions Unit 1
Bed	

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025

DOB:	17 March 1975	50y
Gender:	Male	

CPE Clinical Risk Assessment

CPE CRA		
CPA Date	CPA Time	CPA By
30/08/2025	21:33	gilesk

CPE colonisation or infection at any time in the past	No
Infomation on Infection In the past 12 months	
Patient has been an inpatient outside Scotland?	No
Patient has received holiday dialysis outside Scotland?	No
Patient been close contact of someone with CPE?	No
Discussed with patient/carer and information sheet provided	
Reason and contact IPCT	
Patient Placement (single room)	
Give reason and contact IPCT	
Contact precautions in place	
[illegible]	[illegible]

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

Patient IV Summary

Line Details	Reason for insertion	Insertion Date		Colour	Inserted by		
Right hand dorsum	Fluids IV	31/08/2025 11:15		Pink			
	Reviewed	Inflamation	Dressing Intact	Bioconector attached & Taped	Remain Reason	Remove Reason	Removed
	03/09/2025 13:15	No	Yes	Yes		Time expired (reached 72hr)	03/09/2025 13:15
	03/09/2025 07:33	No	Yes	Yes	In situ for less than 72 hours		
	02/09/2025 19:28	No	Yes	No	In situ for less than 72 hours		

e Details	Reason for insertion	Insertion Date		Colour	Inserted by		
Left ante-cubital fossa	Diagnosis	30/08/2025 09:00		Pink			
	Reviewed	Inflamation	Dressing Intact	Bioconector attached & Taped	Remain Reason	Remove Reason	Removed
	31/08/2025 19:43	Yes	Yes	Yes		No longer required	31/08/2025 19:44

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

FRAILTY Assessment

31/08/2025 19:43

Azucenaj

No

Ward 53 VHK

VWD53B1-Bed 1

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

FRAILTY Assessment

	05/09/2025 13:08	04/09/2025 13:52	03/09/2025 17:41	02/09/2025 19:28	01/09/2025 19:27
Recorded by	stevensonam	stevensonam	currann	grahammari	grahammari
Is the patient more confused/agitated or more sleepy or drowsy than before?	No	No	No	No	No
Ward	Ward 53 VHK	Ward 53 VHK	Ward 53 VHK	Ward 53 VHK	Ward 53 VHK
Bed	VWD53B1-Bed 1	VWD53B1-Bed 1	VWD53B1-Bed 1	VWD53B1-Bed 1	VWD53B1-Bed 1

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

MRSA Clinical Risk Assessment

MRSA CRA		
Screening Date	Screening Time	Screening By
30/08/2025	21:33	gilesk

MRSA CRA completed at pre-assessment.	No
Patient has history of MRSA colonisation or infection at any time in the past	No
Patient admitted from somewhere other than home e.g. another hospital, care home?	No
Patient has wound/ulcer or invasive device present before admission	No
Discussed with patient/carer and information sheet provided	
Supplied Reason if the above answer is no	
Patient placement (single room/cohort/separated) – refer to protocol	
Placement not possible as per protocol. Reason Documented	
Cohort or Separated Nursing	
Contact precautions in place	
MRSA Screening Required	No

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

MUST Assessment

Recorded Time	01/09/2025 08:07
By	humer
Exclusion Reason	
Weight Measurement Method	Actual
Weight (kg)	124.56
Height Measurement Method	Reported
Height (cm)	176.78
Height measured via Ulna?	False
Ulna Length (cm)	
Previous Weight Measurement Method	Reported
Amount (kg)	125
Weight Change %	-0.35
Calculated Body Mass Index	39.86
Nutritional Intake	No
Total Weight Score	0
Intake Chart in Place?	No
Risk Score	0
BMI Score	0
Total Score	0
Risk Category	L
Intake Chart In Place?	
Dietetic Referral Criteria?	

ID:	CHI: 1703751191 / CRN: 1703751191
Patient Name:	Gratton, Leon
Admitted:	30 August 2025
DOB:	17 March 1975 50y
Gender:	Male

NHS Fife

Nutritional Assessment

Special Dietary Requirements?	No
Please specify:	
Special Meal Types	
Food Allergies?	
Please specify:	
Food Intolerance?	
Please specify:	
Texture Modified	
Thickened Liquids	
Renal	
Other (Please specify)	
Route of Nutritional Intake	Oral
Independant Menu Choice?	Yes
Likes dislikes form completed?	
Copy of Catering Lefleat Provided?	No
Assistance or Equipment Required?	No
Items Required?	
Other Items	
Contributing factors that may affect intake	No
Physical e.g. swallowing/oral problems	
Please specify (Physical):	
Physiological e.g. Nausea/constipation	
Please specify (Physiological):	
Psychological e.g. Dementia	
Please specify (Psychological):	
Social	
Please specify(Social):	
Environmental	
Please specify(Env):	

Recorded By gilesk on 30/08/2025 20:34

Hospital Number: CHI: 1703751191 / CRN: 1703751191

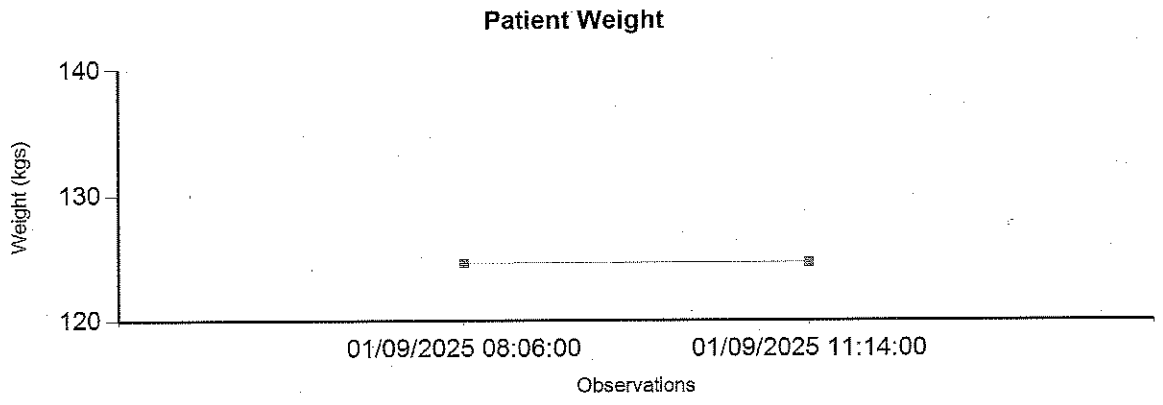
Patient Name: Gratton, Leon

Admitted: 30 August 2025

DOB: 17 March 1975 50y

Gender: Male

NHS Fife



Date	Actual Estimated	Weight (Kg)	Change
01/09/2025 08:06:00	Actual	124.56	-
01/09/2025 11:14:00	Actual	124.6	0.039999999999992

Vital Signs™ 236 166 06

Vent. rate	125	BPM
PR interval	138	ms
QRS duration	74	ms
QT/QTc-Baz	324/467	ms
P-R-T axes	31 12 58	

Patient ID: 1703751191

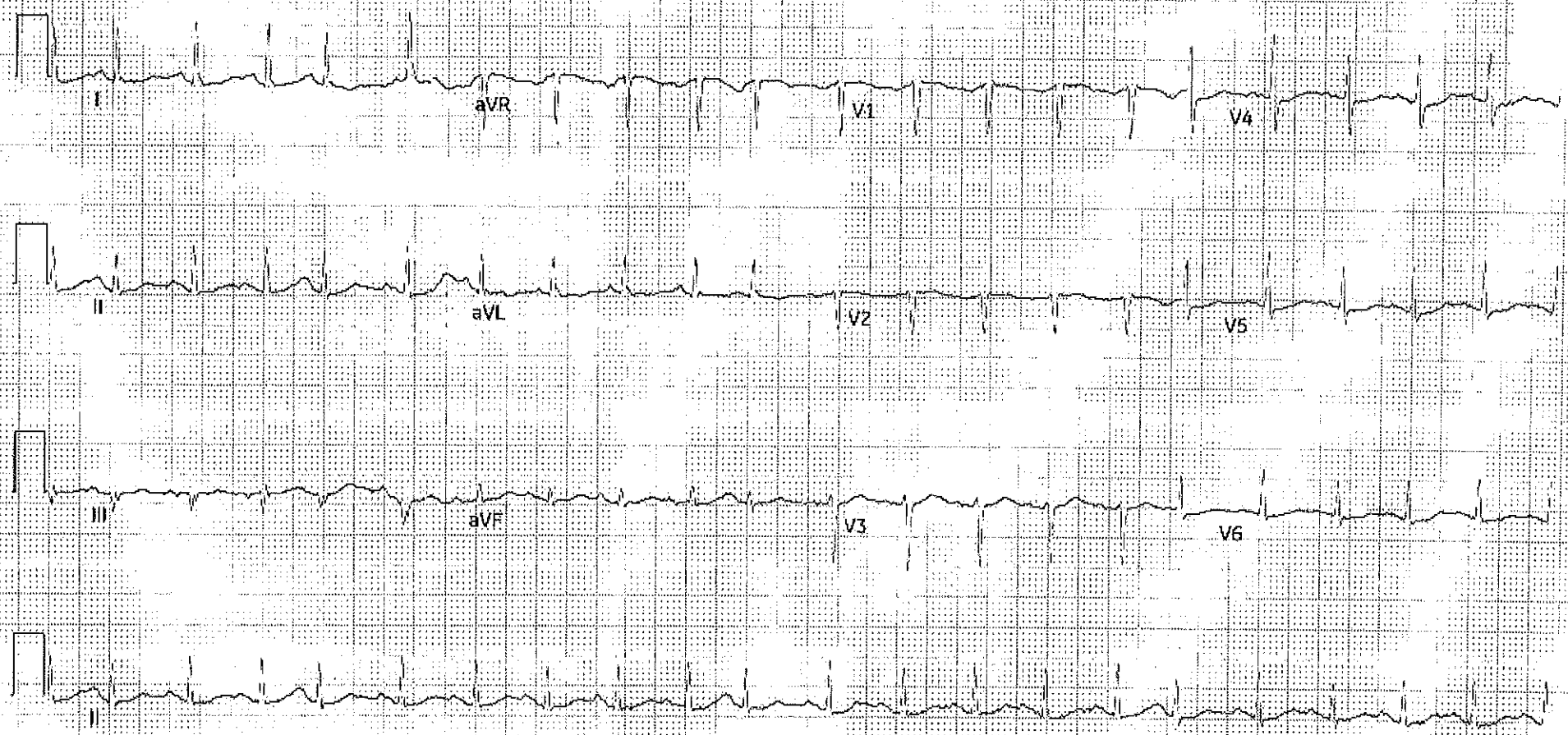
30.08.2025 08:53:34 AM

Victoria Hosp Kirkcaldy

GRATTON
LEON
17-03-1975
1703751191

Ward /Dept:

Unconfir



25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ VU360 1.02 SP06 125L 1 4 by 2.5s + 1 rhythm ld

Vital Signs™ 226 166 55

30.08.2 23:20:12
HK

Lo m:
Order Numb
Indication:
Medication 1:
Medication 2:
Medication 3:

101 bpm
-- / -- mmHg

QRS	80 ms
QT / QTcBaz	308 / 399 ms
PR	146 ms
P	120 ms
RR / PP	594 / 594 ms
P / QRS / T	30 / 44 / 81 degrees

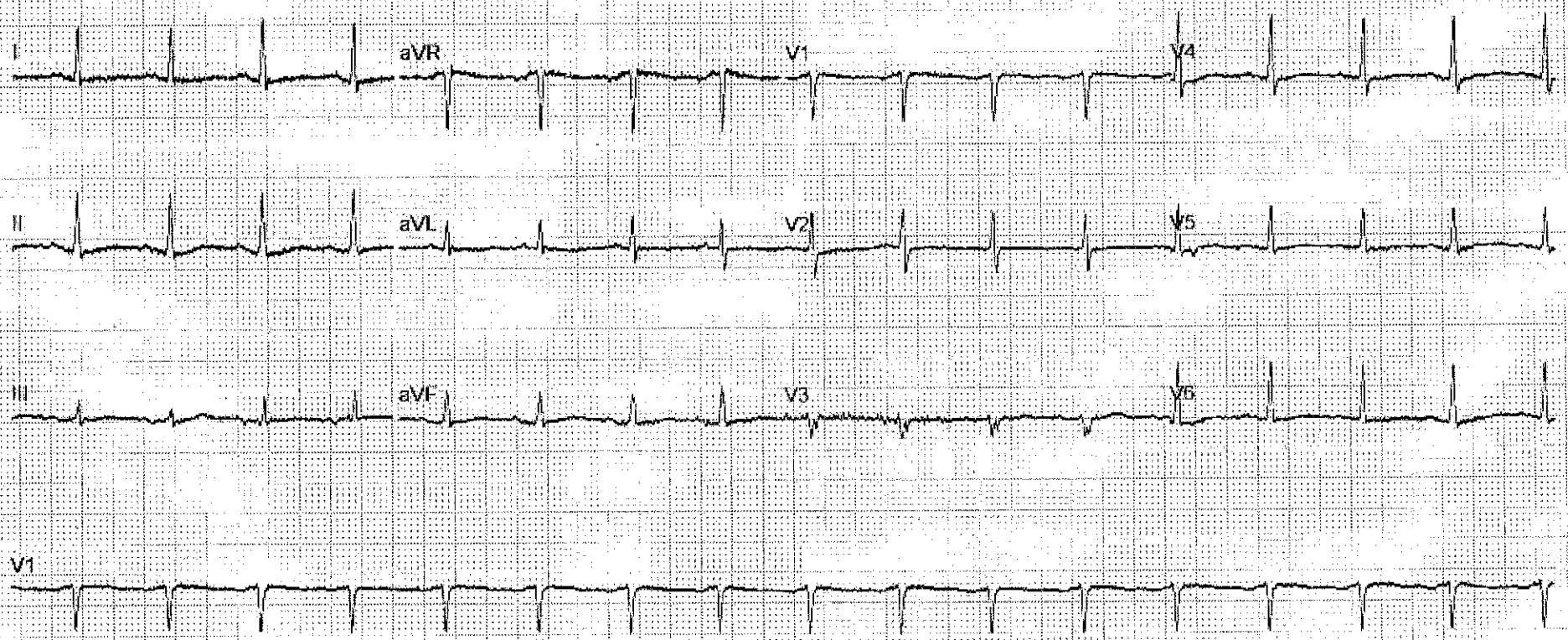
Sinus tachycardia
Possible Anterior infarct , age undetermined
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

GRATTON
LEON

17-03-1975

1703751191



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-150 Hz 50 Hz 4x2.5x3_25_R1 1/1

DAILY ADULT INTRAVENOUS/SUBCUTANEOUS FLUID PRESCRIPTION CHART

NHS Fife

GRATTON LEON 17-03-1975
1703751191
Date of Birth

Maximum of 24 hours on this chart – N.B. NOT FOR PAEDIATRICS

Date: 30/8/25 Ward: AU1 **Patient Weight:**

Maintenance Goal Today (including oral intake) 30ml/kg/24hrs

(20-25ml/kg/24hrs in frail elderly) _____

Latest U&Es/Hb checked (circle): **Yes / No**

1. Assess patient	**Hypovolaemic (reassess regularly)**		**Euvolaemic (fasting >8hrs)**	**Hypervolaemic (overloaded)**	Special cases Consult senior
2. Why give fluid?	**Resuscitation**	**Replacement**	**Maintenance**	**Restriction** _____ ml	Cardiac dysfunction / Renal / Liver failure / Obstetrics / Head Injury
3. How much? Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics	Fluid challenge 250-500ml over 5-15mins & reassess	Estimate losses in past 24 hrs. Give replacement before maintenance.	30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml	Fluid restrict. Consider diuresis. Ensure patient receives fluid goal.	***Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating**
4. Which fluid?	PlasmaLyte148 (PL148) / colloid / Blood on BTS chart	PL148 0.9%NaCl+KCl for upper GI loss	0.18%NaCl/ 4%Glucose +/- KCl * **If Na ≤132 use PL148**	Consult Senior.	

***Never give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr: RISK OF HYPONATRAEMIA**

Diabetes: for patients on intravenous insulin use 0.18%NaCl/4%Glucose/KCl

**Subcutaneous fluids– see S/C guidance

Weight (kg)	Maintenance Requirement /24hr (30ml/kg/24hrs)	Rate (ml/hr)
35-44	1200 ml	50
45-54	1500 ml	65
55-64	1800 ml	75
65-74	2100 ml	85
≥75	**2400 ml (max)**	**100 (max)**

PLEASE PRESCRIBE IN ml/hr FOR MAINTENANCE FLUIDS

Resuscitation / Replacement Fluid in this box Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

Fluid +/- Additions e.g. KCl / $MgSO_4$	Vol ml	Rate ml/hr	After this bag		Prescribed by (Sign/Print)	Date	Start Time	Given by / Checked by
PLASMALYTE	1000	75	Stop	Review	[illegible]	30/08	22:30	[illegible]
PL148	1000	100	Stop	Review	[illegible]	31/8	14:15	[illegible]
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				

Maintenance Fluid (Max 100ml/hr) includes fluid for patients receiving IV insulin or subcutaneous fluids**

			Continue / Stop	Review			
			Continue / Stop	Review			
			Continue / Stop	Review			
			Continue / Stop	Review			

The Fife Guidance for Intravenous Fluid and Electrolyte Prescribing, Guidelines for Diabetes Emergencies, **Hyponatraemia Guideline and Subcutaneous (Hypodermoclysis) Fluid Guidelines are available on Blink.

Intake Output Chart

NHS Fife

Affix Patient Label
Name: Leon Gratton
CHI:
Date of Birth:

Date: 31/8/25 **Ward:** AU **Patient weight:**

Previous Day's Intake: **Output:**

Reason for chart (use Criteria for Fluid Chart):

Maintenance Goal Today: _____ **ml**

Time	Intake					Output				
	Oral	Oral Type	Enteral	IV	IV Type	Urine	Stool / Stoma	Vomit / Aspirate	Drain / Fistulae	Blood
01:00										
02:00										
03:00										
04:00						500 500				
05:00										
06:00										
07:00				IV f 75						
08:00	DIB fast			IV f 75						
09:00				IV stopped Cannula Not working						
10:00	Juice	750								
11:00	↓	↓		Re Cannulated, IV fluids started						
12:00	Juice (Juice)	750			IV f 75					
13:00		↓		(Finished 13:45	IV f 75)	(380 pu)				
14:00			Plerman	IV 100						
Subtotal	1500					880				

Stop and Check				
	Intake (Oral/Enteral + IV) less than **500ml**?	Yes	No	If Yes to any question or if any concern **inform nurse in charge**
	Urine less than **300ml?**	Yes	No	
	Other losses more than **500ml?**	Yes	No	

Time	Oral	Oral Type	Enteral	IV	IV Type	Urine	Stool / Stoma	Vomit / Aspirate	Drain / Fistulae	Blood
15:00										
16:00	400	Milk x2								
17:00		Jug								
18:00										
00:00-18:00 Total	1900					880				
19:00										
20:00	150ml	milk				469				
21:00										
22:00						240				
23:00										
00:00										
24 hr Totals										

Total Intake		Total Output	

Codes: Nil by mouth = NBM Fasting for Procedure = FP
Passed Urine non measurable = PUNM
Break in administration = BA

Fluid Balance (Total Intake minus Total Output)

GRATTON
LEON 17-03-1975
1703751191

INTRAVENOUS/SUBCUTANEOUS FLUID PRESCRIPTION CHART

NHS Fife

Af
N
C
D

Of 24 hours on this chart – N.B. NOT FOR PAEDIATRICS

Date: 1/9/25 Ward: 53 **Patient Weight**:

Maintenance Goal Today (including oral intake) 30ml/kg/24hrs

(20-25ml/kg/24hrs in frail elderly) _____

Latest U&Es/Hb checked (circle): **Yes / No**

1. Assess patient	Hypovolaemic (reassess regularly)		Euvolaemic (fasting >8hrs)	Hypervolaemic (overloaded)	Special cases Consult senior
2. Why give fluid?	Resuscitation	Replacement	Maintenance	Restriction _____ ml	Cardiac dysfunction Renal / Liver failure
3. How much? Look at history, weight, U&Es, other fluid intake e.g. IV antibiotics	Fluid challenge 250-500ml over 5-15mins & reassess	Estimate losses in past 24 hrs. Give replacement before maintenance.	30ml/kg/24hrs Subtract other intake **Today's IV needs:** = _____ml	Fluid restrict. Consider diuresis. Ensure patient receives fluid goal.	Obstetrics Head Injury *Give 40mmol KCl/litre in maintenance unless K is ≥ 5.0 or renal function deteriorating
4. Which fluid?	PlasmaLyte148 (PL148) / colloid / Blood on BTS chart	PL148 0.9%NaCl+KCl for upper GI loss	0.18%NaCl/ 4%Glucose +/- KCl * If Na ≤132 use PL148	Consult Senior.	

Never give 0.18%NaCl/4%Glucose/KCl at over 100ml/hr: RISK OF HYPONATRAEMIA

Diabetes: for patients on intravenous insulin use 0.18%NaCl/4%Glucose/KCl

**Subcutaneous fluids– see S/C guidance

Weight (kg)	Maintenance Requirement /24hr (30ml/kg/24hrs)	Rate (ml/hr)
35-44	1200 ml	50
45-54	1500 ml	65
55-64	1800 ml	75
65-74	2100 ml	85
≥75	**2400 ml (max)**	**100 (max)**

PLEASE PRESCRIBE IN ml/hr FOR MAINTENANCE FLUIDS

Resuscitation / Replacement Fluid in this box Still hypotensive after 2000ml of resuscitation fluid? D/w with senior/ICU.

Fluid +/- Additions e.g. KCl / $MgSO_4$	Vol ml	Rate ml/hr	After this bag		Prescribed by (Sign/Print)	Date	Start Time	Given by / Checked by
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				
			Stop	Review				

Maintenance Fluid (Max 100ml/hr) includes fluid for patients receiving IV insulin or subcutaneous fluids**

			Continue					
			Stop	Review				
			Continue					
			Stop	Review				
			Continue					
			Stop	Review				
			Continue					
			Stop	Review				

The Fife Guidance for Intravenous Fluid and Electrolyte Prescribing, Guidelines for Diabetes Emergencies, **Hyponatraemia Guideline and Subcutaneous (Hypodermoclysis) Fluid Guidelines are available on Blink.

GRATTON
LEON
17-03-1975
1703751191

Intake Output Chart

NHS Fife

Date: 1/9/25 **Ward:** 53 **Patient weight:**

Previous Day's Intake: **Output:**

Reason for chart (use Criteria for Fluid Chart): IV fluids

Maintenance Goal Today: _____ ml

Time	Intake					Output				
	Oral	Oral Type	Enteral	IV	IV Type	Urine	Stool / Stoma	Vomit / Aspirate	Drain / Fistulae	Blood
01:00										
02:00										
03:00										
04:00										
05:00										
06:00										
07:00	300	water								
08:00	400	milk/juice								
09:00	100	water				PU				
10:00	200	tea								
11:00	200	milk				PU				
12:00	200	juice								
13:00										
14:00	150	juice				PU				
Subtotal	1650									

Stop and Check				
	Intake (Oral/Enteral + IV) less than **500ml**?	Yes	No	If Yes to any question or if any concern **inform nurse in charge**
	Urine less than **300ml?**	Yes	No	
	Other losses more than **500ml**?	Yes	No	

15:00						PU				
16:00	100	juice								
17:00	250	tea				PU				
18:00										
00:00-18:00 Total										
19:00										
20:00										
21:00										
22:00										
23:00										
00:00										
24 hr Totals										

Total Intake		**Total Output**	
Codes: Nil by mouth = NBM Fasting for Procedure = FP Passed Urine non measurable = PUNM Break in administration = BA		**Fluid Balance** (Total Intake minus Total Output)	

NHS FIFE BLOOD GLUCOSE MONITORING CHART

NHS Fife

For elevated blood glucose levels on insulin treatment consider dose adjustment.
For poor control on current treatment refer to Diabetes Inpatient Specialist Nurse (DISN).
See reverse for 'Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus'.

GRATTON 17-03-1975
LEON
1703751191

BLOOD GLUCOSE LEVELS SHOULD BE MONITORED

..... **TIMES DAILY (PRE-MEALS)**
(Medical staff or DISN to complete)

Meal	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	31/8/25	1/9/25	2/9	3/9	4/9	5/9								
Pre-breakfast	7.1	7.6	7.2	8.8	7.8	6.7								
Initial	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]								
Pre-lunch														
Initial														
Pre-evening meal	10.1				9.5									
Initial	[illegible]				[illegible]									
Pre-supper	14.4	8.8	8.7	13.4	9.2									
Initial	[illegible]	MG	[illegible]	[illegible]	[illegible]									

OTHER TIMES

Date														
Time														
Blood glucose														
Initial														

Developed as part of the Scottish Patient Safety Programme May 2011.

MS2793

PATIENT NAME ..... CHI ..... CONSULTANT .....

AS REQUIRED PRESCRIPTIONS

Drug	Dose	Route	Start Date	Indication	Frequency/Max Dose	Reason for changing/stopping	Prescriber's Signature	Comments
ORAMORPH 1/R	5mg	ORAL	31/8/25	PAIN	Max QDS.			
LACTULOSE ORANGE	4 sachets	PO	31/05/24					
JENNA	15mg	PO	5/09/2025	constipation	max 2 doses.			

Date	Time	Dose	Sig	Date	Time	Dose	Sig	Date	Time	Dose	Sig
31/8/25	14/5	5mg	CT	4/9	0935	5mg	M				
31/8	21⁰⁰	5mg	M								
1/9	1316	5mg	[illegible]								
1/9	1430	5mg	[illegible]								
2/9	11.12	5mg	[illegible]								
2/9	2050	5mg	[illegible]								
3/9	1320	5mg	M								
3/9	0934	5mg	[illegible]								