Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,26.5099489.W
Specimen Type	Blood
Date/Time Collected	14.08.26 / 11:29
Date/Time Received	14.08.26 / 18:39
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	17.08.26 / 15:12
Details	increasing poor memory sh...

Results

HbA1C (IFCC) - Authorised on 17.08.26 at 15:07

HbA1c (IFCC)	+	45	mmol/mol	(20-41)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,26.5099512.G
Specimen Type	Blood
Date/Time Collected	14.08.26 / 11:29
Date/Time Received	14.08.26 / 18:27
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	15.08.26 / 03:37
Details	increasing poor memory sh...

Results

Bone Profile - Authorised on 15.08.26 at 03:03

Calcium	-	2.19	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.33	mmol/L	(2.20-2.60)
Phosphate		1.00	mmol/L	(0.80-1.50)
Albumin		39	g/L	(35-50)
Alkaline Phosphatase		120	U/L	(30-130)

Urea & Electrolytes - Authorised on 15.08.26 at 03:03

Sodium		140	mmol/L	(133-146)
Potassium		4.4	mmol/L	(3.5-5.3)
Chloride	-	94	mmol/L	(95-108)
Urea		4.8	mmol/L	(2.5-7.8)
Creatinine	-	38	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 15.08.26 at 03:03

Total Bilirubin	10	umol/L	(<20)
ALT	19	U/L	(<50)
AST	24	U/L	(<40)
Alkaline Phosphatase	120	U/L	(30-130)
Albumin	39	g/L	(35-50)

Lipid profile - Authorised on 15.08.26 at 03:03

Cholesterol	4.7	mmol/L	
Triglycerides	1.0	mmol/L	(0.2-2.3)
HDL Cholesterol	1.9	mmol/L	
LDL-Cholest (calc'd)	2.3	mmol/L	
VLDL-Chol (calc'd)	0.5	mmol/L	
Chol/HDL ratio	2.5		

Thyroid funct test - Authorised on 15.08.26 at 03:34

Blood Sciences Biochemistry Report

TSH	0.53	mU/L	(0.35-5.00)
Free T4	14.9	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,26.6222870.T
Specimen Type	Blood
Date/Time Collected	14.08.26 / 11:29
Date/Time Received	14.08.26 / 18:41
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	14.08.26 / 19:02
Details	increasing poor memory sh...

Results

Full Blood Count - Authorised on 14.08.26 at 18:57

White Blood Count	+	11.1	x10^9/l	(4.0-10.0)
Red Cell Count		5.25	x10^12/l	(4.50-6.50)
Haemoglobin		160	g/l	(130-180)
Haematocrit		0.509	l/l	(0.400-0.540)
Mean Cell Volume		97.0	fl	(83.0-101.0)
MCH		30.5	pg	(27.0-32.0)
Platelet Count		266	x10^9/l	(150-410)
Neutrophils	+	8.1	x10^9/l	(2.0-7.0)
Lymphocytes		1.5	x10^9/l	(1.1-5.0)
Monocytes		1.0	x10^9/l	(0.2-1.0)
Eosinophils		0.34	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,26.5099512.G
Specimen Type	Blood
Date/Time Collected	14.08.26 / 11:29
Date/Time Received	14.08.26 / 18:27
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	15.08.26 / 03:37
Details	increasing poor memory sh...

Results

Active B12 - Authorised on 15.08.26 at 03:34

Active B12	52	pmol/L	(>25)

Comments:
Result in indeterminate range (25 - 70 pmol/L).
Consider treatment for B12 deficiency in following patient groups:
- Patients with a condition which may deteriorate quickly and have a severe effect on QoL (neurological, haematological cond'ns)
- Patients who are pregnant or breast feeding.
- Patients with a recognised cause of B12 deficiency (surgery or autoimmune gastritis).
Otherwise consider other causes of symptoms and if necessary repeat active B12 level at 3-6 months.
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 15.08.26 at 03:34

Serum Ferritin	61	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.

Serum Folate - Authorised on 15.08.26 at 03:34

Serum Folate	6.7	ug/l	(3.1-20.0)

End of Report

NE Comm Resp Team
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
11/08/2026

Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr EM McLellan

Patient Name: Henry Norwood
CHI Number: 0101506015
Referral Date: 11/08/2026

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

All referrals for the consideration of Oxygen assessments should be directed to the respiratory team at GRI/QEUH.

There is a 'letter to patient' on Portal from Respiratory dated 10/7/26 detailing the reason for a CT being ordered, and subsequently cancelled. If you are seeking to liaise with secondary care regarding the suitability of a scan as mentioned in your referral, please consider SCI referral for advice to secondary care.

Due on ongoing demand on the service the community respiratory team are not able to accept routine referrals for new patients at this time to allow us to focus on exacerbation support and hospital avoidance. If you would like to discuss this, please contact the office on 0141 800 0790. Chest. Heart and Stroke Scotland have a patient support line they can contact directly for support: https:// www.chss.org.uk/ or 0808 801 0899

Yours sincerely

Physiotherapist Nathan Benson
User ID Nathan Benson

Norwood Henry CHI: 0101506015

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory
Contact Tel: 0141 211 8405
Enquiries to: laura.mccann2@nhs.scot

Henry Norwood
248 MILLROAD DRIVE
Glasgow
Lanarkshire
G40 2NS

Letter Date: 07/08/2026
Reference: HB/LM
Dictated Date: 10/07/2026
Transcribed Date: 14/07/2026

Dear Mr Norwood,

This is a letter following on from your recent admission to hospital at Glasgow Royal Infirmary. While you were in there was a suggestion on your CT scan that there might have been a long term blood clot in one of your lungs. I have now had the opportunity to look at this at our specialist meeting with the doctors who specialise in lung CTs. They are happy that there is not any evidence of blood clots on your lungs. You therefore do not need any further scans for this or any additional treatment. If you have any questions about the above I am happy for you to contact me. Otherwise I have not arranged any further follow up.

Yours sincerely

Dr Hannah Bayes

Consultant Respiratory Physician

Electronically Signed: Dr Hannah Bayes, Consultant

cc.

Dr McLellan
Bridgeton Health Centre
201 Abercromby Street
Glasgow
City Of Glasgow
G40 2DA

Marie Curie
Marie Curie Hospice Glasgow
133 Balornock Road
Springburn
Glasgow, G21 3US

Telephone: 0141 557 7400
mariecurie.org.uk

04-Aug-2026

Dear Dr McLellan ,

Patient Name:	NORWOOD, Henry (Mr)	**DOB:**	01-Jan-1950
Patient Address:	248 Millroad Drive, Glasgow, G40 2NS		
CHI Number:	010 150 6015		

Diagnosis:
End stage COPD
Co-Morbidities:
STEMI – 2023 Diverticulitis Heart Failure
Medications:
Acetylcysteine 600mg OD **Aspirin 75mg OD** **Bisoprolol 2.5mg OD – on IDLS but states does not have this** **Dihydrocodeine 30mg prn** **Furosemide 40mg BD – does not take this** **GTN spray** **Lorazepam 0.5mg s/l** **Rosuvastatin 5mg OD** **Morphine Sulphate 1.5ml/3mg prn** **Laxido prn** **Tamsulosin 400mcg OD**

Salbutamol easyhaler
Salbutamol nebuliser 2.5mg
Trimbow inhaler 175/5/9 BD

Summary of Appointment:

Pain: intermittent pain across chest wall, upper abdomen, does sound cardiac – eased by dihydrocodeine, often accompanied by SOB. Takes 3-4 doses 30mg codeine daily

Nausea and vomiting:
No issues

Breathlessness:
Sa02 at best 94% on air, still smoking so can't have oxygen. Feels it would help, minimal cough and sputum. Manages to care for himself independently.

Eating and drinking:
reduced appetite, feels food gets stuck at times. Had normal endoscopy recently, takes ensures. Ongoing weight loss, no obvious sign of malignancy on CT scans

Mouth:
Dry mouth , no sign of thrush

Bowels and Bladder:

Gets constipated – takes laxido as needed

Mobility:

Walks unaided, limited to short distances , keen to stay independent and active,

Psychosocial/emotional:
Henry knows his disease is progressing, wishes to be resuscitated and although keen to avoid acute admissions would consider any treatment available. He has quite a busy life and has workshop nearby that he gathers and spends time with his friends.

Future Care Planning:

- **Ongoing NLC – may discharge if stable**
- **Aiming to stay out of hospital**
- **Community Respiratory Team if needed – he can self refer**
- **Rescue pack – steroids and antibiotics. – please supply**
- **PPC and PPD home, for resus at his wish**

- **Start MST 5mg BD and stop dihydrocodeine – please supply**
- **Pharmacy review to ensure he knows his medication – does not take bisoprolol or diuretics – can you kindly ask pharmacy to review him at surgery – he will be able to attend .**
- **Given list of medication today**
- **For follow up in 4 weeks**

Yours sincerely

Kate McCarthy
CNS
01415577456

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Gastroenterology
Contact Tel: 0141-201-6372
Enquiries to: pauline.kennedy5@nhs.scot
Letter Date: 15/07/2026
Reference: EF/PK
Dictated Date: 10/07/2026
Transcribed Date: 15/07/2026

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Your patient had an upper GI endoscopy having been referred with a history of dysphagia and weight loss. The description of his dysphagia was very "high" relating to his throat rather than below the sternal notch.

The upper GI endoscopy was performed without complication. It was entirely normal other than a very small hiatus hernia.

Weight loss is probably not unexpected in the context of his severe COPD. I do wonder about the appropriateness of additional investigations given his severe chronic disease and recent referral to palliative care. I haven't arranged for further gastroenterology investigations, but would suggest that further referrals and investigations be considered in the context of realistic medicine.

Yours sincerely

PROFESSOR EWAN FORREST

Consultant Hepatologist, Glasgow Royal Infirmary

Honorary Professor, College of Medical, Veterinary and Life Sciences, University of Glasgow

Electronically Signed: Professor Ewan Forrest, Consultant

cc.

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name:	**Henry NORWOOD (M)**	Address:	**248 Millroad Drive**
Date of birth:	**01/01/1950**		**Glasgow**
CHI No:	**0101506015**		**Lanarkshire**
Case note no.:	**0101506015**		**G40 2NS**

GP:	**MCLELLAN, ELAINE**	Procedure date:	**10th July 2026 (15:09)**
	Abercromby Practice	Priority:	**Elective**
	Bridgeton Health Centre	Hospital:	**STO ACH**
	201 Abercromby Street	Ward:	**(none)**
	Glasgow	Referring Cons:	**Mr David Chong**
	G40 2DA		**(General Surgery)**

Indications
Dysphagia.

Report
The procedure was completed successfully to D2.

Site c: Lower oesophagus
Hiatus hernia: sliding of length 2cm.

Diagnosis
OESOPHAGUS. Hiatus hernia.
STOMACH. Normal.
DUODENUM. Normal.

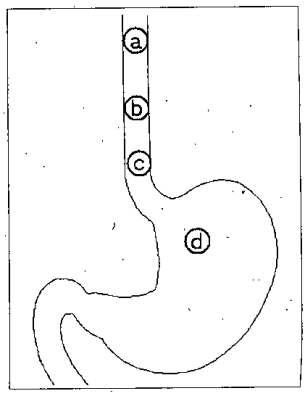
Advice/comments
Normal upper GI endoscopy. He describes 'high' dysphagia: upper GI cause unlikely.
Weight loss in context of advanced COPD is to be anticipated.

Follow up
Return to the referring Consultant.

Consultant/Endoscopist
Prof Ewan H Forrest

Instrument
SCANTRACK

Premedication
Xylocaine (Spray) 100 mg



a: *Upper oesophagus (photographed)*
b: *Middle oesophagus (photographed)*
c: *Lower oesophagus (photographed)*
d: *Upper body (photographed)*

Prof Ewan H Forrest
Consultant Gastroenterologist

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard: 0141 211 4000
Department: General Medicine
Contact Tel: 0141 451 5367
Enquiries to: Lisa.Dickson@nhs.scot
Letter Date: 17/07/2026
Reference: FM/MC
Dictated Date: 14/07/2026
Transcribed Date: 14/07/2026

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - General Medicine; Ward - GRI Ward 50-51 MR General Medicine
Consultant - Dr Frances Mcmanus; Date of Admission - 01/07/2026
Date of Discharge - 04/07/2026; Discharged to - Private Residence - no additional detail added

Follow Up: OP V/Q scan and OP Respiratory

Clinical Comments:

Mr Henry Norwood presented to GRI ED on 30/06/26 with chest pain. He has a PMH of severe COPD, inferior STEMI 2023, ITU admission with diverticular perf 2025.

Diagnosis: oesophageal spasm and ?pulmonary hypertension for further investigations.

Clinical course: admission bloods showed negative trops, hyperinflated CXR with nil acute signs, raised D-dimer 342. Nil oxygen requirement during admission. Given the raised d-dimer was started on anticoagulation while awaiting CTPA. Given strong PPI and Peptac and analgesia which improved symptoms, chest pain now resolved. CTPA results no definite acute pulmonary embolism but showed 'strands of low attenuation within the right middle lobe pulmonary arteries are most likely to represent contrast mixing rather than thrombus. A chronic web is the other possibility.' This was discussed with Respiratory who advised patient should have OP V/Q scan which has been requested on Trak and OP Respiratory follow up. He does not need anticoagulation at present. Mr Norwood is now clinically well and can be discharged home with OP follow up as above.

Medication changes: no changes to long term medications.

Follow up: OP V/Q scan requested and OP Respiratory follow up, referral letter has been sent.

Many thanks for your continued care of this patient.

Helen Butterworth FY1

.....

Final comments:

Apparently this patients images were discussed at the resp dept x ray meeting and it was felt that there was no evidence of VTE. His VQ scan was cancelled and a letter should be on its way to you and the patient

Yours sincerely,

Dr Frances McManus

Consultant Physician

Electronically Signed: Dr Frances Mcmanus, Consultant

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 06-Jul-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
01-Jul-2026 00:27	IP	04-Jul-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Mcmanus	GRI Ward 50-51 MR General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Helen Butterworth (Helen Butterworth - Foundation Year 1) on 04 Jul 2026 17:04

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Furosemide 40mg tablets	oral	1 tablet twice daily , Morning and lunch					Amended
Generic Ensure liquid	oral	1 bottle twice daily					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet twice daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-07-04	Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 27 Jun 2026		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr Henry Norwood presented to GRI ED on 30/06/2026 with chest pain. He has a PMH of Severe COPD, inferior STEMI 2023, ITU admission with diverticular perf 2025. Diagnosis: Oesophageal spasm + ?pulmonary hypertension for further Ix Clinical course: - Admission bloods showed -ve trops, hyperinflated CXR with nil acute signs, raised D-dimer 342. Nil oxygen requirement during admission. - Given the raised d-dimer was started on anticoagulation while awaiting CTPA - Given strong PPI and peptac + analgesia which improved symptoms, chest pain now resolved. - CTPA results - no definite acute pulmonary embolism but showed 'strands of low attenuation within the right middle lobe pulmonary arteries are most likely to represent contrast mixing rather than thrombus. A chronic web is the other possibility.' This was discussed with respiratory who advised pt should have OP V/Q scan which has been requested on Trak and OP respiratory follow up. He does not need anticoagulation at present. - Mr Norwood is now clinically well and can be discharged home with OP FU as above.

	Medication changes: - No changes to long term medications Follow up: - OP V/Q scan requested - OP respiratory follow up - referral letter has been sent Many thanks for your continued care of this patient. Kind regards, Ward 50-51 GRI
Discharge Comments:	
Follow Up:	Yes OP V/Q scan requested OP respiratory follow up
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Helen BUTTERWORTH

Prescription Review
Checked by: Laura MCDONALD (FY2)
Discharged by: Laura MCDONALD (FY2)

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Main Switchboard:
Department: General Medicine
Contact Tel: 0141 451 5366
Enquiries to: Lindsay.Fraser2@nhs.scot
Letter Date: 14/07/2026
Reference: AW/AS
Dictated Date: 29/06/2026
Transcribed Date: 29/06/2026

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - General Medicine; Ward - GRI Ward 50 MR Respiratory
Consultant - Dr Angela Wright; Date of Admission - 27/06/2026
Date of Discharge - 27/06/2026; Discharged to - Private Residence - living alone

Follow Up: OP palliative care referral

Clinical Comments:
Mr Norwood was admitted to Glasgow Royal Infirmary with SOB. He is well known to respiratory and has had 7 admissions in the past year. He has end stage COPD. He was given a 5 day course of pred which he can complete at home. (recent short synacthen, no adrenal insuff.) He should continue to use Oramorph/Lorazepam for SOB. We have referred to community palliative care for symptom control. He is a current smoker so is not a current candidate for LTOT.

Thank you for your ongoing care of this patient,

Matthew Kerrigan - Foundation Year 1

Final comment:

Nil to add

Yours sincerely

Dr Angela Wright

Consultant Physician

Electronically Signed: Dr Angela Wright, Consultant

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 27-Jun-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
27-Jun-2026 04:32	IP	27-Jun-2026	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Wright	GRI Ward 50 MR Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Matthew Kerrigan (Matthew Kerrigan - Foundation Year 1) on 27 Jun 2026 08:50

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Furosemide 40mg tablets	oral	1 tablet once daily					
Generic Ensure liquid	oral	1 bottle twice daily					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet twice daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 27 Jun 2026					Added
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-06-27	Amoxicillin 500mg capsules	oral	1 capsule three times daily , Fixed Period 4 Day(s) from 05 Jun 2026		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, Mr Norwood was admitted to GRI with SOB. He is well known to respiratory and has had 7 admissions in the past year. He has end stage COPD. He was given a 5 day course of pred which he can complete at home. (recent short synacthen, no adrenal insuff.) He should continue to use oramorph/lorazepam for SOB. We have referred to community palliative care for symptom control. He is a current smoker so is not a current candidate for LTOT. Thank you for your ongoing care of this patient,

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Ward 50, GRI
Discharge Comments:	
Follow Up:	Yes OP palliative care referral
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Susan WILLIAMSON

Prescription Review
Medications reviewed by pharmacist: Nigel Fan (Clinical Pharmacist)
Checked by: Shereen BAKHSH (Pharmacy technician)
Discharged by: Matthew KERRIGAN (Foundation Year 1)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7978125**	Receive Date:	**26-Jun-2026 22:28**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (76 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow G40 2NS**	Current Address:	**248 Millroad Dr Glasgow G40 2NS**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**26-Jun-2026 22:28**	Calltype:	**Direct Referral ED**
Advised:	**22:50**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
BLOOD OXGEN LEVEL BEEN DROPPING 24 HRS

NHSD details:

Received By - Triage	**Leah Brogan (Nhs 24) (Callhandler) (East Cont**
Start Time - Triage	**26-Jun-2026 22:28**
End Time -	**26-Jun-2026 22:52**

Clinical Summary -

Clinical summary created by: Leah Brogan (Nhs 24) (Callhandler) () [26/06/2026 22:28:08]
Reason for call: BLOOD OXGEN LEVEL BEEN DROPPING 24 HRS
Confirmed symptom(s): Breathing is causing concern Struggling to breathe Patient has emphysema or COPD
Symptom(s) not found: No current fever No chest pain front or back Is able to speak in their normal complete sentences
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260626T215232.026 GMT Leah Brogan (NHS 24):ADVICE TO GO Glasgow Royal Infirmary (A&E)

20260626T215151.420 GMT Anne Kennedy (NHS 24):B/G COPD // RETURN CALLER - DISCHARGED FROM HOSPITAL RECENTLY DUE TO LOW SATS // SOB - UNABLE TO SPEAK IN FULL SENTENCES - NOSTRELS FLARING - USING ACCESSORIES - AUDIBLE WHEEZE - O2 SATS BETWEEN 81% - 88% - TARGET SATS ARE 90% - DECLINED SAS - A+E ASAP Outcome: Pt advised to go to A&E

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Breathing

  Keyword selected
  [X] Breathing

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Safety Questions Protocol - Adult 5

  Algorithm: Safety Questions Protocol Adult 5

  Does the patient have pain in their chest, either front or back?
  --NO

  Does the patient have any of the following symptoms (Select one)?
  [X] Breathing is causing concern

  Is the patient able to speak in their normal complete sentences?
  --YES

Algorithm: Protocols Used

Guideline used
[X] Breathing 17

Algorithm: Breathing 17

Select the additional marker that defines the callers complaint: (Select one)
[X] Struggling to breathe

Does the patient have emphysema or COPD?
--YES

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Breathing 17

Disposition Accident & Emergency as soon as possible / 1 Hour

---

Followups:
None

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Pat Togher

Glasgow City Health and Social Care Partnership
Community Respiratory Team
Woodside Health & Care Centre
891 Garscube Road
Glasgow
G20 7ER

Tel: 0141 800 0790

www.glasgow.gov.uk
www.nhsggc.org.uk

18th June 2026

Private & Confidential
Dr McLellan
Abercromby Practice
Bridgeton Heath Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr McLellan

NOTIFICATION OF DISCHARGE FROM THE COMMUNITY **RESPIRATORY TEAM**

Patient Name: Henry Norwood Patient CHI: 0101506015

This patient was referred into the Community Respiratory Team following a recent hospital admission. He has been supported by nursing, physiotherapy, pharmacy and occupational therapy staff.

His inhaler technique has been reviewed and education provided, including encouragement to use twice daily as prescribed. We have supported with breathing techniques, chest clearance and pacing, as well as a home exercise programme and stairs practice. He was also reviewed by our Occupational Therapist, and is in the process of applying for a house move.

Whilst his COPD symptoms remain stable at present, with Sp02 of 93%, he continues to experience lower limb oedema - not currently worsening - and we have encouraged him to contact the GP surgery for review. His blood pressure was 135/73 at his last visit.

Mr Norwood feels he is managing well with pacing strategies and has met his goals to get back to his workshop. He no longer requires input form the Community Respiratory Team, and is aware of the self-referral process.

Should you require further information please contact the Community Respiratory Team on 0141 800 0790.

Yours sincerely

NHS Greater Glasgow and Clyde

Glasgow City Council

pp Laura Hilditch

Kate Pearson
Respiratory Physiotherapist
Community Respiratory Team

NHS
Greater Glasgow and Clyde

Glasgow CITY COUNCIL

Pat Togher
Chief Officer

Our Ref: NERS
Your Ref:
Date: 09/06/2026

PRIVATE & CONFIDENTIAL

Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Community Rehabilitation
Petershill Park Business Centre
28-30 Adamswell Street
Springburn
Glasgow
G21 4DD
201 5950 EXT: 35950
www.nhsggc.org.uk

Dear Dr McLellan

The Community Rehabilitation Service has received a referral for **Henry Norwood CHI No: 0101506015**. However, the referral has not met the service inclusion criteria, due to the following reason (s):

- **Patient is currently active with another service, please redirect this referral toCommunity Respiritory Team**

This referral has not been accepted by North East Rehab Service (NERS) as already open to community respiratory team and due to see their physiotherapist tomorrow.

If you require further information or advice, please do not hesitate to contact us.

Yours sincerely
Duty Team
Authorised on 09/06/2026 14:05:26 by Typist Susan Dalgleish, not verified by Alan Craig.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Ross PATON, 07-Jul-2026 13:24
FDL as per IDL

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 05-Jun-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
31-May-2026 12:46	IP	05-Jun-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Paton	GRI Ward 11 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Calum Urquhart (Calum Urquhart - CT1 Anaesthetics) on 05 Jun 2026 11:04

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Amoxicillin 500mg capsules	oral	1 capsule three times daily , Fixed Period 4 Day(s) from 05 Jun 2026	Yes				Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Furosemide 40mg tablets	oral	1 tablet once daily	Yes				Added
Generic Ensure liquid	oral	1 bottle twice daily					Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet twice daily	Yes				Added
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required , PLEASE SUPPLY 21 TABLETS PLEASE					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-06-05	Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily		Medication intolerance Hypotension
2026-06-05	Morphine 5mg modified-release tablets	oral	1 tablet twice daily , Brand: MST		Stopped before admission
2026-06-02	Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS		Stopped before admission
2026-06-02	Oseltamivir 75mg capsules (Tamiflu (Roche Products Ltd))	oral	1 capsule twice daily , Fixed Period 10 Day(s) from 01 May 2026		Course completed
2026-06-02	Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 4 Day(s) from 07 May 2026		Course completed
2026-06-05	Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required		Course completed

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-06-05	Sodium chloride 0.9% neb liq 2.5ml unit dose ampoules	inhalation	2.5 mL four times daily		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 76-year-old man was admitted on 31/5/26 with shortness of breath and ankle swelling. An ECG showed inferolateral ST elevation however Mr Norwood had no chest pain and had a negative troponin. He was discussed with the cardiology team who were not concerned about the prospect of ACS or myocarditis, and felt that his presentation was in keeping with heart failure. He had a Doppler ultrasound of his left lower limb which showed no DVT. Mr Norwood was diuresed adequately and his ankle swelling improved. An echo showed normal LV and RV function, with mild MR. During his admission, he had a CT CAP due to weight loss. This showed a new focus of consolidation in the right upper lobe. He was treated with a course of amoxicillin and will be followed up with an interval CT as an outpatient. Mr Norwood remained breathless during his admission, though was able to mobilise around the ward. He reported feeling that his breathlessness is episodic and coincides with a feeling of panicking or anxiety. He has been advised to trial 0.5mg oral lorazepam for these episodes and will be followed up by the community respiratory team. He was discharged on 5/6/26 with a new OD POC and stair-climber. Yours sincerely, Calum Urquhart ACCS1 Ward 11
Discharge Comments:	
Follow Up:	Yes Has community respiratory team follow-up on Monday
Results Awaited:	Yes Outpatient interval CT chest to assess resolution of consolidation
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Yours sincerely,

Calum URQUHART

Prescription Review
Medications reviewed by pharmacist: Taranjit Mahay (Pharmacist)
Checked by: Rebecca JERRETT (Pharmacy Technician)
Discharged by: Cheryl HENDERSON (Staff Nurse)

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 05-Jun-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
31-May-2026 12:46	IP	05-Jun-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Paton	GRI Ward 11 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Calum Urquhart (Calum Urquhart - CT1 Anaesthetics) on 05 Jun 2026 11:04

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Amoxicillin 500mg capsules	oral	1 capsule three times daily , Fixed Period 4 Day(s) from 05 Jun 2026	Yes				Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Furosemide 40mg tablets	oral	1 tablet once daily	Yes				Added
Generic Ensure liquid	oral	1 bottle twice daily					Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet twice daily	Yes				Added
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required , PLEASE SUPPLY 21 TABLETS PLEASE					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-06-05	Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily		Medication intolerance Hypotension
2026-06-05	Morphine 5mg modified-release tablets	oral	1 tablet twice daily , Brand: MST		Stopped before admission
2026-06-02	Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS		Stopped before admission
2026-06-02	Oseltamivir 75mg capsules (Tamiflu (Roche Products Ltd))	oral	1 capsule twice daily , Fixed Period 10 Day(s) from 01 May 2026		Course completed
2026-06-02	Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 4 Day(s) from 07 May 2026		Course completed
2026-06-05	Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required		Course completed

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-06-05	Sodium chloride 0.9% neb liq 2.5ml unit dose ampoules	inhalation	2.5 mL four times daily		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, This 76-year-old man was admitted on 31/5/26 with shortness of breath and ankle swelling. An ECG showed inferolateral ST elevation however Mr Norwood had no chest pain and had a negative troponin. He was discussed with the cardiology team who were not concerned about the prospect of ACS or myocarditis, and felt that his presentation was in keeping with heart failure. He had a Doppler ultrasound of his left lower limb which showed no DVT. Mr Norwood was diuresed adequately and his ankle swelling improved. An echo showed normal LV and RV function, with mild MR. During his admission, he had a CT CAP due to weight loss. This showed a new focus of consolidation in the right upper lobe. He was treated with a course of amoxicillin and will be followed up with an interval CT as an outpatient. Mr Norwood remained breathless during his admission, though was able to mobilise around the ward. He reported feeling that his breathlessness is episodic and coincides with a feeling of panicking or anxiety. He has been advised to trial 0.5mg oral lorazepam for these episodes and will be followed up by the community respiratory team. He was discharged on 5/6/26 with a new OD POC and stair-climber. Yours sincerely, Calum Urquhart ACCS1 Ward 11
Discharge Comments:	
Follow Up:	Yes Has community respiratory team follow-up on Monday
Results Awaited:	Yes Outpatient interval CT chest to assess resolution of consolidation
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Yours sincerely,

Calum URQUHART

Prescription Review
Medications reviewed by pharmacist: Taranjit Mahay (Pharmacist)
Checked by: Rebecca JERRETT (Pharmacy Technician)
Discharged by: Cheryl HENDERSON (Staff Nurse)

Acute Services Division

Diagnostics Directorate

Ultrasound Scanning
(Ground Floor QEB, 16 Alexandra Parade)
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Dr Paul Hoy (Locum)
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Tel: 0141 242 9720
Date: 02-Jul-2026
CHI No: 0101506015
Hosp Ref: G107H
Page No: **Page 1 of 1**

Dear Dr Paul Hoy (Locum),

The following radiology request has been **RETURNED** for the reason below.

Patient: Mr Henry Norwood
Date of birth: 01-Jan-1950
CHI No: 0101506015
Date of Request: 02-Jul-2026

Examination(s) Requested: US Abdomen

Reason for Returning
mass likely to be bowel, US not teh imaging modality for bowel. Recent CT report availablbe on system. refer to secondary care for further imaging.

In many cases additional information is all that is required. Can you please therefore review this patient and either submit another referral form, giving additional information or contact a Consultant Radiologist for guidance.

Yours sincerely

Diagnostics Administrator

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7952906**	Receive Date:	**29-May-2026 13:16**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (76 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow** **G40 2NS**	Current Address:	**248 Millroad Dr Glasgow** **G40 2NS**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Routine**	Call Origin:	
Received:	**29-May-2026 13:16**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**13:34**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
ANKLES SWOLEN - 2 DAYS

NHSD details:

Received By - Triage	**Wouter Motmans (Nhs 24) (Callhandler) (Dundee**
Start Time - Triage	**29-May-2026 13:16**
End Time -	**29-May-2026 13:35**

Clinical Summary -

Clinical summary created by: Wouter Motmans (Nhs 24) (Callhandler) () [29/05/2026 13:16:57]
Reason for call: ANKLES SWOLEN - 2 DAYS
Confirmed symptom(s): Ankle problem, no injury Swelling
Symptom(s) not found: No current fever
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260529T123535.002 GMT Wendy Russell (NHS 24):BOTH ANKLES AND FEET SWOLLEN FOR 2 DAYS. ANKLES FEEL TIGHT. CSM

INTACT. OUTCOME - GP36 Outcome: Pt advised to contact practice within 36 Hrs - For Information Only

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Ankle

  Keyword selected
  [X] Ankle

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Initial Assessment

  Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Ankle 6

  Algorithm: Ankle 6

  Select the descriptor that best defines caller's complaint: (Select one)
  [X] No Injury

  Do you have diabetes?
  --NO

Select the descriptor of the keyword that defines caller complaint: (Select one)
[X] Swelling

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Ankle 6

Disposition Contact GP Practice within 36 Hours (next day appt.)

Followups:
None

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 28/05/2026
Reference:
Dictated Date: 28/05/2026
Transcribed Date:

Dear ,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Advised by nhs 24 to attend ED. DNA. contacted patient who advised symptoms had improved. talking in sentences during call. patient removed from expects list.

Electronically Signed: ,

cc.

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7951146**	Receive Date:	**26-May-2026 14:13**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (76 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow**	Current Address:	**100**
			Tobago Street
	G40 2NS		**G40 2RH**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**26-May-2026 14:13**	Calltype:	**Direct Referral ED**
Advised:	**14:43**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
BREATHLESSNESS - 2/3 DAYS

NHSD details:

Received By - Triage	**Alice Bell (Nhs 24) (Clinicalsupervisor) (Aur**
Start Time - Triage	**26-May-2026 14:13**
End Time -	**26-May-2026 14:44**

Clinical Summary -

Clinical summary created by: Alice Bell (Nhs 24) (Clinicalsupervisor) () [26/05/2026 14:13:00]
Reason for call: BREATHLESSNESS - 2/3 DAYS
Confirmed symptom(s): Breathing is causing concern Struggling to breathe Patient has emphysema or COPD
Symptom(s) not found: No current fever No chest pain front or back Is able to speak in their normal complete sentences
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260526T134259.322 GMT Alice Bell (NHS 24):BREATHLESS FOR 2 DAYS, WORSE TODAY, ABLE TO SPEAK IN SENTENCES BUT SPO2

83% (NORMALLY 88-90%) USING WHOLE BODY TO BREATHE, TIGHTNESS IN CHEST CONSTANTLY, INITALLY ADVISED 999 BUT PATINT ABLE TO GET TRANSPORT ASAP AND HOSPITAL WITHIN 2 MILES , ENDPOINT A+E ASAP Outcome: Pt advised to go to A&E

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Breathing

  Keyword selected
  [X] Breathing

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Safety Questions Protocol - Adult 5

  Algorithm: Safety Questions Protocol Adult 5

  Does the patient have pain in their chest, either front or back?
  --NO

  Does the patient have any of the following symptoms (Select one)?
  [X] Breathing is causing concern

  Is the patient able to speak in their normal complete sentences?
  --YES

Algorithm: Protocols Used

Guideline used
[X] Breathing 17

Algorithm: Breathing 17

Select the additional marker that defines the callers complaint: (Select one)
[X] Struggling to breathe

Does the patient have emphysema or COPD?
--YES

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Breathing 17

Disposition Accident & Emergency as soon as possible / 1 Hour

---

Followups:
None

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Respiratory Department
0141 451 5358
ruth.scoular@nhs.scot
25/05/2026
JM/RS
21/05/2026
21/05/2026

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Respiratory Medicine; Ward - GRI Ward 24 Respiratory
Consultant - Dr John Maclay; Date of Admission - 06/05/2026
Date of Discharge - 10/05/2026; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Immediate Discharge Letter:

Dear Colleague,

Pt a/w SOB and wheeze

BG - COPD / IHD (NSTEMI and STEMI in 2023) / Asthma / Bowel Perf / Sigmoid Diverticulitis

Pt tx as COPD exacerbation and also Flu A positive. Tx with nebs / steroids and Tamiflu

Pt had high sx burden on admission requiring Oramorph and Lorazepam for anxiety and breathlessness.

Pt CFFD and sent home

Yours sincerely,

Hamza HUSSAIN

Ward 24 Team

Glasgow Royal infirmary

Final Discharge Letter:

Nil to add to IDL.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 10-May-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
06-May-2026 13:18	IP	08-May-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Maclay	GRI Ward 24 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Raven Selvakumar (8001467 - aug23 fy1) on 08 May 2026 14:54

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required , PLEASE SUPPLY 21 TABLETS PLEASE					Amended
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS					
Oseltamivir 75mg capsules (Tamiflu (Roche Products Ltd))	oral	1 capsule twice daily , Fixed Period 10 Day(s) from 01 May 2026					
Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 4 Day(s) from 07 May 2026					Added
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
(Easyhaler (salbutamol) (DE Pharmaceuticals))							
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					
Sodium chloride 0.9% neb liq 2.5ml unit dose ampoules	inhalation	2.5 mL four times daily					Added
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
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Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague , Pt a/w SOB and wheeze BG - COPD / IHD (NSTEMI and STEMI in 2023) / Asthma / Bowel Perf / Sigmoid Diverticulitis

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Pt tx as COPD exacerbation and also Flu A positive. Tx with nebs / steroids and Tamiflu Pt had high sx burden on admission requiring Oramorph and Lorazepam for anxiety and breathlessness. Pt CFFD and sent home Sincerely , Ward 24 Team Glasgow Royal infirmary
Discharge Comments:	
Follow Up:	Yes - OP Dr Cotton Clinic
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Hamza HUSSAIN

Prescription Review
Medications reviewed by pharmacist: Talal Hussein (Pharmacist)
Checked by: Shereen BAKHSH (Pharmacy technician)
Discharged by: Hamza HUSSAIN (Medical Bank Doctor)

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Grace MURPHY, 20-Jul-2026 13:25
FINAL DISCHARGE COMMENTS
I did not meet this patient during admission. IP notes reviewed and IDL appears appropriate.
Yours sincerely
Dr Grace Murphy, Consultant Physician

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 04-May-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
29-Apr-2026 15:16	IP	04-May-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Murphy	GRI Ward 7-16 Respiratory-General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Aoife O'Neill (Aoife ONeill - FY2) on 03 May 2026 14:43

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	Yes				
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.	Yes				
Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS					
Oseltamivir 75mg capsules (Tamiflu (Roche Products Ltd))	oral	1 capsule twice daily , Fixed Period 10 Day(s) from 01 May 2026					Added Amended
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
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Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, GP follow-up: Nil Mr Norwood was a/w SOB/wheeze on 29/04/2026. BG: COPD, NSTEMI, IHD, T2DM. Lives alone with chronic pain. Issue: 1. IECOPD: Influenza A: +ve, for oseltamivir, and managed with doxy/pred/salbutamol nebs.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	He is now medically fit and physically fit after PT/OT, for discharge. Many Thanks, GRI Ward 7/16
Discharge Comments:	
Follow Up:	No /
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Pak Hang KWOK

Prescription Review
Medications reviewed by pharmacist: Caroline Thomson (Pharmacist)
Checked by: Jayne GRIBBEN (Senior Pharmacy Technician)
Discharged by: Pak Hang KWOK (FY2)

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 04-May-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
29-Apr-2026 15:16	IP	04-May-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Murphy	GRI Ward 7-16 Respiratory-General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Aoife O'Neill (Aoife ONeill - FY2) on 03 May 2026 14:43

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	Yes				
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.	Yes				
Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS					
Oseltamivir 75mg capsules (Tamiflu (Roche Products Ltd))	oral	1 capsule twice daily , Fixed Period 10 Day(s) from 01 May 2026					Added Amended
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, GP follow-up: Nil Mr Norwood was a/w SOB/wheeze on 29/04/2026. BG: COPD, NSTEMI, IHD, T2DM. Lives alone with chronic pain. Issue: 1. IECOPD: Influenza A: +ve, for oseltamivir, and managed with doxy/pred/salbutamol nebs.

	He is now medically fit and physically fit after PT/OT, for discharge. Many Thanks, GRI Ward 7/16
Discharge Comments:	
Follow Up:	No /
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Pak Hang KWOK

Prescription Review
Medications reviewed by pharmacist: Caroline Thomson (Pharmacist)
Checked by: Jayne GRIBBEN (Senior Pharmacy Technician)
Discharged by: Pak Hang KWOK (FY2)

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory
Contact Tel: 0141 211 8403
Enquiries to: Jennifer Glasgow
Letter Date: 29/04/2026
Reference: MC/JG
Dictated Date: 27/04/2026
Transcribed Date: 28/04/2026

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

I reviewed this 76 year old man with cough and breathlessness. He reports being breathless on walking any distance, and struggles with house work, he would be MRC grade 4/5. He reports no sleep disturbance or nocturnal dyspnoea. His cough is predominantly non productive, no clear precipitant, no clear diurnal pattern. He reports no upper airways symptoms, no reflux symptoms. He does report wheeze.

He has a pet cat, he has previously worked as a welder, a joiner and spray painter, and is a current smoker (stopped 1 week ago). Spirometry shows stage 4 COPD.

CT scan has previously shown cavitating pulmonary nodule that is thought to be inflammatory. Aspergillus serology was weakly positive with IgG of 74. This has declined.

I have requested updated aspergillus serology, and given his now non-smoking status he may be a candidate for long term macrolide therapy, volume reduction therapy or oxygen therapy. I have requested ambulatory oxygen assessment, CT scan to assess whether he may be a candidate for volume reduction therapy and updated full PFTs. I will follow him up in 3 months to see if he has remained off cigarettes.

Yours sincerely

Dr Mark Cotton

Consultant Respiratory Physician

Electronically Signed: Dr Mark Cotton, Consultant

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

Elaine McLellanAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 27-Apr-2026

Dear Elaine McLellan,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
22-Apr-2026 15:53	IP	27-Apr-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Rooney	GRI Ward 24 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Cristian Moyano-Stevens (Cristian Moyano-Stevens - Doctor - FY1) on 24 Apr 2026 11:03

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily	Yes				Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Lorazepam 1mg tablets	oral	0.5 tablets every eight hours when required	Yes				Added
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					
Nicotine 14mg/24hours transdermal patches	topical	1 patch once daily , PLEASE SUPPLY TWO WEEKS	Yes				Added
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry Norwood was admitted to the Glasgow Royal Infirmary on the 22/04/2026 due to an infective exacerbation of COPD. He had been started on prednisolone and doxycycline by the GP but he did not feel like this was settling it. He was admitted for monitoring and did not require any oxygen during his admission. He has completed the course of antibiotics and prednisolone and remains well. Medication changes: NEW acetylcysteine 600mg OD as per respiratory CNS NEW Lorazepam 0.5mg PRN as required Follow up:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	He has been seen the respiratory nurse specialists who have advised to start on acetylcysteine OD and are happy with PRN salbutamol nebs at home. He has been referred to the Stop Smoking Service who have advised to start him on 14mg/24hrs nicotine patches with a two week home supply and they will follow him up in the community. He has a follow up respiratory appointment with Dr Cotton on 27/04. He is now medically fit for discharge. Thank you for the continued care of this patient. Kind regards, Ward 24 Respiratory
Discharge Comments:	
Follow Up:	Yes Stop smoking service Dr Cotton Resp OP Clinic 27/04
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Adam JACQUES

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: Adam JACQUES (FY1 AUGUST 2025)

Norwood Henry CHI: 0101506015

Clinical letter - GP: Update

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Dietetics
Contact Tel: 0141 201 6012
Enquiries to: Fiona Taylor
Letter Date: 27/03/2026
Reference: FT
Dictated Date: 03/02/2026
Transcribed Date: 02/03/2026

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Thank you for referring this patient for dietary advice.

Mr Norwood attended clinic as arranged on 2/3/26.

Height: 1.7m Weight: 47.9kg BMI: 16.6kg/m2 MUST Score: 2
He reports poor appetite and a variable dietary intake, having good days and bad days. He manages a breakfast on occasion but usually doesn't eat until he has his evening meal. He reports that appetite is better later in the day, so manages a full meal in the evening , sometimes a pudding and usually a supper. He advised he does not like processed foods and cooks all meals himself, preferring home cooked, whole foods.

Mr Norwood had been issued a two month supply of Ensure plus TDS following hospital admission in March 25. He is currently prescribed Ensure plus advanced x 1 per day and also purchases more himself, sometimes taking x 2 per day

We discussed food first and fortification strategies to help improve intake. Mr Norwood reports he is aware of all the things he should be eating but has no appetite during the day and finding it hard to put into practice. We discussed alternate ONS options and Mr Norwood is keen to trial Ensure Shake as he can use his own milk to make it. I have suggested an increase to x 2 per day, to help meet nutritional requirements.

He was given information and advice to and agreed the following goals:

- Follow little and often approach, try and implement a more regular eating pattern

- Aim to have 1 pint fortified mil per day

- Include daily milky pudding

- Discontinue Ensure plus Advanced- non formulary product

- Start Ensure Shake x 2 per day (banana only)

This patient has agreed to receive their ONS via the Community Pharmacy Nutrition Support Service - the product will be supplied directly to the patient by their community pharmacy without the need for a GP prescription. Please do not dispense or issue a prescription for this product. In the interests of patient safety, please add this ONS product to EMIS / INPS Vision as a 'Drug Issued Outside the Practice'.

I have arranged a follow-up appointment and will keep you updated on Mr. Norwood 's progress.

Yours sincerely,

Fiona Taylor

Community Dietitian

Electronically Signed: ,

cc.

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Respiratory
Contact Tel:	
Enquiries to:	
Letter Date:	06/03/2026
Reference:	HB/LM
Dictated Date:	19/02/2026
Transcribed Date:	05/02/2026

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Respiratory Medicine; Ward - GRI Ward 6 Respiratory-General Medicine
Consultant - Dr Hannah Bayes; Date of Admission - 21/01/2026
Date of Discharge - 27/01/2026; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Henry was admitted with SOB.

He has a background of NSTEMI with stents and severe COPD with multiple frequent admissions

Issues during admission:

1. Exacerbation of COPD with type 2 respiratory failure

- Treated with a 5 day steroid course and nebulisers, based on patient's bloods he did not require antibiotics

- CXR: hyperinflated, blunted costophrenic angles

2. Borderline low morning cortisol

- Felt secondary to frequent courses of prednisolone

- Short Synacthen was conducted which excluded adrenal insufficiency

Henry has clinically improved and is at a point where we feel he is appropriate for discharge

Final Discharge Comments:

Nil to add

Dr Hannah Bayes

Consultant Respiratory Physician

Electronically Signed: Dr Hannah Bayes, Consultant

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 27-Jan-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
21-Jan-2026 16:09	IP	27-Jan-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Bayes	GRI Ward 6 Respiratory-General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Duncan Finlay Sinclair (Duncan Sinclair - Medical Staff Bank Doctor) on 27 Jan 2026 14:15

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Morphine sulfate 10mg/5ml oral solution	oral	1.25ml up to SIX times a day as required.					Added
Rosuvastatin 5mg tablets	oral	1 tablet once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mcg+5mcg+9mcg/ dose inhaler	inhalation	2 puffs twice daily					Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-21	Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily		Stopped before admission
2026-01-27	Lorazepam 1mg tablets	oral	0.5 tablets twice daily when required		Course completed
2026-01-21	Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 09 Jan 2026		Stopped before admission
2026-01-21	Trimbow 172mch/5mcg/9mcg	inhalation	2 puffs twice daily		duplicate

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry was admitted with SOB. He has a background of NSTEMI with stents and severe COPD with multiple frequent admissions Issues during admission: 1. Exacerbation of COPD with type 2 respiratory failure - Treated with a 5 day steroid course and nebulisers, based on patient's bloods he did not require antibiotics - CXR: hyperinflated, blunted costophrenic angles 2. Borderline low morning cortisol - Felt secondary to frequent courses of prednisolone - Short Synacthen was conducted which excluded adrenal insufficiency Henry has clinically improved and is at a point where we feel he is appropriate for discharge. We

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Kind regards, Ward 6 GRI
Discharge Comments:	
Follow Up:	No n/a
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Duncan Finlay SINCLAIR

Prescription Review
Checked by: Duncan Finlay SINCLAIR (Medical Staff Bank Doctor)
Discharged by: Duncan Finlay SINCLAIR (Medical Staff Bank Doctor)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7841251**	Receive Date:	**21-Jan-2026 01:45**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (76 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow G40 2NS**	Current Address:	**248 Millroad Dr Glasgow G40 2NS**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**21-Jan-2026 01:45**	Calltype:	**Direct Referral ED**
Advised:	**02:16**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
LOW O2 LEVEL - CURRENTLY 85 - ALL WEEK.

NHSD details:

Received By - Triage	**Sharon Dick (Nhs 24) (Callhandler) (Cardonald**
Start Time - Triage	**21-Jan-2026 01:45**
End Time -	**21-Jan-2026 02:16**

Clinical Summary -

Clinical summary created by: Sharon Dick (Nhs 24) (Callhandler) () [21/01/2026 01:45:53]
Reason for call: LOW O2 LEVEL - CURRENTLY 85 - ALL WEEK.
Confirmed symptom(s): Chest pain
Additional details of problem: Constricting band in chest Heaviness, pressure or tightness in chest Intermittent chest pain Associated Features/Red Flags Changes in normal breathing pattern
Symptom(s) not found: No current fever No crushing discomfort in chest No pain radiating to jaw or upper back or neck or an arm No pain moving through to the back No pain between shoulder blades Not feeling cold and sweaty Not nauseated or vomiting No changes in normal skin colour Not

feeling lightheaded or dizzy No palpitations Deep breathing does not worsen chest pain Chest pain is not worse when coughing No chest injury in last 24 hours Chest pain does not worsen on movement Risk Factors No cocaine or other recreational drugs taken History of heart disease No previous stroke
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country 20260121T021650.847 GMT Elaine Shields (NHS 24):SOB , CHEST TIGHTNESS - STATES INTERMITTENT , FEELS WEAKNESS ALL OVER , NOT COLD AND CLAMMY AT PRESENT , SATURATIONS 84% AT PRESENT NORMALLY 90-92% ,FEELS FAINT AT TIMES ADVISED A&E ASAP GRI Outcome: Pt advised to go to A&E

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Breathing

  Keyword selected
  [X] Breathing

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Safety Questions Protocol - Adult 5

  Algorithm: Safety Questions Protocol Adult 5

  Does the patient have pain in their chest, either front or back?
  --YES

Constricting band in chest
--YES

Crushing discomfort in chest
--NO

Pain radiating to jaw or upper back or neck or an arm
--NO

Pain moving through to the back
--NO

Heaviness, pressure, tightness in chest
--YES

Pain between shoulder blades
--NO

Changes in normal breathing pattern
--YES

Feeling cold and sweaty
--NO

Feeling nauseated or vomiting
--NO

Changes in normal skin colour
--NO

Duration of pain
[X] Intermittent

Feeling light headed or dizzy
--NO

Palpitations
--NO

Drug Use: Have you taken any recreational substances such as Cocaine?
--NO

History of heart disease e.g. angina or heart attack
--YES

Had a stroke

--NO

Worse with a deep breath
--NO

Worse with coughing
--NO

Chest injury in the last 24 hrs
--NO

Worse with movement
--NO

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Safety Questions Protocol - Adult 5

Disposition Accident & Emergency as soon as possible / 1 Hour

---

Followups:
None

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Pulmonary Rehabilitation
Contact Tel: 0141 211 3341
Enquiries to:

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Letter Date: 15/01/2026
Reference:
Dictated Date: 15/01/2026
Transcribed Date:

Dear Doctor,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

The above patient was referred to Pulmonary Rehabilitation however failed to complete the program and therefore has been discharged from the service. If your patient wishes to return and confirms they are willing to commit to an eight week program, please re-refer.

Many thanks,

Pulmonary Rehabilitation

Electronically Signed: ,

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Brian CHOO-KANG, 22-Feb-2026 13:16
FINAL DISCHARGE COMMENTS

This man was a 'Flow' patient to ward 24 meaning that he was sent to the ward without a bed being available. He was reviewed by the ward team and discharged before a bed was available. IDL seems correct. I note that he has had a subsequent admission.

B Choo-Kang
Consultant

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 14-Jan-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
09-Jan-2026 21:54	IP	12-Jan-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Currie	GRI Ward 24 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Rachel Dee (Rachel Dee - FY2) on 14 Jan 2026 11:17

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 09 Jan 2026					Added
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					Added
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mch/5mcg/9mcg	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2026-01-14	Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily		pt doesn't take

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-12	Prednisolone 5mg tablets	oral	40 mg once daily , Fixed Period 5 Day(s) from 21 Nov 2025		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry Norwood was admitted with SOB. Issues: 1. Non-infective exacerbation of COPD Initially had an oxygen requirement that was successfully weaned Target sats 88-92% Treated with nebulisers and steroids Reviewed by respiratory CNS who will supply a nebuliser for home use of salbutamol nebs Improved to baseline. Bloods improved on discharge. Medication changes: Salbutamol 2.5mg/2.5ml nebulisers PRN Prednisolone 40mg OD 5 day course to complete - 2 days outstanding Many thanks, Ward 24 GRI
Discharge Comments:	
Follow Up:	No

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Rachel DEE

Prescription Review
Checked by: Rachel DEE (FY2)
Discharged by: Rachel DEE (FY2)

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 14-Jan-2026

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
09-Jan-2026 21:54	IP	12-Jan-2026	

Specialty	Consultant	Ward	Telephone
General Medicine	Currie	GRI Ward 24 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Rachel Dee (Rachel Dee - FY2) on 14 Jan 2026 11:17

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 09 Jan 2026					Added
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	inhalation	2.5 mL four times daily when required					Added
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mch/5mcg/9mcg	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2026-01-14	Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily		pt doesn't take

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-12	Prednisolone 5mg tablets	oral	40 mg once daily , Fixed Period 5 Day(s) from 21 Nov 2025		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry Norwood was admitted with SOB. Issues: 1. Non-infective exacerbation of COPD Initially had an oxygen requirement that was successfully weaned Target sats 88-92% Treated with nebulisers and steroids Reviewed by respiratory CNS who will supply a nebuliser for home use of salbutamol nebs Improved to baseline. Bloods improved on discharge. Medication changes: Salbutamol 2.5mg/2.5ml nebulisers PRN Prednisolone 40mg OD 5 day course to complete - 2 days outstanding Many thanks, Ward 24 GRI
Discharge Comments:	
Follow Up:	No

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Rachel DEE

Prescription Review
Checked by: Rachel DEE (FY2)
Discharged by: Rachel DEE (FY2)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7830432**	Receive Date:	**9-Jan-2026 02:37**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (76 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow G40 2NS**	Current Address:	**248 Millroad Dr Glasgow G40 2NS**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**9-Jan-2026 02:37**	Calltype:	**Direct Referral ED**
Advised:	**02:53**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
BREATHING - FEW DAYS

NHSD details:

Received By - Triage: **Susan Forbes (Nhs 24) (Ch) (Callhandler) (Car**

Start Time - Triage: **9-Jan-2026 02:37**

End Time - **9-Jan-2026 02:54**

Clinical Summary - **Clinical summary created by: Susan Forbes (Nhs 24) (Ch) (Callhandler) () [09/01/2026 02:37:51]**
Reason for call: BREATHING - FEW DAYS
Confirmed symptom(s): Breathing is causing concern Struggling to breathe Patient has emphysema or COPD
Symptom(s) not found: No current fever No chest pain front or back Is able to speak in their normal complete sentences
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260109T025408.244 GMT Bekah Shepherd (NHS 24):NIL DIZZY. FATUIGED. COLOUR DESCRIBED AS NORMAL. BREATHING

DESCRIBED AS FEELING NOT ABLE TO GET A FULL BREATH. SPEAK IN FULL SENTENCES. SATS LOW - 84-89% NORMAL LEVELS ARE 94%. SOB ON EXERSION FEELING BREATHING LABOURED. CHEST TIGHTNESS - WORSE ON DEEP BREATHING. USING INHALERS AS NORMAL - SALBUTABOL WITH NIL RELIEF. COUGH WITH CLEAR/WHITE PHLEGM - DIFFICULT CLEAR. ABX AND STERIODS 3WEEKS AGO; FEELS NIL IMPOVEMENT. RECENT ADMISSION TO HOPITAL DUE TO BREATHING. A+E ASAP.
20260109T024950.718 GMT Susan Forbes (NHS 24) (CH):PT IS FEELING SOB, SUFFERS FROM COPD, STATES OXYGEN LEVEL GOING DOWN & ITS 87% JUST NOW , HAS A TIGHTENING IN HIS CHEST WHICH COMES/GOES WHICH HAS BEEN ONGOING FOR YRS Outcome: Pt advised to go to A&E

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Breathing

  Keyword selected
  [X] Breathing

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Safety Questions Protocol - Adult 5

  Algorithm: Safety Questions Protocol Adult 5

  Does the patient have pain in their chest, either front or back?

--NO

Does the patient have any of the following symptoms (Select one)?
[X] Breathing is causing concern

Is the patient able to speak in their normal complete sentences?
--YES

Algorithm: Protocols Used

Guideline used
[X] Breathing 17

Algorithm: Breathing 17

Select the additional marker that defines the callers complaint: (Select one)
[X] Struggling to breathe

Does the patient have emphysema or COPD?
--YES

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Breathing 17

Disposition Accident & Emergency as soon as possible / 1 Hour

---

Followups:
None

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	General Medicine
Contact Tel:	0141 451 5358
Enquiries to:	Ruth.Scoular@nhs.scot
Letter Date:	19/12/2025
Reference:	JM/MK
Dictated Date:	27/11/2025
Transcribed Date:	27/11/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - General Medicine; Ward - GRI Ward 50 MR Respiratory
Consultant - Dr John Maclay; Date of Admission - 20/11/2025
Date of Discharge - 21/11/2025; Discharged to - Private Residence - living with relatives or friends

Follow Up: Nil

Clinical Comments:

Mr Norwood was admitted to GRI with worsening SOB.

Diagnosis: COPD exacerbation.

BG: COPD, IHD, T2DM.

Mr Norwood was started on a 5 day course of oral Prednisolone 40mg. He has improved clinically and is now fit for discharge.

He reports attending smoking cessation services in community. Thank you for taking over care.

Katyayeni Singh - FY1

.....

Final comments

NII to add to IDL. XR report nil focal, hyperinflated. No micro positive.

Yours sincerely,

Dr John Maclay

Consultant Physician

Electronically Signed: Dr John Maclay, Consultant

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

Elaine McLellanAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 21-Nov-2025

Dear Elaine McLellan,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
20-Nov-2025 15:14	IP	21-Nov-2025	

Specialty	Consultant	Ward	Telephone
General Medicine	Maclay	GRI Ward 50 MR Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Katyayeni Singh (Katyayeni Singh - FY1 AUGUST 2025) on 21 Nov 2025 13:01

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Prednisolone 5mg tablets	oral	40 mg once daily , Fixed Period 5 Day(s) from 21 Nov 2025					Added
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mch/5mcg/9mcg	inhalation	2 puffs twice daily					

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Please supply pred. Thanks CM

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2025-11-21	Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily		pt doesn't take

Stopped Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-11-21	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required		not using
2025-11-21	Doxycycline 100mg capsules	oral	1 capsule once daily , Fixed Period 5 Day(s) from 28 Sep 2025	Final dose on 02/03	Course completed
2025-11-21	Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily when required		Stopped before admission
2025-11-21	Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 28 Sep 2025	Final dose 02/03	Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr Norwood was admitted to GRI with worsening SOB. Diagnosis: COPD exacerbation BG: COPD, IHD, T2DM Mr Norwood was started on a 5 day course of oral prednisolone 40mg. He has improved clinically and is now fit for discharge. He reports attending smoking cessation services in community. Thank you for taking over care. Kind regards, Ward 50 GRI
Discharge Comments:	
Follow Up:	No none

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Katyayeni SINGH

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Kirsten COLE (Pharmacy Technician)
Discharged by: Donna Marie MCGOWAN (Staff Nurse Acute Services Rehabilitation and Assessment)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7784175**	Receive Date:	**20-Nov-2025 01:31**
Patient's Name:	**Henry Norwood**		
Date of birth:	**1-Jan-1950 (75 years)**	Gender:	**M**
Address:	**248 Millroad Dr Glasgow G40 2NS**	Current Address:	**248 Millroad Dr Glasgow G40 2NS**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**20-Nov-2025 01:31**	Calltype:	**Direct Referral ED**
Advised:	**01:55**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0101506015

Reported Condition:
LOW SATS 2 DAYS

NHSD details:

Received By - Triage	**Lynda Mccourt (Nhs 24) (Callhandler) (Cardona**
Start Time - Triage	**20-Nov-2025 01:31**
End Time -	**20-Nov-2025 01:56**

Clinical Summary -

Clinical summary created by: Lynda Mccourt (Nhs 24) (Callhandler) () [20/11/2025 01:31:42]
Reason for call: LOW SATS 2 DAYS
Confirmed symptom(s): Breathing is causing concern Struggling to breathe Patient has emphysema or COPD
Symptom(s) not found: No current fever No chest pain front or back Is able to speak in their normal complete sentences
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20251120T015624.530 GMT Nina Hansler (NHS24):COPD, SPO2 85%. USUALLY 94%. SOB, TALKING IN SENTENCES. DENIES

CYANOSIS. RECENT LRTI. USING SALBUTAMOL FREQUENTLY. PRODUCTIVE COUGH HARD TO EXPECTORATE. OUTCOME: A&E ASAP/1HOUR.
20251120T015039.420 GMT Lynda Mccourt (NHS 24):SATS 84-86. HAS COPD. FEELS WEAK Outcome: Pt advised to go to A&E

Questions

- **Algorithm: Keyword Search**

  Keyword 1:
  [X] Breathing

  Keyword 2:
  [X] Weakness

  Keyword selected
  [X] Breathing

  Algorithm: Risk Assessment

  Is this call from a Nursing or Care Home?
  --NO

  Do you have fever?
  --NO

  Have you been outside Europe in the last 21 days?
  --NO

  Algorithm: Protocols Used

  Guideline used
  [X] Safety Questions Protocol - Adult 5

  Algorithm: Safety Questions Protocol Adult 5

  Does the patient have pain in their chest, either front or back?
  --NO

  Does the patient have any of the following symptoms (Select one)?
  [X] Breathing is causing concern

  Is the patient able to speak in their normal complete sentences?

--YES

Algorithm: Protocols Used

Guideline used
[X] Breathing 17

Algorithm: Breathing 17

Select the additional marker that defines the callers complaint: (Select one)
[X] Struggling to breathe

Does the patient have emphysema or COPD?
--YES

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Breathing 17

Disposition Accident & Emergency as soon as possible / 1 Hour

---

Followups:
None

Norwood Henry CHI: 0101506015

Referral letter:

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr M M Cotton
Consultant in Respiratory Medicine
Glasgow Royal Infirmary

Main Switchboard: 0141 211 4000
Department: Respiratory Department
Contact Tel: 0141 451 5358
Enquiries to: ruth.scoular@nhs.scot
Letter Date: 27/10/2025
Reference: JM/RS
Dictated Date: 23/10/2025
Transcribed Date: 24/10/2025

Dear Mark,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Problems:

1. Left apical lung nodule, likely inflammatory/infective

2. Severe COPD – FEV1 0.8 litres, 30% predicted

3. Current smoker

4. Raised total IgE, IgG and IgE to aspergillus

5. Previously raised eosinophils – 0.5

I reviewed Mr Norwood at my respiratory clinic on 23rd October 2025. He remains functionally impaired with reduced exercise tolerance. This is in relation to his severe COPD. He is already on maximum treatment for this and has been referred to pulmonary rehab although he was unable to attend this as he struggles to mobilise for this. We have been keeping nodules under review at his left apex. Most recently a left upper lobe nodule has become cavitating. It has not increased in size. I think this is most likely inflammatory or could represent atypical infection. He had aspergillus serology checked previously which showed he was aspergillus sensitivities and I repeated this today.

I would be grateful if you could see him in the pulmonary infection/TB clinic for further follow up regarding this cavitating nodule that does not seem likely to represent malignancy but could represent an atypical infection.

Many thanks with this gentleman's case.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Patient Label
0101506015
NORWOOD M
Henry 01/01/1950
248 MILLROAD DRIVE
Glasgow, Lanarkshire
G40 2NS

The patient attended KSF Clinic at SM

Hospital on 27/10/25 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: [illegible]

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
[illegible]	2.5mg	[illegible]	[illegible]

Yours Sincerely

Signature:

Name (print) [illegible] Grade: [illegible] Ext. No: 85758

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5366
lindsay.fraser2@nhs.scot

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Respiratory Medicine
Contact Tel:	0141 451 5366
Enquiries to:	lindsay.fraser2@nhs.scot
Letter Date:	07/11/2025
Reference:	SC/LMF
Dictated Date:	16/10/2025
Transcribed Date:	16/10/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Respiratory Medicine; Ward - GRI Ward 24 Respiratory
Consultant - Dr Stephen Crawley; Date of Admission - 28/09/2025
Date of Discharge - 01/10/2025; Discharged to - Private Residence - no additional detail added

Follow Up: Respiratory Clinic Dr Maclay 23/10/25

Clinical Comments:
Dear Doctor,

Mr Norwood was admitted to the GRI on 28/09 with SOB, increasing chest tightness, and decreasing exercise tolerance.

He was managed for an ieCOPD and was given regular nebulisers, doxycycline, and prednisolone. He improved and once

he was off oxygen and nebulisers he was discharged home.

During admission he reported significant weight loss over the past few months, so has been referred to dieticians as an

OP and has been referred for a repeat CT to be done as an OP (he appears to have missed the last surveillance CT of his

lung nodule).

Investigations:

- CT Awaited as OP - this will happen on 02/10

Follow up:

- Dietician review as OP

Drug changes:

- Inhaler changed to Trimbow 172/5/9 2 puffs BD

Actions for GP:

- Please review BP control and medications as he reports not currently not taking ramipril as prescribed.

PMHx:

- COPD

- NSTEMI - 2023

- Angina

- T2DM

- L Apical lung nodule

- Likely diverticular perforation in March 25

Thank you for your ongoing care of this patient in the community,

Ward 24

FINAL COMMENT

I didn't meet this gentleman during the admission but the comprehensive IDL appears accurate

I note subsequent Respiratory correspondence from Dr Maclay 23/10/25.

Dr Stephen Crawley

Consultant in Respiratory Medicine

Electronically Signed: Dr Stephen Crawley, Consultant

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 01-Oct-2025

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
28-Sep-2025 15:32	IP	01-Oct-2025	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Crawley	GRI Ward 24 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Thomas Wilkes (Thomas Wilkes - FY1) on 01 Oct 2025 10:28

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.					
Acetylcysteine 600mg effervescent tablets	oral	1 tablet once daily					Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					
Doxycycline 100mg capsules	oral	1 capsule once daily , Fixed Period 5 Day(s) from 28 Sep 2025	Yes		**Drug Details:** Final dose on 02/03		Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily when required					Added
Prednisolone 5mg tablets	oral	8 tablets once daily , Fixed Period 5 Day(s) from 28 Sep 2025	Yes		**Drug Details:** Final dose 02/03		Added Amended
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Trimbow 172mch/5mcg/9mcg	inhalation	2 puffs twice daily					Added

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-10-01	Amlodipine 5mg tablets	oral	1 tablet once daily		Superseded by HEPMA medications Not currently taking on admission
2025-10-01	Carbocisteine 375mg capsules	oral	2 Caps Twice daily,		Superseded by HEPMA medications
2025-10-01	Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 21 Mar 2025		Course completed
2025-10-01	Generic Trimbow 87micrograms/dose / 5micrograms/ dose / 9micrograms/dose inhaler	inhalation	2 doses twice daily		Superseded by HEPMA medications
2025-10-01	Lorazepam 1mg tablets	oral	ONE to be taken Daily only if required for shortness of breath		Stopped before admission
2025-10-01	Nicorandil 10mg tablets	oral	1 tablet twice daily		Stopped before admission
2025-10-01	Ramipril 2.5mg capsules	oral	1 capsule once daily		Superseded by HEPMA medications

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Clinical Comments:	Dear Doctor, Mr Norwood was admitted to the GRI on 28/09 with SOB, increasing chest tightness, and decreasing exercise tolerance. He was managed for an ieCOPD and was given regular nebulisers, doxycycline, and prednisolone. He improved and once he was off oxygen and nebulisers he was discharged home. During admission he reported significant weight loss over the past few months, so has been referred to dieticians as an OP and has been referred for a repeat CT to be done as an OP (he appears to have missed the last surveillance CT of his lung nodule). Investigations: - CT Awaited as OP - this will happen on 02/10 Follow up: - Dietician review as OP Drug changes: - Inhaler changed to Trimbow 172/5/9 2 puffs BD Actions for GP: - Please review BP control and medications as he reports not currently not taking ramipril as prescribed. PMHx: - COPD - NSTEMI - 2023 - Angina - T2DM - L Apical lung nodule - Likely diverticular perforation in March 25 Thank you for your ongoing care of this patient in the community, Ward 24
Discharge Comments:	
Follow Up:	Yes

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Dietician review 2ww CT scan will happen on 02/10
Results Awaited:	Yes 2ww CT scan will happen on 02/10
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Henry MACLEOD

Prescription Review
Medications reviewed by pharmacist: Nicole Donaghy (Pharmacist)
Checked by: Gerard MCGOOGAN (Pharmacy Technician)
Discharged by: Bernadeta SAWICKA (Nurse)

Norwood Henry CHI: 0101506015

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 01/08/2025

Consultant: Dr Emma Sur

EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
Glasgow
G40 2DA

Dear EM McLellan

Re: **Norwood Henry** DOB: **01/01/1950** CHI: **0101506015**
248 MILLROAD DRIVE
Glasgow G40 2NS

Attended on: **28/07/2025 at 12:32 hrs.** Departed on: **28/07/2025 at 16:50 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
unwell

Nursing Assessment:
Patient states Locum GP sent him to GRI for angina. Patient known COPD + ? cardiac hx. Denies pain @ triage. Denies SOB. Worsening advice given while waiting. Undistressed.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. XR Chest**

Norwood Henry CHI: 0101506015

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abnormalities of Breathing		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Henry attended ED with episodes of breathlessness on exertion, also associated with chest discomfort. He had a normal ECG, bloods, and CXR, and was discharged with worsening advice, and he plans to visit his GP for ongoing assistance.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Claire O'Donnell
Doctor

Copies to:
1. EM McLellan (GP)
School Address:

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3817
Enquiries to:	
Letter Date:	11/06/2025
Reference:	ET/CB
Dictated Date:	11/06/2025
Transcribed Date:	16/06/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Cardiology; Clinic - GRETCA601D-DR E TZOLOS CARDIO CLINIC WED PM
Date and Time of Appointment - 11/06/2025 15:45

Follow Up: Nil

Clinical Comments:
I am afraid Mr Norwood did not attend his appointment today. I have not made any follow up appointments for him at the moment. Last December he was admitted to hospital with troponin negative chest pain and at that point he was reviewed and his history was in keeping with a panic attack and breathlessness in the context of COPD and an outpatient myocardial perfusion scan was requested at that point.

I can see that Dr Rae has arranged a myocardial perfusion scan which took place in January and was reassuring and only showed a partially fixed inferior defect consistent with a previous MI. There was only a small area of mild reversibility in the distal inferior apical area affecting only 3% of his myocardium.

If you have any concerns regarding his symptoms I would be more than happy to review him in the clinic in the future. At this point I have not arranged a follow up appointment but will be more than happy to see him if required.

Kind regards.

Yours sincerely

Dr Evangelos Tzolos

Consultant Cardiologist

Electronically Signed: Dr Evangelos Tzolos, Consultant

cc.

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	General Surgery
Contact Tel:	0141 201 6663
Enquiries to:	Gillian.Gardner@ggc.scot.nhs.uk
Letter Date:	09/06/2025
Reference:	JO/ET
Dictated Date:	09/06/2025
Transcribed Date:	26/06/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - General Surgery; Clinic - STFLGS2-MS F LEITCH GS MONDAY PM
Date and Time of Appointment - 09/06/2025 15:40

Clinical Comments:
I reviewed Mr Norwood as part of Miss Leitch's Clinic today. He is a gentleman who underwent a laparotomy and washout for a diverticular perforation in March. He was taken to theatre with a large pneumoperitoneum on CT scan which was felt most likely to be diverticular in origin but, at laparotomy, was found only to have a phlegmon of the distal sigmoid colon but no pelvic or abdominal contamination.

I am pleased to report that he has made a very good recovery from his operation. He was due to have a follow up flexible sigmoidoscopy to visualise this area on Friday, however, he did not feel up to this on account of his chest and, after discussion today, we have agreed that we will not arrange further follow up.

Mr Norwood is a gentleman with COPD who has had longstanding pulmonary issues as well as ischemic heart disease. He has been complaining of constipation and passing very hard stools probably as a result of being on regular Codeine. I have asked his GP Practice to prescribe him with a regular supply of Laxido that he could take as required.

I had an opportunity to examine his wound which is well healed.

Given that Mr Norwood does not wish to have any endoscopic examination of his bowel, I think we can discharge him from our care and I wished him well for the future.

Yours sincerely

James O'Kelly

ST7 - General Surgery

Electronically Signed: Dr James O'Kelly, Doctor

cc.

NORWOOD, Henry (Mr)
BORN 01-Jan-1950 (75y) GENDER Male
CHI 0101506015

Request to GP to prescribe medication

Last updated by James O'KELLY (7329135) on 09-Jun-2025 15:53 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	09-Jun-2025		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	General Surgery		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
laxido	2 sachets	Twice daily	Addition	as required

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: constipation on regular codeine

NORWOOD, Henry (Mr) - 0101506015 (CHI) 4db75548-8505-4a8d-bcd5-66202cc2856e

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	7329135
ClinicianDetailsRole	Doctor
Professional Registration Number	7329135
Contact Details	james.okelly2@nhs.scot

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,25.4912072.T
Specimen Type	Blood
Date/Time Collected	30.05.25 / 11:35
Date/Time Received	30.05.25 / 14:44
Requested By	Lynette Allison
GP Practice	46555
Date/Time Reported	31.05.25 / 09:07
Details	Ace titration

Results

Urea & Electrolytes - Authorised on 31.05.25 at 09:00

Sodium	137	mmol/L	(133-146)
Potassium	4.6	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Urea	5.7	mmol/L	(2.5-7.8)
Creatinine	56	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

End of Report

NORWOOD, Henry (Mr)
BORN 01-Jan-1950 (75y) GENDER Male
CHI 0101506015

Request to GP to prescribe medication

Last updated by Debbie MCFAULDS (Debbie McFaulds) on 16-May-2025 15:15 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	16-May-2025		
Hospital	Glasgow Royal Infirmary	Other	—
Specialty / Service	Respiratory Medicine		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine	Routine - prescription available 48 hours following request
indication	Recurrent Chest infections, eosinophils ranging from 0.46-0.83, Pt has history of Asthma. Inhaler optimisation . Aid chest clearance

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Trimbow	172/5/9mcg	x 2 Puffs BD	Amendment	—
Nacsys	600mg	once daily	Amendment	—

Replacements

This medication replaces which should now be stopped	Trimbow 87/5/9mcg Carbocisteine

Patient advised to collect prescription Yes

Please Note: A Detailed Letter Will Follow.

NORWOOD, Henry (Mr) - 0101506015 (CHI) a93df183-70d0-4530-9e3a-ea9fa1cd190d

Additional Notes / Summary

Additional Notes / Summary —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Debbie McFaulds
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	05B0230S
Contact Details	Pulmonary Rehabilitation 0141 211 3341

[redacted] [redacted]

HENRY NORWOOD

CHI No 0101506015

SUNDAY

127	146	113	
91	93	74	

MONDAY

136	123	166	136
80	81	101	87

TUESDAY

153	146	120	154
97	85	79	95

WED

138	136	140	136
91	92	90	78

THURS

109	136	145	140
73	95	94	97

FRI

139
90

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@nhs.scot

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 17/04/2025
Reference: ZSO/RS
Dictated Date: 17/04/2025
Transcribed Date: 24/04/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 17/04/2025 14:00

Follow Up: Dr Maclay's Clinic 23rd October 2025

Clinical Comments:

Diagnosis:

1. Left apical nodule waxing and waning over time

2. Chest pain on minimal exertion

3. COPD

4. Ischaemic heart disease and inferior non STEMI in 2023

5. Bronchoscopy December 2024 showed inflamed mucosa with no malignancy cells, negative aspergillus antigen and AAFB showed IgE aspergillus raised at 1485, IgE to aspergillus 1.78

6. Likely diverticular perforation in March 2025

7. Type II diabetes

Plan

1. Refer to Dr Cotton given progressive elevated aspergillus serology

2. Awaiting 6 minute walking test with cardiology

I reviewed Mr Norwood in Dr Maclay's respiratory clinic on 17th April 2025. He reports exertional breathlessness after walking less than 50 yards as well as associated chest pain. He was recently admitted to Glasgow Royal Infirmary with similar symptoms and found to have a pneumoperitoneum and had a diagnostic laparotomy with wash out of peritoneal cavity and placement of pelvic drain. His loss of appetite and weight loss is associated with this. I noted his weight has reduced to 52.9 kg compared to 59 kg in December 2024. He is easily nauseous and vomiting when eating a bigger meal.

He currently lives at home with his step son who is helping with activities of daily living. He used to run a workshop but finds he is now unable to do this.

In view of his previous lung function tests which show an obstructive picture of FEV1/FVC 46%. He continues to smoke although has reduced this to 3 cigarettes per day. I strongly recommended he stop completely. He declined smoking cessation support.

He is currently taking a Trimbow inhaler.

We went over his CT scan with him. This shows the left upper lobe nodule which has been increasing in size, waxing and waning over time. He has undergone a bronchoscopy in December 2024 which did not reveal any evidence of malignant cells. Aspergillus PCR was negative however it has been noted that his aspergillus serology has been elevated.

I discussed him with Dr Maclay who advised a referral to the pulmonary infection clinic. I note that he has undergone myocardial perfusion tests in January 2025. He has an appointment to see the cardiologists in June 2025.

In clinic today he has had high blood pressure readings at home and I advised him to discuss this his GP.

Thank you very much

Yours sincerely

Dr Z S Ong

ST5

Electronically Signed: Dr Zhen Shun Ong, Doctor

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Fiona LEITCH, 19-May-2025 16:46
FDL:
Nil to add

Additional Information: Mohammad MANIYAR, 25-Mar-2025 16:50
Some of Mr Norwood's medications were withheld on admission. While most have been resumed, amlodipine and nicorandil still remain withheld. Reviewing his anti-hypertensives and cardiac medications in the community would much greatly appreciated with the objective of rationalising his medicines.

NHS Confidential: Personal data about a patient

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 25-Mar-2025

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
13-Mar-2025 21:18	IP	25-Mar-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Leitch	GRI Ward 66 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Mohammad Maniyar (Mohammad Maniyar - FY1) on 25 Mar 2025 13:56

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.	No	Patient's own supply			Amended
Amlodipine 5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	No	Patient's own supply			
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,	No	Patient's own supply		Y	
Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 21 Mar 2025	Yes				Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	No	Patient's own supply			
Generic Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	inhalation	2 doses twice daily	No	Patient's own supply			
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth	No	Patient's own supply			
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily	No	Patient's own supply			
Lorazepam 1mg tablets	oral	ONE to be taken Daily only if required for shortness of breath	No	Patient's own supply			Added
Nicorandil 10mg tablets	oral	1 tablet twice daily	No	Patient's own supply			
Ramipril 2.5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Rosuvastatin 5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,	No	Patient's own supply		Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr Henry Norwood is a 75-year-old gentleman who was admitted to GRI with a 3-week history of severe abdominal pain associated with progressive dyspnoea on the background of known COPD. A chest X-Ray done in AAU showed extensive pneumoperitoneum and subsequent CT scan of the abdomen and pelvis showed significant free intra-abdominal gas, consistent with perforated viscus and the site of perforation most likely being at the sigmoid colon, secondary to acute sigmoid diverticulitis. Mr. Norwood underwent a laparotomy with washout of peritoneal cavity and placement of pelvic drain (detailed report available on patient's clinical portal) and was subsequently started on IV amoxicillin + gentamicin + metronidazole for 7 days. Mr. Norwood is eating and drinking now, his bowels are opening normally as before, the drain has been taken out and he has been switched to PO co-amoxiclav for a total of 7 days. He is stable and fit for discharge and should have a flexible sigmoidoscopy in 6 weeks time. He will also be followed up in Ms. Leitch's clinic as an outpatient in 3 months.

	Thank you for your continued care. Kind regards, Ward 66, General Surgery Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes OP clinic w Ms Leitch in 3/12 OP flexible sigmoidoscopy in 6/52
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad MANIYAR

Prescription Review
Checked by: Mohammad MANIYAR (FY1)
Discharged by: Mohammad MANIYAR (FY1)

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 25-Mar-2025

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
13-Mar-2025 21:18	IP	25-Mar-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Leitch	GRI Ward 66 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Mohammad Maniyar (Mohammad Maniyar - FY1) on 25 Mar 2025 13:56

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.	No	Patient's own supply			Amended
Amlodipine 5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	No	Patient's own supply			
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,	No	Patient's own supply		Y	
Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 21 Mar 2025	Yes				Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	No	Patient's own supply			
Generic Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	inhalation	2 doses twice daily	No	Patient's own supply			
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth	No	Patient's own supply			
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily	No	Patient's own supply			
Lorazepam 1mg tablets	oral	ONE to be taken Daily only if required for shortness of breath	No	Patient's own supply			Added
Nicorandil 10mg tablets	oral	1 tablet twice daily	No	Patient's own supply			
Ramipril 2.5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Rosuvastatin 5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,	No	Patient's own supply		Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr Henry Norwood is a 75-year-old gentleman who was admitted to GRI with a 3-week history of severe abdominal pain associated with progressive dyspnoea on the background of known COPD. A chest X-Ray done in AAU showed extensive pneumoperitoneum and subsequent CT scan of the abdomen and pelvis showed significant free intra-abdominal gas, consistent with perforated viscus and the site of perforation most likely being at the sigmoid colon, secondary to acute sigmoid diverticulitis. Mr. Norwood underwent a laparotomy with washout of peritoneal cavity and placement of pelvic drain (detailed report available on patient's clinical portal) and was subsequently started on IV amoxicillin + gentamicin + metronidazole for 7 days. Mr. Norwood is eating and drinking now, his bowels are opening normally as before, the drain has been taken out and he has been switched to PO co-amoxiclav for a total of 7 days. He is stable and fit for discharge and should have a flexible sigmoidoscopy in 6 weeks time. He will also be followed up in Ms. Leitch's clinic as an outpatient in 3 months.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Thank you for your continued care. Kind regards, Ward 66, General Surgery Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes OP clinic w Ms Leitch in 3/12 OP flexible sigmoidoscopy in 6/52
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad MANIYAR

Prescription Review
Checked by: Mohammad MANIYAR (FY1)
Discharged by: Mohammad MANIYAR (FY1)

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Mohammad MANIYAR, 25-Mar-2025 16:50
Some of Mr Norwood's medications were withheld on admission. While most have been resumed, amlodipine and nicorandil still remain withheld. Reviewing his anti-hypertensives and cardiac medications in the community would much greatly appreciated with the objective of rationalising his medicines.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 25-Mar-2025

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
13-Mar-2025 21:18	IP	25-Mar-2025	

Specialty	Consultant	Ward	Telephone
General Surgery	Leitch	GRI Ward 66 General Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Mohammad Maniyar (Mohammad Maniyar - FY1) on 25 Mar 2025 13:56

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Rowlands Pharmacy Bridgeton HC.	No	Patient's own supply			Amended
Amlodipine 5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	No	Patient's own supply			
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,	No	Patient's own supply		Y	
Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily , Fixed Period 7 Day(s) from 21 Mar 2025	Yes				Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required	No	Patient's own supply			
Generic Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	inhalation	2 doses twice daily	No	Patient's own supply			
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth	No	Patient's own supply			
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily	No	Patient's own supply			
Lorazepam 1mg tablets	oral	ONE to be taken Daily only if required for shortness of breath	No	Patient's own supply			Added
Nicorandil 10mg tablets	oral	1 tablet twice daily	No	Patient's own supply			
Ramipril 2.5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Rosuvastatin 5mg capsules	oral	1 capsule once daily	No	Patient's own supply			
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,	No	Patient's own supply		Y	

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr Henry Norwood is a 75-year-old gentleman who was admitted to GRI with a 3-week history of severe abdominal pain associated with progressive dyspnoea on the background of known COPD. A chest X-Ray done in AAU showed extensive pneumoperitoneum and subsequent CT scan of the abdomen and pelvis showed significant free intra-abdominal gas, consistent with perforated viscus and the site of perforation most likely being at the sigmoid colon, secondary to acute sigmoid diverticulitis. Mr. Norwood underwent a laparotomy with washout of peritoneal cavity and placement of pelvic drain (detailed report available on patient's clinical portal) and was subsequently started on IV amoxicillin + gentamicin + metronidazole for 7 days. Mr. Norwood is eating and drinking now, his bowels are opening normally as before, the drain has been taken out and he has been switched to PO co-amoxiclav for a total of 7 days. He is stable and fit for discharge and should have a flexible sigmoidoscopy in 6 weeks time. He will also be followed up in Ms. Leitch's clinic as an outpatient in 3 months.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	Thank you for your continued care. Kind regards, Ward 66, General Surgery Glasgow Royal Infirmary
Discharge Comments:	
Follow Up:	Yes OP clinic w Ms Leitch in 3/12 OP flexible sigmoidoscopy in 6/52
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad MANIYAR

Prescription Review
Checked by: Mohammad MANIYAR (FY1)
Discharged by: Mohammad MANIYAR (FY1)

NHS Confidential: Personal data about a patient

Acute Services Division (9)

NHS Greater Glasgow and Clyde

Part 2 Discharge Letter / Transfer Plan

- ☐ Gartnavel General Hospital 0141 211 3000
- ☑ Glasgow Royal Infirmary 0141 211 4000
- ☐ Queen Elizabeth University Hospital 0141 201 1100
- ☐ New Stobhill Hospital 0141 201 3000
- ☐ New Victoria Hospital 0141 201 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Royal Alexandra Hospital 0141 887 9111
- ☐ Inverclyde Royal Hospital 01475 633 777
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Beatson 0141 301 7000

Name: Henry Norwood
Address: 248 Millroad Drive, Lanarkshire, G40 2N
Discharge Address: as above

CHI Number: 0101506015
D.O.B.: 01/01/1950
Telephone:

Next of Kin: 07944986818
Relationship: Son
Address:

Telephone:

Ward: 66
Telephone: 01414515566
Admission Date: 13/03/25
Final discharge/transfer date:
Named Nurse:
Consultant: Ms Leitch
G.P.: Dr EM McLellan
Address: Bridgeton Health Practice, 201 Abercromby Street, Glasgow, G40 2DA
Telephone:

ost Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Treatment Room Nurse, Home Care) State package requested and time of first visit.

Service: Practice Nurse	Service:
Contact Number: 0141 531 6500 opt 3	Contact Number:
Service details: Clip Removal and Wound assesment Friday 28/3/25 - 11²⁵am. Treatment Room	Service details:

Additional/Transfer Information (including equipment/adaptions)

Virology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	V,25.2012005.A
Specimen Type	THROAT SWAB
Date/Time Collected	07.03.25 / 12:03
Date/Time Received	08.03.25 / 09:41
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	09.03.25 / 14:52
Details	suspected influenza A

Results

2019 NCoV - Authorised on 09.03.25 at 14:48

2019 NCoV		Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR specimens after one week.
Not UKAS Accredited
This is a THROAT SWAB sample.

Respiratory virus - Authorised on 09.03.25 at 14:48

Influenza A virus	:	Not detected by PCR
Influenza B virus	:	Not detected by PCR
RSV	:	Not detected by PCR
Adenovirus	:	Request DECLINED by laboratory
M. pneumoniae	:	Request DECLINED by laboratory

Comments:
This is a THROAT SWAB sample.

End of Report

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Community Respiratory Team
Possilpark Health & Care Centre
99 Saracen Street
Glasgow
G22 5AP

Tel: 0141 800 0790

www.glasgow.gov.uk
www.nhsggc.org.uk

10th February

Private & Confidential
Dr McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr McLellan

NOTIFICATION OF DISCHARGE FROM THE COMMUNITY RESPIRATORY TEAM

Patient Name: Henry Norwood Patient CHI: 0101506015

This patient has been reviewed by the Community Respiratory Team and has now been discharged. The input from the team can now be found on Clinical Portal under Patient Notes and further information will be found under the Shared Respiratory Assessment Section.

Should you require further information please contact the Community Respiratory Team on 0141 800 0790.

Yours sincerely

OM/

Oscar Lo
pp Respiratory Nurse
Community Respiratory Team

NHS Greater Glasgow and Clyde

Glasgow City Council

NE Comm Resp Team
99 Saracen Street
Glasgow
G22 5EG

29/01/2025

Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr EM McLellan

Patient Name: Henry Norwood
CHI Number: 0101506015
Referral Date: 29/01/2025

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

Due on ongoing demand on the service the community respiratory team are not able to accept routine referrals for new patients at this time to allow us to focus on exacerbation support and hospital avoidance. If you would like to discuss this please contact the office on 0141 800 0790. There is a COPD digital platform that patients can be directed to, in order to help with their self-management - NHS Scotland COPD Support Service (nhscopd.scot)

Also, it is unclear what the patient's MRC grading is currently - the CRT only accept patients who have an MRC grade of 4/5

Yours sincerely

Pharmacist Nicole Tolley

User ID Nicole Tolley

SCGC Opwl Rem Ref Hosp Req V1

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3820
Enquiries to:	Dr Rae's secretary
Letter Date:	08/01/2025
Reference:	APR/SMS
Dictated Date:	24/12/2024
Transcribed Date:	07/01/2025

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Cardiology; Ward - GRI Ward 43B Cardiology Downstream
Consultant - Dr Alan Rae; Date of Admission - 18/12/2024
Date of Discharge - 20/12/2024; Discharged to - Private Residence - living alone

Clinical Comments:
Mr Norwood was admitted to hospital with troponin-negative chest pain.

He was reviewed by cardiologists who felt that his history was in keeping with panic and breathlessness in the context of his COPD.

He has been discharged with a plan for OP MPS to confirm that there is normal uptake in his myocardium.

==========

FINAL COMMENTS:

You will have already received the Immediate Discharge Letter on this 74 year old man who was admitted with chest pain and breathlessness. He has a long history of exertional breathlessness with COPD and angina with a myocardial infarction last year for he had stenting to his right coronary artery. Two weeks prior to admission he had been experiencing episodes of intermittent chest discomfort and increasing breathlessness. He'd had a bronchoscopy earlier in the month. His chest

pain was felt to be atypical in that it occurs both on exertion and at rest and it worse when he takes a breath in. He felt the pain was different from the chest pain that he had when he presented with his myocardial infarction last year. At times the pain is almost constant. Troponin was negative and there were no acute ECG changes. With his underlying COPD, exercise testing would be unhelpful and it was not felt there was sufficient grounds to proceed to repeat coronary angiography. He was therefore allowed home with an outpatient Myocardial Perfusion Scan which will be reviewed when the results are available.

Kind regards.

Yours sincerely

Dr Alan Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 20-Dec-2024

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
18-Dec-2024 13:04	IP	20-Dec-2024	

Specialty	Consultant	Ward	Telephone
Cardiology	Rae	GRI Ward 43B Cardiology Downstream	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Adam Davie (Adam Davie - IMT1) on 20 Dec 2024 13:10

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Numark Pharmacy Tel: 554 3281					
Amlodipine 5mg tablets	oral	1 tablet once daily					Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required					Added
Generic Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	inhalation	2 doses twice daily					Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Nicorandil 10mg tablets	oral	1 tablet twice daily					
Ramipril 2.5mg capsules	oral	1 capsule once daily					Added
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Dispensing Comments
OP Rx provided for Trimbow + Dihydrocodeine for patient to take to a community pharmacy on discharge. LBalmer, Pharmacist IP 20/12/2024

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-12-20	Amlodipine 5mg tablets	oral	1 tablet once daily		Course completed Duplicate
2024-12-20	Fluticasone furoate 184microg/Vilanterol 22microg/dose (Relvar Ellipta (GlaxoSmithKline UK Ltd))	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,		Course completed
2024-12-20	Nitrofurantoin 50mg capsules	oral	1 capsule four times daily , Fixed Period 7 Day(s) from 26 Nov 2024		Course completed
2024-12-20	Ramipril 5mg capsules	oral	1 capsule once daily		Course completed
2024-12-20	Umeclidinium bromide 65micrograms/dose dry powder inhaler (Incruse Ellipta (GlaxoSmithKline UK Ltd))	inhalation	1 puff once daily		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Mr Norwood was admitted to hospital with troponin-negative chest pain. He was reviewed by cardiologists who felt that his history was in keeping with panic and breathlessness in the context of his COPD. He has been discharged with a plan for OP MPS to confirm that there is normal uptake in his myocardium. Kind regards

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Discharge Comments:	Pharmacy failed to dispense the requested medicines. We have apologised to Mr Norwood.
Follow Up:	Yes OP MPS
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Adam DAVIE

Prescription Review
Medications reviewed by pharmacist: Gurveer Lotay (Pharmacist)
Checked by: Nissi RAJI (Staff Nurse)
Discharged by: Adam DAVIE (IMT1)

BRONCHOSCOPY REPORT
NHS GREATER GLASGOW AND CLYDE

Record created: 13/12/2024 Last modified: 16/12/2024 Procedure date: 16/12/2024

Name:	Henry NORWOOD	Address:	248 Millroad Drive
CHI No:	0101506015		Glasgow
District:			Lanarkshire
Date of birth:	01/01/1950		G40 2NS
Case note no.:	0101506015		

GP:	MCLELLAN, ELAINE	Status:	Daypatient/NHS
Address:	Abercromby Practice	Hospital:	Glasgow Royal
	Bridgeton Health Centre	Ward:	Respiratory Dept.
	201 Abercromby Street	Referring Cons:	Dr John Maclay
	Glasgow	Group:	Respiratory
	G40 2DA		

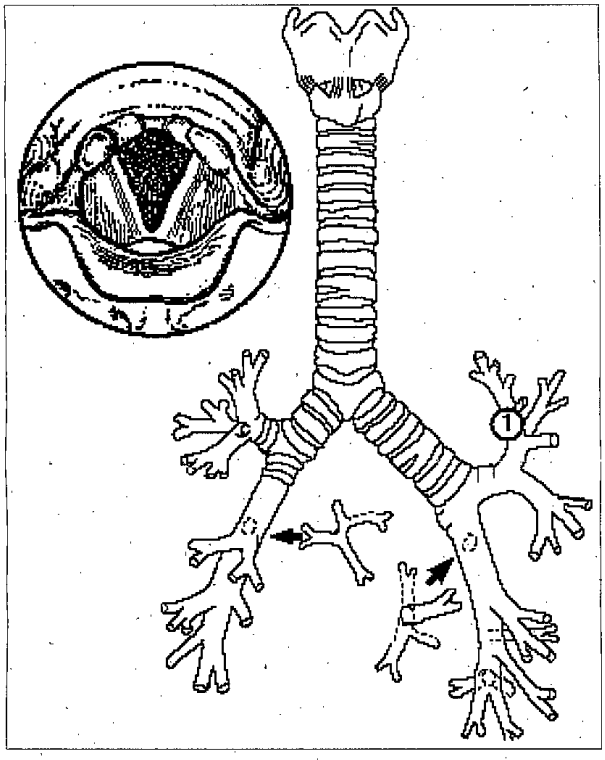
Clinical details: Persistent ant enlarging likely inflammatory LUL nodularity.

Drugs:

Midazolam (IV)	3 mgs	Lido\Lignocaine 4% to larynx via scope	4 mls
Fentanyl (IV)	50 ugs	Lido\Lignocaine 2% to bronchial tree	4 mls
Lido\Lignocaine spray was used		Nasal cannulae	4 L m
Lido\Lignocaine gel was used			

Instrument and method of access:
as per sacn track via right nostril

Findings:



Results:
Normal Bronchoscopy - Specimens taken.

Site 1 Apical segment left upper lobe
Notes:
Well tolerated procedure. Inflamed mucosa throughout LUL. Bled easily on contact (minor bleeding). Washes taken from LUL.

Signature: _____
Operator: Dr Jenny Ferguson
Consultant: Claire Rooney

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@nhs.scot

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 12/12/2024
Reference: JM/RS
Dictated Date: 12/12/2024
Transcribed Date: 13/12/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 12/12/2024 14:00

Follow Up: Dr Maclay's Clinic 17th April 2025

Clinical Comments:
Problems:

1. Slight increase in left apical likely inflammatory looking nodularity

2. Chest pain on minimal exertion – cardiology changed antianginals

3. Mild COPD with 250 mls reversibility previously

4. Ischaemic heart disease – inferior NSTEMI in 2023

Plan:

1. Bronchoscopy and wash left upper lobe

2. Spirometry with reversibility

3. 6 minute walking test

4. Repeat aspergillus serology

I reviewed Mr Norwood in my respiratory clinic on 12th December 2024. He has been keeping relatively well. He attended the cardiologists recently who have changed his antianginal medications. There was a suggestion that COPD could be contributing to his breathlessness however his last pulmonary function tests showed only mild COPD and as such he is unlikely to be overly symptomatic related to this. I see he only managed an exercise tolerance test for 2 minutes or so. A previous Echocardiogram showed preserved LV function with some basal hypokinesis.

I have decided to update Mr Norwood's spirometry and as well as this do a 6 minute walking test to try formally record whether he has exercise related desaturation or not. In addition I have arranged for perform a bronchoscopy and wash of his left upper lobe and I have checked his aspergillus serology. Thereafter we could decide whether he should attend the pulmonary infection clinic. Of note he does not appear to have immunodeficiency.

IgE 1485, IgE to asp 1.78, IgG to asp 82. Eos 0.78, blood galactomannan negative. BAL - Aspergillus antigen negative, AAFB negative. Cytology shows pulmonary histiocytes and nil concerning. Await physiological tests. Has plan from cardiology for myocardial perfusion scan following admission in December.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3824
Enquiries to:	
Letter Date:	03/12/2024
Reference:	AS/VW
Dictated Date:	04/12/2024
Transcribed Date:	10/12/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Cardiology; Clinic - GRKHCA4-DR HOGG CARDIOLOGY TUES PM CLINIC
Patients booked to clinic should be with agreement from the Senior Registrar only
Date and Time of Appointment - 03/12/2024 16:00

Follow Up: 04/06/2025 15:45 Cardiology Dr Keith Robertson

Clinical Comments:
Diagnoses:

1. Ischaemic heart disease - inferior STEMI May 2023 with PCI to mid RCA and residual mild to moderate non-obstructive mid LAD disease and mild plaque in the left Cx artery

2. Transthoracic echocardiogram in 2023 which showed preserved LV systolic function with basal to mid inferior hypokinesis and estimated ejection fraction of 65%

3. Referred with significant anginal symptoms in August 2023 and seen by Dr Robertson in December 2023 with atypical pain not consistent with angina

4. COPD with moderate airway flow obstruction and reduced transfer factor in PFTs in 2015, known to Dr Maclay, respiratory physician

5. Multi new lung nodules under current follow up

6. Type II diabetic (HbA1c 46 in July 2023) and LDL of 3.0

I met this 74 year old at the Hot Clinic on 3rd December 2024.

Today he is describing some limiting symptoms. His main symptom on exertion is breathlessness which can be preceded by chest pain and quickly settles with rest within a few minutes. He tells me after a degree of moderate exertion he checks his pulse oximeter and this shows sats of 85% and this seems to be associated with him having chest pain symptoms. His oxygen saturations quickly go up again to 92% at rest with full resolution of his chest tightness. He also reports another type of non-cardiac pain which feels like cramp worse with movement in his chest and eases with stretches. This can also be continuous and long lasting and not consistent with cardiac ischaemic pain. He tells me that his GTN spray does not help with the pain and gives him a burning sensation under the tongue, therefore he has not been using that lately. He is denying other heart failure symptoms such as leg swelling, significant orthopnoea or paroxysmal nocturnal dyspnoea.

His blood pressure was 143/64mmHg and his heart rate was 62bpm regular. His chest x-ray was clear and he was clinically euvolemic.

Taking everything into consideration, it is difficult to fully distinguish his symptoms from his COPD and ischaemic symptoms. However, I do feel that this might represent anginal symptoms although unclear if it is caused by fixed coronary obstruction or triggered and compounded by hypoxia. Unfortunately he continues to smoke which will clearly impact on consideration of oxygen therapy.

I elected to optimise his anti-anginals for better symptom control today, so I reduced his Ramipril from 5mg to 2.5mg to allow room for Amlodipine 5mg. With regards to his prognostic medication his LDL in September 2023 was 3.0 and he had been switched to Rosuvastatin 5mg since, so I would appreciate if this can be repeated at your practice and increase the statin accordingly to achieve optimal LDL of <1.4.

We should aim to optimise him medically as much as we can however if his current symptoms persist and there is still dubiety if obstructive epicardial vessels, then a repeated invasive coronary angiogram could be considered in the future with intravascular physiological assessment.

Mr Norwood has currently a follow up appointment with Dr Robertson in June 2025, so I have discharged him from the Hot Clinic today.

Yours sincerely,

Dr Angelo Santos

ST6 Cardiology

Electronically Signed: Dr Angelo Santos, Doctor

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015

Clinic Letter (Draft)

ggc.gp465550 nhs.sco

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3824
Enquiries to:	
Letter Date:	03/12/2024
Reference:	AS/VW
Dictated Date:	04/12/2024
Transcribed Date:	10/12/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Cardiology; Clinic - GRKHCA4-DR HOGG CARDIOLOGY TUES PM CLINIC
Patients booked to clinic should be with agreement from the Senior Registrar only
Date and Time of Appointment - 03/12/2024 16:00

Follow Up: 04/06/2025 15:45 Cardiology Dr Keith Robertson

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2. Transthoracic echocardiogram in 2023 which showed preserved LV systolic function with basal to mid inferior hypokinesis and estimated ejection fraction of 65% - referred with significant anginal symptoms in August 2023 and seen by Dr Robertson in December 2023 with atypical pain not consistent with angina

3. COPD with moderate airway flow obstruction and reduced transfer factor in PFTs in 2015, known to Dr Maclay, respiratory physician

4. Multi new lung nodules under current follow up

5. Type II diabetic (HbA1c 46 in July 2023) and LDL of 3.0

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Today he is describing some limiting symptoms. His main symptom on exertion is breathlessness which can be preceded by chest pain and quickly settles with rest within a few minutes. He tells me after a degree of moderate exertion he checks his pulse oximeter and this shows sats of 85% and this seems to be associated with him having chest pain symptoms. His oxygen saturations quickly go up again to 92% at rest with full resolution of his chest tightness. He also reports another type of non-cardiac pain which feels like cramp worse with movement in his chest and eases with stretches. This can also be continuous and long lasting and not consistent with cardiac ischaemic pain. He tells me that his GTN spray does not help with the pain and gives him a burning sensation under the tongue, therefore he has not been using that lately. He is denying other heart failure symptoms such as leg swelling, significant orthopnoea or paroxysmal nocturnal dyspnoea.

His blood pressure was 143/64mmHg and his heart rate was 62bpm regular. His chest x-ray was clear and he was clinically euvolemic.

Taking everything into consideration, it is difficult to fully distinguish his symptoms from his COPD and ischaemic symptoms. However, I do feel that this might represent anginal symptoms although unclear if it is caused by fixed coronary obstruction or triggered and compounded by hypoxia. Unfortunately he continues to smoke which will clearly impact on consideration of oxygen therapy.

I elected to optimise his anti-anginals for better symptom control today, so I reduced his Ramipril from 5mg to 2.5mg to allow room for Amlodipine 5mg. With regards to his prognostic medication his LDL in September 2023 was 3.0 and he had been switched to Rosuvastatin 5mg since, so I would appreciate if this can be repeated at your practice and increase the statin accordingly to achieve optimal LDL of <1.4.

We should aim to optimise him medically as much as we can however if his current symptoms persist and there is still dubiety with regards to epicardial flow limiting lesion, then a repeated invasive coronary angiogram could be considered in the future with physiological assessment, sending him for non-invasive functional imaging before sending him for repeat angiography.

Mr Norwood has currently a follow up appointment with Dr Robertson in June 2025, so I have discharged him from the Hot Clinic today.

Yours sincerely,

Dr Angelo Santos

ST6 Cardiology

Electronically Signed: ,

cc.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Ravi JAMDAR, 05-Feb-2025 13:06
nil to add - echo completed on subsequent admission to cardiology RJ

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 26-Nov-2024

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
18-Nov-2024 13:27	IP	26-Nov-2024	

Specialty	Consultant	Ward	Telephone
General Medicine	Jamdar	GRI Ward 11 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Esmira Gajiyeva (7688416 - Clinical Fellow) on 26 Nov 2024 09:22

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Numark Pharmacy Tel: 554 3281					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose (Relvar Ellipta (GlaxoSmithKline UK Ltd))	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	Amended
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					Amended
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Nicorandil 10mg tablets	oral	1 tablet twice daily					Added
Nitrofurantoin 50mg capsules	oral	1 capsule four times daily , Fixed Period 7 Day(s) from 26 Nov 2024	Yes				Added
Ramipril 5mg capsules	oral	1 capsule once daily					
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	Amended
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Umeclidinium bromide 65micrograms/dose dry	inhalation	1 puff once daily					Amended

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
powder inhaler (Incruse Ellipta (GlaxoSmithKline UK Ltd))							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
dispensed d Wilkinson 26/11/2024

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear doctor, Mr Norwood was admitted to GRI with shortness of brath on 18/11/24. PMH - COPD - IHD - T2DM He was treated for an IECOPD with steroids and iv amoxicillin which was IVOST'd in hospital It was found that he had an increased BNP of 2687 associated with decreased exercise tolerance with increased anginal symptoms, so an outpatient echo has been requested.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	There has been no changes to medications. Many thanks, Ward 11
Discharge Comments:	
Follow Up:	No OP Echo
Results Awaited:	Yes OP echo
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

John CAVLIN

Prescription Review
Medications reviewed by pharmacist: Neve Carson (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: John CAVLIN (FY1)

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201
Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 26-Nov-2024

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
18-Nov-2024 13:27	IP	26-Nov-2024	

Specialty	Consultant	Ward	Telephone
General Medicine	Jamdar	GRI Ward 11 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Esmira Gajiyeva (7688416 - Clinical Fellow) on 26 Nov 2024 09:22

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Numark Pharmacy Tel: 554 3281					
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Bisoprolol 2.5mg tablets	oral	1 tablet once daily					
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose (Relvar Ellipta (GlaxoSmithKline UK Ltd))	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	Amended
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	spray one or two doses under the tongue when required for chest pain and then close mouth					Amended
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily					
Nicorandil 10mg tablets	oral	1 tablet twice daily					Added
Nitrofurantoin 50mg capsules	oral	1 capsule four times daily , Fixed Period 7 Day(s) from 26 Nov 2024	Yes				Added
Ramipril 5mg capsules	oral	1 capsule once daily					
Rosuvastatin 5mg capsules	oral	1 capsule once daily					
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	Amended
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Umeclidinium bromide 65micrograms/dose dry	inhalation	1 puff once daily					Amended

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
powder inhaler (Incruse Ellipta (GlaxoSmithKline UK Ltd))							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
dispensed d Wilkinson 26/11/2024

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear doctor, Mr Norwood was admitted to GRI with shortness of brath on 18/11/24. PMH - COPD - IHD - T2DM He was treated for an IECOPD with steroids and iv amoxicillin which was IVOST'd in hospital It was found that he had an increased BNP of 2687 associated with decreased exercise tolerance with increased anginal symptoms, so an outpatient echo has been requested.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	There has been no changes to medications. Many thanks, Ward 11
Discharge Comments:	
Follow Up:	No OP Echo
Results Awaited:	Yes OP echo
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

John CAVLIN

Prescription Review
Medications reviewed by pharmacist: Neve Carson (Pharmacist)
Checked by: Jacqueline CAMPBELL3 (pharmacy technician)
Discharged by: John CAVLIN (FY1)

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@nhs.scot

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 16/10/2024
Reference: JM/RS
Dictated Date: 12/12/2024
Transcribed Date: 13/12/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE802T-DR MACLAY RESP THU PM TIMESHIFT
Date and Time of Appointment - 16/10/2024 14:45

Follow Up: Dr Maclay's Clinic 17th April 2025

Clinical Comments:

Problems:

1. Chest pain on minimal exertion – sounds like crescendo angina

2. Left upper lobe lesion – static on interval imaging

3. Multiple new lung nodules in the last 6 months, waxing and waning

4. COPD – mild airflow obstruction on pulmonary function tests with 250 mls reversibility

5. Ischaemic heart disease – inferior STEMI in 2023 – PCI to RCA

6. Aspergillus IgG 93, autoimmune screen negative

Plan:

1. Update CT scan of chest (13/11/24)

2. Consider bronchoscopy

I reviewed Mr Norwood in my respiratory clinic on 16th October 2024. He still has problems with his anterior upper abdomen/chest wall pain. He awaits a cardiology clinic appointment. He previously attempted an exercise tolerance test but managed less than 2 minutes.

I think it would be reasonable to update Mr Norwood's CT scan. Thereafter we can consider a bronchoscopy. We performed multiple blood tests which showed no evidence of immunodeficiency. It did show a raised aspergillus IgG. The significance of this is uncertain. I have given him an appointment to return to clinic in a few months after his CT scan.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	CARDIOLOGY
Contact Tel:	0141 201 3820
Enquiries to:	MEDICAL SECRETARY
Letter Date:	09/10/2024
Reference:	SD/LP
Dictated Date:	17/09/2024
Transcribed Date:	26/09/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Cardiology; Ward - GRI Ward 43A Cardiology Receiving Consultant - Professor Hany Eteiba; Date of Admission - 17/08/2024
Date of Discharge - 18/08/2024; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
Dear Dr,

Mr Norwood is a 74 year old male, admitted under the care of cardiology due to exertional chest pain. Associated

shortness of breath but under investigation by respiratory physicians. High sensitivity troponins on three occasions were negative. ECG Sinus Rhythm with no acute ST changes. Reviewed by cardiology team and oral nitrate was increased. Bp was slightly labile, therefore reduced Ramipril dose from 5mg twice daily to 5mg once daily. We have organised an early outpatient exercise tolerance test as Mr Norwood was keen for home as no one to look after his cat. He will be followed up at cardiology hot clinic.

PMH:

Limiting shortness of breath and fatigue.

Non cardiac chest pain.

Non ischaemic heart disease - inferior STEMI May 2023 - PCI to RCA.

Residual moderate LAD disease - medical therapy.

Preserved ejection fraction (65%) post MI.

Significant COPD.

Continued smoker.

Type 2 diabetes mellitus.

Bloods: UE, LFT and FBC were unremarkable. CRP was 22.

We would be grateful if his BP could be rechecked in the near future to ensure he is tolerating his increased dose of ISMN and his reduced Ramipril dose.

If you require any further information, please contact ward 43A, GRI.

Yours sincerely,

Cardiology Team,

Ward 43.

FINAL COMMENTS: See IDL for list of medications

Discharge diagnosis:

Angina

Dear Doctor,

I did not personally review this gentleman during his admission, however, I can confirm that the IDL, which I trust you have received is an accurate representation of his time at Glasgow Royal Infirmary. He presented with chest pain which was felt to be likely anginal in origin and his anti-anginal therapy was up-titrated. He was allowed home with follow up planned in the form of an outpatient exercise tolerance test. His chest x-ray from admission has now been reported which showed some scarring in the left upper lobe which has previously been noted but no other acute findings. I note he subsequently attended for his exercise tolerance test but unfortunately he only managed one minute and forty-one seconds due to breathlessness with no chest pain and no ECG changes. He has follow up planned in the Hot Clinic towards the end of the year.

Yours sincerely

Dr Stephen Dobbin

ST8 Cardiology

Electronically Signed: Dr Stephen Dobbin, Doctor

cc.

Norwood Henry CHI: 0101506015

Final Discharge Letter

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	CARDIOLOGY
Contact Tel:	0141 201 3820
Enquiries to:	MEDICAL SECRETARY
Letter Date:	09/10/2024
Reference:	SD/LP
Dictated Date:	17/09/2024
Transcribed Date:	26/09/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Admission: Specialty - Cardiology; Ward - GRI Ward 43A Cardiology Receiving
Consultant - Professor Hany Eteiba; Date of Admission - 17/08/2024
Date of Discharge - 18/08/2024; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
Dear Dr,

Mr Norwood is a 74 year old male, admitted under the care of cardiology due to exertional chest pain. Associated

shortness of breath but under investigation by respiratory physicians. High sensitivity troponins on three occasions were negative. ECG Sinus Rhythm with no acute ST changes. Reviewed by cardiology team and oral nitrate was increased. Bp was slightly labile, therefore reduced Ramipril dose from 5mg twice daily to 5mg once daily. We have organised an early outpatient exercise tolerance test as Mr Norwood was keen for home as no one to look after his cat. He will be followed up at cardiology hot clinic.

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Preserved ejection fraction (65%) post MI.

Significant COPD.

Continued smoker.

Type 2 diabetes mellitus.

Bloods: UE, LFT and FBC were unremarkable. CRP was 22.

We would be grateful if his BP could be rechecked in the near future to ensure he is tolerating his increased dose of ISMN and his reduced Ramipril dose.

If you require any further information, please contact ward 43A, GRI.

Yours sincerely,

Cardiology Team,

Ward 43.

FINAL COMMENTS: See IDL for list of medications

Discharge diagnosis:

Angina

Dear Doctor,

I did not personally review this gentleman during his admission, however, I can confirm that the IDL, which I trust you have received is an accurate representation of his time at Glasgow Royal Infirmary. He presented with chest pain which was felt to be likely anginal in origin and his anti-anginal therapy was up-titrated. He was allowed home with follow up planned in the form of an outpatient exercise tolerance test. His chest x-ray from admission has now been reported which showed some scarring in the left upper lobe which has previously been noted but no other acute findings. I note he subsequently attended for his exercise tolerance test but unfortunately he only managed one minute and forty-one seconds due to breathlessness with no chest pain and no ECG changes. He has follow up planned in the Hot Clinic towards the end of the year.

Yours sincerely

Dr Stephen Dobbin

ST8 Cardiology

Electronically Signed: Dr Stephen Dobbin, Doctor

cc.

NHS Confidential: Personal data about a patient

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

Elaine McLellanAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 18-Aug-2024

Dear Elaine McLellan,

Name	CHI	DoB	Address
Henry Norwood	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
17-Aug-2024 00:53	IP	17-Aug-2024	Transfer to Emergency Department within Same Health Board

Specialty	Consultant	Ward	Telephone
Cardiology	Eteiba	GRI Ward 43A Cardiology Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Ryan McCrorie (Ryan McCrorie - ST1) on 18 Aug 2024 13:33

Discharge Medication:

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Numark Pharmacy Tel: 554 3281					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	No	Patient's own supply			
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,	No	Patient's own supply		Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,	No	Patient's own supply		Y	
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 puffs four times daily	No	Patient's own supply			
Isosorbide mononitrate 50mg modified-release capsules	oral	1 capsule once daily	Yes				Added
Ramipril 5mg capsules	oral	1 capsule once daily	No	Patient's own supply			Amended
Rosuvastatin 5mg capsules	oral	1 capsule once daily	Yes				Added Amended
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,	No	Patient's own supply		Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,	No	Patient's own supply		Y	
Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	1 puff once daily	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-08-17	Atorvastatin 80mg tablets	oral	1 tablet once daily		Stopped before admission
2024-08-17	Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning , Until 05.06.2024.		Stopped before admission
2024-08-17	Isosorbide mononitrate 20mg tablets	oral	1 tablet twice daily , 7am and 1pm		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, Mr Norwood is a 74 year old male, admitted under the care of cardiology due to exertional chest pain. Associated shortness of breath but under investigation by respiratory physicians. High sensitivity troponins on three occasions were negative. ECG Sinus Rhythm with no acute ST changes. Reviewed by cardiology team and oral nitrate was increased. Bp was slightly labile, therefore reduced Ramipril dose from 5mg twice daily to 5mg once daily. We have organised an early outpatient exercise tolerance test as Mr Norwood was keen for home as no one to look after his cat. He will be followed up at cardiology hot clinic. PMH: Limiting shortness of breath and fatigue. Non cardiac chest pain. Non ischaemic heart disease - inferior STEMI May 2023 - PCI to RCA. Residual moderate LAD disease - medical therapy. Preserved ejection fraction (65%) post MI. Significant COPD. Continued smoker. Type 2 diabetes mellitus. Bloods: UE, LFT and FBC were unremarkable. CRP was 22.

Norwood Henry CHI: 0101506015 DoB: 01-Jan-1950

	We would be grateful if his BP could be rechecked in the near future to ensure he is tolerating his increased dose of ISMN and his reduced Ramipril dose. If you require any further information, please contact ward 43A, GRI. Yours sincerely, Cardiology Team, Ward 43.
Discharge Comments:	
Follow Up:	Yes Hot Clinic 4-6/52
Results Awaited:	Yes OP ETT within 3/52
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Ryan MCCRORIE

Prescription Review
Checked by: Nicola GOODWIN (Staff Nurse-cardiology)
Discharged by: Nicola GOODWIN (Staff Nurse-cardiology)

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 18/08/2024

Consultant: Dr Stephen Boyce

EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
Glasgow
G40 2DA

Dear EM McLellan

Re: **Norwood Henry** DOB: **01/01/1950** CHI: **0101506015**
248 MILLROAD DRIVE
Glasgow G40 2NS

Attended on: **16/08/2024 at 21:37 hrs.** Departed on: **17/08/2024 at 00:53 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
chest pain/sob

Nursing Assessment:
CHEST PAIN. NEWS 5. Pt c/o onset of chest pain radiating up to (L) side of neck this am - constant throughout the day. Continues in triage. States prev MI with x1 stent last year. Appears uncomfortable. *Tachycardic and hypotensive in triage*

Investigations in ED:

1. Bone Profile	**2. CRP**	**3. Glucose**
4. LFT	**5. Troponin I hs**	**6. Urea and Electrolytes**
7. Full Blood Count	**8. Coagulation screen**	**9. Magnesium**
10. XR Chest		

Norwood Henry CHI: 0101506015

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:
Admitted cardiology

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Kaitlyn Heather Boyle
Doctor

Copies to:
1. EM McLellan (GP)

School Address:

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 15/08/2024
Reference: JM/RS
Dictated Date: 15/08/2024
Transcribed Date: 16/08/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 15/08/2024 13:15

Follow Up: Dr Maclay's Clinic 10th October

Clinical Comments:

Problems:

1. Chest pain on minimal exertion – sounds like crescendo angina

2. Left upper lobe lesion – static on interval imaging

3. Multiple new lung nodules in the last 6 months, waxing and waning

4. COPD – mild airflow obstruction on pulmonary function tests with 250 mls reversibility

5. Ischaemic heart disease – inferior STEMI in 2023 – PCI to RCA

Plan:

1. As per x-ray meeting to check immune function

2. Add Nicorandil 10 mg bd

3. Early cardiology review – Dr Rae will organise

4. Review in clinic in 2 months and consider bronchoscopy if symptoms have settled

I reviewed Mr Norwood in my respiratory clinic on 15th August 2024. Since his last attendance his condition has deteriorated somewhat. He complains of chest tightness on exertion with associated breathlessness. While he does not say this is identical to his previous angina which felt more like indigestion this sounds like typical cardiac pain. It tends to settle down 15-20 minutes after he stops. GTN does not always help. I note his preivous cardiac history and his history of a STEMI in 2023.

I took the opportunity to discuss his case with Dr Rae. He agreed to expedite his clinic appointment and in addition he has suggested we prescribe Nicorandil to his current medications. I have given Mr Norwood worsening advice and checked his troponin today. As regards his lung nodules we discussed his case at our x-ray meeting. These lung nodules are unlikely to be causing any symptoms in any case. I checked his immune function today. The plan was potentially to do a bronchoscopy but given his cardiac symptoms I think we should avoid this for now. I will arrange for him to come back to clinic in a couple of months to see how he is getting on and consider organising a bronchoscopy.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

NHS
Greater Glasgow and Clyde

Patient Label
0101506015
NORWOOD M
Henry 01/01/1950
248 MILLROAD DRIVE
Glasgow, Lanarkshire
G40 2NS

The patient attended MRI Clinic at SM

Hospital on 15/8/24 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: c.f S.A - found like ansion

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
NICORANDIL	10mg	BD	ongoing

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Respiratory Department
Contact Tel:	0141 451 5358
Enquiries to:	ruth.scoular@ggc.scot.nhs.uk
Letter Date:	18/07/2024
Reference:	JM/RS
Dictated Date:	18/07/2024
Transcribed Date:	19/07/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 18/07/2024 14:00

Clinical Comments:

Problems:

1. Left upper lobe lesion – static on interval imaging

2. Multiple new lung nodules in the last 6 months

3. COPD – mild airflow obstruction on pulmonary function tests with 250 mls reversibility

4. Ischaemic heart disease – inferior STEMI in 2023 – PCI to RCA

Plan:

1. Discuss CT scan at x-ray meeting

2. Update ANA, ANCA and aspergillus serology

I reviewed Mr Norwood in my respiratory clinic on 18th July 2024. His main complaint is of breathlessness and chest discomfort. There is no obvious new cause for this on his CT scan. He does have new lung nodules throughout both lungs. They are unlikely to be causing any symptoms. I checked his ANA and ANCA but I am not certain as to the cause of these. The index left upper lobe nodule is static.

I will discuss his case at our x-ray meeting. I have updated his blood tests. I will be in touch with him regarding follow up for him.

NB Following discussion at X-ray meeting, I will arrange to see him and organise a bronchoscopy and wash, immune function assessment (igs, fnal abs and lymphocyte subsets). Has mod positive ANA, but negative ANCA and ENAs. Aspergillus IgG 93.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Glasgow Royal Infirmary: Diagnostic Imaging Report

Patient	HENRY NORWOOD	**Address**	248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS
DOB	01/01/1950	**CHI No.**	0101506015
Ref. Source	Abercromby Practice	**Practice Code**	46555
Referrer	Dr Elaine Mclellan	**Exam Date**	28/05/2024 14:41

Report Summary

Clinical History: persistent cough, spit, soboe, wheeze also exhausted all the time hx of apical nodules left upper lobe ?new lung pathology ?infection

XR Chest

28/05/2024, 14:55, XR Chest
CHEST:
Clinical History:
Persistent cough with shortness of breath on exertion and wheeze. History of apical nodules on the left
Findings:
No active lung disease.\X00a0\
Background changes suggestive of COPD, with bilateral apical scarring and slight blunting of both costophrenic angles.\X00a0\
Heart is not enlarged.\X00a0\
No acute rib cage abnormality.
No interval change compared to the examination in September 2023
Reported by Dr Stephen D'Souza, Axon Diagnostics Radiologist, GMC 3262711
If you are a clinician and have a query on this report, please email clinicalqueries@axondiagnostics.com

Last verified by: AXON (AXON Reporting)
Reported by: AXON (AXON Reporting)

GP Links Microbiology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Address	248 Millroad Drive Glasgow G40 2NS

Specimen Details

Specimen Number	M,24.1206274.W
Specimen Type	Sputum
Date/Time Collected	10.04.24 / 11:11
Date/Time Received	17.04.24 / 15:25
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	19.04.24 / 11:37

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Elaine McLellan Order No:IS23016427
LOCATION: Abercromby Pr. P3 Bridget

CULTURE RESULT: No significant growth

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Mary Christine Berberabe MIC
Date/Time authorised: 19.04.2024 11:32
** END OF REPORT **

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.4733280.E
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:10
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	11.04.24 / 10:07
Details	persistent cough, spit, s...

Results

Thyroid funct test - Authorised on 11.04.24 at 10:03

TSH	0.79	mU/L	(0.35-5.00)
Free T4	16.7	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.4733301.Z
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:12
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	11.04.24 / 12:57
Details	persistent cough, spit, s...

Results

BNP (NT-Pro) - Authorised on 11.04.24 at 12:52

NT pro BNP	87	ng/L

Comments:
NT-proBNP should always be interpreted in combination with clinical evaluation. Please see Heart Failure Diagnostic Pathway When used as recommended by protocol, NT-proBNP >= 400 suggests proceeding to ECG and echo.

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.4733280.E
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:10
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	11.04.24 / 15:02
Details	persistent cough, spit, s...

Results

Serum Ferritin - Authorised on 11.04.24 at 10:03

Serum Ferritin		80	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

Serum Folate - Authorised on 11.04.24 at 10:03

Serum Folate	-	<2.2	ug/l	(3.1-20.0)

Serum Vitamin B12 - Authorised on 11.04.24 at 14:55

Serum Vitamin B12		216	ng/l	(200-883)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.4733280.E
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:10
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	11.04.24 / 09:07
Details	persistent cough, spit, s...

Results

Bone Profile - Authorised on 11.04.24 at 09:02

Calcium		2.38	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.47	mmol/L	(2.20-2.60)
Phosphate		1.35	mmol/L	(0.80-1.50)
Albumin		37	g/L	(35-50)
Alkaline Phosphatase	+	162	U/L	(30-130)

C-reactive Protein - Authorised on 11.04.24 at 09:02

C Reactive Protein	+	14	mg/L	(0-10)

Urea & Electrolytes - Authorised on 11.04.24 at 09:02

Sodium		140	mmol/L	(133-146)
Potassium		5.0	mmol/L	(3.5-5.3)
Chloride		102	mmol/L	(95-108)
Urea		4.4	mmol/L	(2.5-7.8)
Creatinine		67	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 11.04.24 at 09:02

Total Bilirubin		12	umol/L	(<20)
ALT		14	U/L	(<50)
AST		17	U/L	(<40)
Alkaline Phosphatase	+	162	U/L	(30-130)
Albumin		37	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.4733282.P
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:10
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	11.04.24 / 02:32
Details	persistent cough, spit, s...

Results

Glucose - Authorised on 11.04.24 at 02:27

Glucose	5.6	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,24.5995674.R
Specimen Type	Blood
Date/Time Collected	10.04.24 / 14:26
Date/Time Received	10.04.24 / 19:10
Requested By	Dr Elaine McLellan
GP Practice	46555
Date/Time Reported	10.04.24 / 20:07
Details	persistent cough, spit, s...

Results

Full Blood Count - Authorised on 10.04.24 at 19:19

White Blood Count		9.4	x10^9/l	(4.0-10.0)
Red Cell Count		5.04	x10^12/l	(4.50-6.50)
Haemoglobin		154	g/l	(130-180)
Haematocrit		0.458	l/l	(0.400-0.540)
Mean Cell Volume		90.9	fl	(83.0-101.0)
MCH		30.6	pg	(27.0-32.0)
Platelet Count		278	x10^9/l	(150-410)
Neutrophils		6.0	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes	+	1.2	x10^9/l	(0.2-1.0)
Eosinophils	+	0.51	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

ESR - Authorised on 10.04.24 at 20:05

ESR		2	mm/hr	(0-30)

End of Report

Norwood Henry CHI: 0101506015

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory Department
Contact Tel: 0141 451 5358
Enquiries to: Ruth Scoular
Letter Date: 19/01/2024
Reference: JM/RS
Dictated Date: 18/01/2024
Transcribed Date: 18/01/2024

Henry Norwood
248 MILLROAD DRIVE
Glasgow
Lanarkshire
G40 2NS

Dear Mr Norwood,

I tried to contact you on 17th January 2024 to discuss the results of your CT scan. I am pleased to report that the findings are static and are not of concern. If anything these nodules have reduced over time. The radiologist has recommended one further scan in 6 months and I have booked this today. If the changes are static at that time we can consider discharge.

If you have any questions or concerns please contact me on the above number.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc. Dr McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Respiratory Department
Contact Tel:	0141 451 5358
Enquiries to:	ruth.scoular@ggc.scot.nhs.uk
Letter Date:	18/01/2024
Reference:	JM/RS
Dictated Date:	18/01/2024
Transcribed Date:	18/01/2024

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 18/01/2024 14:45

Clinical Comments:

Problems:

1. Left upper lobe lesion – reduced in size on interval imaging

2. Left upper lobe lesions – smaller over greater than 1 year follow up

3. COPD – moderate airflow obstruction

4. Coronary calcification on CT

5. Current smoker

6. Recent MI

Plan:

1 further 6 month follow up scan then consider discharge

Mr Norwood attended for a CT scan on 17th January 2024. Unfortunately I contacted him by telephone and he was not available. I am pleased to report there are no new concerning findings on the scan. The new left upper lobe nodule anteriorly we were reviewing has reduced slightly in size. The left apical nodules are unchanged and certainly over the course of a year or so have reduced in size. This is reassuring. I think one further scan in 6 months would sufficient to convince me there is no likely concerning abnormality here although I think that would be unlikely in any case. I will organise another appointment for Mr Norwood to discuss this in 6 months or so.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3817
Enquiries to:	Dr Robertson's Secretary
Letter Date:	27/12/2023
Reference:	KR/RM
Dictated Date:	27/12/2023
Transcribed Date:	29/12/2023

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Cardiology; Clinic - GRKROCA6-DR ROBERTSON CARDIO CLINIC WED PM
Date and Time of Appointment - 27/12/2023 14:15

Follow Up: 04/06/2025 15:45 Cardiology Dr Keith Robertson

Clinical Comments:
Diagnoses

1. Limiting shortness of breath and fatigue.

2. Non cardiac chest pain.

3. Non ischaemic heart disease - inferior STEMI May 2023 - PCI to RCA.

4. Residual moderate LAD disease - medical therapy.

5. Preserved ejection fraction (65%) post MI.

6. Significant COPD.

7. Continued smoker.

8. Type 2 diabetes mellitus.

Changes to medication : Please switch Atorvastatin to Rosuvastatin 5mg once daily, increase Bisoprolol to 10mg once daily and increase Ramipril to 5mg twice daily.

Outstanding investigations : Nil.

Follow up : Routine return.

Many thanks for referring this 73 year old gentleman whom I reviewed at the Cardiology Clinic today. Subsequent to referral, he was admitted under my colleagues in September with non cardiac chest pain.

Today he describes limiting symptoms. He tells me he is exhausted walking across the room and short of breath on very minimal exertion. He describes a chest tightness which is mostly there all the time and affects his upper chest. It appears to get a little worse with "moving" but is different in character from his ischaemic pain which was more of a retrosternal burning sensation. He has not used sublingual GTN for some time but when he did try it for this continuous chest heaviness it did not help.

He has of course known ischaemic heart disease having suffered an inferior STEMI in May of this year and requiring primary PCI to right coronary artery. It was noted he had moderate but non obstructive coronary disease in his LAD as well. Echocardiography showed preserved biventricular function with an ejection fraction 65% of the left ventricle.

We explored drug compliance. He tells me that he does not take his statin regularly and over the last month has maybe taken 8-10 doses. He feels less "panicked" when he is not taking his statin but tells me that he takes his other tablets regularly. Unfortunately he continues to smoke, getting through 2-3 cigarettes most days. He has known COPD with moderate airflow obstruction on previous testing. He measures his oxygen saturations at home and they tend to sit between 91-95%. He has noticed on monitoring his pulse oximetry that his heart rate has increased.

On examination he was comfortable at rest. His heart rate was 108 beats per minute in regular sinus rhythm and his blood pressure elevated at 177/114. His height is 167.5cm with a weight of 58kg giving a BMI of 20.6. He was euvolemic with no evidence of cardiac decompensation clinically. He has reduced chest expansion and reduced air entry bilaterally with bronchovesicular breath sounds consistent with COPD.

I do not think that his continuous chest heaviness is ischaemic as it is very different in character from ischaemic events and almost continuous. I suspect his breathlessness is predominantly due to COPD given his good cardiac function and lack of clinical heart failure.

We do have room for optimisation however. Given he does not take his Atorvastatin regularly and his LDL is 3. I would advise switching to Rosuvastatin 5mg once daily which hopefully he will tolerate. I would also recommend increasing his Bisoprolol to 10mg once daily and Ramipril up to 5mg twice daily.

I will keep him under occasional review and he will be seen again in the clinic in due course.

Many thanks again for the referral.

Kind regards.

Yours sincerely

Dr Keith Robertson

Consultant Cardiologist

Electronically Signed: Dr Keith Robertson, Consultant

cc.

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5358
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Respiratory Department
Contact Tel:	0141 451 5358
Enquiries to:	ruth.scoular@ggc.scot.nhs.uk
Letter Date:	26/10/2023
Reference:	JM/RS
Dictated Date:	26/10/2023
Transcribed Date:	26/10/2023

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 26/10/2023 14:00

Clinical Comments:

Problems:

1. New left upper lobe lesion, anterior, looks inflammatory

2. Left upper lobe lesions - smaller on interval imaging

3. COPD – moderate airflow obstruction

4. Coronary calcification on CT

5. Current smoker

6. Recent MI

Plan:

3 month interval CT scan and telephone consultation

I reviewed Mr Norwood in clinic on 26th October 2023. He was complaining slightly of breathlessness. He only has moderate COPD and as such I wonder if this is related to his problems with ischaemic heart disease having recently had a myocardial infarction and been place on Ticagrelor. This was recently stopped.

Mr Norwood's CT scan has shown the nodules we were follow up have reduced in size. However there is a new left upper lobe anterior lung nodule. This was not present on the previous CT scan and is likely inflammatory.

I have organised for Mr Norwood to have a 3 month scan and a telephone consultation in January 2024.

Yours sincerely

Dr J Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

Glasgow Royal Infirmary: Diagnostic Imaging Report

NORWOOD, HENRY
248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS
Ref. Locn. : **GRI QEB OP Clinic Area A**
Referrer : **Dr John MacLay**

DoB : **01-Jan-1950**
CHI. No. : **0101506015**
CRIS No. : **5425239**
Curr Ward:

VERIFIED Verified By: Dr Colin Noble 04-Oct-2023 0855.

Clinical History :

End of Sept 2023 please. 6/12 CT for RUL nodules. One smaller, one new nodule.
Has the patient had a recent chest X-ray? : Yes
Unexplained and persistent (more than six weeks) CTRL click to select all that apply : Dyspnoea
Persistent Haemoptysis in smokers/ex-smokers over 40 years of age? : No
New or not previously documented finger clubbing? : No
Persistent or recurring chest infection? : No
Is the patient a Smoker/Ex Smoker? : Yes
previous CT Feb 12023 detecetd indeterminate subsolid abnormalityL upper lobe ; follow up CT 3 months recommended which would be due now
(Information via Order Comms)
on 25-Jul-2023 at 14:28)

CT Thorax :

Noncontrast scan. Comparison is made with the chest film of 18/09/2023 and the CT of 21/03/2023 04/09/2022. No major findings within the lower neck or the axillae. No mediastinal masses and no significant intrathoracic lymphadenopathy. There is modest coronary artery calcification and there is a stent in the RCA. No other cardiac findings. Normal calibre central pulmonary arteries and thoracic aorta. There are diffuse emphysematous changes but no large bullae. There is postinflammatory scarring at both lung apices. The cavitating focus posteriorly in the left upper lobe adjacent to the oblique fissure overall shows no major change in size and there is a persistent small focus of inflammatory debris within this cavity. Antero medially within the left upper lobe at the level of the carina (image 3 - 193) there is a new irregular 11 mm nodule which may be inflammatory. There is a static small focus of scarring posteriorly in the apical segment of the right lower lobe. No other focal lung pathology of note.
No obstructive endobronchial pathology and no bronchiectasis. No evidence of interstitial lung disease. No pleural pathology. No focal abnormality within the oesophagus or proximal stomach. The visualised pancreas is a little atrophic but shows no focal abnormality. No other major findings within the limited views of the upper abdomen. There are modest degenerative changes within the spine. No destructive skeletal pathology.

Summary: No clear evidence of intrathoracic malignancy. Essentially static left upper lobe scarring. New small left upper lobe nodule which may be inflammatory.

Event Number : E-37559572  Examination Date : **29-Sep-2023**
Copy To : Dr Mousumi Rumpa Mukherjee, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street
Examinations : **CT Thorax**

NHS Confidential: Personal data about a patient

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 19-Sep-2023

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
HENRY NORWOOD	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
18-Sep-2023 20:19	IP	19-Sep-2023	

Specialty	Consultant	Ward	Telephone
Cardiology	Connelly	GRI Ward 43A Cardiology Receiving	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Rebecca Galloway (8001311 - aug23 fy1) on 19 Sep 2023 11:11

Discharge Medication:

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Numark Pharmacy Tel: 554 3281					Added
Aspirin 75mg dispersible tablets	oral	1 tablet once daily					
Atorvastatin 80mg tablets	oral	1 tablet once daily					
Bisoprolol 5mg tablets	oral	1 tablet once daily in the morning					Added
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning , Until 05.06.2024.	Yes				Added Amended
Fluticasone furoate 184microg/ Vilanterol 22microg/dose	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 puffs four times daily					Added
Isosorbide mononitrate 20mg tablets	oral	1 tablet twice daily , 7am and 1pm					Added
Ramipril 2.5mg capsules	oral	1 capsule twice daily					
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	1 puff once daily					Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Supply clopidogrel only. Potential for project. BYChai Dispensed - A Bell

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2023-09-19	Bisoprolol 2.5mg tablets	oral	1 tablet once daily		Course completed
2023-09-19	Colecalciferol 1,000unit tablets	oral	ONE TO BE TAKEN DAILY,		Course completed
2023-09-19	Ticagrelor 90mg tablets	oral	1 tablet twice daily , Duration TBC		Course completed
2023-09-19	Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry Norwood was admitted to the GRI on the 18/09/23 with recurrent chest pain episodes with associated SOB. Background - Previous STEMI May 23 (PCI to RCA), Echo in May 23 showed an EF of 65%, COPD, LUL lesion for CT in 6/12, Colonic polyps, T2DM and Psoriasis. Henry's ECG showed normal sinus rhythm and his troponins were both <4. His CXR showed no focal abnormalities. He was stable throughout this admission. Medical Changes - Ticagrelor stopped due to intolerance of side effects - worsening breathlessness. Clopidogrel 75mg added - loaded with 300mg on the 19/09. Henry is now medically fit for discharge.

	Kind Regards, Ward 43A, GRI.
Discharge Comments:	
Follow Up:	No Nil required.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Rebecca GALLOWAY

Prescription Review
Medications reviewed by pharmacist: Bik Yun Chai (Pharmacist)
Checked by: Melissa RICE (Pharmacy Technician)
Discharged by: Megan DUTCH (staff nurse)

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

03/08/2023

Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr EM McLellan

Re Patient:
Henry Norwood
248 MILLROAD DRIVE
Glasgow
G40 2NS

CHI Number: 0101506015

Speciality: Dieticians

It would appear from our records that one of the following applies:

- **Your patient has not responded to our recent letters inviting them to arrange an appointment.**
- **Your patient has indicated that they no longer require an appointment.**
- **Your patient has refused two reasonable offers of appointment.**

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.
If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Emma Walker6

Norwood Henry CHI: 0101506015

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/08/2023

Consultant: Dr Pauline Grose

EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
Glasgow
G40 2DA

Dear EM McLellan

Re: **Norwood Henry** DOB: **01/01/1950** CHI: **0101506015**
248 MILLROAD DRIVE
Glasgow G40 2NS

Attended on: **01/08/2023 at 11:52 hrs.** Departed on: **01/08/2023 at 20:20 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Not known**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
SELF Worsening breathlessness on minimal exertion, anginal pains. hx MI

Nursing Assessment:
SOBOE. when has episodes of breathlessness gets epigastric pain and chest pain. pain free at present. worse since recent admission for MI

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. XR Chest**
10. Troponin I hs		

Norwood Henry CHI: 0101506015

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Referred to AAU with exertional chest pain and increased SOBOE since STEMI in May. Denies any associated symptoms. Bloods: Trop 5 then 4, WCC 10, CRP 5. CXR: Clear. ECG: SR, old TWI aVL. Likely multifactorial chest pain - angina, COPD and anxiety. Discharged with worsening advice. GP to consider referral back to cardiology if symptoms on-going.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rachel Vaughan
Doctor

Copies to:

1. EM McLellan (GP)

School Address:

Norwood Henry CHI: 0101506015

Clinical letter - GP: medication review

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Cardiac Rehabilitation
Contact Tel: 01412016678
Enquiries to:

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Letter Date: 07/07/2023
Reference: progress review medication review
Dictated Date: 07/07/2023
Transcribed Date: 07/07/2023

Dear GP,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Following telephone progress review today, Henry tells me he had recent attendance at ED GRI. He continues to describe symptoms of acute shortness of breath during exertion which is paired with a pressure discomfort to his diaphragm area. The sensation is so acute and sudden that getting GTN out of pocket and using takes him some time, therefore he is unsure if use of GTN brings full relief or if his symptoms improved with the time taken to get the spray ready.

I had contacted consultant cardiologist Dr Eitiba at time of initial post event clinic to advise him of the sob symptoms and he had agreed that trialling withhold of bisoprolol might be a good plan. However henry has found no benefit to stopping and has recommenced following his visit to ED this week.

Therefore I am contacting you to ask for review of medication, particularly to consider commencing an antianginal agent such as ISMN and I will review his progress at end of next week on this. He will need BP/HR review as we have not seen him face to face as declined engagement in phase 3 exercise programme at present.

I note that there have been unusual findings on CXR both during admission after event and in ED this week. I wonder if further investigation will eliminate respiratory as a possible cause.

Electronically Signed: ,

cc.

NORWOOD, Henry (Mr)
BORN 01-Jan-1950 (73y) GENDER Unknown
CHI 0101506015

Request to GP to prescribe medication

Last updated by Jennifer BUTT (Jennifer Butt) on 07-Jul-2023 11:12 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	07-Jul-2023		
Hospital	Glasgow Royal Infirmary	Other	—
Specialty / Service	Cardiology		
Clinic	Other	Please Specify	cardiac rehabilitation - progress review

Clinician Details

Name	Jennifer Butt
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	0310052s
Contact Details	01412016678 Jennifer.butt@ggc.scot.nhs.uk

Dear Doctor

Your Patient Was	Reviewed

Please Prescribe

Urgent / Routine: Urgent - within 48 hours

⚠ Phone practice prior to completing form.

indication: consider commencing ISMN for antianginal purpose. Please see GP letter sent electronically today following progress review.

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Isosorbide mononitrate	—	—	Addition	—

Replacements

This medication replaces which should now be stopped: nil

Patient advised to collect prescription: Yes

ℹ Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: please check BP/HR at nearest convenience

ℹ When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Emergency Department
Contact Tel: 0141 201 6654
Enquiries to: Nadine Robertson
Letter Date: 06/07/2023
Reference: AD/NR
Dictated Date: 06/07/2023
Transcribed Date: 06/07/2023

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

I am writing in relation to a recent chest x-ray report for this gentleman who recently attended Glasgow Royal Infirmary Emergency Department.

Mr Norwood attended the Emergency Department on the 4th July 2023 with a history of chest pain. He was seen by one of my colleagues who felt his symptoms were likely angina related, particularly because he had not been taking his Betablocker recently. He had no infective symptoms in terms of cough or fever but he did let my colleague know that he had recently been treated for a chest infection in primary care with oral antibiotics. He had a normal set of blood tests, clear troponins and a chest x-ray at the time which was thought to show nil acute.

The subsequent report of this chest x-ray says that *"comparing to fairly recent imaging there is a streaky oblique band of opacity in the left mid zone, radiating from the hilum which is likely inflammatory/infection in context."*

I thought it pertinent to let you know this and given he has had a recent course of antibiotics and had no infective symptoms on his presentation to the Emergency Department, I don't think he needs any more specific treatment, however I would be grateful if you would be kind enough to consider organising a repeat CXR film in 4-6 weeks to check resolution of this radiographic change.

Many thanks for dealing with this.
Kind regards

Yours sincerely

Dr Alan Davidson

Consultant in Emergency Medicine

Electronically Signed: Dr Alan Davidson, Consultant

cc.

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 05/07/2023

Consultant: Dr Shona Leighton

EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
Glasgow
G40 2DA

Dear EM McLellan

Re: **Norwood Henry** DOB: **01/01/1950** CHI: **0101506015**
248 MILLROAD DRIVE
Glasgow G40 2NS

Attended on: **04/07/2023 at 18:14 hrs.** Departed on: **05/07/2023 at 02:23 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
unwell difficulties breathing

Nursing Assessment:
CHEST PAIN/SOB. news =4. CCP/epigastric pain, onset 1/7 ago, worsening today, near collapse episode today. ongoing tightness in triage. feels SOBOME. pmh copd, MI 6/52 stented.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. Troponin I hs**
10. XR Chest		

Norwood Henry CHI: 0101506015

Diagnosis:

Diagnosis	Side	Site
Angina Pectoris, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

73M PC 1/7 bilateral lower chest wall pain on exertion. Recent NSTEMI. Tells me experiences daily exertional chest pain, easing with rest, lasting ~10 minutes. No infective features, syncope or evidence of heart failure. Patient tells me has stopped taking bisoprolol as feels he takes too many medications. Examination, CXR, ECG and TnTs negative for ischaemia. Imp: likely stable angina. Discharged, advised to resume beta-blocker or discuss with GP, has cardiac rehab follow up appt in 2 days.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Kieran Ruthven
Doctor

Copies to:

1. EM McLellan (GP)

School Address:

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Cardiac Rehabilitation
0141-201-6678

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 29/05/2023
Reference: JB/MC
Dictated Date: 30/05/2023
Transcribed Date: 30/05/2023

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Cardiac Rehab; Clinic - GRCRCR1-CR ASSESSMENT MONDAY AM
Date and Time of Appointment - 29/05/2023 09:00

Clinical Comments:
DIAGNOSIS: Inferolateral STEMI 09/05/2023 at GJNH

ANGIOGRAM: 09/05/2023 pPCI with 1 x DES to RCA. Mild non obstructive stenosis mid vessel and LAD. Medical management in the first instance.

ECHOCARDIOGRAM: 11/05/2023 normal LVSF. EF 65%. Inferior wall motion abnormality.

DAPT twelve months Ticagrelor.

GP RECOMMENDATIONS

I have arranged for Phlebotomy Hub repeat bloods in approximately six weeks time which we will review. Please consider further up titration of Ezetimibe for cholesterol reduction should lipids remain elevated. Please review beta blocker for Mr Norwood as his main complaint today at clinic was being very breathless and exacerbation of his COPD following initiation of secondary prevention. I have e-mailed consultant to discuss but await feedback.

PROGRESS SINCE DISCHARGE

Henry had a good overall current cardiac condition and is positive going forward. He denies any chest pain since event and ankle swelling. He denies dizziness, palpitations and right radial approach has now healed well following angiogram procedure. He has noticed a marked increase in COPD breathlessness which is on exertion only. Takes a few minutes to settle at rest and having to

use regular inhalers which work well. One use of GTN spray since discharge for shortness of breath but was ineffectual and on reflection he felt that it was COPD

MEDICATIONS

All secondary prevention medications commenced with the exception of Bisoprolol appears to be tolerated well. He has a good overall understanding of safe GTN use and appropriate use with mode of action. He appears to be well up titrated at present given today's blood pressure and heart rate reading. He also of note had recent steroid and antibiotic prescription for exacerbation of COPD in April just prior to recent event. He denies any symptoms of ED.

VITAL SIGNS

BP 116/50 mmHg Heart rate 58 bpm and regular.

MODIFIABLE CORONARY HEART DISEASE RISK FACTORS:

Smoking: Current smoker of less than 5 cigarettes per day. This is a reduction from 20. He has fully abstained for one week but lapsed and started again. Plans to fully abstain going forward and has declined SFS input.

Alcohol: Non drinker.

Diet: Doesn't meet recommendations. He complains of weight loss and finds it hard to gain weight. He was seen by a dietician one year ago and had been buying build up drinks himself ever since.

Weight: 60kg. BMI = 21. I have referred him with his consent to dietician for further support.

Cholesterol: 5.4 mmol/l Trig - 1.2, LDL 3.4 on 09/05/2023. Newly commenced on Atorvastatin 80mg following repeat lipids and LFT's. Please consider addition of Ezetimibe 10mg if LDL remains elevated above 1.8 mg following repeat Phlebotomy Hub bloods.

Hypertension: No history of hypertension. BP as above. Appears to be well up titrated at present.

Diabetes: Yes, Type II. Diet controlled. HbA1c 44 on 09/05/2023.

Physical Activity:

Stress: When asked about emotional recovery Henry denies any concerns with mood following event but main concern today was stress from finances. Henry has enquired about support but not suitable for any as he earns too much through his pension therefore he feels he needs to keep working in the family company. He feels with better medication control and reduction in his breathlessness he will be able to pursue this and his anxiety levels will resolve. No psychology referral required at present.

ADDITIONAL INFORMATION

No family history of CHD. We discussed return to work and phased return however by time of Post MI Clinic he had already returned to his work full time six days per day 10 hours. He has follow up with the Respiratory Clinic on 26/10/2023 to monitor lung lesion. Mr Norwood was assessed today by the Cardiac Rehab Nursing Team following recent cardiac event. He denies any cardiac sounding symptoms but is notably more short of breath as COPD symptoms have worsened since discharge.

Henry was also assessed by the Cardiac Rehab Physiotherapist today and plans to do his own home exercise programme.

I will review Henry for progress in approximately four weeks time.

If you require any additional information please do not hesitate to contact me.

Yours sincerely

Jennifer Butt

Cardiac Rehabilitation Nurse Specialist

Electronically Signed: ,

cc.

NORWOOD, Henry (Mr)
BORN 01-Jan-1950 (73y) GENDER Unknown
CHI 0101506015

Request to GP to prescribe medication

Last updated by Jennifer BUTT (Jennifer Butt) on 29-May-2023 15:14 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	29-May-2023		
Hospital	Glasgow Royal Infirmary	Other	—
Specialty / Service	Cardiology		
Clinic	Yes	Please Specify	cardiac rehabilitation

Clinician Details

Name	Jennifer Butt
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	0310052s
Contact Details	01412016678 Jennifer.butt@ggc.scot.nhs.uk

Dear Doctor

Your Patient Was	Seen

Please Prescribe

Urgent / Routine	Routine - prescription available 48 hours following request
indication	review bisoprolol due to worsening copd sx. I have advised to stop taking from 30/5/2023 as I await consultant returning email for advice. HR today at clinic 58 regular however new sob following bblocker initiation

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
bisoprolol	nil	stop	—	stop

Replacements

This medication replaces which should now be stopped	na
Patient advised to collect prescription	Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary	please see EPR and clinic letter to follow 30/5/2023

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Golden Jubilee National Hospital

Agamemnon Street, Clydebank G81 4DY
Telephone: 0141 951 5000
www.nhsgoldenjubilee.co.uk

Chair: Susan Douglas-Scott CBE
Chief Executive Officer: Jann Gardner

Golden Jubilee National Hospital
Patients at the heart of progress

DEPARTMENT OF INTERVENTIONAL CARDIOLOGY
CORONARY LIST: 09 May 2023

Dr Gillian Marshall
Consultant Cardiologist
Level 3 Cardiology, Walton Building
Glasgow Royal Infirmary
Glasgow
G4 0SF

Consultant: Professor Hany Eteiba
Direct Dial: 0141 951 5180
E-Mail carol.johnstone3@gjnh.scot.nhs.uk

Fax: 0141 951 5859
Date Dictated: 12/05/2023
Date Typed: 15/05/2023
Ref: 3715757
Letter Ref: HE/CJ/

Dear Gillia

Patient Name Henry Norwood **CHI:** 0101506015 **DOB:** 01/01/1950
Patient Address: 248 Millroad Drive, Glasgow, G40 2NS

Date of Admission: 09 May 2023
Date of Discharge: 10 May 2023

Diagnoses:
1. **Inferior STEMI**
2. **Smoker**
3. **Chronic Obstructive Airways Disease**

Procedure:
1. **Coronary Angiography**
2. **Coronary Angioplasty**

The above patient was transferred as an emergency for coronary angiography. He developed severe cardiac ischaemic chest pain with ECG evidence of ST elevation inferior myocardial infarction. He was transferred to the Golden Jubilee National Hospital for angiography.

This was uneventfully performed via the right radial route. He had essentially single-vessel disease with severe proximal to mid ulcerated right coronary artery lesion with residual filling defect. This was successfully treated with single drug eluting stent (3.5 x 38 mm Xience Pro). 3.756 x 15 mm non-compliant balloon was used to optimise stent deployment with very good results. He had modest angiographically non-obstructive left main and LAD pathology and this will be treated medically with follow-up at base hospital to assess his progress, symptoms and functional status and screen for any evidence of reversible myocardial ischaemia.

We would, of course, be happy to see him in the future if necessary. Meantime I shall leave his follow-up and further management in your capable hands. We re-emphasised the importance of secondary preventive measures including smoke cessation.

Kind regards,

Yours sincerely

Professor Hany Eteiba MD, FRCP, FACC, FSCAI, FIACS
Consultant Cardiologist
Associate Medical Director - Regional and National Medicine

CC
(D) Dr EM McLellan, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA

(P) Cardiac Rehabilitation, Cardiac Rehabilitation Services, 2nd Floor, Cuthbertson Building, Glasgow Royal Infirmary, Wishart Street, G4 0SF

Authorised on 17/05/2023 13:59:18 by Professor Hany Eteiba, MD, FRCP, FACC, FSCAI.

NHS Confidential: Personal data about a patient

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 12-May-2023

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
HENRY NORWOOD	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
10-May-2023 14:46	IP	11-May-2023	

Specialty	Consultant	Ward	Telephone
Cardiology	Marshall	GRI Ward 43C Cardiology CCU	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Muhammad Riaz (Muhammad Riaz - FY2) on 11 May 2023 11:58

Discharge Medication:

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	Yes				Added
Atorvastatin 80mg tablets	oral	1 tablet once daily	Yes				Added
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	Yes				Added
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Colecalciferol 1,000unit tablets	oral	ONE TO BE TAKEN DAILY,				Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	
Ramipril 2.5mg capsules	oral	1 capsule twice daily	Yes				Added
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Ticagrelor 90mg tablets	oral	1 tablet twice daily , Duration TBC	Yes				Added Amended
Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Dispensed by Melissa Rice.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	73 Years old gentleman presented with CP on 9/5. ECG: Inferior STEMI. Trops peaked at 283. Was transferred to GJNH and had PPCI with 1 DES in RCA and had mild non obstructive stenosis mid vessel in LAD which is to be medically managed. BG: COPD, Diabetes. Bloods: Normal. Echo: Normal LV Dimensions. Basel mid inferior hypokinesis. EF=65% For DAPT (12 months). Cardiac Rehab F/U
Discharge Comments:	
Follow Up:	Yes Cardiac Rehab
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Muhammad RIAZ

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Jayne GRIBBEN (Pharmacy Technician)
Discharged by: Gemma DALZELL (Staff Nurse, GRI Ward 43.)

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Muhammad RIAZ, 12-May-2023 12:19
Please can GP add GTN spray 800mcg PRN to list of meds.pt has been issued one

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 12-May-2023

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
HENRY NORWOOD	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
10-May-2023 14:46	IP	11-May-2023	

Specialty	Consultant	Ward	Telephone
Cardiology	Marshall	GRI Ward 43C Cardiology CCU	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Muhammad Riaz (Muhammad Riaz - FY2) on 11 May 2023 11:58

Discharge Medication:

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	Yes				Added
Atorvastatin 80mg tablets	oral	1 tablet once daily	Yes				Added
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	Yes				Added
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Colecalciferol 1,000unit tablets	oral	ONE TO BE TAKEN DAILY,				Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	
Ramipril 2.5mg capsules	oral	1 capsule twice daily	Yes				Added
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Ticagrelor 90mg tablets	oral	1 tablet twice daily , Duration TBC	Yes				Added Amended
Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Dispensed by Melissa Rice.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	73 Years old gentleman presented with CP on 9/5. ECG: Inferior STEMI. Trops peaked at 283. Was transferred to GJNH and had PPCI with 1 DES in RCA and had mild non obstructive stenosis mid vessel in LAD which is to be medically managed. BG: COPD, Diabetes. Bloods: Normal. Echo: Normal LV Dimensions. Basel mid inferior hypokinesis. EF=65% For DAPT (12 months). Cardiac Rehab F/U
Discharge Comments:	
Follow Up:	Yes Cardiac Rehab
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Muhammad RIAZ

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Jayne GRIBBEN (Pharmacy Technician)
Discharged by: Gemma DALZELL (Staff Nurse, GRI Ward 43.)

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Robin LAUGHTON, 12-May-2023 18:04
GTN spray added to regular meds and dispensed from ward stock by nursing staff on discharge

Additional Information: Muhammad RIAZ, 12-May-2023 12:19
Please can GP add GTN spray 800mcg PRN to list of meds.pt has been issued one

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

ELAINE MCLELLANAbercromby Practice,Bridgeton Health Centre,201 Abercromby Street, Glasgow, G40 2DA

Main Switchboard:
Date of Completion: 12-May-2023

Dear ELAINE MCLELLAN,

Name	CHI	DoB	Address
HENRY NORWOOD	**0101506015**	**01-Jan-1950**	**248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS**

Admitted	Type	Discharged	Destination
10-May-2023 14:46	IP	11-May-2023	

Specialty	Consultant	Ward	Telephone
Cardiology	Marshall	GRI Ward 43C Cardiology CCU	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Muhammad Riaz (Muhammad Riaz - FY2) on 11 May 2023 11:58

Discharge Medication:

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Aspirin 75mg dispersible tablets	oral	1 tablet once daily	Yes				Added
Atorvastatin 80mg tablets	oral	1 tablet once daily	Yes				Added
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	Yes				Added
Carbocisteine 375mg capsules	oral	2 Caps Twice daily,				Y	
Colecalciferol 1,000unit tablets	oral	ONE TO BE TAKEN DAILY,				Y	
Fluticasone furoate 184microg/ Vilanterol 22microg/dose	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	
Ramipril 2.5mg capsules	oral	1 capsule twice daily	Yes				Added
Salbutamol 100micrograms/ dose dry powder inhaler	inhalation	TWO PUFFS TO BE INHALED WHEN REQUIRED,				Y	
Tamsulosin 400microgram modified-release capsules	oral	ONE TO BE TAKEN EACH MORNING,				Y	
Ticagrelor 90mg tablets	oral	1 tablet twice daily , Duration TBC	Yes				Added Amended
Umeclidinium bromide 65micrograms/dose dry powder inhaler	inhalation	ONE DOSE TO BE INHALED ONCE DAILY,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Dispensed by Melissa Rice.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

NORWOOD HENRY CHI: 0101506015 DoB: 01-Jan-1950

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	73 Years old gentleman presented with CP on 9/5. ECG: Inferior STEMI. Trops peaked at 283. Was transferred to GJNH and had PPCI with 1 DES in RCA and had mild non obstructive stenosis mid vessel in LAD which is to be medically managed. BG: COPD, Diabetes. Bloods: Normal. Echo: Normal LV Dimensions. Basel mid inferior hypokinesis. EF=65% For DAPT (12 months). Cardiac Rehab F/U
Discharge Comments:	
Follow Up:	Yes Cardiac Rehab
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Muhammad RIAZ

Prescription Review
Medications reviewed by pharmacist: Callum MacDonald (Pharmacist)
Checked by: Jayne GRIBBEN (Pharmacy Technician)
Discharged by: Gemma DALZELL (Staff Nurse, GRI Ward 43.)

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5358
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 30/03/2023
Reference: JM/LMF
Dictated Date: 30/03/2023
Transcribed Date: 31/03/2023

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 30/03/2023 16:15

Follow Up: Respiratory Clinic Dr Maclay six months

Clinical Comments:
Problems:

1. Left upper lobe lesion, smaller on interval imaging
2. New left upper lobe lesion, looks inflammatory
3. COPD – moderate airflow obstruction
4. Coronary calcification on CT
5. Current smoker

Plan:

1. Six month interval CT and telephone consultation

I saw Mr Norwood in the Respiratory Clinic today. The left upper lobe nodule that we had been following has reduced in size somewhat. He does have a new inflammatory looking nodule at his left apex that will require further interval CT so I will book this for six month's time.

In the interim, I have checked his aspergillus serology along with his autoimmune screen as I note that he had a previous eosinophilia. These do look inflammatory and, as such, I am not worried and have explained this to him today. I will contact him by telephone with the results of his next scan in due course.

NB IgG to aspergillus 48, total IgE 223. Weak positive positive ANA.

Yours sincerely

John Maclay

Consultant Respiratory Physician

Electronically Signed: Dr John Maclay, Consultant

cc.

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,22.5441645.Z
Specimen Type	Blood
Date/Time Collected	31.10.22 / 15:13
Date/Time Received	31.10.22 / 18:12
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	01.11.22 / 08:37
Details	?LVF, exertional SOB

Results

BNP (NT-Pro) - Authorised on 01.11.22 at 08:32

NT pro BNP	23	ng/L

Comments:
NT-proBNP should always be interpreted in combination with clinical evaluation. Please see Heart Failure Diagnostic Pathway When used as recommended by protocol, NT-proBNP >= 400 suggests proceeding to ECG and echo.

End of Report

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department: Respiratory
Contact Tel: 0141 201 3831
Enquiries to: ruth.scoular@ggc.scot.nhs.uk
Letter Date: 22/09/2022
Reference: RP/FM
Dictated Date: 22/09/2022
Transcribed Date: 03/10/2022

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRJMRE8-DR MACLAY RESP THU PM
Date and Time of Appointment - 22/09/2022 13:30

Requested Out-patient Investigations:
CT scan in March

Follow Up: 30/03/2023 Dr Maclay

Clinical Comments:
Dear Doctor,

Diagnosis:
1. COPD –current smoker. PFT's 2015 which showed moderate obstruction with hyper inflation
2. Left upper lobe lesion, likely inflammatory
3. Coronary artery calcification on CT

I had a telephone consultation with Mr Norwood in Dr Maclay's clinic today. His most recent CT scan on 04/09/2022 showed that the previously visualised left upper lobe lesion was felt to have reduced slightly in size. The lesion showed some central cavitation on CT scan and it was felt that this was most likely inflammatory. I reviewed Mr Norwood's previous CT scans in clinic with Dr Maclay and we agreed to review Mr Norwood's imaging again in 6 months' time. Noted was the rapid growth of this left upper lobe lesion between his CT scans in February and May of 2022.
Mr Norwood does report breathlessness on exertion. His most recent course of antibiotics and steroids was at the beginning of August. He is on appropriate therapy for his COPD. He reports that the chest pain he was originally referred with has now eased. Noted he has recently been started on Atorvastatin given the appearance of coronary artery calcification on his CT scan.
I discussed with Mr Norwood that we would request a CT scan in 6 months' time at beginning of March and would review him in clinic with the results thereafter.

Many thanks.

Yours sincerely,
Rebekah Patton

IMT2 Respiratory

Electronically Signed: Dr Rebekah Patton, Doctor

cc.

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,22.6218895.G
Specimen Type	Blood
Date/Time Collected	02.09.22 / 10:44
Date/Time Received	02.09.22 / 18:22
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	02.09.22 / 18:37
Details	cardiovasc review

Results

Full Blood Count - Authorised on 02.09.22 at 18:32

White Blood Count		9.7	x10^9/l	(4.0-10.0)
Red Cell Count		4.98	x10^12/l	(4.50-6.50)
Haemoglobin		155	g/l	(130-180)
Haematocrit		0.466	l/l	(0.400-0.540)
Mean Cell Volume		93.6	fl	(83.0-101.0)
MCH		31.1	pg	(27.0-32.0)
Platelet Count		334	x10^9/l	(150-410)
Neutrophils		6.3	x10^9/l	(2.0-7.0)
Lymphocytes		1.8	x10^9/l	(1.1-5.0)
Monocytes		1.0	x10^9/l	(0.2-1.0)
Eosinophils	+	0.62	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,22.4963735.T
Specimen Type	Blood
Date/Time Collected	02.09.22 / 10:44
Date/Time Received	02.09.22 / 19:04
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	03.09.22 / 11:12
Details	cardiovasc review

Results

Urea & Electrolytes - Authorised on 03.09.22 at 11:07

Sodium		144	mmol/L	(133-146)
Potassium		4.2	mmol/L	(3.5-5.3)
Chloride		102	mmol/L	(95-108)
Urea		4.3	mmol/L	(2.5-7.8)
Creatinine		56	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 03.09.22 at 11:07

Total Bilirubin		9	umol/L	(<20)
ALT		14	U/L	(<50)
AST		17	U/L	(<40)
Alkaline Phosphatase	+	138	U/L	(30-130)
Albumin		40	g/L	(35-50)

Lipid profile - Authorised on 03.09.22 at 11:07

Cholesterol		4.6	mmol/L	
Triglycerides		0.9	mmol/L	(0.2-2.3)
HDL Cholesterol		1.4	mmol/L	
LDL-Cholest (calc'd)		2.8	mmol/L	
VLDL-Chol (calc'd)		0.4	mmol/L	
Chol/HDL ratio		3.3		

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,22.4963677.X
Specimen Type	Blood
Date/Time Collected	02.09.22 / 10:44
Date/Time Received	02.09.22 / 19:18
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	02.09.22 / 20:22
Details	cardiovasc review

Results

Glucose - Authorised on 02.09.22 at 20:18

Glucose	4.6	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Norwood Henry CHI: 0101506015

Clinical letter - GP: Prescription

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Dietetic Department,
Springburn Health Centre,
200 Springburn Way,
Glasgow, G21 1TR
Contact Tel: 01412329101
Enquiries to: Catriona Regan
Letter Date: 06/07/2022
Reference:
Dictated Date: 04/07/2022
Transcribed Date: 06/07/2022

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr MacPherson,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

The above patient was reviewed in dietetic outpatient telephone clinic on 4th July 2022. Unfortunately Mr Norwood was unsure of his current weight and had not arranged for this to be checked prior to his appointment.

On discussion his oral intake appears to remain very poor, with him often going long periods without eating, or not eating all day. On assessment, a typical day appears to consist of 1 small meal in the evening, and approximately 8 coffees with sugar and milk throughout the day. I have reiterated the importance of aiming for small, frequent meals and snacks throughout the day, and using food fortification advice.

Mr Norwood advised me that he has been able to buy Ensure Compact online and has been taking 2 bottles a day. He feels these are helping prevent further weight loss, and in view of his very poor intake and nutritional risk, I believe these are likely required at this point. Mr Norwood was unsure of his current pharmacy and I am unable to request a pharmacy prescription at this time. **Therefore, I would be grateful if you would prescribe the following nutritional supplements:**

Product: Ensure Compact

Volume/Size: 125ml Bottle

Flavour: Banana Only

Daily Quantity: 2 Bottles Daily

Supply Period: 3 Months

I will review Mr Norwood in clinic and update you with any changes to his care. I have also requested that he obtain an up to date weight, either at his GP surgery or elsewhere, prior to his next review appointment. If you would like further information on the above please do not hesitate to get in contact.

Yours sincerely,

Catriona Regan

Community Dietitian

Electronically Signed: ,

cc.

Norwood Henry CHI: 0101506015

Clinical letter - GP: Initial Assessment

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Community Dietetics
Contact Tel: 0141 232 9101
Enquiries to: Community Dietetic Dept., Springburn Health Centre
Letter Date: 25/04/2022
Reference: KW
Dictated Date: 25/04/2022
Transcribed Date: 25/04/2022

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr MacPherson,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Thank you for referring Mr Norwood to our service.

Harry was unsure of his weight, but feels he has lost around 1 stone over the past few months and that he has lost further weight since referral.

Referral weight: 60kg Height: 1.7m BMI: 20.8 (ideal)

Harry's appetite is poor and his nutritional intake is inadequate, consisting of 1litre of full cream milk, 8 cups of coffee and one meat sandwich daily.

He has stopped cooking as he has no appetite for what he makes and stated that he vomits if he tries to force himself to eat (usually around once a week/fortnight). He smokes approx. 8 roll up cigarettes daily.

Harry appears resistant to make changes and states that he has tried everything before.

I have encouraged him to try to have very small amounts of food, every 2-3 hours throughout the day and to try to have food before having a coffee (which he is not willing to reduce).

I have suggested that he aims to continue to have 1litre of full cream milk daily, but tries other nutritious drinks in addition such as fruit juice, smoothies etc.

A daily vitamin D supplement is taken, but in view of Harry's limited intake it may be worthwhile to prescribe a multivitamin such as Forceval.

I will send ideas regarding food fortification, nutritious snacks and drinks for reference and will schedule a review for 2-3 months time.

Harry felt that the easiest way to get an updated weight was to do this at the GP surgery, so I hope this is practical to arrange prior to his next dietetic review.

Electronically Signed: ,

cc.

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Respiratory Department
Contact Tel: 0141 451 5358
Enquiries to: ruth.scoular@ggc.scot.nhs.uk
Letter Date: 11/03/2022
Reference: JM/RS
Dictated Date: 10/03/2022
Transcribed Date: 11/03/2022

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Many thanks for referring Mr Norwood to the respiratory team at Glasgow Royal Infirmary. I reviewed his history and imaging at the Virtual Clinic on 7th March 2022. We arranged for him to have a CT scan and reassuringly he has no concerning cause for his left chest wall pain. He has a subsolid nodule that requires follow up. In his left lung and I have booked a CT scan for 3 months.

Also of note there is an incidental finding of coronary artery calcification. He is neither on Aspirin or a statin and I would recommend assessing his cardiovascular risk to see if he would benefit from this.

We will be in touch in 3 months with the results of his repeat CT scan.

Many thanks again for your referral

Yours sincerely

Norwood Henry CHI: 0101506015 GCL 10/03/2022 v1

Dr John Maclay

Consultant in Respiratory Medicine

Electronically Signed: Dr John Maclay, Consultant

cc.

New Victoria Hospital: Diagnostic Imaging Report

NORWOOD, HENRY DoB : **01-Jan-1950**

248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS CHI. No. : **0101506015**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5425239**

Referrer : **Dr Stephen Macpherson** Curr Ward:

VERIFIED Verified By: Dr Ross MacDuff 27-Feb-2022 1630.

Clinical History :

gp locum dr bamford gmc 7411055. persistent chest wall pain, smoker, known copd, note prev raised alk phos on vit d. ?hypercalcaemia. ?malignancy. chest clear on auscultation

XR Chest :

Comparison made with previous. The heart and mediastinal contours are satisfactory. No focal active pulmonary disease is seen.

Event Number : E-36367229 Examination Date : **24-Feb-2022**

Ref. Source : Dr Stephen Macpherson, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street, Glasg

Examinations : **XR Chest**

GP Links Microbiology Report

Patient Details

Surname	NORWOOD
Forename	HENRY
CHI	0101506015
Date of birth	01.01.1950
Address	248 MILLROAD DRIVE Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	M,22.1590927.Y
Specimen Type	Fingernail
Date/Time Collected	31.01.22 / 15:32
Date/Time Received	31.01.22 / 20:00
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	22.02.22 / 09:22

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551
** FINAL REPORT **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Fingernail
Thumb,right

CONS/GP: Dr Steph. MacPherson Order No:IS16746675
LOCATION: Abercromby Pr. P3 Bridget

Direct Examination:Negative

CULTURE RESULT: No significant growth

GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Lynn Brown
Date/Time authorised: 22.02.2022 09:21
** END OF REPORT **

GP Links Microbiology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Address	248 Millroad Drive Glasgow G40 2NS

Specimen Details

Specimen Number	M,22.1590927.Y
Specimen Type	Fingernail
Date/Time Collected	31.01.22 / 15:32
Date/Time Received	31.01.22 / 20:00
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	08.02.22 / 12:37

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551
** INTERIM REPORT - Further report to Follow **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Fingernail
Thumb,right

CONS/GP: Dr Steph. MacPherson Order No:IS16746675
LOCATION: Abercromby Pr. P3 Bridget

Direct Examination:Negative

CULTURE RESULT: No significant growth

GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.
Incubation for fungi continues

Senders ref. no.

Authorised by: Lynn Brown
Date/Time authorised: 08.02.2022 12:36
** END OF REPORT **

GP Links Microbiology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Address	248 Millroad Drive Glasgow G40 2NS

Specimen Details

Specimen Number	M,22.1590927.Y
Specimen Type	Fingernail
Date/Time Collected	31.01.22 / 15:32
Date/Time Received	31.01.22 / 20:00
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	02.02.22 / 12:27

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551
** INTERIM REPORT - Further report to Follow **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Fingernail
Thumb,right

CONS/GP: Dr Steph. MacPherson Order No:IS16746675
LOCATION: Abercromby Pr. P3 Bridget

Direct Examination:Negative

Mycology culture to follow
GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Lynn Brown
Date/Time authorised: 02.02.2022 12:25
** END OF REPORT **

GP Links Microbiology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Address	248 Millroad Drive Glasgow G40 2NS

Specimen Details

Specimen Number	M,22.1590046.M
Specimen Type	Fingernail
Date/Time Collected	05.01.22 / 15:47
Date/Time Received	05.01.22 / 18:50
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	08.01.22 / 08:17

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551
** FINAL REPORT **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Fingernail
Thumb,right

CONS/GP: Dr Steph. MacPherson Order No:IS16544772
LOCATION: Abercromby Pr. P3 Bridget

Direct Examination:Negative

GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Lisa Blackmore GRI MIC
Date/Time authorised: 08.01.2022 08:16
** END OF REPORT **

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,21.4730248.H
Specimen Type	Blood
Date/Time Collected	18.06.21 / 13:10
Date/Time Received	18.06.21 / 19:25
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	19.06.21 / 09:22
Details	raised WCC, alkphos, CRP,...

Results

C-reactive Protein - Authorised on 19.06.21 at 09:18

C Reactive Protein		3	mg/L	(0-10)

Liver Function Tests - Authorised on 19.06.21 at 09:18

Total Bilirubin		7	umol/L	(<20)
ALT		17	U/L	(<50)
AST		18	U/L	(<40)
Alkaline Phosphatase	+	159	U/L	(30-130)
Albumin		39	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,21.6100846.Q
Specimen Type	Blood
Date/Time Collected	18.06.21 / 13:10
Date/Time Received	18.06.21 / 18:30
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	18.06.21 / 20:12
Details	raised WCC, alkphos, CRP,...

Results

Full Blood Count - Authorised on 18.06.21 at 18:35

White Blood Count	9.0	x10^9/l	(4.0-10.0)
Red Cell Count	5.00	x10^12/l	(4.50-6.50)
Haemoglobin	152	g/l	(130-180)
Haematocrit	0.454	l/l	(0.400-0.540)
Mean Cell Volume	90.8	fl	(83.0-101.0)
MCH	30.4	pg	(27.0-32.0)
Platelet Count	291	x10^9/l	(150-410)
Neutrophils	5.8	x10^9/l	(2.0-7.0)
Lymphocytes	2.0	x10^9/l	(1.1-5.0)
Monocytes	0.9	x10^9/l	(0.2-1.0)
Eosinophils	0.30	x10^9/l	(0.02-0.50)
Basophils	0.1	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Blood Film - Authorised on 18.06.21 at 20:05

Blood Film Yes

Comments:
Few echinocytes noted. Otherwise, nil of note.

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,21.4635460.E
Specimen Type	Blood
Date/Time Collected	17.05.21 / 12:09
Date/Time Received	17.05.21 / 18:50
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	18.05.21 / 16:47
Details	dribbling of urine, enla....

Results

C-reactive Protein - Authorised on 18.05.21 at 09:05

C Reactive Protein	+	25	mg/L	(0-10)

Urea & Electrolytes - Authorised on 18.05.21 at 09:05

Sodium		139	mmol/L	(133-146)
Potassium		4.5	mmol/L	(3.5-5.3)
Chloride		103	mmol/L	(95-108)
Urea		4.9	mmol/L	(2.5-7.8)
Creatinine		63	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 18.05.21 at 09:05

Total Bilirubin		9	umol/L	(<20)
ALT		17	U/L	(<50)
AST		17	U/L	(<40)
Alkaline Phosphatase	+	165	U/L	(30-130)
Albumin		37	g/L	(35-50)

Prostate Specific Ag - Authorised on 18.05.21 at 16:42

Prostate Spec Ag		1.4	ug/L	(0.0-5.0)

Comments:
Within reference interval. Does not exclude malignancy

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,21.4635475.Q
Specimen Type	Blood
Date/Time Collected	17.05.21 / 12:09
Date/Time Received	17.05.21 / 18:51
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	18.05.21 / 07:37
Details	dribbling of urine, enlar...

Results

Glucose - Authorised on 18.05.21 at 07:31

Glucose	5.1	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,21.6045819.X
Specimen Type	Blood
Date/Time Collected	17.05.21 / 12:09
Date/Time Received	17.05.21 / 17:58
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	17.05.21 / 19:07
Details	dribbling of urine, enlar...

Results

Full Blood Count - Authorised on 17.05.21 at 18:04

White Blood Count	+	10.7	x10^9/l	(4.0-10.0)
Red Cell Count		5.28	x10^12/l	(4.50-6.50)
Haemoglobin		159	g/l	(130-180)
Haematocrit		0.480	l/l	(0.400-0.540)
Mean Cell Volume		90.9	fl	(83.0-101.0)
MCH		30.1	pg	(27.0-32.0)
Platelet Count		333	x10^9/l	(150-410)
Neutrophils		6.9	x10^9/l	(2.0-7.0)
Lymphocytes		1.8	x10^9/l	(1.1-5.0)
Monocytes	+	1.3	x10^9/l	(0.2-1.0)
Eosinophils	+	0.64	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

ESR - Authorised on 17.05.21 at 19:05

ESR		6	mm/hr	(0-30)

End of Report

Stobhill Hospital: Diagnostic Imaging Report

NORWOOD, HENRY DoB : **01-Jan-1950**

248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS CHI. No. : **0101506015**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5425239**

Referrer : **Dr Mousumi Rumpa Mukherjee** Curr Ward:

VERIFIED Verified By: Dr Colin Noble 16-Feb-2021 1518.

Clinical History :

interscapular chest pain for over a year.Hx of COPD ?cause

XR Chest :

Comparison is made with the previous film of 08/07/2019. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Event Number : E-35295322 Examination Date : **16-Feb-2021**

Ref. Source : Dr Mousumi Rumpa Mukherjee, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street

Examinations : **XR Chest**

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,20.4505956.N
Specimen Type	Blood
Date/Time Collected	06.03.20 / 12:31
Date/Time Received	06.03.20 / 18:17
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	06.03.20 / 19:17
Details	isolated raised ALP

Results

Bone Profile - Authorised on 06.03.20 at 19:12

Calcium		2.39	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.39	mmol/L	(2.20-2.60)
Phosphate		1.14	mmol/L	(0.80-1.50)
Albumin		39	g/L	(35-50)
Alkaline Phosphatase	+	172	U/L	(30-130)

End of Report

NHS Greater Glasgow and Clyde

SIGMOIDOSCOPY REPORT

Name:	**Henry NORWOOD (M)**	Address:	**248 Millroad Drive**
Date of birth:	**01/01/1950**		**Glasgow**
CHI No:	**0101506015**		**Lanarkshire**
Case note no.:	**0101506015**		**G40 2NS**

GP: **MCLELLAN, ELAINE**
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Procedure date: **19th December 2019 (10:57)**
Priority: **Elective**
Hospital: **STO ACH**
Ward: **(none)**
Referring Cons: **Mr David Chong (General Surgery)**

Indications
Previous polyps.

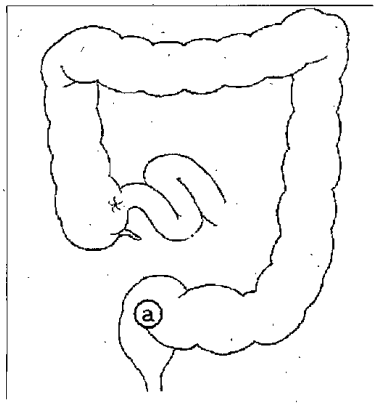
Consultant/Endoscopist
List consultant: Mr David Chong
Endoscopist No1: Sister Kara McLean

Report
Bowel preparation with enema was good.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the distal sigmoid.
The examination to the limit of insertion was normal.
There were no peri-operative complications.

Instrument
SCANTRACK

Premedication
No sedation

Follow up
No further follow up.



a: *Distal sigmoid (photographed)*

Sister Kara McLean
Colorectal Nurse Endoscopist

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

Dr. Stephen Macpherson
Drs Macpherson, Mukherjee, Tooke &
Bridgeton Health Centre
G40 2DA

Printed on: 24/09/2019

Dear Dr. Stephen Macpherson,

Re: MR HENRY NORWOOD (CHI 0101506015). 248 Millroad Drive Glasgow Lanarkshire G40 2NS

Your patient was seen at the Rapid Access Chest Pain Clinic on 24/09/2019 at The Glasgow Royal Infirmary.

Presenting History

There was no presenting history details given.

Presenting Notes No change in symptoms. Has tried GTN with no effect.

Relevant Past Medical History

COPD and asthma.
Continues to smoke - 30g/day.

Investigations

ECG
Heart Rate: 91 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT
ETT Done.
Protocol: Bruce.
No angina during exercise.
Ex. Time: 06:40.
Negative.

Reason(s) for Stopping
Dyspnoea

Clinical Findings

BP (mmHg) 140/90

Smoking Status Current Smoker

Diagnosis and Recomendations

Outcome: Symptoms and test results indicate that ischaemic heart disease is unlikely
Anti-anginals: Not required
Secondary prevention: Not required
Risk Factor Management: Please manage cholesterol and blood pressure in line with GGC Guidelines. Consider smoking cessation, physical activity levels, alcohol consumption and weight management
No OP review: No Op review or further investigations required
Additional discharge comments: Symptoms do sound more in keeping with Respiratory disease and his ongoing smoking habit. He has tried GTN with no effect.

Resting ECG is normal, BP also on the high side - 140/90 - he will arrange to have this re checked.

ETT was reassuring , exercised for just short of his predicted time, no ST T wave changes, good HR response , stopped due to breathlessness.

Yours Sincerely,

Kate Robb
Advanced Nurse Practitioner
Rapid Access Chest Pain Service

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4987019.V
Specimen Type	Blood
Date/Time Collected	20.09.19 / 14:25
Date/Time Received	20.09.19 / 18:21
Requested By	Dr Steph. MacPherson
GP Practice	46555
Date/Time Reported	20.09.19 / 19:22
Details	atypical chest pain

Results

Authorised on 20.09.19 at 19:18

Total Bilirubin		9	umol/L	(<20)
ALT		16	U/L	(<50)
AST		22	U/L	(<40)
Alkaline Phosphatase	+	181	U/L	(30-130)
Albumin		38	g/L	(35-50)

Authorised on 20.09.19 at 19:18

Cholesterol		4.9	mmol/L	
Triglycerides		1.2	mmol/L	(0.2-2.3)
HDL Cholesterol		1.3	mmol/L	
LDL-Cholest (calc'd)		3.1	mmol/L	
VLDL-Chol (calc'd)		0.5	mmol/L	
Chol/HDL ratio		3.8		

Comments:

Fasting sample

End of Results

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

Printed on: 16/09/2019

Dr. Mousumi Mukherjee
Drs Macpherson, Mukherjee, Tooke &
Bridgeton Health Centre
G40 2DA

Dear Dr. Mousumi Mukherjee,

Re: MR HENRY NORWOOD (CHI 0101506015). 248 Millroad Drive Glasgow Lanarkshire G40 2NS

Your patient was seen at the Rapid Access Chest Pain Clinic on 16/09/2019 at The Glasgow Royal Infirmary.

Presenting History

There was no presenting history details given.

Presenting Notes Symptoms on and off for a few years. Triggered by bending over and exertion, Feels a dull ache, struggles to breath. Worse on inspiration, sore to breath. Radiates into the back. Lasted for 5 to 10 mins after rest. Feels he is having to stop at times, often slows down.

Relevant Past Medical History

COPD.

Investigations

ECG
Heart Rate: 76 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT
ETT Done.
Protocol: Bruce.
Ex. Time: 00:00.

Clinical Findings

BP (mmHg) 164/102

Smoking Status Current Smoker

Diagnosis and Recomendations

Additional discharge comments: It is my gut instinct that these symptoms are related to his COPD as they are worse on breathing in. he does, however, have risk factors for IHD and it would have been nice to rule this out by ETT. Hypertension precluded ETT today.

I have given him a script for a trial of a GTN spray to use prophylactically and also for symptoms. I suspect if may not be effective for him, however, if it is and the BP is under control please prescribe, aspirin, atorvastatin and refer back for ETT.

Please can you arrange to check his BP and prescribe an anti hypertensive as required.

Worsening advice given.

Yours Sincerely,

Lisa McCloy
Nurse Practitioner
Rapid Access Chest Pain Service

Glasgow Royal Infirmary: Diagnostic Imaging Report

NORWOOD, HENRY DoB : **01-Jan-1950**

248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS CHI. No. : **0101506015**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5425239**

Referrer : **Dr Mousumi Rumpa Mukherjee** Curr Ward:

VERIFIED Verified By: Dr Colin Noble 16-Jul-2019 1447.

Clinical History :

smoker, COPD, Lsided chest pain?pathology

XR Chest :

Comparison is made with the previous film of 08/11/2016.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Event Number : E-33872066 Examination Date : **08-Jul-2019**

Ref. Source : Dr Mousumi Rumpa Mukherjee, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street

Examinations : **XR Chest**

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4801582.W
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:04
Date/Time Received	08.07.19 / 18:23
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	13.07.19 / 20:07
Details	urinary frequency,SOB an....

Results

Authorised on 13.07.19 at 20:03

Serum Folate	-	2.9	ug/l	(3.1-20.0)

End of Results

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4801582.W
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:04
Date/Time Received	08.07.19 / 18:23
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	09.07.19 / 11:27
Details	urinary frequency,SOB an....

Results

Authorised on 09.07.19 at 11:25

Serum Vitamin B12	300	ng/l	(200-883)

Authorised on 09.07.19 at 11:25

Serum Ferritin	35	ug/l	(15-300)

Comments:

Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Results

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4801582.W
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:04
Date/Time Received	08.07.19 / 18:23
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	09.07.19 / 11:27
Details	urinary frequency,SOB an....

Results

Authorised on 09.07.19 at 10:14

Prostate Spec Ag	1.0	ug/L	(<4.0)

Authorised on 09.07.19 at 11:25

25-OH Vitamin D	34	nmol/L

Comments:

Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.
25-OH Vitamin D measured by Abbott Immunoassay method.

End of Results

Blood Sciences Haematology Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.6151596.D
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:04
Date/Time Received	08.07.19 / 18:14
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	08.07.19 / 19:12
Details	urinary frequency,SOB and...

Results

Authorised on 08.07.19 at 19:05

White Blood Count		9.8	x10^9/l	(4.0-10.0)
Red Cell Count		5.16	x10^12/l	(4.50-6.50)
Haemoglobin		158	g/l	(130-180)
Haematocrit		0.476	l/l	(0.400-0.540)
Mean Cell Volume		92.2	fl	(83.0-101.0)
MCH		30.6	pg	(27.0-32.0)
Platelet Count		315	x10^9/l	(150-410)
Neutrophils		5.9	x10^9/l	(2.0-7.0)
Lymphocytes		2.2	x10^9/l	(1.1-5.0)
Monocytes		1.0	x10^9/l	(0.2-1.0)
Eosinophils	+	0.62	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Results

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4801590.J
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:03
Date/Time Received	08.07.19 / 18:23
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	08.07.19 / 19:32
Details	urinary frequency

Results

Authorised on 08.07.19 at 19:28

Glucose	5.4	mmol/L	(3.5-6.0)

Comments:

Non-fasting sample

End of Results

Blood Sciences Biochemistry Report

Patient Details

Surname	NORWOOD
Forename	HENRY B
CHI	0101506015
Date of birth	01.01.1950
Sex	Male
Address	248 Millroad Drive Glasgow GLASGOW LANARKSH G40 2NS

Specimen Details

Specimen Number	B,19.4801582.W
Specimen Type	Blood
Date/Time Collected	08.07.19 / 14:04
Date/Time Received	08.07.19 / 18:23
Requested By	Dr Rumpa Mukherjee
GP Practice	46555
Date/Time Reported	08.07.19 / 19:32
Details	urinary frequency,SOB an....

Results

Authorised on 08.07.19 at 19:28

Sodium		143	mmol/L	(133-146)
Potassium		4.5	mmol/L	(3.5-5.3)
Chloride		104	mmol/L	(95-108)
Urea		4.5	mmol/L	(2.5-7.8)
Creatinine		58	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Authorised on 08.07.19 at 19:28

Total Bilirubin		8	umol/L	(<20)
ALT		18	U/L	(<50)
AST		19	U/L	(<40)
Alkaline Phosphatase	+	138	U/L	(30-130)
Albumin		39	g/L	(35-50)

Comments:

Please note change in Abbott Total Bilirubin method from 18/01/18

End of Results

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Orthopaedic Department
Contact Tel:	0141 211 4608/5146
Enquiries to:	
Letter Date:	14/02/2019
Reference:	PMc/LC
Dictated Date:	13/02/2019
Transcribed Date:	13/02/2019

Dear Dr EM McLellan ,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Diagnosis: Right revision of fasciectomy to palm and ring finger done on the 24/1/19.

This gentleman attended the Nurse led hand clinic following the above procedure where he is now three weeks post surgery. Today he attended review where he had no dressing in situ.

On examination his wound on the palmar aspect of his hand and finger are fine, healed and intact. He had actually removed the dressing himself a few days ago and the sutures wiped away very easily so there are no sutures to be removed today. He continues to moisturise the wound as this is a bit raised due to scar tissue and continues to moisturise this with E45 and this is done with pressure. He can make a fist and he can extend his fingers also, he does describe of having intermittent discomfort but this is normal and this should settle down over the next few weeks. I have discharged him from the clinic today but he does have a contact number should he have any problems in the near future.

Yours sincerely

Pamela McKirdy

Staff Nurse Orthopaedics

Electronically Signed: Nurse Pamela McKirdy, Nurse

cc.

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department: General Surgery
Contact Tel: 01413551367
Enquiries to: Martin.Hall@ggc.scot.nhs.uk
Letter Date: 27/09/2018
Reference: MH/TH
Dictated Date: 23/08/2018
Transcribed Date: 05/09/2018

Dear Doctor,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Further to Mr Norwood's sigmoidoscopy on 16th August 2018 I now have the pathology results available from the large rectal polyp which was removed during the procedure.

Histology shows features of villous adenoma exhibiting predominately low grade and very focal high grade dysplasia. There is no invasive malignancy and the cauterised margin is clear of dysplastic epithelium.

We were unable to pass colonoscopy beyond the distal sigmoid during the procedure due to what was thought to be a diverticular stricture. I have arranged for him to return to Mr David Chong (Colorectal Surgeon) list in three months' time to inspect the polypectomy site and to attempt a completion colonoscopy at this time.

We will keep you updated on his progress in due course.

Yours sincerely

Martin Hall

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Martin Hall, Nurse Practitioner

cc. Wendy Hird
Secretary to Mr D Chong
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW

Norwood Henry CHI: 0101506015

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Orthopaedics

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	20/09/2018
Reference:	BD/SH
Dictated Date:	28/08/2018
Transcribed Date:	06/09/2018

Dear Dr McLellan,

Henry Norwood; D.O.B: 01/01/1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Diagnosis: Dupuytren's Contracture right little and ring fingers
Outcome: Placed on the waiting list for revision right palmar, ring and little finger fasciectomy.

Thank you for referring this 68 year old right hand dominant, self employed joiner to the Orthopaedic Clinic. In 2013 he had right palmar and ring finger fasciectomy with a good outcome. It has only been in the past nine months that he has developed recurrence of a contracture in his ring finger and first time contracture of his little finger. Working at floor level he has difficulty when applying pressure through his hand to push himself up to stand. Also, he uses certain tools which require his hand to be flat therefore posing some difficulty. He often pokes his right finger in his eye when washing his face.

He lives with his friend and smokes 40 cigarettes per day. His brother also has Dupuytren's.

He has a past medical history of COPD for which he takes inhalers.

On examination of his right hand and he has thick cord in his palm between his ring and little finger. This produces a 20^{o} contracture of the little finger MCP joint. There is also a band at the medial aspect of his ring finger producing a 50^{o} contracture of the PIP joint. Ring finger MCP extension is to neutral. There was no sensory deficit of his finger.

In his left hand he has a cord to his left thumb and puckering in line with his ring and middle fingers but no joint contracture.

With the success of his surgery five years ago he is now keen to proceed with further fasciectomy surgery. The risks and benefits were discussed and he has been placed

on the waiting list. He will endeavour to reduce his smoking leading up to and after his operation.

Yours sincerely

Brenda Danks
Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Brenda Danks, Physiotherapist

cc.

NHS Greater Glasgow and Clyde

SIGMOIDOSCOPY REPORT

Name:	**Henry NORWOOD (M)**	Address:	**248 Millroad Drive**
Date of birth:	**01/01/1950**		**Glasgow**
CHI No:	**0101506015**		**Lanarkshire**
Case note no.:	**0101506015**		**G40 2NS**

GP: **MCLELLAN, ELAINE**
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Procedure date: **16th August 2018 (11:52)**
Priority: **Elective**
Status: **Outpatient/NHS**
Hospital: **GRI**
Referring Cons: **GP**
(Direct Access)

Indications
Diarrhoea episodes with episodes of pr bleeding rectal bleeding and Weight loss.

Report
Bowel preparation with 3 Klean prep was satisfactory.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to the proximal sigmoid, insertion limited by diverticula stricture. Difficulties encountered: difficult sigmoid angle.
There were no peri-operative complications.

Site a: Rectum
Lesions: 1 pedunculated polyp (Isp, pit type IV) (40mm) excised (removed piecemeal using hot snare cauterisation), retrieved and sent to labs.
Injection: gelofusion:adrenaline solution.
Abnormality marked by tattoo.
Specimens: Polyps.

Diagnosis
Rectal polyp.

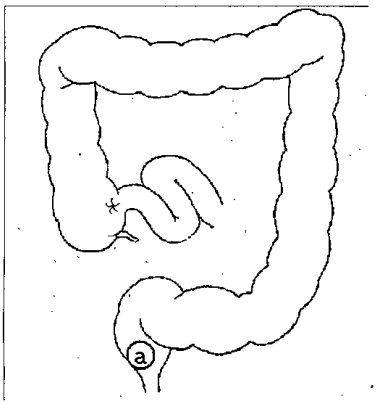
Advice/comments
Harry initially opted to try test without sedation, but consented to administration of analegesia/sedation intra-procedure due to discomfort.
Large villous polyp in upper rectum. Removed during procedure by Mr David Chong (colorectal surgeon). Haemostasis achichevied and confirmed following injection gelofusion/adrenaline. Polypectomy site marked with spot dye.
Several smaller polyps identified in distal sigmoid but not removed today.
Unable to progress beyond sigmoid colon owing to diverticular stricture. For further colonoscopy + polypectomy on Mr Chong list. To be allocated a double slot and have gastroscope available.

Follow up
Awaiting pathology results. Further procedure(s): colonoscopy/ polypectomy in 3 months.

Consultant/Endoscopist
List consultant: Martin Hall
Endoscopist No1: Martin Hall
Endoscopist No2: Mr David Chong
Nurses: S/N Gayle Kelly
SN Kerry Young

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 3 mg



a: *Rectum (photographed)*

Martin Hall
Nurse Endoscopist

NHS Greater Glasgow and Clyde

COLONOSCOPY REPORT

Name:	**Henry NORWOOD (M)**	Address:	**248 Millroad Drive**
Date of birth:	**01/01/1950**		**Glasgow**
CHI No:	**0101506015**		**Lanarkshire**
Case note no.:	**0101506015**		**G40 2NS**

GP: **MCLELLAN, ELAINE**
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Procedure date:	**22nd November 2018 (10:30)**
Priority:	**Elective**
Status:	**Inpatient/NHS**
Hospital:	**STO ACH**
Ward:	**(none)**
Referring Cons:	**Mr David Chong (General Surgery)**

Indications
Previous polyps.

Report
Bowel preparation with klean prep was satisfactory.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by the ileocecal valve, the appendicular orifice and ileal intubation. The scope was retroflexed in the rectum.
There were no peri-operative complications.

Site a: Proximal descending
Lesions: 1 benign pedunculated polyp (Isp, pit type II) (3mm) excised (removed using hot snare cauterisation), retrieved and sent to labs.
Specimens: Polyps.

Diagnosis
Colonic polyp.

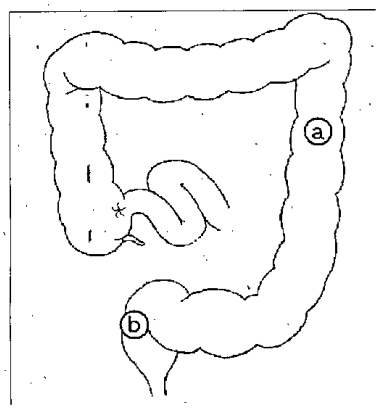
Advice/comments
No evidence of polyp regrowth.

Follow up
Awaiting pathology results. Further procedure(s): sigmoidoscopy in 1 year.

Consultant/Endoscopist
Mr David Chong
Nurses: S/N Alexander Ferguson
SN Lauren Robertson

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 3.5 mg



a: *Proximal descending (photographed)*
b: *Rectosigmoid junction (photographed)*

Mr David Chong
Consultant Colorectal Surgeon

Glasgow Royal Infirmary: Diagnostic Imaging Report

NORWOOD, HENRY	DoB : **01/01/1950**
248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS	CHI. No. : **0101506015**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **5425239**
Referrer : **Dr Stephen Macpherson**	Curr Ward: **GP**

VERIFIED Verified By: Dr Sean Kelly 16/11/16 0731.

Clinical History :

XR Chest :

The heart is not enlarged. The lungs are clear of active disease.
No significant change in appearance allowing for technical differences compared to 16/10/2015.

Event Number : E-31045478 Examination Date : **08/11/16**

Ref. Source : Dr Stephen Macpherson, Abercromby Practice, Bridgeton Health Centre, 201 Abercromby Street, Glasg

Examinations : **XR Chest**

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 211 4803
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	19/07/2016
Reference:	BCK/RS
Dictated Date:	19/07/2016
Transcribed Date:	21/07/2016

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRBCRE4-RESP DR B CHOO KANG TUESDAY PM
Date and Time of Appointment - 19/07/2016 15:00

Clinical Comments:
Mr Norwood did not attend for his respiratory clinic appointment on 19th July 2016. I think the only think I had to go over with him was his exercise tolerance test. This was carried out and was normal. Otherwise I think his symptoms are due to COPD and should be treated as such. I have not arranged any further follow up and I will send him a letter saying this.

Yours sincerely

Dr B Choo-Kang

Consultant in Respiratory Medicine

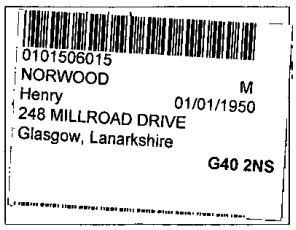
Our Ref: BCK/RS

Electronically Signed: Dr Brian Choo-Kang, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde



The patient attended Chest Clinic at GRI.

Hospital on ..... and I would advise a change to drug therapy from

..... to .....

or additional therapy of Salbutamol.

.....

as detailed below. Full letter to follow.

Additional Comments: .....

.....

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Salbutamol	inhaler	2 puffs	p.r.n.

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

Dr B Choo-Kang
Consultant Physician
Respiratory Department
Glasgow Royal Infirmary
0141 211 4803 Page 3264

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

Norwood Henry CHI: 0101506015

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 211 4803
ruth.scoular@ggc.scot.nhs.uk

Dr. EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 01/03/2016
Reference: BCK/RS
Dictated Date: 01/03/2016
Transcribed Date: 04/03/2016

Dear Dr. EM McLellan,

Henry Norwood; D.O.B: 01 Jan 1950; CHI: 0101506015
248 MILLROAD DRIVE, Glasgow, Lanarkshire, G40 2NS

Attendance: Specialty - Respiratory Medicine; Clinic - GRBCRE4-RESP DR B CHOO KANG TUESDAY PM
Date and Time of Appointment - 01/03/2016 13:30

Clinical Comments:
Problems:

1. COPD

2. Cigarette smoking

3. Chest tightness

Thank you for referring this 66 year old man to the chest clinic. He says he is short of breath on walking up a flight of stairs and has found swimming difficult because of shortness of breath recently. Apart from that he is generally quite active and he still works as a graphic designer with woodwork and metalwork. He also complains of non specific tightness of the chest. He also feels he can be wheeze at night time. He has a cough which does not produce much sputum and is generally clear with no haemoptysis. He says hi appetite is okay and his chest is stable. He mentions infections in the chest which occur a couple of times a day and are mainly manifest by his chest pain getting worse but not much change in his cough. He has a history of COPD and currently takes Fostair, Spiriva and Carbocisteine. He has no known drug allergies. He continues to smoke around 12 grams of tobacco per week and has smoked for over 50 years. He takes no alcohol. He has never worked in the shipyards but was a spray painter with isocyanate sprays. He thinks there may have been a bit of asbestos exposure when he was a teenager. He lives alone and has a cat.

On examination he had no finger clubbing or lymphadenopathy Heart sounds were normal and chest was clear on auscultation. Chest x-ray from October 2015 was satisfactory confirmed moderate airflow obstruction with minor reversibility.

I think it is likely that all his symptoms come from COPD. I advised him to stop smoking which he agreed with but declined smoking cessation advice. His treatment seems appropriate and the only thing to do is request an exercise tolerance test in case his cheat pain represents angina. We will see him back with that result and hopefully discharge him thereafter.

Yours sincerely

Dr B Choo-Kang

Consultant in Respiratory Medicine

Our Ref: BCK/RS

Electronically Signed: Dr Brian Choo-Kang, Consultant

cc.

SHN

Glasgow Royal Infirmary: Diagnostic Imaging Report

NORWOOD, HENRY	DoB : **01/01/1950**
248 MILLROAD DRIVE, GLASGOW, LANARKSHIRE, G40 2NS	CHI. No. : **0101506015**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **5425239**
Referrer : **Dr Elaine Mclellan**	Curr Ward: **GP**

VERIFIED Verified By: Dr Colin Noble 21/10/15 1241.

Clinical History :

Smoker with anterior chest discomfort and reduced appetite. History of COPD and emphysema.

XR Chest :

No significant change when compared with the previous film of 03/07/2014. Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Event Number : E-29933810 Examination Date : **16/10/15**

Ref. Source : Dr Elaine Mclellan, Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA

Examinations : **XR Chest**

NHS Confidential: Personal data about a patient

Bowel Screening
Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr MOUSUMI MUKHERJEE
DR MACPHERSON & PARTNERS
BRIDGETON HEALTH CENTRE
201 ABERCROMBY ST
GLASGOW
G40 2DA

Date: 31 Mar 2015
CHI Number 0101506015

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

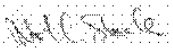
Your patient **0101506015 , HENRY NORWOOD , 248 MILLROAD DR , GLASGOW , , , , G40 2NS** was invited to participate in the Bowel Screening Programme on **31/12/2014**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on 0800 0121 833

Yours sincerely



Professor Steele
Clinical Director

Norwood Henry CHI: 0101506015

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 15/07/2014

Dr. MR Mukherjee
Drs Macpherson & Mukherjee
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr MR Mukherjee,

Name	CHI	DoB	Address
Henry Norwood	0101506015	01/01/1950	248 MILLROAD DRIVE Glasgow G40 2NS

Admitted	Type	Discharged	Destination
03/07/2014 13:58	In Patient	03/07/2014	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Ravi Jamdar	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
Chest pain, unspecified (ICD10: R07.4)		

Date	Procedures/Interventions/Operations

Clinical Comments: this patient was seen in the ED with a history of atypical chest pain. He was given low risk ACS treatment and observed until 2 x negative troponins had been obtained (one at presentation and one 12 hours post onset of pain). He will be followed up in the Rapid Access Chest Pain Clinic

Treatments: None recorded.

Follow-up arranged: Rapid Access Chest Pain Clinic faxed

Planned Outpatient Investigations: none

Final Discharge letter to follow: no

Medication Info:

Allergies:

Norwood Henry CHI: 0101506015 IDL 03/07/2014 v1

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Stephen Glennie
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Stephen Glennie, Doctor

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: Dr Stephen Macpherson - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: Dr Fat Wui Poon 04/06/14 1122.

Clinical History :
Discomfort left lower chest for 4 months. Recent COPD exacerbation. Static pulmonary nodule right mid zone on serial CT.

XR Chest :
Normal heart and mediastinum. There is no active focal lung lesion. No obvious pulmonary nodule at right mid zone on this plain film. The left lower ribs are intact.

North Glasgow Hospitals

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: XR Chest
Exam Date: 03/06/14 Event: E-28535433

08964

NHS
Greater Glasgow and Clyde

Acute Services Division

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 4000 Ext. 25186**

CONSULTANT: Mr Angus Arthur

ADMITTED:	10/06/2013	**WARD:**	DSSA STO
DISCHARGED:	10/06/2013	**AGE:**	63
HOSPITAL NUMBER:	0101506015	**CHI NUMBER:**	0101506015
DISPOSAL HOME		**NAME :**	Mr Henry Norwood
FOLLOW UP		**ADDRESS:**	248 Millroad Drive Glasgow Lanarkshire G40 2NS

DIAGNOSIS

Diagnosis	Code	Date	Type	Status
Palmar Fascial Fibromatosis [Dupuytren], Hand	M72.04	10/06/2013	Primary	Confirmed

OPERATION - 10/06/2013	**OPCS**
Right Dupuytren's Fasciectomy	T52.1
	Z81.2

COMPLICATIONS:	

Dear Dr Mukherjee,

This gentleman underwent his Dupuytren's surgery under regional anaesthesia.
He will be reviewed in the nurse led hand clinic in three days time and will have a night splint to wear for the first three months.

Yours Sincerely,

A. Gilmour (Secy)

Angus Arthur
Consultant Orthopaedic Surgeon

Dr Mousumi Mukherjee
Bridgeton Health Centre
201 Abercromby Street
Glasgow G40 2DA

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 4447**
Fax: **0141 211 4060**
Appointments: **0141 211 4608**

Specialist Physiotherapy Hand Clinic

Clinic and dictated: 15/04/2013
Typed: 18/04/2013
Our Reference: BD/EMCG/20107395R

Dr Mousumi Mukherjee
Bridgeton Health Centre
201 Abercromby Street
Glasgow G40 2DA

Dear Dr Mukherjee

Re: Mr Henry Norwood 01/01/1950; CHI: 0101506015; 248 Millroad Drive Glasgow Lanarkshire G40 2NS

Diagnosis: Bilateral dupuytren's disease
Outcome: Placed on the waiting list for right palmar and ring finger fasciectomy

In reference to my letter from last week Mr Norwood attended the hand clinic at Stobhill today and was reviewed by Mr Sianos. He felt that he is indeed a suitable candidate for surgical decompression of the mild dupuytren's contracture of his right ring finger due to its impact on his employment. Following discussion on the risks and benefits of surgery he wishes to be placed on the waiting list.

Yours sincerely

Brenda Danks
Extended Scope Physiotherapy Practitioner

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

NHS
Greater Glasgow and Clyde

Appointments: 0141 211 4608/5146
Fax: 0141 211 4060

ESP PHYSIOTHERAPY CLINIC

Clinic and dictated: 04/04/2013
Typed: 12/04/2013
Our Reference: BD/SO'D

Dr Mousumi Mukherjee
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr Mukherjee

Re: Mr Henry Norwood 01/01/1950; CHI: 0101506015; CRN:20107395R
248 Millroad Drive Glasgow Lanarkshire G40 2NS

Diagnosis: **Bilateral Dupuytren's disease mainly affecting right hand**
Outcome: **To discuss with Mr Sianos with regards to surgery with such minimal flexion contractures**

Thank you for referring this 63 year old right hand dominant gentleman to orthopaedic clinic. He has been aware of bilateral Dupuytren's his hands for the past 2 years with deterioration of the right hand. Recently, he has been aware of a "burning sensation" extending to his right ring finger which can be present even at rest. He is self employed involved in various areas of work but in particular as a designer and maker of furniture. His biggest concern with regards to the function of his hand is that he cannot place his hand flat on a piece of wood when sanding to test if it is smooth.

His past medical history is that of early emphysema but he is on no medication.

On examination of his right hand he has fairly thick skin folds relating to the Dupuytren's producing only a 10° contracture of the MCP joint of the ring finger. The middle finger extends to neutral only. On the right hand there is no evidence of joint contractures and just a minor puckering of the skin in line with his ring finger.

It was explained to Mr Norwood that surgery at this early stage would not be indicated due to the minimal degree of flexion contracture. He explained that with his particular line of work this is a most distressing dysfunction. In view of this I will bring him to the hand clinic in 2 weeks where Mr Sianos will be in attendance to discuss whether fasciectomy surgery would be feasible.

Yours sincerely

BRENDA DANKS
Extended Scope Physiotherapy Practitioner (Orthopaedics)

Direct Access Spirometry

Pre vs. Post Report

Patient Information

Name: Norwood, Henry	ID: 0101506015	Birthdate: 01/01/1950
Height at test (cm): 164.0	Sex: Male	Smoking history (pk-yrs): 50
Weight at test (kg): 59.1	Age at test: 63	Predicted set: ECCS 1983, Polgar (Peds) 1971

Comments: Dr MacPherson @ Bridgeton HC
Diagnosis:

Interpretation Interpreted by

Moderate obstructive pulmonary impairment. Bronchodilator produces a significant response but airflow obstruction persists. Post bronchodilator results consistent with QOF COPD Stage 1 (NICE). Suggest re-inforcement of smoking cessation advice and continuation with symptomatic bronchodilator therapy Results cannot exclude asthma. Consider formal peak flow monitoring and a trial of oral steroids if clinical uncertainty. SpO2 97%, MRC Grade 2: Jamie Masson / Dr R Carter

Site: Royal Infirmary
Physician:
Technician: Claire McGregor

Effort protocol: ATS 1987
Bronchodilator:

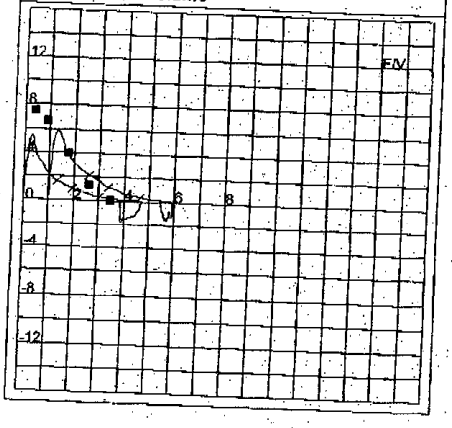
Test date/time: 19/02/13 09:03:26
Pre-BD Number of efforts performed: 5
Post-BD Number of efforts performed: 4

Results

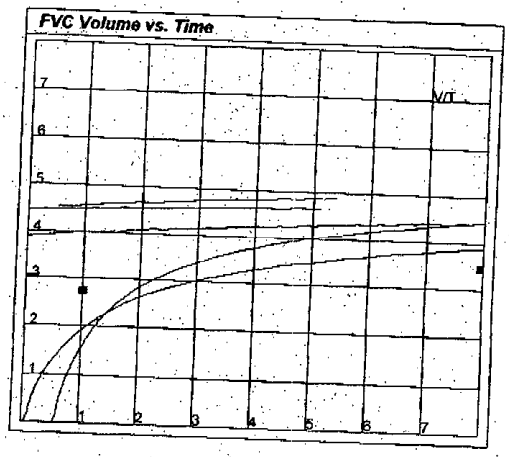
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	3.46	4.65	134%	4.88	141%	5%
FEV1 (L)	2.73	1.98	73%	2.44	89%	23%
FEV1/FVC	0.76	0.43		0.50		17%
FEF25-75% (L/s)	3.18	0.51	16%	0.88	28%	73%
PEFR (L/s)	7.52	5.44	72%	5.82	77%	7%
Vext %	—	1.04	—	1.14	—	9%

Test comments (Pre):
Test comments (Post):

FVC Flow vs. Volume



FVC Volume vs. Time



Acute Services Division

GLASGOW ROYAL INFIRMARY
Queen Elizabeth Building
16 Alexandra Parade
Glasgow
G31 2ER

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4948
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Email: sharon.hughes@ggc.nhs.co.uk

NHS Greater Glasgow and Clyde

DEPARTMENT OF RESPIRATORY MEDICINE

Dr E McPherson
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

MMC/SH

Dict: 25/01/2013
Typed: 31/01/2013

Dear Dr Mukherjee

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015 ~ CRN: 20107395R
248 Millroad Drive, Glasgow, Lanarkshire, G40 2NS

Thank you for your note, on re-reading my note of October 2012, I realise this was insufficiently explicit. There is no change in the CT appearances over a two year period, so the lesions would be defined as being benign and no further action needs to be taken.

Yours sincerely

DR M M COTTON
CONSULTANT PHYSICIAN

Acute Services Division

Diagnostics Directorate

CLINICAL SERVICES DIVISION
INTERVENTIONAL RADIOLOGY UNIT
GARTNAVEL GENERAL HOSPITAL
1053 GREAT WESTERN ROAD
GLASGOW G12 OYN

NHS
Greater Glasgow and Clyde

Consultant Interventional Radiologists

Prof J G Moss — E-mail:j.moss@clinmed.gla.ac.uk
Dr R D Edwards — E-mail:richard.edwards@ggc.scot.nhs.uk
Dr I Robertson — E-mail:iain.robertson2@ggc.scot.nhs.uk
Dr R Kasthuri — E-mail: ram.kasthuri@ggc.scot.nhs.uk
Dr S Chandramohan — E-mail: s.chandramohan@ggc.scot.nhs.uk
Secretaries' — 0141-211-1466/3113

IR/KP/20107395R
Chi: 0101506015

Dictated: 3rd October 2012
Typed: 3rd October 2012

Dr M M Cotton
Consultant Physician
Glasgow Royal Infirmary
Queen Elizabeth Building
16 Alexandra Parade
Glasgow
G31 2ER

Dear Dr Cotton,

Henry Norwood ~ 01.01.1950
248 Millroad Drive, Glasgow, G40 2NS

Thank you for your letter. I note the letter was typed 8th August 2012 but I am afraid I did not receive this letter until 11th September 2012.

Thank you for informing me of the previous CT scan in April 2010 at Glasgow Royal Infirmary. Interestingly, and I do not understand the technical reasons for this, this CT scan does not show up on the National Archive list we can access from the CRIS system. However I was able to access it by direct interrogation of the National Archive with CHI number.

I have now had an opportunity to compare both the scan from Glasgow Royal Infirmary on 13/07/10 with the scan of 09/07/12. The right intrapulmonary nodule is unchanged in axial dimensions between the two scans and has a similar configuration. I note that you mentioned the possibility of calculating pulmonary nodule analysis however this is not available in the software at Gartnavel General Hospital. In summary, there is no significant change in the axial dimensions of this nodule with the 2 year time gap which I would have thought is very likely to mean this is a benign intrapulmonary nodule. I am not able to estimate volume doubling time with the software available.

I hope this is helpful.

With best wishes

Kind regards

Yours sincerely,

Dr Iain Robertson,
Consultant Interventional Radiologist

Cc. Dr M Mukherjee, Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA

Acute Services Division

GLASGOW ROYAL INFIRMARY
Queen Elizabeth Building
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NHS Greater Glasgow and Clyde

DEPARTMENT OF RESPIRATORY MEDICINE

Dr I Robertson
Consultant Radiologist
Department of Radiology
Gartnavel General Hospital
Glasgow

MMC/SH

Dict: 25/07/2012
Typed: 08/08/2012

Dear Dr Robertson

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015 ~ CRN: 20107395R
248 Millroad Drive, Glasgow, G40 2NS

You recently reported a CT scan on this gentleman with regards to a pulmonary nodule. It suggested that respiratory referral was advised. I would be grateful if you could re-report your findings in the light of the previous CT scan this man underwent in April 2010 at Glasgow Royal Infirmary. The images are available to you on the National Portal.

I am not sure whether you have the software available to you at Gartnavel General Hospital to carry out pulmonary nodule analysis, so that we can have an estimate of the doubling time. I will defer making a respiratory appointment for this man until his most recent CT scan has been reported in the light of previous imaging. It would be helpful if a copy of the new report is made available directly to me as well as to Mr Norwood's GP.

Yours sincerely

DR M M COTTON
CONSULTANT PHYSICIAN

c.c.
Dr M Mukherjee, Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA

NHS

Gartnavel General Hospital

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: Dr Stephen Macpherson - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: Dr Iain Robertson 13/07/12 1550.

Clinical History :
Previous chest x-ray 10 mm opacity projected over fifth rib space. Recent non pleuritic left upper lung chest pain weight loss and smoker.

CT Thorax and abdomen with contrast :
Volume acquisition post IV contrast.

No significant hilar or mediastinal adenopathy. In the right middle lobe anteriorly there is a small 5 mm soft tissue nodule at the confluence of two peripheral vessels, this lies inferior to the previously identified chest x-ray abnormality. No significant abnormalities seen in the remainder of the lungs, there is evidence of background emphysematous change.

No focal abnormality identified within the solid organs of the upper abdomen. No significant abdominal lymphadenopathy or abdominal mass lesions seen.

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: CT Thorax and abdomen with contrast
Exam Date: 09/07/12 Event: E-26710521

08963

North Glasgow Hospitals

Skeletal review shows superior endplate collapse of the lower thoracic vertebra with adjacent degenerative changes.

Impression: Small discoid soft tissue nodule, I do not think this is the abnormality identified on chest x-ray however further follow-up and referral to a respiratory physician is advised.

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: CT Thorax and abdomen with contrast
Exam Date: 09/07/12 Event: E-26710521

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: Dr Stephen Macpherson - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: Dr Hedvig Karteszi 31/05/12 1625.

Clinical History :
Non pleuritic pain in left upper chest. Decreased air entry left upper chest. Smoker.
CT chest 2010 - emphysematous lungs.

XR Chest :
Comparison was made with the previous radiograph of 19/12/2011.
The lungs are emphysematous. There is a 10 mm opacity projected over the 5th intercostal space on the right which is not apparent on the previous radiograph. This might be spurious but focal intrapulmonary lesion cannot be excluded. Depending on the degree of clinical suspicion follow-up chest x-ray (in 4-6 weeks time) or CT recommended for further assessment.
The heart is not enlarged. Normal mediastinal outline.

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: XR Chest
Exam Date: 28/05/12 Event: E-26653680

08964

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: Dr Stephen Macpherson - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: Dr Fat Wui Poon 21/12/11 1127.
Clinical History : Atypical chest pain. Crepitation left lower area. Recent x-ray showed clear lung fields but suggest repeat with nipple marker.

XR Chest : Nipple marker in situ.

Normal heart and mediastinum.

The lungs are clear with no active pathology demonstrated.

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: XR Chest
Exam Date: 19/12/11 Event: E-26255075

08964

North Glasgow Hospitals

NHS Confidential: Personal data about a patient

NHS GG&C Smokefree Pharmacy Service

To : Dr MacPherson
Date : 07/12/2011

Re Patient Norwood, Mr Henry
DoB : 01/01/1950

- ***Set the following Quit Date with the Pharmacy Service :*** 05/04/2011
- ***At Pharmacy :*** Lloyds Pharmacy, 186 / 188 Abergromby Street, G40 2RZ
- ***Progress at 4 weeks post Quit-Date*** returned to smoking

NHS Greater Glasgow and Clyde

North Glasgow Hospitals

Glasgow Royal Infirmary

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: Dr Stephen Macpherson - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: Dr Ian Stewart 08/12/11 1045.
Clinical History : ? Chest infection.

XR Chest :

Heart size normal. Overall the lungs are clear but there is a tiny opacity projected over the anterior end of left 5th rib. Also, a small emphysematous bulla peripherally in left midzone. Neither of these was visible on a previous CT dated 13/7/10. The former is thought likely to be nipple shadow and the latter probably of no significance. A repeat examination with nipple markers is suggested in the way of reassurance.

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: XR Chest
Exam Date: 07/12/11 Event: E-26227500

08964

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Dietetics Department
Community Health Partnership
North East Sector
Shettleston Health Centre
420 Old Shettleston Road
GLASGOW G32 7JZ

Direct Line 0141 531 6272
Fax 0141 531 6206

Date 18/4/11

Dear Dr Mukherjee

NAME Henry Norwood	**DOB/CHI** 010150 6015
ADDRESS 248 Millroad Drive, Glasgow, G40 2NS	

Thank you for referring the above patient to the **Nutrition and Dietetic Service** for dietary advice.

☐ Initial appointment ☑ Review appointment

☑ Care completed ☐ Care not completed (did not attend initial /review appointment, now discharged)

Date of referral	12/10/10
Nature of referral:	weight loss, poor appetite
Weight/BMI:	60.3kg, BMI = 21.3kg/m²
Care aim: to improve nutritional status / prevent further wt loss	
Assessment: Mr Norwood's weight has increased by 1.2 kg since his initial referral. He is no longer taking any nutritional supplements. His appetite and oral intake continues to be erractic but Mr Norwood reports this is a result of him	
Goals agreed: feeling stressed or anxious. Advice has been provided on a high energy/protein diet and I have encouraged Mr Norwood to focus on eating little and often throughout the day - no further dietetic input is required at this point ~~now discharged~~	
Written information:	Provided ☐ Not provided ☐ Previously Provided ☑
Review appointment:	None planned ☐ To be arranged ☐ Patient now discharged ☑

Please do not hesitate to contact me should you require further detail.

Yours sincerely

L Clazey

Lesley Clazey
Community Dietitian

Acute Services Division

GENERAL MEDICINE
Oesophageal Clinic

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000

NHS
Greater Glasgow and Clyde

Clinic 13/01/2011
Dictated 13/01/2011
Typed 17/01/2011
Your Ref
Our Ref
Direct Dial
Fax

Consultants:
Dr J Winter 0141 211 4519
Consultant Physician/Gastroenterologist
Dr Ruth J S Gillespie 0141 211 4331
Consultant Physician/Gastroenterologist

Dr Stephen MacPherson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr MacPherson

Henry Norwood - 01/01/1950 - CHI: 0101506015 - CRN: 20107395R
248 Millroad Drive, Glasgow, G40 2NS

Diagnoses: 1. Investigation of weight loss
2. Emphysema
3. Chronic cigarette smoker
4. Chronic back pain secondary to vertebral fracture

This gentleman attended for review at the oesophageal clinic. He is still not particularly hungry and has a somewhat irregular eating pattern, but his weight is up at 59.4 kg. He has stopped the Tricyclic after about six weeks because of side-effects. Happily I hear that his partner had a healthy baby boy just before Christmas. He himself now feels that his symptoms are a combination of smoking, stress etc and is very focused on addressing his long-term health risks. He is getting acupuncture privately tomorrow and fully intends to stop smoking. I have encouraged him to try and continue his oral intake and have discharged him from further follow-up. His routine bloods at last appointment including his coeliac antibodies were negative.

Yours sincerely

RUTH GILLESPIE
Consultant Physician & Gastroenterologist

NHS Confidential: Personal data about a patient

East Glasgow Community Health & Care Partnership

Glasgow City Council

Greater Glasgow Community Dietitians

NHS Greater Glasgow and Clyde

Nutritional Product Prescription Request

Request To GP		From Dietitian	
Name	DR MUKHERJEE		LESLEY CLAZEY
Address	BRIDGETON H.C		COMMUNITY DIETITIAN
Telephone			SHETTLESTON HEALTH CENTRE
Practice Code	46555	Tel No	0141 - 5316272

Following a recent Dietetic assessment, prescription of nutritional products is requested for:-

Name: HENRY NORWOOD CHI: 0101506015

Address: 248 MILLROAD DRIVE, GLASGOW G40 2NS

Current Weight 59.1 Kg Height 1.7 m BMI 20.4 Kg/m² (if available)

Aim of Therapy: to ensure pt is meeting his nutritional requirements

This patient has been advised : on a high energy/protein diet Mr Norwood is struggling to eat during the day, c/o feeling sick - ongoing investigations Dr Winters

I recommend that the above patient would benefit from the following product(s) and would request they are prescribed on an ~~ongoing basis~~ / until the next review date

Expected duration of therapy: ongoing

The patient ~~has~~ / has not been given .....days supply of this product.

Products	*Daily amount*	*Amount per month*	Flavours
FORTISIP (NUTRICIA)	2-3 x 200ml BOTTLES PER DAY	62-93	VARIETY
Discontinued Products	***Daily amount***	***Amount per month***	**Flavours**

Product(s) ACBS listed for: disease related malnutrition

☑ The patient will be reviewed by the dietetic department in 4 weeks / ~~months~~ and I shall keep you informed of any necessary changes in dietetic management or nutritional product requirement.

☐ The patient has been referred to:-

☐ No arrangement has been made for follow up for this patient (see existing GGHB Prescribing Guidelines for Nutritional Support) Should their nutritional circumstance deteriorate, please consider re-referring to the Community Dietetic Service.

Lesley Clazey Community Dietitian Date 1/11/10

Acute Services Division

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Dr J Winter
Consultant Gastroenterologist

Direct Dial: 0141~211~4519
Fax: 0141~211~5659
e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/MD/20107395R

Dict: 22/10/2010
Typed: 22/10/2010

Dr Stephen MacPherson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr MacPherson

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015
248 Millroad Drive, Glasgow, G40 2NS

Henry Norwood attended on 7th October. Routine biochemical and haematological blood tests were checked at that attendance and were all within the reference interval. Coeliac serology was negative. Thyroid function was normal.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and Medical Services Directorate

Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF
Switchboard:0141~211~4000
Direct Dial: 0141~211~4519
Fax: 0141~211~5659

Oesophageal Clinic
Consultant:
Dr R Gillespie
Consultant Physician & Gastroenterologist
Dr J Winter
Consultant Gastroenterologist
e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/PK/20107395R

Dict: 07/10/2010
Typed: 13/10/2010

Dr Stephen MacPherson
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr MacPherson

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015
248 Millroad Drive, Glasgow, G40 2NS

Diagnosis:
Weight Loss
Intermittent Vomiting
Normal Endoscopy & CT Scan
Emphysema
Chronic Back Pain Secondary to Vertebral Fracture
Cigarette Smoker

I reviewed Henry Norwood, 60-years, this afternoon. He describes a 6-month history of anorexia, nausea and weight loss. He will vomit once or twice a week, usually approximately an hour after food. Upper GI endoscopy was unremarkable and CT scan of chest and abdomen revealed only emphysematous changes in his lungs and the previously recognised fracture of L1.

He is on no regular medication but uses Tramadol a few times a week. He is a cigarette smoker but drinks little alcohol. He works in the building trade and is very active. He has significant ongoing stress in his life. Last year he and his partner lost an infant to cot death and his partner is now pregnant again.

I performed a contrast swallow this afternoon which showed no hold up in the oesophageal emptying of the liquid.

He has been well investigated and no significant abnormality identified. I am inclined to feel that his symptoms are due to a combination of reduced calorific intake secondary to anxiety and increased expenditure due to his active lifestyle and increased work of breathing due to his incipient emphysema.

I have suggested that he try a low dose of Imipramine which may help his back pain and also his appetite. I have suggested 10mg at night, increasing to 25mg after 2-weeks if tolerated.

I think it would be very helpful is he could be reviewed by the community dietician via your health centre, and provided with nutritional supplements if felt to be necessary. Otherwise he is likely to continue to lose weight unless his appetite improves.

I have checked his routine bloods, including thyroid function and coeliac serology. He will be reviewed again in 3-months.

Yours sincerely

Dr J Winter
Consultant Gastroenterologist

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

Patient Label

20107395R
NORWOOD M
HENRY 01/01/1950
248 MILLROAD DRIVE
GLASGOW G40 2NS
CHI-0101506015

The patient attended GR Clinic at GRI

Hospital on 7/10/10 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: WEIGHT LOSS 2° CHRONIC PAIN + ANXIETY

** PLEASE REFER TO COMMUNITY DIETICIAN **

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
IMIPRAMINE	~~25mg~~ 10mg	ONCE DAILY (NOCTE)	IF TOLERATED AFTER 2 WEEKS, INCREASE TO 25mg

Yours Sincerely

Signature:

Name (print) [illegible] Grade: CON Ext. No: 2459

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and Medical Services Directorate

Glasgow Royal Infirmary
84 Castle Street
GLASGOW
G4 OSF
Switchboard:0141~211~4000
Direct Dial: 0141~211~4519
Fax: 0141~211~5659

Oesophageal Clinic
Consultant:
Dr R Gillespie
Consultant Physician & Gastroenterologist
Dr J Winter
Consultant Gastroenterologist
e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/MD/20107395R

Dict: 26/08/2010
Typed: 31/08/2010

Dr Stephen MacPherson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr MacPherson

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015
248 Millroad Drive, Glasgow, G40 2NS

Henry Norwood failed to attend the clinic this afternoon. We wills end one further appointment.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow
and Clyde

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Dr J Winter
Consultant Gastroenterologist

Direct Dial: 0141~211~4519
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e.mail: mary.doherty@northglasgow.scot.nhs.uk

JW/MD/20107395R

Dict: 19/07/2010
Typed: 20/07/2010

Dr Stephen MacPherson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr MacPherson

Henry Norwood ~ 01/01/1950 ~ CHI: 0101506015
248 Millroad Drive, Glasgow, G40 2NS

Henry Norwood attended for upper GI endoscopy on 18th June to investigate involuntary weight loss and vomiting. This revealed only a single 2cm tongue of Barrett's mucosa. Biopsies have confirmed Barrett's oesophagus.

Otherwise there was no significant abnormality in his upper GI tract. Distal duodenal biopsies revealed a normal villous architecture, although there did appear to be an increase in the number of intraepithelial lymphocytes. It would seem unlikely that these minor changes represent coeliac disease, nevertheless serological tests to exclude this would be warranted.

Given the weight loss, I arranged for a CT scan of his thorax and abdomen. This is essentially normal, revealing only changes of emphysema and a moderate anterior wedge compression of L1.

It seems unlikely that there is any significant underlying abnormality to account for his symptoms and he will be seen in the clinic in due course to assess his weight and we can check his coeliac serology at that juncture.

Yours sincerely

Jack Winter
Consultant Gastroenterologist

NHS Greater Glasgow and Clyde

Endoscopy Unit, Stobhill Hospital

GASTROSCOPY REPORT

Name:	**Henry NORWOOD, 01/01/1950 (M)**	Address:	248 Millroad Drive
CHI No:	**0101506015**		Glasgow
Case note no.:	**20107395R**		G402NS

Procedure date
18th June 2010

GP: Dr Stephen Macpherson
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G402DA

Priority: Urgent
Status: Day patient/NHS
Hospital: Stobhill Hospital
Ward: (none)
Referring Cons: Dr J Winter (Gastroenterology)

Indications
Nausea and/or vomiting and weight loss.

Consultant/Endoscopist
Dr Jack Winter
Nurses: Sister Margaret Anderson
SN Gayle Hollen

Report
The procedure was completed successfully.
OESOPHAGUS. Non-circular Barrett's epithelium at (a).

Instruments
STO 2947639 GIFH260
Disposable forceps

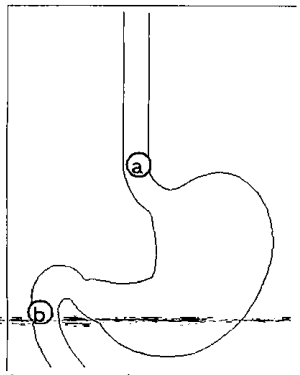
Diagnosis
OESOPHAGUS. Barrett's mucosa.
STOMACH. Normal.
DUODENUM. Normal.

Premedication
Xylocaine Spray (Oral) 5 spray

Follow up
Awaiting pathology results. Return to the referring Consultant.

Advice/comments
Single 2cm tongue of Barrett's. No significant upper GI pathology. Ongoing involuntary weight loss therefore for outpatient CT chest + adbdomen and clinic review thereafter

Dr Jack Winter
Consultant Gastroenterologist



a: *Lower oesophagus*
b: *Second part*

Specimens taken
Biopsy (x3 site a and x4 site b)

NHS Confidential: Personal data about a patient

SURNAME	**NORWOOD**
FORENAME	**HENRY**
Hosp No	**20107395R**
CHI No	**0101506015**
D.O.B	01.01.50 SEX Male
ADDRESS	248 MILLROAD DR GLASGOW
CONSULTANT/GP	BRMCP: S G MACPHERSON
HOSP/PRACTICE	**BRIDGETON HC (46555)**
WARD/TOWN	**201 ABERCROMBY STREET**

Collected	Received	Report Issued
24.05.10 @ 18:18	24.05.10 @ 18:18	25.05.10 @ 11:00

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

140	Sodium	135–145		mmol/L
5.0	Potassium	3.5–5.0		mmol/L
102	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
4.0	Urea	2.5–7.5		mmol/L
61	Creatinine	40–130	§	µmol/L
>60	eGFR (estimated GFR)			mL/min
* **5.8**	Plasma Glucose	3.5–5.5		mmol/L
2.1	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
7	Bilirubin	3–22		µmol/L
23	AST	<40		U/L
20	ALT	<50		U/L
21	Gamma–GT	<70	§	U/L
142	Alk.Phos.	40–150	§	U/L
65	Protein	60–80		g/L
36	Albumin	32–45		g/L
29	Globulins	23–38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
0.70	TSH	0.35–5.00		mU/L
18	Free T4	9–21		pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N.10.4152359 Run No. 426

Euthyroid TFT results

No collection time specified

§Significant sex/age differences – See handbook

Authorised by

Auto Check

Date Reported 25.05.10

CPA

Accredited Medical Laboratory

Reference No:2335

NHS Confidential: Personal data about a patient

DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY

CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-211-5165

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Number
NORWOOD	HENRY	01.01.50	M	20107395R	

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
248 MILLROAD DRIVE G	G40 2NS	DR S G MACPHERSON	DR. MACPHERSON
~	Hospital / GP: G.P.	Ward / Clinic: BRIDGETON HC 46555	BRIDGETON HEALTH CENTRE GLASGOW G40 2DA

Date and Time Received	Laboratory Number	Clinical Information
24.05.10 18:35 HRS	5189082.	WGT LOSS

Date Withdrawn	WBC x10⁹/L 4.0–11.0	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	Hb g/L M 130–180 F 115–165	RBC x10¹²/L M 4.5–6.5 F 3.8–5.8	Hct l/L M 0.40–0.54 F 0.37–0.47	MCV fl 78–99	MCH pg 27–32	RDW % 11.5–14.5	Retic x10⁹/L 50–100	Plts x10⁹/L 150–400	ESR mm/hr M <10 F <12
07.07.06	10.5	6.8	2.1	14.8	4.83	0.434	90	30.6	13.6		267	7
11.07.06	8.6	4.4	2.4	14.5	4.72	0.440	93	30.7	13.4		294	5
18.07.06	12.2	8.5	2.2	14.7	4.82	0.438	91	30.5	13.7		343	7
26.07.06	11.8	7.4	2.5	14.9	4.80	0.445	93	31.0	13.5		380	15
01.03.07	9.4	4.9	2.9	15.3	4.92	0.458	93	31.1	14.0		413	8
24.05.10	9.9	6.6	1.6	150	4.89	0.452	92	30.7	14.1		268	5

Analyser Diff	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	MONO x10⁹/L 0.2–0.8	EOS x10⁹/L 0.04–0.4	BASO x10⁹/L 0.01–0.1	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
	6.6	1.6	* 0.9	* 0.72	0.03						

Comments

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

FULL BLOOD COUNT

Reported On: 25.05.10 15:30HRS

Authorised By: *Auto Check*

Haematologist

NHS Greater Glasgow and Clyde

Glasgow Royal Infirmary

NORWOOD, Henry
248 Millroad Drive, , Glasgow, Lanarkshire, G40 2NS
Referrer: DR SG MACPHERSON - GP PRACTICE

Diagnostic Imaging Report

DoB: **01/01/1950**
Chi No: **0101506015**
CRIS No: **5425239**
Hosp No: **20107395R**

VERIFIED Verified By: DR G O'NEILL 26/04/10 1605.
Clinical History : Atypical chest pain.

XR Chest :

Heart is not enlarged. Lungs are clear.

27 APR 2010

Ref. Src: Bridgeton Health Centre, 201 Abercromby Street, Glasgow, G40 2DA
Exams: XR Chest
Exam Date: 20/04/10 Event: E-12387957

08964

North Glasgow Hospitals

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr Macpherson
Bridgeton Health Centre
201 Abercromby Street
Glasgow

G40 2DA

19 December, 2008

Dear Dr Macpherson,

Re. HENRY NORWOOD, 248 MILLROAD DRIVE, GLASGOW, G40 2NS
Date of Birth 01.01.50 Hospital Number: 20107395R CHI Number: 0101506015

Your patient attended Glasgow Royal Infirmary on the 17 DEC 2008 at 23:52 pm.

The presenting complaint was:	**BACK PAIN**
Triage Information:	**Rta, Wearing Seatbelt, Hit At Driver Side At Approx 20mph. No Neck Pain. Gcs 15.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Being Treated**
Follow-up:	**Not Known**
Additional Information:	**Nil**

Yours sincerely,

Consultants
:

Acute Services Division

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Trauma & Orthopaedic Department
84 Castle Street
GLASGOW G4 0SF

Personal Assistant: 0141 211 4422
Fax: 0141 211 0481
Appointments: 0141 211 4608
E-mail: Eileen.Fox@northglasgow.scot.nhs.uk

MR WHEELWRIGHT'S ORTHOPAEDIC CLINIC
THURSDAY 4TH OCTOBER 2007

SH/EF 20107395R
CHI NO: 0101506015

Dr MacPherson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr MacPherson

HENRY NORWOOD 2489 MILLROAD DRIVE GLASGOW G40 2NS
DOB 01/01/50

Diagnosis: lumbar spine pain
Outcome: discharged with advice

Thank you for referring this 57yr old gentleman who presents today with lower thoracic and upper lumbar spine pain. He is identifying the para-spinal area and states that it feels like a "pressure". This is constant in nature with varying intensity. He has a past medical history of trauma when he sustained a fracture to the L1 vertebral body following a direct blow to his flexed spine in July 2006. He has not had any physiotherapy input. His aggravating factors include bending forward and his easing factors include extension. He denies any pins and needles, numbness or saddle anaesthesia, and he states that he has no bowel or bladder symptoms. Cough sneeze does not aggravate his symptoms. However, despite his continued use of analgesics his sleep continues to be disturbed.

He denies any significant past medical history and describes his general health as good. He is not currently taking any other medications. Currently, he is an unemployed welder and last worked in January 2007. He lives alone and is independent with all activities of daily living and his hobbies include swimming 3 times per week.

On examination today, his gait was unremarkable. In standing, he appears symmetrical with a normal lumbar lordosis. There is a slight prominence of the L1 spinal process. He has a good lumbar spine range of motion with no increase in symptoms. There is no evidence of any neurological disturbance.

X-rays were repeated today and do show a fracture of the L1 vertebral body. He also has some degenerative changes between L4/5 and L5/S1.

Mr Norwood is in agreement that he is not a surgical candidate and has been discharged from the clinic today.

Yours sincerely

Suzie Harrold
Extended Scope Physiotherapy Practitioner
(Orthopaedics)

SURNAME	**NORWOOD**
FORENAME	**HENRY**
Hosp No	**20107395R**
CHI No	**0101506015**
D.O.B	01.01.50 SEX Male
ADDRESS	248 MILLROAD DR GLASGOW
CONSULTANT/GP	S G MACPHERSON
HOSP/PRACTICE	**BRIDGETON HC(46555)**
WARD/TOWN	**GLASGOW**

Collected	Received	Report Issued
01.03.07 @ 11:30	01.03.07 @ 14:10	01.03.07 @ 17:00

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

139	Sodium	135–145		mmol/L
4.6	Potassium	3.5–5.0		mmol/L
103	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
5.9	Urea	2.5–7.5		mmol/L
75	Creatinine	75–130	§	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)			
	Glucose	3.5–5.5		mmol/L
2	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
6	Bilirubin	3–22		µmol/L
18	AST	<40		U/L
19	ALT	<50		U/L
25	Gamma–GT	<90	§	U/L
130	Alk.Phos.	40–150	§	U/L
67	Protein	60–80		g/L
39	Albumin	32–45		g/L
28	Globulins	23–38		g/L
2.36	Calcium			mmol/L
2.43	Adjusted Calcium	2.10–2.60		mmol/L
1.04	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
1.6	TSH	0.350–5.000		mU/L
17	Free T4	9–24		pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L
	Lab No. N.07.4059750	Run No. 246		

Alk phos, albumin, globulin reference ranges changed from 06.11.06
Euthyroid TFT results

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 01.03.07

CPA
Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY

CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-201-3271

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Number
NORWOOD	HENRY	01.01.50	M	20107395R	

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
248 MILLROAD DRIVE G ~	G40 2NS	NK	DR. MACPHERSON BRIDGETON HEALTH CENTRE GLASGOW G40 2DA
	Hospital / GP GP	Ward / Clinic Bridgeton Health Centre	

Date and Time Received	Laboratory Number	Clinical Information
01.03.07 14:13 HRS	5077204.	WEIGHT LOSS BACK PAIN

Date Withdrawn	WBC x10⁹/L 4.0–11.0	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	Hb g/dL M 13.0–18.0 F 11.5–16.5	RBC x10¹²/L M 4.5–6.5 F 3.8–5.8	Hct l/L M 0.40–0.54 F 0.37–0.47	MCV fl 76–99	MCH pg 27–32	RDW % 11.5–14.5	Retic x10⁹/L 50–100	Plts x10⁹/L 150–450	ESR mm/hr M<10 F<12
04.07.06	12.3	9.2	1.4	14.1	4.56	0.426	93	30.9	13.8		274	5
07.07.06	10.5	6.8	2.1	14.8	4.83	0.434	90	30.6	13.6		267	7
11.07.06	8.6	4.4	2.4	14.5	4.72	0.440	93	30.7	13.4		294	5
18.07.06	12.2	8.5	2.2	14.7	4.82	0.438	91	30.5	13.7		343	7
26.07.06	11.8	7.4	2.5	14.9	4.80	0.445	93	31.0	13.5		380	15
01.03.07	9.4	4.9	2.9	15.3	4.92	0.458	93	31.1	14.0		*413	*8

Analyser Diff	NEUT x10g/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	MONO x10⁹/L 0.2–0.8	EOS x10⁹/L 0.04–0.4	BASO x10⁹/L 0.01–0.1	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
	4.9	2.9	*0.9	*0.58	0.05						

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

Comments

FULL BLOOD COUNT	Reported On	Authorised By	Haematologist
	02.03.07 08:12HRS	*System Validated*	

GLASGOW ROYAL INFIRMARY
NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

HAEMATOLOGY DEPARTMENT

SURNAME	FORENAMES	SEX	HOSP. No.	DOB/AGE
HN	G1557V0	M	Z03144970	01.01.50

ADDRESS	POST CODE	CONSULTANT	G.P./OTHER NAME AND ADDRESS
		Study: FINGEN	Study: FINGEN Dr M Caslake, Lipids Biochem, Level 4, QEB,GRI
	HOSPITAL: STUD1	WARD/CLINIC: FINGEN Study	

DATE AND TIME RECEIVED	LAB No.	CLINICAL INFORMATION
19.08.03 11:00 HRS	103458:Q	Study: Effect of fish oil supplemen

BLOOD COUNT

DATE WITHDRAWN	WBC x 10⁹/l	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	Hb g/dl	RBC x 10¹²/l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10⁹/l	PLT x 10⁹/l	ESR mm/hr
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-400	M < 10 F < 12
19.08.03	8.2	4.9	2.1	15.6	5.01	0.467	93	31.2	14.2		308	

DIFF

	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	MONO x 10⁹/l	EOSIN x 10⁹/l	BASO x 10⁹/l	META	MYELO	BLAST	OTHER	NRBC	GLANDULAR FEVER SCREENING TEST
	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
Analyser Diff	4.9	2.1	0.6	*0.50	0.10						

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

COMMENTS

NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION.

FULL BLOOD COUNT

REPORTED ON: 19.08.03 12:43HRS
AUTHORISED BY: ELIZABETH McLACHLAN
HAEMATOLOGIST

SURNAME	HN	UNIT No.	ZC03231974	CONSULTANT GP	LF
FORENAME	G1557V0	D.O.B.	01.01.50 SEX M	SPECIALTY	
		ADDRESS		HOSP PRACTICE	FINGEN Study
				WARD/TOWN	fao Dr M Caslak

BIOCHEMISTRY DEPT.
ROYAL INFIRMARY
GLASGOW G4 0SF
TEL: 0141 211 4638

LAB No. 5204077

ISSUED DATE 19.08.03 TIME 13:00

Auto Check

RECEIVED DATE 19.08.03 TIME 11:00

REPORTED 19.08.03

DATE / TIME	TESTS AND REFERENCE RANGES
19.08.03 09:00	
5.15	Cholesterol mmol/L
1.20	Triglycerides mmol/L
	VLDL Chol mmol/L
	LDL Chol mmol/L
	HDL Chol mmol/L
	Chol/HDL Ratio

SURNAME	HN
FORENAME	G1557V0
UNIT No.	ZC03231974
D.O.B.	01.01.50 SEX M
ADDRESS	
CONSULTANT/GP	LF
SPECIALITY	
HOSP./PRACTICE	FINGEN Study
WARD/TOWN	fao Dr M Caslake

REQUESTED	RECEIVED		LAB No.
19.08.03 09:00	19.08.03 11:00	DATE TIME	5204077

142		**Sodium**	135-145	mmol/L
4.4		**Potassium**	3.5-5.0	mmol/L
108		**Chloride**	98-108	mmol/L
		Bicarbonate	22-28	mmol/L
4.6		**Urea**	2.5-7.5	mmol/L
80		**Creatinine**	60-120	µmol/L *
	†	*Anion Gap*	12-20	mmol/L
	†	*Osmolality*	270-295	mmol/Kg
2.26		**Calcium**	2.20-2.60	mmol/L
2.28	†	*Calcium adjusted for albumin.*		
1.05		**Phosphate**	0.70-1.40	mmol/L *
69		**Protein**	62-77	g/L
42		**Albumin**	36-52	g/L
27	†	*Globulins*	19-33	g/L
229		**Alk. Phos.**	60-300	U/L *
13		**Ö- GT**	5-50	U/L
16		**Bilirubin**	3-20	µmol/L
21		**AST**	10-35	U/L
17		**ALT**	5-40	U/L
		LD	~~200-420~~ 80-480	U/L
		CK	30-210	U/L
		CRP	< 20	mg/L
		Urate	0.12-0.45	mmol/L *
*6.1		**Glucose**	3.0-5.5	mmol/L *
		H^+	36-43	nmol/L
		PCO_2	4.6-6.0	k Pa
	†	*Bicarbonate*	20-28	mmol/L
		PO_2	10.5-13.5	k Pa
		S. Osmolality	270-295	mmol/kg
		U. Osmolality		mmol/kg
		Amylase	up to 100	UL
		Magnesium	0.70-1.0	mmol/L
		Salicylate		mmol/L§ *
		Paracetamol		mmol/L§

† CALCULATED RESULT
P.T.O. FOR KEY TO CODES. * AND §

A

21.08.03

BIOCHEMISTRY DEPT.
ROYAL INFIRMARY
GLASGOW G4 0SF
TEL: 0141 211 4638

REPORT FROM RADIOLOGICAL DEPARMENT

DATE 16 September 1987 FILM NO. B87/1959

DOCTOR Dr Winocour D.O.B. 1.1.50

PATIENT'S NAME HENRY NORWOOD

ADDRESS AWF/JW/17/N

REPORT:- FILM NO. B87/1959

CHEST: The heart and mediastinum are within normal limits. The lung fields are clear.
STERNUM & RIB VIEWS: No significant abnormality seen.

A.W. FORRESTER

16.9.87

SECTION X-RAYED ..... DATE .....

BELVIDERE HOSPITAL GLASGOW JMcC/10192

REPORT FROM RADIOLOGICAL DEPARTMENT

DATE 8.4.82 FILM NO. 81/2194

PHYSICIAN OR SURGEON Dr Wilson WARD AP OP

PATIENT'S NAME Mary Norwood 35 Aberdeen Rd. D.O.B. 1.1.50

REPORT:—

Chest - the lung fields appear somewhat emphysematous, otherwise clear.

J.G.D.

BELVIDERE HOSPITAL GLASGOW JMcC/10192

REPORT FROM RADIOLOGICAL DEPARTMENT

DATE 10.4.89 FILM NO. 81/2194.

PHYSICIAN OR SURGEON Dr Rossmond. WARD Gen Op.

PATIENT'S NAME Nancy Norwood. 35 Aberdargie Rd. AGE 31yrs.

REPORT:—

RIGHT KNEE - there is apparently a little early degenerative change in the patello-femoral joint.

J.G.D.

NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY

GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080 **Fax: 0141-211 0082**

SURNAME	FORENAME	UNIT NO.	SEX DOB
NORWOOD	HENRY		M 01.01.50
SOURCE	**CONSULTANT**	**GP**	
Bridgeton HC/218A		DR S MCPHERSON	
SPECIMEN	**LAB NO.**	**REPORT STATUS**	**YOUR REF. NO.**
SER	V,07.0602317.F	Final	

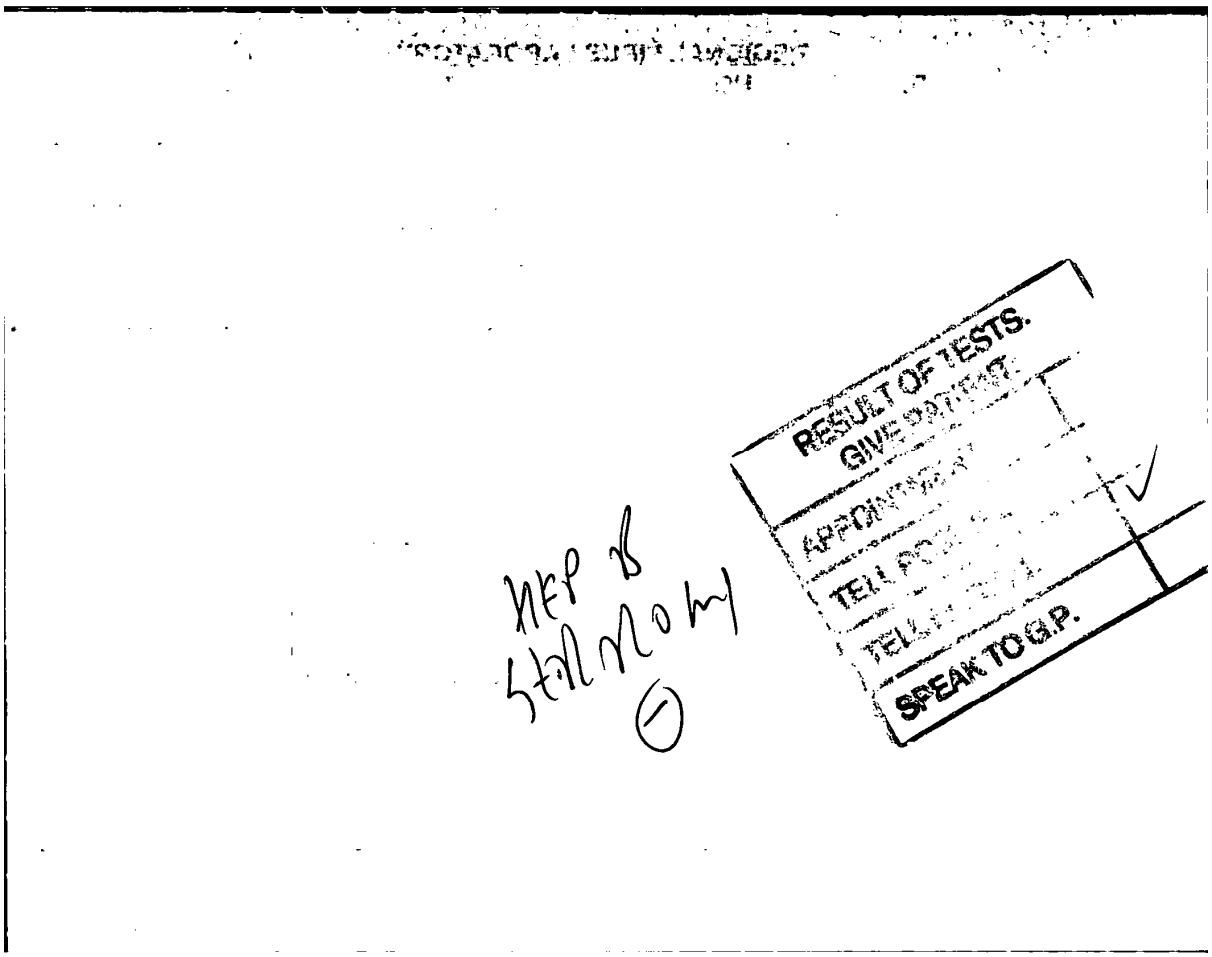
Hep.B surface antigen :Negative Hepatitis C screen :Negative

05 FEB 2007

Clinical details:

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	30.01.07	31.01.07	01.02.07	Ms E C Campbel

~~Copies for:~~ ~~Copy for:Bridgeton HC/218A~~



NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY

GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
NORWOOD	HENRY		M 01.01.50
SOURCE	CONSULTANT	GP	
Bridgeton HC/218A		DR S MCPHERSON	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
serum	V,07.0701950.T	Final	

HIV antibody :Negative

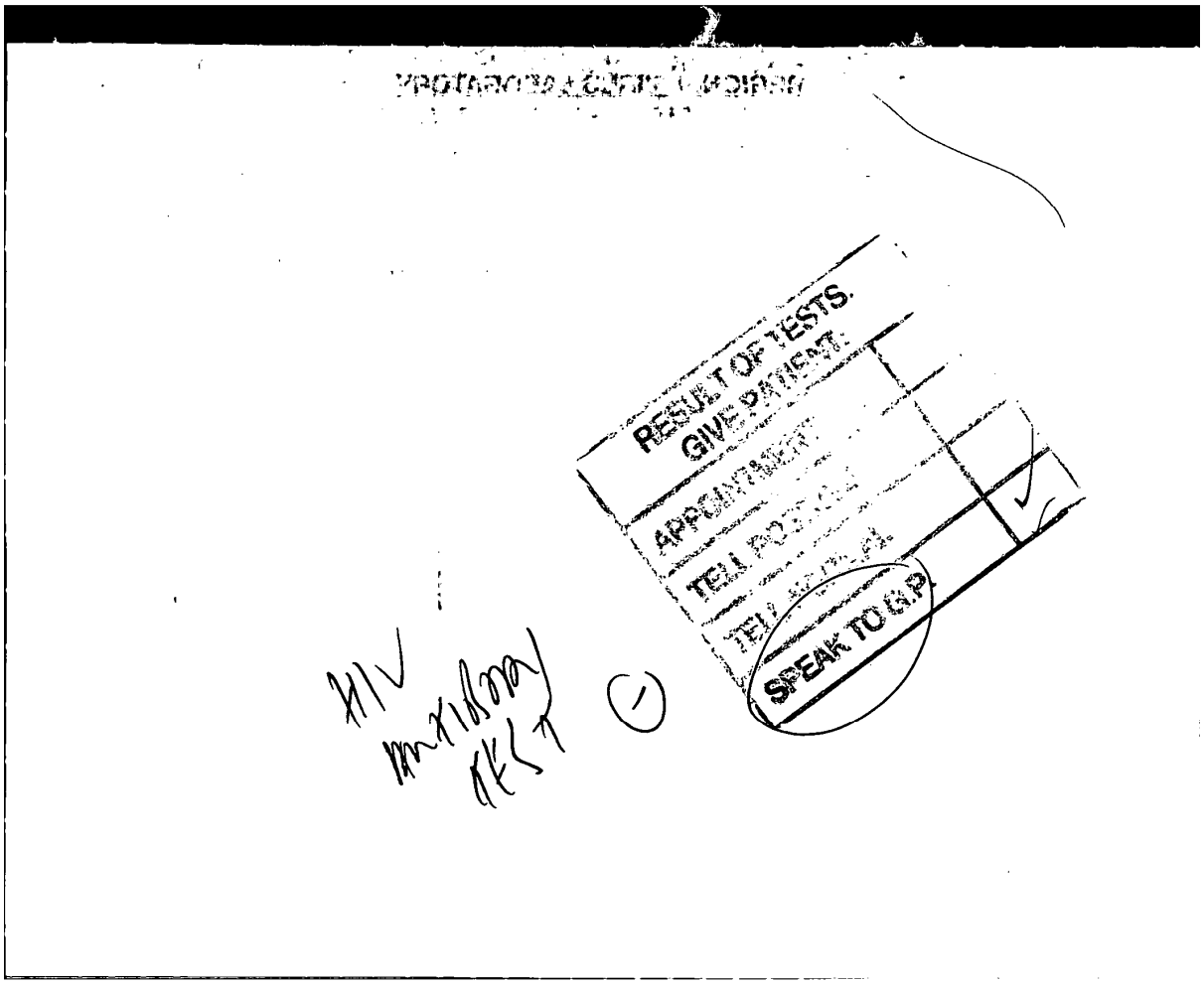
05 FEB 2007

If patient is at risk of BBV please send a follow-up sample.

Clinical details

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	30.01.07	31.01.07	31.01.07	Mr J.Stewart

Report to: Copy for :Bridgeton HC/218A



NHS Confidential: Personal data about a patient

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080 **Fax: 0141-211 0082**

SURNAME	FORENAME	UNIT NO.	SEX DOB
NORWOOD	HENRY		M 01.01.50
SOURCE	**CONSULTANT**	**GP**	
Bridgeton HC/218A		DR S MCPHERSON	
SPECIMEN	**LAB NO.**	**REPORT STATUS**	**YOUR REF. NO.**
SER	V.07.0602314.E	Final	

Hepatitis C screen :Negative

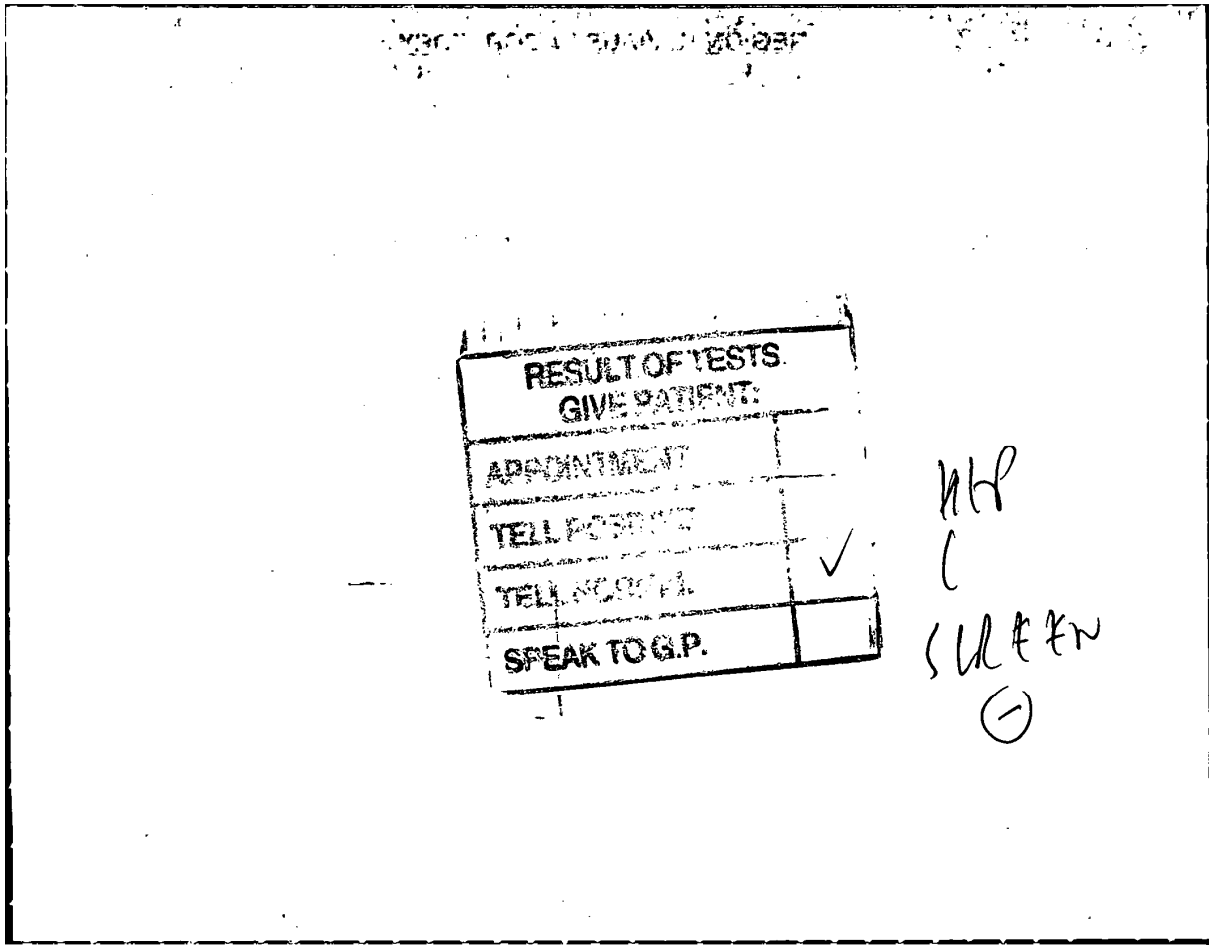
05 FEB 2007

Clinical details

VIROLOGY

DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
30.01.07	31.01.07	01.02.07	Ms E C Campbel

Copies for: Copy for:Bridgeton HC/218A



NHS Confidential: Personal data about a patient

CPA **DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY**
CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-201-3271

Surname	Forename	Date of Birth	Sex	Hospital Number	CHI Number
NORWOOD	**HENRY**	**01.01.50**	**M**	**Z05179397**	

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
		NK	**DR MACPHERSON**
	Hospital / GP	Ward / Clinic	**BRIDGETON HEALTH CENTRE**
	GP	Bridgeton Health Centre	**ABERCROMBY ST**

Date and Time Received	Laboratory Number	Clinical Information
02.02.05 14:02 HRS	135644.V	NO ENERGY, PR BLEED

Date Withdrawn	WBC x10⁹/L 4.0–11.0	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	Hb g/dL M 13.0–18.0 F 11.5–16.5	RBC x10¹²/L M 4.5–6.5 F 3.8–5.8	Hct l/L M 0.40–0.54 F 0.37–0.47	MCV fl 76–99	MCH pg 27–32	RDW % 11.5–14.5	Retic x10⁹/L 50–100	Plts x10⁹/L 150–450	ESR mm/hr M<10 F<12
02.02.05	8.8 ✓	4.6	2.7	16.6 ✓	5.28	0.492	93	31.4	13.7		300 ✓	5 ✓

Analyser Diff	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	MONO x10⁹/L 0.2–0.8	EOS x10⁹/L 0.04–0.4	BASO x10⁹/L 0.01–0.1	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
	4.6	2.7	0.8	* 0.60	0.10						

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

Comments

03 FEB 2005

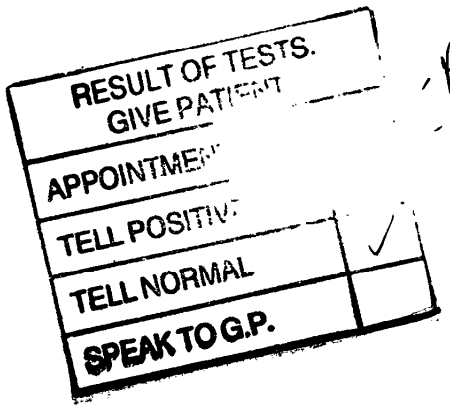
FULL BLOOD COUNT

Reported On 02.02.05 14:43HRS

Authorised By *Fayrouz Kraish*

Haematologist

[redacted]



FBC (W)
ESR
S

GLASGOW ROYAL INFIRMARY G31 2ER
Department of Radiology Tel: (0141) 211 5527

03007722 X 1 22/01/03 XR 0337377

X-RAY REPORT

NORWOOD, Henry 53Y M S, MACPHERSON BRHC

100 TOBAGO STREET, GLASGOW, G40 2RH

Clinical Information :
EXCLUDE FOREIGN BODY.

RIGHT KNEE
Quite marked degenerative changes are present at the medial knee joint compartment. Mild degenerative changes are noted at the patello femoral joint. No evidence of a foreign body or a fracture.

*DR D ANDERSON/ML 24/01/03

4 FEB 2003

24/01/03 - RIGHT KNEE

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
GLASGOW ROYAL MATERNITY HOSPITAL

UNIT 1

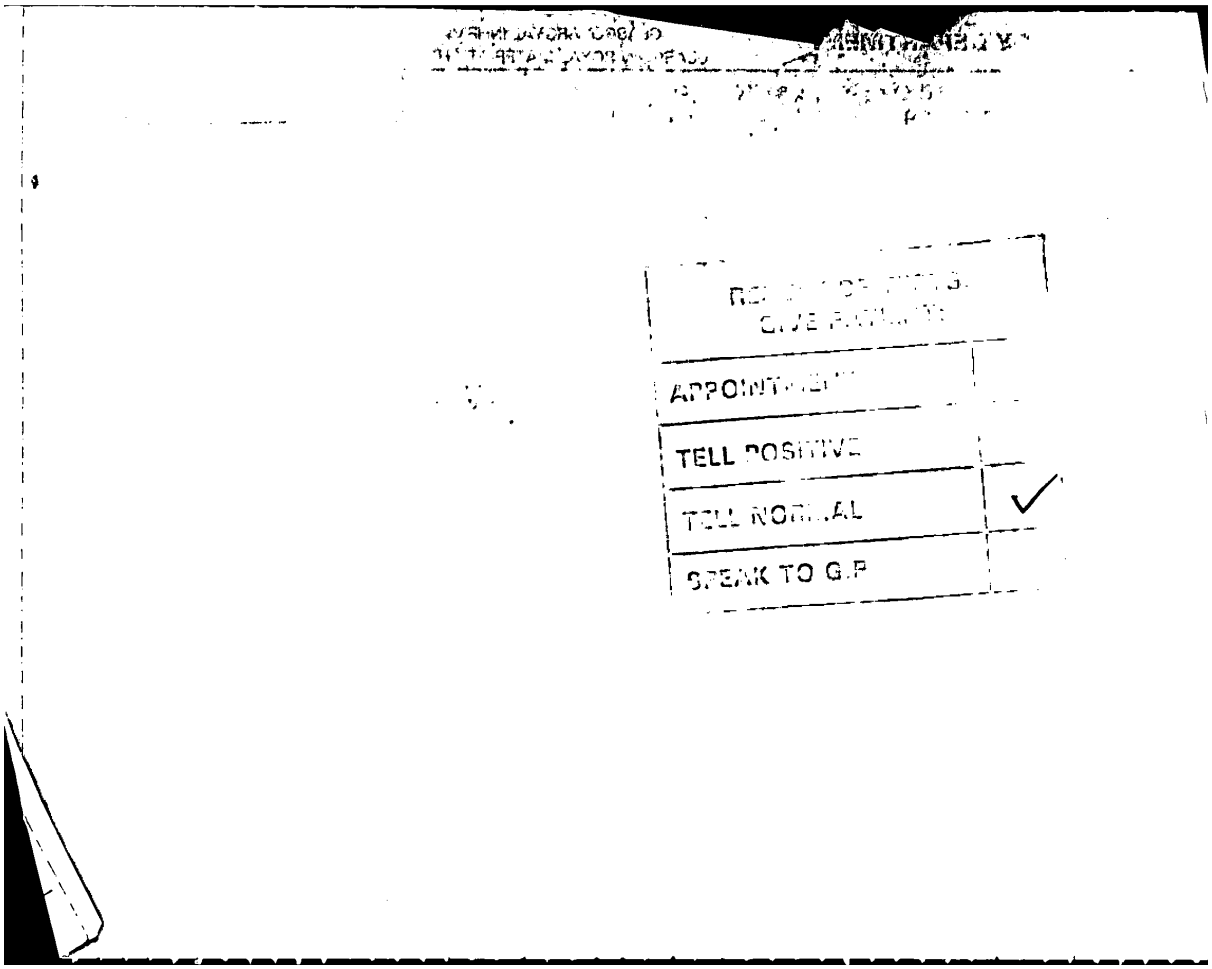
Name NORWOOD HENRY Sex M D.o.B. / /
Address ABERDALGIE RD. GLASGOW
Consultant HUNTER
Hosp. GP Ward GP38
Hosp. No.
Taken 00/00/00
Received 22/ 3/89

Investigation CULTURE
Specimen URINE (UNSPECIFIED)

NO GROWTH

24 MAR 1989

Microbiologist R.R.Tree / C.A.Young
URINE
Reported 23/ 3/89
Bacteriology
Page 1 of 1
Lab No 897659 V f^



NHS Confidential: Personal data about a patient

SURNAME	**NORWOOD**
FORENAME	**HENRY**
Hosp No	**20107395R**
CHI No	**0101506015**
D.O.B	01.01.50 SEX Male
ADDRESS	248 MILLROAD DR GLASGOW
CONSULTANT/GP	S G MACPHERSON
HOSP/PRACTICE	**BRIDGETON HC(46555)**
WARD/TOWN	**GLASGOW**

Collected	Received	Report Issued
30.01.07 @ 11:45	30.01.07 @ 14:10	30.01.07 @ 16:14

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium	135–145		mmol/L
	Potassium	3.5–5.0		mmol/L
	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
	Urea	2.5–7.5		mmol/L
	Creatinine		§	µmol/L
	eGFR (est. Glomerular Filtration Rate)			
	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
9	Bilirubin	3–22		µmol/L
22	AST	<40		U/L
13	ALT	<50		U/L
23	Gamma–GT	<90	§	U/L
130	Alk.Phos.	40–150	§	U/L
63	Protein	60–80		g/L
37	Albumin	32–45		g/L
26	Globulins	23–38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L
	Lab No. N.07.4027422	Run No. 592		

Alk phos, albumin, globulin reference ranges changed from 06.11.06
No collection time specified

01 FEB 2007

§Significant sex/age differences - See handbook

Authorised by
Auto Check
Date Reported 30.01.07

CPA
Accredited Medical Laboratory
Reference No:2335

4 (M)

RESULT OF TESTS. GIVE PATIENT:	
APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	✓
SPEAK TO G.P.	

NHS Confidential: Personal data about a patient

SURNAME	**NORWOOD**
FORENAME	**HENRY**
Hosp No	**ZC05406598**
CHI No	
D.O.B	01.01.50
SEX	Male
ADDRESS	
CONSULTANT/GP	S G MACPHERSON
HOSP/PRACTICE	**BRIDGETON HC(46555)**
WARD/TOWN	**GLASGOW**

Requested	Received	Laboratory No.
30.03.05 @ 10:10	30.03.05 @ 14:04	N,05.4078572

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

	Sodium	135–145	mmol/L
	Potassium	3.5–5.0	mmol/L
	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
	Urea	2.5–7.5	mmol/L
	Creatinine		§ µmol/L
5.4	Glucose	3.5–5.5	mmol/L
N	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		§ mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
	Bilirubin	3–22	µmol/L
	AST	<40	U/L
	ALT	<50	U/L
	Gamma-GT		§ U/L
	Alk.Phos.		§ U/L
	Protein	60–80	g/L
	Albumin	36–52	g/L
	Globulins	19–33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40	§ mmol/L
	Magnesium	0.70–1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	0.2–5.0	mU/L
	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0	§ g/L
	IgG	6 –16	§ g/L
	IgM	0.5 –2.0	§ g/L
	Run No. 486		

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 30.03.05

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary
☎(0141)-211-4638

Bloom Sharp (M)

RESULT OF TESTS.
GIVE PATIENT:

APPOINTMENT	
TELL POSITIVE	
TELL NORMAL	✓
SPEAK TO G.P.	

NHS Confidential: Personal data about a patient

SURNAME	**NORWOOD**
FORENAME	**HENRY**
Hosp No	**ZC05406598**
CHI No	**Not supplied**
D.O.B	01.01.50 SEX Male
ADDRESS	
CONSULTANT/GP	S G MACPHERSON
HOSP/PRACTICE	**BRIDGETON HC(46555)**
WARD/TOWN	**GLASGOW**

Requested	Received	Laboratory No.
02.02.05 @ 09:45	02.02.05 @ 13:45	N,05.4027552

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

	Sodium	135–145	mmol/L
	Potassium	3.5–5.0	mmol/L
	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
	Urea	2.5–7.5	mmol/L
	Creatinine		§ µmol/L
* 7.7 H	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		§ mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
	Bilirubin	3–22	µmol/L
	AST	<40	U/L
	ALT	<50	U/L
	Gamma–GT		§ U/L
	Alk.Phos.		§ U/L
	Protein	60–80	g/L
	Albumin	36–52	g/L
	Globulins	19–33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40	§ mmol/L
	Magnesium	0.70–1.00	mmol/L
* 5.10	Cholesterol	target <5.0	mmol/L
1.65	HDL Cholesterol	target >1.0	mmol/L
3.1 H	Chol/HDL ratio		
1.30	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	0.2–5.0	mU/L
	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0	§ g/L
	IgG	6 –16	§ g/L
	IgM	0.5 –2.0	§ g/L

Run No. 219

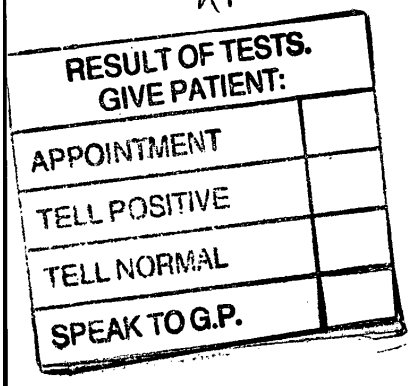
Non–fasting sample – LDL not calculable.

RECEIVED
04 FEB 2005

§Significant sex/age differences – See handbook

Authorised by *Auto Check* Date Reported 02.02.05	North Glasgow University Hospitals NHS Trust Glasgow Royal Infirmary ☎(0141)–211–4638

Appointment GP - ✓



MALE

SURNAME	CHRISTIAN NAMES	D/B
NORWOOD	HENRY	1/1/1950

ADDRESS 51 SPRINGFIELD RD., S.E.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

Dr. FINNBARR LAWTON

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

Date 24 NOV 1967

* In C.F. ~~Column~~, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — FORM E.C.7A (Scotland)

(23.3.66) (D39927) Wt. P5771—639 200,000 5/66 J. & G. L. Ltd. Gp 259

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

MALE

SURNAME: Norwood

CHRISTIAN NAMES: Henry. S6th. 5. 1950. 39

ADDRESS: 120 Stamford St.

Date of Birth: 1 | 1 | 50

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

Dr. Gordon G. Wisenan

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

GLW. 25 MAY 1971

Date.....

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM E.C.7a (Scotland)

(21.4.71) (E9993) Dd. No. 248044 250,000 7/71 J.&G.I.,Ltd. Gp. 259

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

SURNAME	CHRISTIAN NAMES
NORWOOD	HENRY B

ADDRESS Rossie Farm School, Montrose

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
2/6/57	CLD		
31/5/66	C	Impetigo	
	F		
3/3/69	CD	Strained Back	
6/3/69	C	Returned on	4K
	F	[illegible] 17/3/69	
12/10/74	C	Lumbago.	
8/12/75		Abdo [illegible]	
		Admits N + [illegible]	
3/4/81		Strained knee joint	
		kneepad.	
3/3/82		4/12 ago – still	
		has cough – smokes	
		~20/day – Rx Oxytet	
6/4/82	4/52	Persistent cough. Chest clinically clear.	

Dr. **Dr. A.C. Millar**

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

FN Xray at [illegible]

Date: Sept [illegible] 80

AN
29 DEC 1965

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM E.C. 7A
(Scotland

C.J.C. 53. 2338

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
22/4/82		My Head Cough,	
		No spit.	
		Old Pleurisy TB	
		A&A. S. Pray.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

SURNAME	CHRISTIAN NAMES
Norwood	Henry Baby

ADDRESS 64 Lilly ST

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1/4/50		Vaccination.	

* In C.F. Column, which is for cases of certified incapacity only, practitioner should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD FORM E.C.7. (Scotland)

Wt. P1167/3520. 3,000 m. 1/48. S.C.W.S. Ltd.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

Registration

Mr Henry B Norwood
100 Tobago Street
Glasgow
G40 2RH
Telephone: 773 0401
Contact: ?
ContactRelship: ?
Email: ?
CHI Number: 0101506015
Registered GP: Dr A Dingwall

Service Code: Permanent
DoB: 01/01/1950
Age: 55

BMI: 22.4 Height: 1.67 m Weight: 62.59 kg BP: 133/90

Clinical / User Marker

05/05/1995	Medium	Primary laparoscopic repair of inguinal hernia right	Recurrence
15/03/1989	Medium	Inguinal hernia	Left
12/06/1985	Medium	Arthroscopic partial medial meniscectomy	Right
04/04/1966	Medium	Unilateral inguinal herniotomy	Right
04/12/1963	Medium	Tuberculosis (BCG) vaccination	

Screening

11/02/2003	**Weight$$**	O/E - weight	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
11/02/2003	**Height$$**	O/E - height	
Repeat after an Interval - 36 Months		Do not send recall letter	Do not send result letter
11/02/2003	**Alcohol Intake$$**	Teetotaller	
No Action Required		Do not send recall letter	Do not send result letter
11/02/2003	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
11/02/2003	**Smoker$$ Status**	Heavy smoker - 20-39 cigs/day	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
Acute	SPICE Lab Results	01/04/2005	N/A	N/A	3
Acute	1st SPICE Index	21/03/2005	N/A	N/A	1
Acute	SPICE Basic Health V	21/03/2005	N/A	N/A	1

Last Encounter

Dr SG Macpherson

Date: Jul 11 2005 3:30PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

National Health Service Number

CLINICAL NOTES

Surname (Block Letters) | Forenames (Block Letters)

Address | Date of Birth

Date	*	Clinical Notes	Diagnosis
9/12/06			
17/10/7			
24/10/7			

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B47693 7/06 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

S/P. Dr Bingwell

National Health Service Number: 6015

Surname (Block Letters): NORWOOD

Forenames (Block Letters): HENRY

CLINICAL NOTES

Address: 100 TORAH ST. CHORLEY

Date of Birth: 1.1.50

CPR/Rep 9/1/03

Date	*	Clinical Notes	Diagnosis
22/03		locking R knee - 1/12 R knee - effusion gp - 15 ml (sterile) go ? effusion last month Allo. pain no effusion passive stable legs ✓ X-ray - WNL/NAD FB Lasix 40mg Bumetanide 1mg Lat Amoxycillin 1gm Smoking CA	
10/6/03	Pm.	Sore throat 2 days. O/E: (L) tonsil ? quinsy/tonsil. (L) cervical adenopathy.	Amoxycillin 250mg/5ml
12/05		Psoriasis localised - not spreading. Nails - good blood PR 1 yr - missed Perianal itch ulcer. on pain fresh blood on bf normal stool habit Diet - (non) ↓ energy b/12 - not picking up - (cod liver oil)	30 CPA. lipids FBC ESR BIA thyroid.

* This column has been provided for doctors to enter A, V or C at their discretion

PRINTED FOR ASTRON, 11/01 B22826 (13161)

Date	*	Clinical Notes	Diagnosis
14 3 06	-	Emerg LM clinic - PR bleed.	
		insidiously stop Cogs - Dr T Shaw	
		Rpt history given	
		no abdo pain	
		pain on oxygen	
11 7 06		In the meantime bleed PR - assoc.	loose stools
		missed appt GPH.	
		on tissue only - finish	
		small prostaglandin	no abdo pain
20.3.06		DNA	
4 8 06		IP for 3/52 > spinal inj. unstable #	
		vertebra, DIC 3/7 eg. needs	
		analgesia.	
		co-dydramol 30/500 1-11 QDS (11)	
		diclofenac 75g BD (6)	
		Review - 2 wks	
16 8 06		30 UPD - weight stable	BP 122/80
		Hb 150 on 1/52	no C/I's.
		after RP (60)	HP (1/12)
26 10 06		? recurrent # vertebrae	03 07 06
		- Breast - Name.	MS Consultation.
		GPH -	
		- was in theatre for RP on 4 th	weight
		MS comfortable - High Inguinal Region	on Bristol.

* This column has been provided for doctors to enter A, V or C at their discretion

- Unable to mobilise - Rpt bloods for GP. Pain in R Inguinal region

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): NORWOOD

Forenames (Block Letters): HENRY

Address

Date of Birth: 1/1/50

Date	*	
		N/P Appointment Monday 8/1/01. 11.50am
4/1/01.		Pain + tingling ⓡ upper arm, worse at night, worse lifting ⓡ upper arm +x. → o/e pain related to moving ⓡ shoulder, post. + inf. aspects, muscle ? pec, Brachialgia (pain from neck), Bx. Plan Naprosyn 500mg T pm, refer physio if not improving. GR.
8/1/01		DNA Practice Nurse app. MR
26.11.02		Notes summarised NT
		Come to see: ? neuralgia.
21.3.01		Letter:-
		BP 133/90 — advised. + reduce salt
		Smokes — 20/day — advised.
		ot 62.0 kg. a lot of coffee, advised
		no further P/R bleeding has received. Appt. letter. BMI 22.2 1.67
		VE CT

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	

*This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number	S644:5:1950:39

Surname (Block Letters)	Forenames (Block Letters)
NORWOOD	HENRY.

CLINICAL NOTES

Address	Date of Birth
35, ABERDALGIE Rd.	1:1:1950

Date	*	
19/8/83		acute pain in hip - 1/7 - same last year - awaiting cartilage op c/e limps 4/4 cant S.L.R ✓ no local tenderness. ? SI strain Rx Lobak, Indocid
5/12/84		URTI Rx Distacio, Nimetus Simplex
16/9/87	(1)	Tenderness 6a+rib at junction of / sternum (Brufen 400 x6.0) 4 days. - constant. - worse on movement
	(2)	(L) medial cartilage ? inner tenderness (refer CM attached)
	(3)	Burning feeling both feet + legs - worst (for years)
M/14/88	Rx	Amoxil 250mg mitte (21)
		(2) Paracetamol mitte 30
21/3/89		aches (L) loin '52. - no dysuria, haematuria c/e: Tender 4/4 (L) Rx Bactrim, D/1/8 x 30. - hernia (L) (Rx Ref surg - Ref Orthop.
6/6/89		Per herniorrhaphy 4/52 ? stop smoking
20/6/89		(L) Inguinal herniorrhaphy.
4/8/89		Signed on 14/8/89 after hernia op^
2/11/92		- Torn lat. ligts (L) ankle VOLTAROL (E) (50) - Advice re ankle exercises.
		- Psoriasis on elbows BETNOVATE rid 30
1/7/93		(L) Inguinal hernia

*This column has been provided for doctors to enter A, V or C at their discretion

After ~~Patient~~ Obtained / GM Copy required

FORM GP111F

Date	*	
11/10/94		Bruising of elbow forearm Alphosyl Cream + SVS ~~Fall~~ ? Trauma to @ hum - mult bruising localised, for 1/52 ℞ Arnica 30c × 24. Reassurance & discuss symptoms likely. → SOC) 1902.
11/10/95		Heavy cold (1) wk before symptoms → chills. cv Lungs clear. T under arm 96.4 - 97.1 in recovered area ℞ Lymph × 30 ℞ Arnica 30c Boiron 30c ×

*This column has been provided for doctors to enter A, V or C at their discretion

10/82 (B2048) Dd. 8691304 2501328 500M 10/82 DW&S Ltd. 243

NHS Confidential: Personal data about a patient

	National Health Service Number	
NURSES AND HEALTH VISITORS RECORDS	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

Date	

Date	

Printed for Astron B24341 2/02 (017302)

National Health Service Number

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Surname (Block Letters): NORWOOD

Forenames (Block Letters): HENRY B

Address: 100 TOBAGO ST
G40 2RH

Date of Birth: 1/1/50

Date	
4/4/66	Ⓡ INGUINAL HERNIOTOMY OPERATION
12/6/85	ARTHROSCOPIC PARTIAL MEDIAL Ⓡ MENISCECTOMY
15/3/89	Ⓛ INGUINAL HERNIA
5/5/95	RECURRENCE OF Ⓡ INGUINAL HERNIA
	LAPAROSCOPIC REPAIR OF HERNIA

Printed for Astron B23120 11/01 (71412)

Date	

IMMUNISATION AND SCREENING INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date						ALLERGIES & HYPERSENSITIVITIES		
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	Typhoid	HIB	Men C	Cholera		
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS				
	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY	
Date	Result

MAMMOGRAPHY	
Date	Result

CHEST X-RAY	
Date	Result

OTHERS	
Date	Result

Printed by Tactica Solutions 5/2000 204722

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

HOME PLAN

NHS Greater Glasgow

Hospital GRI Phone Number

20107395R M
NORWOOD
HENRY 01/01/1950
100 Tobago Street
GLASGOW G40 2RH
CHI-0101506015

Ward 27 Phone Number 2119372

Consultant MR WHEELRIGHT Named Nurse _____

Discharge Date 28/7/06

ADMISSION DETAILS Unstable fracture Lumber 4

Date of Admission 3/7/06 Admission Ward 53

Reason for Admission / Treatment to monitor unstable lumber fracture.

MEDICATION

You have been given a [ ] day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed.

You will / will not require a further supply of this medication.

Please contact your GP within a week if you require a further supply of medication.

FOLLOW UP

You will / will not require follow up at the hospital

You have an appointment for

1. Fracture Clinic on Monday (day) 28/8/06 (date)
2. _____ on _____ (day) _____ (date)

You will receive a return appointment through the post for

1. _____ in _____ weeks time
2. _____ in _____ weeks time
3. _____ in _____ weeks time

Transport ~~will~~ / will not be arranged

SPECIAL INSTRUCTIONS / ADVICE

Wear cast brace as instructed by physio
Return appointment given
Any complications attend A+E

If you should have a problem with this discharge plan please do not hesitate to contact the ward within 24 hours.

Patient / Carer Signature _____

Named / Associate Nurse Signature _____

GRI job no. 93999 / 1

05342

BOARD OF MANAGEMENT FOR
GLASGOW ROYAL INFIRMARY
AND ASSOCIATED HOSPITALS

Telephone No.
BELL 3535

GLASGOW ROYAL INFIRMARY,
84 CASTLE STREET,
Glasgow, C.4

MR. WM. PATRICK'S SURGICAL UNIT
Wards 28, 29 & 30

To Dr. Lawton,

Date: 6.10.59

Name: Henry Norwood. Age 9.

Enclosed for your use is a copy of the Summary of the clinical notes of the above patient who was admitted under the care of this Unit.

Yours sincerely,

R. C. McQueen.

R.C. McQueen,
House Surgeon.

No. 282

Acute Services Division

Surgery and Anaesthetics Directorate

Trauma & Related Services
Glasgow Royal Infirmary
Trauma & Orthopaedic Department
84 Castle Street
GLASGOW G4 0SF

Personal Assistant: 0141 211 4422
Fax: 0141 211 4060
Appointments: 0141 211 5067/5146
E-mail: Eileen.Fox@northglasgow.scot.nhs.uk

NHS Greater Glasgow and Clyde

MR WHEELWRIGHT'S/MR MACLEAN'S FRACTURE CLINIC
MONDAY 28th AUGUST 2006

MS/EF 20107395R
CHI NO: 0101506015

08/09/06

28 SEP 2006

Dr MacPherson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr MacPherson

HENRY NORWOOD 100 TOBAGO STREET GLASGOW G40 2RH
DOB 01/01/50

Cont High

This gentleman was seen in the fracture clinic seven weeks following a compression fracture at L1. He attends today walking independently. He has not been using his brace for the past few days and feel comfortable in himself. There is no evidence of any neurological deficit. He has been discharged from the clinic today.

Yours sincerely

Mr Manal Siddiqui
Orthopaedic SHO III

North Glasgow University Hospitals Division

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

NHS Greater Glasgow

DEPARTMENT OF COLOPROCTOLOGY

CONSULTANT SURGEONS:-
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Mr P G Horgan
CONSULTANT RADIOLOGIST:
Dr F W Poon
CONSULTANT ONCOLOGISTS
Dr McDonald/Dr M Mano

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4286
Fax. No: 0141 211 4991

IGF/JP/20107395R

Dictated: 23.3.06
Typed: 26.3.06

Dr L Rosengard
Bridgeton Health Centre
201 Abercromby Street
Glasgow G40 2DA

Dear Dr Rosengard

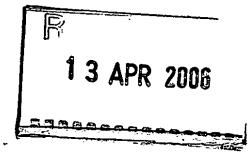
Re: Henry Norwood DOB : 1.1.50.(6015)
100 Tobago Street Glasgow G40 2RH

Just a note to say that the above named patient failed to attend the clinic for review. In view of the pressure on clinic space, no further routine appointment will be sent, but I would be delighted to re-appoint him if you feel I can be of any further assistance.

Kind regards,

Yours sincerely

I G Finlay
Consultant Colorectal Surgeon



File
RM

North Glasgow University Hospitals
Division

Glasgow Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

NHS
Greater
Glasgow

DEPARTMENT OF COLOPROCTOLOGY

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4286
Fax No: 0141 211 4991

Consultant Surgeons:
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Mr P G Horgan
Consultant Radiologist:
Dr P W Poon
Consultant Oncologists
Dr A McDonald

Mr I G Finlay's Clinic

AM/PC/20107395R

Dict: 22 December 2005
Typed: 11 January 2006

Dr L Rosengard
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr Rosengard

Henry Norwood - 01.01.50 (6015) - 100 Tobago Street, Glasgow, G40 2RH

Thank you for referring this 55 year old gentleman. Mr Norwood was originally referred by yourself back in January of this year but failed to attend the clinic and had to be re-referred at your request.

Essentially, once a month, he passes several loose motions in one day. He will notice fresh blood in the toilet bowl or on the toilet paper at that time. The rest of the time his bowel habit is normal.

Abdominal examination today was unremarkable. On straining, internal haemorrhoids were seen to prolapse out of the anal canal. Digital per rectal examination was normal. Rigid sigmoidoscopy to 10 cm was normal. Proctoscopy demonstrated internal haemorrhoids in the classical positions. These were banded.

I suspect this gentleman's symptoms are simply related to his haemorrhoids. I have invited him back to the clinic in three months time to see if the banding has improved things.

Yours sincerely

ALASTAIR MOSES
Specialist Registrar

DR ANGELA DINGWALL, DR ANNE MAGUIRE
DR STEPHEN MACPHERSON

BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW G40 2DA

Our Ref: SMAP/JT
Your Ref:

Tel: 0141 531 6630
Fax: 0141 531 6626

7 July, 2005.

PRACTICE ACCREDITATION
RCGP Scotland
2003-2006

Mr. Henry Norwood,
100 Tobago Street,
Glasgow, G49 2RH.

Dear Mr. Norwood,

I would be grateful if you could make a 10 minute appointment to see me at the surgery.

Yours sincerely,

Dr. S. Macpherson.

North Glasgow University Hospitals
Division

NHS
Greater
Glasgow

Glasgow Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF COLOPROCTOLOGY

Consultant Surgeons:
Mr I G Finlay
Dr Ruth F McKee
Mr J H Anderson
Mr P G Horgan
Dr M Thornton (Locum)
Consultant Radiologist:
Dr F W Poon
Consultant Oncologists
Dr A McDonald / Dr M Mano

Switchboard: 0141 211 4000
Direct Dial: 0141 211 4286

Fax No: 0141 211 4991

Mr I G Finlay's Clinic

IGF/PC/20107395R

Dict: 23 June 2005
Typed: 30 June 2005

Dr L Rosengard
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr Rosengard

Henry Norwood - 01.01.50 (6015) - 100 Tobago Street, Glasgow, G40 2RH

Just a note to say the above named patient failed to attend the clinic for an opinion regarding his symptoms.

In view of the pressure on our clinic space, no further routine appointment will be sent but I would be delighted to reappoint him if you feel I could still be of assistance.

Kind regards

Yours sincerely

I G FINLAY
Consultant Colorectal Surgeon

04 JUL 2005

POSITIVE ABOUT DISABLED PEOPLE

DR ANGELA DINGWALL, DR ANNE MAGUIRE
DR STEPHEN MACPHERSON

BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW G40 2DA

Our Ref:
Your Ref:

Tel: 0141 531 6630
Fax: 0141 531 6626

Henry Norwood
100 Tobago Street
Glasgow
G40 2RH

14th March 2005

Dear Mr Norwood

Dr MacPherson would like you to make an appointment to see him. Please can you call us on 0141 531 6630 to do this. From the 21st February 2005 we will be operating an on the day appointment system, please call us on the day you wish an appointment between 8.30am and 9.30am.

Yours sincerely

Heather Hutchison
Practice Manager

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Colorectal
G General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Glasgow Royal Infirmary

— **Hospital** and **hospital address**

Hospital unit no. -

Email address -

Urgency of referral Routine

PATIENT DETAILS

Surname	Norwood
Forename(s)	Henry B
Title	Mr
Sex	Male
Date of birth	01-Jan-1950
CHI no.	0101506015

Patient's address

100 Tobago Street
Glasgow
G40 2RH

Contact number(s)

Voice: 773 0401

REGISTERED GP DETAILS

Name	Dr A Dingwall		
GMC code	1340675	GP code	G04235
Practice name	Bridgeton Health Centre		
Practice code	46555		

Practice address

201 Abercromby Street
Glasgow
G40 2DA

Contact number(s)

Voice: 0141 531 6630
Facsimile: 0141 531 6626

REFERRING PRACTITIONER DETAILS

Name	Dr S Macphersonl		
GMC code	3204845	GP code	G07102
Practice name	-		
Practice code	46555		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Episodes of fresh blood PR

Comment: Dear Doctor,

This generally healthy man reports episodes of fresh blood PR for one year usually detecgted on the tissue, more recently dribbling on to the pan. He describes a normal bowel habit with no pain. Reduced energy level in the last six months. He smokes 30 cigarettes a day There is no family history of note.

Examination: there were no perianal lumps and digital examination was unremarkable with no contact bleeding.

This suggests probable internal haemorrhoids.

Thank you for organising sigmoidoscopy.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Inguinal hernia	-	Left	-	15-Mar-1989
Inguinal hernia NOS	-	Repaired	-	15-Apr-1966

Past procedures

Description	Laterality	Modifier	Date performed
Open excision of semilunar cartilage NEC	-	-	15-Jun-1985

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Preferred gender of consultant:No preference

10/2/05

Signature of referring doctor (or other professional) **Date**

NHS Confidential: Personal data about a patient

Norwood.

Dr Muriel Caslake
Principal Investigator
Tel: 0141 211 4596/4979
Fax: 0141 553 2558
Email: M.Caslake@clinmed.gla.ac.uk
Dept Pathological Biochemistry
4th floor QEB
Glasgow Royal Infirmary University NHS Trust
G31 2ER

UNIVERSITY
of
GLASGOW

EM/MJC

Date 2/11/03

Dr Rosengard
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

FIVE h

Dear Dr Rosengard

Re: Harry Norwood, DOB 1/1/50.

Your patient recently volunteered to undergo screening for participation in a research study sponsored by the Food Standard Agency.The study is a a dietary intervention study with fish oils specifically designed to assess the effect of gender, age and genotype on responsiveness to fish oil.
Following Screening the patient ~~was~~/ was not entered into the study
Please find enclosed a copy of the subject information sheet, signed consent form and screening laboratory results for your files.
If you require any further information, please do not hesitate to contact me.

Yours sincerely

Lesley Jones

Lesley Farrell
Research Sister
Fingen study
Department of Pathological Biochemistry
Tel - 01412110419
E-mail - fishoil@clinmed.gla.ac.uk

UNIVERSITY
of
GLASGOW

Study Number: G1557
Patient Identification Number for this trial: 57

CONSENT FORM 1

Title of Project: Cardioprotective benefits of fishoils: effects of gender, age and genotype

Name of Researcher: Dr Muriel J Caslake, Professor Chris J Packard, Professor William Ferrell

Please Tick box

		YES	NO
1	I confirm that I have read and understand the information sheet dated 11/06/03 (Version 2) for the above study and have had the opportunity to ask questions.	☑	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	☑	☐
3.	I understand that sections of any of my medical notes may be looked at by responsible individuals from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.	☑	☐
4.	I consent to being told my apo E genotype result.	☑	☐
5.	I agree to take part in the above study.	☑	☐

	Date	Signature
Name of Patient: HARRY NORWOOD	19/8/03	H Norwood
Name of Person taking consent (if different from researcher)	Date	Signature
Researcher: LESLEY FARRELL	Date: 19/8/03	Signature: Lesley Farrell

1 for patient; 1 for researcher; 1 to be kept with hospital notes

DEPARTMENT OF PATHOLOGICAL BIOCHEMISTRY
Royal Infirmary, Glasgow G4 0SF
Head of Department: Professor J Shepherd
Direct Line: 0141-211 4628/9 or 0141-552 0689 *Fax:* 0141-553 1703
E-mail: James.Shepherd@clinmed.gla.ac.uk

NHS Greater Glasgow

UNIVERSITY of GLASGOW

SUBJECT INFORMATION SHEET

Cardioprotective benefits of fish oils: Effects of gender, age and genotype

Investigators:

Dr Muriel J Caslake, Department of Pathological Biochemistry

Professor Chris J Packard, Department of Pathological Biochemistry,

Professor William Ferrell Department of Medicine Glasgow Royal Infirmary

Contact names:	Dr Muriel J Caslake	Research Sister Lesley Farrell
Tel:	0141 211 4596	0141 211 0419
Email:	fishoil@clinmed.gla.ac.uk	

You are invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what the study involves. Please read through the following information sheet and discuss it with others if you wish. Ask us if there is anything that is not clear or you would like more information. Take time to decide whether or not you wish to participate. Thank you for taking time to read this.

What is the purpose of this study?

Heart disease remains a major cause of illness and death in the UK. The fats found in oily fish and fish oil capsules (variously known as omega-3 or long-chain polyunsaturated fatty acids - PUFA) have been repeatedly demonstrated to have a beneficial effect on heart health. An increased intake has been shown to reduce blood fats, to lower blood pressure, to reduce the risk of the formation of large blood clots (ie to "thin the blood"), and to improve the integrity of the heart and blood vessels.

However, most of the studies conducted to date have used large doses of omega-3 PUFA levels, which would be difficult to achieve in the diet. In addition, most of the studies have been carried out in middle-aged males, and information on the benefits of fish oils in younger or older men and in women of all ages is distinctly lacking. Furthermore, we now know that not only do your genes (or "genotype" – the pattern of your various genes) have an impact on your risk of developing heart disease, but that various genes may influence how well people respond to fish oil and possibly other changes in the diet. One such gene is the apoE gene. This gene can exist in several different forms (E2, E3 or E4), and we all have two of these in various combinations. Individuals with an E4/E4 pattern or genotype (less than 1 in 100 individuals in the UK) are thought to be at above average risk of developing both heart disease and Alzheimer's disease. The risk of heart disease is no greater than if you were a smoker or diabetic. However these individuals are thought to gain the most benefit from reducing fat and cholesterol levels in their diet, from treatment with cholesterol-lowering drugs or from lifestyle modifications.

In Glasgow we hope to recruit approximately 90 individuals to determine the effect of supplementing the diet with modest intakes of fish oils on a range of risk factors for heart disease. For each person the study will last 48 weeks. Glasgow is one of four centres in the UK participating in this major study; identical studies are being conducted at the Universities of Southampton, Newcastle and Reading giving a total number of participants of 330

Why have I been chosen?

We want to study adult men and women (20-70 years) who are generally fit and healthy. Anyone with very high blood pressure, diabetes, liver disease and those who have suffered a heart attack in the last 2 years will not be able to take part. Individuals with any abnormalities in fat metabolism, or those on medication for the treatment of high blood fat levels or inflammatory conditions will also be ineligible. Suitable volunteers should not be taking fatty acid supplements such as evening primrose oil or fish oils, high dose vitamin or mineral supplements, or following a weight reducing or other diet.

These questions will be included in a 'health and lifestyle' questionnaire, which is usually completed by telephone. If you are found to be suitable based on the questionnaire you will be asked to come to the Department of Pathological Biochemistry, Glasgow Royal Infirmary. Following signing of the consent form you will be asked to provide a small fasting (not eat or drink anything except water from 9pm the evening before) blood sample (~20ml, equivalent to 4 teaspoons). We will also measure your height and weight. The results from the blood test will be available within 20 days, and if you are suitable and willing to take part, you are ready to begin the study.

Do I receive payment for taking part in the study?

When you have completed the study a payment of £75 will compensate you for your travel and inconvenience.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at anytime and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive.

What will happen to me if I take part?

The study lasts 48 weeks. You will be required to take 4 oil capsules a day (2 with lunch and 2 with dinner) for 24 of the 48 weeks. The study is a crossover trial where you will be given one of 3 types of oil capsules in turn, each for a period of 8 weeks. In between each intervention period there will be a break of 12 weeks to allow your body to return to normal before you start the new treatment. The 3 treatments, which will be given to you in random order, are as follows

1. 1.6g fish oil per day (moderate fish oil)
2. 0.8g fish oil plus 0.8g placebo oil per day (low fish oil)
3. 1.6g placebo oil per day (no fish oil)

The placebo is a mixture of fat equivalent to the composition of fat of the average UK diet, but contains no fish oil.

You will be asked to provide a fasting (from 9pm the evening before) blood sample (~50 ml, about 10 teaspoons or one tenth of a pint) at the beginning and end of each intervention period i.e. weeks 0, 8, 20, 28, 40, 48. At each of these visits you will have your weight, blood pressure and the elasticity of your blood vessels in your arm measured. This is carried out by a machine called a 'Laser Doppler Imager'. On arrival at the Department of Pathological Biochemistry you will be asked to lie down for 30 minutes and a small amount of a drug which stimulate your blood vessel will be placed on your skin and the response of your blood vessels close to the skin will be monitored. This procedure is pain free. Your entire visit should take approximately 1 hour. You will be asked to collect your first mid stream urine sample on the morning of your visit into containers, (which we will provide), and bring this urine collection with you.

During the course of the study you will also be asked to complete a short food questionnaire on three occasions, and at one of your visits we will determine the amount of distribution of your body fat by measuring your waist and hip circumferences and by using callipers to measure skin fold thickness at four different sites. You are advised to wear light clothing for these measurements.

What will be measured in the samples collected?

A portion of the screening blood sample will be used to establish that you are in general good health. In the samples collected during the 6 subsequent visits, a whole range of substances will be measured including blood fats, blood clotting factors, and a range of hormones and enzymes: factors which are all known to play a role in heart disease development. This information will be kept on file and will be available to you at the end of the study on request and to your GP. The food questionnaires will be analysed to determine the nutrient content of your usual diet. The screening blood sample will also be used to measure your blood fat levels and apoE genotype. A sample will be stored to investigate other risk factors for heart disease, some of which may not yet be identified.

Will the results be available to me?

We will write to you at the end of the study explaining your results to you. This information will also be available to your GP. The result of the genotype measurement will also be available to you at the end of the study, but will only be given to you and/or your GP if you give your consent.

What if I am found to have an apo E4/E4 genotype?

There is a 1 in 100 chance (approximately) that you will be found to have an apo E4/E4 genotype. People with this genotype are at increased risk of developing both coronary heart disease and Alzheimer's disease (AD). Until recently, it would have been worrying to know this and nothing could have been done to reduce the risk of heart disease or AD. However, recent studies have clearly shown that treatment with dietary modification or, more particularly, cholesterol-lowering drugs, has a marked effect in reducing the risk of developing either of these problems in the long term, and it is therefore arguable that, if you are E4/E4, it is of considerable benefit to know this in order that treatment can be started.

If you choose to ask to know your genotype at the end of the study and you are E4/E4, you will be given advice and further information. In addition we will ask you for further consent before we release this information to your GP. In any event, many people participating in the study with other (i.e. non E4/E4) genotypes will be found to have raised cholesterol levels requiring treatment; if you are E4/E4 you will probably have a raised cholesterol level which would justify treatment in its own right.

How confidential are the results?

All data and results are kept strictly confidential and are only available to the participant, his/her GP and the investigators involved in the study. All results will be published in the form of group averages. No individual's results will be identified in any publication or presentation arising from the study.

Do I have to modify my diet or lifestyle in any way?

You will be asked NOT to change your dietary habits or exercise pattern during the study. It is important that no changes are made except for the taking of the 4 capsules daily for the 3 eight week periods. Any long-term medication should be taken as usual. We do ask you to inform us if you are ill, and are prescribed any medication during the study or advised to stop taking any usual medication, during the study.

How will I receive my supply of supplements?

The supplements will be given to you by the Research Sister at the beginning of each 8-week period. Any supplements that are left over after the study has finished should be returned.

Are there any adverse consequences to my health as a result of being a volunteer on this study?

Fasting blood samples will be taken by qualified, experienced investigators, bruising may occur at the site of the needle and some people may feel faint and there may be some slight discomfort. The Laser Doppler technique for measuring the elasticity of your blood vessels is safe and pain-free. The level of omega-3 PUFA in the low and moderate fish oil intervention periods is equivalent to the amounts found in 2 and 4 portions of oily fish (mackerel, fresh tuna, herrings, salmon, sardines) respectively.

What are possible disadvantages and risks of taking part?

Pregnant women must not take part in the study nor should women who are breastfeeding or planning to become pregnant. Women who are at risk of pregnancy may be asked to have a pregnancy test. Any women who finds that she has become pregnant should immediately tell the Research Sister. This is purely for nutritional reasons.

If you have private medical insurance you should check with the company before agreeing to take part in the trial.

Your future insurance status could be affected by the results of the E genotyping. This is why on the consent form we have asked you if you wish to know your genotype. If you say yes and you are found to be E4/E4 we will keep that information confidential, give you advice and further information. We will ask specifically for your consent before a letter is sent to your GP.

How will I or others benefit from this project?

The findings of this project will improve our understanding of the way in which moderate intakes of the omega-3 PUFA found in oily fish and fish oil capsules help prevent heart disease. Unlike many other studies it examines the effectiveness of this intervention in a range of people (men and women, 20-70y). It will also contribute greatly to our understanding of how an individual's genes affect how they respond to diet. These findings will not only be beneficial to the participants in the study, but will also be useful in designing strategies aimed at preventing heart disease among the general population and future generations.

What if new information becomes available?

Sometimes during the course of a research project, new information becomes available. If this happens we will tell you about it and discuss the implications for the study.

What happens at the end of the study?

At the end of the study, having explained your results to you, if you wish to continue taking the supplements we will gladly advise you on what foods or dietary supplements provide the best sources of these fatty acids, and what quantities you need to take.

What if something goes wrong?

If you are harmed by taking part in this research project there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal National Health Service complaints mechanisms may be available to you.

Who is organising and funding the research?

This research is being funded by the Food Standards Agency and is being organised by staff employed by the University of Glasgow and North Glasgow University NHS Trust.

Who has reviewed the study?

The study has been reviewed by the Research Ethics Committee at Glasgow Royal Infirmary. The administrator is Mrs Sharon Macgregor - 0141 211 4020.

Contact for further information

Your decision to participate in this research study is completely voluntary. If you have any further questions you may contact

- Dr Muriel J Caslake - 0141 211 4596
- Research Sister Lesley Farrell - 0141 211 0419
- *email* fishoil@clinmed.gla.ac.uk

NEW PATIENT REGISTRATION

ADDITIONAL INFORMATION

(to be retained in patient's file)

PATIENTS DETAILS:	NAME: ~~Andrew~~ Henry Norwood	
	DOB: 1/1/50.	
	TELEPHONE NO: 0141 781 1631.	
NEXT OF KIN DETAILS:	NAME: JEAN NORWOOD	
	RELATIONSHIP: = WIFE.	
	CONTACT NUMBER: 781 1631	

IMMUNISATION DETAILS FOR NEW PATIENTS UNDER 6

Age of Child:

	Immunisation Received	Approx Date	For Info)
1st Immunisation	Yes/No		due at approx 8 wks)
2nd Immunisation	Yes/No		due at approx 12 wks)
3rd Immunisation	Yes/No		due at approx 16 wks)
MMR	Yes/No		due at approx 18 m)
Pre School Booster	Yes/No		due at approx 4 yrs)

Signature H Norwood Date 04/01/2001

UNIVERSITY DEPARTMENT OF SURGERY

DIRECT LINES

Professor T G Cooke	304 4871/4870
Professor C S McArdle	304 4793/4795
Mr J N Baxter/Mr P Stanton	304 4794
Mr R Stuart	304 4872

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Telephone 0141 552 3535

SH/ROH/107395K

25 May 1995

Dr Rosengard
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr Rosengard

Henry Norwood 1.1.50
c/o 120 Stamford Street, Glasgow

Admitted: 15.5.95 Discharged: 18.5.95

Diagnosis: Recurrent right inguinal hernia

Treatment: STOPPA Repair (mesh)

Follow-up: SOPD 6 weeks

Your patient was admitted under the care of Professor Cooke and had the above procedure carried out on 16 May. He made an unremarkable post-operative recovery and was discharged on 18 May 1995. Follow-up has been arranged at the SOPD for 6 weeks.

Yours sincerely

S HAMILTON
Senior House Officer

NHS Confidential: Personal data about a patient

YOU MUST USE A BALLPOINT PEN AND FULLY COMPLETE THIS FORM OR THE PRESCRIPTION WILL NOT BE DISPENSED

GLASGOW ROYAL INFIRMARY
G4 OSF TEL 041-552 3535
CONFIDENTIAL

IMMEDIATE DISCHARGE LETTER AND MEDICINE PRESCRIPTION FORM

19627

Dear Doctor..... Rosengard

Your Patient 107395K

Fix ID Label
Name ..... NORWOOD M/NK
HENRY 01/01/1950
Address... 76 BALDINNIE ROAD
GLASGOW
G34 9EW

DOB...../...../.....Unit No.....
Admitted to Ward ...35.....
On ...15./.5./.95.....
Consultant.....Prof Cooke.....
Discharged on ..19./.5./95.....From Wd.35.....

Diagnosis
1 ...R Inguinal hernia.....
2 .....
3 .....
4 .....
5 .....

Operation/Procedures
1 ...Laparoscopic repair of above.....
2 .....
3 .....

Follow Up Arrangements
Clinic..... Date...../...../.....

Home Help	YES	NO
District Nurse	YES	NO
Meals/Wheels	YES✓	NO

Other .....

Medicine	Dosage Forms	Dose	Dosage Instructions	Recommended duration of treatment after discharge

COMMENTS (inc. medicine sensitivity, list continuing medication not prescribed above and weight on discharge)

Doctor's Name...Rosen..... Signature.....A R..... Date..18/5/95.....
Pager no .....F.2.3.....

White Copy - GP Pink Copy - Case Notes Blue Copy - Pharmacy

PHARMACY USE ONLY

No. of days Supply	Quantity, name & Strength Supplied by Pharmacy

Dispensed by ..... Checked by .....
Date .....

Medication Collected by (Messenger)
.....

WARD USE ONLY

Medication Rec. on Ward by .....
Issued by .....
Date Issued .....
Signature of Recipient .....

Form No 1514X

UNIVERSITY DEPARTMENT OF SURGERY

DIRECT LINES
Professor T G Cooke 304 4871/4870
Professor C S McArdle 304 4793/4795
Mr J N Baxter/Mr P Stanton 304 4794

Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Telephone 0141 552 3535

TGC/HF/107395

27 February 1995

PROFESSORIAL SURGICAL CLINIC

Dr Rosengard
Bridgeton Health Centre
GLASGOW
G40

Dear Dr Rosengard

RE: HENRY NORWOOD, DOB 1.1.50
C/O 120 STAMFORD STREET, GLASGOW

Thank you for asking me to see Mr Norwood who has an uncomplicated recurrence of his right inguinal hernia that was originally repaired in 1966. He is of good general health.

On examination today there is a direct recurrence in the right inguinal area.

I have discussed with him whether he wants us to repair this and on balance he does. I think this case would be suitable for a laparoscopic hernia repair and I will arrange this for him in March.

Yours sincerely

T G COOKE
PROFESSOR OF SURGERY

cc to: Mr G C Wishart, Surgical Senior Registrar, GRI.

Royal Infirmary 13 Oct 94 0 1 0 1 5 0 6 0 1 5
Surgical
NORWOOD
Henry
c/o Cunningham 120 Stamford Street 1.1.50
Glasgow
G31 4AU
xx
GRI
July 89 107395

LAR/EBM

Dear Doctor

This man has a recurrence of a right direct inguinal hernia which previously was repaired in April 1966.

I wonder if he can be reviewed again as I think he will require further repair.

Yours sincerely

Dr Leonard A Rosengard

Royal Infirmary 1 July 1993

Surgical

NORWOOD
Henry
c/o Cunningham - 120 Stamford St 01.01.50 6015
Glasgow
G31 4AU
xx
GRI
July 89 107395

LAR/EBM

Dear Doctor

This man has a left ingrowing toenail.

I think he **needs avulsion**.

Yours sincerely

Dr Leonard A Rosengard

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

ACCIDENT AND EMERGENCY DEPARTMENT 041-552 3535

PATIENT NUMBER

DATE 3-8-92 TIME 11:30

SURNAME Norwood. AGE 42. DATE OF BIRTH 1-4-50.

FORENAMES Henry Ro SEX M MARITAL STATE (M) S D W

ADDRESS 35 Aberdalgie Easterhouse

MAIDEN NAME

POST CODE G34 9AL TEL. No. 771 6990

OCCUPATION SPRAY PAINTER

NEXT OF KIN Wife

ADDRESS S/A.

POST CODE TEL. No.

GENERAL PRACTITIONER Dr Winocour Bridgeton H-C.

DATE OF INJURY

PLACE OF INJURY/ILLNESS

HOME ☐ ROAD ☐ WORK ☐ SPORT ☐ OTHER:-

REFERRED BY

SELF ☑ G.P. ☐ AMB. ☐ WORK ☐ POLICE ☐ OTHER:-

TYPE OF INJURY OR ILLNESS

DEAR DOCTOR Winocour.

THIS PATIENT WAS SEEN AS ABOVE

SUFFERING FROM Lt Corneal F.B (rust ring)

INVESTIGATIONS

X-RAY

TREATMENT Removal LA
C. Cyclopent. 1% Oc. Chlor
Dark Pads

ANTITETANUS GIVEN No ☐ Yes ☐ < TETANUS TOXOID ☐ HUMAN IMMUNOGLOBULIN ☐ BOOSTER ADVISED NO ☐ YES < 6/52 6/12

ADMISSION:- WARD FROM TO

FOLLOW UP < ~~ARRANGED AT~~ NOT ARRANGED CLINIC ON

DRUGS < ____ DAYS SUPPLY OF NOT GIVEN

FURTHER TREATMENT ADVISED

DIAGNOSTIC CODES 1 2 3

SIGNED

BLOCK LETTERS

GRADE Reg.

CONSULTANT Dr Emerson.

DEPT. OF SURGERY
WARD 62
Surgeon in Charge:
Professor T. G. Cooke
Surgeons:
MR. C.S. McARDLE
MR. H.J.G. BURNS
MR. J.R. ANDERSON

ROYAL INFIRMARY
GLASGOW G4 0SF
Telephone: 041-552 3535
(Ext. 5430)

General Surgery

Dr Hunter
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40

4 July 1989

Dear Dr Hunter,

Re. **Henry Norwood** 01/01/50 107395
Glasgow
G34

Your patient was admitted under the care of the Professor Cooke Unit on 26/06/89 and discharged home on 27/06/89.

The principal diagnosis was:
Reducible hernia - Inguinal (left)

The main operation/treatment was:
Inguinal hernia - Herniorrhaphy
There was no other treatment.

There were no complications.

Drugs on discharge were unchanged.

A full explanation of the diagnosis was given to the patient.

No outpatient follow-up has been arranged.

Yours sincerely,

U Fazzi
Registrar

Professor T G Cooke
Professor of Surgery

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD—UNIT EAST

Glasgow Royal Infirmary,
84 Castle Street,
Glasgow G4 0SF
041-552 3535

PLEASE TICK IF CHILD RESISTANT CONTAINER NOT SUITABLE ☐

Form No. 1155 D. 80475

DATE OF BIRTH 14.1.50 HOSPITAL NO. SURN 107395K
FORENAMES HENRY NORWOOD MARITAL STATUS M
ADDRESS 35 ABERDALGIE ROAD OCCUPATION
GLASGOW. G34 9ER
HOSPITAL WD/DEPT. CONSULTANT

PLEASE WRITE OVER WHITE LETTERS

Dear Dr. Winnow

The above patient who has been under the care of Prof Conn was discharged from Ward 62 on 27/6/87 with a diagnosis of (1) inguinal Hernia. The patient received a short term supply of take home Medication as indicated below, and a recommendation regarding further Medication is given under the 'Continuation of Treatment' column.

To the Hospital Pharmacist, please supply the following ( ) days medication. (N.B. This should normally be a five day's supply).

Medicine	Form of Preparation e.g. tablets	Dose	Times of Administration	Brand Name and Strength Supplied by Pharmacy	Quantity Supplied by Pharmacy	No. of Days Supply	*Continuation of Treatment from Date of Discharge

Drug/Medicine Sensitivity.....

Dispensed by _____ Date Dispensed _____

Checked by _____

TO THE HOSPITAL PRESCRIBER

***CONTINUATION OF TREATMENT**

It is important to state in this column
(a) The number of days for which treatment should be continued from DATE OF DISCHARGE.
(b) If treatment is to be for indefinite period mark 'Indefinite'.
(c) If treatment is to be intermittent or irregular, mark 'SEE COMMENTS BELOW', and give full details in the Comments space.

OTHER TREATMENTS and COMMENTS (including details of appliances, etc.)

A Discharge letter will follow .....

Medical Officer

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE 041-552 3535

PROFESSOR T.G. COOKE'S SURGICAL CLINIC

JG/JB
107395K

10th May, 1989.

Dr.A.K. Hunter,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40.

Dear Dr. Hunter,

Henry Norwood (1.1.50) 35 Aberdalgie Road, Glasgow, G34.

Thank you for your helpful letter regarding this patient, whom I reviewed on behalf of Professor Cooke today. As you mentioned, he has a left inguinal hernia and keeps well otherwise.

I have, therefore, arranged for him to come in in the near future for repair of left inguinal hernia.

Yours sincerely,

James Geraghty

J. GERAGHTY,
Registrar.

GLASGOW ROYAL INFIRMARY 29.3.89

NORWOOD
HENRY
35 ABERDALGIE ROAD 01.01.50
GLASGOW

ROYAL INFIRMARY
1986 107395

AKH/MQ

Dear Doctor

This man has developed a left iniguinal hernia. I would be grateful for your opinion regarding further management.

Yours sincerely

Dr A K Hunter

GLASGOW ROYAL INFIRMARY
ORTHOPAEDIC CLINIC

23.3.89

NORWOOD
HENRYU
35 ABERDALGIE ROAD
GLASGOW

ROYAL INFIRMARY
1986 107395

AKH/MQ

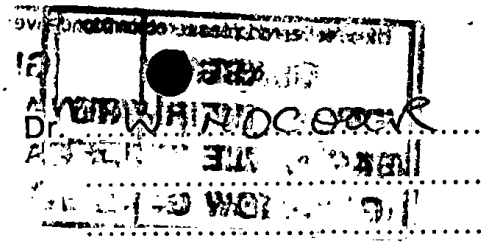
DEAR Doctor

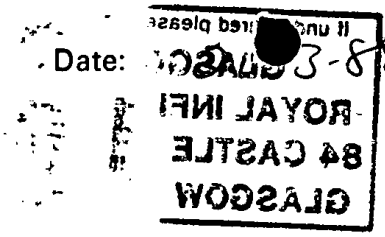
This man has a tenderness with medial cartilage of his left leg. He previously had meniscectomy carried out with the arthroscope in June 1985 on his right knee. I would be grateful for your opinion re further management.

Yours sincerely

Dr A K Hunter

NHS Confidential: Personal data about a patient





Date: 21-3-88

Dear Doctor

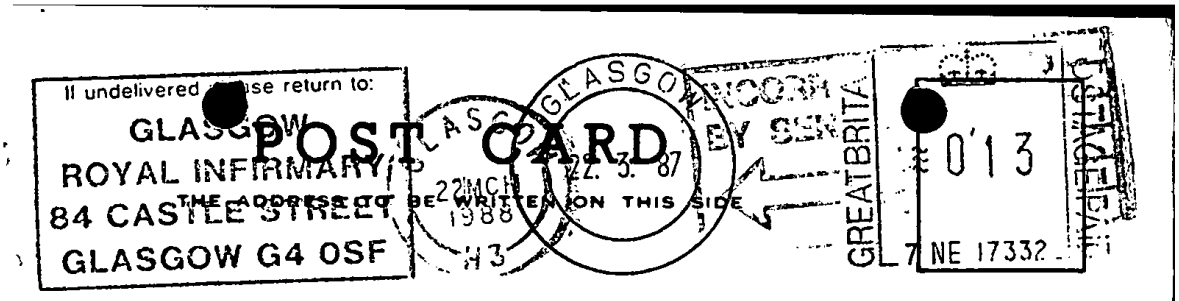
Re: HENRY NORWOOD No: 107395

Your patient had an appointment for the 21-3-88 Clinic today. He/~~She~~ failed to attend.

Yours faithfully,

L Evans

NHS Confidential: Personal data about a patient



DR. WINCOUR.
BRIDGETON H/C
ABERCROMBY ST
GLASGOW
G40.

Glasgow Royal Infirmary 17.09.87

Orthopaedic

NORWOOD
HENRY
35 Aberdalgie Road 01.01.50
GLASGOW
G34

Glasgow Royal Infirmary
1986 107395

BW/HFM

Dear Doctor

This man has a tenderness of the medial cartilage of his left knee. He has a past history of having treatment to his right knee some years ago. Please see and advise.

Yours sincerely

BERTRAM WINOCOUR

ROYAL INFIRMARY
GLASGOW G4 0SF

TELEPHONE 041-552 3535 Ext. 4447
Ext. 5166

Surgeon in Charge
Mr. R. G. SIMPSON
Mr. I. J. SWANN
RC/AS

Accident and Emergency Department
Wards 45 and 46

16th January 1986. SOFT TISSUE CLINIC.

Dr Winnocour,
Bridgeton Health Centre,
201 Abercromby Street,
Glasgow.

Dear Dr Winnocour,

RE: Henry Norwood, DOB 1.1.50,
35 Aberdalgie Road, Glasgow.

Mr Norwood was admitted to our Casualty Wards on the 10th of January 1986 with a left prepatellar bursitis. He previously attended the A & E Department on the 6th of January 1986 with a minor infection over the right knee with the porthole of entry being a small puncture wound. He was treated with intravenous antibiotics and subsequently this was changed to oral antibiotics when his condition improved. On review at the clinic today, the busitis has completely settled. There remains only a small granulated wound which requires dressing. He has been discharged from further follow-up.

Yours sincerely,

R. Crawford

R Crawford,
Registrar.

Wards 22, 23, 24, 26, 27
Surgeons
MR. J. WHITE
MR. J. H. MILLER
MR. A. B. YOUNG
MR. T. S. MANN
MR. K. PROTHEROE
Chairman
MR. J. A. HAMILTON
MR. G ILLINGWORTH
MR. I. G. STOTHER
Casualty Wards, 45-46
MR. R. G. SIMPSON

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE: 041-552 3535

MR K PROTHEROE'S CLINIC

Accident and Orthopaedic Division

PMcC/EEW
107395K

13 June 1985

Dr Winocour
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40

Dear Dr Winocour

HENRY NORWOOD 1 1 50 35 ABERDALGIE ROAD GLASGOW G34

I reviewed this man at Mr Protheroe's Clinic today. He had a meniscectomy carried out with the arthroscope 2 weeks ago. Only a small piece of cartilage posteriorly was torn and that was all that was removed.

On examination today his wounds have healed, the knee is fully mobile and stable and there is no effusion. He has no problems other than a little pain when trying to run or doing twisting movements. This is an excellent early result and I have therefore discharged him from further attendance. Should the knee give further trouble we would be interested to hear.

Yours sincerely

P McCULLOCH
Registrar

CONSULTANT
MR. KEITH PROTHEROE

GLASGOW ROYAL INFIRMARY
84, CASTLE STREET, GLASGOW C.4.
ORTHOPAEDIC AND ACCIDENT DIVISION

Telephone No. 041-552 3535
Ext.
PMcC/LMcN

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
3.6.85	5.6.85	24	35	107395K

DISPOSAL: Home

FOLLOW UP: Ortho. Clinic

NAME AND ADDRESS:
Mr. Henry Norwood,
35 Aberdalgie Road,
GLASGOW, G34.

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS	I.S.C. CODE
1. RIGHT PARTIAL MEDIAL MENISCECTOMY	717.1
2.	
3.	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS:
Dr. Winocour,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40.

OPERATION	CODE
1. ARTHROSCOPY AND PARTIAL MENISCECTOMY RIGHT KNEE	
2.	
3.	

12th June, 1985.

Dear Dr. Winocour,

This man was admitted as arranged for arthroscopy of his right knee. The procedure was carried out under General Anaesthesia on 4th June, 1985 and at arthroscopy he was found to have a small flat tear of the posterior horn of the medial meniscus.

Through a small stab wound, the posterior horn of the medial meniscus was moved piece-meal leaving the remaining part of the meniscus intact. He made an uneventful post-operative recovery and he was allowed home with arrangements to be reviewed in the Outpatient Clinic for follow-up.

Yours sincerely,

P. McCULLOCH
REGISTRAR.

GENERAL PRACTITIONERS NAME and ADDRESS

Wards 22, 23, 24, 26, 27
Surgeons
MR. J. WHITE
MR. J. H. MILLER
MR. A. B. YOUNG
MR. T. S. MANN
MR. K. PROTHEROE
MR. J. A HAMILTON
Chairman
MR. G. ILLINGWORTH
MR. I. G. STOTHER
Casualty Wards, 45-46
MR. R. G. SIMPSON

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE: 041-552 3535

MR K PROTHEROE'S CLINIC

Accident and Orthopaedic Division

IM/MED
107395

8 February 1983

Dr Winocour
Bridgeton Health Centre
201 Abercrombie Street
GLASGOW
G40

Dear Dr Winocour

Re: Henry Norwood (1.1.50)
35 Aberdalgie Road Glasgow G34

Thank you for referring this patient who gives a history of symptoms suggestive of a tear of the medial meniscus. He has a moderate effusion with marked discomfort in the medial compartment of his knee on McMurray's test. However, he is able to continue with his work although he does have some evidence of locking of the knee joint. X-rays are normal.

I have put his name on our waiting list for exploration of the medial compartment of his right knee joint.

Yours sincerely

I MACKAY
Senior Registrar

GRI

ORTHOPAEDIC

29.12.82

NORWOOD

HENRY

35 ABERDALGIE ROAD

GLASGOW

G73

1.1.50

* XXX

GRI

1959

107395

198 Boden Street

Glasgow

This gentleman appeared to me with a history of pain, tenderness and locking in his right knee, with occasional clicking. Examination confirms tenderness over the medial cartilage.

I am giving him treatment with support and analgesics.

I wonder if operation would be required.

D L Rosengard

BOARD OF MANAGEMENT FOR THE COUNTY OF ANGUS GENERAL HOSPITALS

Tel. No. EDZELL 312

STRACATHRO HOSPITAL,
BRECHIN, ANGUS.

Your Ref.....
Our Ref. JKC/CSB/52639.

15th April, 1966.

Dear Dr. Millar,

re Henry NORWOOD, Rossie Farm School.

This young man was admitted to Ward 11 on the 3rd April, 1966 to have his right inguinal hernia dealt with. On the 4th April, at operation I found a right oblique inguinal hernia and therefore carried out a routine herniotomy followed by a Bassini repair.

His post-operative recovery was uneventful and at the time of discharge on the 12th April, 1966 his wound was well healed. We shall see him in a month's time for review.

Yours sincerely,

Joseph K. Cheriyan

J.K. CHERIYAN,
Surgical Registrar.

Dr. Millar,
FRIOCKHEIM.

St Andrews Hospital/Infirmary

Angus.

Date 13:4:66

Dear Doctor Miller,

INTERIM REPORT

Your patient Henry Norwood (Romin)

was/will be discharged on .....

Diagnosis R.I.H

Treatment/Operation Bassini Repair

.....

.....

Recommended Further Treatment .....

See 1/12

.....

.....

A fuller report will follow in due course.

Yours sincerely,

HS/HP

MS 151 (Apr. 64)

BOARD OF MANAGEMENT FOR THE COUNTY OF ANGUS GENERAL HOSPITALS

Group Medical Superintendent:
J. M. CUTHBERT, M.B., CH.B., D.P.A.
Group Secretary and Treasurer:
D. McDONALD, F.A.C.C.A., F.H.A.

Tel. No. EDZELL 312
STRACATHRO HOSPITAL,
BRECHIN, ANGUS.

29th December, 1965.

Your Ref.....
Our Ref. JALC/PAK/52639

Dear Dr. Millar,

re: Henry NORWOOD, Rossie Farm School

I saw this patient whom you kindly referred to me this morning with the right oblique inguinal hernia and I have put his name on the Waiting List for operation.

Yours sincerely,

James A.L. Clark.

J.A.L. Clark, Ch.M., F.R.C.S.
Consultant Surgeon.

Dr. Millar,
Slainte Mhath,
Friockheim.

ST. 3

CORPORATION OF GLASGOW
HEALTH AND WELFARE DEPARTMENT

23 MONTROSE STREET,
GLASGOW, C.1

4-12-63.

Dr. J. Lawton
10 Old Dalmarnock Rd
Glasgow

DEAR DOCTOR,

B.C.G. VACCINATION AGAINST TUBERCULOSIS

By agreement with parent or guardian, the child named below has to-day received B.C.G. vaccine under the scheme for protecting school children aged 13 years and over.

Name Henry Norwood

Address 198 Boden St.

Some explanatory notes on B.C.G. vaccination are appended overleaf for your reference if required.

Yours sincerely,

W. A. HORNE,
Medical Officer of Health.

EXPLANATORY NOTES ON B.C.G. VACCINATION

B.C.G vaccination is usually uneventful. A single injection of 0.1 c.c. is given intradermally in the left deltoid region. Some time later there appears at the site a small red papule which enlarges to a maximum and then slowly hea[redacted] Occasionally, a small ulcer with discharge develops or some swelling of the axillary glands. These complications are benign and always clear up without chemotherapy. To ensure the maximum effect, it is desirable to subject the papule to as little disturbance as possible.

The vaccine causes no pyrexia or other general constitutional upset. If a child should exhibit any signs of ill-health in the period after B.C.G. vaccination, some intercurrent condition should be sought as the true cause of illness. It is advisable to withhold any other immunisation until at least six weeks after vaccination.

Should you wish further guidance on any aspect of B.C.G. vaccination, the Medical Officers in this Department will be glad to give you their opinion and children may be sent for consultation to the following B.C.G. clinics :—

20 COCHRANE STREET, C.1—
Monday, Tuesday, Thursday and Friday—10 a.m.

GOVAN TOWN HALL, S.W.1—Tuesday and Friday—10 a.m.

FLORENCE STREET CLINIC, C.5—
First and third Wednesday of month and Friday of same week—10 a.m.

or to the appropriate school clinic.

W6454F

GLASGOW ROYAL INFIRMARY

SHEET NUMBER L/3 — Mr. Wm. Patrick's Unit — **SUMMARY**

NAME NORWOOD Henry
198 Boden Street, Glasgow S.E.

ADMITTED 9.9.59

UNIT NO. 107395 Age 9 yrs Ward 28.

DISCHARGED 23.9.59

CODING

1. PRINCIPAL DISEASE OR INJURY :- Injury to left knee.

2. PRINCIPAL ACCESSORY CONDITION (S) –

3. OPERATION (S) –

DISPOSAL Home.

COMPLICATIONS (OF 1, 2 OR 3)

AFTER CARE Review as out-patient.

This patient was admitted on 9.9.59 complaining of a painful swelling of the left knee following a kick. His temperature on admission was 102°F.

On examination swelling and tenderness were seen on the medial side of the left knee, there was no actual swelling of the knee joint but movements were limited and painful. Several enlarged glands were palpable in the left groin. X-ray showed no abnormality.

He was treated with Penicillin and his temperature returned to normal. By 13.9.59 the swelling reduced in size and regular movements became painless. He was discharged home on 23.9.59.

R. C. McQueen.

R.C. McQueen,
House Surgeon.

Dr.F. Lawton,
252 Dalmarnock Road,
Glasgow S.E.

6.10.59

J.McC/27222

CONFIDENTIAL.

Board of Management for Glasgow Royal Infirmary and Associated Hospitals.

TELEPHONE:
BRIDGETON 2322

BELVIDERE INFECTIOUS DISEASES HOSPITAL,
1410 LONDON ROAD, GLASGOW, E.1.

Date 2 : 11 : 53

Dr. Jamieston
Dalmarnock Rd.

Patient's Name, Henry Norwood

Address, 198 Parkhead St.

Admitted, 14/10/53

The above Patient ~~was discharged~~ / Died on 1 : 11 : 53.

Diagnosis, Some dysentery

Treatment, Sulphamezathine 0·5 gm. 6 hrly for 2 days and 0·25 gm. for 4 days

Condition on Discharge, Quite fasting.

H S Kennedy T.M.O.

Medical Superintendent.

Henry Norwood

100 Torrance St

Glasgow G40 2RH

01/01/52

PAST OR ROSWXARD

PMH. - Nil of note.

PSH - Hernia. inguinal bilateral

(R) Knee Cartilage

Current Rx Nil.

Allergies - Nil. - No None Rx

Ht. 5'6. Wt. 9st 12lb BP. 130/90.

Smoked 30/pd Alcohol. T.T.