

Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



MMA LEGAL
STOK, 43 - 59 PRINCES STREET,
STOCKPORT,
SKI 1RY

Date: 11th MAY 2026
Your Ref: 100183
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: GEORGINA LOGAN

Date: 19.08.1954

Thank you for your request received **22ND APRIL 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

**GARTNAVEL GENERAL HOSPITAL – QUEEN ELIZABETH
UNIVERSITY HOSPITAL – WEST AMBULATORY CARE HOSPITAL – NEW
VICTORIA INFIRMARY HOSPITAL RECORDS**

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images

- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

4

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
RINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		
<u>Including:</u>			
BADGERNET	☐		
CAREVUE	☐		
MEDICAL ILLUSTRATION	☐		
METAVISION	☐		
PHYSIOTHERAPY	☐		
RADIOLOGY	☐		
WEST MARC	☐		
LABS	☐		

In-Patient Admission Notes

Patient



1908546042

LOGAN

Georgina

17 Solias Place

Glasgow, Lanarkshire

19/08/1954

G13 4NA

Seen By: Dr Mohamed El-Galley
Locum SHO 7718439

Print:

21/05
Time Seen:

pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Constipation
History of presenting complaint	6/7 Constipation, not resolving w/ laxs do passing wind N+V, billys Poor appetite, no food for 5 days Lower abd pain, sharp, progressive, improves w/ Busco Pan 24e urinary freq, No dysuria no pr d/c Prev similar presentation 3 yrs ago, diverticulitis no recent weight loss Reports <u>night sweats</u>

Past Medical History / Review of portal

- Pre-diabetes
- recurrent VTEs
- Diverticulosis
- Pericarditis
- Asthma
- L2/3 lumbar decompression done, takes regular morphine
- AF
- FBS
- b12 vitamin / fent 2000

Systemic Enquiry

CNS:

CMS:

Resp:

MSK:

GI:

Gen:

Patient ID



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MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history
(>1 source preferred)

☐ Patient/Relative/carer

☐ GP Phone call

☐ ECS

☐ Patient own drugs

☐ Com. Pharmacist

☐ GP letter/summary

☐ Repeat Prescription

Other (please specify)

Admission Medicines

Plan for Medicines (Dr complete)

Comments

Reason for alteration

Name

Dose

Freq

Continue

Amend

Withhold

Stop

Allergies

List any over-the-counter or alternative medicines

List collected by :

Do medicines need further clarification ? ☐ Yes ☐ No

Designation :

Date :

Plan approved by :

Designation :

Date :

Pharmacy review

Comments

Compliance aid :

☐ Yes ☐ No

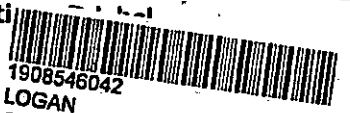
Community pharmacist

Phone

Reviewed by :

Designation :

Date :

Pati 
 1908546042
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 Georgina
 17 Sallas Place
 Glasgow, Lanarkshire
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 G13 4NA

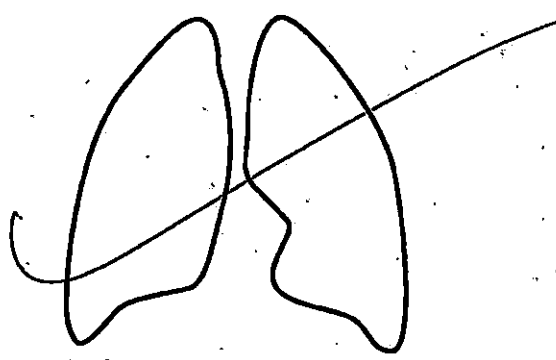
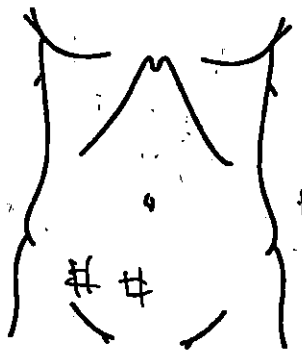
Social History \ Family History

Smoking History
 Ex-smoker/Smoker _____ cpd _____ yrs ☒ Never smoked

Alcohol History *none* _____ Units/week FAST score if excess _____

Recreational Drugs _____ **Driving Status** _____

Social Circumstances (home, supports, functional status, occupation, travel)
Inde pendent

General Examination		General Appearance:
Temp:	RR:	
Pulse:	CBG:	
SpO ₂ :	Weight:	
BP:	Urinalysis:	
		<i>CRCI HCA Swell</i>
Respiratory		Gastrointestinal System
		 <i>soft Generalized guarding tender RUF hepatomegaly</i>

Cardiovascular	Locomotor
<i>His inaudible wmp</i>	<i>PR:</i> <i>soft</i> <i>stools rounded and</i> <i>no tags / hemorrhoids</i> <i>empty rectum</i> <i>given glycerol supp which</i> <i>she has expelled</i>


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Neurological system

GCS: 15/15 E: /4 M: /6 V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Pati



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Key Results

CXR

ECG

CAP 17, wcc 8.3

(Differential) diagnosis

- Constipation :-
 - opioid induced
 - diverticulitis
 - ! malignant

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

~~Dr Sir, ? enema ? CTAP (obstruction)~~

- return size opioids / anti-emetics
- will try phosphate enema, if not successful will need admission

do/11/16
00130 D/V Reg on call:-

- admit - laxido 2xTDS - serum - mch col

- CTAP name ? obstruction

- ☐ Thromboprophylaxis assessed
- ☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Dr Mohamed El-Galley
Locum SHO 7718439

Page:



1908546042

LOGAN

Georgina

F

19/08/1954

Resuscitation Decision**Resuscitation status: FOR RESUSCITATION / DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

WIR DORNANCE

21/1/26

~~0900~~

1200.

- CT proven uncomplicated diverticulitis
- constipation - has passed some small stool

Plan

- ? home later or tomorrow
- laxatives

SDW

☐ Thromboprophylaxis assessed
☐ Antimicrobial☐ Medicine Reconciliation
☐ DNACPR☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age > 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophilia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

☐ Yes☐ No

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia $<75 \times 10^9/l$	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR >2		Uncontrolled hypertension ($>230/120$)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

☐ No☐ Yes

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

P: 	
1908546042	
LOGAN	F
Georgina	19/08/1954

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary	
Temp: _____ Pulse: _____ BP: _____ SpO₂: _____ FiO₂: _____ RR: _____	
Diagnosis:	
Plan:	
Recommended Destination: _____ Suitable to board if required ☐ Yes ☐ No Expected Date of Discharge: _____	Signature: _____ Designation: _____ Bleep Number: _____



1908546042

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19/08/1954

G13 4NA

Continuation Sheet

Date: Time

20/1/26

11:39.

MR PEEL

O/E: Abdo soft, bloating. NEWS stable

Ongoing pain + constipation (minimal bowel movement despite enema)

(RP 17)

WCC 7.

pmh: CT in 2025: diverticular disease + unchanged complex ovarian cyst

② CT @ 12.30 pm today.

~~Dr. Agnew~~ F42

22/1/26

09:04

MR DORRANCE

NEWS stable

Blood unremarkable

Feels well

② Home today w/ laxides (1 sachet ON)
No F.U. ~~Dr. Agnew~~ F42.

Registration Details - Patient No: 7881

Personal details...		Address details...	
Date of Birth	19/08/1954	Postcode	G13 4NA
Sex	F	House Name Flat No	
Title	Mrs	No and Street	17 Solias Place
Surname	Logan	Village	
Forenames	Georgina	Town	Glasgow
Calling Name	Georgina	County	
Previous Surname	Logan		
Marital Status			
Ethnic Origin			
Birth Surname			

HA/HB Details...		Contact details...	
Health Board	Greater Glasgow	Home Tel No	
Registered GP	Dr James McBride-V	Work Tel No	sister 952 3728
Usual GP	Dr James McBride-V	Mobile Tel No	07342 664 410
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	
CHI Number	1908546042		
NHS Number			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Patient ID		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	18/12/2024		

AMS/MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Willis Pharmacy-1666 Dumbarton Road, Scotstoun, Glasgow, (G14 9DB) - 0141 959 2551 (Org Id - 1605)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
12/09/2025	Phacoemulsification lens insertion prosthetic replacement (Right) + right vitrectomy+ right Epiretinal membrane peel	Mrs McDonald-V	72673-1
11/06/2025	Genital lichen sclerosis	Ms Pringle-V	ESC7GE3
01/04/2025	Kingsway	Mrs Tait	PCS18813K11
04/02/2025	Cataract (Right)	Mrs McDonald-V	F46
22/12/2023	Chronic pain	Mrs Macconnacher-V	1M52
01/03/2023	Pre-diabetes	Ms Thomson	C11y5
04/01/2023	[D]Abdominal pain	Mrs Davidson-V	R090
02/01/2023	Diverticulosis acute	Mrs Graham-V	J510

25/12/2022	Acute lower respiratory tract infection	Mrs Davidson-V	H062
14/06/2022	Epiretinal membrane right eye	Mr Andrews-V	F4258
28/01/2022	Chest pain seen at A&E - likely costocondritis	Ms Allan-V	182
17/01/2022	Adverse reaction to Co-Amoxiclav nausea/vomiting	Ms Henry	EMISDRGA
03/12/2021	Urinary tract infection, site not specified	Mr Todd-V	K190
03/12/2021	Acute exacerbation of asthma viral	Mr Todd-V	H333
19/02/2021	Calculus of kidney Has returned after removal in October.	Mrs Graham-V	K120
02/01/2021	Cystitis	Mr Todd-V	K15
16/11/2020	Pericardial effusion	Ms Allan-V	G536
20/09/2020	Renal infections UTI	Mr. Cameron- V	K10-1
12/09/2020	Recurrent and persistent haematuria	Miss Gray	K0A2
17/08/2020	Endoscopic Insertion of ureteric stent (Left)	Mr Todd-V	7B1A1
17/08/2020	Calculus of ureter left 4mm distal ureteric calculi	Miss Gray	K121
02/04/2020	H/O: depression Currently on Depression Meds	Mrs Nicol-V	1465
17/01/2020	Magnetic resonance imaging Degenerative change, minor root compression, no cauda equina	Dr Adair	589-2
13/08/2019	Restless legs syndrome	Dr Adair	F13z2
16/07/2019	Atrial fibrillation	Ms Henry	G5730
31/07/2018	Crohn's disease	Dr Balaji-V	J40-1
13/01/2017	H/O amphetamine misuse	Dr Adair	1T4
27/05/2011	Coronary arteriography normal	Dr Byford-V	5542
2010	Intractable bowel syndrome episodic diarrhoea on Octasa	Dr Adair	J521-1
2010	Diverticulosis	Dr Adair	J510
12/2009	Primary lumbar discectomy Failed, no benefit from subsequent caudal block	Dr Adair	7J32
17/11/2004	Asthma	Mrs Connell	H33
Not Known	Acute pericarditis	Mrs Graham-V	G50

Past Problems		Authorised By	Code
27/12/2023	Did not attend - no reason Gynaecology Ultrasound	Ms Pringle-V	9N42
25/10/2023	DNA hospital appointment Gynaecology	Mrs Asiedu-V	9N4H
26/07/2023	DNA hospital appointment Ultrasound	Mr Todd-V	9N4H
21/07/2023	DNA hospital appointment Colorectal	Mrs McIntyre-V	9N4H
25/05/2022	Did not attend breast screening clinic	Ms Pringle-V	9N4y
15/11/2020	Chest pain Reviewed by cardio on admission - no concerns	Mrs McIntyre-V	182
26/08/2020	[D]Abdominal pain other and unspecified	Miss Gray	R090
19/11/2014	Anxiety states	Mr Todd-V	E200
2010	Cholecystectomy NEC	Dr Adair	7B102-1

Due Diary Entries		Authorised By	Code
09/07/2030	Medication review 13/01/2026	Dr 1-V	8B314
13/07/2026	Novel oral anticoagulant prophylaxis	Mrs Queen-Pharmacy Technician	8B611

Overdue Diary Entries		Authorised By	Code
08/08/2024	Patient "recall" admin. NOS OVERDUE	Ms McGhee-V	904Z.
15/03/2024	Barclay Interim Recall OVERDUE Annual pre diabetes review	Ms Thomson	PCS11876BA7
13/03/2024	No response to bowel cancer screening programme invitation OVERDUE	Ms McGhee-V	90w2.
28/05/2021	Bowel Cancer Screening Exclusion		
28/05/2021	Key Information summary review date OVERDUE	Ms Mitten-V	EMISNQKE7
02/04/2020	Asthma annual review OVERDUE	Mrs Hopkin	66YJ.
09/04/2019	Asthma follow-up OVERDUE	Mrs Hopkin	66YK.

Alerts		Authorised By	Code
01/04/2025.	Alert **KINGSWAY PATIENT**	Mrs.Tait	EMISALERT

Drug Allergies		Authorised By	Code
26/07/2022	Adverse reaction to Trimethoprim vomiting	Ms Mitten-V	EMISDRGA

17/01/2022 Adverse reaction to Co-Amoxiclav nausea/vomiting Ms Henry EMISDRGA

Non Drug Allergies	Authorised By	Code
None		

Health Status	
18/07/2012	Cervical smear result Cervical smear: negative
12/01/2026	Height 146 cm
12/01/2026	Weight 70 Kg
01/03/2023	Body Mass Index 27.63 kg/m2
13/11/2025	Blood pressure reading O/E - BP reading
13/11/2025	Blood pressure reading 150/75 mm Hg
10/04/2019	Smoking Status Never smoked tobacco
03/05/2013	FH: Ischaemic heart dis. <60
03/05/2013	FH: Ischaemic heart dis. >60

Consultations	
19/01/2026 09:58	<u>Dr James McBride-V at Barclay Medical Practice 1</u> Telephone encounter - oncall - spoke to patient, bowels not worked in 2/52, now complaining of abdominal pain, vomiting now and unable to get out of bed. Discussed with patient, does not feel able to come down, discussed with patient. will pass to home visit team for review, thanks
16/01/2026 16:25	<u>Mrs Lisa Queen-Pharmacy Technician at Barclay Medical Practice 1</u> Estimated creatinine clearance, 42.26 mL/min DOAC review by Pharmacy Technician to review appropriateness of dose in relation to indication/ weight and renal function. CrCl was calculated using GGC calculator and max/last record body weight, Patient is on appropriate dose for indication, weight and renal function. Next DOAC review due July.E. LJQ Novel oral anticoagulant prophylaxis (13/07/2026) Medication review done by pharmacy technician Audit administration
13/01/2026 16:13	<u>Mrs Katy Mitchell-Pharmacist at Barclay Medical Practice 1</u> Willis pharmacy asking to clarify why sevodyne pat marked disp wkly? Has been marked dispense weekly for sometime however Willis asked that this is removed so they can supply every 4 weeks - no issue with ordering therefore removed DW as requested
13/01/2026	<u>INTERNAL INTERNAL USER5 INTERNAL USER5 at MJog</u> SMS text sent to patient Summary of text message sent to patient / MrsGeorginaLogan. Our records show that you are due a routine blood test linked to your medication please contact the practice to book an appointment as soon as possible. Thank you for helping us keep your treatment safe. Barclay Medical practice do not reply mailbox not monitored / monitoring blood Invite
12/01/2026 10:59	<u>Miss Heather Brown at Barclay Medical Practice 2</u> Examination O/E - height, 146 cm O/E - weight, 70 Kg Comment Blood taken as requested Test Request Urea and Electrolytes - Completed

Medication

Current		Date Last Issue	Authorised By	Type
Date Commenced	Drug Details			
15/09/2025	Ketorolac Trometamol Eye drops 0.5 % ONE DROP THREE TIMES DAILY TO RIGHT EYE FOR 4-WEEKS FROM 12/09/25 5 ml	Not Issued	Mr James Pritchard	ACUTE
15/09/2025	Prednisolone Acetate Eye drops 1 % ONE DROP FOUR TIMES DAILY TO RIGHT EYE FOR 4 WEEKS FROM 12/09/25 5 ml	Not Issued	Mr James Pritchard	ACUTE
12/06/2025	Paracetamol Tablets 600 mg TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 112 tablet	Not Issued	Dr James McBride-V	ACUTE
12/01/2023	Macrogol Compound Oral Powder (sachets) NPF Sugar Free TAKE TWO SACHETS TWICE DAILY 60 sachet	Not Issued	Miss Leanne Cook-Pharm	ACUTE
31/07/2025	Zerobase Cream 11 % APPLY LIBERALLY AS EMOLLIENT OR SOAP SUBSTITUTE AS DIRECTED 500 gram	26/08/2025P	Dr James McBride-V	REPEAT
12/06/2025	Clobetasol Propionate Ointment 0.05 % APPLY NIGHTLY FOR 4 WEEKS THEN EVERY OTHER NIGHT FOR 4 WEEKS THEN TWICE WEEKLY FOR 4 WEEKS THEN WHEN REQUIRED TO CONTROL SYMPTOMS 30 gram	15/10/2025P	Dr James McBride-V	REPEAT
12/06/2025	Dermol 500 Lotion USE AS SOAP SUBSTITUTE 500 ml	30/09/2025P	Dr James McBride-V	REPEAT
12/08/2025	Amitriptyline Hydrochloride Tablets 10 mg 1 TAB TWICE A DAY 56 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
17/02/2025	Glyceryl Trinitrate Pump spray 400 micrograms/dose SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH 200 DOSE	17/02/2025P	Dr James McBride-V	REPEAT
23/12/2024	Apixaban Tablets 5 mg ONE TO BE TAKEN TWICE DAILY 56 tablet	12/01/2026P	Dr James McBride-V	REPEAT
02/11/2023	Buscopan Tablets 10 mg TWO TO BE TAKEN THREE TIMES A DAY 168 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
06/03/2023	Shortec Capsules 10 mg ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED 56 CAPSULE	31/12/2025P	Dr Nicola Clark	REPEAT
01/03/2023	Atenolol Tablets 50 mg ONE TO BE TAKEN EACH DAY 28 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
13/04/2022	Ropinirole Hydrochloride Tablets 250 micrograms TWO TABLETS AT NIGHT 56 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
02/02/2022	Sevodyne Transdermal patches 20 micrograms/hour APPLY ONE PATCH EVERY SEVEN DAYS REMOVE OLD PATCH 4 PATCH	09/01/2026P	Dr James McBride-V	REPEAT
03/08/2019	Octasa Mr Gastro-resistant Tablets 400 mg TAKE THREE TABLETS TWO TIMES DAILY 168 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
04/05/2018	Diclofenac Diethylammonium Gel 1.16 % APPLY 3 TIMES DAILY IF REQUIRED 100 gram	04/03/2025P	Dr James McBride-V	REPEAT
17/02/2017	Symbicort Turbohaler 200/6 micrograms/inhalation ONE PUFF TO BE INHALED TWICE A DAY 1*1 INHALER	27/11/2025P	Dr James McBride-V	REPEAT
09/07/2012	Methocarbamol Tablets 750 mg 1 TABS 4 TIMES DAILY 112 TABLET	12/01/2026P	Dr James McBride-V	REPEAT
09/07/2012	Pregabalin Capsules 300 mg 1 CAP TWICE DAILY 56 CAPSULE	12/01/2026P	Dr James McBride-V	REPEAT
09/07/2012	Salbutamol Cfc-free Inhaler 100 micrograms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1*1 INHALER	27/11/2025P	MS Anna Williamson	REPEAT
09/07/2012	Simvastatin Tablets 40 mg ONE TO BE TAKEN AT NIGHT 28 TABLET	12/01/2026P	Dr James McBride-V	REPEAT

Dear Colleague

SIDUCC QEUH
Ground Floor
Behind Bure Lift

Thank you for assessing this Pt who states she has not had a bowel movement since Wednesday 14 Jan. States has had 8x mivarol over 2 days and Mucralax enema last night and no avail. States abdo pain (L) & (R) iliac fossa radiating to umbilical area. States unable to pass flatulence. States as soon as she eats she vomits bile. Reduced fluid intake. Passing urine normally.

OIA Pt standing, good colouring no SOB or cyanosis

OIE OBS: SpO2 95%, P 79, RR 20, temp 36.4, BP 119/73. On auscultation all fields clear, bilateral rise and fall. Normal resonance. On palpation abdomen no distention, pain (L) & (R) iliac fossa / umbilical area. Peristalsis present. P.R. no froggy edges. pin size faeces on glove. sticky. Brown.

Imp: ? obstruction

Kind Regards



Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
71

Sources Checked in addition to ECS:				
Patient		Patient's own drugs		Relative / Carer
GP Surgery		GP Printout		Other
Other Details				

Allergy Description	Date Recorded	Comments
Adverse reaction to Trimethoprim, vomiting	26-Jul-2022	
Adverse reaction to Co-Amoxiclav, nausea/vomiting	17-Jan-2022	

Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withdraw	Stop
In Practice	Metronidazole	400 mg Tablets	ONE THREE TIMES DAILY AFTER FOOD		02-Dec-2025	02-Dec-2025			
In Practice	Micralax Micro-Enema	Enema	ONE TO BE USED WHEN REQUIRED		02-Dec-2025	02-Dec-2025			
In Practice	Senna	7.5 mg Tablets	TAKE TWO TO FOUR TABLETS AT NIGHT		02-Dec-2025	02-Dec-2025			
In Practice	Prednisolone	5 mg Tablets	EIGHT TO BE TAKEN IN THE MORNING		25-Nov-2025	25-Nov-2025			

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
71

Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withdraw	Stop
In Practice	Flucloxacillin	500 mg Capsules	ONE TO BE TAKEN FOUR TIMES A DAY FOR 7		21-Nov-2025	21-Nov-2025			
In Practice	Clotrimazole And Hydrocortisone	1 % + 1 % Cream	APPLY TWICE A DAY		21-Nov-2025	21-Nov-2025			
In Practice	Ciprofloxacin	500 mg Tablets	ONE TO BE TAKEN TWICE A DAY		23-Oct-2025	23-Oct-2025			
In Practice	Trimethoprim	200 mg Tablets	ONE TO BE TAKEN TWICE A DAY		22-Oct-2025	22-Oct-2025			
In Practice	Diazepam	2 mg Tablets	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED		16-Oct-2025	16-Oct-2025			
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		15-Oct-2025	15-Oct-2025			
In Practice	Prochlorperazine Maleate	5 mg Tablets	1 TAB 3 TIMES DAILY AS REQUIRED FOR NAUSEA		15-Oct-2025	15-Oct-2025			

Ward Round/Continuation Record

1908546042 LOGAN Georgina 17 Sollas Place Glasgow, Lanarkshire CHI G13 4NA		F 19/08/1954	Bed: 89 Time: 09 15 Date: 06/06/25	Seen by: J HETTY Grade: SCF GMC: 7514050
--	--	-----------------	--	--

Notes/Diagnoses/Problem List/Plan

70♀ PMH: ~~Crohn's disease~~
 A.F. - Aspirin
 Asthma
 IBS
 Cholecystectomy

Diverticulitis
 Previous pericarditis
 Appears to have a diagnosis of
 Crohn's disease but unsure
 from where.

Admitted on 04/06/25 with diarrhoea. - Awaiting CT abdo/pelvis

Today: History revisited. Had been reporting PV itch & used suppository. Then noted faeces through PV. Also reporting 5 day history of loose stools - no blood, small amount of mucus. Had abdo pain but no currently present.



SNT
 BS re

NEW: 0

? recto-vaginal fistula

- Plan:
- 1) stool cultures x3.
 - 2) A/w CT abdo/pelvis
 - 3) Note faecal calprotectin in progress.

J HETTY

AWI/POA/EDC/CTO: Escalation level: CPR Status: Boarders: Family update: EDD:	Delegated Discharge: VTE prophylaxis: Cannula: IV fluids: Antibiotics: Anticoagulants: Insulin:
---	---

Ward Round/Continuation Reco

1908546042
LOGAN
Georgina
F
19/08/1954

6/6/25 PHARMACY

Patient unable on Orepole, not on NARs
Have Rad but will be discontinue Ix
For ongoing venous flow mount (store)

Ward Round/Continuation Record



1908546042
LOGAN F
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA

Bed: 89	Seen by: (un)
Time: 1145	Grade: Consultant
Date: 9/6/25	GMC: 612921

Notes/Diagnoses/Problem List/Plan

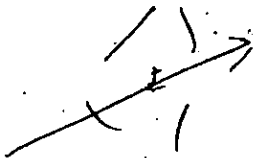
Abdominal pain + PV stools?
PV Bleed

- Diverticular disease

- cramps??

→ CT scan today to assess
for fracture

Apical - no free loose fluid



(P) CT scan today

+ RV post results

fr. Colorectal or gynaecology

Based on findings

needs specimen for
PV Bleeding if CT @ Histology
Consultant

AWI/POA/EDC/CTO: n

Escalation level:

CPR Status:

Boarders:

Family update:

EDD:

Delegated Discharge:

VTE prophylaxis: ☒ PMA

Cannula: ☒ Flecus

IV fluids: X

Antibiotics: X

Anticoagulants: DCAI

Insulin: ☒

} For exduna
no ALT BUMP

Ward Round/Continuation Record

1908546042
LOGAN
Georgina
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA

19/08/1954

Bed:

Time: 0920

Date: 10/6/25

Seen by: E Turner

Grade: IMT1

GMC:

Notes/Diagnoses/Problem List/Plan

70 ♀ A/w abdo pain + diarrhoea + ? PV faeces / ? PV bleed
+ BG: AF, asthma, IBS, diverticulitis, ?? Crohns

Issues:

1). Diarrhoea / ? PV faeces

↳ CTAP 9/6 - diverticulosis, no diverticular fistula, unchanged adhesion to of diverticular sigmoid, to complex (L) ovarian cyst

↳ Note Dr Cairns put in surgical referral 9/6 - planned for OP MRI pelvis + colorectal A/U.

↳ x2 non-diarrhoeal samples in lab (N).

2). ? PV bleeding

↳ Note plan from 9/6 re speculum - unclear if d/w gynae yesterday - nil noted.

↳ Note prev DNA'd gynae appt for US adnexal lesion 2023.

Quite anxious today - sister in + broken hip and concern may not survive.

Diarrhoea had settled but feels beginning today now anxious.

Discussed CT results and plan for gyn referral +

AWI/POA/EDC/CTO:

Escalation level:

CPR Status:

Boards:

Family update:

EDD:

Delegated Discharge:

VTE prophylaxis:

Cannula:

IV fluids:

Antibiotics:

Anticoagulants:

Insulin:

Ward Round/Continuation Record

OP MRI. Happy to remain as is at present.

P - 1) OP MRI perineum

2) Gyn referral - likely to suggest referral to gynae one-stop OP clinic.

EZ

1420 Dlw on-call gynae SpR

Hx and scan results relayed.

Cannot see her today but will see when could see her next in gyn emergency and call back to let us know.

EZ

1550

Call back from gynae SpR

Asks if we can send pt to ward 49 gynae tomorrow at 12 for their rv.

They will. TF pt back here following - ?(H) thereafter.

Asked if could have CA125 + CEA checked prior to rv tomorrow.

Dlw Giner + explained above - happy re this.

EZ

Ward Round/Continuation Record

1908546042
 LOGAN
 Georgina
 17 Sollas Place
 Glasgow, Lanarkshire
 G13 4NA

Name: LOGAN
 DOB: 19/08/1954
 CHI: G13 4NA

Bed: 89
 Time: 1150
 Date: 11/6/15

Seen by: CUM
 Grade: CUM
 GMC: 612421

Notes/Diagnoses/Problem List/Plan

Ammy to 5 + gae to rlv
 - cp mri penic syne

rlv late re (H)

(P) take up cancer out

- (A) CFA
- (2) Cal25

Heen Cais
 Consult J

AWI/POA/EDC/CTO:

Escalation level:

CPR Status:

Boarders:

Family update:

EDD:

Delegated Discharge:

VTE prophylaxis:

Cannula:

IV fluids:

Antibiotics:

Anticoagulants:

Insulin:

Registration Details - Patient No: 7881

Personal details...		Address details...	
Sex	F	Postcode	G13 4NA
Surname	Logan	House Name Flat No	
Title	Mrs	No and Street	17 Sallas Place
Birth Surname		Village	
Forenames	Georgina	Town	Glasgow
Calling Name	Georgina	County	
Previous Surname	Logan		
Date of Birth	19/08/1954		
DOB			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Health Board	Greater Glasgow	Home Tel No	
Registered GP	Dr James McBride-V	Work Tel No	sister 952 3728
Usual GP	Dr James McBride-V	Mobile Tel No	07342 664 410
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	1908546042		
NHS Number			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Patient ID		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	18/12/2024		

AMS/MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Willis Pharmacy-1566 Dumbarton Road, Scotstoun, Glasgow, (G14 9DB) - 0141 959 2551 (Org Id - 1605)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
04/06/2025	Abdominal pain	DR Leitch	1969
01/04/2025	Kingsway	Mrs Tait	PCS18813K11
04/02/2025	Cataract (Right)	Mrs McDonald-V	F46
27/12/2023	Did not attend - no reason Gynaecology Ultrasound	Miss Finan	9N42
22/12/2023	Chronic pain	Mrs Macconnacher-V	1M52
25/10/2023	DNA hospital appointment Gynaecology	Mrs Asiedu-V	9N4H
01/03/2023	Pre-diabetes	Ms Thomson	C11y5

23/05/2025 INTERNAL INTERNAL USER5 INTERNAL USER5 at MJog
 SMS text sent to patient Summary of text message sent to patient /
 MrsGeorginaLogan ***Please note*** The surgery will be closed for the bank
 holiday on Monday 26th May 2025. If you need help with an urgent medical
 condition that cannot wait until the practice re-opens please call 111 or visit
 www.nhsinform.scot or call 999 in an emergency. Kind Regards Barclay
 Medical Practice

Medication

Current	Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
	27/05/2025	Doxycycline Hyclate Capsules 100 mg ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS 14 capsule	27/05/2025P	Mrs Lauren Gunn	ACUTE
	23/05/2025	Sevodyne Transdermal patches 20 micrograms/hour APPLY ONE PATCH EVERY 7 DAYS REMOVE OLD PATCH (REPLACEMENT) 1 patch	23/05/2025P	Dr James McBride-V	ACUTE
	20/05/2025	Fluconazole Capsules 150 mg ONE TO BE TAKEN AS A SINGLE DOSE 1 capsule	20/05/2025P	Mrs Lauren Gunn	ACUTE
	20/05/2025	Clotrimazole And Hydrocortisone Cream 1 % + 1 % APPLY TWICE A DAY FOR 7 -10 DAYS 30 gram	20/05/2025P	Mrs Lauren Gunn	ACUTE
	20/05/2025	Metronidazole Gel 0.75 % APPLY TWICE DAILY 15 gram	20/05/2025P	Mrs Lauren Gunn	ACUTE
	20/05/2025	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY 28 capsule	20/05/2025P	Mrs Lauren Gunn	ACUTE
	01/05/2025	Clotrimazole Cream 1 % APPLY TWO TO THREE TIMES DAILY 50 gram	01/05/2025P	Dr James McBride-V	ACUTE
	12/01/2023	Macrogol Compound Oral Powder (sachets) NPF Sugar Free TAKE TWO SACHETS TWICE DAILY 60 sachet	Not Issued	Miss Leanne Cook-Pharm	ACUTE
	17/02/2025	Glyceryl Trinitrate Pump spray 400 micrograms/dose SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH 200 DOSE	17/02/2025P	Dr Desmond Spence-V	REPEAT
✓	23/12/2024	Apixaban Tablets 5 mg ONE TO BE TAKEN TWICE DAILY 56 tablet	02/06/2025P	Dr James McBride-V	REPEAT
X	21/10/2024	Esomeprazole Gastro-resistant Capsules 20 mg 1 CAP DAILY 28 CAPSULE	18/11/2024P	Dr James McBride-V	REPEAT
	02/11/2023	Buscopan Tablets 10 mg TWO TO BE TAKEN THREE TIMES A DAY 168 TABLET	02/06/2025P	Dr James McBride-V	REPEAT
	06/03/2023	Shortec Capsules 10 mg ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED 56 CAPSULE	19/05/2025P	Dr James McBride-V	REPEAT
	01/03/2023	Atenolol Tablets 50 mg ONE TO BE TAKEN EACH DAY 28 TABLET	02/06/2025P	Dr James McBride-V	REPEAT
✓	13/04/2022	Ropinirole Hydrochloride Tablets 250 micrograms TWO TABLETS AT NIGHT 56 TABLET	02/06/2025P	Dr James McBride-V	REPEAT
	02/02/2022	Sevodyne Transdermal patches 20 micrograms/hour APPLY ONE PATCH EVERY SEVEN DAYS REMOVE OLD PATCH-DISPENSE WEEKLY 4 PATCH	04/06/2025P	Dr James McBride-V	REPEAT
✓	03/06/2019	Octasa Mr Gastro-resistant Tablets 400 mg TAKE THREE TABLETS TWO TIMES DAILY 168 TABLET	02/06/2025P	Dr James McBride-V	REPEAT
✓	04/05/2018	Diclofenac Diethylammonium Gel 1.16 % APPLY 3 TIMES DAILY IF REQUIRED 100 gram	04/03/2025P	Mrs Suzanne Bell-V	REPEAT
✓	17/02/2017	Symbicort Turbohaler 200/6 micrograms/inhalation ONE PUFF TO BE INHALED TWICE A DAY 1*1 INHALER	17/02/2025P	Dr Preethy Balaji-V	REPEAT
	19/05/2014	Salofalk Foam Rectal foam 1 gram/application ONE APPLICATION AT NIGHT 14 CANISTER	10/09/2024P	Dr Preethy Balaji-V	REPEAT
	09/07/2012	Methocarbamol Tablets 750 mg 1 TABS 4 TIMES DAILY 112 TABLET	02/06/2025P	Dr James McBride-V	REPEAT
✓	09/07/2012	Pregabalin Capsules 300 mg 1 CAP TWICE DAILY 56 CAPSULE	02/06/2025P	Dr James McBride-V	REPEAT
	09/07/2012	Salbutamol Cfc-free Inhaler 100 micrograms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1*1 INHALER	17/02/2025P	Dr Preethy Balaji-V	REPEAT
✓	09/07/2012	Simvastatin Tablets 40 mg ONE TO BE TAKEN AT NIGHT 28 TABLET	02/06/2025P	Dr James McBride-V	REPEAT

04/01/2023	[D]Abdominal pain	Mrs Davidson-V	R090
02/01/2023	Diverticulosis acute	Mrs Graham-V	J510
25/12/2022	Acute lower respiratory tract infection	Mrs Davidson-V	H062
14/06/2022	Epiretinal membrane right eye	Mr Andrews-V	F4258
25/05/2022	Did not attend breast screening clinic	Mrs McIntyre-V	9N4y
28/01/2022	Chest pain seen at A&E - likely costochondritis	Ms Allan-V	182
17/01/2022	Adverse reaction to Co-Amoxiclav nausea/vomiting	Ms Henry	EMISDRGA
03/12/2021	Urinary tract infection, site not specified	Mr Todd-V	K190
03/12/2021	Acute exacerbation of asthma viral	Mr Todd-V	H333
19/02/2021	Calculus of kidney Has returned after removal in October.	Mrs Graham-V	K120
02/01/2021	Cystitis	Mr Todd-V	K15
16/11/2020	Pericardial effusion	Ms Allan-V	G536
20/09/2020	Renal infections UTI	Mr. Cameron- V	K10-1
12/09/2020	Recurrent and persistent haematuria	Miss Gray	K0A2
17/08/2020	Endoscopic insertion of ureteric stent (Left)	Mr Todd-V	7B1A1
17/08/2020	Calculus of ureter left 4mm distal ureteric calculi	Miss Gray	K121
02/04/2020	H/O: depression Currently on Depression Meds	Mrs Nicol-V	1465
17/01/2020	Magnetic resonance imaging Degenerative change, minor root compression, no cauda equina	Dr Adair	569-2
13/08/2019	Restless legs syndrome	Dr Adair	F13z2
16/07/2019	Atrial fibrillation	Ms Henry	G5730
31/07/2018	Crohn's disease	Dr Balaji-V	J40-1
13/01/2017	H/O amphetamine misuse	Dr Adair	1T4
27/05/2011	Coronary arteriography normal	Dr Byford-V	5542
2010	Irritable bowel syndrome episodic diarrhoea on Octasa	Dr Adair	J521-1
2010	Diverticulosis	Dr Adair	J510
12/2009	Primary lumbar disectomy Failed, no benefit from subsequent caudal block	Dr Adair	7J32
17/11/2004	Asthma	Mrs Connell	H33
Not Known	Acute pericarditis	Mrs Graham-V	G50

Past Problems		Authorised By	Code
26/07/2023	DNA hospital appointment Ultrasound	Mr Todd-V	9N4H
21/07/2023	DNA hospital appointment Colorectal	Mrs McIntyre-V	9N4H
15/11/2020	Chest pain Reviewed by cardio on admission - no concerns	Mrs McIntyre-V	182
26/08/2020	[D]Abdominal pain other and unspecified	Miss Gray	R090
19/11/2014	Anxiety states	Mr Todd-V	E200
2010	Cholecystectomy NEC	Dr Adair	78102-1

Due Diary Entries	Authorised By	Code
None		

Overdue Diary Entries		Authorised By	Code
08/01/2025	Medication review OVERDUE 07/05/2025	Dr Balaji-V	8B314
08/08/2024	Patient "recall" admin. NOS OVERDUE	Ms McGhee-V	904Z.
15/03/2024	Barclay Interim Recall OVERDUE Annual pre diabetes review	Ms Thomson	PCS11876BA7
13/03/2024	No response to bowel cancer screening programme invitation OVERDUE Bowel Cancer Screening Exclusion	Ms McGhee-V	9Ow2.
28/05/2021	Key information summary review date OVERDUE	Ms Mitten-V	EMISNQKE7
02/04/2020	Asthma annual review OVERDUE	Mrs Hopkin	66YJ.
09/04/2019	Asthma follow-up OVERDUE	Mrs Hopkin	66YK.

Alerts		Authorised By	Code
01/04/2025	Alert **KINGSWAY PATIENT**	Mrs Tait	EMISALERT

Drug Allergies		Authorised By	Code
26/07/2022	Adverse reaction to Trimethoprim vomiting	Ms Mitten-V	EMISDRGA
17/01/2022	Adverse reaction to Co-Amoxiclav nausea/vomiting	Ms Henry	EMISDRGA

Non Drug Allergies	Authorised By	Code
None		

Health Status	
18/07/2012	Cervical smear result Cervical smear: negative
01/03/2023	Height 147 cm
23/04/2024	Weight 69.7 Kg
01/03/2023	Body Mass Index 27.63 kg/m2
04/06/2025	Blood pressure reading O/E - BP reading
04/06/2025	Blood pressure reading 127/94 mm Hg
10/04/2019	Smoking Status Never smoked tobacco
03/05/2013	FH: Ischaemic heart dis. <60
03/05/2013	FH: Ischaemic heart dis. >60

Consultations	
<u>04/06/2025 15:46</u>	<u>DR Ryan Leitch at Barclay Medical Practice 1</u>
Problem (FIRST)	Abdominal pain
History	Georgina attends with a few issues today, most pressing of which is a flare of her Crohn's disease- she reports increased stool frequency over the past 5-6/52 and passing loose stools 3-4 times/day, however she had 11 episodes of loose stool yesterday. Increasing lower abdominal and umbilical pain over the past few days. Also states she has had intermittent PV discharge for a couple of months but in recent days this has reportedly been faecal matter.
Examination	O/E - BP reading T36.7C, sats 100%, HR 86 bpm, Looks well but upset talking about her health. Abdomen soft but tender in umbilical, epigastric and LUQ regions but no peritonism or guarding, BS ++.
Comment	Blood pressure reading 127/94 mm Hg Given hx of Crohn's flare and faecal matter passed PV, referred to IAU at QEUH (declined initially by surgical team so for medical r/v and can contact surgeons if required). Sister will take Georgina to QEUH now.
<u>30/05/2025 10:44</u>	<u>MS Anna Williamson at Barclay Medical Practice 1</u>
Comment	Failed encounter
<u>27/05/2025 13:04</u>	<u>Mrs Lauren Gunn at Barclay Medical Practice 2</u>
History	called georgina to discuss recent swab result. Wound swab for area under left breast positive for staph infection. Georgina allergic to co-amoxiclav. Swab sensitive to doxycycline.
Medication	Doxycycline Hydate Capsules 100 mg 14 capsule ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS
History	see previous consult with Dr Crawley, Georgina states she is having foul smelling yellow pv discharge, she states she has been inserting co-amoxiclav tablets into her vagina, last prescribed in december she states she thought these were pessaries.
Comment	script for doxycycline re staph infection issued at clydeside, Georgina says she will collect this. swg, advised to contact again if any issues or concerns. imp: ongoing vaginal discharge and itch, for pv exam appt arranged with WM ANP, thanks. advised Georgina to stop using co-amoxiclav, advised to wash with warm water only. advised to contact again if any issues or concerns.
<u>27/05/2025</u>	<u>DR Joanne Crawley at Telephone Consultation</u>
History	duty doc. bit difficult to get a clear hx. 6/12 persisting vaginal discharge. seen last week by LG says she was excellent! treated for ? thrush. discharge appears to be persisting. says some brownish discharge last night but bit more settled this morning. severe itch. no bleeding. bit unclear. suggested book her in again with LG later in the week, things may have resolved by then, if not ? needs PV exam and swabs, she is happy with this

Affix Label



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 33

12 Mth Att: 0

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 70y

Sex: Female

17 Sollas Place

Next of kin: LOGAN, George

Relationship: Husband

01419523728

Glasgow
Lanarkshire
G13 4NA

01419523728

GP: RP Murphy

0141 212 7082

Attendance Date: 04/06/2025

Arrival Time: 17:55

Registration Time: 17:55

Date of Incident: 04/06/2025

Major Incident Desc:

Reason for Attendance: IAU- OWN, H/O CROHN'S, INCREASED STOOLS PAST FEW DAYS
ASSOCIATED WITH ABDO PAIN ALREADY DISCUSSED WITH SURGEONS,
ADVISED FOR MEDICINE

Affix Label

Nursing Assessment

ADVISED FOR MEDICINE

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Gastrointestinal Diarrhoea

Observation Date: 04/06/2025 18:08

Nurse name: Nurse Morven Considine

Temp	36.2	C
HR	88	bpm
BP	140/79	mmHg
MAP	99.33	mmHg
RR	19	bpm
SpO2	95	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils: Right	Pupils: Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: "known chrons having approx 11 episodes of loose stools a day. increased abdo pain
patient states having intermittent pv discharge dark in colour with blood "

Patient ID label

[illegible]

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List	
	NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐

Done/ completed	Immediate Managment Plan

Signature:	Designation:	Page No:
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In-Patient Admission Notes

Patient ID label



1908546042

19/08/1954

LOGAN
Georgina

Seen By: Nmezi

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Abdominal Pain Diarrea.
History of presenting complaint	Abdominal pain has been on for some weeks, mostly in the lower abdomen & epigastric region. associated with nausea, & Diarrhoea Repts. Increased stool frequency for about 6-7 weeks now, - N/A slowly, watery - Recent history of ^{worsening} intermittent & vaginal discharge, which is reportedly been faecal matter. No change in weight, No fever.

Past Medical History / Review of portal	
Cholecystectomy N/A A-P chronic disease IBS Asthma	Acute pericarditis Divericulosis UTI Restless leg syndrome

Systemic Enquiry
No cough No chest pain No Pyrexia

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history (>1 source preferred) ☐ Patient/Relative/carer ☐ GP Phone call ☒ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription
 Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	
Aprakban	5mg	i B-d	✓				
Pregabalin Capsuls.	300mg	i B-d	✓				
Metho Carbamol	750mg	i qas	✓				
Omeprazole	20mg	i dy					Not used
Atenolol	50mg	i dy	✓				
Buscopan	10mg	i d-s	✓				
Ropinirole hydrochloride	250mg	i nocte	✓				
Sertraline	20mg	weekly					Tues ✓
Omeprazole	20mg	od					

Allergies	List any over-the-counter or alternative medicines
Trimethoprim, vancomycin Co-Amoxiclav – none	
	Do medicines need further clarification? ☐ Yes ☐ No
List collected by: Nurse	Plan approved by:
Designation: Cof Date: 6/6/25	Designation: Date:

Pharmacy review	Comments: See med history on patient
Compliance aid: ☒ Yes ☐ No	Community pharmacist: Wilks Phone: 952 2551
Reviewed by: Nurse	Designation: Pharm Date: 6/6/25

Patient ID label



1908546042

19/08/1954

LOGAN
Georgina

Social History \ Family History

Smoking History

nil

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History

nil

_____ Units/week

FAST score if excess _____

Recreational Drugs

nil

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

Lives alone, index nil.

General Examination

Temp: *36.5*

RR: *18 c/m*

Pulse: *95 bpm*

CBG:

SpO₂: *95%*

Weight:

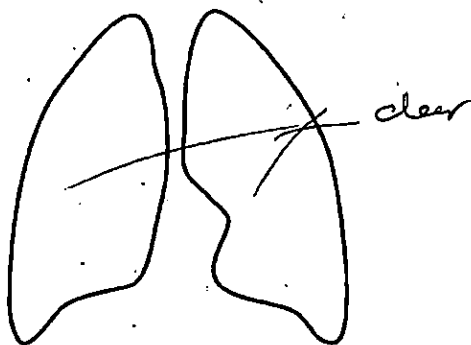
BP: *140/80 mmHg*

Urinalysis:

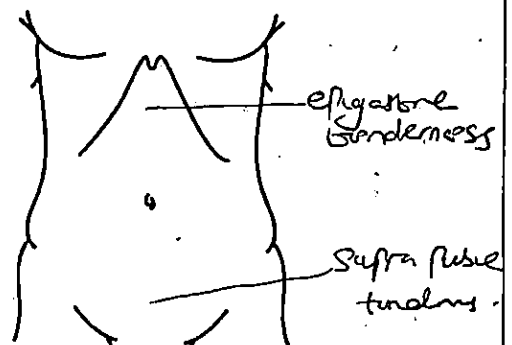
General Appearance:

*Alert & oriented, in no
obvious distress, no signs of
disease*

Respiratory



Gastrointestinal System



Cardiovascular

185 182

Locomotor

Patient ID label

Neurological system

GCS: 15/15

E: 4/4

M: 6/6

V: 5/5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/funduscopy:

**Cerebellar and
extrapyramidal:**

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone	M			P
Power	N			S
Co-ordination	M			S
Sensation				

Plantars: R L

Skin/Other

Patient ID label



1908546042

19/08/1954

LOGAN
Georgina

Key Results

CXR

ECG

(Differential) diagnosis

Exacerbation of chronic dx.
 ? Pseudo vaginal fistula 2° chronic dx
 ? Asbestosis

NEWS ☐Red Flag ☐Sepsis ☐CURB 65 ☐

Management Plan

- 1) Stool Samples for Culture - (2 Bacteria 1 C. diff)
- 2) Stool Chart
- 3) FBC, CRP, U&R, Coagulation, LFTs
- 4) Haematinics & Iron Studies
- 5) Consider upper Endoscopy & Colonoscopy
- 6) USS Abdomen & Pelvis / MRI Pelvis
- 7 med Rec

☒ Thromboprophylaxis assessed
☐ Antimicrobial
☒ Medicine Reconciliation☐ 4AT/TIMESignature: *AL*PRINT NAME *Chris*PRINT GRADE *GP*

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: FOR RESUSCITATION / DNA CPR
(please circle).

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive	
Age > 60	Hormone replacement therapy	
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophilia	Critical care admission	
BMI >30	Varicose veins with phlebitis	
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture		

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder	
Acquired bleeding disorder	Thrombocytopaenia <75 x109/l.	
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension (>230/120)	
Acute stroke	Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic		
Other - Document		

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

1908546042
 LOGAN F
 Georgina 19/08/1954
 17 Sollas Place
 Glasgow, Lanarkshire
 G13 4NA

Post-Take Ward Round IAU/ARU

Consultant: Dermedjofu Date: _____ Time: _____

Summary

70 year old female
 4 week hx of abdominal pain
 and diarrhoea
 one episode of PR bleeding
 No urinary symptoms
 one episode of ? Nausea.

Temp:
 Pulse:
 BP:
 SpO₂:
 FiO₂:
 RR:

B/G: Crohn's, IBS, Cholelithiasis, AF, Diabetes

Diagnosis: ? Mild Crohn's flw / Diabetes

Plan:

1. CT Abdo/Pelvis
2. Check urine m/c/s if dip +ve.
3. Stool cultures + Faecal calprotectin.

Recommended Destination: Gen Med / Gastro Signature: _____
 Suitable to board if required ☐ Yes ☒ No Designation: Cosulben
 Expected Date of Discharge: _____ Bleep Number: _____

1/4/2023

Incident Number: CR00945374

Patient Information

GEORGINA LOGAN

Date: 04/01/2023

Age/Gender: 68 years 4 months 16 days Old Female

Incident Number: CR00945374

Address: 17 SOLLAS PLACE YOKER GLASGOW, G13 4NA

Incident Type: EMG

DOB: 19/08/1954

Incident Location: 17 SOLLAS PLACE
YOKER GLASGOW, G13
4NA

CHI: 1908546042

Ethnicity:

Scottish
Ambulance
Service
Emergency Services

Presenting Complaint

ABDO PAIN

Additional Comments

999 call for 68yof, abdo pain. Pt had been discharged from QUEH last night following treatment for flare up of diverticulitis. Pt woke up at 8:45 at this am with 7/10 pain in lower umbilical region, progressing up to 10/10 when pt experiences spasms. Pt attempted to take oral antibiotics last night but vomited. Pt hasn't had any food/fluid today due to nausea and vomiting. Pt given odansatron. Pt also hasn't had a bowel movement 7 days. Pt took own oxycodon 10mg at approx 11am, pt stated the pain killer did help. All pt obs stated below. Edit: Pt IV failed, second attempted on right ACF, unsuccessful. Pt had trouble with veins in hospital, cannulas wouldn't advance, or drips would cut off.

PATIENT ASSESSMENT

ACVPU	Alert	<C> No	
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 18 SPO2 97
	Oxygen Given	No	
C	Pulse Rate	BP	Cap Refill
	90	147/99	ECG Rhythm
	Rhythm	Arm	Sinus Rhythm
	Reg	Central/Peripheral	ECG
	IV(L)	Right	J Lead
	ACF		
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orients (5)
			Obays Commands (6)
E			PEARL
			Yes
Pain		ID	Pain Scale
		P1	7
		Body Part	
		Abdomen	

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrowID
12:13	74	18	110/73	97	<=2s	15	Alert				Sinus Rhythm				E9886418
11:37	90	18	147/89	97	<=2s	15	Alert		36.9	7.2	Sinus Rhythm				E9886418

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	AIH/O2	BP	P	ACVPU	T	Total
------	----	--------------	--------------	--------	----	---	-------	---	-------

06/2021

Referral Number: CH/2021/2074

11:37	18 (0)	97 (0)	0	147 (0)	90 (0)	Alert (0)	35.9 (0)	0
-------	--------	--------	---	---------	--------	-----------	----------	---

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
11:48	Ondansetron	4	mg	IV	06/2024			E9887816
13:08	Paracetamol	1	g	OR	02/2027	7		E9886418

HISTORY

AMPLE

Allergies	VARIOUS SEE ECS
Medication	VARIOUS. SEE ECS OR DISCHARGE LETTER
Past Medical History	Hypotension, Angina, Asthma, CROHNS, DIVERTICULITIS, PERICARDITIS
Last Eaten	>4 Hours Ago
Events Prior	DISCHARGE FROM HOSPITAL YESTERDAY

Social History

Lives alone	Yes	Patient Occupation	Retired
Patient's General Appearance	Normal		
Patient Mobility	Fully Mobile		
Patient Communication	No Help Required		
Patient Clinical Risk Factors	None Identified		
Patient Environmental Risk Factors	None Identified		

SOCRATES

MEDICAL

CLOSE RECORD

Treatment On Scene Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No
-----------------------	----------------	-----------	----

INCIDENT LOG

Time Call Received	10:45	Allocated	11:17	Mobile	11:19
First Resource On Scene		Crew On Scene	11:33	Crew Left Scene	12:10
Crew At Hosp	12:33	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL	Clear Time	
Crew ID	E9887816	Crew Grade	Paramedic	Driver	YES
	E9886418	Ambulance Technician			NO



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 30

12 Mth Att: 2

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 68y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, George
Relationship: Husband
01419523728

GP: DF Spence
0141 212 7082

Attendance Date: 04/01/2023

Arrival Time: 12:35

Registration Time: 12:35

Date of Incident: 04/01/2023

Major Incident Desc:

Reason for Attendance: biba, abdo pain and vomiting

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint: General Generally Unwell

Observation Date: 04/01/2023 15:35

Nurse name: Nurse Hollie Roper

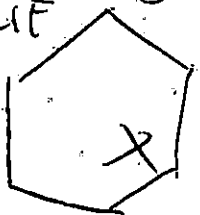
Temp	35.7	C
HR	79	bpm
BP	134/74	mmHg
MAP	94.00	mmHg
RR	18	bpm
SpO2	97	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: "BIBA- D/C from hospital last night, being treated for diverticulitis. c/o worsening lower abdominal pain today, nausea and vomiting."

Date	Emergency Department Notes		
04/01/23.	Ambulance Proforma reviewed Yes / No	Seen by (Doctor) E. Patterson. CDF	Time seen 15:45
	68 ♀ Abdo pain. Recent D/C (<24h) from AC. Admission per diverticulitis → tx w/ IV abx, IVF + analgesia. Onset of abdo pain this AM. → gradual onset → progressed to 10/10 spasming pain. → Associated w/ +++ vomiting D/w surgical reg on call → can transfer to SDAU per agreement. (P) Bloods ✓ → SDAU eeg ✓ Abdo soft. Guarding LIF 		

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

NEWS

0-7

RED FLAG

(Tick)

SEPSIS

CURB 65

Done/ completed	Immediate Management Plan

Signature:

Designation:

Page No:

In-Patient Admission Notes

Patient ID label

Seen By:

Print:

Time Seen:

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history
(>1 source preferred)

☐ Patient/Relative/carer

☐ GP Phone call

☒ ECS

☐ Patient own drugs

☐ Com. Pharmacist

☐ GP letter/summary

☐ Repeat Prescription

☒ 10L Jun 23

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	
Peptac	20ml	QDS					
Amitriptyline	25mg	ON					
Buprenorphine patch	20mg/hr weekly 14/1						
edoxaban	30mg	OD					
GTN spray	1-2sq	PRN					
Hyosine	20g	BD					
Lansoprazole	15mg	OD					
Mesalazine (octasa MR)	1.2g	BD					
Methocarbamol	750g	QDS					
Paracetamol	1g	QDS PRN					
Pregabalin	300g	BD					
Ropinirole	500mg	ON					
Simvastatin	40g	ON					
10L 3/1 - 5/7 ayo	100 BD						
met 400 TP							
atenolol	25g	OD	Not on	10L - Pt states takes			left 8/11 for 2/12
Synthetic 200/6	1g	BD		left by 2021 states still			
Salt 100g M01	1-2g	PRN					
Allergies			List any over-the-counter or alternative medicines				
Trimethoprim } NEU							
Co-amoxiclav } NEU							
List collected by: S. (07702)			Do medicines need further clarification? ☐ Yes ☐ No				
Designation:			Plan approved by:				
Date:			Designation:				
			Date:				

Pharmacy review when written/ond. Co-trimox/met. month DH. lact. salt/mn.	Comments atenolol synbi salt		
Compliance aid: ☒ Yes ☐ No doxetic		Community pharmacist Willis (P)	Phone 952 2551
Reviewed by:		Designation:	Date:

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☐ Never smoked

Alcohol History

_____ Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

General Examination

Temp:

RR:

Pulse:

CBG:

SpO₂:

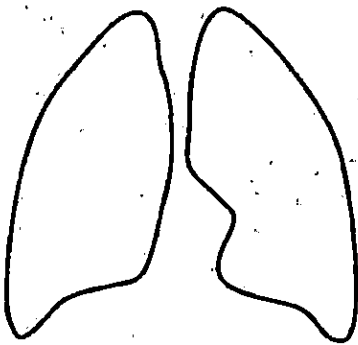
Weight:

BP:

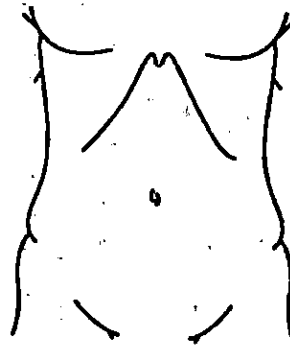
Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

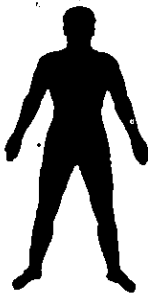
Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / DNA CPR
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

4/1/23 Surgical Review A-KumarBenign - Discharged 3/1/23 - Direct scultin
- 1st episode, admitted under Mr Park

PC

Pain worsening LBP + suprapubic

Sore

LPC

Discharged yesterday after feeling better in evening
and inflammatory markers improved significantly.Throbbing pain worsened, unable to cope. Bones still not
worse. Nausea/vomits
Pain is worse.

DUE looks well WBS 0 - urgent



soft but tender LBP + suprapubic.

Bloods: CRP 16, WCC 10

[Signature] - ongoing DUE + constipation

Rx: + Cont. Pops - IV for 24hrs

- Analgesia

- VTE prophylaxis

- Laxatives - gentle 10mls lactulose.

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age > 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophilia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR >2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

[illegible]



1908546042

LOGAN

Georgina

19/08/1954

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

Post Take Ward Round IAU/ARU

Consultant: PGDate: 5/1/23Time: 0930

Summary

Unsettled night - spasms.

Bloods improving.

Discharged 3/1/23 (diverticulitis).

States not passing flatus.

No obvious signs of returning infection.

NEWS 1

Temp:

Pulse:

BP: 100/70

SpO₂:FiO₂:

RR:

Diagnosis:

Plan:

A/W today's bloods

L

See if abx can stop be
wasted.

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____



1908546042

LOGAN

F

Georgina

19/08/1954

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

Continuation Sheet

Date: Time

6/11/23

0915.

WR - MOVES

NEWS = 0

BNO 917. PT feeling nauseated. Cramping abdo po

Blooms improving. IVOSTed yesterday.

Plan/ PRN phosphate enemas.

Switch lactulose to laxido.

SIT abx.

RMORRIS

R. MORRIS

FVZ.

[REDACTED]

Glasgow, Lanarkshire

G13 4NA

Done/ Time

Once only prescriptions (including total)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
24/1/23	Oral metronidazole	400mg	pr	1720	[Signature]	[Signature]
4/1/23	Ampicillin	1g	PR	1720	[Signature]	[Signature]

Discharge prescription post

[illegible]

Others Specify

Consultant (if admitted)

SURGICAL WARD ROUND

DATE 07/01/23 TIME 09:40 REVIEWING DR JABBAR (S+R)
 DIAGNOSIS Constipation + resolving diverticulitis

PATIENT



1908545042

LOGAN,

Georgina

19/08/1954

ASSESSMENT

Ongoing cramping pain

Managing small oral diet



Abdo soft

Mild lower abd tenderness

BNO. Pain ↑ after enema

NEWS	2 SBP 95
Bloods	
HEPMA	✓
Abx	10 day + co-trim
VTE	Edoxaban
ESCALATION	

BA diverticular disease
 w/ recent diverticulitis

AN

Supps today

Optimise analgesia + laxatives

FOLLOW UP (IF APPROPRIATE)

SIGNATURE

PRINT

D. PART

GRADE

CF

SURGICAL WARD ROUND

DATE 9/1/23

TIME

REVIEWING DR.

Glen

DIAGNOSIS

Spasmodic Pain



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

19/08/1954

G13 4NA

ASSESSMENT

Patient upset, i.e. not being able to pass bowel motions.

Infection & inflammation has settled

Explained watch and wait, no ^{urgent} ~~need~~
intervention needed

NEWS	2 BP 95/55
Bloods	
HEPMA	
Abx	
VTE	
ESCALATION	

PLAN

Continue laxatives

Picolax today

FOLLOW UP (IF APPROPRIATE)

SIGNATURE

PRINT

NAOMI DONALDSON

GRADE

Rx2

SURGICAL WARD ROUND

DATE *10/11* TIME REVIEWING DR. *Alan*

DIAGNOSIS *Diverticulitis & Spontaneous Pain*



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

ASSESSMENT

Feeling better slowly

Managing to EAT

Had nice lax yesterday

Bowel's starting to open

NEWS

1 BP 105/60

Bloods

*CRP 4.4
WCC 7.7*

HEPMA

Abx

VTE

ESCALATION

PLAN *1) Home & laxatives*

FOLLOW UP (IF APPROPRIATE)

SIGNATURE *[Signature]*

PRINT *FR 11*

GRADE *F72*



Queen Elizabeth University Hospital

CHI: 1908546042

M ☐ F ☐

Total Att: 29

12 Mth Att: 1

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 68y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire

Next of kin: LOGAN, George

Relationship: Husband

01419523728

G13 4NA

GP: DF Spence

01419523728

0141 212 7082

Attendance Date: 01/01/2023 Arrival Time: 14:09

Registration Time: 14:09 Date of Incident: 01/01/2023

Major Incident Desc:

Reason for Attendance: BIBA...?RENAL COLIC

Affix Label

Nursing Assessment

Alerts: Yes

Allergies: None Known Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint: General Generally Unwell

Observation Date: 01/01/2023 17:01

Nurse name: Nurse Lynsey McLachlan

Temp	36.9	C
HR	88	bpm
BP	124/89	mmHg
MAP	100.67	mmHg
RR	16	bpm
SpO2	97	%
Oxygen		%

BM	6.2	mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	15
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	3	Pupils-Left	3
Size (mm)	3	Size (mm)	3
Reaction	Y	Reaction	Y

Nursing Notes: "BIBA...?RENAL COLIC. unwell for 3 weeks as seen GP. Advised to be admitted but refused. Given antibiotics for chest infection but stopped them due to sickness. Has taken oxycontin for pain"

Patient ID label



1908546042 19/08/1954
LOGAN
Georgia

Date 01/01/23	Emergency Department Notes PC: 688 BISA ? renal colic HPL: 417 (2) Want to have pain My renal 38°C yesterday & today Pain intermittent & sharp in nature Thinks pain located where his stone is Vomiting ++ Unwell recently with chest infection Took abx 217, finished 3 days ago Pain worse on movement - stayed in bed last few days Managing oral fluids well, local intake KUTS sx: Spasms dysuria, haematuria, odorous urine Describes ↑ frequency in urine Feels oxygen in helps with pain Const. passed 617 days. Not passing until 317 O/E: Kochs comfortable at rest. Limping when walking due to pain Recently taken Oxygen in B-7 AC 16 AC 16 Spout 9700 (-7H51+11+0 BP 124/84 WBP 127/25 Pulse 88 regular + strong PMHx: = Head injury - 7 plev @ Dunfermline - Depression (admit with routine u AF u Anxiety u B. vit/minor u 1955 u As Manu u Pericarditis Allergies: - Chlor. Morph. a - vomiting - Trimethoprim - vomiting - Co-amoxiclav - vomiting OHx: As per ECG Sitz: Independent Lives alone No mobility aid Ambulance Profirma reviewed Yes / No Seen by (Doctor) 5. Robinson FY2 Time seen 23:00 M45085
----------------------	---



Patient ID label

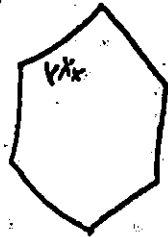
LOGAN
1908546042
19/08/1954

Georgia

Accident + Emergency
Date: 02-01-2023 02:19
Sample ID: #0023533
Device S/N: 6101790
Operator ID: autologin
Strip Lot: 2102/0658(2024/05)

neg Bil
neg Ubg
Ket 1 mmol/L (+)
Asc 0.2 g/L
Glu norm
Pro neg
Ery 5-10 Ery/uL +
pH 5
Nit pos
Leu 500 Leu/uL ++
SG 1.030

lead II Q
No flake or back pain
50%
oputonism



E-7 Agpyridol a department

Bloods: CRP 125, eGFR 76, Creatinine 75, ALT 20
WCC 10.1, Neut 7.5, Hb 120, HCO3- 21

Date

Emergency Department Notes

Seen by (Doctor)

Differential Diagnosis/Problem List

① ? sx related to renal colic.
2 renal colic

NEWS ☐ 0-7
RED FLAG ☐ (tick)
SEPSIS ☐
CURB 65 ☐

Done/ completed

Immediate Management Plan

① Urinalysis: xvc blood, + nitrites, ++ leucocytes, + tubules
② Biv uriology on-call via switchboard - Richard will give us
as per diverticular.
Biv surgery - 7 advised given the stones should have under uriology
Urology will finally have surgery re follow-up of case

Signature:

Designation:

Page No:

Dr. Sophie Robinson
Foundation Trainee
F12
GMC 7840897 Page

Seen By: *S. Jaiya CT2*
A. Bleakley ST4 Print:
 PRF Reviewed Yes / No

Time Seen:

Pg. No:

Presenting Complaint(s)	
Presenting complaint <i>(68) +</i>	<i>(L) loin - (Back) Pain</i>
History of presenting complaint	<i>4/7 (L) Flank to back pain.</i> <i>Reports this pain not improving despite analgesia</i> <i>- Sudden onset cramp like pain</i> <i>- Reports Nausea and vomiting</i> <i>- Reports no acute change to urination</i> <i>Reports reduced bowel movements for the last 3/7</i> <i>URS and basket extraction</i> <i>Stone 2020</i>

Past Medical History / Review of portal		
<i>Asthma</i>	<i>AF (Edoxaban)</i>	<i>Depression</i>
<i>IBS</i>	<i>Anxiety</i>	<i>Prev - Renal</i>
<i>Pericarditis</i>	<i>Diverticulosis</i> <i>10/2020</i>	<i>Calculi 2020 - Stented</i> <i>Stent Removed 2/2021</i>

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

**Source of medication history
(≥1 source preferred)**

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

[illegible]

Allergies

List any over-the-counter or alternative medicines

Report some diary Sensitivity

Do medicines need further clarification? ☐ Yes ☐ No

List collected by :

Plan approved by :

Designation:

Date :

Designation :

Date :

Pharmacy review

Comments

Compliance aid : ☐ Yes ☐ No

Community pharmacist Phone

Reviewed by :

Designation :

Date :

Bloods
CRP 125 eGFR 760
WCC 10 Cr 75
Hb 120 LFTs (N)

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History

_____ Units/week

FAST score if excess _____

Denies Alcohol use

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

*walks without aid and
has family nearby*

General Examination

Temp:

RR:

Pulse:

CBC:

SpO₂:

Weight:

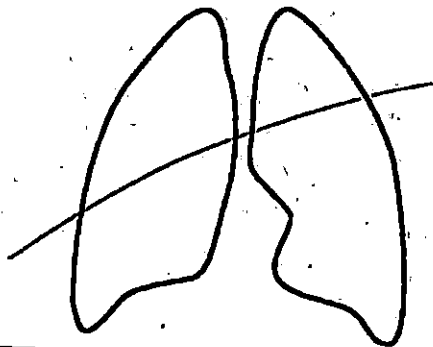
BP:

Urinalysis:

General Appearance:

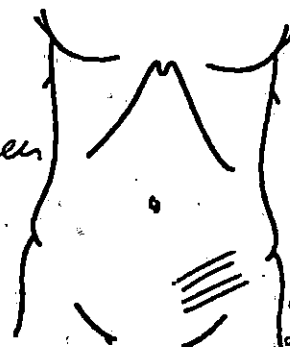
*- Mobilizing
- Stable*

Respiratory



Gastrointestinal System

*Soft
Abdomen*



*tender
in the (C)
Iliac fossa*

Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

~~Deemed a PR exam~~

PR - Skin - normal, no evidence of hematomas
- Normal tone
- Empty Rectum

Patient ID label

Key Results

CXR

ECG

(Differential) diagnosis

? Diverticulitis

NEWS ☐

? Ureteric Stone

Red Flag ☐

? UTI

Sepsis ☐

CURB 65 ☐

Management Plan

1) IV Amox / Metro / Gent

2) IVF

3) CT AP Mame

4) Analgesia

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

Shahen

PRINT NAME

S. Jaiya / A Bleahley

PRINT GRADE

CT-2 / ST4 Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or < 6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI > 30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopaenia $< 75 \times 10^9/l$
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR > 2	Uncontrolled hypertension ($> 230/120$)
Acute stroke	Varicose veins
Recent (< 4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50 kg or eGFR < 30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date: _____

Results

Date Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 - 10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Patient ID label

Georgina Logan

1908546042

Post Take Ward Round IAU/ARU

Consultant: Mr Park

Date: 2/1/23

Time: 17:46

Summary

- CT AP → Acute diverticulitis
- (R) hand slightly swollen, likely 2° to cannula

Temp:

Pulse:

BP:

SpO₂:FIO₂:

RR:

Diagnosis:

Diverticulitis

Plan:

- ① IVOST
- ② (H) 3/1/23
- ③ Pain control

Recommended Destination:

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge:

Signature:

Designation:

Bleep Number: 82685



19/08/19

Done/ Time

2/1/13
0140 Pt came into cubicle @ 10 hrs. News = 0
PS = 5 - declined analgesic. Accepted by Surgeon
Admission 9B. Axx ☒ Bld's ✓
States stern to feel hungry - Independent
+ mobile PAI

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle

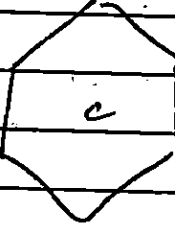
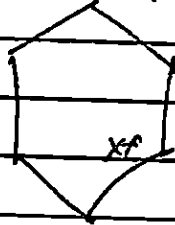
1. Admission		2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)		Time Ready to Depart		
5. Died		6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.		Discharge Time		
Ward No. (If admitted)				Transfer to Hospital				Consultant (If admitted)		
Outpatient clinic specialty						Admission or specialty clinic consultant				
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify		

CLINICAL NOTES - MEDICAL
NURSING

☒
☐

Georgina Logan
1908546042

Please tick ☒ appropriate directorate

Date & Time	Signature, Print Name & Designation
02/01/23	
10:30	
WK Park Intermittent, colicky - like lower abdo pain for 2 weeks Too severe to move when it comes Kx diverticularosis & renal stones  Soft Non-tender Tender LIF (P) CT AP today Analgesia <i>[Signature]</i> CTZ	
3/1/23	
0930	
WK. Mr. Park Mr. Alexander STZ NEWS = 2 : Apyrexial Acute diverticulitis uncomplicated on CT Pt. not feeling well Renal function at baseline.  Soft Tender LIF Plan: Rpt bloods WBC CRP IVF Cont IV abx. <i>[Signature]</i> c pread STZ	

Queen Elizabeth University Hospital



CHI: 1908546042

Total Att: 26

12 Mth Att: 8

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 66y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Attendance Date: 15/11/2020

Arrival Time: 15:00

Registration Time: 15:00

Date of Incident: 15/11/2020

Major Incident Desc:

Reason for Attendance: BIBA...CHEST PAIN

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 15/11/2020 15:37

Nurse name: Nurse Calum Banks

Temp	36.1	C
HR	82	bpm
BP	103/66	mmHg
MAP	78.33	mmHg
RR	20	bpm
SpO2	98	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: BIBA - central chest pain radiating to lower central back. nausea Took Inhalers and GTN to no affect. Hx of athsma, discharged 2 weeks ago with infected bowel. GCS 15

Date	Emergency Department Notes					
15/11/20	Ambulance Proforma reviewed Yes / No	Seen by (Doctor) <u>ICARL</u>	Time seen			
<u>(66)</u> <u>+</u> BBA - chest pain Stave awake with central tight chest pain on Friday night - awake from sleep. Non radiating Has been there persistently since. Tight. Worse on inspiration. Feels ribs breaking. SOB + cough for 1/7. Also had fever yesterday (paramedics were out but patient refused hospital admission) Cough is non-productive. Generally feeling unwell. Patient states she regularly gets pericarditis but this feels different. Pain is more comfortable when lying flat. Also c/o foul smelling urine, no frequency or dysuria. Asked about back pain - patient states that she has separate lower back pain today that was not connected to chest. <table border="0"> <tr> <td> <u>PMHx</u> Bursicular disease - recent diverticulitis IBS Asthma Cholecystectomy Renal stones Uterine stent Pericarditis / atypical C.P AF O/E: Bright + alert. UA 82 BP 103/66 T 36.1 Sats 98.1 RR 20. </td> <td> <u>Drugs</u> Edoxaban Bisoprolol Octasa MR Lonsoprost Sertraline Pregabalin </td> <td> <u>Drugs</u> Simvastatin Metocarbamol Amitriptyline No smoking No alcohol Independent. </td> </tr> </table>				<u>PMHx</u> Bursicular disease - recent diverticulitis IBS Asthma Cholecystectomy Renal stones Uterine stent Pericarditis / atypical C.P AF O/E: Bright + alert. UA 82 BP 103/66 T 36.1 Sats 98.1 RR 20.	<u>Drugs</u> Edoxaban Bisoprolol Octasa MR Lonsoprost Sertraline Pregabalin	<u>Drugs</u> Simvastatin Metocarbamol Amitriptyline No smoking No alcohol Independent.
<u>PMHx</u> Bursicular disease - recent diverticulitis IBS Asthma Cholecystectomy Renal stones Uterine stent Pericarditis / atypical C.P AF O/E: Bright + alert. UA 82 BP 103/66 T 36.1 Sats 98.1 RR 20.	<u>Drugs</u> Edoxaban Bisoprolol Octasa MR Lonsoprost Sertraline Pregabalin	<u>Drugs</u> Simvastatin Metocarbamol Amitriptyline No smoking No alcohol Independent.				

coronary
 angiogram
 2015
 - normal
 coronary

107/70
 103/62

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	ECG: sinus 80 nil acute. Bloods: trop 4 uCE 0 LFT 0 cre 75 WCC 8.6 cre: nil acute. no mediastinum ↑ uric: creat + dip: prot + } MSU sent on W D r T. Pate (cons 60) → + d-dimer → bedside echo → probable small pericardial effusion	

Differential Diagnosis/Problem List	
? Pericarditis → small pericardial	NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐

Done/ completed	Immediate Management Plan
	Analgia
	Bloods + trop. D-dimer added
	Bedside echo ? pericardial effusion
	Handed over to ARU2 ICU clinic (d-dimer a/w, unable to get away to cardiology on call)
	Admit
	- will likely req cardio c/v + departmental echo.

Signature:



Designation:

COF

Page No:

In-Patient Admission Notes

Patient ID label

GEORGINA LOGAN

19 08 54 6 042

Seen By: NICOLA TROTTER

Print: IMT-1 LAT

Time Seen: 15/11/20 Pg. No:

PRF Reviewed Yes / No

22:30

Presenting Complaint(s)

Presenting complaint

66y/o F presents w chest pain

History of presenting complaint

- 3/7 ago sudden onset chest pain. Pain in centre of chest; heavy in nature. Worse on inspiration. Not affected by movement. Pain radiates into back.
- Feels SOB due to pain. No calf pain or swelling
- Dry cough started in past 12 hrs.
- Denies any nausea or sweating w pain
- 1 x fever yesterday
- No abdo pain. Moved bowel x 5 today (normal for her)
- Foul smelling urine. No dysuria. No change in urinary freq.

* Contact w friend who tested +ve for COVID 1/52 ago.

Past Medical History / Review of portal

1. AF
2. Diverticulosis
3. IBS
4. Previous pericarditis
5. Echo (July 2019): Normal LV + RV systolic function. Small pericardial effusion.
6. Renal stone
7. Ureter stent
8. Cholecystectomy

Systemic Enquiry

- 1 1/2 stone weight loss over 2/12 w/unintentionally.
- ↳ On recent admission w diverticulitis; Q-Fit requested

Patient ID label

Georgina Logan
1908546042

MEDICINES RECONCILIATION - Acceptable to staple fully completed Emed Rec

Source of medication history
(>1 source preferred)☐ Patient/Relative/carer☐ GP Phone call☒ ECS☐ Patient own drugs☒ Com. Pharmacist☐ GP letter/summary

Other (please specify)

IDL 26/10/2020

Admission Medicines

Name	Dose	Freq	Plan for Medicines (Dr complete)				Comments Reason for alteration
			Continue	Amend	Withhold	Stop	
X RALVO 700mg	ON FOR	12hrs	OFF FOR 12 HOURS				- Taken PRN
✓ SHORTEC	10mg	80PRN					
✓ EPOXABAN	60mg	80					Not in dosette box.
✓ OCTASA MR.	120mg	80	✓				M.
✓ BISOPROLOL	2.5mg	80	✓				M+N.
✓ HYOSCINE BUTYLBROMIDE	20mg	80	✓				M.
✓ LANSOPRAZOLE	15mg	80	✓				M+N.
✓ SERTRALINE	50mg	80	✓				M.
✓ PREGABALIN	300mg	80	✓				M.
X SIMVASTATIN	40mg	80	✓				M+N.
✓ METHOCARBAMOL	750mg	80	✓				Nocte (in dosette)
✓ AMITRIPTYLIN	75mg	80	✓				
✓ BUTE c patch	20mcg/hr wtdly	✓					Evening.
✓ Diclofenac 1.16% gel	1 app TDS prn	✓					Day? D.
Salbutamol	1-2p PRN.						100mcg/puff MDI.

Allergies

NKOA

List any over-the-counter or alternative medicines

List collected by:

Do medicines need further clarification? ☐ Yes ☐ No

Designation:

Plan approved by:

Date:

Designation:

Date:

Pharmacy review

Comments

Compliance aid:

☒ Yes ☐ No

Datta

Reviewed by:

Datta #17389

Community pharmacist

Willis Pharmacy

Phone

959 2531.

Designation:

Pharmacist

Date:

16/11/20.

ARVZ.

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History _____
0 Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)
- Lives alone

General Examination

Temp: 36.1

RR: 18

Pulse: 70

CBG:

SpO₂: 98.1 (A)

Weight:

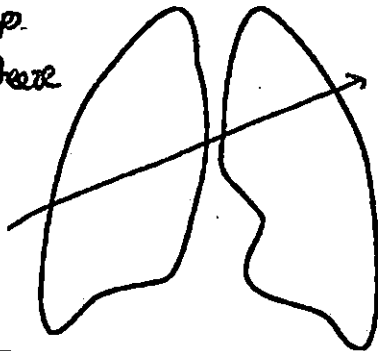
BP: 115 / 60

Urinalysis:

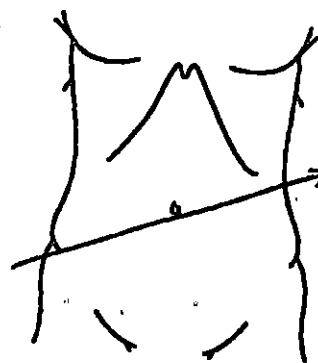
General Appearance:

Respiratory

No crep
No wheeze



Gastrointestinal System



SNT
BS ✓

Cardiovascular

HS 1+1+0

Caheo SNT

No peripheral oedema

JVP ↔

Locomotor

Patient ID label

Neurological system

GCS: 15/15

E: /4

M: /6

V: /5

AMT 4 = age ✓/DOB ✓/place ✓/year ✓

AMT score 4 /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

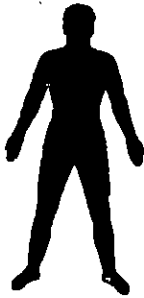
Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Key Results

CXR No focal pathology.
Unchanged from previous

ECG SR. TMI in V1 + V2
+ III. (Not new)

(Differential) diagnosis

1. Chest pain - ? pericarditis. Bedside echo showed
small pericardial effusion.

NEWS ☐

→ HEART score = 2

Red Flag ☐

→ D-dimer in normal limits

Sepsis ☐

2. ↑ CRP - ? 2° pericarditis. ? UTI ? COVID

CURB 65 ☐

3. Weight loss

Management Plan

1. Repeat trop + ECG.

2. Departmental echo.

3. Analgesia; start colchicine

4. MSSU

5. COVID screen ☐

6. Chase Q-Fit result. May need further Ix for weight loss.

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature: 

PRINT NAME N. TROTTER

PRINT GRADE IMT-1 LAT

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive	
Age > 60	Hormone replacement therapy	
Dehydration	Pregnancy or < 6 weeks post partum (seek specialist advice)	
Known thrombophilia	Critical care admission	
BMI > 30	Varicose veins with phlebitis	
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture		

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder	
Acquired bleeding disorder	Thrombocytopenia $< 75 \times 10^9/l$	
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR > 2	Uncontrolled hypertension ($> 230/120$)	
Acute stroke	Varicose veins	
Recent (< 4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic		
Other - Document		

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50 kg or eGFR < 30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

[illegible]

Pa. 
 1908546042
 LOGAN F
 Georgina 19/08/1954
 17 SOLLAS PLACE
 KNIGHTSWOOD
 Glasgow, Lanarkshire
 G13 4NA

Post Take Ward Round IAU/ARU ²

Consultant: HOPKINSON

Date: 16/11/20

Time: 09:30

Summary

66 ♀
 epigastric CP
 PHx pericarditis 15/12
 Recent urosepsis 2° stones
 Trop <4 x 2
 incl acute or rxn on ECG
 ? dyspepsia → Rx Pepsac

Temp:

Pulse:

BP: ago

SpO₂:

FiO₂:

RR:

Diagnosis:

Note A/E consultant reported
 pericardial effusion on
 bubble scan.

Plan:

→ this needs to be verified
 Please ask echo to see

Recommended Destination: 2 cardio 2 home

Suitable to board if required ☐ Yes ☒ No

Expected Date of Discharge: 16/11/20

Signature: H. H. H.

Designation: CONS

Bleep Number: 07855 10834

Continuation Sheet

Date: Time

16/11/2020
11:50 AM
Area 2

STZ 1A (Cordless on label of Dr. C. B. Baker)

66
♀

Br: AF

Posterior primary

Tos

Dintubis

Real stone → further of

Chloride

EC: Epigone described

to long epigone described

- Locus on alphon → ? pleth.

NOT on position

- Dory recent val type

Non-extended - NOT described

to not Epigone / Tos

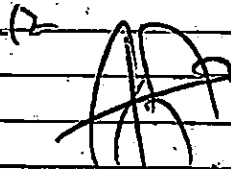
- ? Repter helps

- D-Dine me

2p: C4 → C4

CH: 35, 10000

- no figure of 7 days on 2-2



to 2-2

2nd

to 2-2

11/2 75
BP 92/70
SA 90/60
H. 160cm

EC: - Pericardial fat pad more likely
(V-Sin). - No significant changes seen in abdominal area
- No tumors
- 1st breastbone epigone function

Supra: Hypopar

No pericardial changes on 2nd 2-2 with V-Sin

Epigone: 1 Repter 1 single organ

20/11/20
STZ

Continuation Sheet

Date: Time

16/11/20

17:00

FY1 PARIZHILL

ATGP ? UTI.

1/7 food smelling urine. urinary urgency. frequency.

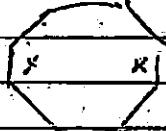
2/7 pain on passing urine

mild flank pain - bilateral, worse L > R

Episode fever last night. rigors.

relat BG: urine - short 2° stones. Unsepsis.

d/c. well.



Mild pleural tenderness.

Abdo SNT. No guarding.

systemically well.

Pres culture.

Klebsiella S Time

Aug. E. coli. S Time

Dip +ve Urinary nitrites and protein

Imp: UTI ? upper - vague bilaterally flank pain.

Plan: continue urinary MC+S sent.

Trimethoprim 2/7 as per guidelines.

JLT
F41

17/11/20

10:15.

WR SAUNDERS STU

(66)

Note BG + endo hx.

Admitted with epigastric discomfort

- initial cardio with

- not concerned

- treat as dyspepsia.

- Possible UTI. +ve urine dip inc nitrite

CRP 25

On trimethoprim

Urine from 15/11 Lvc

=>

Continuation Sheet

Date: Time

• Weight loss

- has cat 4 colon requested
pending Qfit

Femlin 145 Mb 109

TSG -ve 2010

Note on SASA ? why

↳ prev colon from 2010

- diverticular disease only

- ? 'functional disorder'

- +/- bile acid malabsorption

- chronic pain - on gut slowing
meds

Difficult to pin down hx

- chest/epigastric pain belt

- Now inhibited trousers etc

- due to trimethoprim

↳ - happened before

- describing ongoing IBS symptoms

- constipated

Obs stable Looks well

She wants 'off' all her meds

- suggest that GP can wear these

in community in a more controlled
fashion.

(P) - switch to nitro given symptoms

- Update bloods

- gentle laxative

- Old colon as planned, Qfit awaited

(H) famerac

J. J. J. J.

ST4

Continuation Sheet

Date: Time

18/11/20

MDT

Await medical today ? @ today

DMD

18/11/20

IMTL HORNBY DAWNIE

66♀ by: renal stones + ureteric stent

1) Prev pericarditis - neg trophs x2

2) ? UTI on nitro
- urinary Sx

3) Weight loss - for OP colon + QFIT

Bloods today: CRP 112 → 45
FBC clotted
U+E / LFTs (N)

Obs (N)

Feels well in herself

Urinary Sx have settled

Wants off meds

- none changed at present

- suggest GP R/V this in community

States usually takes shorted PRN for pain

Imp UTI

(P) (H)

7/7 nitro

QFIT + colon with GP

GP R/V meds ? taper / radica

DMD

11/12/2020

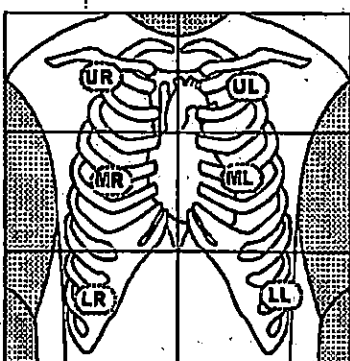
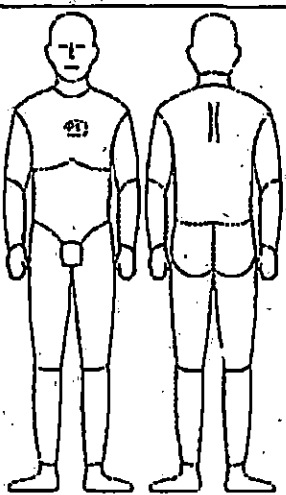
SCOTLAND NUTRITION CR006957603

Patient Information		Date: 18/11/2020	 Scottish Ambulance Service Glasgow
GEORGINA LOGAN		Incident Number: CR006957603	
Age/Gender: 66 years 2 months 27 days Old Female		Incident Type: EMG	
Address: 17 SOLLAS PLACE YOKER GLASGOW, G13 4NA		Incident Location: 17 SOLLAS PLACE YOKER GLASGOW, G13 4NA	
DOB: 19/08/1954			
CHI: 1908546042			
Ethnicity:			

Presenting Complaint**CHEST PAIN****Additional Comments**

999 call to 66 y/o female with hx of asthma, diverticulitis, angina and pericarditis for chest pain. PT has been feeling unwell last couple of days with SOB, nausea and chest pain that's not relieved by inhalers and GTN. PT recently released from hospital after an infected bowel 2 weeks ago. PT had a PRU attend yesterday but refused to go to hospital. PT has had 2 covid tests last one being two weeks ago. O/A PT was alert, GCS 15, well perfused but with an audible wheeze. O/E PT found to have crackles both mid axilla and both bases on auscultation. All obs within normal limits. PT taken to QEUH.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No						
A	Clear								
B	Breathing Adequately: Yes Normal Air Entry Creps/Crackles Creps/Crackles	SPO2: 97 							
C	Pulse Rate: 66 Rhythm: Reg BP: 136/63 Arm: Left Cap Refill: <2 Secs Central/Peripheral: Peripheral	ECG Rhythm ECG							
D	GCS: 15 Eyes: Spontaneously (4)	Voice: Orientated (5)	Motor: Obeys Commands (6) PEARL: Yes						
E		Pain <table border="1"> <thead> <tr> <th>ID</th> <th>Body Part</th> <th>Pain Scale</th> </tr> </thead> <tbody> <tr> <td>P1</td> <td>Chest</td> <td>8</td> </tr> </tbody> </table>	ID	Body Part	Pain Scale	P1	Chest	8	
ID	Body Part	Pain Scale							
P1	Chest	8							

11/15/2020

Incident Number: CR00657452

Observations															
Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
14:20			128/32	98.5											DEFIB
14:20			128/32												DEFIB
14:18				97											DEFIB
14:18	85		128/62	97		15	Alert					3	3		E9887452
14:13	88		136/83	97	<=2s	15	Alert		38.8	7.0		3	3		E9887452
14:11			136/83	97.1											DEFIB

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
14:18		97 (0)		0	128 (0)	85 (0)	Alert (0)		0
14:13		97 (0)		0	136 (0)	88 (0)	Alert (0)	38.8 (0)	0

HISTORY

AMPLE

Allergies	None
Medication	PER ECS
Past Medical History	Angina, PERICARDITIS, DIVERTICULITIS
Last Eaten	Unknown
Events Prior	STARTED BEFORE BED A FEW DAYS AGO

CLOSE RECORD

Treatment On Scene	Not Emergency
--------------------	---------------

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No
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INCIDENT LOG

Time Call Received	13:32	Allocated	13:41	Mobile	13:42
First Resource On Scene		Crew On Scene	14:05	Crew Left Scene	14:32
Crew At Hosp	14:54	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E9886119	Student Technician Level 4	YES
E9887452	Ambulance Technician	NO

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Sources Checked in addition to ECS:			
Patient	☒	Patient's own drugs	Relative / Carer
GP Surgery		GP Printout	Other
Other Details	ECS		

Allergy Description	Date Recorded	Comments
NO Known Allergies	21-10-20	

Acute Medication (including those greater than 30 days)								
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold
In Practice	Anusol	Cream	APPLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		29-Sep-2020	29-Sep-2020	☒	
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		17-Jul-2019	25-Sep-2020	☒	
In Practice	Solifenacin	5 mg Tablets	ONE TO BE TAKEN EACH DAY		07-Sep-2020	16-Sep-2020	☒	

Continuation Sheet

Date: Time

22/10/20
13:17

P42 SARAFILOVIC

CT KUB

- nil evidence ureteric calculi
- appearances consistent w/ acute diverticulitis

Not AKI on bloods eGFR 49 (560)

Plan ① IV triple therapy
② IV fluids

HSC
Fitz23/10/20
11:00

WR Ms Watson

Acute Diverticulitis

Diverticular disease explained to pt

Pt c/o ongoing abdominal + nausea. Vomited today

On IV Amox, Met + Gent

Plan: Dietary Advice
Cont IV Abx

McCLYMONT FY2
2470809

Name: Georgina Legum		1905546042	MHS
Date of Admission:		CHI:	
Summary of Admission			
617 constipation, and abdominal pain.			
Important co-morbidity			
CT proven diverticulitis			
Ongoing Issues / Weekend Plan			
- analgesia			
On antibiotics? (Drug monitoring required?)	Yes / No	Comments:	
Needs intravenous fluid over weekend?	Yes / No		
Need bloods over weekend?	No / Sat / Sun / both		
Can be discharged this weekend?	Yes / No	(If 'Yes' then IDL to be commenced)	
For escalation to Critical Care?	Yes / No		
DNAR in place?	Yes / No		
Registrar / Consultant responsible for plan:			

Continuation Sheet

Date: Time

23/1/20

pharmacist
gentamicin: level taken 14hr post
dose - invalid. please ensure
levels are taken within the
appropriate time frame (6-14hr
post dose) is appropriate

also please see note from 22/1/20

WR 576 JABBAR

6354
Chalmers
H15136

Don't get A lot. Early ED meeting

NEWSO

TENDER LIFE

Positive screening positive ID
continue WABR

151

WR 576 JABBAR

A lot. Still in pain. NEWSO. Clearly well

(RP 158 on 264

Continue 24H Tense

1 WOST plane
stop WF

WR 576 JABBAR

Taken and frequency

5L

stools greenish

Plan: 1 WOST
2 ColonoScopy
3 FIT to GP

4 Have chemo
5 Have blood test
6 Have chemo
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99 Have blood test
100 Have chemo

26/10

Patient ID label

Done/ Time

[illegible]

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
20/10/20	ORAMORPH	5-10mg	PO	15:50	<i>[Signature]</i>	<i>[Signature]</i>
20/10	COCAMORPH 30/500	tit	ORAL	17:50	<i>[Signature]</i>	<i>[Signature]</i>
20/10	ORAMORPH	10mg	ORAL	19:20	<i>[Signature]</i>	

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

1. Admission	2. Discharge	3. Refer to G.P.	4. Transfer to other hospital (see below)
5. Died	6. Refer to O.P. Clinic (see below)	7. Irregular Discharge	8. D.O.A.

Discharge Time

Consultant (if admitted)

Admission or specialty clinic consultant

Others Specify

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Sources Checked in addition to ECS:

Patient	Patient's own drugs	Relative / Carer
GP Surgery	GP Printout	Other
Other Details		

Allergy Description	Date Recorded	Comments

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Anusol	Cream	APPLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		29-Sep-2020	29-Sep-2020	✓			
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		17-Jul-2019	25-Sep-2020	✓			
In Practice	Solifenacin	5 mg Tablets	ONE TO BE TAKEN EACH DAY		07-Sep-2020	16-Sep-2020	✓		✓	

Patient Name
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Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		15-Sep-2020	15-Sep-2020	✓		
In Practice	Co-Amoxiclav 500/125	Tablets	ONE TO BE TAKEN THREE TIMES A DAY		02-Sep-2020	02-Sep-2020			✓
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS		28-Aug-2020	28-Aug-2020			✓
In Practice	Ralvo	700 mg Medicated Plaster	12 HOURS ON 12 HOURS OFF		30-Apr-2020	25-Aug-2020	✓		
In Practice	Dioralyte	Oral powder (blackcurrant)	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED		24-Jul-2020	24-Jul-2020			✓
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT- INCREASED TO 2 AT NIGHT IF TOLERATED AND REQUIRED		21-Jul-2020	21-Jul-2020	✓		

Patient Name
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Acute Medication (including those greater than 30 days)										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Loperamide Hydrochloride	2 mg Capsules	1 CAP TAKE AS REQUIRED		18-Jun-2020	18-Jun-2020	✓			
In Practice	Anusol	Cream	APPLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		03-Jun-2020	03-Jun-2020	✓			
In Practice	Nitrofurantoin	100 mg M/ R capsules	ONE TWICE DAILY FOR 7 DAYS		02-Jun-2020	02-Jun-2020			✓	
In Practice	Clotrimazole	500 mg Pessary	ONE TO BE INSERTED AT NIGHT		02-Jun-2020	02-Jun-2020	✓			
In Practice	Clotrimazole And Hydrocortisone	1 % + 1 % Cream	1 APP TWICE DAILY		02-Jun-2020	02-Jun-2020			✓	
In Practice	Dermol 200	Shower Emollient	TO BE USED AS DIRECTED		02-Jun-2020	02-Jun-2020	✓			
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		20-Mar-2019	11-May-2020	✓			

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Age
66

Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT- INCREASED TO 2 AT NIGHT IF TOLERATED AND REQUIRED		07-May-2020	07-May-2020	✓		

Repeat Medication									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold
In Practice	Octasa Mr	400 mg Gastro-resistant Tablets	TAKE THREE TABLETS TWO TIMES DAILY		03-Jun-2019	19-Oct-2020		✓	
In Practice	Diclofenac Diethylammonium	1.16 % Gel	APPLY 3 TIMES DAILY IF REQUIRED		04-May-2018	19-Oct-2020		✓	
In Practice	Amitriptyline Hydrochloride	25 mg Tablets	ONE TO BE TAKEN IN THE		09-May-2018	19-Oct-2020		✓	

Patient Name
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19-Aug-1954

Age
66

Repeat Medication										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop
			EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.							
In Practice	Bütec	20 micrograms/ hour Transdermal patches	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY		26-Jul-2017	19-Oct-2020		✓		
In Practice	Amitriptyline Hydrochloride	50 mg Tablets	1TABS AT EVENING		31-Jan-2017	19-Oct-2020		✓		

Patient Name
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19-Aug-1954

Age
66

Repeat Medication											
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
			WEEKLY UPLIFT								
In Practice	Edoxaban	60 mg Tablets	ONE TO BE TAKEN EACH DAY		17-Jul-2019	19-Oct-2020		✓			
In Practice	Hyoscine Butylbromide	10 mg Tablets	TWO TO BE TAKEN TWICE A DAY		06-Feb-2019	19-Oct-2020		✓			
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		20-Mar-2019	19-Oct-2020		✓			
In Practice	Bisoprolol Fumarate	2.5 mg Tablets	ONE TO BE TAKEN EACH DAY		28-Aug-2018	19-Oct-2020		✓			
In Practice	Sertraline Hydrochloride	50 mg Tablets	ONE TO BE TAKEN EACH DAY		01-Apr-2014	19-Oct-2020		✓			
In Practice	Simvastatin	40 mg Tablets	ONE TO BE TAKEN AT NIGHT		09-Jul-2012	19-Oct-2020		✓			
In Practice	Methocarbamol	750 mg Tablets	1 TABS 4 TIMES DAILY		09-Jul-2012	19-Oct-2020		✓			

Patient Name
Georgina Logan

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Age
66

Repeat Medication										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop
In Practice	Pregabalin	300 mg Capsules	1 CAP TWICE DAILY		09-Jul-2012	19-Oct-2020		✓		
In Practice	Capsaicin	0.025 % Cream	APPLY 3 TIMES DAILY		09-Jul-2012	24-Jul-2020				✓
In Practice	Salofalk Foam	1 gram/ application, 80g (14 dose) canister Rectal foam	ONE APPLICATION AT NIGHT		19-May-2014	03-Jun-2020		✓		
In Practice	Prochlorperazine Maleate	5 mg Tablets	1 TAB 3 TIMES DAILY		08-Nov-2018	30-Apr-2020				✓
In Practice	Symbicort	200/6 micrograms/ inhalation Turbohaler	ONE PUFF TO BE INHALED TWICE A DAY		17-Feb-2017	17-Apr-2020		✓		
In Practice	Salbutamol	100 micrograms/ puff Cfc-free inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR		09-Jul-2012	06-Apr-2020		✓		

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954.

Age
66

Repeat Medication											
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
			TIMES A DAY								
In Practice	Peptac	(aniseed) Liquid	10 ML 3 TIMES DAILY		09-Jul-2012	14-Oct-2019				✓	
In Practice	Ispaghula Husk Sugar and Gluten Free	3.5 grams/ sachet Effervescent granules	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY		13-Jun-2018	14-Oct-2019				✓	

Compliance Device	Name and telephone number for community pharmacy				
Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

1908546042

LOGAN

Georgina

19/08/1954

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

NAME

CHI

[illegible]

Gyn Room

Affix Label



CHI: 1908546042

Queen Elizabeth University Hospital

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 66y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Total Att: 22

12 Mth Att: 4

Attendance Date: 12/09/2020

Arrival Time: 17:26

Registration Time: 17:26

Date of Incident: 12/09/2020

Major Incident Desc:

Reason for Attendance: blood in urine this am

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: **3**

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 12/09/2020 17:47

Nurse name: Nurse Samantha Birrell

Temp	36.1	C
HR	66	bpm
BP	132/67	mmHg
MAP	88.67	mmHg
RR	16	bpm
SpO2	98	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: NHS 24 referral-hematuria since 15:00 and increased urinary incontinence. not passing clots. stent inserted for kidney stone 3/52 ago. had multiple courses of abx since insertion

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

2nd sample.

Accident and Emergency
 Date: 12-09-2020 23:03
 Sample ID: #0043865
 Device S/N: 6101465
 Operator ID: autologin
 Strip LOT: 0790/8956(2021/09)

Bil neg
 Ubg norm
 * Ket 1 mmol/l (+)
 Asc neg
 Glu norm
 Pro neg
 * Ery 300 Ery/μl +++
 pH 6.5
 Nit neg
 Leu neg
 SG 1.000

**NOT WRITE
RE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr) N. Elliott

Time seen 1840

12/04

66 yo female.

3/52 had (L) sided ureteric stent
sited for obstructive renal calculi.Haematuria since 4 x courses Abx.
settled for a few days - on Monday,
worsening frank haematuria, dysuria,
urgency, ↑ frequency, urinary incontinence
+ pain on standing. No clots.
No fevers.Abx co-amox x 2
nitrofurantoin x 2

started - solifenacin (Tuesday)

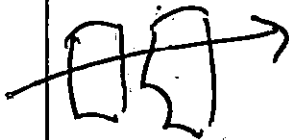
last mssu - nil growth.
(04/12/20)obs Apyrexial, NEWS = 0

PMH - Diverticulitis

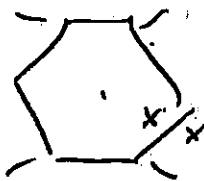
AIF

? Crohn's

COPD

edoxaban

HS I + II + O



soft

urine

+++

+

++

pH

blood

leucocytes

protein

6.0

Imp - not tolerating stent

Date	CLINICAL NOTES
	Urology - check bloods - admit to urology (sounds like stent pain) - review bloods in department - repeat MSSU - Abdo XR - start IV Abx if septic CRP 2, eGFR 44 → Not septic. Admit uro

Discharge Codes (Please CIRCLE)								Discharge date	
1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below) 5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.								Discharge time	
Ward number (if admitted):				Transfer to hospital:				Consultant if admitted):	
Follow up		Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)			Dose	Method of Administration	Frequency	Signature	Given By.	

NHS24 CONTACT REPORT

PCM ID: 74838191 CHI: 1908546042 Surname: LOGAN Forename: GEORGINA DOB: 19.08.1954 Gender: F Address: 17 Sollas Place GLASGOW G13 4NA	Caller: Self Date/Time Call Received: 12.09.2020 15:55:00 Date/Time Call Completed: 12.09.2020 16:15:20 Current Location: 17 Sollas Place GLASGOW G13 4NA																																				
Phone Number: 07774400790 Phone Ext.: Special Directions: Temporary Resident: NO	GP: DESMOND SPENCE BARCLAY MEDICAL PRACTICE BARCLAY MEDICAL PRACTICE VICTORIA PARK GLASGOW G 149DR																																				
Call Classification:																																					
CALL SUMMARY: FINAL ENDPOINT: Accident & Emergency (ASAP) REASON FOR CALL / RELEVANT INFORMATION: BLOOD IN URINE - THIS AM ADMITTED TO HOSPITAL 3WKS AGO WITH KIDNEY STONE, PT HAD A STENT PUT IN PLACE, HAS HAD ONGOING BLOOD IN URINE SINCE AND X4 COURSES ABX OVER LAST 4 WEEKS. HAEMATURIA DID IMPROVE FOR 3 DAYS BUT HAS RETURNED AND WORSE. OUTCOME: Patient advised to go to A&E - For Information Only Confirmed Symptom(s): #No travel outside Europe in last 21 days or to an affected country #Urinary problem; intermittent or spasmodic pain #Possible fever #With presenting symptoms there is a reduced likelihood of systemic illness #Pain in abdomen, back or flank																																					
PAST MEDICAL HISTORY:																																					
<table border="1"><thead><tr><th>Type</th><th>Description</th><th>Date</th><th>Time</th></tr></thead><tbody><tr><td>Medications</td><td>AS PER KIS</td><td>25.08.2020</td><td>21:16:17</td></tr><tr><td>Conditions</td><td>A.F.</td><td>25.08.2020</td><td>21:16:05</td></tr><tr><td>Conditions</td><td>URETERAL STENT</td><td>25.08.2020</td><td>21:15:40</td></tr><tr><td>Conditions</td><td>HERNIA UPPER ABDO</td><td>25.07.2018</td><td>19:11:10</td></tr><tr><td>Conditions</td><td>CROHNS</td><td>25.07.2018</td><td>19:09:22</td></tr><tr><td>Conditions</td><td>IBS</td><td>25.07.2018</td><td>19:09:09</td></tr><tr><td>Conditions</td><td>HEART FAILURE</td><td>25.07.2018</td><td>19:08:58</td></tr><tr><td>Conditions</td><td>PREVIOUS BACK OPERATION - SPINAL DECOMPRESSION</td><td>25.07.2018</td><td>19:08:43</td></tr></tbody></table>		Type	Description	Date	Time	Medications	AS PER KIS	25.08.2020	21:16:17	Conditions	A.F.	25.08.2020	21:16:05	Conditions	URETERAL STENT	25.08.2020	21:15:40	Conditions	HERNIA UPPER ABDO	25.07.2018	19:11:10	Conditions	CROHNS	25.07.2018	19:09:22	Conditions	IBS	25.07.2018	19:09:09	Conditions	HEART FAILURE	25.07.2018	19:08:58	Conditions	PREVIOUS BACK OPERATION - SPINAL DECOMPRESSION	25.07.2018	19:08:43
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NHS24 CONTACT REPORT

Type	Description	Date	Time
Conditions	ASTHMA	25.07.2018	19:07:23

NOTES:

12:09:2020 16:00:58 WINCHJ URINE INCONTINENCE 6 DAYS, RX SOLISENACIN WITH NO HELP. NO COVID SYMPTOMS
DW NP H CUTHEL: ONGOING HAEMATURIA SINCE TREATMENT FOR KIDNEY STONE 3 WEEKS AGO. INCREASED URINARY INCONTINENCE, SPASMODIC ABDO PAIN WHEN PASSING URINE. LIGHTHEADED 5 DAYS. NORMAL TEMP AND COLOUR. ADVISED A&E ASAP AT QEUH

Support Line Notes:

CLINICAL NOTES - MEDICAL
NURSING
☐
☐

Please tick ✓ appropriate directorate



1908546042

LOGAN

F

Georgina

19/08/1954

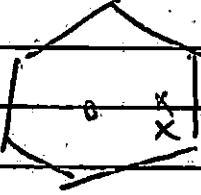
17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

Date & Time		Signature, Print Name & Designation
12/9/20	CTA J. SINGH UROLOGY	
2300		
	- patient now on ward 11C	
	- PC - worsening haematuria, ↑ frequency	
	ongoing ⊕ flank pain	
	- ⊕ sided stent insertion 23/08/2020	
	for 4mm proximal ⊕ ureteric stone	
	- discussed at stone MDT and for ⊕ FURS	
	- since stent insertion has been treated	
	for UTI x 4, ongoing dysuria,	
	frequency, urgency	
	- worsening haematuria over past 24	
	hours	
	PMHx - AF (on edoxaban)	
	diverticulitis	
	COPD	
	prev. cholecystectomy	
	Urinalysis - ++ blood	
	+ leuco	
	++ protein	
	AXR - unable to identify calculus	
	- phlebectomies	
	- stent in satisfactory position	
		PTO

Date & Time		Signature, Print Name & Designation
	O/E  abdo soft mild tenderness @ flank	
	Bloods - CRP 2 WCC 9.7 eGFR 49 (> 60)	
	MSSU 4/9/20 - no growth	
	<u>Plan</u> 1) fast from midnight + w/H edoxaban 2) repeat bloods AM 3) will likely require repeat CTWB before Intervention - requested	<i>Mark</i> JSINOW CTR
12/9/20	wk <u>OADS</u>	
	Start symptoms, eGFR down (49). Obs stable.	
	Pln to check bloods 2 @ later Aunt definitive & urology as of	<i>AK</i>

82765

Affix Label



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 19

12 Mth Att: 1

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 65y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Attendance Date: 17/08/2020

Arrival Time: 12:36

Registration Time: 12:36

Date of Incident: 17/08/2020

Major Incident Desc:

Reason for Attendance: back pain and vomiting

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Abdomen Pain

Observation Date: 17/08/2020 13:27

Nurse name: Nurse Tracey Buchan

Temp	36.5	C
HR	91	bpm
BP	92/80	mmHg
MAP	84.00	mmHg
RR	14	bpm
SpO2	97	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: pt with severe abdo pain & vomiting.

Date	Emergency Department Notes		
	Ambulance Proforma reviewed Yes / No	Seen by (Doctor)	Time seen
17/8/20		TUNNEY (SPECIALITY DOCTOR)	BC -
13:40		PC - Abdo pain / Back pain / Vomiting	
		<u>HPC</u> - $\frac{1}{2}$ hr @ side (to go) pain W.ine 8 AM Vomited multiple times since - Denies CUTS - Urinary incontinence multiple times today - states due to vomiting - Pain worsening over day - Tripped / accident @ home - no impact - No change in bowels - No visible lacerations - No hx of sex par, states hx of UTIs.	
		<u>PML</u> - Asthma - AF - Pseudomonas disseminating - Amphetamine use - Diverticulosis - Cholecystectomy 2010 - Low sexual	<u>DX</u> - Am. Imptiline - Sertraline - Buteo - Prochlorperazine - Diclofenac gel - Octaxa - Simvastatin - Lisopril - Gabapentin - Urosac - Bisoprolol - Edometon - Nethocarbant

Accident and Emergency

Date: 17-08-2020 16:32
 Sample ID: #0043143
 Device S/N: 6101465
 Operator ID: autologin
 Strip LOT: 0790/8956(2021/09)

Date	Emergency Department Notes
	Seen by (Doctor) Shrines E patient - Non smoker - Nil alcohol. Off - Visibly sick, unable to lie still with pain  Lifx (C) renal cystic lesion Soft UOG - CU 48.2, Glu 7.6, Lac 2.1, Hb 133

Bil neg
 Ubg norm
 Ket 1 mmol/l (+)
 Asc 0.2 g/l +
 Glu norm
 Pro neg
 Ery 300 Ery/pl +++
 pH 5
 Nit neg
 Leu 500 Leu/pl +++
 SG 1.030

Differential Diagnosis/Problem List

~~(Type 2 renal calculus ?UTI ?Distal)~~

Unanalyzed - Blood ++ Leu ++

Lap - ?Renal calculus ?UTI

NEWS ☐ 0-7

RED FLAG ☐ (Tick)

SEPSIS ☐

CURB 65 ☐

Done/ completed	Immediate Management Plan
(P) → CTRUB	
→ X-ray Bloods	
→ ?Med's ?Urology → Await CTRUB	
15:30 - CTRUB - Lower (L) solid stone ±	
	perineal urethral dilatation
	Pt clo pain RT
	D/W Urology → Admit under Urology

Signature: _____ Designation: _____ Page No: _____

Printed: 17/08/2020 13:26:34

Patient Sample Report

Status: **ACCEPTED**
 Analyzed: 17/08/2020 13:24:18
 Sample Type: Venous
 Operator ID: PATRICK-EAMON
 TUNNEYO

Patient
 ID: 1908548042
 Last Name: LOGAN
 First Name: GEORGINA
 Gender/Age: Female, 65 years
 Birth Date: 19/08/1954

Cartridge
 Lot No.: 2004221
 S/N: 00000000050006742
 Exp Date: 26/08/2021

Analyzer
 Model: GEM® Premier 5000
 Area: AH_LOED_C
 Name: ED-MAJ-IP
 S/N: 17030816

PLEA

Results

		Crit. Reference		Crit.	
		Low	Low High	High	High
Measured (37.0°C)					
pH	7.38	nmol/L	[-- -- -- --]		
pCO ₂	6.8	kPa	[-- -- -- --]		
pO ₂	3.4	kPa	[-- -- -- --]		
Na ⁺	139	mmol/L	[-- 133 146 --]		
K ⁺	4.0	mmol/L	[-- 3.5 5.3 --]		
Cl ⁻	105	mmol/L	[-- 95 108 --]		
Ca ²⁺	1.19	mmol/L	[-- 1.15 1.27 --]		
Hct	42	%	[-- -- -- --]		
Glucose	↑ 7.6	mmol/L	[-- 3.5 6.0 --]		
Lac	2.1	mmol/L	[-- 0.6 2.2 --]		
CO-Oximetry					
Hb	133	g/L	[-- -- -- --]		
O ₂ Hb	↓ 40.2	%	[-- 95.0 98.0 --]		
CO-Hb	0.5	%	[-- 0.5 1.5 --]		
Met-Hb	0.6	%	[-- 0.5 1.5 --]		
HHb	↑ 58.7	%	[-- 0.0 5.0 --]		
CO ₂	↓ 40.6	%	[-- 95.0 98.0 --]		
Derived					
BUN _{cr}	-0.9	mmol/L	[-- -- -- --]		
HCO ₃ ⁻	25.8	mmol/L	[-- -- -- --]		

↑↓ Outside Reference Range

Other Information

Operator Entered

[Temp

37.0

°C

Seen By: TOW
 PRF Reviewed Yes / No

Print: ST2

Time Seen:

Pg. No:

Presenting Complaint(s)	
Presenting complaint	UTERINE STONE
History of presenting complaint	65 ♀ COIN → FRONT PAIN - 1/2 hr - 9 FEVER ON RUQUA. - PAIN STILL ON GOING - PT DOES NOT DRINK WATER URINE 2' TO DEFECATION. <u>CTKUS</u>; 4mm ⊕ PROXIMAL PEAK S3.

Past Medical History / Review of portal
- Asthma - AF - UMBILICUS PUNCTURE - DIBETICUS - LAP SURG.

Systemic Enquiry

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

**Source of medication history
(>1 source preferred)**

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

[illegible]

Allergies

List any over-the-counter or alternative medicines

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by :

Plan approved by :

Designation :

Date :

Designation :

Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No

Community pharmacist	Phone
----------------------	-------

Reviewed by :

Designation :

Date :

Patient ID label

Social History / Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History

M Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

L / HUSBAND.

General Examination

Temp:

RR:

Pulse:

CBG:

SpO₂:

Weight:

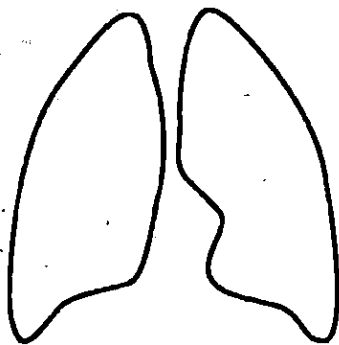
BP:

Urinalysis:

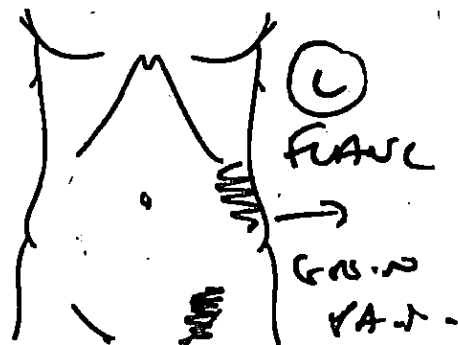
NH (S)

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

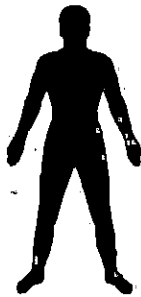
Pupils/funduscopy:

**Cerebellar and
extrapyramidal:**

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label

Key Results

CXR

ECG

(Differential) diagnosis

① UTI/UTI

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

① Analgesia

② Repeat U+T

③ Encourage oral intake.

④ Admit to IC (As per
D&D Manager)

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME DN

PRINT GRADE SM

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: FOR RESUSCITATION / DNA CPR
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI >30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopenia <75 x10 ⁹ /l
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension (>230/120)
Acute stroke	Varicose veins
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Post Take Ward Round IAU/ARU

Consultant: HendryDate: 18/8Time: 0945

Summary

① Ureteric stone, admitted for pain control

Still sore today, needed multiple oramorph PRN's overnight.

NEWS 0

Temp:

Pulse:

BP:

SpO₂:FIO₂:

RR:

Diagnosis:

Plan:

XR KUB ~~sent~~ for tracking stone movement

Stop antiplatelets / anticoagulation

↳ for lithotripsy 48 hrs after withheld
stent if possible ±

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Pa Mrs G Logan
17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA

Continuation Sheet

Date: Time

S. GILLIS
F. X. I

19/12/20
01:30

W/R HEMATOMA

A/w renal colic

- distended with fluid (+ echogenic)

- Now in severe pain still

- Urine brown - slightly bloody

Plan ① Ref for laser on Friday

② Manage pain in the interim

W/R HEMATOMA

Still in pain

Cap ↑ U+E even now 24.

46' NMD GROSSADAN.

ON ORAL CATH + WF.

① REFERT PAIN

IF NOT IMPROVED; FOR STONE
INTERVENTION.

IN STZ

Continuation Sheet

Date: Time

21/8/20

W/A UNPROMISING

- SOME PART OF ; WAST. CATHETER
OUT

- WAST. DRAINAGE

(P) A/W DOORS ; CATHETER OUT

THW
STW

22/8

Ward run 2

8

(H) today

~~admitted to ward~~

Refer to STONE MDT in GRI

Patient ID label.

Done/ Time

[illegible]

Once only prescriptions (including tetanus prophylaxis)						
Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
17/8/20	MORPHINE	5mg	IV	13:35		
17/8/20	DICLOFENAC	100mg	PR	13:15		
17/8/20	ONDANSETRON	4mg	IV	13:35		
17/8/20	MORPHINE	5mg	IV	15:20		

Discharge prescription packs						
Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle							Time Ready to Depart		
1. Admission		2. Discharge		3. Refer to G.P.		4. Transfer to other hospital (see below)			
5. Died		6. Refer to O.P. Clinic (see below)		7. Irregular Discharge		8. D.O.A.		Discharge Time	
Ward No. (if admitted)				Transfer to Hospital				Consultant (if admitted)	
Outpatient clinic specialty						Admission or specialty clinic consultant			
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify	



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 18

12 Mth Att: 2

Title: MRS

LOGAN

Georgina

DOB: 19/08/1954

Age: 65y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: Dr Spence
0141 212 1082

Attendance Date: 01/12/2019

Arrival Time: 12:21

Registration Time: 12:21

Date of Incident: 27/11/2019

Major Incident Desc:

Reason for Attendance: severe stomach pain vomiting

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus: up to date/fully immunised:

Presenting Complaint: Abdomen

Observation Date: 01/12/2019 12:37

Nurse name: Nurse Suzanne Docherty

Temp	35.3	C
HR	62	bpm
BP	135/66	mmHg
MAP		mmHg
RR	17	bpm
SpO2	96	%
Oxygen	21	%

BM		mmol/L
PF		mmHg
Expected PF		mmHg
Weight		kg
Height		cm
Visual Acuity		ft
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: "c/o loose stool for 2/52- hasn't seen GP, states unable to eat or drink because of this. was out shopping yesterday and had to go to toilet 11 times."

+ Abdo pain

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

01/12/15

65 Abacopain / loose stools

By Asthma
- Angina

- Abdominal back pain
- Pw diagnosis of "cancer" - on Oct 2008
- Also had liver cancer
- Af on edoxaban

NO defn
dx

mpc 3/52 of abdominal cramping & loose

stools immediately after oral intake.

(Pw prescriptions w/ similar)

cramping resolves when bowels move

loose stools ~ 10 times daily.

No vomiting.

Small amount of PE bleeding

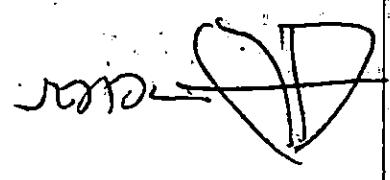
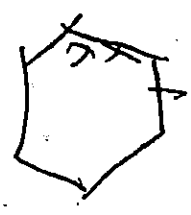
~ 2 times this is coming from pills.

On Abacopain for w.

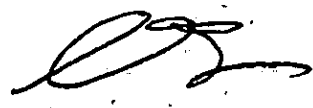
NO cough
0/6-1000 LVI

OK (N)

Soft mild suprapubic tenderness



4

Date	CLINICAL NOTES
	Clome Leak rr Nit rr <u>Imp</u> ?IBS ?Crohn's Aue. Wor coping w/ symptoms @ (H) - Not ETO Ongoing ur. <u>Plan</u> Blas Admt gastro for meds Rlv / observation  CR

Discharge Codes (Please CIRCLE):								Discharge date:	
1. Admission- 2. Discharge - 3. Refer to GP 4. Transfer to other (see below)									
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.								Discharge time:	
Ward number (if admitted):				Transfer to hospital:				Consultant If admitted:	
Follow up		Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration		Frequency	Signature		Given By	

Clinical Data

Last Emergency Care Summary received 29 November 2019

Description	Date Recorded	Comments
-------------	---------------	----------

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY FOR 7 DAYS		29-Nov-2019	25-Nov-2019
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		17-Jul-2019	21-Nov-2019
In Practice	Buteac	20 micrograms/hour Transdermal patches	APPLY ONE PATCH EVERY SEVEN DAYS / REMOVE OLD PATCH		21-Nov-2019	21-Nov-2019
In Practice	Shortec	5 mg Capsules	ONE CAPSULE TO BE TAKEN EVERY FOUR TO SIX HOURS		05-Nov-2019	21-Nov-2019
In Practice	Capsaldin	0.025 % Cream	1 APP THREE TIMES DAILY		17-Sep-2019	05-Nov-2019
In Practice	Rahv	700 mg Medicated Plaster	12 HOURS ON 12 HOURS OFF		20-Sep-2019	22-Oct-2019
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY FOR 7 DAYS		03-Sep-2019	03-Sep-2019
In Practice	Instillagel	Gel (11 MI Syringe)	AS DIRECTED		13-Aug-2019	13-Aug-2019
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT		13-Aug-2019	13-Aug-2019
In Practice	Sunsense Ultra	SPF 50+ Lotion	APPLY AS A SUNSCREEN AS DIRECTED		25-Jul-2019	25-Jul-2019
In Practice	Clotrimazole	2 % + 500 mg Cream and Pessary	AS DIRECTED		25-Jul-2019	25-Jul-2019
In Practice	Colchicine	500 micrograms Tablets	ONE TO BE TAKEN TWICE A DAY		17-Jul-2019	18-Jul-2019
In Practice	Glyceryl Trinitrate	400 micrograms/dose Pump spray	2 SPRAYS UNDER TONGUE AT ONSET PAIN		10-Jul-2019	10-Jul-2019
In Practice	Shortec	10 mg Capsules	ONE CAPSULE AS REQUIRED		28-Jun-2019	05-Jul-2019
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY FOR 7 DAYS		04-Jul-2019	04-Jul-2019
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY		28-Jun-2019	28-Jun-2019

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Cancel Date
In Practice	Octasa M	400 mg Gastro-resistant Tablets	TAKE THREE TABLETS TWICE DAILY		03-Jun-2019	18-Nov-2019		
In Practice	Bisoprolol Fumarate	2.5 mg Tablets	ONE TO BE TAKEN EACH DAY		28-Aug-2018	11-Nov-2019		
In Practice	Quinine Sulfate	300 mg Tablets	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY		12-Jul-2018	11-Nov-2019		
In Practice	Edoxaban	60 mg Tablets	ONE TO BE TAKEN EACH DAY		17-Jul-2019	11-Nov-2019		
In Practice	Sertraline Hydrochloride	50 mg Tablets	ONE TO BE TAKEN EACH DAY		01-Apr-2014	11-Nov-2019		
In Practice	Pregabalin	300 mg Capsules	1 CAP TWICE DAILY		09-Jul-2012	11-Nov-2019		
In Practice	Salbutamol	100 micrograms/puff Cfc-free Inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY		09-Jul-2012	11-Nov-2019		
In Practice	Simvastatin	40 mg Tablets	ONE TO BE TAKEN AT NIGHT		09-Jul-2012	11-Nov-2019		
In Practice	Methocarbamol	750 mg Tablets	1 TABS 4 TIMES DAILY		09-Jul-2012	11-Nov-2019		
In Practice	Amitriptyline Hydrochloride	50 mg Tablets	1 TABS AT NIGHT WEEKLY UPLIFT		31-Jan-2017	11-Nov-2019		
In Practice	Diclofenac Diethylammonium	1.16 % Gel	APPLY 3 TIMES DAILY IF REQUIRED		04-May-2018	11-Nov-2019		
In Practice	Amitriptyline Hydrochloride	25 mg Tablets	ONE TO BE TAKEN IN THE EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.		09-May-2018	11-Nov-2019		
In Practice	Buteac	20 micrograms/hour Transdermal patches	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY		26-Jul-2017	11-Nov-2019		
In Practice	Prochlorperazine Maleate	5 mg Tablets	1 TAB 3 TIMES DAILY		08-Nov-2018	11-Nov-2019		
In Practice	Hyoscyline Butylbromide	10 mg Tablets	TAKE 2 TABS IN MORNING AND NIGHT AND 1 TAB AT TEATIME		08-Feb-2019	11-Nov-2019		
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		20-Mar-2019	11-Nov-2019		
In Practice	Ispaghula Husk Sugar and Gluten Free	3.5 grams/sachet Effervescent granules	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY		13-Jun-2018	14-Oct-2019		
In Practice	Symbicort	200/6 micrograms/Inhalation Turbuhaler	ONE PUFF TO BE INHALED TWICE A DAY		17-Feb-2017	14-Oct-2019		
In Practice	Peptac	(unised) Liquid	10 ML 3 TIMES DAILY		09-Jul-2012	14-Oct-2019		

Affix Label

Hospital (circle)		IRH	RAH	RHC	GRI	WEST MIU	VIMIU	Stob	VOL	QEUH	
Title:					Sex: M ☐ F ☐						
Surname: 1908546042 LOGAN F					Forename:						
CHI: Georgina 19/03/1954 17 SOLLAS PLACE KNIGHTSWOOD Glasgow, Lanarkshire G13 4NA					Dob::			Age:			
Local address:					Next of kin:						
					Relationship:						
					Tel:						
					CP:						
Postcode:											
Tel:					Tel:						
Attendance date:				Arrival time:			Date of incident:				
Registration time:					Major incident description:						
Reason for attendance:											

Affix Label

Nursing Assessment						Alerts:			
Presenting complaint:									
Triage category:				Pain score:			Tetanus up-to-date / fully immunised?		
Allergies:									
Observations date:			Time:				Nurse's name:		
Temperature		°C	CBG			mmol/L	GCS		
HR		bpm	PEFR			l/min	Eyes		
BP		mmHg	Expected PF			l/min	Motor		
MAP		mmHg	Weight			kg	Verbal		
RR		bpm	Height			cm	Total		
SpO ₂		%	Visual Acuity				Pupils – Right		Pupils – Left
Oxygen		%	Left	6/			Size		Size
			Right	6/					
			With correction?				Reaction		Reaction
Nursing Notes:									

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

	NEWS	☐	0-7
	RED FLAG	☐	(Tick)
	SEPSIS	☐	
	CURB 65	☐	

Done/ completed	Immediate Managment Plan

Signature:

Designation:

Page No:

In-Patient Admission Notes

Patient

1908546042
LOGAN
Georgina F
17 SOLLAS PLACE 19/08/1954
KNIGHTSWOOD
Glasgow, Lanarkshire
G13 4NA

Seen By: JZ

Print: Thomas

Time Seen: 1715

Pg. No:

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Diarrhoea
History of presenting complaint	65 F, very anxious on assessment Chronic history of GI Sx No Dx of any inflammatory condition made but has been on same dose of Octasa (Mesalazine) for years 1.6g BD 2/17 age stated that she didn't want to take as many tablets any more, & cut down to 800mg BD by her own accord? 2/52 later developed worsening diarrhoea > 7 episodes of loose stools/day for 4/52 cramping bowel & abd pain for 4/52 occurring after eating anything, followed by a loose motion (which improves pain) ONLY GI blood mucus. Keeps receiving 1000mg Abx for 7MTs & no symptoms

Past Medical History / Review of portal

Asthma

Diverticulosis

Pericarditis - July '14

IBS

AF

Chronic back pain

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history
(>1 source preferred)

- ☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS
☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary
☐ Repeat Prescription

Other (please specify)

[illegible]

Allergies

List any over-the-counter or alternative medicines

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by :

Plan approved by :

Designation :

Date :

Designation :

Date :

Pharmacy review

Comments

Compliance aid : ☐ Yes ☐ No

Community pharmacist

Phone

Reviewed by :

Designation :

Date :



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Social History \ Family History**Smoking History**

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked**Alcohol History**W Units/week

FAST score if excess _____

Recreational Drugs**Driving Status**

Social Circumstances (home, supports, functional status, occupation, travel)

Living with mother**General Examination**

Temp:

RR:

Pulse:

CBG:

SpO₂:

Weight:

BP:

Urinalysis:

General Appearance:looks very well**Respiratory**Chest clear
Gastrointestinal SystemSNT
CardiovascularWOM, ATRCL
Sub 80 bpm, reg
HR 144/10**Locomotor**

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

**Cerebellar and
extrapyramidal:**

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Bloods (N)



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Key Results

CXR

ECG

(Differential) diagnosis

? IBS

? Impacted

NEWS

☐

Red Flag

☐

Sepsis

☐

CURB 65

☐

Management Plan

- 1) NXR to exclude apertea
- 2) Titrated back up octen?
- 3) ? IP vs OR flex: Smg V10 -> -10mm

☐ Thromboprophylaxis assessed
☐ Antimicrobial☐ Medicine Reconciliation☐ 4AT/TIME

Signature:

PRINT NAME

Pravin

PRINT GRADE

CT 2

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form.

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI >30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopenia <75 x10 ⁹ /l
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension (>230/120)
Acute stroke	Varicose veins
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs <50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

Date Time		1/12							
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165	124							
WCC	4.0 - 11.0	6.4							
Plts	150 - 450	275							
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146	139							
K+	3.5 - 5.3	NA							
Cl-	95 - 108	105							
HCO3-	22 - 29	24							
Urea	2.5 - 7.8	7							
Creat	40 - 130	70							
eGFR									
Glucose	3.5 - 6.0	4.5							
Protein	60 - 80								
Albumin	35 - 50	38							
AlkP	30 - 130	59							
Bil	<20	7							
ALT	<50	14							
AST	<40	NA							
GGT	Male: <70 Female: <40								
ESR	Male: 1 - 10 Female: 1 - 12								
CRP	<10	2							
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100	NA							
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

 1908546042 LOGAN Georgina		F 19/08/1954
---	--	-----------------

Post Take Ward Round IAU/ARU

Consultant: C. JELLET Date: 2/12/19 Time: 7⁴⁵

Summary

c/o frequent bowel movements up to
 10x/day, soft stools, for ~ 4 weeks.
 Tried to cope but not managing
 any more. Took rimedex yesterday
 and then came to hospital. Now
 diarrhoea stopped... no bowel movement
 b/w. Bloods @ NO prev. abdo surgery.
 On Saturday small amount of blood
 in stool. Prev. spinal cord decompr.

Temp: 36⁵
 Pulse: 65
 BP: 109/64
 SpO₂: 96%
 FIO₂: air
 RR:

All no dilated
 loops, no
 free air.

Diagnosis: away from MRI next week. Abdo soft.

- Diarrhoea → no evidence for IBD
- ? infection
- ? mechanical

Plan:

- P.R. exam please
- Surg. r/v. → +1 ref input/output.
 Ref. sigmoidoscopy.
- check Hb today if any ↓
- stool sample
- Med. bed but air for discharge soon.

Recommended Destination: <u>Med</u> Suitable to board if required ☐ Yes ☐ No Expected Date of Discharge: _____	Signature: <u>C. Jellett</u> Designation: <u>C. Jellett, Con.</u> Bleep Number: _____
--	---

Pati



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

19/08/1954

G13 4NA

Continuation Sheet

Date: Time

02/12/2019

STAPTOR ST8

(65) Abdominal cramps + Diarrhoea
+ present 4/5/19

No blood, No Mucus

Some crampiness

Background of Diverticulosis,
IBS

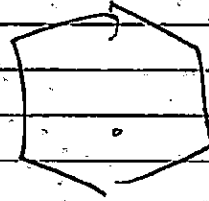
o/e Symptoms of Acute RL Caecitis
Anterolateral massaging Rect,
Apexed

Abdominal Sx

Non tender

No Mucus

No peritonism



Bloods WCC 6.4 CRP 2

Imp. functional gut issues

Pln Reg suggest regular liposuction of
Stool cultures are

Flexi as o/p

No Surgical concerns.

[Signature]

STAPTOR

ST8

Continuation Sheet

Date: Time

3/12/16

Adm. on
in ventu.
NSCP.

Cap 2
WCC 6.4

V. Martin - med. transfer

65 A/W frequent BS/MS,

BS AT

perceptible

apathy

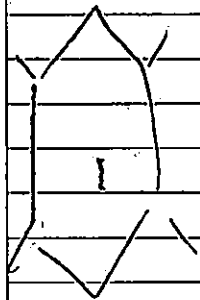
Change back gain

Different drive

BS

-only MI O/P

Shila 4/12 phase stable.
New settled.



SNT

WSS

well.

long - 1 BS phase

Q (H) today

→ O/P phase sign

per surgeons

[Signature]

Veterans
20777

Date commenced:

Date:

11.7.19

Ward no:

6D

Room no:

41.

Box no: .

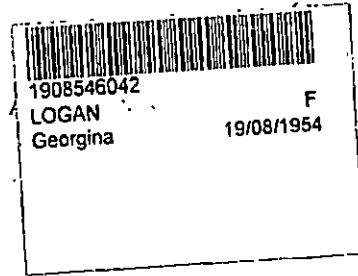
13

Diagnosis:

AF - rapid V.R

Underlying Rhythm / Rate:

AT



Detail rhythm changes / rate and date below

- 1.
- 2.
- 3.
- 4.

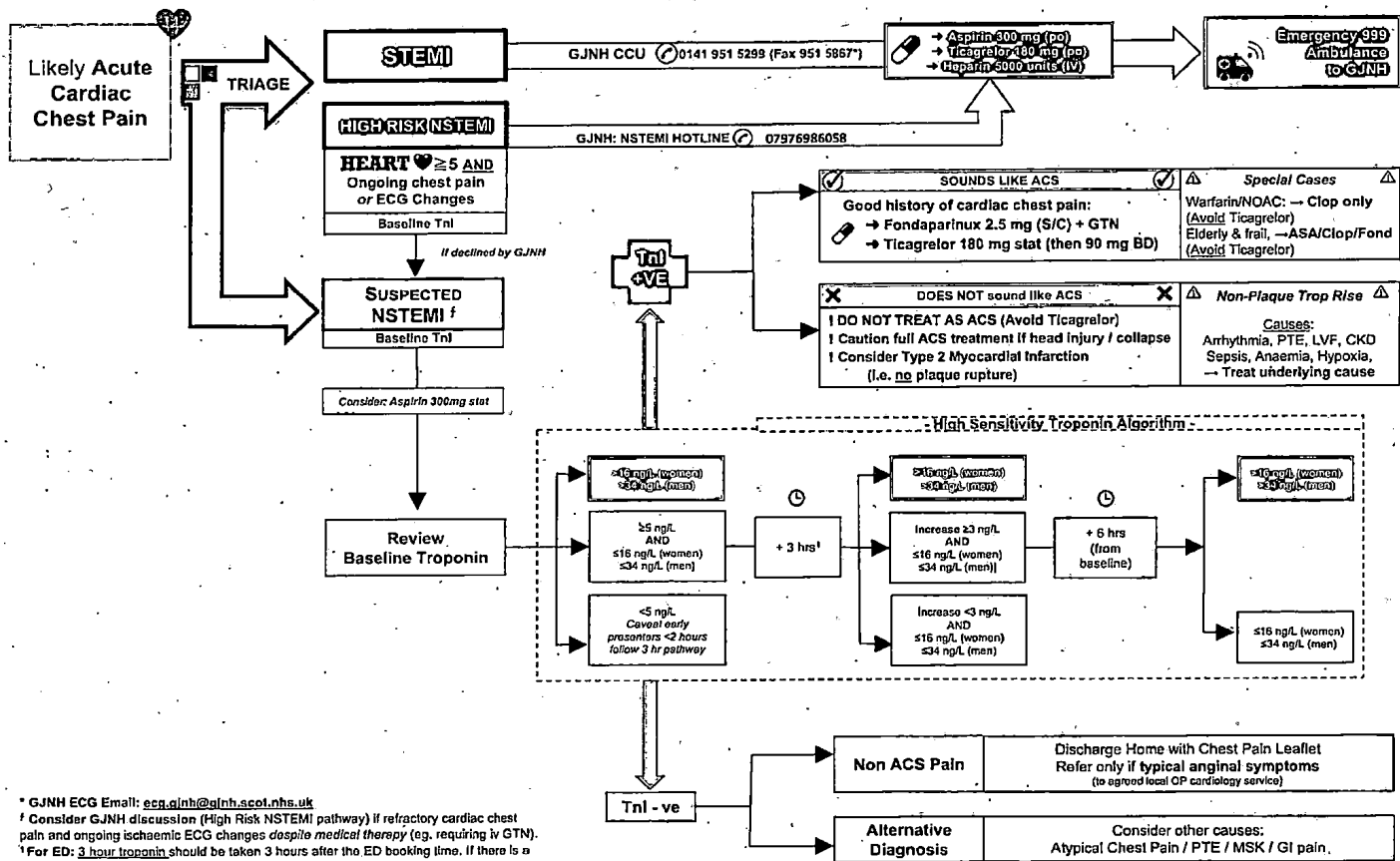
[illegible]

Clinical Data

Last Emergency Care Summary received 10 July 2019

Medicine	Description	Date Recorded	Comments				
Acute Medication (including those greater than 30 days) <u>Medicine Reconciliation Report</u>							
Originator Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date		
In Practice	Glyceril Trinitrate	400 micrograms/dose Pump spray	2 SPRAYS UNDER TONGUE AT ONSET PAIN	10-Jul-2019	10-Jul-2019		
In Practice	Shortec	10 mg Capsules	ONE CAPSULE AS REQUIRED	28-Jun-2019	05-Jul-2019		
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY FOR 7 DAYS	04-Jul-2019	04-Jul-2019		
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TWICE DAILY	28-Jun-2019	28-Jun-2019		
Repeat Medication <u>Medicine Reconciliation Report</u>							
Originator Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Cancel Date
In Practice	Buteo	10 micrograms/hour Transdermal patches	ONE IN ADDITION TO 20 MICROGRAM PATCH TOTAL 30MC- DISPENSE WEEKLY	09-Jul-2019	10-Jul-2019		
In Practice	Methocarbamol	750 mg Tablets	2 TABS 4 TIMES DAILY	09-Jul-2012	26-Jun-2019		
In Practice	Peptac	(aniseed) Liquid	10 ML 3 TIMES DAILY	09-Jul-2012	26-Jun-2019		
In Practice	Pregabalin	300 mg Capsules	1 CAP TWICE DAILY	09-Jul-2012	26-Jun-2019		
In Practice	Salbutamol	100 micrograms/puff Cfc-free Inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	09-Jul-2012	26-Jun-2019		
In Practice	Simvastatin	40 mg Tablets	ONE TO BE TAKEN AT NIGHT	09-Jul-2012	26-Jun-2019		
In Practice	Capsazin	0.025 % Cream	APPLY 3 TIMES DAILY	09-Jul-2012	26-Jun-2019		
In Practice	Sertraline Hydrochloride	50 mg Tablets	ONE TO BE TAKEN EACH DAY	10-Apr-2014	26-Jun-2019		
In Practice	Amitriptyline Hydrochloride	50 mg Tablets	1TABS AT NIGHT WEEKLY UPLIFT	31-Jan-2017	26-Jun-2019		
In Practice	Symbicort	200/6 micrograms/inhalation Turbuhaler	ONE PUFF TO BE INHALED TWICE A DAY	17-Feb-2017	26-Jun-2019		
In Practice	Diclofenac Diethylammonium	1.16 % Gel	APPLY 3 TIMES DAILY IF REQUIRED	04-May-2018	26-Jun-2019		
In Practice	Amitriptyline Hydrochloride	25 mg Tablets	ONE TO BE TAKEN IN THE EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.	09-May-2018	26-Jun-2019		
In Practice	Prochlorperazine Maleate	5 mg Tablets	1 TAB 3 TIMES DAILY	08-Nov-2018	26-Jun-2019		
In Practice	Ispaghula Husk Sugar and Gluten Free	3.5 grams/sachet Effervescent granules	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	13-Jun-2018	26-Jun-2019		
In Practice	Quinine Sulfate	300 mg Tablets	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	12-Jul-2018	26-Jun-2019		
In Practice	Bisoprolol Fumarate	2.5 mg Tablets	ONE TO BE TAKEN EACH DAY	28-Aug-2018	26-Jun-2019		
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY	20-Mar-2019	26-Jun-2019		
In Practice	Hyoscine Butylbromide	10 mg Tablets	TAKE 2 TABS IM MORNING AND NIGHT AND 1 TAB AT TEATIME	06-Feb-2019	26-Jun-2019		
In Practice	Octasa Mr	400 mg Gastro-resistant Tablets	TAKE THREE TABLETS TWICE DAILY	03-Jun-2019	26-Jun-2019		
In Practice	Buteo	20 micrograms/hour Transdermal patches	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY	26-Jul-2017	13-Jun-2019		
In Practice	Solofoik Foam	1 gram/application, 80g (14 dose) canister Rectal foam	ONE APPLICATION AT NIGHT	19-May-2014	12-Mar-2019		

NHS GG&C: ACUTE CARDIAC CHEST PAIN GUIDELINES



* GJNH ECG Email: ecg.glnh@glnh.scot.nhs.uk

† Consider GJNH discussion (High Risk NSTEMI pathway) if refractory cardiac chest pain and ongoing ischaemic ECG changes despite medical therapy (eg. requiring iv GTN).

‡ For ED: 3 hour troponin should be taken 3 hours after the ED booking time. If there is a delay to the first (baseline booking) sample being taken there needs to be a minimum of 1 hour between first and second samples.

HEART Score
Chest Pain Stratification Risk Tool

History	Highly suspicious for ACS	2
	Moderately suspicious for ACS	1
	Slightly or non-suspicious for ACS	0
ECG	Significant ST-depression / T-wave inversion	2
	Non-specific repolarisation disturbance	1
	Normal	0
Age	≥65 years	2
	45-65 years	1
	≤45 years	0
Risk factors	≥3 risk factors, or history of CVD	2
	1 or 2 risk factors	1
	No risk factors known	0
Troponin I (pending)	Elevated HsTn (> 16 women, > 34 men)	1
	≤ Normal Limit	0
TOTALS		19

GUIDE: HOW TO CALCULATE THE HEART SCORE

The **HEART score** is a risk stratification tool first used in the Emergency Department to predict the likelihood of a major adverse cardiac event within 6 weeks following presentation with chest pain.

A score is assigned from 5 specific elements (History, ECG changes, Age, Risk factors and Troponin) to give a value between 0 and 9. Three of the elements are explained in detail below:

History - From your history characterise the patient's chest pain as typical or atypical. The following distinctions have been agreed:

1. **Typical pain** - central or left-sided chest pain with radiation to the arms or throat, or associated sweating or clamminess.
2. **Atypical pain** - without chest pain or right sided chest pain or pain that radiates to the back or is worsened by inspiration/palpation.

- 2 points: highly suspicious chest pain (i.e. typical pain)
- 1 point: moderately suspicious chest pain (i.e. mixed typical/atypical features)
- 0 point: chest pain slightly or moderately suspicious (i.e. atypical pain only)

Electrocardiogram (12 Lead ECG) - From the 12 lead ECG:

- 2 points: ECG shows features new/presumed new features of acute ischaemia or infarction (eg. significant ST depression, T-wave inversion)
- 1 point: ECG is abnormal but not diagnostic of ischaemia (eg. right bundle branch block, paced rhythm) or if ECG suggests previous infarction
- 0 points: ECG is normal

Risk Factors: Count the number of risk factors for coronary artery disease:

- Diabetes mellitus
- Current or recent (<90 days) smoker
- Hypertension (diagnosed or treated)
- Hypercholesterolaemia
- Family history of coronary artery disease
- Obesity (BMI > 30)

- 2 points: 3 or more risk factors or significant atherosclerotic disease (including previous coronary revascularisation, myocardial infarction, peripheral arterial disease)
- 1 point: 1-2 risk factors
- 0 point: no risk factors

4-5/9.

TELEMETRY MONITORING SHEET

Date commenced: 11/7/19

Date: 12/7/19

Ward no: 6D

Room no: 41

Box no: 13

Diagnosis: AF c. Karpici VR

Underlying Rhythm / Rate: AF



Detail rhythm changes / rate and date below

- 1.
- 2.
- 3.
- 4.

[illegible]

Is this patient DNACPR
YES ☐ NO ☒

APPENDIX A

TELEMETRY REQUEST FORM

All details must be completed before a monitor is provided by 6C

13

Patient Name		CHI
Room Number	1908546042 LOGAN Georgina 19/08/1954 F	Bed Number 41
Requesting:	17 SOLLAS PLACE KNIGHTSWOOD Glasgow, Lanarkshire	Requesting Doctor Cardio
Date of Ref	G13 4NA	Time of Request

TELEMETRY CRITERIA

Please select which of the following criteria is applicable to the patient. If the criterion is other, then you must document the reason for telemetry.

CRITERIA	
Resuscitated from a cardiac arrest	
Other Haemodynamically unstable arrhythmia	
Early phase of troponin positive ACS	
2 nd or 3 rd Degree AV Block	
Syncope with documented tachyarrhythmia or bradyarrhythmia	
Syncope with abnormal 12 lead ECG	
Arrhythmias complicating Wolff-Parkinson White syndrome with rapid anterograde conduction	
Pacemaker dependent with newly implanted device (<24hours) or displaced leads	
Temporary pacing line	
Significantly prolonged QT interval QTc >50s	
Severe electrolyte imbalance with high risk of ventricular arrhythmia	
Acute LVF	
Other indications for intensive care (drug overdose with known arrhythmogenics, PTE, shock, acute respiratory failure)	
Post pacemaker implantation but who are not pacing dependent	
Mildly prolonged QT (<50s) but thought to be acute or responsible for arrhythmia	
AF with uncontrolled ventricular rate, especially with other structural heart disease	☒
Administration of drugs with high risk of ventricular arrhythmia	
Other:	



CHI: 1908546042

Queen Elizabeth University Hospital

8 May 2019

Title: MRS

Total Att: 17

12 Mth Att: 1

LOGAN

Georgina

DOB: 19/08/1954

Age: 64y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: P Balaji
0141 212 7082

Attendance Date: 10/07/2019

Arrival Time: 18:03

Registration Time: 18:03

Date of Incident: 10/07/2019

Major Incident Desc:

Reason for Attendance: SEVERE CHEST PAIN, WAS HERE THIS AM

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 10/07/2019 18:44

Nurse name: Nurse Gillian Curran

Temp	36	C
HR	84	bpm
BP	171/69	mmHg
MAP		mmHg
RR	16	bpm
SpO2	97	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS:	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: was here this am dischrged home c/o chest pain has returned

Nursing notes:

Date 10/02/19	Emergency Department Notes		
Ambulance Proforma reviewed Yes / No		Seen by (Doctor) MAYA KOURY	Time seen 19:30
(G4) 40 central chest pain started again this morning at 11:00am, not radiating, not meal related worse on movement on palpation & upon taking deep breaths. Patient was seen yesterday's shift at A&E with chest pain, central not radiating woke her up from sleep at 4am. ECG: NSR (6 Traps. (N) she was allowed home on worsening Advice. CXR (N) (10/02/19 at 6:00am) Mild Nausea No vomiting No fever, chills or rigors No SOB or palpitations No LOC, faint or seizure No U/GI trouble No cough, sputum or haemoptysis No Sweating E+D. No urinary symptoms (N) bowels. Pain constant sharp at moments well tolerated <u>PMHx</u>: IBS • diverticulitis • Crohn's • Angina • Chronic back pain • Asthma • Urinary stones • Allergies: trimethoprim / NSAIDs • <u>Rx</u>: AMITRIPTYLINE • ASSACOL (for Crohn's) • OXYCODE • Morphine patches • GTN spray • Salbutamol inhaler • RISTAIR inhaler • Gaviscon • Pregabalin • <u>PSHx</u>: Decompression of Spinal cord • removal of duct papilloma • Cholecystectomy • <u>Social</u>: No smoke No alcohol No drugs Lives w husband, retired • Stopped Aspirin without medical advice ~ 2 months ago			

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	• ECG: NSR @ 78 bpm. • CXR today NAD. • Currently stable not in distress <u>O/E</u>, GCS is N/A PERLA Chest clear A&R-L good, tender around Apices clear S₁ + S₂ + O Abdo SNT & R & G BS (N) LL no signs of DVT neuro grossly (N) no signs of meningitis Signs of costochondritis + chest pain 2 N/A ACS.	

Differential Diagnosis/Problem List

Patient N/A by Senior Reg D. M. Canale (P) widely A&R under Medicine for chest pain Chase blood taken. Monitor parameters.	NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐
--	---

Done/ completed	Immediate Management Plan
	? Restart ACS Rx if required acc. to blood results.

Signature:

Designation:

Page No:

In-Patient Admission Notes



1908546042
LOGAN F
Georgina 19/08/1954
17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow, Lanarkshire
G13 4NA

Seen By: *[Signature]*

Print: *Gringm*

Time Seen: 00:45 Pg. No: 85625

PRF Reviewed Yes / No

11/7/19

Presenting Complaint(s)	
Presenting complaint	<i>(64)</i> chest pain. 2nd present in 24hrs.
History of presenting complaint	<i>conflicting history - variable</i> <i>waking about in pain</i> <i>clutching @ chest</i> <i>oxygen since then - rarely settling</i> <i>sometimes tight, sometimes pleuritic, sometimes</i> <i>fell ? in Spain 2/52 ago</i> <i>intermittent pain since</i> <i>Oramorph didn't help pain</i> <i>GTN colour didn't help</i> <i>No infection symptoms</i>

Past Medical History / Review of portal	
<i>cholesterol</i> <i>atypical chest pain + angina</i> <i>IBS</i> <i>diverticulosis</i> <i>Chronic</i>	<i>poor mobility</i> <i>asthma</i> <i>heart failure</i> <i>Psychological stress</i> <i>2 x close friends</i> <i>can't survive</i>

Systemic Enquiry
<i>nil concerning</i>

G13 4NÄ

Source of medication history (>1 source preferred)

☐ Patient/Relative/carer ☐ GP Phone call ☐ ECS

☐ Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary

☐ Repeat Prescription

Other (please specify)

Allergies	List any over-the-counter or alternative medicines
	Do medicines need further clarification ? ☐ Yes ☐ No
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

6

PE 
 1908546042
 LOGAN F
 Georgina
 17 SOLLAS PLACE
 KNIGHTSWOOD
 Glasgow, Lanarkshire
 19/08/1954
 G13 4NA

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History

0 Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

never speed on

Social Circumstances (home, supports, functional status, occupation, travel)

*home with husband
middle class with stock*

General Examination

Temp: 36.5

RR: 16

Pulse: 60

CBG:

SpO₂: 97% on

Weight:

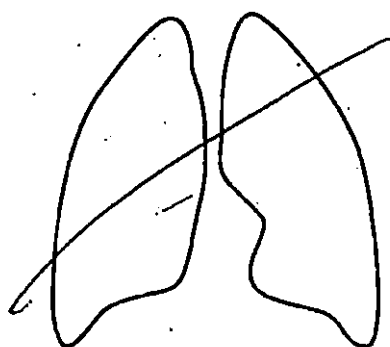
BP: 111/50

Urinalysis:

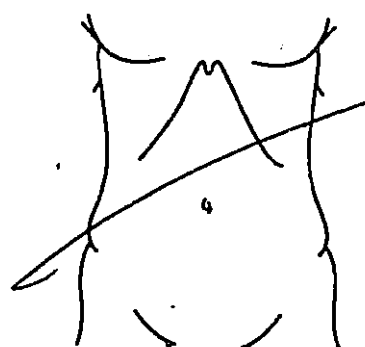
General Appearance:

*look well
inconsistent pain
history*

Respiratory



Gastrointestinal System



Cardiovascular

*1+1+0
SVP (E)
feeder = chest wall*

Locomotor

*moving all four
limbs*

Patient



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Neurological system

GCS: 15/15

E: 4/4

M: 6/6

V: 5/5

AMT 4 = age, DOB, place, year

AMT score 4 /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

calves soft

Patient ID

1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

19/08/1954

G13 4NA

Key Results

CXR

not acute

ECG

NSR

not acute

ECG repeated when in pain - still

(Differential) diagnosis

MSK chest pain

troponin <1 + 2

NEWS

☐

Red Flag

☐

Sepsis

☐

CURB 65

☐

Management Plan

① analgesia

② repeat ECG/troponin if concerned

③ Adv home Adv

☒ Thromboprophylaxis assessed
☒ Antimicrobial

☒ Medicine Reconciliation

☐ 48 HOURS

Signature:

PRINT NAME

G. INGRAM

PRINT GRADE

CR

Page:

85625

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient

1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☒ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or < 6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI > 30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopaenia $< 75 \times 10^9/l$
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR > 2	Uncontrolled hypertension ($> 230/120$)
Acute stroke	Varicose veins
Recent (< 4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50 kg or eGFR < 30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____



Pat: 1908546042
 LOGAN
 Georgina
 17 SOLLAS PLACE
 KNIGHTSWOOD
 Glasgow, Lanarkshire
 19/08/1954
 G13 4NA

Post Take Ward Round JAU/ARU

Consultant: Stewart

Date: 11/7/19

Time: 10:35

Summary

CP. at rest.
 Temp. - 38
 Only this in
 seen with
 conf ECG - MVO
 Polypharmacy

Temp:

Pulse:

BP:

SpO₂:

FiO₂:

RR:

Diagnosis:

Abused CP.
 Polypharmacy

Plan:

None for just 2-3w + y will
 → H

Recommended Destination: H

Suitable to board if required ☐ Yes ☒ No

Expected Date of Discharge: _____

Signature: [Signature]

Designation: _____

Bleep Number: _____

Patient ID label



1908545042 19/08/1954

LOGAN
Georgina

Continuation Sheet

Date: Time

11/7/19 1022

Note from pharmacist

- 1) Patient wearing a patch given to her by a neighbour - she says it is definitely not medication that is making her feel sick - says she didn't have her own buprenorphine patch to hand -
- 2) started dose high for breakthrough - patient said this is not causing her nausea however.

F. Hoagdyng Pharm.

11/7/19

11.35

NR Am 2 - ADs10 plus "chest infection" not clearing
with antibiotics

ASO

Chest pain - deep

Nausea ++

Vomiting ++

% looks hot / flushed
Unwell Anxious ++

BS New

BP 170/80

T_{ax} Am

P88AF

Plan Gabapentin

→ 600/600

Nausea

dinner

Gaba

T_{ax} - R

ECG SE - AF

CPR Power

inspiration
effort

CPR

Patient ID label



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

19/08/1954

G13 4NA

Continuation Sheet

Date: Time

11/5
11-6-19

ECG monitoring not requested.
IP ECG requested.
David Cardo s.s.

12/7

History not clear
Very atypical CP. Looks like
pleuritic or pericarditic.
Now symptomatic pericard.

Beel side echo

Mild pericardial effusion up to 1cm
no evidence of tamponade.
Quite poor echo window but
looks mild impaired systolic
function. consistent with old
M.P.I.

Plan Start. Colchicine.
if OK (10) tomorrow.
F/U any time 2/12.

See

13/07/10
11:20

DICKERSON w/e 1/11

Are home today

Amputant - has been to abductor
with no issues.

Long-standing back pain - no better
help.

(H) - F/U by whp.

Dr Jonathan Dickerson
GMC:7515754

CTI

EX

Patient ID label

[illegible]

Patient ID label

Continuation Sheet

Date: Time

Patient ID label

Nursing Documentation Done/ Time

[illegible]

Once only prescriptions (including tetanus prophylaxis)

[illegible]

Discharge prescription packs

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

DISCHARGE CODES: Please Circle				Time Ready to Depart	
1. Admission	2. Discharge	3. Refer to G.P.	4. Transfer to other hospital (see below)		

1. Admission	2. Discharge	3. Ref. to O.P.	4. Transfer to other hospital (see below)	Discharge Time
5. Died	6. Ref. to O.P. Clinic (see below)	7. Irregular Discharge	8. D.O.A.	

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
------------------------	----------------------	--------------------------

Outpatient clinic specialty	Admission or specialty clinic consultant
-----------------------------	--

Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify
--------------------	----	--------	-----------	-----	---------	----------	---------------	----------------

MINORS WA

NHS GGC Hospitals, Emergency Department

NHS
 Greater Glasgow
 and Clyde


CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 13

12 Mth Att: 0

Title: MRS

LOGAN

Georgina

DOB: 19/08/1954

Age: 61y

Sex: Female

 17 SOLLAS PLACE
 KNIGHTSWOOD
 Glasgow
 Lanarkshire
 G13 4NA
 07774400790

 Next of kin: LOGAN, GEORGE
 Relationship: Husband
 07774400790

 GP: PJ Weir
 08444 773318

Attendance Date: 25/05/2016

Arrival Time: 18:41

Registration Time: 18:41

Date of Incident: 11/05/2016

Major Incident Desc:

Reason for Attendance: stomach pains

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 25/05/2016 18:53

Nurse name: Nurse Gillian Curran

Temp	35.9	C
HR	89	bpm
BP	134/97	mmHg
MAP		mmHg
RR	18	bpm
SpO2	99%	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: hx chrohns. 2/52 hx abdo pains, seen gp advised to attend a/e. c/o loss of appetite and loose stools

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr) GALLAGHER

Time seen 19/5

⑥ abdominal pain + loose stools

Complicated GI hx. Problems for years with abdominal pains, occasional vomiting, bloating, alternating diarrhoea & constipation. Initially Δ IBS but recent GP referral letter suggests ? IBD but QGD showed NAD except hiatus hernia & benign duodenal polyp & colonoscopy (2014) showed diverticulosis. Patient says she has had not been seen at Gastro Clinic (at Garbnavel) for many years. Was admitted last year with flare ? infective gastroenteritis & subsequently DNA d gastro CP. Past 2-3 weeks further flare - frequent bowel movements - non bloody, soft, 15 X daily, tenesmus, lower abdo cramps; vomiting a few days ago, settled

PMH

Chronic back pain
- low back + L sciatic
- prev. surgery

Asthma

- adult onset
- well controlled

GI hx as above

SH

Lives i. husband
Non-smoker, no ETOH
Prev. amphetamine addiction

DH & NKDA, Latex allergy *

Salgafalk foam 1g /app PR (mesalazine)

Tramadol 50-100mg QDS PRN

Budesonide + Formoterol 200+6, one puff BD

Buprenorphine 10µg + 20µg/hr Transdermal

Methocarbamol 1.5g QDS (muscle spasm)

Omeprazole 40mg OD

Pregabalin 300mg BD

Quinine 300mg nocte

Salbutamol 100µg/puff 1-2 puffs PRN

Simvastatin 40mg nocte

Hyoscine butylbromide 20mg TDS

Sertraline 75mg nocte 50mg OD

Amitriptyline 75mg nocte

Asacol M/R 1-2g BD (mesalazine)

Anusol cream PRN

Capsaicin 0.025% cream PRN

Peptac 10ml TDS PRN

Recent acute

Colestyramine

Prednisolone

Dianalyte

Oxycodone MR

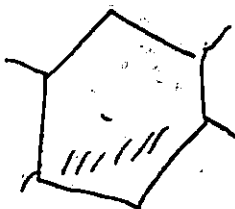
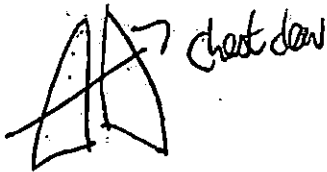
Date

CLINICAL NOTES

DIE

Comfortable at rest. QRS 15

P 89
BP 134/97
RR 18
SpO₂ 99%
T 35.9



Abdo soft, BS ✓
Generalized tenderness
Worse lower quadrants
guarding • masses

Imp

• IBS / IBD

Plan

NBM

IV access + fluids

Blood sent

Abdominal gaster for r/w

Facial cat protection if able

D

Discharge Codes (Please CIRCLE)

1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below)
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.

Discharge date

Discharge time

Ward number (if admitted):

Transfer to hospital:

Consultant if admitted:

Follow up

Arranged

Not arranged

To be arranged

Clinic referred to

A&E

Hand injury

Fracture

Pop Check

Medical

Surgical

ENT

Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

CLINICAL NOTES - MEDICAL
NURSING
☒
☐
Please tick ☒ appropriate directorate

1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

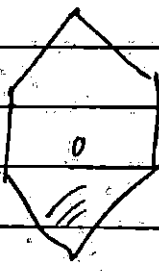
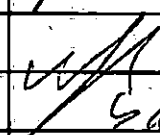
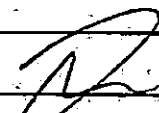
Glasgow, Lanarkshire

F

19/08/954

G13 1NA

Date & Time		Signature, Print Name & Designation
26/5/16	QEUH ARU 3 ADMISSION.	
03:30 _{as}	Cut 1 VS HADWA HAW.	
	6/♀ - diarrhoea	
	BG/ Asthma:	
	CORO.	
	Chronic pain	
	? functional bowel disorder	
	↳ previously known to GGH Gastro.	
	1/52 hx of ↑ loose stools → stools >10 episodes per day (w/ blood), watery. Vomiting.	
	Has had nil since admission!	
	She has been seen by Gastro & Gen Surg over the years for same. @ endoscopies & biopsies (diverticular disease only).	
	c/o lower dull abdo pain. Cor.	
	pt keen for analgesia.	
	Obs @.	
	Bloods @ → @ albumin, Hb, ure/cr.	
	OLE/ I saw pt through window → settled & comfortable. Upon entering the room, pt began holding her abdomen c/o severe pain & rolling on bed.	
	Chest clear, good ale.	
	HS 1+1+0, reg. Warm & well perfused. No edema	

Date & Time		Signature, Print Name & Designation
		
	Soft. Voluntary guarding.	
	Tender suprapubic BSC	
	Nein: fec. is, grossly @.	
	Imp/ I am not convinced of an acute issue.	
	ΔΔ IBS	
	microscopic colitis	
	(R) - buscopan	
	- Stool chart	
	- If loose stools → MCEs	
	faecal calprotectin + elastase	
	- ? needs repeat scopes → I don't know if this will help.	
	- ? (H) @ ± op glo.	
27/3/16	FyI McShane H@N. ATSP: Vomiting. 4x episodes watery vomit (stomach contents only). NO haematemesis was Associated with 4/7. No bowel movements + colicky abdo pain for last 8-12 hours. Passing wind ✓ On exam: 	 FyI McShane
	Soft	
	Tender Suprapubic	
	Voluntary guarding.	
	BSC ✓ (NOT h/tling).	
	Imp: obstruction 2° Constipation	
	Ⓟ IV access + NBM 24°	
	Oral laxatives + ENEMA/supps.	
	IV antiemetics PRN.	
	? Repeat AXR. Mucosa	
		 FyI McShane 26/02/16.

CLINICAL NOTES - MEDICAL
NURSING
☒
☐


1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Please tick ✓ appropriate directorate

Date & Time	Signature, Print Name & Designation
GI MCKEN	
(61) Ando pari: lower spasmodic	
+ - BU + + + 1000e / 17+ last week	
↳ her 'rabbit pellets'	
now nil	
- NO whit, blood.	
- NO urinary syph	
- NO gynae hx	
Prex from Ix - colon: diverticular disease	
: @ Bx	
- Prex lap chole	
- ON OPATED +	
<u>OE</u> venable tenderness	
distortable	
PR - empty rectum	
good bre	
	CEP17
	@ bloods
→ Rnchard bowl	
Need: AXR / faecal calprotectin	
Pharmacy M/V	
stop Asacol	from

Date & Time		Signature, Print Name & Designation
	11am, AXR: faecal loading MU of unkn	
	stool - seen: hard lump	
	→ Unblock PILOLAK X2	
	FOO 27/5.	
	Boord	from con.
26/5/16	<u>PHARMACY, O'NEIL</u>	
	- REVIEWED PATIENTS MEDICATION AND COMPLETED DRUG HISTORY (see MedsRec form).	
	- PATIENT USING BUPRENORPHINE 20mg/hr WEEKLY PATCH AND OXYCONTIN 20mg BD PRE-ADMISSION. PATIENT STATES STOPPED TRAMADOL 2/52 AND BUT CONFIRMED GP HAD Rx FOR TRAMADOL 13/5/16 (3 CONCURRENT OPIOIDS)	
	- SUGGEST: → RATIONALISE ANALGESIA. PT STATES WILLING TO COME OFF OXYCONTIN AND TRAMADOL BUT "NEEDS" BUPRENORPHINE PATCH → ? PAIN TEAM RLV	gpeil (#15136)
	Mr. N. L. has been on Oxycotin Rx to 10mg BD ✓ My fr pilolax ✓ 1 take	R

CLINICAL NOTES - MEDICAL
NURSING
☐
☐
Please tick ☒ appropriate directorate

1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

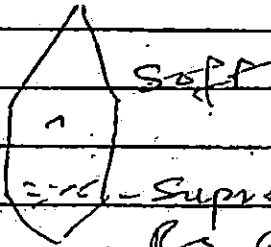
Glasgow, Lanarkshire

F

19/08/1954

G13 4NA

Date & Time		Signature, Print Name & Designation
27/08/16 16.30	GPST 1.1 - SPANAN	
	61y. ♀ - admitted with abdo pain + loose stools	
	Re Asthma	
	Chronic back pain	
	Cholecystectomy	
	Diverticular disease	
	Histrix hamis	
	Previously ~ seen by gastro + general	
	surgery due to diarrhoea ~ 2 yrs	
	Air - focal loading	
	* 2 picalor yesterday	
	* Supra glycerol supp this morning → small movement	
	* Opisthor reduced	
	Vomiting this morning → settled with fluids + antiemetics; managing liquid	
	- Keen to by dinner	
	- Intermittent lower abdo pain	
	O/E 14.102 - other obs @	
	Lower abdo tenderness	
	Soft	
	Ⓟ Continue IV fluids until F+D enough	
	+ laxative to TID	
	- if bowels not moving → enema	
	* Needs focal colproctia + C+S	
	Home when bowels moving	

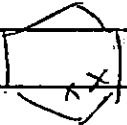
Date & Time	S/O Akom LAFE	Signature, Print Name & Designation
17/25	(Medical SHO)	
28/5/16		
	PR seen - previous hx/review noted. - Admitted with abdominal pain and loose stool. - Symptoms not subsiding. - Had 5 episodes of diarrhea yesterday. - Intermittently constipated. - No bowel movement 4/7 before diarrhea yesterday. - Since morning has not moved bowel; associated with lower abdominal pain. - Nil vomiting, nil fever. - On Buprenorphine (Butrans skin patch). Gr not in obvious painful distress, lying on back. <u>Abd</u>  Imp: ? functional bowel disorder Obstruction 2° constipation Plan: Continue laxative as prescribed For 48 hrs SRR for r/t on to review result in due time	
		Dr Akom LAFE SHO medical

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

1908546042
LOGAN
Georgina
17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow, Lanarkshire
F
19/08/1954
G13 4NA

Please tick ☒ appropriate directorate~~Dr Komolafe~~ (Medical SHO)

Date & Time	Signature, Print Name & Designation
28/8/16	Dr Komolafe (Medical SHO)
1440	patient AXR reviewed and enema given.
	Px 1/2 feeling sick.
	on PRN cyclizine 50mg.
	Plan
	- Do routine blood.
	- consider phosphate enema
	If still constipated till night (8pm)
	- continue with laxative & analgesic.
	- To review analgesia if needed.
29/8/16	Dr Komolafe (Medical SHO)
	Px seen,
	feels a lot better than
	↓ Hb = 109 yesterday. Nausea ⁺
	↑ CRP 153 Yct to pass formed stool.
	WBC 8.4 Had enema phosphate last night.
	1/2 Lax 1/2 fine, not in obvious
	painful distress.
	imp: ? overflow diarrhoea &
	constipation.
	functional bowel disorder
	Plan
	- DO AXR today.
	Review with AXR
	continue on laxative
	other mgt -
	- Repeat routine blood + CRP
	of Analgesic.
	- for surgeon on call team to review Dr Komolafe

Date & Time	Dr A KONTAK MEDICAL SHTO	Signature, Print Name & Designation
28/5/16	D/w SHTO surgery on call to see her for review regarding her Q CRP 133 and background hx of diverticular dx with on going alternating diarrhoea and constipation.	
	Plan: Do Dip stick urine for sigmoidal review. 2-Atkyl.	
29/5/2016	Surgical Rx-on-call	
5:45pm	Asked to Review patient admitted under Medics with abdominal pain & diarrhoea has been constipated for past 4 days with just overflow of stools watery diarrhoea. No response to enemas. Not sick today. Extensively investigated for bowel disorders. Colonoscopy biopsies show no IBD but very on record since 2011. Also has diverticulosis.	
	OIG:	
	MEWT 0	
	 LIF + suprapubic tenderness, soft abdomen RA: empty	
	CRP: 133 blood unremarkable otherwise	
	AxR: Free air bounding with gas	
	77 constipation 77 diverticulitis	
	Plan: Continue laxatives (7 Laxido to 2x3) + Enox as required + Pain Killers No Antibiotics required now unless spikes temperatures or inflammatory markers rise further No CT Abdomen required now unless deteriorating clinically	
		U2mH #82315

CLINICAL NOTES - MEDICAL
NURSING
☒
☐

Georgina Logan
1908546042

Please tick ☒ appropriate directorate

Date & Time	Signature, Print Name & Designation
02/01/23	
10:30	
WK Parv Intermittent, colicky - like lower abdo pain for 2 weeks Too severe to move when it comes Kx diverticulosis & renal stones Soft Non-tender Tender LIR (P) CT AP today Analgesia <i>[Signature]</i> CRZ	
3/1/23	
0930	
WK. Mr. Parv Mr. Alexander STX News = 2. Apyrexial Acute diverticulitis uncomplicated on CT Pt. not feeling well Renal function at baseline. Soft Tender LIF Plan: Opt bloods IVF IVF Cont IV abx. <i>[Signature]</i> C. prekel STZ	



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 26

12 Mth Att: 8

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 66y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Attendance Date: 15/11/2020

Arrival Time: 15:00

Registration Time: 15:00

Date of Incident: 15/11/2020

Major Incident Desc:

Reason for Attendance: BIBA...CHEST PAIN

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Chest Pain

Observation Date: 15/11/2020 15:37

Nurse name: Nurse Calum Banks

Temp	36.1	C
HR	82	bpm
BP	103/66	mmHg
MAP	78.33	mmHg
RR	20	bpm
SpO2	98	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: BIBA - central chest pain radiating to lower central back. nausea Took inhalers and GTN to no affect. Hx of athsma, discharged 2 weeks ago with infected bowel. GCS 15

Date	Emergency Department Notes					
15/11/20	Ambulance Proforma reviewed Yes / No	Seen by (Doctor) <u>ICALL</u>	Time seen			
<u>(66)</u> BIBA - chest pain + Starts awake with central tight chest pain on Friday night - awake from sleep. Non radiating Has been there persistently since. Tight. Worsens on inspiration. Feels restless breathing. SOB + cough for 1/7. Also had fever yesterday (paramedics were out but patient refused hospital admission) Cough is non-productive. Generally feeling unwell. Patient states she regularly gets pericarditis but this feels different. Pain is more comparable when lying flat. Also c/o foul smelling urine, no frequency or dysuria Asked about back pain - patient states that she has separate lower back pain today that was not connected to chest. <table border="0"> <tr> <td> <u>PMH</u> Diverticular disease - recent diverticulitis IBS Asthma Cholecystectomy Renal stones Ureteric stent Pericarditis / atypical C.P AF OIE: Bright + alert. UA 82 BP 103/66 T 36.1 Sats 98.1. RR 20. </td> <td> <u>Dr</u> Etoricoxib Bisoprolol Octasa MR Lansoprazole Sertraline Pregabalin </td> <td> <u>Dr</u> Simvastatin Metocarbamol Amphetamine No smoking No alcohol Independent. </td> </tr> </table> coronary angiogram 2015. -normal coronary clear no wheeze. US 1+11+0. Tender over lower sternum. soft mild epigastric tender 107/70 103/62				<u>PMH</u> Diverticular disease - recent diverticulitis IBS Asthma Cholecystectomy Renal stones Ureteric stent Pericarditis / atypical C.P AF OIE: Bright + alert. UA 82 BP 103/66 T 36.1 Sats 98.1. RR 20.	<u>Dr</u> Etoricoxib Bisoprolol Octasa MR Lansoprazole Sertraline Pregabalin	<u>Dr</u> Simvastatin Metocarbamol Amphetamine No smoking No alcohol Independent.
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Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
	<u>ECG</u>: sinus bradycardia nil acute. <u>Bloods</u>: trop 0.4, urea 0, LFT 0. crea 75, WCC 8.6 <u>Urine</u>: leuk +, protein + } MSU sent <u>Diw</u> DVT. Pothole (trans ECG) → + d-dimer → bedside echo → probable small pericardial effusion.	

Differential Diagnosis/Problem List

? Pericarditis
→ small pericardial

NEWS

☐

0-7

RED FLAG

☐

(Tick)

SEPSIS

☐

CURB 65

☐

Done/ completed	Immediate Management Plan
	Analgesia
	Bloods + trop. D-dimer added
	Bedside echo ? pericardial effusion
	Handed over to ARU2 PICU clinic (d-dimer a/w)
	unable to get swaghi to cardiology on call
	Admit
	- will likely req cardio C/v + departmental echo.

Signature:



Designation:

COF.

Page No:

In-Patient Admission Notes

Patient ID label

GEORGINA LOGAN

1908546042

Seen By: NICOLA TROTTER

Print: IMT-1 LAT

Time Seen: 15/11/20 Pg. No:

PRF Reviewed Yes / No

22:30

Presenting Complaint(s)	
Presenting complaint	66y/o F presents w chest pain
History of presenting complaint	- 3/7 ago sudden onset chest pain. Pain in centre of chest; heavy in nature. Worse on inspiration. Not affected by movement. Pain radiates into back. - Feels SOB due to pain. No calf pain or swelling - Dry cough started in past 12 hrs. - Denies any nausea or sweating w pain - 1 x fever yesterday - No abdo pain. Moved bowel x 5 today (normal for her) - Foul smelling urine. No dysuria. No change in urinary freq. * Contact w friend who tested +ve for COVID 1/52 ago.

Past Medical History / Review of portal

- | | |
|--|--------------------|
| 1. AF | 6. Renal stone |
| 2. Diverticulosis | 7. Unkess shunt |
| 3. IBS | 8. Cholecystectomy |
| 4. Previous pericarditis | |
| 5. Echo (July 2019): Normal LV + RV systolic function. Small pericardial effusion. | |

Systemic Enquiry

- 1 1/2 stone weight loss over 2/12 w/unintentionally.
- ↳ On recent admission w diverticulitis; Q-Fit requested

Patient ID label

Georgina Logan
1908546042

MEDICINES RECONCILIATION - Acceptable to staple fully completed Emed Rec

Source of medication history
(>1 source preferred)

☐ Patient/Relative/carer
☐ Patient own drugs
☐ Repeat Prescription

☐ GP Phone call
☒ Com. Pharmacist

☒ ECS
☐ GP letter/summary

Other (please specify)

IDL 26/10/2018

Admission Medicines

Plan for Medicines (Dr complete)

Name	Dose	Freq	Continue	Amend	Withhold	Stop	Comments Reason for alteration
X RALVO 700mg	ON FOR	12hr	OFF FOR 12hr				- Taken PRN
✓ SHORTEC	10mg	BD	✓				
✓ EPOXABAN	60mg	BD	✓				Not in dosette box.
✓ OCTASA MR.	120mg	BD	✓				M.
✓ BISOPROLOL	2.5mg	OD	✓				M+N.
✓ HYOSCINE BUTYLBROMIDE	20mg	BD	✓				M.
✓ LANSOPRAZOLE	15mg	OD	✓				M+N.
✓ SERTRALINE	50mg	OD	✓				M.
✓ PREGABALIN	300mg	BD	✓				M.
X SIMVASTATIN	40mg	OD	✓				M+N.
✓ METHOCARBAMOL	750mg	QAS	✓				Nocte (in dosette)
✓ AMITRIPTYLIN	75mg	OD (nocte)	✓				
✓ BUTE patch	20mcg/hr	wkly	✓				Evening.
✓ Diclofenac 1.16% gel	1 app	TDS pm	✓				Day? D.
✓ Salbutamol	1-2p	PRN.					
							100microg/puff MDI.

Allergies

NKA

List any over-the-counter or alternative medicines

List collected by:

Do medicines need further clarification? ☐ Yes ☐ No

Designation:

Plan approved by:

Date:

Designation:

Date:

Pharmacy review

Comments

Compliance aid:

☒ Yes ☐ No

Dosette

Community pharmacist

Phone

Willis Pharmacy

959 2531.

Reviewed by:

Dr David #17389

Designation:

Pharmacist

Date:

16/11/20.

ARVZ.

Patient ID label

Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs

☒ Never smoked

Alcohol History _____ Units/week

FAST score if excess _____

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)
- Lives alone

General Examination

Temp: 36.1

RR: 18

Pulse: 70

CBG:

SpO₂: 98.1 (A)

Weight:

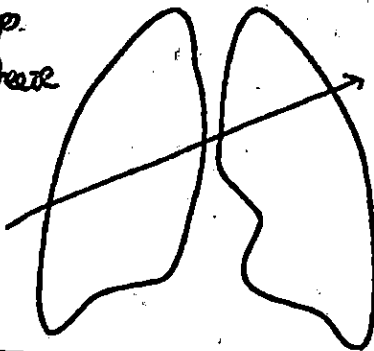
BP: 115 / 60

Urinalysis:

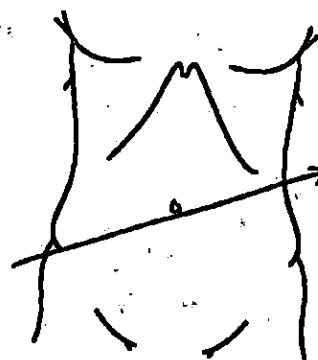
General Appearance:

Respiratory

No crep
No wheeze



Gastrointestinal System



SNT
BS ✓

Cardiovascular

HS 1+11+0

Caheo SNT

No peripheral oedema

JVP ←→

Locomotor

Patient ID label

Neurological system

GCS: 15/15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score 4 /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Key Results

CXR No focal pathology.
Unchanged from previous

ECG SR. TWM U VI + V2
+ III. (Not new)

(Differential) diagnosis

1. Chest pain - ? pericarditis. Bedside echo showed
small pericardial effusion.

NEWS ☐

→ HEART score = 2

Red Flag ☐

→ D-dimer in normal limits

2. ↑ CRP - ? 2° pericarditis. ? UTI ? COVID

Sepsis ☐

3. Weight loss

CURB 65 ☐

Management Plan

1. Repeat trop + ECG.

2. Departmental echo

3. Analgesia; start colchicine

4. MSSU

5. COVID screen ☐

6. Chase Q-Fit result. May need further Ix for weight loss.

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature: 

PRINT NAME N. TROTTER

PRINT GRADE INT-1 LAT

Page:

Patient ID label

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation
☐ DNACPR

☐ 4AT/TIME
☐ AWI if appropriate

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment		Use of oestrogen containing contraceptive	
Age > 60		Hormone replacement therapy	
Dehydration		Pregnancy or <6 weeks post partum (seek specialist advice)	
Known thrombophilia		Critical care admission	
BMI >30		Varicose veins with phlebitis	
Personal/1st degree relative history of VTE		Current significant medical condition e.g. infection, inflammation, cardio resp disease	
Hip fracture			

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x10 ⁹ /l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR >2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A

(only n/a if due to cognitive impairment or similar)

If N/A why? _____

Assessed by _____

Date _____

Patient ID label

Results

[illegible]

Pa. 
 1908546042
 LOGAN F
 Georgina 19/08/1954
 17 SOLLAS PLACE
 KNIGHTSWOOD
 Glasgow, Lanarkshire G13 4NA

Post Take Ward Round IAU/ARU ²

Consultant: HOPKINSON

Date: 16/11/20

Time: 09:30

Summary

66 ♀

epigastric CP

PHx pericarditis 15/12 ago

Recent urosepsis 2° stones

Trop <4 x 2

incl acute or new on ECG

2 dyspepsia → Rx Pepsac

Temp:

Pulse:

RR:

SpO₂:

FiO₂:

RR:

Diagnosis:

Note A/E consultant reported pericardial effusion on echocardiogram.

Plan:

→ this needs to be verified
 Please ask echo to see

Recommended Destination: 2 cardio 2 home

Suitable to board if required ☐ Yes ☒ No

Expected Date of Discharge: 16/11/20

Signature: H. H. H.

Designation: GP

Bleep Number: 07855 10834

Continuation Sheet

Date: Time

16/11/2020

1158hr

Area 2

STZ (Candida on sheet of Dr C. Jackson)

66

Pl: AF

Parasite present.

ISS

Dentalis

Real stone → surface of ant

Oblique

Pl: Epigone described

to heavy effusion described

- loose on palpation ? plaque.
NOT on position

- Dorsal recent 14th year

non-excellent - not described

no real Epigone / Thos

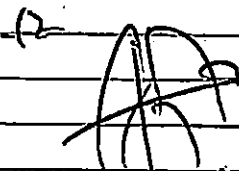
- ? type helps

- D-Dine are

24 : 54 → 54

44 : 74, 1000 2

no signs of T days on Zech



12 Zech

2nd 2

no signs

NR 75

DR 92

SA 95/6

14/10/20

Zech: - Pericardial fat pad more likely.
(V-Sen). - No significant effusion seen. In subcostal area

- No tamponade

- 1st bronchus apical position

Impression: hypoplasia

No pericardial effusion on apt Zech with v-scan

Suggestion: 1 Rptn 1 single aneurysm

20/11/20
STZ

Continuation Sheet

Date: Time

16/11/20
17:00

FYI PARKHILL

ATSP ? UTI.

1/2 food smelling urine: urinary urgency, frequency.

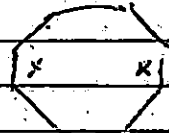
2/7 pain on passing urine

mild flank pain - bilaterally, worse L > R

Episodes fever last night & rigors.

relat Bk: urine sent 2° stones. Unseptic.

d/e. well.



Mild pleural tenderness.

Abdo SNT: No guarding.

systemically well.

Pres culture.

Klebsiella ^{out} 5 Time

Aug. E. coli. 5 Time

Dip +ve Urinary nitrites and protein.

Imp: UTI ? upper - vague bilaterally flank pain.

Plan: continue urinary MC+S sent.

Trimethoprim 7/7 as per guidelines.

JH
FYI

17/11/20

10:15.

WR SAUNDERS STU

(66)
+

Note BG today hx

Admitted with epigastric discomfort

- initial cardio with

- not concerned

- treat as dyspepsia

- Possible UTI -ve urine dip inc nitrite

CRP 75

On trimethoprim

Urine from 15/11 LUC

=>

Continuation Sheet

Date: Time

• Weight loss

- has cat 4 colon requested pending Afit

Ferritin 145 Hb 109

TSG - Nov 2010

Note on SASA ? why

↳ prev colon from 2010

- diverticular disease only
- ? functional disorder
- +/- bile acid malabsorption
- chronic pain - on gabsburg

rebo

Difficult to pin down hx

- chest epigastric pain belt

- Now inhibited trousers it

- due to trimethoprim

- happened before

- describing angry IBS symptoms

- Constipated

Obs stable Looks well

She wants 'off' all her meds

- suggest that GP can wear these

in community in a more controlled fashion.

(P) - switch to nitro given symptoms

- Update bloods

- gentle laxative

- OLP colon as planned, Afit awaited

(H) famerces

Jagjads

ST4

Continuation Sheet

Date: Time

18/11/20

MDT

Await medical today ? @ today

DMD

18/11/20

IMTI HOSPITAL DOWNIE

GG.♀ Ag: renal stones + ureteric stent

1) Prev pericarditis - neg trophs x2

2) ? UTI on nitro
- urinary Sx

3) Weight loss - per OP colon + QFIT

Bloods today: CRP 112 → 4.5
FBC clotted
U+E / LFTs (N)

Obs (N)

Feels well in herself

Urinary Sx have settled

Wants off meds

- none changed at present

- suggest GP R/V this in community

States usually takes shorted PRN for pain

Imp UTI

② (N)

2/7 nitro

QFIT + colon with GP

GP R/V meds ? taper / reduce

DMD

14/5/2020

Incident Number: CR00536703

Observations															
Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
14:20			128/32	88.5											DEFIB
14:20			128/32												DEFIB
14:18				97											DEFIB
14:18	85		128/82	97		15	Alert					3	3		E9887452
14:13	86		136/83	97	<=2s	15	Alert		36.8	7.0		3	3		E9887452
14:11			136/83	97.1											DEFIB

NEWS2									
Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
14:18		97 (0)		0	128 (0)	85 (0)	Alert (0)		0
14:13		97 (0)		0	136 (0)	86 (0)	Alert (0)	36.8 (0)	0

HISTORY	
AMPLE	
Allergies	None
Medication	PER ECS
Past Medical History	Angina, PERICARDITIS, DIVERTICULITIS
Last Eaten	Unknown
Events Prior	STARTED BEFORE BED A FEW DAYS AGO

CLOSE RECORD	
Treatment On Scene	Not Emergency

Conveyance	
Transport To Hospital	Normal driving
Pre Alert	No

INCIDENT LOG			
Time Call Received	13:32	Allocated	13:41
First Resource On Scene		Crew On Scene	14:05
Crew At Hosp	14:54	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL
		Mobile	13:42
		Crew Left Scene	14:32
		Clear Time	

Crew ID	Crew Grade	Driver
E9888118	Student Technician Level 4	YES
E9887452	Ambulance Technician	NO

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Sources Checked in addition to ECS:

Patient	☒	Patient's own drugs		Relative / Carer	
GP Surgery		GP Printout		Other	☒
Other Details	ECS				

Allergy Description	Date Recorded	Comments
NO Known Allergies	21-10-20	

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Anusol	Cream	APPLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		29-Sep-2020	29-Sep-2020	☒			
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		17-Jul-2019	25-Sep-2020	☒			Pen.
In Practice	Solifenacin	5 mg Tablets	ONE TO BE TAKEN EACH DAY		07-Sep-2020	16-Sep-2020	☒			

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withdraw	Stop	Comments
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		15-Sep-2020	15-Sep-2020	✓			PRN
In Practice	Co-Amoxiclav 500/125	Tablets	ONE TO BE TAKEN THREE TIMES A DAY		02-Sep-2020	02-Sep-2020			X	
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS		28-Aug-2020	28-Aug-2020			X	
In Practice	Raivo	700 mg Medicated Plaster	12 HOURS ON 12 HOURS OFF		30-Apr-2020	25-Aug-2020	✓			
In Practice	Dioralyte	Oral powder (blackcurrant)	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED		24-Jul-2020	24-Jul-2020	✓			PRN
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT- INCREASED TO 2 AT NIGHT IF TOLERATED AND REQUIRED		21-Jul-2020	21-Jul-2020	✓			

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List
NEWS ☐ 0-7 RED FLAG ☐ (Tick) SEPSIS ☐ CURB 65 ☐

Done/ completed	Immediate Management Plan

Signature:	Designation:	Page No:

In-Patient Admission Notes



1908546042
LOGAN
Georgina
17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Seen By: *A. Ferrier*
PRF Reviewed Yes / No

Print: *Amie Ferrier*

Time Seen:

15:10

Pg. No:

82753

Presenting Complaint(s)

Presenting complaint

BNO 6/7

History of presenting complaint

*Patient attended vic day surgery for cystoscopy, stone removal/stent insertion. Bowels not moved since wednesday. constipated motion. Mucous coming away on wiping. *Blood. worsening abdominal spasms & epigastric Pain. Pain 10/10. No relief from analgesia. Passing urine freely. Appetite reduced, reports stone weight loss over 2-3/12. ongoing nausea + vomiting. *Fevers / Chills. Similar episode previously with constipation.*

Past Medical History / Review of portal

*Asthma Renal Stones
AF Uretenic Stent
Diver ticulosis Pericarditis
Cholecystectomy*

Systemic Enquiry

*CVS *MI *HTN *SOBOE
Resp *COPD *cough
CNS *epilepsy*

*MSK *Pain / Swelling
GI *diabetes
GU A/A*

1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

19/08/1954

G13 4NA.

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emmed Rec

Source of medication history
(>1 source preferred)

☒ Patient/Relative/carer

☐ GP Phone call.

☒ ECS

☐ Patient own drugs

☐ Com. Pharmacist

☐ GP letter/summary

☐ Repeat Prescription

Other (please specify)

[illegible]

Allergies

List any over-the-counter or alternative medicines

NKDA

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by: Licerrion

Plan approved by :

Designation : SNP

Date: 20.10.2024

Designation :

Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No

Community pharmacist

Phone

Reviewed by :

Designation :

Date :



1908546042

LOGAN

Georgina

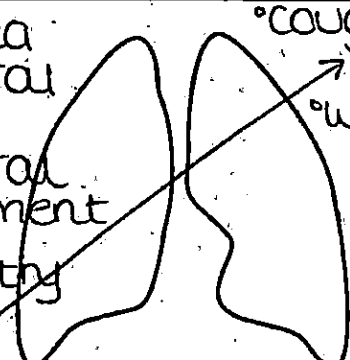
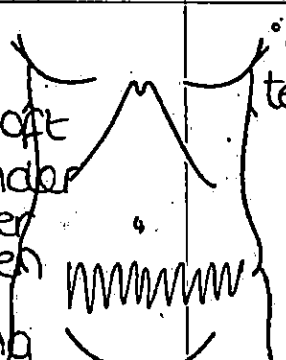
17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Social History / Family History	
Smoking History Ex-smoker/Smoker _____ cpd _____ yrs ☒ Never smoked	
Alcohol History ☒ Units/week FAST score if excess _____	
Recreational Drugs NO Driving Status	
Social Circumstances (home, supports, functional status, occupation, travel) Lives with partner. *travel	
General Examination	General Appearance:
Temp: _____ RR: _____	Alert + orientated. visibly uncomfortable
Pulse: _____ CBG: _____	
SpO ₂ : _____ Weight: _____	
BP: _____ Urinalysis: _____	
Respiratory	Gastrointestinal System
trachea central Bilateral movement Air entry R → L 	BS +ve Abdo soft max tender to lower abdomen with guarding 
Cardiovascular	Locomotor
HS I + II + O Cap Refill < 2 Secs	moving all four limbs

Patient ID label

Neurological system

GCS: /15

E: /4

M: /6

V: /5

AMT 4 = age, DOB, place, year

AMT score ____ /4

Is the patient more confused/drowsy than normal: Y / N
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other



1908546042

LOGAN

Georgina

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F

19/08/1954

G13 4NA

Key Results

CXR

ECG

(Differential) diagnosis

? Constipation

? Obstruction

NEWS

☐

Red Flag

☐

Sepsis

☐

CURB 65

☐**Management Plan**

Bloods

urinalysis

PR exam

Analgesia

A&R

Senior Review

- ☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation☐ 4AT/TIME

Signature:

A Ferner

PRINT NAME

PRINT GRADE

Amie Ferner
SNP

Page:

82753



1908546042

19/08/1951

LOGAN
Georgina

Resuscitation Decision

Resuscitation status: FOR RESUSCITATION / DNA CPR
(please circle)

If DNA CPR → Complete appropriate form

Senior Medical review

21/10/20 MONROE ST7

1855 (6) Diverticulosis
+ Ureteric calculus = stent - removed last yr.
Cholecystectomy
Asthma
AFChronic diarrhoea - neutrophils on colonic bx
2014 so on octasa ??UC but
no histological dx

6/7 no BO - 1x enema = GP, no result.

Small amounts flatus

3/7 ↑ colicky AP

- severe

- not controlled = analgesia, not sleeping

Bloating, nausea

vomiting

Similar episode 8 yrs ago

O/E Moving freely, well but in obvious discomfort.

T 36.3 HR 78 BP 118/56

PR - empty rectum
to limit of exam

Soft

Tender lower abdo guarding peritonism

WCC 11.9 CRP 74 LFTs + only (2)

AxR - no dilated loops, some faecal loading

Imp/Constipation

P/ laxatives + enemas

Admit for analgesia

E+D as tolerated

Unanalysed

Rpt bloods more
- if inflammatory climbing
consider repeat CT though
recent imaging for 7 weeks☐ Thromboprophylaxis assessed
☐ Antimicrobial☐ Medicine Reconciliation
☐ DNACPR☐ 4AT/TIME
☐ AWI if appropriate

21/10/20 ST7

Sepsis Six

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETEDIs the patient bed-bound or expected to have reduced mobility relative to normal for ≥ 2 days☐ Yes☐ No

Does the patient have any of the following risk factors? Tick if apply

Active cancer or cancer treatment	Use of oestrogen containing contraceptive
Age > 60	Hormone replacement therapy
Dehydration	Pregnancy or <6 weeks post partum (seek specialist advice)
Known thrombophilia	Critical care admission
BMI >30	Varicose veins with phlebitis
Personal/1st degree relative history of VTE	Current significant medical condition e.g. infection, inflammation, cardio resp disease
Hip fracture	

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

Does the patient have any of the following contraindications? Tick if apply

Active bleeding	Untreated inherited bleeding disorder
Acquired bleeding disorder	Thrombocytopenia $<75 \times 10^9/l$
Thyroid, spinal, posterior eye or neurosurgery	Other procedure with high bleeding risk (discuss with senior)
Concurrent use of anticoagulants e.g. warfarin with INR >2	Uncontrolled hypertension ($>230/120$)
Acute stroke	Varicose veins
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic	
Other - Document	

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)
- Consider mechanical prophylaxis unless contraindicated
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs < 50kg or eGFR <30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)

If N/A why?

Assessed by

Date

Results

Date									
Time									
Parameter	Ref Range								
Hb	Male: 130-180 Female: 110-165								
WCC	4.0 - 11.0								
Plts	150 - 450								
MCV	80 - 100								
Neut	2.0 - 7.5								
PT	9.0 - 13.0								
APTT	27.0 - 38.0								
Fibrinogen	1.7 - 4.0								
INR	()								
Thromb T	11-15 secs								
D-Dimer	0 - 250								
Na+	133 - 146								
K+	3.5 - 5.3								
Cl-	95 - 108								
HCO3-	22 - 29								
Urea	2.5 - 7.8								
Creat	40 - 130								
eGFR									
Glucose	3.5 - 6.0								
Protein	60 - 80								
Albumin	35 - 50								
AlkP	30 - 130								
Bil	<20								
ALT	<50								
AST	<40								
GGT	Male: <70 Female: <40								
ESR	Male: 1 -10 Female: 1 - 12								
CRP	<10								
Troponin hs I	Male: 0 - 34 Female 0 - 16								
CK	Male: 40 - 230 Female: 25 - 200								
Corr Ca++	2.20 - 2.60								
PO4-	0.8 - 1.5								
Mg++	0.70 - 1.00								
Alcohol									
Paracetamol	<100 @4 hr								
Salicylate									
AST	<40								
Amylase	<100								
LDH	170 - 380								
Folate									
B12	200 - 900								
Ferritin	Male: 20 - 300 Female: 15 - 200								
TSH	0.35 - 5.00								
Free T4	9.0 - 21.0								
Digoxin	0.5 - 2.0								

Patient ID label

Post Take Ward Round IAU/ARU

Consultant: WATSON

Date: 21/10/20 Time: 0935

Summary

in significant pain overnight
had ureteric stent removed last week

6/7 BNO passing flatus

3/7 lower abdo pain



lower abdo
tenderness

Feels ↓ urine output

Temp:

Pulse:

BP:

SpO₂:

FiO₂:

RR:

Diagnosis:

constipation ? issue post stent removed
? stone

Plan:

① CT KUB

② liaise w/urology

③ urine culture

④ fluids

⑤ antiemetics

Recommended Destination: _____

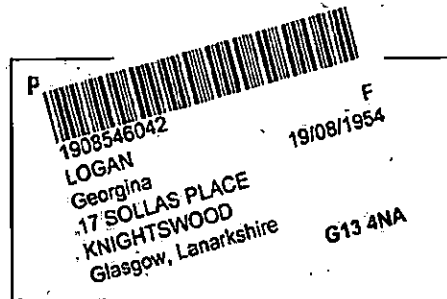
Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____



Continuation Sheet

Date: Time

21/10/20
1520.

F41 A JOHNSON.

D/C with Radiology → P+1's CT KUB
has been scheduled for tomorrow
(22/10) AM.

D/C with Uro Reg Eshanti → he asks
that we d/c the results of
the scan with him when these
are available (contact number
82765)

A Joller
F41

21/10/20

FM: CRYSTAL

• R/V as patient pyrexia.

• chest: clear

vesicular breath sound

x cough no SOB

• Heart: (N) CAT

HS I+II+O

No pulmonary/peripheral oedema.



BS +ve

LIF + suprapubic tenderness

guarding on LIF

• No urinary sx

Plan: ① Blood culture sent.

② Urine dip +/- culture

③ Prescribed ibuprofen + paracetamol

cr

Continuation Sheet

Date: Time

22/10/20
09:04

WRM - Mani

CTKUB 09:40 today

SBP 109

NEWS 

CRP = 100-

Pt feels much better. No dysuria
Bowels have opened.Ongoing pain has prevented her sleeping in certain position
Ptd says pain not like previous urine stasis

O/G

Suprapubic tenderness
Abdo soft.

Plan: CTKUB

Oral Co-amoxiclav.

All
MELYNOUT FY2

22/10/20

pharmacist
med rec:not prescribed: Anusol cream, clotrimazole
Solignum, RAIVE dione, ropinorol +
Dermol.OCTASA bid before Admission bvt
xii tds on Kanlex.

Please consider Klen & appropriate

CRP = 35

- please consider reducing edoxaban
to 30mg od as per SPC
guidance is appropriate.- ibuprofen essential? renal handbook
recommends avoid unless essential.Lisa Chalm
H15136

Continuation Sheet

Date: Time

22/10/20
13:17PY2 SARAFILOVIC
CTKUB

- nil evidence ureteric calculi
- appearances consistent w/ acute diverticulitis

Not AKI on bloods eGFR 49/560

Plan ① IV triple therapy
② IV fluids

HCS
HSC23/10/20
11:00WR Ms Watson
Δ Acute Diverticulitis

Diverticular disease explained to pt

Pt c/o ongoing abdominal + nausea. Vomited Today

On IV Amox, Met + Gent.

Plan: Dietary Advice
Cont IV Abx

McCLYMONT FY2
2670809

Name: <u>Georgina Logan</u>		CHI: <u>1905546042</u>
Date of Admission:		
Summary of Admission		
<u>6/7 constipation, and abdominal pain.</u>		
Important co-morbidity		
<u>CT proven diverticulitis</u>		
Ongoing Issues / Weekend Plan		
<u>- analgesia</u>		
On antibiotics? (Drug monitoring required?)	Yes / No	Comments:
Needs Intravenous fluid over weekend?	<u>Yes</u> / No	
Need bloods over weekend?	No / <u>Sat</u> / Sun / both	
Can be discharged this weekend?	Yes / <u>No</u>	(If 'Yes' then IDL to be commenced)
For escalation to Critical Care?	<u>Yes</u> / No	
DNAR in place?	Yes / <u>No</u>	
Registrar / Consultant responsible for plan:		

Continuation Sheet

Date: Time

23/10/20

pharmacist

gentamycin: level taken 16hr post dose - invalid. please ensure levels are taken within the appropriate time frame (6-14hr post dose) is appropriate

Also please see note from 22/10/20

24/10/20

9:58

WR ST6 JABBAR

LISA
Chalmers
HIS36

In bed. Alert. Eating & Drinking
NEWSO
TENDER LIF.

Monitor inflammatory markers TD
Continue IVABx

FSI

WR ST6 JABBAR

Alert. Still in pain. NEWSO. Clinically well

CRP 158 on 264

Continue 24H Teno

IVOST Mone

Stop IVF

26/10

Cor WALSOW

Increased frequency of
stools yesterday

Plan

- ① IVOST
- ② to colonoscopy
- ③ A FIT by GP

Carson

④

④ Done when abt
⑤ Mon 26/10
⑥ 26/10

Patient ID label

Done/ Time

[illegible]

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
20/10/20	ORAMORPH	5-10mg	PO	15:50	Mr	JP
20/10	COCODAMORPH 30/500	tit	ORAL	17:50	RP	bf
20/10	ORAMORPH	10mg	ORAL	19:20	RP	

Date Given	Drug (Block Capitals)	Dose	Method of administration	Frequency	Signature	Given by

• 18

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Sources Checked in addition to ECS:

Patient	Patient's own drugs	Relative / Carer
GP Surgery	GP Printout	Other
Other Details		

Allergy Description	Date Recorded	Comments

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Anusol	Cream	APPLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		29-Sep-2020	29-Sep-2020	✓			
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		17-Jul-2019	25-Sep-2020	✓			
In Practice	Solifenacin	5 mg Tablets	ONE TO BE TAKEN EACH DAY		07-Sep-2020	16-Sep-2020	✓		✓	

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withdraw	Stop
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		15-Sep-2020	15-Sep-2020	✓		
In Practice	Co-Amoxiclav 500/125	Tablets	ONE TO BE TAKEN THREE TIMES A DAY		02-Sep-2020	02-Sep-2020			✓
In Practice	Nitrofurantoin	100 mg M/R capsules	ONE TO BE TAKEN TWICE A DAY FOR 3 DAYS		28-Aug-2020	28-Aug-2020			✓
In Practice	Ralvo	700 mg Medicated Plaster	12 HOURS ON 12 HOURS OFF		30-Apr-2020	25-Aug-2020	✓		
In Practice	Dioralyte	Oral powder (blackcurrant)	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED		24-Jul-2020	24-Jul-2020			✓
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT- INCREASED TO 2 AT NIGHT IF TOLERATED AND REQUIRED		21-Jul-2020	21-Jul-2020	✓		

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Acute Medication (including those greater than 30 days)										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withhold	Stop	Comments
In Practice	Loperamide Hydrochloride	2 mg Capsules	1 CAP TAKE AS REQUIRED		18-Jun-2020	18-Jun-2020	✓			
In Practice	Anusol	Cream	APPLY MORNING AND-NIGHT AND AFTER EACH BOWEL MOVEMENT UNTIL CONDITION IS CONTROLLED		03-Jun-2020	03-Jun-2020	✓			
In Practice	Nitrofurantoin	100 mg M/ R capsules	ONE TWICE DAILY FOR 7 DAYS		02-Jun-2020	02-Jun-2020			✓	
In Practice	Clotrimazole	500 mg Pessary	ONE TO BE INSERTED AT NIGHT		02-Jun-2020	02-Jun-2020	✓			
In Practice	Clotrimazole And Hydrocortisone	1 % + 1 % Cream	1 APP TWICE DAILY		02-Jun-2020	02-Jun-2020			✓	
In Practice	Dermol 200	Shower Emollient	TO BE USED AS DIRECTED		02-Jun-2020	02-Jun-2020	✓			
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		20-Mar-2019	11-May-2020	✓			

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Acute Medication (including those greater than 30 days)									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Continue	Withdraw	Stop
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	ONE AT NIGHT- INCREASED TO 2 AT NIGHT IF TOLERATED AND REQUIRED		07-May-2020	07-May-2020	✓		

Repeat Medication									
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withdraw
In Practice	Octasa Mr	400 mg Gastro-resistant Tablets	TAKE THREE TABLETS TWO TIMES DAILY		03-Jun-2019	19-Oct-2020		✓	
In Practice	Diclofenac Diethylammonium	1.16 % Gel	APPLY 3 TIMES DAILY IF REQUIRED		04-May-2018	19-Oct-2020		✓	
In Practice	Amitriptyline Hydrochloride	25 mg Tablets	ONE TO BE TAKEN IN THE		09-May-2018	19-Oct-2020		✓	

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Repeat Medication											
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop	Comments
			EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.								
In Practice	Buteac	20 micrograms/ hour Transdermal patches	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY		26-Jul-2017	19-Oct-2020		✓			
In Practice	Amitriptyline Hydrochloride	50 mg Tablets	1TABS AT EVENING		31-Jan-2017	19-Oct-2020		✓			

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Repeat Medication										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withdraw	Stop
			WEEKLY UPLIFT							
In Practice	Edoxaban	60 mg Tablets	ONE TO BE TAKEN EACH DAY		17-Jul-2019	19-Oct-2020		✓		
In Practice	Hyoscine Butylbromide	10 mg Tablets	TWO TO BE TAKEN TWICE A DAY		06-Feb-2019	19-Oct-2020		✓		
In Practice	Lansoprazole	15 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		20-Mar-2019	19-Oct-2020		✓		
In Practice	Bisoprolol Fumarate	2.5 mg Tablets	ONE TO BE TAKEN EACH DAY		28-Aug-2018	19-Oct-2020		✓		
In Practice	Sertraline Hydrochloride	50 mg Tablets	ONE TO BE TAKEN EACH DAY		01-Apr-2014	19-Oct-2020		✓		
In Practice	Simvastatin	40 mg Tablets	ONE TO BE TAKEN AT NIGHT		09-Jul-2012	19-Oct-2020		✓		
In Practice	Methocarbamol	750 mg Tablets	1 TABS 4 TIMES DAILY		09-Jul-2012	19-Oct-2020		✓		

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954

Age
66

Repeat Medication										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withhold	Stop
In Practice	Pregabalin	300 mg Capsules	1 CAP TWICE DAILY		09-Jul-2012	19-Oct-2020		✓		
In Practice	Capsaicin	0.025 % Cream	APPLY 3 TIMES DAILY		09-Jul-2012	24-Jul-2020				✓
In Practice	Salofalk Foam	1 gram/ application, 80g (14 dose) canister Rectal foam	ONE APPLICATION AT NIGHT		19- May-2014	03-Jun-2020		✓		
In Practice	Prochlorperazine Maleate	5 mg Tablets	1 TAB 3 TIMES DAILY		08-Nov-2018	30-Apr-2020				✓
In Practice	Symbicort	200/6 micrograms/ inhalation Turbohaler	ONE PUFF TO BE INHALED TWICE A DAY		17-Feb-2017	17-Apr-2020		✓		
In Practice	Salbutamol	100 micrograms/ puff Cfc- free inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR		09-Jul-2012	06-Apr-2020		✓		

Patient Name
Georgina Logan

CHI
1908546042

Date of Birth
19-Aug-1954.

Age
66

Repeat Medication										
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Continue	Withdraw	Stop
			TIMES A DAY							
In Practice	Peptac	(aniseed) Liquid	10 ML 3 TIMES DAILY		09-Jul-2012	14-Oct-2019				✓
In Practice	Ispaghula Husk Sugar and Gluten Free	3.5 grams/ sachet Effervescent granules	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY		13-Jun-2018	14-Oct-2019				✓

Compliance Device	Name and telephone number for community pharmacy				
Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

1908546042

LOGAN

Georgina

19/08/1954

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

NAME _____

CHI

[illegible]

Gyn Room

NHS GGC Hospitals, Emergency Department



Affix Label



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 22

12 Mth Att: 4

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 66y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Attendance Date: 12/09/2020

Arrival Time: 17:26

Registration Time: 17:26

Date of Incident: 12/09/2020

Major Incident Desc:

Reason for Attendance: blood in urine this am

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 12/09/2020 17:47

Nurse name: Nurse Samantha Birrell

Temp	36.1	C
HR	66	bpm
BP	132/67	mmHg
MAP	88.67	mmHg
RR	16	bpm
SpO2	98	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: NHS 24 referral-hematuria since 15:00 and increased urinary incontinence. not passing clots. stent inserted for kidney stone 3/52 ago. had multiple courses of abx since insertion

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

2nd sample.

Accident and Emergency
 Date: 12-09-2020 23:03
 Sample ID: #0043865
 Device S/N: 6101465
 Operator ID: autologin
 Strip LOT: 0790/8956(2021/09)

Bil neg
 Ubg norm
 * Ket 1 mmol/l (+)
 Asc neg
 Glu norm
 Pro neg
 * Ery 300 Ery/pl ***
 pH 6.5
 Nit neg
 Leu neg
 SG 1.000

**NOT WRITE
RE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr) N. Elliott

Time seen 1840

12/04

66 yo Female.

S/SZ had (L) sided ureteric stent
sited for obstructive renal calculi.

Haematuria since 4x courses Abx.

Settled for a few days - on Monday,

worsening frank haematuria, dysuria,

urgency, ↑ frequency, urinary incontinence

+ pain on standing. No clots.

No fevers.

Abx co-amox x 2

nitrofurantoin x 2

started - solifenacin (Tuesday)

last mssu - nil growth.

(04/12/20)

obs Apyrexial, NEWS = 0

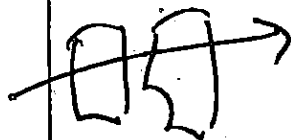
PMH x Diverticulitis

AI =

? Crohn's

COPD

edoxaban



HS I + II + 0

soft

urine

+++

+

++

pH

blood

leucocytes

protein

6.0

Imp - not tolerating stent

Date	CLINICAL NOTES
	Urology - check bloods - admit to urology (sounds like stent pain) - review bloods in department - repeat MSSU - Abdo XR - start IV Abx if septic CRP 2, eGFR 49 → Not septic. Admit uro-

Discharge Codes (Please CIRCLE)								Discharge date	
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)		Discharge time	
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.			
Ward number (if admitted):			Transfer to hospital:				Consultant if admitted:		
Follow up		Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)		Dose	Method of Administration		Frequency	Signature	Given By	

NHS24 CONTACT REPORT

PCM ID: 74838191 CHI: 1908546042 Surname: LOGAN Forename: GEORGINA DOB: 19.08.1954 Gender: F Address: 17 Sollas Place GLASGOW G13 4NA	Caller: Self Date/Time Call Received: 12.09.2020 15:55:00 Date/Time Call Completed: 12.09.2020 16:15:20 Current Location: 17 Sollas Place GLASGOW G13 4NA																																				
Phone Number: 07774400790 Phone Ext.: Special Directions: Temporary Resident: NO	GP: DESMOND SPENCE BARCLAY MEDICAL PRACTICE BARCLAY MEDICAL PRACTICE VICTORIA PARK GLASGOW G 149DR																																				
Call Classification:																																					
CALL SUMMARY: FINAL ENDPOINT: Accident & Emergency (ASAP) REASON FOR CALL / RELEVANT INFORMATION: BLOOD IN URINE - THIS AM ADMITTED TO HOSPITAL 3WKS AGO WITH KIDNEY STONE, PT HAD A STENT PUT IN PLACE, HAS HAD ONGOING BLOOD IN URINE SINCE AND X4 COURSES ABX OVER LAST 4 WEEKS. HAEMATURIA DID IMPROVE FOR 3 DAYS BUT HAS RETURNED AND WORSE. OUTCOME: Patient advised to go to A&E - For Information Only Confirmed Symptom(s): #No travel outside Europe in last 21 days or to an affected country #Urinary problem; intermittent or spasmodic pain #Possible fever #With presenting symptoms there is a reduced likelihood of systemic illness #Pain in abdomen, back or flank																																					
PAST MEDICAL HISTORY:																																					
<table border="1"><thead><tr><th>Type</th><th>Description</th><th>Date</th><th>Time</th></tr></thead><tbody><tr><td>Medications</td><td>AS PER KIS</td><td>25.08.2020</td><td>21:16:17</td></tr><tr><td>Conditions</td><td>A.F.</td><td>25.08.2020</td><td>21:16:05</td></tr><tr><td>Conditions</td><td>URETERAL STENT</td><td>25.08.2020</td><td>21:15:40</td></tr><tr><td>Conditions</td><td>HERNIA UPPER ABDO</td><td>25.07.2018</td><td>19:11:10</td></tr><tr><td>Conditions</td><td>CROHNS</td><td>25.07.2018</td><td>19:09:22</td></tr><tr><td>Conditions</td><td>IBS</td><td>25.07.2018</td><td>19:09:09</td></tr><tr><td>Conditions</td><td>HEART FAILURE</td><td>25.07.2018</td><td>19:08:58</td></tr><tr><td>Conditions</td><td>PREVIOUS BACK OPERATION - SPINAL DECOMPRESSION</td><td>25.07.2018</td><td>19:08:43</td></tr></tbody></table>		Type	Description	Date	Time	Medications	AS PER KIS	25.08.2020	21:16:17	Conditions	A.F.	25.08.2020	21:16:05	Conditions	URETERAL STENT	25.08.2020	21:15:40	Conditions	HERNIA UPPER ABDO	25.07.2018	19:11:10	Conditions	CROHNS	25.07.2018	19:09:22	Conditions	IBS	25.07.2018	19:09:09	Conditions	HEART FAILURE	25.07.2018	19:08:58	Conditions	PREVIOUS BACK OPERATION - SPINAL DECOMPRESSION	25.07.2018	19:08:43
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NHS24 CONTACT REPORT

Type	Description	Date	Time
Conditions	ASTHMA	25.07.2018	19:07:23

NOTES:

12:09:2020 16:00:58 WINCHJ URINE INCONTINENCE 6 DAYS, RX SOLISENACIN WITH NO HELP. NO COVID SYMPTOMS
DW NP H CUTHEL: ONGOING HAEMATURIA SINCE TREATMENT FOR KIDNEY STONE 3 WEEKS AGO. INCREASED URINARY INCONTINENCE, SPASMODIC ABDO PAIN WHEN PASSING URINE. LIGHTHEADED 5 DAYS. NORMAL TEMP AND COLOUR. ADVISED A&E ASAP AT QEUH

Support Line Notes:

CLINICAL NOTES - MEDICAL ☐
NURSING ☐Please tick ☒ appropriate directorate

1908546042

LOGAN

F

Georgina

19/08/1954

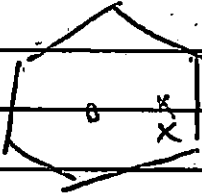
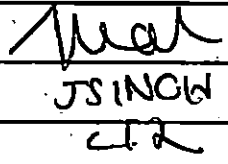
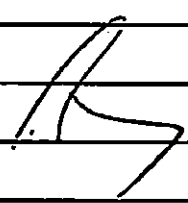
17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4NA

Date & Time		Signature, Print Name & Designation
12/9/20	CTA JSINGH UROLOGY	
2300		
	- patient now on ward 11C	
	- PC - worsening haematuria, ↑ frequency	
	ongoing (L) flank pain	
	- (L) sided stent insertion 23/08/2020	
	for 4mm proximal (L) ureteric stone	
	- discussed at stone MDT and for (L) FURS	
	- since stent insertion has been treated	
	for UTI x 4, ongoing dysuria,	
	frequency, urgency	
	- worsening haematuria over past 24	
	hours	
	PMHx - AF (on edoxaban)	
	diverticulitis	
	COPD	
	prev. cholecystectomy	
	Urinalysis - ++ blood	
	+ leucos	
	++ protein	
	AXR - unable to identify calculus	
	- phlebectomies	
	- stent in satisfactory position	
		PTO

Date & Time		Signature, Print Name & Designation
	O/E  abdo soft mild tenderness C flank	
	Bloods - CRP 2 WCC 9.7 eGFR 49 (>60)	
	MSSU 4/9/20 - no growth	
	<u>Plan</u> 1) fast from midnight + w/H edoxaban 2) repeat bloods AM 3) will likely require repeat CTKUB before Intervention - requested	 Mr JSINOW CR
12/9/20	with OADs	
	Start symptoms, eGFR down (49). Obs stable.	
	Plan to check bloods 2 @ later Await definitive & urology as of	

82765

Affix Label



CHI: 1908546042

Queen Elizabeth University Hospital

Total Att: 19

12 Mth Att: 1

Title: MRS

LOGAN

Georgina

DOB 19/08/1954

Age: 65y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow
Lanarkshire
G13 4NA
01419523728

Next of kin: LOGAN, GEORGE
Relationship: Husband
07774400790

GP: DF Spence
0141 212 7082

Attendance Date: 17/08/2020

Arrival Time: 12:36

Registration Time: 12:36

Date of Incident: 17/08/2020

Major Incident Desc:

Reason for Attendance: back pain and vomiting

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus up to date/fully immunised:

Presenting Complaint: Abdomen Pain

Observation Date: 17/08/2020 13:27

Nurse name: Nurse Tracey Buchan

Temp	36.5	C
HR	91	bpm
BP	92/80	mmHg
MAP	84.00	mmHg
RR	14	bpm
SpO2	97	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

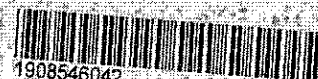
GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: pt with severe abdo pain & vomiting.

Emergency Contact:

George Logan (husband)
07760159467



1908546042
LOGAN
Georgina
17, Solas Place
Glasgow, Lanarkshire.
F
19/08/1954

G13 4NA

Ophthalmology LA POA Document

Consultant:

Dr Sachdevan

TCI:

8/7/2028

Procedure:

R phaco + IOL + vit 5 em peel LALa

8am

AMT 4: (>65 years)

How old are you?

✓/1

Score: 4/4

What is your DOB?

✓/1

What is this place?

✓/1

What year is it?

✓/1

Observations:

BP: 147/8

HR: 84

Temp: 36.2

SaO2: 96%

BM: N/A

	Yes	No	Details
Do you live alone?	✓	✓	Responsible
Are you a carer for anyone?		✓	
Are you very hard of hearing?		✓	
Do you have any communication problems?		✓	
Do you have any mobility issues?		✓	
Are you able to lie flat for procedure?	✓		
Are you able to instil your own eye drops?	✓		
Can someone collect you on discharge?	✓		family
Have you ever had a bad reaction to LA or GA			
Do you suffer from any of the following?			
Lung Disease (COPD/Asthma/Emphysema)	✓		on inhalers (mild)
Hypertension	✓		on 1 tablet
MI/Heart Disease/Angina	✓		on aspirin
Diabetes?		✓	Type 2 on gliclazide
Have you ever had a stroke?		✓	

Emergency Contact:

Affix Patient Label

Do you suffer from epilepsy?		☒
Do you drink over 30 units of alcohol per week?		☒
Any recreational drugs?		☒
Is the patient pregnant?		N/A ☒
Have you ever been told you are at risk of CJD? (CJD form completed if required ☒)		☒
Past Ocular history		☒
Any other health issues not discussed?		Details: Ocular disease IBS, diverticulitis
Current Medication – Insert list		
Are you taking any antibiotics at present? Yes ☐ No ☒		
Any anticoagulants? Yes ☒ No ☐ Do they require to be stopped? Yes ☐ No ☒ to reduce dose from tonight		
Allergies?	Amoxiclav – vomiting & diarrhoea NKDA ☒	
Additional comments:		Is an overnight stay required? Yes ☐ No ☐
Patient Information Leaflets given ☒		
Nurse Sign/Print		
Date		

Clinical Data

Last Emergency Care Summary received 01 July 2025

Allergy

Description	Date Recorded	Comments
Adverse reaction to Trimethoprim, vomiting	26-Jul-2022	
Adverse reaction to Co-Amoxiclav, nausea/vomiting	17-Jan-2022	



1908546042

LOGAN

Georgina

17 Solas Place

Glasgow, Lanarkshire

19/08/1954

G13 4NA

Acute Medication (including those greater than 30 days) Medicines Reconciliation Report

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
In Practice	Doxycycline Hyclate	100 mg Capsules	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS		27-May-2025	27-May-2025
In Practice	Sevodyne	20 micrograms/hour Transdermal patches	APPLY ONE PATCH EVERY 7 DAYS REMOVE OLD PATCH (REPLACEMENT)		23-May-2025	23-May-2025
In Practice	Fluconazole	150 mg Capsules	ONE TO BE TAKEN AS A SINGLE DOSE		20-May-2025	20-May-2025
In Practice	Clotrimazole And Hydrocortisone	1% + 1% Cream	APPLY TWICE A DAY FOR 7-10 DAYS		20-May-2025	20-May-2025
In Practice	Metronidazole	0.75 % Gel	APPLY TWICE DAILY		20-May-2025	20-May-2025
In Practice	Clotrimazole	500 mg Pessary	ONE TO BE INSERTED AT NIGHT		20-May-2025	20-May-2025
In Practice	Zerobase	11 % Cream	APPLY LIBERALLY AS EMOLLIENT OR SOAP SUBSTITUTE AS DIRECTED		20-May-2025	20-May-2025
In Practice	Omeprazole	20 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		20-May-2025	20-May-2025
In Practice	Shortec	10 mg Capsules	ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED		06-Mar-2023	19-May-2025
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		01-May-2025	01-May-2025
In Practice	Clotrimazole	1 % Cream	APPLY TWO TO THREE TIMES DAILY		28-Jan-2025	10-Mar-2025
In Practice	Famotidine	20 mg Tablets	ONE TO BE TAKEN EACH DAY		17-Feb-2025	17-Feb-2025
In Practice	Fluconazole	150 mg Capsules	ONE TO BE TAKEN AS A SINGLE DOSE		28-Jan-2025	28-Jan-2025

Repeat Medication Medicines Reconciliation Report

Originator	Drug ID	Formulation	Dose	Frequency
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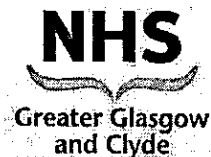
				Medication	Prescription	Disp
				Start Date	Date	D
In Practice	Apixaban	15 mg Tablets	ONE TO BE TAKEN TWICE DAILY	23-Dec-2024	01-Jul-2025	
In Practice	Buscopan	10 mg Tablets	TWO TO BE TAKEN THREE TIMES A DAY	02-Nov-2023	01-Jul-2025	
In Practice	Amitriptyline Hydrochloride	10 mg Tablets	ONE TO BE TAKEN IN THE EVENING	12-Jun-2025	01-Jul-2025	
In Practice	Ropinirole Hydrochloride	250 micrograms Tablets	TWO TABLETS AT NIGHT	13-Apr-2022	01-Jul-2025	
In Practice	Atenolol	50 mg Tablets	ONE TO BE TAKEN EACH DAY	01-Mar-2023	01-Jul-2025	
In Practice	Simvastatin	40 mg Tablets	ONE TO BE TAKEN AT NIGHT	09-Jul-2012	01-Jul-2025	
In Practice	Methocarbamol	750 mg Tablets	1 TABS 4 TIMES DAILY	09-Jul-2012	01-Jul-2025	
In Practice	Pregabalin	300 mg Capsules	1 CAP TWICE DAILY	09-Jul-2012	01-Jul-2025	
In Practice	Octasa Mr	400 mg Gastro-resistant Tablets	TAKE THREE TABLETS TWO TIMES DAILY	03-Jun-2019	01-Jul-2025	
			APPLY NIGHTLY FOR 4 WEEKS THEN EVERY OTHER			
In Practice	Clobetasol Propionate	0.05 % Ointment	NIGHT FOR 4 WEEKS THEN TWICE WEEKLY FOR 4 WEEKS THEN WHEN REQUIRED TO CONTROL SYMPTOMS	12-Jun-2025	12-Jun-2025	
In Practice	Dermol 500	Lotion	USE AS SOAP SUBSTITUTE	12-Jun-2025	12-Jun-2025	
			APPLY ONE PATCH EVERY			
In Practice	Sevodyne	20 micrograms/hour Transdermal patches	SEVEN DAYS REMOVE OLD PATCH-DISPENSE WEEKLY	02-Feb-2022	04-Jun-2025	
In Practice	Diclofenac Diethylammonium	1.16 % Gel	APPLY 3 TIMES DAILY IF REQUIRED	04-May-2018	04-Mar-2025	
In Practice	Symbicort	200/6 micrograms/inhalation Turbohaler	ONE PUFF TO BE INHALED TWICE A DAY	17-Feb-2017	17-Feb-2025	
			ONE OR TWO PUFFS TO BE INHALED WHEN			
In Practice	Salbutamol	100 micrograms/puff Cfc-free inhaler	REQUIRED UP TO FOUR TIMES A DAY	09-Jul-2012	17-Feb-2025	

1908546042
LOGAN
Georgina
17 Sollas Place
Glasgow, Lanarkshire

19/08/1954

G13 4NA

Department of Ophthalmology
CJD Questions for High Risk Procedures



Date 03/07/2025

Consultant Dr Sandhu

Procedure Right eye phaco IOL Assessment nurse Keith G.

Patient ID label
1908546042
LOGAN F
Georgina 19/08/1954
17 Sollas Place
Glasgow, Lanarkshire
G13 4NA

YHS
temp post LA

This document is to be completed for patients undergoing high risk Ophthalmology procedures.
The high risk procedures are:- any retinal surgery, enucleation, evisceration and exenteration.

Ask the single and at risk questions below

Question	Response
1. Have you ever been notified that you are at increased risk of CJD for Public Health purposes? Also check if CJD mentioned in the GP referral letter or electronic record flagged.	✓
2. Have you a history of CJD or other prion disease in your family? If yes, please specify. Notes for clinicians Patients should be considered to be at risk from genetic forms of CJD if they have or have had: • Genetic testing, which has indicated that they are at significant risk of developing CJD or other prion disease; • A blood relative known to have a genetic mutation indicative of genetic CJD or other prion disease; • 2 or more blood relatives affected by CJD or other prion disease.	✓
3. Have you ever received growth hormone or gonadotrophin treatment? If yes, please specify: i) whether the hormone was derived from human pituitary glands ii) the year of treatment iii) whether the treatment was received in the UK or in another country. Notes for clinicians : - o Recipients of hormone derived from human pituitary glands, e.g. growth hormone or gonadotrophin, have been identified as at increased risk of sporadic CJD - o In the UK, the use of human-derived growth hormone was discontinued in 1985 but human-derived products may have continued to be used in other countries - o In the UK, the use of human-derived gonadotrophin was discontinued in 1973 but may have continued in other countries after this time.	✓

Please note the patient's answers.

Answers to four questions on previous pages		Infection control requirements
Tick as appropriate		
All questions answered "No"	☒	Go ahead using standard infection control precautions.
Any question answered "Unable to respond"	☐	Additional infection control measures required. Inform infection control. Use disposable instruments if appropriate. All reusable instruments must be quarantined until CJD risk ascertained from GP. Follow CJD algorithm.
Any questions answered "Yes"	☐	Additional infection control measures required. Inform infection control. Use disposable instruments if appropriate. All reusable instruments must be quarantined until CJD risk ascertained from GP. Follow CJD algorithm.

Is the patient at risk?
(Medical staff to decide)

YES ☐ NO ☐ NAME

Date

SIGNATURE

If, yes nursing staff completes the following:

Consultant Informed	YES ☐ NO ☐
Infection Control Informed (to check patient electronic file)	YES ☐ NO ☐
Theatre Staff Informed	YES ☐ NO ☐
Ward Staff Informed	YES ☐ NO ☐

Comments:-

Medical staff completes the following:

GP notified YES ☐ NO ☐

Comments:-

N.B. Patients newly identified as at risk should be informed of this. Infection control can discuss the issues with them and give public health advice.
The leaflet for patients at risk of CJD should be given to the patient.

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

CHI 1908546042

Pre Op Assessment Form

Last updated by Lynn LEOCADI (Lynn Leocadi) 6 years ago (v. 5) Show History

Amendments (1)

v.5 - amend

06-Oct-20 12:49 by Lynn LEOCADI

Do Not Overwrite – This form is specific to this service and procedure only.

Content Restricted No

If the information on this form merits further restriction than that of Highly Sensitive, please select Yes to apply a Privacy Seal

Sensitivity

Sensitive

The information on this form will be viewable by health and care providers with the appropriate access permissions

Emergency Contact Details

Name GEORGE LOGAN

Address —

Landline —

Mobile 07437685618

Relationship Husband

Assessment

Assessment Nurse LYNN LEOCADI

Grade —

Consultant J HENDRY

Assessment Date 06-Oct-2020

Hospital Gartnavel General Hospital

Specialty Urology

Is the patient over 65 years? Yes

Cognitive Assessment Tool for older People over 65 Years (AMT 4)

Score 1 for each correct answer. Please enter the score – a score of less than 4 refer to medical/anaesthetic staff

How old are you? 1

What is your date of birth? 1

What is this place? 1

What year is it? 1

AMT Score 4

Admission

Procedure

FURS

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

Are you available
at short notice?

Period of unavailability

Unavailable from —

To —

Reasons for
unavailability —

Further details —

Admission Date 12-Oct-2020

Admission Time —

Hospital New Victoria Hospital

Ward —

Patient Information No
Leaflet

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA Yes

Previous GA Details

LAP CHOLE
LAP STERI
DISSECTOMY
CYSTOSCOPY
URETERIC
STENTING - 5
WEEKS AGO
NO GA
PROBLEMS

Dentition Risk Yes

Dentition Risk Details

TOP DENTURES

Reduced Neck Movement No

Family History No

Other Risk No

Heartburn Yes

Heartburn Details

ON
LANSOPRAZOLE

Sickle Cell Disease No

Are there risk factors for sickle
cell disease? No

Information Please click here for the POA Guidelines

SurgicalAffects Suitability For DSU Or
SDA No

Please Specify —

Any Serious Surgical Or
Anaesthetic Complication No

Information Please click here for the POA Guidelines

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

Cardiovascular

Hypertension

—

Arrhythmias

Yes

Arrhythmias Details

KNOWN AF ON
EDOXABAN -
ADVISED TO OMIT
48 HOURS PRIOR
TO TCI

KNOWN TO HAVE
PERICARDITIS
2019

Palpitations / Blackouts

No

Angina

Angina

No

Heart Attack?

No

Murmur

Yes

Murmur Details

KNOWN TO HAVE
HEART MURMUR

Heart Failure

No

Information Please click here for the POA Guidelines

Respiratory

Do you have Asthma?

Yes

Asthma Details

MILD ASTHMA -
INHALERS X3
DAILY
ATTENDS GP
ONLY
RECURRENT
CHEST
INFECTIONS LAST
ONE 2019

Have You Taken Oral Steroids
In The Last Six Months?

No

Oral Steroids Details

NIL

Frequency Of Asthma Attacks?

Once a month

Asthma Frequency Details

—

What Level Of Exertion, If Any,
Causes Breathlessness?

Walking Uphill,
More than 200m,
Or More Than
One Flight Of
Stairs

Level of Exertion Details

—

Do you have
COPD\Emphysema?

No

URTI

No

Information Please click here for the POA Guidelines

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

Stroke No

Epilepsy No

Neurological Disease No

Physical Disability No

Haematological

Bleeding Disorder No

Previous DVT No

Anaemia No

Blood Products - If you ever
need a blood transfusion or
other blood products, would
you refuse to receive them ? No

Information Please click here for the POA Guidelines

Others

Kidney Disease Yes

Kidney Disease Details

HAS HAD POOR
KIDNEY FUNCTION
PREVIOUSLY

Liver Disease /Jaundice No

Diabetes No

Rheumatoid Arthritis No

Has The Patient Ever Been
Notified That They Are At Risk
Of CJD or vCJD For Public
Health Purposes NoAny Serious Illness Not
Already Mentioned? No

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness

Climb stairs
without stopping

Additional information

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U No

Units / Wk NIL

Duration

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

Smoking

CHI 1908546042

Smokes No

Cigs/Day —

Ex Smoker No

Drugs

IV or Recreational Drug Abuser No

Ex User No

Methadone Reg No

Self-Admin No

Pregnancy

Pregnant No

LMP —

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

Shortec 10 mg Capsules ONE TO BE TAKEN TWICE DAILY WHEN REQUIRED
Solifenacin 5 mg Tablets ONE TO BE TAKEN EACH DAY

Ralvo 700 mg Medicated Plaster 12 HOURS ON 12 HOURS OFF 30-Apr-2020 25-Aug-2020

Loperamide Hydrochloride 2 mg Capsules 1 CAP TAKE AS REQUIRED 18-Jun-2020 18-Jun-2020

Buteac 20 micrograms/hour Transdermal patches APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE

Amitriptyline Hydrochloride 50 mg Tablets 1 TABS AT EVENING WEEKLY UPLIFT
Diclofenac Diethylammonium 1.16 % Gel APPLY 3 TIMES DAILY IF REQUIRED
Amitriptyline Hydrochloride 25 mg Tablets ONE TO BE TAKEN IN THE EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.
Bisoprolol Fumarate 2.5 mg Tablets ONE TO BE TAKEN EACH DAY
Hyoscine Butylbromide 10 mg Tablets TWO TO BE TAKEN TWICE A DAY
Lansoprazole 15 mg Capsules (Gastro-Resistant) ONE TO BE TAKEN EACH DAY
Octasa Mr 400 mg Gastro-resistant Tablets TAKE THREE TABLETS TWO TIMES DAILY

Edoxaban 60 mg Tablets ONE TO BE TAKEN EACH DAY

Simvastatin 40 mg Tablets ONE TO BE TAKEN AT NIGHT

Methocarbamol 750 mg Tablets 1 TABS 4 TIMES DAILY

Pregabalin 300 mg Capsules 1 CAP TWICE DAILY

Sertraline Hydrochloride 50 mg Tablets ONE TO BE TAKEN EACH DAY

Salofalk Foam 1 gram/application, 80g (14 dose) canister Rectal foam ONE APPLICATION AT NIGHT

Symbicort 200/6 micrograms/inhalation Turbohaler ONE PUFF TO BE INHALED

TWICE A DAY
Salbutamol 100 micrograms/puff Cfc-free inhaler ONE OR TWO PUFFS TO BE
LOGAN, Georgina (Mrs) WHEN REQUIRED UP TO FOUR TIMES A DAY
BORN 19-Aug-1954 Pentec (enised) Liquid 10 ML 3 TIMES DAILY
CHI 1908546042 Ispaghula Husk Sugar and Gluten Free 3.5 grams/sachet Effervescent granules THE
CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY

Allergies

Allergies

No

[Information Please click here for the POA Guidelines](#)**Prosthesis/Implants**

Pacemaker

No

Prosthesis/Others

No

[Information Please click here for the POA Guidelines](#)**Examination**

Weight not taken

No

BMI

Date Taken 06-Oct-2020
Height 1.47 m Actual
Weight 69 kg Actual
BMI 31.93 Calculated
Comments —

**Ranitidine 150MG X 2 tabs Dispensed As Per
PGD 2018/1621**

No

Vital Signs

Pulse 75 bpm
Temperature —
Systolic BP 121 mmHg
Diastolic BP 72 mmHg
Resp rate —
SaO2 97 %
Comments —

Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless
Sleep Or Witnessed Breath Holding During Sleep?

No

Information Please click here for the POA Investigation Guidelines

LOGAN, Georgina (Mrs)

BORN 19-Aug-1954 (71y) GENDER Female

Investigations & Date Ordered

FBC	Yes	FBC Date	06-Oct-2020
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	Yes	Coag Screen Date	06-Oct-2020
U&Es	Yes	U&Es Date	06-Oct-2020
LFTs	Yes	LFTs Date	06-Oct-2020
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	Yes	ECG Date	06-Oct-2020
MRSA Screen	Yes	MRSA Screen Date	06-Oct-2020
Echo	No	Echo Date	—
Other	—		

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)

No

DVT Risk Factors

VTE Risk

Is The Patient At Risk Of DVT? —

Do They Require Prophylaxis? —

Comments —

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? —

Admission Criteria

Appropriate admission based on nursing assessment —

Additional information —

Advice and Actions

LOGAN, Georgina (Mrs)BORN 19-Aug-1954 (71y) GENDER Female
Advise to take usual anti-reflux medication
CHI 1908546042

No

Q 2

Dispensed Ranitidine as per PGD directive

No

Q 3

Refer to smoking cessation clinic

No

Q 4

Advise not to take "intravenous or recreational drug
(s)" during the 24 hours before surgery (related to
Social – Drugs).

No

Q 5

Anticoagulant advice

No

Q 6

Clopidogrel advice

No

Q 7

Aspirin advice

No

Q 8

OCP advice

No

Q 9

Provide Herbal Medicine Advice

No

Q 10

Arrange for dialysis the day before surgery

No

Q 11

Ensure facilities for dispensing methadone are
available, if the patient is taking methadone

No

Q 12

Fasting Information Discussed

Yes

Q 13

Dentition Risk Discussed

No

Pre-operative Assessment Summary

Assessor LYNN LEOCADI Grade —

LOGAN, Georgina (Mrs) TEST FOR URETEROSCOPYBORN 19-Aug-1954 (71y) GENDER Female
CHI 1908546042 MEDICAL HISTORY - AFLAP CHOLE
LAP STERI
DISECTOMY
CYSTOSCOPY AND STENTINGRECENT STENT INSERTION 5 WEEKS AGO AND HAD BEEN ON ANTIBIOTICS
SINCE FINISHED ONE WEEK AGO - STATES STILL HAS SIGNS OF INFECTION
SENT FOR MSSUALL INFORMATION GIVEN
ROUTINE BLOODS
MRSA SWABS
FY1 WITH ECG
FASTING INSTRUCTIONS
COVID TEST BOOKED FOR 9/10/20 0915 ggh jenny booked
OMIT EDOXABAN 48 HOURS PRIOR TO TCI**Anaesthetic Assessment**Anaesthetist — Grade —
—**Recommended Admission Pathway**

Review By

Anaesthetist —

Other —

DSU/23hr Criteria Met — SDA Criteria Met Yes

Referrals

Smoking Cessation —

Other —

[Print](#)

NEW VICTORIA HOSP

Same day admission clerk in (MUST BE USED IN CONJUNCTION WITH POA DOCUMENT)

Consultant Mr Hedy

Date of pre op assessment 6/10/20

Date of Admission 12/10/20

Procedure/Presenting complaint

FURS



1908546042

F LOGAN

4 Georgina

19/08/19

17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

G13 4N

Allergies NOA

Examination

Heart Rate 75

BP 121 / 72

RR 16

SPO2 97%

Respiratory



Cardiovascular

Heart Rate

JVP ↓

HS 1711 +0

Ankle oedema

☐ YES ☒ NO

Abdominal



Plan
Kardex

Other investigations (if indicated)

Estimated Date of Discharge

Name ARUN PARAJULI

Signature [Signature]

Designation F1

Date _____

Changes since PRE Clerk IN

Name _____

Signature _____

Designation _____

Date _____

CLINICAL NOTES - NURSING



50551545H
LOGAN F
GEORGINA 19/08/1954
17 SOLLAS PLACE
GLASGOW
LANARKSHIRE G13 4NA
CHI-1908546042

Date & Time		Signature, Print Name & Designation
	<u>LOW CLINIC</u>	
28/2/13	penicillin & Serpall.	
	low neck	
	Night time back leg pain - 5 years	
	Car 1968: Nursing - left leg	
	Delegressa - Mr Rees 2009.	
	Leg pain - left leg - screaming	
	→ Epidural - injections	
	IBS. Irritable disease 20+ yrs/day	
	Go to bed with IBS	
	1 Pure cramps	Melkerbent
		Onevorkle
		Police
		Stat
	skin PUP	Refabchi
	magner	Amityla
		Arenob
		tyrosine
	versatis patch	Smth me
	Buras patch	

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax: Patient attended

Email: Surgical GP Referrals unit

Date Completed: 29/03/2023

Consultant: Mr Jamie Park

DF Spence

Barclay Medical Practice Victoria P.
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 27/03/2023 at 17:35 hrs.

Departed on: 28/03/2023 at 09:50 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
gp referral surgical lif pain

Nursing Assessment:

Investigations in ED:

1. Urea and Electrolytes
4. CRP
7. Coagulation screen
10. LFT

2. Full Blood Count
5. Amylase
8. Urea and Electrolytes
11. CRP

3. LFT
6. Glucose
9. Full Blood Count
12. Amylase

Diagnosis:

Diagnosis	Side	Site
Pain Localized to Other Parts of Lower Abdomen		

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

Clinician Notes:

Dear Doctor, This 68 year old lady was referred on 27th March 2023 with lower abdominal pain. Her NEWS was 0 on arrival to the department. Mrs Logan was reviewed in Surgical Immediate Assessment Unit by Mr Park and on examination her abdomen was soft, non-tender. Her bloods were within normal limits and she was discharged home with worsening advice, advised to continue her Laxido and she will receive follow-up at Mr Park's outpatient clinic. Thank-you for the referral. Regards Louise Adshead Surgical Nurse Practitioner

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Louise Adshead
Nurse

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax: Patient attended

Email: Surgical GP Referrals unit

Date Completed: 04/01/2023

Consultant: Dr Malcolm Gordon

DF Spence

Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Ré: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 04/01/2023 at 12:35 hrs.

Discharge Type: 03 - Transferred

Previous ED Attendance in last 12 months: 2

Departed on: at hrs.

Destination: Redirected to other Services

Presenting complaint
biba, abdo pain and vomiting

Nursing Assessment:

BIBA- D/C from hospital last night, being treated for diverticulitis. c/o worsening lower abdominal pain today, nausea and vomiting.

Investigations in ED:

1. Amylase

2. CRP

3. Urea and Electrolytes

4. Bicarbonate

5. LFT

6. Glucose

7. Full Blood Count

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Abdo pain and vomiting. Redirected to surgical assessment as patient only discharged from 9C <24 hours ago.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Eleanor Patterson
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 17/01/2023

Consultant: Dr Ioannis Traiforos

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 01/01/2023 at 14:09 hrs.

Departed on: 02/01/2023 at 01:47 hrs.

Discharge Type: 02 - Admitted

Destination: Admission to this Hospital

Previous ED Attendance in last 12 months: 2

Presenting complaint

BIBA...?RENAL COLIC

Nursing Assessment:

BIBA...?RENAL COLIC. unwell for 3 weeks as seen GP. Advised to be admitted but refused. Given antibiotics for chest infection but stopped them due to sickness. Has taken oxycontin for pain

Investigations in ED:

1. Full Blood Count
4. Bicarbonate
7. XR Abdomen

2. CRP
5. LFT
8. CT Abdomen and pelvis with contrast

3. Urea and Electrolytes
6. Glucose

Diagnosis:

Diagnosis	Side	Site
Acute Abdomen		

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

Clinician Notes:

Presented with left flank to back pain for 4/7. CRP 125. Tender to minimal palpation of LLQ. Previous Hx of renal calculi with recurrence and diverticulitis. Pain worse on movement. Vomiting +++. Pyrexial at home. Constipated last 6 days. Reviewed by general surgery in department

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Hwee Ling Kwek
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 26/01/2022

Consultant: Dr Cieran McKiernan

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 24/01/2022 at 20:12 hrs.

Departed on: 25/01/2022 at 00:10 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
chest pains

Nursing Assessment:

C/O central chest pain since last night. Prev pericarditis. Pain score of 5 but refusing pain relief at triage.

Investigations in ED:

1. Urea and Electrolytes
4. Lipid profile (inc. HDL)
7. Troponin I hs

2. LFT
5. Full Blood Count
8. CRP

3. Glucose
6. Bicarbonate
9. XR Chest

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: None

Immunisations: None

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Chest pain - likely costochondritis - discharged home without follow up

Followup : none

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Keith McKillop
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 03/10/2021

Consultant: Dr Fiona Gunn

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 03/10/2021 at 12:02 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
fall shoulder inj

Nursing Assessment:

Investigations in ED:
1. XR Shoulder Lt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Shoulder Joint		

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

Clinician Notes:

PT FELL LAST NIGHT ONTO L SHOULDER X RAY SHOWS NO # D/C HOME ADVICE ANALGESIA

Followup : NIL

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Rona Thomson
Nurse

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 16/11/2020

Consultant: Dr Fraser Denny

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: **Logan Georgina**
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 15/11/2020 at 15:00 hrs.

Discharge Type: 02 - Admitted

Previous ED Attendance in last 12 months: 8

Departed on: 15/11/2020 at 18:58 hrs.

Destination: Admission to this Hospital

Presenting complaint
BIBA...CHEST PAIN

Nursing Assessment:

BIBA - central chest pain radiating to lower central back. nausea Took inhalers and GTN to no affect.
Hx of athsma, discharged 2 weeks ago with infected bowel. GCS 15

Investigations in ED:

1. Full Blood Count
4. Bicarbonate
7. Coagulation screen
10. Urine culture

2. CRP
5. LFT
8. Troponin I hs
11. D - Dimer

3. Urea and Electrolytes
6. Glucose
9. XR Chest

Diagnosis:

Diagnosis	Side	Site
Pericardial Effusion (Noninflammatory)		

Procedures: **None**Immunisations: **None**Dispersed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Louise Clark2
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax: Patient attended

Email: Surgical GP Referrals unit

Date Completed: 02/10/2020

Consultant: Mr Ian MacKay

DF Spence

Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 27/09/2020 at 18:25 hrs.

Departed on: 27/09/2020 at 23:55 hrs.

Discharge Type: 01c - Discharge with referral

Destination: Private residence

Previous ED Attendance in last 12 months: 6

Presenting complaint**UROLOGY haematuria and pain Hx of renal stones wth stent in situ.****Nursing Assessment:****Investigations in ED:**

1. Urea and Electrolytes
4. CRP
7. Group and Save

2. Full Blood Count
5. Glucose

3. LFT
6. Coagulation screen

Diagnosis:

Diagnosis	Side	Site
Cutaneous Abscess, Furuncle and Carbuncle, Unspecified		
Cutaneous Abscess, Furuncle and Carbuncle of Other Sites		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Dear Doctor, ****Written in error, please disregard**** Georgina was reviewed by Dr Small at the Surgical Hot Clinic on 28/09/2020 for review of an abdominal abscess. She decided against the option of I&D of the abscess and has been discharged home with a 1 week course of doxycycline. She has been discharged home with no planned surgical follow up. Kind regards, Amanda Murphy Surgical Nurse Practitioner

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amanda Murphy
Nurse

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel: 0141 452 2930/2931

Fax: 0141 201 2804

Email:

Date Completed: 30/09/2020

Consultant: Dr Alexandra Johnston

DF Spence

Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: **Logan Georgina**
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 23/09/2020 at 13:47 hrs.

Departed on: 23/09/2020 at 16:26 hrs.

Discharge Type: 01c - Discharge with referral

Destination: Private residence

Previous ED Attendance in last 12 months: 6

Presenting complaint
blood in urine, kidney

Nursing Assessment:

left sided lower back pain and blood in urine. stent inserted in left kidney for renal stone. admitted last week for same and was for theatre but symptoms improved

Investigations in ED:

1. Full Blood Count
4. Bicarbonate
7. Bone Profile
10. Magnesium
13. XR Abdomen

2. CRP
5. LFT
8. Group and Save
11. 12 Lead ECG

3. Urea and Electrolytes
6. Glucose
9. Coagulation screen
12. Urine culture

Diagnosis:

Diagnosis	Side	Site
Urinary Tract Infection, Site Not Specified		
Recurrent and Persistent Haematuria, Other		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Persistent haematuria, had several hours of loin to groin pain prior to admission (pain-free in department), known renal stone. UTI present. XR abdomen - ureteric stents in same position as last check XR. DW Urology - may have passed ureteric stone, to await OP appointment. DC home on Nitrofurantoin given sensitivities in past. Worsening advice give.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Ruairi Wilson
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 13/09/2020

Consultant: Dr Jason Long

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: **Logan Georgina**
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 12/09/2020 at 17:26 hrs.

Departed on: 12/09/2020 at 21:08 hrs.

Discharge Type: 02 - Admitted

Destination: Admission to this Hospital

Previous ED Attendance in last 12 months: 4

Presenting complaint
blood in urine this am.

Nursing Assessment:

NHS 24 referral-hematuria since 15:00 and increased urinary incontinence. not passing clots. stent inserted for kidney stone 3/52 ago. had multiple courses of abx since insertion

Investigations in ED:

- | | | |
|---------------------|---------------|--------------------------|
| 1. Amylase | 2. CRP | 3. Urea and Electrolytes |
| 4. Bicarbonate | 5. LFT | 6. Glucose |
| 7. Full Blood Count | 8. XR Abdomen | 9. Urine culture |

Diagnosis:

Diagnosis	Side	Site
Recurrent and Persistent Haematuria, Other		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

66 yo with ongoing dysuria and frank haematuria since ureteric stent insertion. Admitted to urology

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Naomi Elliott

Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel: 0141 452 2930/2931

Fax: 0141 201 2804

Email:

Date Completed: 04/09/2020

Consultant: Dr Alexandra Johnston

DF Spence

Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 04/09/2020 at 05:09 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint
unwell adult

Nursing Assessment:

Self presents c/o generalised abdo/upper epigastric pain which woke pt at approx 2300hrs last night.
On co-amox for ?kidney infection. +ve urinalysis at triage

Investigations in ED:

- | | | |
|--------------------------|---------------------|---------------------------|
| 1. Urine culture | 2. Amylase | 3. CRP |
| 4. Urea and Electrolytes | 5. Bicarbonate | 6. LFT |
| 7. Glucose | 8. Full Blood Count | 9. Troponin I hs |
| 10. Amylase | 11. CRP | 12. Urea and Electrolytes |
| 13. Bicarbonate | 14. LFT | 15. Glucose |
| 16. Full Blood Count | 17. Troponin I hs | |

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Presented with abdominal pain and haematuria. On co-amoxiclav post-ureteric stent insertion. Urine culture sensitivities showed sensitive to Nitrofurantoin. Likely ureteric stent pain. Discharged home with nitrofurantoin post-discussion with Urology registrar.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Thilaneer Vijayakumar

Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 26/08/2020

Consultant: Dr Scott Muir

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 26/08/2020 at 16:10 hrs.

Departed on: 26/08/2020 at 20:51 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
gen unwell urine retenion

Nursing Assessment:
likley urine rention/ infection. refused by urology. transfer from ae. n&v.

Investigations in ED:

1. Full Blood Count
4. Glucose
7. CRP

2. Coagulation screen
5. LFT
8. Urine culture

3. Urea and Electrolytes
6. Bone Profile

Diagnosis:

Diagnosis	Side	Site
Other and Unspecified Abdominal Pain		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Dear Doctor, I reviewed Ms Logan in IAU. She presented with left loin pain 6 days after stent insertion for a proximal ureteric stone. She had her catheter removed post procedure and went home on oral Ciprofloxacin with no complications. She complained of pain, vomiting and constipation over 24 hrs. When I assessed her the pain had completely resolved, she had moved her bowels in the department and was no longer vomiting, managing to E&D. Discussed post procedure stent pain. O/e NEWs 0, well, soft abdomen, no loin tenderness. EGFR 51 (improved since discharge), CRP 16 (improved since discharge), WBC 6. 5mls in bladder- passing urine with no difficulty. Discharged with urology follow up in 2 months as planned. Kind regards, Mari-Claire McGuigan Urology CT2

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Mari Claire McGuigan

Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 17/08/2020

Consultant: Dr. Cieran McKiernan

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: **Logan Georgina**
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 17/08/2020 at 12:36 hrs.
Discharge Type: 02 - Admitted
Previous ED Attendance in last 12 months: 1

Departed on: 17/08/2020 at 16:14 hrs.
Destination: Admission to this Hospital

Presenting complaint
back pain and vomiting

Nursing Assessment:
pt with severe abdo pain & vomiting.

Investigations in ED:

- | | | |
|---------------------|-----------------------|--------------------------|
| 1. Amylase | 2. CRP | 3. Urea and Electrolytes |
| 4. Bicarbonate | 5. LFT | 6. Glucose |
| 7. Full Blood Count | 8. Coagulation screen | 9. CT Urinary tract |
| 10. Urine culture | | |

Diagnosis:

Diagnosis	Side	Site
Calculus of Ureter		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Left sided renal calculus, admitted Urology.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Patrick Tunney
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 04/02/2020

Consultant: Dr Scott Hepburn

DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear DF Spence

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 01/12/2019 at 12:21 hrs.

Departed on: 01/12/2019 at 16:07 hrs.

Discharge Type: 02 - Admitted

Destination: Admission to this Hospital

Previous ED Attendance in last 12 months: 2

Presenting complaint
severe stomach pain vomiting

Nursing Assessment:

c/o loose stool for 2/52- hasnt seen GP, states unable to eat or drink because of this. was out shopping yesterday and had to go to toilet 11 times.

Investigations in ED:

- | | | |
|--------------------------|---------------------|--------|
| 1. Urine culture | 2. Full Blood Count | 3. CRP |
| 4. Urea and Electrolytes | 5. Bicarbonate | 6. LFT |
| 7. Glucose | 8. Amylase | |

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - unspecified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Aimee Thompson
Doctor

Copies to:

1. DF Spence (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 10/07/2019

Consultant: Dr Jonny Gordon

P Balaji

Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DR

Dear P Balaji

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 10/07/2019 at 05:31 hrs.

Departed on: 10/07/2019 at 08:00 hrs.

Discharge Type: 01b - Discharge with follow up by
primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint
chest pain / vomiting

Nursing Assessment:

SelfRef: central non radiating chest pain since 4am. Woke from sleep. PMH: angina

Investigations in ED:

- | | | |
|---------------------|------------------|--------------------------|
| 1. Amylase | 2. CRP | 3. Urea and Electrolytes |
| 4. Bicarbonate | 5. LFT | 6. Glucose |
| 7. Full Blood Count | 8. Troponin I hs | 9. XR Chest |

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified.		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Mrs Logan presented with chest pain, ECG showed no acute changes. troponin negative. chest x-ray showed nil focal. safety netted and discharged home.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Lijo James

Doctor

Copies to:

1. P Balaji (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax: Patient attended
Email: Surgical GP Referrals unit

Date Completed: 16/07/2018

Consultant: Ms Carol Watson

P Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DR

Dear P Balaji

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 29/06/2018 at 13:13 hrs.

Departed on: 29/06/2018 at 14:13 hrs.

Discharge Type: * 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint

SURGICAL GP - thrombosed haemorrhoids

Nursing Assessment:

Returned from Spain last night unable to eat or drink due to pain

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
External thrombosed haemorrhoids		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

This 63yr old woman presented with an external thrombosed haemorrhoid. Is taking long term opiates following previous back surgery. On fybogel as a laxative. PR exam showed 1 thrombosed external haemorrhoid, no abscess or necrosis present. Discharged home with instillagel and advised to use iced compress.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Elizabeth Sergeant

Nurse

Copies to:

1. P Balaji (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 27/05/2016

Consultant: Dr Katy McCarthy

PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DS

Dear PJ Weir

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 19/08/1954

CHI: 1908546042

Attended on: 25/05/2016 at 18:41 hrs.

Departed on: 25/05/2016 at 23:16 hrs.

Discharge Type: 02 - Admitted

Destination: Admission to this Hospital

Previous ED Attendance in last 12 months: 0

Presenting complaint
stomach pains

Nursing Assessment:

hx chrohns. 2/52 hx abdo pains, seen gp advised to attend a/e. c/o loss of appetite and loose stools

Investigations in ED:

1. Urea and Electrolytes
4. CRP

2. LFT
5. Full Blood Count

3. Amylase
6. Glucose

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - Unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Patient with recent flare of abdominal pains, brisk gastrocolic reflex, faecal frequency (>10x daily) and loose stools with no blood. Unclear underlying diagnosis - seems that she was seen by gastro years ago and then failed to attend follow up. Admitted under gastroenterology.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Paul Gallagher

Doctor

Copies to:

1. PJ Weir (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 11/10/2013

Consultant: Dr Claire McGroarty

PJ Weir

Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DS

Dear PJ Weir

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 18/08/1954

CHI: 1908546042

Attended on: 11/10/2013 at 10:25 hrs.

Departed on: 11/10/2013 at 11:07 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
minor inj - L foot pain

Nursing Assessment:

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of foot		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Attended with one week history of medial foot pain. Exacerbated by touching/weight bearing. No preceding injury. Not responding to analgesia. O/E systemically well. No swelling or deformity of foot. Tender over medial aspect of distal metatarsal bone/joint. FROM. Imp: metatarsalgia. Adv analgesia, adequate footwear and instep support.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Michelle Taylor
Doctor

Copies to:

1. PJ Weir (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 01/06/2013

Consultant: Dr Phil Anderson

PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
Glasgow
G14 9DS

Dear PJ Weir

Re: Logan Georgina
17 SOLLAS PLACE
Glasgow G13 4NA

DOB: 18/08/1954

CHI: 1908546042

Attended on: 30/05/2013 at 01:37 hrs.

Departed on: 30/05/2013 at 04:00 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
abdo pain

Nursing Assessment:

central abdo pain 2/7, worse tonight. nausea, no vomiting. feels abdo is distended, normal bowel movements. hx diverticular disease, chronic back pain, angina.

Investigations in ED:

1. Amylase

2. CRP

3. Full Blood Count

4. LFT

5. Glucose

6. Full Blood Count

7. LFT

8. CRP

9. Urea and Electrolytes

Diagnosis:

Diagnosis	Side	Site
Irritable bowel syndrome		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

3 day history gradual onset cramping abdominal pain. Nauseated but no vomiting. Not had medications for 3 days due to nausea. No systemic symptoms. No change in bowel habit. Nil on examination apart from diffuse abdominal tenderness. Obs normal. Bloods normal apart from CRP of 13. Pain improved with buscopan. Looking back, an abdo X-ray in 2008 showed faecal loading. Patient has been advised a trial of lactulose to see if this improved symptoms.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Monica Wallace
Doctor

Copies to:

1. PJ Weir (GP)

School Address:

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT



Dr PHILLIP WEIR
VICTORIA PARK MEDICAL PRACTICE
1398 DUMBARTON ROAD GLASGOW
G14 9DS

Date: 01 Aug 2012

Dear Dr PHILLIP WEIR,

Re: GEORGINA LOGAN, 17 SOLLAS PLACE, GLASGOW, LANARKSHIRE, G13 4NA
Date of Birth: 19/08/1954 CHI number: 1908546042

Your patient attended Western Infirmary on the 01 Aug 2012.

The presenting complaint was:	FOOT INJURY
Triage information:	Not recorded
The following investigations were carried out:	None
The A&E diagnosis was:	MUSCULO-SKELETAL (NON TRAUMA) - ARTHRITIS
The following treatment was given:	None
At the conclusion of treatment the patient was:	DISCHARGED
Follow-up:	DISCHARGED

➤ Additional information: fall painful right 1st mtpj OA on Xray. Also: ? early cellulitis left ring finger, given 250mg of flucloxacillin qds.

Yours sincerely,

SILE MACGLONE
CONSULTANT IN EMERG. MEDICINE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐Please tick ☒ appropriate directorate

1908546042

LOGAN

Georgina

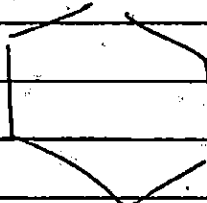
17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Date & Time	Signature, Print Name & Designation
30/5/16	
1.14.5pm	
Seen on ward 106 - Bank Holiday Monday. Patient is distressed in all ward Trachea as they under General anaesthesia (Dr Jono Morris) had done not seen to have had General review since admission. On Bank Holiday - had been unable to clarify and had merge this am. Have an above surgical review. Blended down down on 29/5/16: CAP 133 (↑ since admission) CAP 260 Wt 8.4 kg 109 mmHg 209. APR : no dental chips, completed. 29/5/16 Sitting up today. Status still complicated. O/S T 36.1. BP 107/63. SpO₂ av = 97%  above with BIS (2) - nurse blood / cap	

Date & Time		Signature, Print Name & Designation
	- ask Gismo to see again. (U.C. nurse N. J. Morris)	
	- take vomitus out.	
	- stop Primocor.	
	- accounts should check. <i>Elaine Morris</i> (CNS)	
	urns 60g	
31/5	WARD 10C.	
11:45	Bowel not moved since enema - abd still full for further enema. On aperient Gastro reum ? have seen	<i>SNF</i> FENSON
01/06/16	F12 - WATT (ORTHOD)	
06:30	- ATP re- ↓ urine output - States has been trying but not passed urine since 3am this morning	
	(61) Faecal impaction w/ overflow + BG → diverticular disease, chronic back pain.	
	- States tried to pass urine twice this morning but only dribbles	
	- Moved bowels small amount last night, soft stool, still feels constipated.	
	- No dysuria, nausea or vomiting	
	- States abdo pain feeling better	
	- State, does not drink water at (H) & reluctant to drink in hospital	
	- Explained that needs to drink water in order to pass urine	

CLINICAL NOTES - MEDICAL
NURSING
☒
☐


1908546042

LOGAN

Georgina

F

19/08/1954

Please tick ☒ appropriate directorate

Date & Time	Signature, Print Name & Designation
O/E	
T- 36.1°C	Abdomen distended
HR- 74	SNT
BP- 97/61	No palpable bladder
RR- 16	BS +ve
O ₂ sat- 96% (A)	↳ no sign of obstruction
NEWS=2	
Imp → ↓VO secondary to ↓ fluid intake	
<u>Plan</u>	
① Push oral fluids	
↳ reluctant to start back on IVF as otherwise well & reluctant to drink water	
② Monitor VO. If does not pick up may need to consider IVF.	
	C. WARD
	FR
16/16 PHARMACIST	
Note plan to reduce OXYCODONE as pt also on BUPRENORPHINE patch; now had 11/2 10mg PO	
Also suffering from constipation/impaction.	
Please review	H 14366
	Shirley Bentley MRPharmS

Date & Time		Signature, Print Name & Designation
2/6/16	CTI maburk - IDC	
12:15		
	Admitted - GI symptoms on b/g dissection, ? ISS and chronic back pain on multiple analgesics.	
	Bloods - CRP 18 (24) Renal function / LFT / FBC / PT/INR (N).	
	Has been referred to Gen Surg as OP for updated colonoscopy.	
	Now off oral MR (stopped by Dr Morris in review).	
	NGus ① - HR 94. Looks well. Feels needs for (P). Moving bowels - passed stools multiple times / day. Appetite good.	
	6/4 W/M.	
	Mxla SNT. BS present. Independently mobile.	
	Plan Fit for (P), but not seen by Gamo yet. Referred from to gastro Am (P) tomorrow	J. maburk CTI
2/6/16	CTI maburk	
14:25		
	DLW Dr Crook (66) - have today. HP to refer to gastroenterology if needed. Copy letter to Dr Crook for FDL.	J. maburk CTI

CLINICAL NOTES - MEDICAL NURSING

Please tick ☒ appropriate directorate



1908546042

LOGAN

Georgina

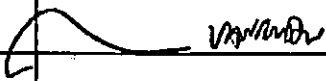
17 SOLLAS PLACE

KNIGHTSWOOD

Glasgow, Lanarkshire

F
19/08/1954

G13 4NA

Date & Time		Signature, Print Name & Designation
02/06/18	FYI VAN NUNEN	
16:00.		
	Discussed Rx w Mrs Logan (stopping the oxycotin)	
	> Was not willing to fully to oxycotin but I explained the fact the that it a buprenorphine ^{likely} were the cause of her bowel symptoms.	
	> Has agreed to switch oxycotin to dihydrocodone PER but only take them if required.	
		

Emergency Department Nursing Documentation

Presenting Complaint:

21BS / 1BD

Date and Time:

25/5/16 @ 1840

NHS
Greater Glasgow
and Clyde

Patient Addressograph Label



1908546042
LOGAN
Georgina

19/08/1954

Named Nurse(s):			
Patient preparation (Please tick when completed)		Initials:	Communication (Please tick when completed)
Prepare patient for examination	☐		Communication Aids (spectacles / hearing aid)
Provide blankets if required	☐		Relatives present?
Clothing bagged, labelled and stored under trolley	☐		Relatives / NOK informed
Name-band (if required)	☐		Interpreter required
			Telephone Interpretation required
Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☐		IV Cannula (if required) dated and timed
Peak Flow 1. 2. 3.	☐		Blood samples taken
12 Lead ECG	☐		Urinalysis and Specimen if indicated
Cardiac Monitoring	☐		Results:
X-rays performed	☐		HCG specimen if indicated
			+ve ☐ -ve ☐ Strip Lot no:
Other: please add	☐		Weight:
Screening Tools (Please circle or tick as appropriate)		Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection	Y / N		Preliminary Pressure Ulcer Risk Assessment
			The patient can reposition themselves whilst in the department?
AMT 4 (if >65 years) SCORE	/4		There is no reported skin damaged other than presenting trauma?
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). If at risk complete risk assessment	Y / N		The person is fully continent?
			If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)
Mental Health Triage Assessment	Y / N		Waterlow Score
			If >10 commence Active Care
Child Protection considered (in line with policy)	Y / N		Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs)
			Record on Active Care Chart
GMAWS	Y / N		Pressure damage identified on arrival in ED is documented in clinical notes
Swallow test (If CVA/stroke)	Y / N		Grade 3 or 4 Pressure Ulcers are reported on DATIX
Pause for Transfer (Please tick when completed)		Tick when completed	N/A
Relatives informed		☐	☐
Cannula dated and timed		☐	☐
Name band		☐	☐
AMT4		☐	☐
NEWS chart		☐	Always
Prescriptions signed	Infusions	☐	☐
	Drugs	☐	☐
	Fluids	☐	☐
	GMAWS	☐	☐
Belongings (including patient's medications)		☐	Always
Bed requested, accepted and ward informed		☐	Always
Notes: medical notes, GP letter, PRF		☐	Always
Investigations	CXR reviewed	☐	☐
	ECG reviewed	☐	☐
	Bloods sent	☐	☐
	Bloods reviewed	☐	☐
Patient on O ₂ cylinder checked		☐	☐
Patient's requiring analgesia: sufficient		☐	☐
Information on discussion with relatives			
Please note here if any other tasks required prior to transfer			
Print name			

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes

Date and Time	Print Name and Signature
2/5/5	Self presentation. 2/5/2 history of abdominal pain & loss of appetite.
22/10	Reviewed by medical staff. Treat as, (1) Query IBS & IBD Plan. → NBM → IV Access → Bloods → IV Fluids → Admit to Gastro. Awaits bed SBAR completed.
	SN BLOW QURADO

Patient Addressograph Label

Nursing Notes

[illegible]

Acute Services Division

CARDIOLOGY CONSULTATION

Emergency Care and
Medical Services Directorate

06004

② 10 am ☐

Ward

Room 9B

Troponin



1908546042
LOGAN
Georgina

19/08/1954

Date of Referral: 25/1/15

Time of Referral: 0900

Referring Cons: Dr Seenan

INITIAL CARDIOLOGY ASSESSMENT

DATE: 25/1/15

TIME: 10.03

60g - Asthma, Angina, Chronic back pain, IBS
? Cx - persistent diarrhoea x10/d. + blood
CP - 10/10 1 hr (later documented) suggests sinus
- vomit

10 admission
Oct 14
infective
Gastritis
Gen Surg
admission 14/15
want 10-14

ECG, SA lead P wave progression V1-6 lat. Q > 25% of wave
the small A form may - this & V2-4 is new
LFTs ✓ FRC ✓
BP 111/53

UB 3 & 7B
6-11-10-10-14

Prior med hydrochloric acid - Gen Surg admission & diagnosed May 14
Pacemaker - Pacer off at Churn? Pacemaker May 14

RECOMMENDED INVESTIGATIONS (IP OR OP)

Small vessel ischaemia - patchy
white matter hyperintensities
head July 14

step 1st
then 2nd
Survival

RECOMMENDED TREATMENT

- not commenced clinically that's its behaviour
but 1 V2-4 - is new but non specific. Await 2nd

PRD
NCA's
2011

CONSULTANT

NAME

SIGNATURE

Goodhall

Goodhall

NSHQ

RECOMMENDED FURTHER MANAGEMENT AFTER INVESTIGATIONS

RESPONSIBILITY FOR:	RECEIVING TEAM	CARDIOLOGY
Ongoing in-patient care	✓	
Discharge summary (notes to)	✓	
Post discharge follow up	✓	
FOLLOW UP:	Medical	Cardiology GP None

2010 - Cards by CP - checked eye → chart → (C) am

Swim

light, fluctuating i. SWS, noxious, sweet

→ 2011 - cycle - excessive time in doc's

acc - non specific A's

Ap. co. septal perforator defect

Gels - a fixed mild capital defect

11. basal 11

May 11 - " CP - out. 1 → CP eyes lateral heterotopia defect

July 11 - Admission CP - Argo. CP

→ Argo 03.06.11

Argo. CP

anxiety

Polypurine

Normal CA 13



CHI: 1908546042

Western Infirmary

21

Total Att: 12

12 Mth Att: 3

Title: MRS

LOGAN

Georgina

DOB: 19/08/1954

Age: 60y

Sex: Female

17 SOLLAS PLACE
KNIGHTSWOOD

Glasgow

Lanarkshire

G13 4NA

07774400790

Next of kin: LOGAN, GEORGE

Relationship: Husband

07774400790

GP: PJ Weir

08444 773318

Attendance Date: 25/01/2015

Arrival Time: 00:12

Registration Time: 00:12

Date of Incident: 25/01/2015

Major Incident Desc:

Reason for Attendance: BIBA-unwell

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 2

Tetanus: up to date/fully immunised:

Presenting Complaint:

Observation Date: 25/01/2015 00:16

Nurse name: Nurse Joanna Hill

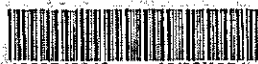
Temp	35.3	C
HR	75	bpm
BP	128/48	mmHg
MAP	74.67	mmHg
RR	16	bpm
SpO2	95	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: co cp - has chrons disease normally has diarrhoea

1908546042
LOGAN
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Georgina

25/1/15 AH2 DJABT

0035

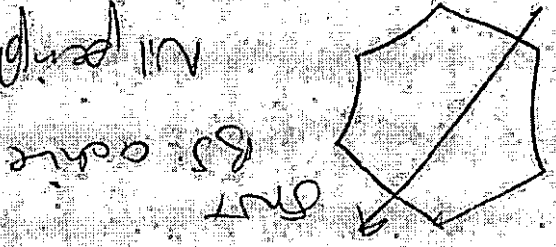
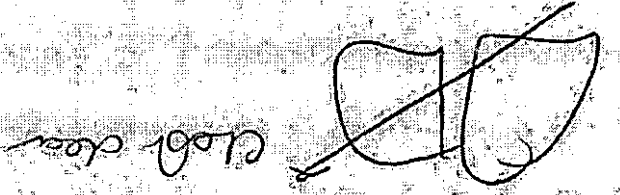
60 g Ashura
+ feathered diarrhoea - treated by GP as
Argina -
Current week per

Developed control of rectum to back - 10/15
severely associated with vomiting. looked a flaccid
but pain, but severe. constant.
No gastroenteritis. No autoimmune symptoms.
Also has been foodborne diarrhoea up to 10x per day -
not known to be gastro.

O/E Appendix

H2 75 BP 128/48

HS 1 + 11 + 0



All peripheral oedema
impression -> unstable angina? ACS

(p) IV access + blood not top

Life to monitor for 12hr up at 0700

L

Patient's name _____ Age _____ Date of Birth _____



Da 1908546042

LOGAN

Georgina

F

19/08/1954

ENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Triage Nurse _____

PC _____

Triage category 1

2

3

4

5

Relatives informed:

INITIAL VITAL SIGNS

at: (Time) _____

HR: _____

BP: _____

RR: _____

SaO₂: _____

Temp: _____

G.C.S: _____

Signed _____

INITIAL MANAGEMENT

Nurse: _____

Oxygen started _____

%

Signed _____

ECG: Signed _____

Signed _____

Other: _____

Treatment: _____

NEUROLOGICAL OBSERVATIONS

TIME	hrs									
EYES	spontaneously	4								
	to speech	3								
	to pain	2								
	none	1								
	eye closed by swelling = C									
BEST VERBAL RESPONSE	orientated	5								
	confused	4								
	inappropriate words	3								
	incomprehensible sounds	2								
	none	1								
BEST MOTOR RESPONSE	obey commands	6								
	localises pain	5								
	normal flexion to pain	4								
	abnormal flexion to pain	3								
	extension to pain	2								
none	1									
COMA SCORE		15								
PUPILS	RIGHT	size (mm)								
	LEFT	size (mm)								
ARMS	Normal power									
	Mild weakness									
	Severe weakness									
	Extension									
	No response									
LEGS	Normal power									
	Mild weakness									
	Severe weakness									
	Extension									
	No response									
PUPIL SCALE (mm)	1	230							40	
	2	220							39	
	3	210							38	
	4	200							37	
	5	190							36	
	6	180							35	
	7	170							34	
	8	160							33	
	9	150							32	
	10	140							31	
PULSE RATE	100								30	
	90									
	80									
	70									
	60									
	50									
	40									
	30									
	RESPIRATORY RATE									
	SaO ₂									
NURSE INITIALS										

BLOOD GLUCOSE	Time				
BM STIX	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	pH L. eye		R. eye		

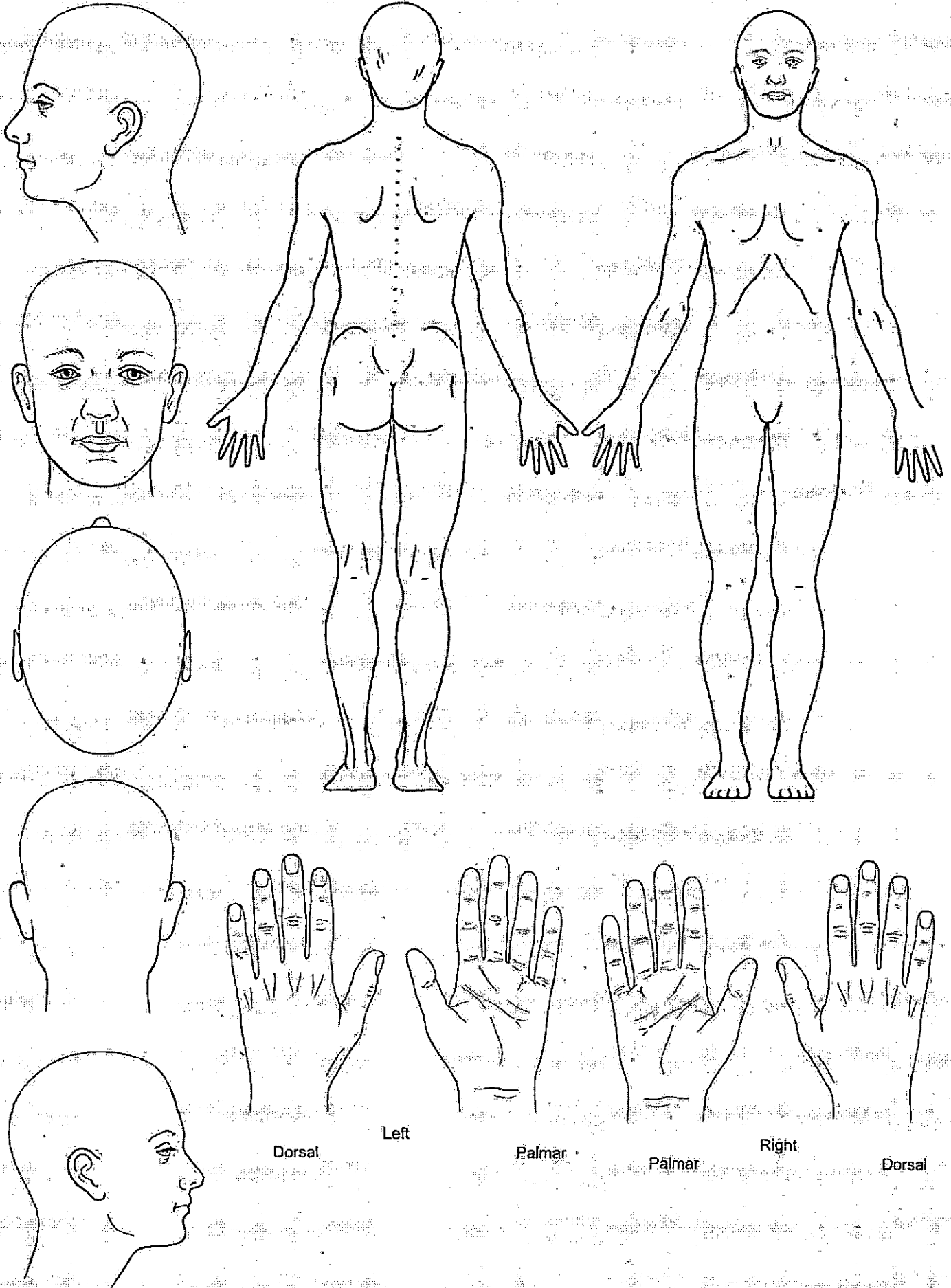
Signed: _____

URINALYSIS

Urobilinogen	Normal	3	16	33	66	131
μmol/L						
Protein	Neg	Trace	+	++	+++	++++
gm/L						
pH	5.0	6.0	6.5	7.0	7.5	8.0
Blood	Neg	Non Haem	Haem	Trace	Small	Mod
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025
Ketones	Neg	Trace	Small	Mod	Large	Large
mmol/L						
Bilirubin	Neg	Small	Mod	Large	+++	
Glucose	Neg	5.5	14	28	55	111
mmol/L						
Nitrites	Neg				Positive	
Leucocytes	Neg	Trace	Small	Mod	Large	
BHCG	+ve				-ve	

Signed: _____

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds



Date _____

Date _____

UNITARY MEDICAL RECORD

Consultant: BICKNELL

Seen By: N CHAN FY1

Grade: FY1 • FY2 CMT1/2 ST3+ NP Other Time 04:30

Presenting Complaint

CHEST PAIN

History Presenting Complaint 60 ♀

central chest pain @ ~10pm last night.
came on at rest, lasted 5 min. felt chest tight, no radiation.
Nausea & vomiting x 1, no light headedness, clammy/sweaty, SOB
states felt different to reflux pain.

recently completed 3/52 course of po co-Amoxiclav for Crohns.
ongoing loose stools ~ x17/day. 1-2 episodes of fresh blood
not known to gastro. on tissue.

Past Medical History

ASTHMA

ANGINA

CHRONIC BACK PAIN

CHOLECYSTECTOMY

IBS

Social History

- Home circumstances: lives alone
- Exercise tolerance
- Driving
- Smoking history: nil
- Alcohol History: nil
- Activities of Daily Living: retired auxiliary nurse

Systemic Enquiry:

- CVS HS 1 + 11 + 0
- Resp no cough / SOB
- GI diarrhoea ~ 17 x / day
- Neuro
- GUS nil acute
- Other no infective symptoms

main
29/11/15



1908546042

LOGAN
Georgina
17 SOLLAS PLACE
KNIGHTSWOOD
Glasgow, Lanarkshire

19/08/1954

G13 4NA

Source of Medical History
(2 Sources)

Patient ☒ Relative/Carer ☐
GP Phone call ☐ ECS ☒
Patient own Drugs ☒ Com. Pharmacist ☐
GP Letter/Summary ☐ Repeat Script ☐

Other (please specify)

Admission Medicines			Plan for Medicines (Dr Complete)				Comments
Name	Dose	Freq	Continue	Amend	Withhold	Stop	Reason for Alteration
* PREGABLIN	300mg	BD					IN BOX BUT NOT REGULAR
* QUININE SULPHATE	300mg	NIGHT					
* SIMVASTATIN	40mg	NIGHT					
* HYOSCINE BUTYLBROMIDE	20mg	TID					0800, 1200, 1800
* ATENOLOL	25mg	OD					
* METHOCARBAMOL	1500mg	QID					
* OMEPRAZOLE	40mg	OD					
* AMITRIPTYLINE	75mg	NIGHT					@ 1800
* SERTRALINE	50mg	OD					
ANUSOL	1 APP	BD					
CAPSICIN 0.025% CREAM	1 APP	TID					
SALBUTAMOL 100 micrograms	2 PUFFS	PRN					GASIBREATHE
BUPRENORPHINE 20 micrograms	1 PATCH	WEEKLY					- SUNDAY/MONDAY
PERTAC	10ml	TID					
TRAMADOL	50mg	QID					
BUDENOSIDE + FORTICORTAL 200/6	1 PUFF	BD					
ASACOL M/R	1.2g	BD					OCT 2014 HAD STOPPED
(SALOPALK FOAM - MESALAZINE - ONE DOSE AT NIGHT)							

Medication history continued under #5376, 25.1.14

Allergies

None known ☒

List any over the counter alternative medicines

Do medicines need further clarification Yes ☐ No ☐

Plan initiated by:

List collected by:

Date:

Designation:

Date:

Compliance aid: Yes ☒ No ☐

Community pharmacist:

Phone:

PLUSPAK

WILLIS PHARMACY

959 2551

Reviewed by:

Designation:

Date:

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

- Risk Assessment must be completed for all patients within 24 hours of admission to hospital
- Patients must be reassessed every 48-72 hours or sooner if condition changes
- Reassessment must be documented in Kardex
- Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.

Pt Addressograph

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐

No ☐

Does the patient have any risk factors for thrombosis? (tick $\checkmark$ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilia	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI >30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete.
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick $\checkmark$ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrand's)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR >2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk - discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia ($<75 \times 10^9/l$)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐

*prior to application of AES, please check contraindications to AES

Medical patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50 kg or eGFR <30 ml/minute/1.73m² ☐

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

- Peripheral neuropathy ☐
- Peripheral vascular disease ☐
- Cellulitis or Gross oedema ☐
- Leg deformity or Fragile skin ☐
- Leg / foot ulcers ☐
- Allergy ☐
- Unusual leg size/shape ☐

Risk assessment result – please tick $\checkmark$ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____

Signature: _____

Date: _____

EXAMINATION

Vital Signs: HR 75 BP 128/48 RR 16 T O2 sats FIO2

MEWS:

AMT: Age ☐ What year ☐ Date of birth ☐ Location ☐ AMT 4/4

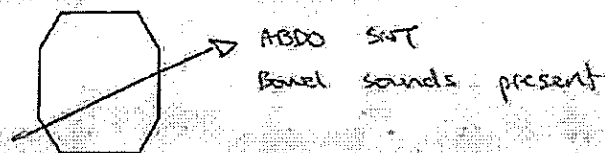
General Appearance: jaundice, anaemia, cyanosis, clubbing, oedema, Lymphadenopathy

Cardiovascular: HS 1 + 11 + 0
Pulse regular
no peripheral oedema

Respiratory



Abdominal



Neurological

GCS 15

PR not performed

power in all 4 limbs

Other (if appropriate): e.g. musculoskeletal, skin

INVESTIGATIONS

ECG sinus, nil acute T wave inversion V3, V4

CXR unremarkable

Other

ABG

Time					
FIO2					
H+					
PO2					
PCO2					
HCO3					
BE					
LAC					

DIFFERENTIAL DIAGNOSIS

- ① Angina ? ACS 1st Trop -ve
- ② reflux

APPROPRIATE PROTOCOLS AND/OR CLINICAL SCORES (E.G. GRACE / MOD GENEVA)

Affix protocol sticker as required
i.e. Sepsis Six or ACS

MANAGEMENT AND FURTHER INVESTIGATIONS

Rpt troponin @ 10AM
for senior review

? ④ if 12^o trop -ve

26/1/15

MR - Anthony

12:00.

- mte O R/V → 12 - Tmp: -ve

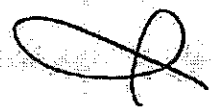
- feels dizzy this morn → BP on low side

- 0/E → no s/s of vertigo/cerebellar sign.

- ①. stop BB / pregabalin / peptac

· tramadol + bupropione → pm.

② + ③ BP

· ④ no postural drop + s/s settled
↳ ④ afterwards

 PORN

Date/ time	25/1				25/1			
Na	140			HB	124		Paracetamol	
K	4.0			MCV	93.1		Salicylate	
Cl	106			WCC	6.7			
Ur	8.3			Neut	3.8			
Cr	73			Plts	256			
Gluc	6.5			eGFR	760			
Ca				AMYLASE	39			
Mg				INR				
Bil	5			APTT	27			
Ast	20			PT	11			
Alt	21							
GGT								
ALP	62			TROP	<0.04	<0.04		
Alb	35			D-Dimers				
CRP	2			Amylase				

2/1/5 James M

604 1/2

Approx 140 (includes the actual sheet size)
from

125

Admission to West Park
Admission to 'New' Park
Admission to 'New' Park

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Admission to 'New' Park

Name:

Scotlan

Sign:

[Signature]

Date:

28/1/14

Time:

09.00

EDD

Destination/Specialty

Lim / CMAS

Lim / CMAS

Lim / CMAS

Lim / CMAS

Lim / CMAS

(1)

Lim / CMAS

Lim / CMAS

Lim / CMAS

Lim / CMAS

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CONTINUATION

27/1/15 WR Anderson ST3

Altn OP (known IHD) 2nd trip -ve.
No further OP but thought 20 to GOR.

Main issue now is persistent low BP 90/50 with
Dizziness on standing.

Causative meds stopped w no improvement
lying BP 115/ → 105/ on standing.

Poor oral intake 2p to nausea and abdominal cramping.
No BO last 3 days, BA w/ BO > 6x day.

o/e Obs (N) except BP 90/50 Bobs (N) 25/1/15.
Chest clear, HS (N), Abdo Soft, generally tender, BS ✓

Ⓟ Anti-emetics to improve nausea & ↑ oral intake.
If no improvement in BP - may require IV fluids plus
Rather ix.
Rft Bloods none.

[Signature]
ST3

20/1/15 WR Rushmore GPST

- History 10/100

- Hypotension improving & ↑ oral intake of fluids
BP 101/60 HR 90.

- Low Cl₀ SOB / wheeze + productive cough
B/L - Atrial.

- N/A - improve & Antenna

Bumax now not given For 4/7

CONTINUATION

of E

SAT 96 o/a



mmw esp under
claps (12) BARE

NEOSALVE

ABDO INT.

Plan

- LAXIDOL - SMP ONCE BD
- ANESALVIN FOR LETT.
- ENALAPRIL PO INTAKE
- PAIN MEDS
- L/S BPs
- PERKS.
- (11) 24 - 48"
- SPROM MCTS.

9/17

29/1/15

MR RUSHMORM

- BOWAS NOT YET OPENED
- A now tells ME ~~she~~ SHE TOOK
62 IMMUNISATION MBS PRIOR TO ADMISSION!
SHE WAS GETTING FRUSTRATED & OVERWHELMED
- HAS SCOT JULY 2014 - NO ABNORMALITY IDENTIFIED
- CWD - IMPROVING, NOT RETURNING MBS TODAY
- PLAN - LAXIDOL BD + SERRA WITH BD
- ? CP CAPTED FLV AS SYMPTOM ARISING
- (11) TONE IF BD.

9/17

[illegible][illegible]

REFUSAL TO REMAIN UNDER HOSPITAL CARE

Date _____ Signature _____
(Medical Practitioner)

Treatment _____

Signed *(Please put initials in box)*

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

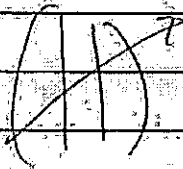
Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

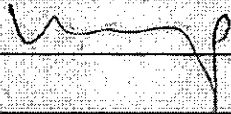
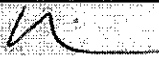
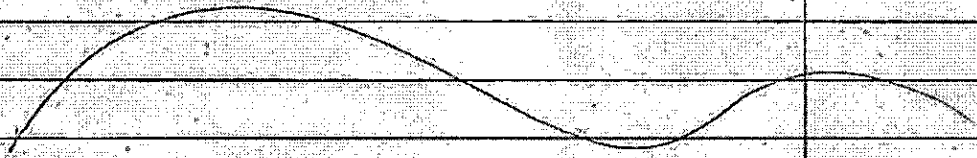
Discharged with _____ Admitted / transferred to _____

Time discharged _____ Signed _____

Georgina Logan
1908 546 042
Ward 6B

CLINICAL NOTES - NURSING

Date & Time		Signature, Print Name & Designation
30/1/15	FY1 Tuckup H@N	
06:30	ATSP due to episode of chest/abdo pain this morning lasting 10-15 minutes.	
	Pt describes pain over lower sternum / upper abdomen	
	Came on quickly ° radiation to arms / neck. Constant, severe	
	"feels different" from pain on admission, also different to indigestion / angina pain	pain c episodes of worsening + some relief
	but cannot describe how	
	° palpitations ° SOB	
	 clear	
	 SNT BS (+)	
	HS 1 + 11 + 0	
	Obs stable - news 0	
	Imp: abdo pain - GI related as has not opened bowels + sounds crampy / spasmodic in nature.	

Date & Time		Signature, Print Name & Designation
	Ran: ECG + trop given cardiac Hx pain relief - no longer req'd	
	ECG - rate 77 - regular - no ST changes - T-wave inversion V ₂ - V ₅	
	no recent ECG available, but previous ECG on admission reported as having T-wave inversion in V ₃ V ₄	
	Await trop. I will hand over to day team.	
30/11/15	MR JONES	
	NBS Sm not moved BOMBS LADNO BD	
	o/e/ UNCOMFORTABLE - ABD PAINFULNESS OBS STABLE BP 100/60	
	(P) AXL SOLNA (M) UNKN BOMBS MOVES	 21/11
		

Georgina Logan
1908546042

33949

E-Pacer PATIENT REPORT

Time 23:49 Date 24/01/2015

PATIENT AND INCIDENT DETAILS

Incident number CR001877942.001
 Name GEORGINA LOGAN
 Age 60y
 Date of birth 19/08/1954
 Gender Female
 CHI number 1908546042
 Incident location 17 SOLLAS PLACE YOKER
 Incident post code GLASGOW
 Incident type G13 4NA
 Call received 24/01/2015 21:47
 Call passed 24/01/2015 23:07
 Crew mobile 24/01/2015 23:07
 Crew at scene 24/01/2015 23:13

SEPSIS

Sepsis: Pneumonia
 Sepsis: UTI
 Sepsis: Other infection
 Sepsis: Abdo pain
 Sepsis: Diarrhoea
 Sepsis: Abdo distension
 Sepsis: Meningitis
 Sepsis: Cellulitis
 Sepsis: Septic arthritis
 Sepsis: Wound infection
 Sepsis: Infected indwelling device

PRIMARY SURVEY

RESPONSE

AVPU Alert

AIRWAY

Airway assessment Clear

BREATHING

Breathing rate Normal

Respiratory rate

Pulse rate

Most peripheral pulse found Radial

Cap refill rate

Skin colour Normal

Skin texture Dry

Suspicion of CSI

CIRCULATION

Normal

Radial

Normal

Dry

C-SPINE INJURY

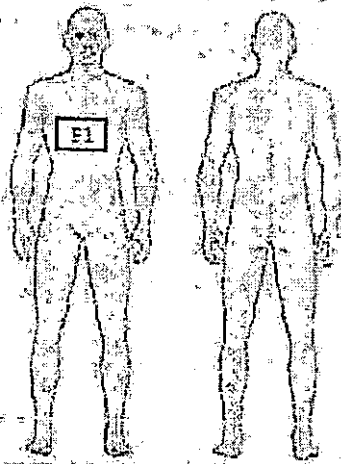
No evidence of C-spine injury

PATIENT CONSENT

Treatment benefits explained, Risks of condition explained, Risk of refusal explained, Capacity to understand risks and treatment

Patient consent

INJURIES



AMPDS

Dispatch code 33C04

Final code 10A01

Poss acute heart prob or MI
 Chest Pains, Breathing normally
 12-34 rpm

GCS

Final GCS eye opening

Spontaneous

Final GCS verbal response

Orientated

Final GCS motor response

Obeys commands

VITAL SIGNS

Sepsis	ECG	RTS	NEWS	GCS Total	SPO2 %	Temp °C	Pain score	Blood sugar mmol/l	Peak flow %	Cap refill (secs)	BP mm Hg	Resp. rpm	Pulse rhythm	Pulse bpm	Time h:m: min
0	NSR	7.6	0	15	99	36.6		5.4	5.4	<2 secs	124 / 92	16	Reg	81	10:15
0	NSR	7.6	0	15	99	36.6	10/10	5.4	5.4		124 / 81	16	Reg	75	22:25
0	NSR	7.6	0	15	97	36.6	3/10	5.4	5.4		113 / 95	16	Reg	77	11:20

EYES AND PUPIL SIZE AND REACTION

Pupil size Left Normal Right Normal
 Pupil reaction Left Normal Right Normal

AMPLE

Allergies Animal dander

Other allergies

Medication

Past history

Last eaten

Events prior

AMATRYPYLINE ATENOLOL HYOSCINE
 BUTYLBROMIDE METHOCARBAMOL
 OMEPRAZOLE PREGABALIN QUININE
 POSSIBLE MI? ASTHMA CROHNS
 ANGINA
 4 1/2 hrs
 FELT UNWELL FOR FEW DAYS WITH
 CROHNS AND IBS. FELT PAIN IN CHEST
 TODAY AT AROUND 7PM

AMI

History of episode

Patient symptoms

Pain character

ST Segment change

>35 yrs old
 Chest pain, Time of onset 19:00, Central
 Constant pain
 Flat

EMERGENCY SERVICES ON SCENE

Paramedic

Technician

ETHNICITY

Ethnicity White

British

White Other

Not stated

FINAL OBSERVATION AND COMMENTS

60... F WITH CHEST PAIN, PRU
 INITIALLY ON SCENE, PAIN
 STARTED AROUND 7PM. FELT
 LIKE INDEGESTION/HEART
 BURN. DID NOT RADIATE WAS
 CONSTANT. PT TOOK 2
 PARACETAMOL 500 AT 8PM. PT
 VOMITED SINCE. PT SEEN
 DOCTOR LAST WEEK. GUT
 VIRUS, ANTIBIOTICS TAKEN. O/A
 PT WALKING TO AMBULANCE,
 ALERT. G/O PAIN IN CHEST. O/E
 PTS OBS OK, ECG NSR. PTS
 PAIN SCORE NOW 3, WAS 10.
 NO LOSS OF CON, ALTHOUGH
 DID FEEL DIZZY

Report ID

8ae32d1b-0320-4ea3-83d6-
 19458fcc2ffd

Department of Ophthalmology Operation Pack

NHS
Greater Glasgow
and Clyde

1908548042
LOGAN, F
Georgina 19/08/1954
17 Sollas Place,
Glasgow, Lanarkshire
G13 4NA

GP Label

Consultant: Shohista Sardkasmova
Consultant Ophthalmologist

Planned Surgery Date:

Diagnosis:

Cataract + EM

GA

LA

LA / Sedation

Operation:

Phaco / VPA

Biometry done?

Y ☐ N ☐ N/A ☐

Medical Examination:

Examining Doctor:

[Signature]

Date:

3 / 7 / 25

Past Medical History:

Can lie flat?

Y ☐ N ☐

Restricted Neck ROM:

Y ☐ N ☐

Systemic Review & Examination:

Suggested Investigations: CXR ☐ Echo ☐ Other: _____ Inform Anaesthetist? Y ☐ N ☐

Ocular Examination

Ocular History:

R 58

L 70

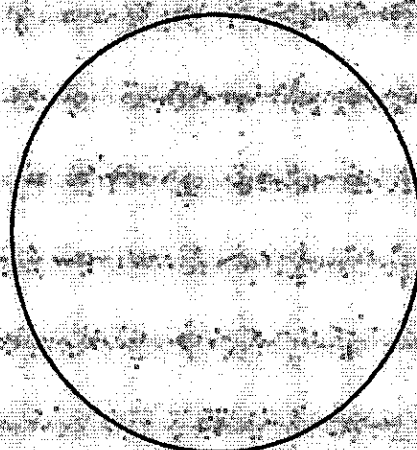
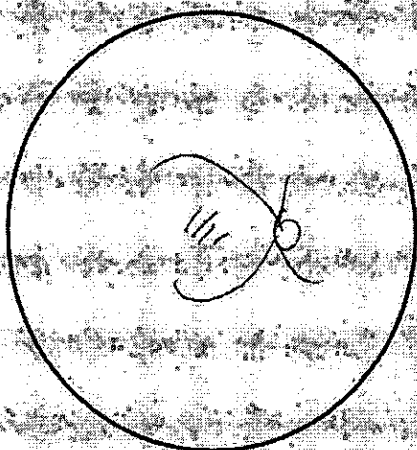
VA

Refraction

Pupils

Anterior Segment

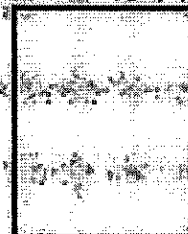
+ CND Lens CND +



Summary / Plan

(R) Plano / VPA

IOL Choice



Drops on Admission (please circle & sign)

On-Ward

Prescribe

Instill

g cyclopentolate 1% (x3)

g phenylephrine 2.5% (x3)

Mydrasert

Right

Left

Both

In Anaesthetic Room

Prescribe

Instill

g proxymetacaine 0.5%

g povidone

Mydrasert removed

Sig/time:

Operation Note

Date:

Signature:

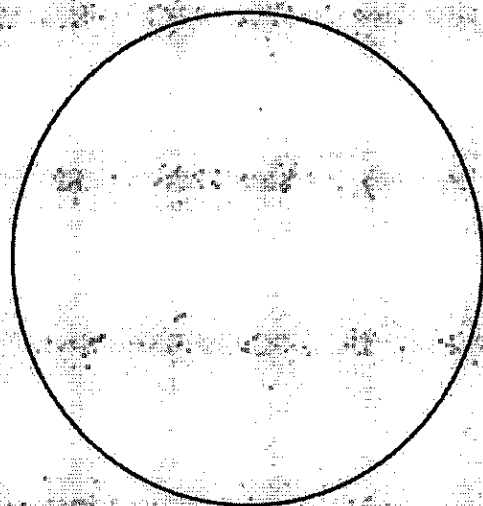
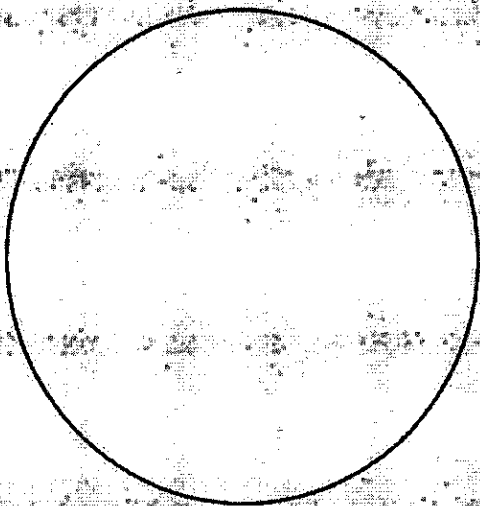
Anaesthetic: GA LA

Anaesthetist:

Surgeon:

Assistant:

Scrub Nurse:



Post-operative Instructions:

Medication	RE	LE	Frequency	Duration

HOSPITAL INFORMATION MISSING

Dr ANN MORGAN
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE GLASGOW
G15 7TS

Date : 12 May 2011

Dear Dr ANN MORGAN,

Re: GEORGINA LOGAN, 17 SOLLAS PLACE, GLASGOW, LANARKSHIRE, G13 4NA
Date of Birth: 19/08/1954 CHI number: 1908546042

HOSPITAL INFORMATION MISSING Patient attended on the 12 May 2011.

The presenting complaint was: **GP REF A&E ?EPIGASTRIC PAIN ? CARDIAC PAIN**
FOR 2 /7

Triage information: **TEMP 36.2 C**

The following investigations
were carried out: **AE09-FBC/GLUCOSE/PROFILE/CRP**
TROPONIN I
CHEST X-RAY
ECG

The A&E diagnosis was: **CARDIO-VASCULAR - ?ACUTE CORONARY**
SYNDROME

The following treatment was
given: **ASPIRIN GIVEN WHILE IN A&E**

please circle one answer for each question

What percentage of pain relief did you get?	It made my pain worse	None	Less than 30%	30-60%	More than 60%
How long did the pain relief last?	No pain relief	Hours or days only	Up to 4 weeks	5-8 weeks	More than 8 weeks
Did your sleep improve?	No	Yes	My pain does not usually affect sleep		
Has your mobility changed?	It's worse now	It's the same	It's better	My pain does not affect my mobility	
Were you able to reduce your medication?	No, I am on more painkillers now	No, I take the same pain medication	Yes, I reduced medication a bit	Yes, I reduced medication a lot	
Has your quality of life changed?	It's worse now	It's the same	It's a bit better	It's a lot better	
Was the procedure beneficial enough to be worth having again?	No	Yes			
Did you experience any side effects?	None	Mild	Moderate	Severe	

please specify any side effect(s):

Severe cramps in my leg's
worse than they were
Mrs G Logan

please add any comments you feel would be helpful (continue on separate sheet if required):

please send the completed form in the envelope provided to:

Johnston
Management Secretary
Management Offices
1st Floor
Bhill ACH
Dunoon Road
Glasgow G21 3UW

Clinical letter - GP:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6023
Enquiries to: sharon.martin4@ggc.scot.nhs.uk
Letter Date: 13/04/2023
Reference: JP/STM
Dictated Date: 06/04/2023
Transcribed Date: 12/04/2023

Dear Dr Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

DATE OF ADMISSION: 27.03.2023

DATE OF DISCHARGE: 28.03.2023

DIAGNOSIS: Symptomatic diverticular disease

FOLLOW UP: Routine outpatient clinic appointment

Mrs Logan presented as an emergency again with a further flare of her known diverticular disease. Reassuringly bloods were unremarkable on this occasion and as such she was discharged home with symptomatic treatment.

This is now her 3rd presentation since the start of this year and as such I will arrange for her to come back to clinic for us to see if we can optimise her management. As before I think we should be trying to avoid surgery as much as possible for uncomplicated diverticular disease.

Yours sincerely

Mr James Park

PhD FRCS Glasg General Surgery

Consultant Colorectal and General Surgeon

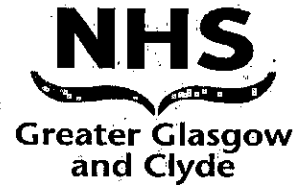
Honorary Senior Clinical Lecturer

Queen Elizabeth University Hospital

Electronically Signed: Mr Jamie Park, Consultant

cc.

**NHS Greater Glasgow & Clyde
Acute Services Division**



Date Printed: 26/08/2020

Private & Confidential

Allison Walls

Dr Phillip Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

www.nhsgg.org.uk

Dear Dr Weir,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Georgina Logan **CHI:** 1908546042 **CRN:** 50551545H

Address: 17 Sollar Place, Knightswood, Lanarkshire, G13 4NA

Consultant: Hendry David

MDT Meeting: Endo-urology/Stone MDT

Date of MDT Review: 26/08/2020

Reason for Referral:

Outcome of MDT Review:

List for FURS will need CT KUB prior to confirm stone position and presence

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Date Printed: 26/08/2020

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

At the conclusion of treatment the patient was: **DIRECT ADMISSION TO LEVEL 8 ASSESSMENT UNIT**

Follow-up: **LEVEL 8 ASSESSMENT UNIT**

Additional information: **None**

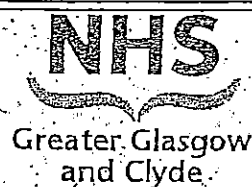
Yours sincerely,

RHONA BRIGGS

EMERGENCY DEPARTMENT DOCTOR

01 JUN 2012

GLASGOW CHRONIC PAIN MANAGEMENT SERVICE



- IT IS VERY IMPORTANT THAT WE KNOW HOW YOU ARE AFTER THE PROCEDURE YOU HAVE HAD TODAY.
- THIS INFORMATION WILL HELP US TO DECIDE WHAT MAY BE THE NEXT STEP IN YOUR MANAGEMENT PLAN.
- PLEASE COMPLETE THE FOLLOWING QUESTIONS 8 WEEKS AFTER YOUR PROCEDURE - THAT IS ON OR AROUND -

26.6.12

- IF YOU HAVE NOT EXPERIENCED ANY RELIEF 2-3 WEEKS AFTER THE PROCEDURE, PLEASE COMPLETE AND RETURN THE FORM AT THIS TIME
- IF YOU DO NOT RETURN THIS FORM THERE MAY BE A DELAY IN YOUR FUTURE CARE

Patient ID label



50551545H
LOGAN
GEORGINA
CHI-1908546042

Referring Consultant:

Parris Rae Manchanda

Mcghie Serpell Green

Referring Consultant:

Parris Rae Manchanda

Mcghie Serpell Green

Procedure:

(30/06/12 Caudal)

For use only;

Review appt:

Procedure

REV for LUMB
SPINAL

Open telephone

Clinical letter - GP:



West Glasgow ACH - Yorkhill
Dalhair Street
Glasgow
G3 8SJ
0141 211 2000
Orthopaedics

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

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

09/03/2020
CM/GG
25/02/2020
05/03/2020

Dear Doctor,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

The above 65 year old lady failed to attend a spinal new patient clinic appointment today. I note that since your referral regarding bilateral leg spasms, this lady did attend A&E in early December 2019 and was admitted to QUEH 1-3rd December 2019 with a 4 week history of diarrhoea.

She was subsequently discharged as symptom improved and is to have routine follow up with flexible sigmoidoscopy.

I have not arranged for any further appointments to be issued to this lady and she has been discharged from the orthopaedic spinal service. If however she is having ongoing issues with her back and legs and you still feel that she requires orthopaedic opinion then please refer this lady back to the orthopaedic spinal service.

Yours sincerely

Caroline McDonald

Advanced Physiotherapists Practitioner

Electronically Signed: ,

cc.

Clinical letter - GP:



West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road,
Glasgow
G14 9DR

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

0141 211 2000
Orthopaedics
0141 201 0751
Secretary
17/01/2020
NC/EY
24/12/2019
09/01/2020

Dear Dr Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Please find enclosed a copy of the report of the recent MRI scan of this lady's lumbar spine. As you can see there is no cauda equina compression to explain her perianal and bowel and bladder symptoms, there is some degenerative change and minor root compression. We will arrange to see her at an outpatient clinic to discuss the scan findings and treatment options for her symptoms.

Kind regards,

Yours sincerely,

Mr Niall Craig

Locum Consultant Orthopaedic Spinal Surgeon

Electronically Signed: Mr Niall Craig, Consultant

cc. Enc

Physical copy of MRI scan report

Clinical letter - GP:



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

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

Endoscopy Unit
0141 211 3099

08/12/2015

HW/GG

02/12/2015

07/12/2015

Dear Dr Weir,

**Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA**

We now have the biopsy results obtained at this patient's recent endoscopy.

The duodenal biopsies are within the normal range. In view of persistent symptoms, we have arranged surgical review and will update you with the outcome.

Yours sincerely

Sister Hassiah Wilkie
CNS/Upper GI Endoscopist

Electronically Signed: Nurse Hassiah Wilkie, Consultant

cc.

Clinic Letter



Garriavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

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

0141 211 3000
General Surgery
0141 211 6356
loraine.gillespie@ggc.scot.nhs.uk
23/07/2014
KH/lm
23/07/2014
01/08/2014

Dear Dr. PJ Weir,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - General Surgery; Clinic - GGDBGS6-GS MR D BYRNE GENERAL CLINIC
WEDNESDAY PM
Date and Time of Appointment - 23/07/2014 14:30

Clinical Comments:

I reviewed Mrs Logan in clinic today. She was an inpatient with us in May of this year. She had been admitted with abdominal pain, nausea, vomiting and diarrhoea. She had a CT scan which showed sigmoid diverticular disease and some adjacent thickening of the bowels. She also had a rigid sigmoidoscopy which showed proctitis. Since being discharged Mrs Logan has had a colonoscopy which has revealed a colonic polyp only.

I am sorry to hear Mrs Logan is still having problems with diarrhoea. She claims of passing stool 9 times a day and describes it as very loose and watery. She complains of anorexia and also nausea.

On examination today her abdomen was soft with some mild right iliac fossa tenderness.

Mrs Logan does not seem to be coping with her symptoms and as such I discussed her with Mr Byrne. We decided for direct admission onto the surgical ward. We will review her on the ward and let you know the outcome of this.

Kind regards.

Yours sincerely

Dr Kenneth Hugh
Surgical Trainee

Electronically Signed: Dr Kenneth Hugh, Doctor

cc.

Clinic Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. RP Murphy
1398 Dumbarton Road
Glasgow
G14 9DR

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

11/06/2025

Dear Dr. RP Murphy,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 Sollar Place, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - Gynaecology; Clinic - SGH Emergency Gyn Ward Attender
Date and Time of Appointment - 11/06/2025 12:00

Clinical Comments:

Dear Doctor,

This 70yo lady was seen in Gyn Emergencies today for review - she is currently an inpatient in Ward 8B due to flare of her Crohn's disease. she attended for review for 2 issues today.

1) She has a longstanding complex left adnexal mass. This has been seen on scan as far back as 2014 and has been essentially unchanged over this period of time. CA125 was reassuringly low at 15. TVS today showed the mass as before with maximal diameter 51mm which is a very minimal increase in size since it was last seen on CT in 2023 (45mm). Georgina is very keen to avoid any surgical intervention for this and we would agree that there isn't a clear indication for this currently. We will therefore arrange for her to be followed up in a One Stop clinic in a year for repeat scan.

2) PMB/?faeculent matter PV. On questioning Georgina has had severe vulval itch for around a year which has not been improved by multiple rounds of thrush treatment. She does acknowledge that she scratches the area a lot and the PMB that she reported sounds more like a tiny amount of fresh red bleeding from local trauma at the time of inserting her Canesten pessary. There was no evidence of colo-vesical or colo-vaginal fistula on CT and I suspect she has probably experienced an episode of faecal incontinence associated with her Crohn's flare rather than faeculent PV discharge. Appearances on examination today were consistent with lichen sclerosus. I have advised that Georgina should be prescribed Dermol for soap substitute and Dermovate ointment for treatment of this. I have advised her to use Dermovate nightly for 4 weeks, then reduce to every other night for 4 weeks, then twice weekly for 4 weeks and then just as required to control symptoms. I would

be grateful if you could arrange to review her in 6 months regarding control of her lichen sclerosus as per local and national guidance. Her endometrium did appear slightly thickened today on scan (7.3mm) but she was unable to tolerate a speculum to obtain a pipelle. Following discussion with the on call consultant Dr Datsun we have decided to just review appearances of the endometrium at her follow up appointment in a year's time. If she has any further episodes of PMB in the meantime we would recommend urgent referral to PMB clinic.

Many thanks for your continuing care of this patient.

Yours sincerely,

Dr Roz MacBride

ST7 O&G

Electronically Signed: ,

cc.

Gartnavel General Hospital
1053 Great Western Road
Glasgow
GGC
G12 0YN
Tel: 01412113000

Dr Richard Murphy
Barclay Clydeside
1265 - 1275 Dumbarton Road
Glasgow
G14 9UU

10 Apr 2025

Dear Dr Murphy,

Re: Georgina Logan, 17 Sollas Place, Glasgow, G13 4NA
DOB: 19 Aug 1954, CHI: 1908546042, CHI: 1908546042

Diagnosis:

4 Feb 2025	RIGHT Epiretinal membrane
	Bilateral mild cataract

Visual Acuity:

Visual Acuity	Right Eye	Left Eye
Glasses	63	76

Intraocular Pressure:

11 mmHg on the right, and 12 mmHg on the left (recorded on 10 Apr 2025)

Clinical Management:

Right Phaco+ IOL+ Vtrectomy/ERM Peel GA DC (anxiety and phobia)

Follow-up:

Discharge to community optometrist

Yours sincerely,

~~Shohista Saidkasimova~~

Signed on 10 Apr 2025, 13:56

Dr Shohista Saidkasimova

**To: GP : Dr Richard Murphy, Barclay Clydeside, 1265 - 1275 Dumbarton
Road, Glasgow, G14 9UU**

Clinic Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. RP Murphy
1398 Dumbarton Road
Glasgow
G14 9DR

Main
Switchboard:
Department:

OPHTHALMOLOGY NEW VICTORIA
HOSPITAL

Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Secretary: 0141 347 8030
fiona.clow@nhs.scot
03/02/2025
FC
04/02/2025
04/02/2025

Dear Dr. RP Murphy,

**Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA**

Attendance: Specialty - Ophthalmology; Clinic - SUMTEY201D-EYE MACULAR TRIAGE
CONSULTANT MON PM

Date and Time of Appointment - 03/02/2025 14:40

Clinical Comments:

This letter is to the optician and cc GP

Diagnosis:

Right epiretinal membrane (visual acuity and OCT appearance unchanged since seen by surgical retina service in June 2022 and discharged)

Best corrected visual acuity with optometrist on 27.01.25

right eye 6/18 N18 and left eye 6/7.5 N6

This lady attended the macula triage service for fundus colour images and macula OCT scans only. She had a discussion with my surgical retina colleague Dr Alan Cox in June 2022 about the possibility of right combined phaco/vitreotomy. At that stage Mrs Logan felt she was coping well and therefore declined surgery. If Mrs Logan wants to be considered for surgery then please refer her back to the hospital eye service.

Yours sincerely

Dr David Gilmour

Consultant Ophthalmologist

Electronically Signed: Mr David Gilmour, Consultant

cc. Murray Optometrist
22 Dunkenny Road
Glasgow
G15 8NB

Clinic Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

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

General Surgery
0141 451 6023
sharon.martin4@ggc.scot.nhs.uk
21/07/2023
JP/RP
21/07/2023
01/08/2023

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - General Surgery; Clinic - SUJPGS9-MR J PARK COLORECTAL CLINIC FRI PM

Date and Time of Appointment - 21/07/2023 15:20

Clinical Comments:

Ms Logan did not attend her appointment at the clinic, another appointment will not be sent.

Yours sincerely

Mr James Park, PhD FRCSGlasg General Surgery

Consultant Colorectal & General Surgeon

Honorary Senior Clinical Lecturer

Electronically Signed: Mr Jamie Park, Consultant

cc.

Clinic Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

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

Ophthalmology
0141 211 0120
Rachael.Smith@ggc.scot.nhs.uk
14/06/2022
AC/RS
14/06/2022
30/06/2022

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - Ophthalmology; Clinic - GGACEY3-DR COX RETINA CLINIC TUE AM
Date and Time of Appointment - 14/06/2022 09:15

Clinical Comments:

Diagnosis:

Epiretinal membrane right eye.

Visual Acuity:

Right eye 53 letters

Left eye 76 letters

Treatment:

Nil

Follow up:

Nil

Thank you for referring this lady who has been aware of poor vision in the right eye for several years. It doesn't particularly bother her binocularly. She doesn't think it's changed much over the last few years. On examination visual acuity was as above. She has an epiretinal membrane in the right eye. I've discussed the pros and cons of a combined phaco-vitrectomy. I've told her left untreated the membrane is unlikely to progress although it can progress in 4% of people. I've also told her the results from surgery are often somewhat disappointing. She felt she was coping well enough at present and therefore declined surgery. I've arranged no further appointment at the eye clinic.

Yours Sincerely,

Dr Alan Cox

Consultant Ophthalmologist

Electronically Signed: Mr Alan Cox, Consultant

cc.

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: 0141 451 5880
Spinal Secretaries: 0141 201 0752 / 53

Virtual Spinal Clinic

Clinic Date: 21/11/2019
Typed: 21/11/2019

Dr Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Dear Dr Spence

Mrs Georgina Logan ~ DOB: 19/08/1954 ~ CHI: 1908546042;
17 Sollas Place Knightswood Glasgow Lanarkshire G13 4NA

Your patient was recently reviewed at the Virtual Spinal Clinic at Queen Elizabeth University Hospital, Glasgow.
The following details were recorded:

Clinician:	Mr Craig Consultant Trauma & Orthopaedic Spinal Surgeon
Patient contacted	Phone
Spinal Site:	Bilateral Lumbar
Suspected Diagnosis:	Radiculopathy
Imaging Requested:	MRI Lumbar/Sacral Spine
Red Flag Signs Present:	Yes Sometimes opens bowel without knowinh when passes urine
Cauda Equina Advice Given:	Cauda Equina advice given
Outcome:	Imaging Required - Follow up according to result
Additional Information:	

The patient will receive a separate letter regarding their consultation, (where appropriate).

Yours Sincerely,

Mr Craig
Consultant Trauma & Orthopaedic Spinal Surgeon

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

Clinic Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: 0141 451 6089
Letter Date: clare.campbell@ggc.scot.nhs.uk
Reference: 04/10/2016
Dictated: JM/CC
Date: 04/10/2016
Transcribed: 04/10/2016
Date:

Dear Dr. PJ Weir,

Georgina Logan; D.O.B: 19 Aug 1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Attendance: Specialty - Gastroenterology; Clinic - GGJMG4-GASTRO DR J MACDONALD
TUESDAY PM DO NOT OVER BOOK CLINIC
Date and Time of Appointment - 04/10/2016 14:10.

Clinical Comments:

This lady seems to have been given an appointment for my clinic after a recent admission to the Queen Elizabeth University Hospital. She didn't attend her appointment today I am afraid. I am not entirely sure why the appointment was made in the first place and I have not made any arrangements for her to receive another appointment.

Kind regards

Yours sincerely

Dr Jonathan Macdonald

Consultant Gastroenterologist

Electronically Signed: Dr Jonathan MacDonald, Consultant

cc.

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Direct Line: 0141-355-1490/2

PAIN MANAGEMENT SERVICE

Dictated: 07/06/2012
Typed: 07/06/2012

Our Ref: [MGS]CMCN/50551545H

Mrs Georgina Logan
17 Sollas Place
GLASGOW
G13 4NA

Dear Mrs Logan

Thank you for completing and returning the treatment outcome form following caudal epidural block carried out on 30th April 2012.

Dr Serpell will now carry out a lumbar epidural block, and you have been put on the waiting list for this. We will be in touch nearer the time to confirm a date.

Yours sincerely

Mrs C McNeill
Secretary : Pain Management Service

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfrauns Drive
GLASGOW
G15 7TS

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Paris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr R Keenan.
Clinical Psychologists: Dr K Gillan, Dr A McGregor, Dr L Reynolds; Physiotherapists: C Farish, A Williams, L Sparks, J Ford, F Bell.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Mrs S Burns

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Direct Line: 0141-355-1490/2

PAIN MANAGEMENT SERVICE

Dictated: 11/01/2012

Typed: 26/01/2012

Our Ref: MGS/CMCN/50551545H

Dr Malachy Duffy
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Duffy

Georgina Logan, (DOB: 19/08/1954, CHI: 1908546042), 17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

I reviewed this lady with ongoing low back and left leg pain. She underwent L2/3 lumbar micro-discectomy in December 2009. She missed her last appointment with our nurse and, therefore, you had to refer her back to us.

Her pain is still a problem. She is currently on Pregabalin 75mg bd and Butrans 20 micrograms. She has discontinued Tramadol. She is also on Quinine and Methocarbamol for cramps, which occur predominantly in her left leg intermittently.

She was previously on a higher dose of Gabapentin and did feel that it helped her. It was very well tolerated apart from some slight sedation. Therefore, I would recommend you increase the dose to 150mg bd and then up to 300mg bd as per my hand written letter, which I gave her today. I would keep her on the current dose of Butrans and not aim to increase this further (equivalent to Morphine 50mg-60mg per day). She previously tried MST, but in view of her home life, which sounds very chaotic with the drug abuser son and dying former husband, it would be better if she does not have tablets of opioids, but uses only the patch as it is less easy to abuse.

On examination she is moderately restricted in forward flexion of her back. She is tender over both SI joint areas, but as her leg pain is the predominant pain symptoms, I will arrange for a low volume caudal block to be carried out. She is currently only on Aspirin and not taking the Clopidogrel.

She bought her own Tens machine, but I am not clear that she is using it appropriately, so I will reschedule her to see our pain nurse and for her to bring her machine with her. It may be that we will loan her one of ours, but more importantly give her thorough education on how to use it.

She quite a strong lady and I think the predominant therapy we can help with is relaxation, and so have encouraged her to attend our patient education classes. If she engages well, then I think we could take this further towards referral to the Glasgow Pain Management Programme, but in her current state she is very anxious and not fully receptive to sitting and listening and relaxation.

She will be reviewed again at the Tens clinic and when I perform the injection.

Yours sincerely

Dr M Serpell
Consultant in Anaesthesia & Pain Management

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr R Keenan.
Clinical Psychologists: Dr K Gillan, Dr A McGregor, Dr L Reynolds; Physiotherapists: C Farish, A Williams, L Sparks, J Ford, F Bell.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Mrs S Burns

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Tel: 0141 355 1492 / 0
Fax: 0141 355 1870

Pain Management Services

Dictated: 08/06/2011

Typed: 14/06/2011

Our Ref: mgs/ej/50551545H

Dr Ann Morgan
Drumchapel Health Centre
80 - 90 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Dear Dr Morgan

Re: Georgina Logan. DOB: 19/08/54. CHI: 1908546042.
17 Sollas Place, Glasgow, G13 4NA.

Further to Dr McCubbin's clinic letter dated 18th August 2010, I reviewed your patient lady with chronic low back and left leg neuropathic pain following L2/3 lumbar discectomy in December 2009. Her pain symptoms continue, and she actually had an angioplasty last week for severe angina.

She has tried topical Zacin cream with no benefit and for analgesia is currently on Tramadol 50mg SR bd, Gabapentin 600mg tid and Quinine for cramps. She is also on Statin, low dose Aspirin, Clopidogrel, Bisoprolol, Omeprazole and Methocarbamol.

I think the next options to try would be to change her Gabapentin over to Pregabalin and also to trial a low dose Step 3 opio id as per the last clinic letter. The patient did in fact admit that she tried a friends dose of MST 30mg and found it to be very beneficial, I think that a low dose transdermal patch might be more safer and appropriate in this lady therefore have given her a hand note for you suggesting Butrans 5ug/hr increasing at weekly intervals if required / tolerated up to 20ug/hr.

I will also appoint her for a TENS machine as she tells me that she has never had one (contrary to the last Clinic letter) and I think we will hold off on injection therapy at the moment as she would have to discontinue the Aspirin and Clopidogrel for a week to minimise the risk of epidural haematoma. I would also like to see her current cardiovascular state become more stabilised, it is only a week since the angioplasty,

She will be reviewed at our Clinical Nurse Specialist Medication Review Clinic where she will be issued and demonstrated the TENS unit.

Yours sincerely

Dr M Serpell
Consultant in Anaesthesia & Pain Management

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Paris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr R Keenan.
Clinical Psychologists: Dr K Gillan, Dr A McGregor; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade

**Medical Assessment Unit
Western Infirmary, Glasgow G11 6NT.
Tel No. 0141-211-2850**

Receiving Consultant: Professor Walters

OUR REF: CB/SK
CHI NO: 1908546042

Date Dictated: 15/08/2011
Date Typed: 16/08/2011

Date of Admission: 01/06/2011

Date of Discharge: 02/06/2011

Dr Ann Morgan
Drumchapel Health Centre,
80/90 Kinfauns Drive,
Glasgow
G15 7TS

Dear Dr Morgan,

**Georgina Logan - 19/08/1954 - CRN: 50551545H
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA**

This lady was referred from yourself with pleuritic chest pain. She had mild shortness of breath but no infective symptoms. The pain was easing by the time she presented; and her D-dimer was 69. Her other blood tests were unremarkable. Her chest X-ray was normal and she was therefore discharged home.

Yours sincerely,

Dr Catriona Bisset
ACCS1 Acute Medicine

Acute Services Division
Emergency Care and
Medical Services Directorate



DEPARTMENT OF CARDIOLOGY

DR COLIN BERRY
CARDIOLOGY WARD SUMMARY

WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary: 0141 211 6311
Fax: 0141 211 1906

Secretary's Hours – 1pm – 5pm

Our Ref: IA/GQ/50551545H

Admitted: 12.05.11

Discharged: 15.05.11

Dictated: 27/05/2011
Date: 31/05/2011

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan

Georgina Logan - 19/08/1954 - CHI: 1908546042
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

This 56 year old lady who is known to Dr Sonecki was admitted to hospital with cardiac sounding chest pain and was reviewed by Dr Berry, Consultant Cardiologist. Her ECG showed anterior T-wave inversion however, her cardiac markers were negative. It also appeared that she has had a nuclear stress test in the past with some evidence of ischaemia. Her anti-anginal therapy was adjusted. She remained well over the next few days and was allowed home with plans for outpatient coronary angiogram.

Medication on discharge: simvastatin 40 mgs od, aspirin 75 mgs od, clopidogrel 75 mgs od, bisoprolol 2.5 mgs od, nicorandil 10 mgs bd, tramadol 50 mgs bd, omeprazole 40 mgs bd, quinine 300 mgs nocte, gabapentin.

Follow up will remain with Dr Sonecki and she has been referred for coronary angiography.

Yours sincerely

Imran Ahmed
Specialist Registrar

**Acute Services Division
Emergency Care and
Medical Services Directorate**

DEPARTMENT OF CARDIOLOGY

Dr Piotr Sonecki's Clinic of 29/03/2011



Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Direct Line: 0141 211 2803
Fax: 0141 211 1906

Our Ref: PS/LH//50551545H
Date: 06/04/2011

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan .

Georgina Logan - 19/08/1954 - CHI: 1908546042
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Please find a copy of this lady's myocardial perfusion scan. It shows some reperfusion defects and I will review her in the cardiac clinic to discuss the results and her symptoms.

Yours sincerely

Dr Piotr Sonecki
Consultant Cardiologist

**Acute Services Division
Emergency Care and
Medical Services Directorate**



DEPARTMENT OF CARDIOLOGY

Dr Piotr Sonecki's Clinic of 31/08/2010

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Direct Line: 0141 211 2803
Fax: 0141 211 1906

Our Ref: PS/LH//50551545H
Date: 07/09/2010

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan.

Georgina Logan - 19/08/1954 - CHI: 1908546042
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Please find a copy of this lady's echocardiogram which is absolutely within normal limits. I am still awaiting the results of her myocardial perfusion scan and we will review her in the cardiac clinic as was planned before.

Yours sincerely

Dr Piotr Sonecki
Consultant Cardiologist

New Stobhill Hospital
133 Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW
Tel: 0141 355 1490 / 2
Fax: 0141 355 1870

Pain Management Services

Dictated: 18/08/2010
Typed: 27/08/2010

Our Ref: tmcc/ej/50551545H

Dr Ann Morgan
Drumchapel Health Centre
80-90 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Dear Dr Morgan,

Re: Georgina Logan.
17 Sollas Place, Glasgow, G13 4NA.

DOB: 19/08/54.

CHI: 1908546042.

This is the patient whom you referred to our Pain Management Service on account of chronic low back and left leg pain which is longstanding and for which she underwent an L2/3 lumbar microdiscectomy in December 2009. Unfortunately this has not improved her pain control to any extent, and she continues to experience more or less constant pain consisting of both nociceptive and neuropathic components. She rates her pain on average at 7 on the VAS Scale. There is marked sleep disturbance and significant resulting disability. She finds that she can't walk for more than fifty yards.

I also understand that she was in the Western Infirmary recently and has since been started on antianginal therapy.

In the past physiotherapy and TENS proved helpful.

She is currently on Amitriptyline 75mg daily and Tramadol NR 50mg x 6/day with incomplete pain control.

On examination, she was certainly overweight with a restricted range of movement at the lumbar spine. There was not a great deal of tenderness related to the sacro-iliac joints.

I have made the following suggestions with regard to pain control:

1. Continue Amitriptyline.
2. Convert Tramadol NR to the MR preparation which will reduce her daily intake of tablets and may also assist with wakefulness which she associates with the NR preparation.
3. A trial of Gabapentin.
4. A trial of topical Zacin cream.
5. Further treatment options might include a trial of low dose Step 3 opioids in the form of Butrans patches, or if Gabapentin is not tolerated or proves ineffective then a trial of Pregabalin.
6. Finally we may consider a high volume caudal epidural following her next review.
7. I have given her details on how she may opt-in to our Patient Information Sessions and hope that she will do so.

Yours sincerely

Dr T McCubbin
Consultant in Anaesthesia & Pain Management

cc Sisters Jacqui Peacock / Mandy Parry, Nurse Specialists, Pain Management Team, STB

Acute Services Division
Emergency Care and
Medical Services Directorate



DEPARTMENT OF CARDIOLOGY

Dr Piotr Sonecki's Clinic of 10/08/2010

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Direct Line: 0141 211 2803
Fax 0141 211 1906

Our Ref: RM/LH//50551545H
Date: 19/08/2010

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Morgan

Georgina Logan - 19/08/1954 - CHI: 1908546042
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

DIAGNOSES:

1. Recurrent Chest Discomfort
2. Possible Angina
3. Dyslipidaemia
4. Family history of Premature Coronary Disease
5. Recent Discectomy for Prolapsed Intervertebral Disc
6. Unable to perform ETT

Current Medication: Amitriptylene 100 mg od., Simvastatin 40 mg at night,
Aspirin 75 mg od., Omeprazole 40 mg od., Quinine Sulphate

Recommended Changes: Please give a trial of Calcium Channel Blocker and GTN spray

Investigations Requested: Pharmacological Stress Thallium Scan and Echocardiogram

Follow-Up: 6 months' time

Thank you very much for referring this 55 year old lady to the Cardiology Clinic where I saw her today on behalf of Dr Sonecki. She gives a 6 year history of chest pain although I am not sure she has previously been assessed for this. Her history was somewhat inconsistent and I did find her a little difficult to assess. She first complained of a two month history of worsening pain which started in her legs and then moved to her heart and down her left arm. She describes this as lasting for 5 minutes and being severe excruciating and tight and associated with breathlessness, nausea and sweating. She is limited to walking 50 yards because of pains in her legs but on questioning did describe some more typical sounding exertional chest discomfort. She is a never smoker without hypertension or diabetes but does have an elevated cholesterol and a family history of premature coronary disease in that her Father had a heart attack in his 40's (also a non-smoker)

On examination she looked well but was overweight. Blood pressure was 110/65, heart rate was 70 and regular, JVP was not elevated. Heart sound 1 and 2 were normal with no added sounds or murmurs. There was no ankle oedema and chest was clear. 12 lead ECG showed sinus rhythm with left axis deviation and T-wave inversion across the anterior leads.

Mrs Logan describes multiple pains, some of which are extremely atypical but others of which have more typical features. She does have risk factors for coronary disease and her ECG is certainly abnormal. She is completely unable to perform an exercise test because of her back surgery resulting in poor mobility and pains in her legs. I have therefore arranged a pharmacological stress thallium scan and an echocardiogram in view of her ECG findings. It would be worthwhile giving her a symptomatic trial of calcium channel blocker and GTN spray and we will see her for review in the clinic with the results of her investigations.

Yours sincerely

RACHEL MYLES
CARDIOLOGY REGISTRAR

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Dr Peter R Mills' Gastroenterology Clinic

Garthavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 22/05/2009
Dictated 22/05/2009
Typed 25/05/2009
Our Ref PRM/PDG
Enquiries to Mrs P Gilmour, Secretary
Direct Line 0141 211 3279
Fax No 0141 211 1676

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW G15 7TS

Dear Dr Morgan

Georgina Logan ~ 19/08/1954 ~ CHI: 1908546042 ~ CRN: 50551545H
17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Thank you for referring this nervous 54 year old lady. She gives a 10 year history of diarrhoea, alternating with constipation associated with lower abdominal discomfort, bloating and rumbling. Her general health is reasonable, appetite fair and weight had increased from 7stone to 11st 3lbs recently. She has been trying to diet and now it is down to 9st 9lbs today.

There is a past history of osteoarthritis of her lumbar spine, asthma and panic attacks. Current medication consists of Omeprazole, Tramadol, Simvastatin and inhalers.

On examination, she looks well and is not anaemic. Abdominal examination is quite normal and she has no peripheral oedema.

Diverticular disease is certainly a possibility here. She has never had any investigations done because she has always panicked and not been able to come for investigations. However, her sister underwent a colonoscopy recently and has reassured her that it is very straightforward. She is now agreeable to us arranging colonoscopy and is determined to ensure that she goes through with it.

Yours sincerely

Peter R Mills, MD FRCP
Consultant Physician & Gastroenterologist

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Dr Simon Dover's Medical Clinic



Floor 8
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000

Clinic 14/04/2008
Dictated 14/04/2008
Typed 15/04/2008
Our Ref MH/MW
Enquiries to Mrs M Wilson, Secretary
Direct Line 0141 211 3278
Fax 0141 211 1676

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

cc Professor P O'Dwyer
Professor of Surgery
Department of Surgery
Floor 4
Gartnavel General Hospital

Dear Dr Morgan

Georgina Logan ~ 19/08/1954 ~ CHI: 1908546042 ~ CRN: 50551545H
17 Sollas Place, Glasgow, G13 4NA

Diagnoses: (1) Probable irritable bowel syndrome
(2) Piles

Thank you for referring this patient to our care with irritable bowel syndrome and probable diverticular disease. She was also referred a few months later to Professor O'Dwyer for a haemorrhoid and, when Professor O'Dwyer saw her in February, he also arranged for investigations with regard to her IBS. Her main problem is lower abdominal pain, which she gets mainly in the morning, but occasionally also at other times of the day. She opens her bowels 6 or 7 times a day. The stools are always soft, but once a week they can be watery, and certain things like cheese, pasta and bread make things worse. She has no melaena. She says she only gets constipation when she is on Hydrocortisone.

Imodium improves her symptoms and she takes up to six per day. She is also on Simvastatin, Fluoxetine, Amitriptyline, Di-hydrocodeine, and is currently also on Trimethoprim for what is thought to be a urinary tract infection.

With regard to abdominal examination, she was somewhat overweight with some tenderness in the left lower quadrant. I did not do a p.r. because Professor O'Dwyer saw her recently and because she is due to have a flexible sigmoidoscopy.

My impression is that she has irritable bowel syndrome and I was wondering about Coeliac disease. I have, therefore, checked her bloods, including tissue transglutaminase, and I feel that the flexible sigmoidoscopy by Professor O'Dwyer will be very reassuring if normal.

I have re-emphasized the importance of this flexible sigmoidoscopy and asked her to re-arrange the appointment, which she DNA'd in March. If these tests are normal, I plan to discharge her.

PTO for PS/

Yours sincerely

Mathis Heydtmann
SpR in Gastroenterology and General Medicine

PS to GP: I have seen her abdominal x-ray from today, which shows some constipation and I have, therefore, suggested in a hand-written letter to prescribe Movicol and to stop Loperamide and Di-hydrocodeine.

Dr. Preethy Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
G14 9DS

Printed on: 26/04/2018

Dear Dr. Preethy Balaji,

Re: Mrs Georgina Logan (CHI 1908546042). 17 Sollas Place Knightswood Lanarkshire G13 4NA

Your patient was seen at the Rapid Access Chest Pain Clinic on 26/04/2018 at West Glasgow ACH.

Presenting History

There was no presenting history details given.

Presenting Notes 2 nights ago woke at 3 am with pins and needles in left arm, eased after 20 minutes, also felt a heaviness in chest that lasted 5 minutes. Had some pins and needles again this morning lasting a few minutes.

Relevant Past Medical History

Asthma.

Normal Coronary arteries 2011.

Investigations

ECG

Heart Rate: 63 (bpm)

Sinus rhythm.

Normal conduction.

Non Ischaemic.

ETT

ETT not done.

Reason not performed: Mobility.

Clinical Findings

Diagnosis and Recommendations

Additional discharge comments: Exercise tolerance of 20 metres, has to stop due to chronic back pain.

She denies any Exertional or limiting chest pain, She has had 2 episodes of pins and needles in left arm, both non Exertional and self terminating.

Resting ECG shows T wave inversion Inferolaterally, but this has been noted on old ECG's, so nil acute today.

I have not arranged any further invasive investigations due to atypical nature of symptoms. If however things change or progress then please re refer.

Yours Sincerely,

Kate Robb
Advanced Nurse Practitioner
Rapid Access Chest Pain Service

Department of Orthopaedic Surgery

MR A T REECE

DISCHARGE LETTER

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Secretary Tel: 0141 211 3185 (Mrs Carole Gyte)

Secretary Fax: 0141 211 3189

E-mail: carole.gyte@ggc.scot.nhs.uk

Dictated: 21/12/2009

Typed: 21/12/2009

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Morgan

Mrs Georgina Logan
Hospital Number: 50551545H

17 Sollas Place Glasgow Lanarkshire G13 4NA
CHI: 1908546042

Date of Admission: 09/12/2009

Date of Discharge: 10/12/2009

Diagnosis: Sciatica

Operation: Left L2/3 Decompression + Discectomy

Your patient was admitted for the above procedure which was carried out without complication. She made an uneventful post-operative recovery. Once mobilising safely she was discharged home.

She will be reviewed in the clinic in due course.

Yours sincerely

Mr Simon Spencer
SpR in Orthopaedic Surgery

Department of Orthopaedic Surgery

MR A T REECE

DISCHARGE LETTER

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Secretary Tel: 0141 211 3185 (Mrs Carole Gyte)
Secretary Fax: 0141 211 3189
E-mail: carole.gyte@ggc.scot.nhs.uk

Dictated: 23/09/2009
Typed: 24/09/2009

Dr Ann Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Morgan

Mrs Georgina Logan
Hospital Number: 50551545H

17 Sollas Place Glasgow Lanarkshire G13 4NA
CHI: 1908546042

Date of Admission: 22/09/2009
Date of Discharge: 22/09/2009
Diagnosis: Sciatica, lumbar region
Operation: Left L2 Local Anaesthetic Nerve Root Block

Your patient was admitted for the above procedure which was carried out without complication. She made an uneventful post-operative recovery. Once mobilising safely she was discharged home.

She will be reviewed in the clinic in due course.

Yours sincerely

Mr Simon Spencer
SpR in Orthopaedic Surgery

Final Discharge Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: dionne.wilson@ggc.scot.nhs.uk
Letter Date: 07/02/2023
Reference: PG/DW
Dictated: 11/01/2023
Date:
Transcribed: 11/01/2023
Date:

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - General Surgery; Ward - QEUH Ward 9D General Surgery
Consultant - Mr Paul Glen; Date of Admission - 04/01/2023
Date of Discharge - 10/01/2023; Discharged to - Private Residence - no additional detail added

Diagnosis:

Other and Unspecified Abdominal Pain (ICD10: R10.4)

Clinical Comments:

Nil to add to immediate discharge letter.

Yours Sincerely,

Mr P Glen

Consultant Upper GI Surgeon

Honorary Clinical Senior Lecturer &

Lead for Undergraduate Surgery, University of Glasgow.

Electronically Signed: Mr Paul Glen, Consultant

cc.

Final Discharge Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: sharon.martin4@ggc.scot.nhs.uk
Letter Date: 20/01/2023
Reference: JP/STM
Dictated 18/01/2023
Date:
Transcribed 20/01/2023
Date:

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - General Surgery; Ward - QEUH Ward 9C General Surgery
Consultant - Mr Jamie Park; Date of Admission - 02/01/2023
Date of Discharge - 03/01/2023; Discharged to - Private Residence - no additional detail added

Clinical Comments:

DATE OF ADMISSION: 02.01.2023

DATE OF DISCHARGE: 03.01.2023

DIAGNOSIS: Acute diverticulitis

This 68 year old lady was admitted to hospital with clinical evidence of diverticulitis and raised inflammatory markers. She underwent a CT abdomen and pelvis which confirmed the diagnosis. She settled with antibiotics however I do note she was readmitted a few days later with constipation and has since been discharged.

I do not think we need routine follow up with respect to her diverticular disease, however her CT scan did comment on the presence of a left adnexal cyst. This had previously been seen however I do note that it has increased in size since her last documented scan in 2014. As such I will discuss this at our Radiology Meeting to see if this requires any specific follow up or can be happy to leave alone.

Yours sincerely

Mr James Park

PhD FRCS Glasg General Surgery

Consultant Colorectal and General Surgeon

Honorary Senior Clinical Lecturer

Queen Elizabeth University Hospital

Electronically Signed: Mr Jamie Park, Consultant

cc.

Final Discharge Letter

This version supersedes letter dated 19 Nov 2020



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

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

General Surgery
0141 451 6045

19/11/2020

CW/CP

19/11/2020

19/11/2020

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - General Surgery; Ward - QEUH Ward 9D General Surgery

Consultant - Ms Carol Watson; Date of Admission - 20/10/2020

Date of Discharge - 26/10/2020; Discharged to - Private Residence - living alone

Clinical Comments:

FDL REVIEW – NIL TO ADD

Ms Carol Watson

Consultant Endocrine and General Surgeon

Electronically Signed: ,

cc.

Final Discharge Letter



New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: Kirsteen.McLauchlan@ggc.scot.nhs.uk
Letter Date: 19/10/2020
Reference: JH/JW
Dictated 12/10/2020
Date:
Transcribed 16/10/2020
Date:

Dear Dr. DF Spence,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - Urology; Ward - VACH Day Surgery Unit
Consultant - Miss Jane Hendry; Date of Admission - 12/10/2020
Date of Discharge - 12/10/2020; Discharged to - Private Residence - living with relatives or friends

Follow Up: For stent removal later this week; No further follow up

Clinical Comments:

Diagnosis: Left 4 mm distal ureteric calculi

Procedure: Left ureteroscopy, basket stone extraction and insertion of stent

Removed in recovery as not tolerating, no further follow up

This lady who had stenting in August 2020 for a proximal left ureteric calculi, attended for an ureteroscopy. She has had significant stent symptoms, and a CT confirmed the stone was now in the left distal ureter. Otherwise there is only a 2 mm calculi in the right lower pole. Her stone bloods are normal.

She had an uneventful ureteroscopy and basket stone extraction. This was sent for biochemical analysis. She had her stent removed in recovery as she found it abhorrent and I have not arranged any further follow up. I will write with her calculi

Yours sincerely

Miss Jane Hendry

Consultant Urologist

Electronically Signed: Miss Jane Hendry, Consultant

cc.

Final Discharge Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. DF Spence
Barclay Medical Practice Victoria P
1398 Dumbarton Road
Glasgow
G14 9DR

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

17/12/2019
CD/JG
15/12/2019
16/12/2019

Dear Dr. DF Spence,

**Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA**

Admission: Specialty - General Medicine; Ward - QEUH Ward 9D General Surgery
Consultant - Dr Christian Delles; Date of Admission - 01/12/2019
Date of Discharge - 03/12/2019; Discharged to - Private Residence - no additional detail added

Clinical Comments:

Ref: CD/JG

I am writing to you about Georgina Logan who was admitted from the 1st to the 3rd of December 2019, to the Queen Elizabeth University Hospital with diahorrea. I saw this lady at admission after which she has been transferred to one of the wards. I note that the IDL has my name on it and I am happy to send you this final letter based on my study of her casenotes.

Mrs Logan has a longstanding history of diahorrea. In May 2014 there was no evidence of diverticulitis or inflammation visible on CT and biopsies from her colon were insufficient to establish a diagnosis, although presence of neutrophils suggested an acute inflammatory process at that time. She is on regular Mesalazine. According to our records she would be on 1.2 g Octasa M/R b.d. but has a few weeks prior to admission cut the dose down to 800 mg b.d. as she didn't want to take so many pills.

On admission her symptoms have already improved. Having been troubled with diahorrea for about 4 weeks, she decided to take Imodium just 1 or 2 days prior to admission and this obviously had a good effect. She has been reviewed by the surgeons who had no acute concerns and suggested routine follow up flexible Sigmoidoscopy.

As she was clinically well we were able to discharge her 2 days after admission.

I am sorry for any confusion regarding her discharge medication. Apparently Mrs Logan was under the impression that Mesalazine had to be increased. However, I can confirm that no changes to the Mesalazine dose are required. She received 1.2 g mesalazine (three tablets of Octasa M/R 400 mg) b.d. during the admission and there were no plans to change the dose. We have however requested regular Imodium as required.

Apparently Mrs Logan reported to you that she has been advised to take 3 tablets of Octasa 400 mg M/R three times a day, which would be a total of 3.6 g per day. The usual maintenance dose for patients with ulcerative colitis is 1.2 to 2.4 g per day, and in absence of a firm histological diagnosis of inflammatory bowel disease in this lady I would be very reluctant to recommend any higher dose than 2.4 g per day. As such the prescribed dose of 1.2 g b.d. (3 tablets of Octasa M/R 400 mg twice daily) should be more than sufficient, especially as this is a higher dose compared to what she has been taken recently.

I can also report that faecal calprotectin levels were normal. Routine bloods were also normal and in particular CRP levels were 2mg/L.

Yours sincerely

Professor Christian Delles

Consultant Physician

Electronically Signed: Dr Christian Delles, Consultant

cc:

Final Discharge Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. P Balaji
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DR

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

cardiology
451 6129
carol.mcneill@ggc.scot.nhs.uk
15/07/2019
dm/cm
15/07/2019
15/07/2019

Dear Dr. P Balaji,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - Cardiology; Ward - QEUH Ward 6D Cardiology

Consultant - Dr Piotr Sonecki; Date of Admission - 10/07/2019

Date of Discharge - 13/07/2019; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:

Diagnoses; atypical chest pain.

atrial fibrillation

This 64 year old lady was admitted with pericarditic-sounding chest pain and a small pericardial effusion. Troponins were negative and the only other abnormality was new atrial fibrillation. She was treated for this and we will see her back for review.

Yours sincerely,

Dr David L Murdoch

Consultant Cardiologist

Final Discharge Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
General Medicine

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

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

10/03/2015
SA/AD
10/03/2015
10/03/2015

Dear Dr. PJ Weir,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire; G13 4NA

Admission: Specialty - General Medicine; Ward - GGH Ward 6B - Urology
Consultant - Dr David Bell; Date of Admission - 25/01/2015
Date of Discharge - 02/02/2015; Discharged to - Private Residence - no additional detail added

Clinical Comments:

There is nil to add to already received immediate discharge letter on 02/02/2015.

Yours sincerely,

Dr S Adair

GPST 1.2

Electronically Signed: Dr Stephanie Adair, Doctor

cc.

Final Discharge Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

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

0141 211 3000
Brownlee Centre
0141 211 0289

08/12/2014
KT/JM
25/11/2014
27/11/2014

Dear Dr. PJ Weir,

Georgina Logan; D.O.B: 19/08/1954; CHI: 1908546042
17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admission: Specialty - Infectious Diseases; Ward - GGH - Brownlee Centre - Comd
Consultant - Dr Raymond Fox; Date of Admission - 26/10/2014
Date of Discharge - 01/11/2014; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:

Nothing to add to the IDL.

Yours sincerely

Dr Kerra Templeton, CT1

Electronically Signed: Dr Kerra Templeton, Doctor

cc.

Final Discharge Letter



Dr. PJ Weir
Victoria Park Medical Practice
1398 Dumbarton Road
Glasgow
G14 9DS

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Main Switchboard: 0141 211 2000

Date of Completion: 26/08/2013

Email Enquiries to: Lynne.Cavanagh@ggc.scot.nhs.uk
Contact Tel Details: 0141 211 2850

Dictated: 10/06/2013
Transcribed: 08/07/2013

Dear Dr. PJ Weir,

Patient

Name: Logan Georgina
CHI: 1908546042
DOB: 18/08/1954
Address: 17 SOLLAS PLACE

Glasgow
G13 4NA

Admission

Admitted: 03/05/2013 13:38
Discharged: 03/05/2013
Admission Type: In Patient
Discharge to: Private Residence -
living with relatives or
friends
Consultant: Dr Greg Jones
Specialty: General Medicine

Reason for Admission: Admission for treatment - Where the patient is expected to be treated for a
diagnosed condition not otherwise specified

Clinical Comments:

Nothing to add to the Immediate discharge letter.

Yours sincerely

DR MARC VILAS
ACCS CT1 IN ACUTE MEDICINE

NHS Greater Glasgc

First Issued: //
Printed: //

Hospital No:
CHI:

Date of Birth: //

REGISTERED GP

PATIENT

Pharmacy Comments

GENERAL COMMENTS

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

Immediate Discharge Letter



Highly Sensitive: No
Consent for Sharing Withheld: No

RICHARD MURPHY Barclay Clydeside, 1265 - 1275 Dumbarton Road, Glasgow,
G14 9UU

Main Switchboard:
Date of Completion: 22-Jan-2026

Dear RICHARD MURPHY,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 Sollas Place, Glasgow, Lanarkshire, G13 4NA
Admitted	Type	Discharged	Destination
20-Jan-2026 08:16	IP	22-Jan-2026	
Specialty	Consultant	Ward	Telephone
General Surgery	Dorrance	QEUH Ward 9D 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: Saman Durrani (Saman Durrani - FY1) on 22 Jan 2026 09:37

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Airomir 100micrograms/dose Autohaler (Teva UK Ltd)	Inhalation	2 doses four times daily when required	No	Patient's own drugs at home			Added
Amitriptyline 10mg tablets	oral	1 tablet once daily in the evening	No	Patient's own drugs at home			Added
Apixaban 5mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			Added
Atenolol 50mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Hyoscine butylbromide 10mg tablets	oral	2 tablets three times daily	No	Patient's own drugs at home			Added
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	1 sachet once daily	No	Patient's own drugs at home			Added
Mesalazine 400mg gastro-resistant tablets	oral	3 tablets twice daily	No	Patient's own drugs at home			Added
Methocarbamol 750mg tablets	oral	1 tablet four times daily	No	Patient's own drugs at home			Added
Pregabalin 300mg capsules	oral	1 capsule twice daily	No	Patient's own drugs at home			Added
Ropinirole 250microgram tablets	oral	2 tablets once daily	No	Patient's own drugs at home			Added
Simvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home			Added
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	Inhalation	1 dose twice daily	No	Patient's own drugs at home			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:

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
2026-01-22	Chloramphenicol 0.5% eye drops	ophthalmic	1 eye drop four times daily, Right eye, Fixed Period 1 Week(s) from 12 Sep 2025		Stopped before admission
2026-01-22	Ketorolac 0.5% eye drops	ophthalmic	1 eye drop three times daily, Right eye, Fixed Period 4 Week(s) from 12 Sep 2025		Stopped before admission
2026-01-22	Prednisolone acetate 1% eye drops	ophthalmic	1 eye drop four times daily, Right eye, Fixed Period 4 Week(s) from 12 Sep 2025		Stopped before admission

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

Clinical Comments:	Dear Doctor, Georgina was admitted to QEUH on 20/01/26 due to constipation, and nausea and vomiting. BG: CT in 2025: diverticular disease and unchanged complex ovarian cyst. CTAP showed uncomplicated diverticulitis. Georgina was managed conservatively and is not medically fit for discharge. She will be discharged on some laxatives. No follow-up required. Thanks for your ongoing care. Kind regards,
---------------------------	---

	Ward 9D General Surgery, QEUH
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Saman DURRANI

Prescription Review

Checked by: Jodie HUNTER (Staff Nurse)

Discharged by: Jodie HUNTER (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

RICHARD MURPHY Barclay Clydeside, 1265 - 1275 Dumbarton Road, Glasgow,
G14 9UU

Main Switchboard:
Date of Completion: 12-Sep-2025

Dear RICHARD MURPHY,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 Sollas Place, Glasgow, Lanarkshire, G13 4NA
Admitted	Type	Discharged	Destination
12-Sep-2025 07:45	DC	12-Sep-2025	
Specialty	Consultant	Ward	Telephone
Ophthalmology	Saidkasimova	GGH Ward 1CI - Eye In Patients	
Primary Diagnosis			
There is no data to display.			
Secondary Diagnosis			
There is no data to display.			
Significant Operations / Procedures:			
Right Phacoemulsification and Intraocular lens Right Vitrectomy Right Epiretinal membrane peel			

Last Discharge Review: Calum Silcock (Calum Silcock - FY2) on 12 Sep 2025 15:58

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chloramphenicol 0.5% eye drops	ophthalmic	1 eye drop four times daily , Right eye , Fixed Period 1 Week(s) from 12 Sep 2025	Yes				Added
Ketorolac 0.5% eye drops	ophthalmic	1 eye drop three times daily , Right eye , Fixed Period 4 Week(s) from 12 Sep 2025	Yes				Added
Prednisolone acetate 1% eye drops	ophthalmic	1 eye drop four times daily , Right eye , Fixed Period 4 Week(s) from 12 Sep 2025	Yes				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:

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
2025-09-12	Compliance Aid - Dosette	Route unspecified	willis pharmacy 952 2551		Superseded by HEPMA medications
2025-09-12	Airomir 100micrograms/dose Autohaler (Teva UK Ltd)	inhalation	when required 2 puffs as required		Superseded by HEPMA medications
2025-09-12	Alginate raft-forming oral suspension sugar free (Peptac)	oral	20 mL four times daily , after food and at bedtime		Superseded by HEPMA medications
2025-09-12	Amitriptyline 10mg tablets	oral	1 tablet once daily at night		Superseded by HEPMA medications

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-09-12	Apixaban 5mg tablets	oral	1 tablet twice daily	m+n	Superseded by HEPMA medications
2025-09-12	Atenolol 50mg tablets	oral	1 tablet once daily in the morning		Superseded by HEPMA medications
2025-09-12	Buprenorphine 20micrograms/hour transdermal patches	transdermal	1 patch once a week , Replace on a Tuesday	please supply one (1) patch	Superseded by HEPMA medications
2025-09-12	Clobetasol 0.05% ointment	topical	1 application to vulva once daily for four weeks then every other day for four weeks then once weekly for four weeks		Superseded by HEPMA medications
2025-09-12	Clotrimazole 1% cream	topical	1 application twice daily		Superseded by HEPMA medications
2025-09-12	Dermol 500 lotion (Dermal Laboratories Ltd)	topical	1 application once daily when required		Superseded by HEPMA medications
2025-09-12	Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN		Superseded by HEPMA medications
2025-09-12	Hyoscine butylbromide 10mg tablets	oral	20 mg three times daily	m,l,n	Superseded by HEPMA medications
2025-09-12	Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	M+N	Superseded by HEPMA medications
2025-09-12	Methocarbamol 750mg tablets	oral	1 tablet four times daily		Superseded by HEPMA medications
2025-09-12	Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily		Superseded by HEPMA medications
2025-09-12	Paracetamol 500mg tablets	oral	2 tablets four times daily when required		Superseded by HEPMA medications

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-09-12	Pregabalin 300mg capsules	oral	1 capsule twice daily	Please supply 14 (fourteen) capsules M +N	Superseded by HEPMA medications
2025-09-12	Ropinirole 250microgram tablets	oral	2 tablets once daily at night		Superseded by HEPMA medications
2025-09-12	Simvastatin 40mg tablets	oral	1 tablet once daily at night		Superseded by HEPMA medications
2025-09-12	Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	inhalation	1 dose twice daily		Superseded by HEPMA medications

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

Clinical Comments:	Dear Doctor, Georgina Logan was admitted to GGH under ophthalmology for a procedure. Procedure: Right Phacoemulsification and Intraocular lens Right Vitrectomy Right Epi-retinal membrane peel Medicines: Chloramphenicol QID 1/52 Pred Forte QID 4/52 Acular TID 4/52 Follow-up: 2/52 Dr SS OPD No Posture required No GP actions.
---------------------------	--

	Many thanks for your ongoing care. Kind regards, Ward 1C GGH
Discharge Comments:	
Follow Up:	Yes 2/52 Dr SS OPD
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Calum SILCOCK

Prescription Review

Checked by: Jodie ROBERTS (Nurse)

Discharged by: Jodie ROBERTS (Nurse)

Immediate Discharge Letter - Amendments

This version of the document supersedes earlier versions.

Additional Information: Jaweria FAYAZ, 11-Jun-2025 17:20
cc to colorectal team

Immediate Discharge Letter



Highly Sensitive: No
Consent for Sharing Withheld: No

Richard Murphy Barclay Clydeside, 1265 - 1275 Dumbarton Road, Glasgow, G14 9UU

Main Switchboard:
Date of Completion: 11-Jun-2025

Dear Richard Murphy,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 Sollas Place, Glasgow, Lanarkshire, G13 4NA

Admitted	Type	Discharged	Destination
05-Jun-2025 12:20	IP	11-Jun-2025	

Specialty	Consultant	Ward	Telephone
Gastroenterology	Cairns	QEUH Ward 8B 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: Emma-Rose Turner (Emma-Rose Turner - IMT1) on 11 Jun 2025 14:15

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	willis pharmacy 952 2551					
Airomir 100micrograms/dose Autohaler (Teva UK Ltd)	inhalation	when required 2 puffs as required	No	Patient's own supply			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	20 mL four-times daily , after food and at bedtime	No	Patient's own supply		Y	
Amitriptyline 10mg tablets	oral	1 tablet once daily at night	No	Patient's own supply			Added
Apixaban 5mg tablets	oral	1 tablet twice daily	No	Patient's own supply	Drug Details: m+n		Added Amended
Atenolol 50mg tablets	oral	1 tablet once daily in the morning	No	Patient's own supply			Amended
Buprenorphine 20micrograms/hour transdermal patches	transdermal	1 patch once a week , Replace on a Tuesday	No	Patient's own supply	Drug Details: please supply one (1) patch	Y	
Clobetasol 0.05% ointment	topical	1 application to vulva once daily for four weeks then every other day for four weeks then once weekly for four weeks	No	Patient's own supply			Added
Clotrimazole 1% cream	topical	1 application twice daily	Yes		Dispensing Details: 1x30g		Added
Dermo! 500 lotion (Dermal Laboratories Ltd)	topical	1 application once daily when required	Yes		Dispensing Details: 1x500ml		Added
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN,	No	Patient's own supply		Y	
Hyoscine butylbromide 10mg tablets	oral	20 mg three times daily	No	Patient's own supply	Drug Details: m,l,n		Added Amended
Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	No	Patient's own supply	Drug Details: M+N	Y	
Methocarbamol 750mg tablets	oral	1 tablet four times daily	No	Patient's own supply			Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own supply			Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own supply			
Pregabalin 300mg capsules	oral	1 capsule twice daily	No	Patient's own supply	Drug Details: Please supply 14 (fourteen) capsules M+N	Y	
Ropinirole 250microgram tablets	oral	2 tablets once daily at night	No	Patient's own supply			
Simvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own supply		Y	
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	inhalation	1 dose twice 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
Dispensed by C Wright 11.06.25 checked by lmcwilliams 11/06/25

Withheld Medication:

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

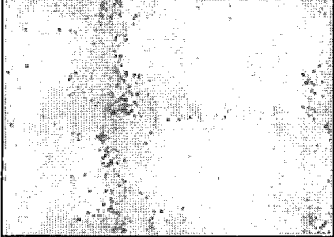
Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-06-06	Amitriptyline 25mg tablets	oral	1 tablet once daily in the evening	Teatime	Stopped before admission
2025-06-06	Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required, Fixed Period 1 Week(s) from 10 Jan 2023		Stopped before admission
2025-06-06	Edoxaban 30mg tablets	oral	1 tablet once daily		Stopped before admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-06-06	Hyoscine butylbromide 10mg tablets	oral	2 tablets twice daily	M+N	Stopped before admission
2025-06-06	Lansoprazole 15mg gastro-resistant capsules	oral	1 capsule once daily	M	Stopped before admission
2025-06-06	Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily		Stopped before admission

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

Clinical Comments:	Dear Doctor, 70 year old female presented with abdominal pain, nausea, diarrhoea, PV faeces/PV blood. BG- Cholecystectomy, AF, Crohns disease, IBS, Asthma, acute pericarditis, diverticulitis, UTI, Restless leg syndrome. ISSUES Diarrhoea - CT TAP- Uncomplicated diverticulosis of the sigmoid. No diverticular fistula is confirmed. Unchanged adhesion of the diverticular sigmoid to the complex left ovarian cyst. - Surgery team suggest an outpatient MRI pelvis with colorectal follow up - this has been requested. PV bleeding/faeces - She was reviewed by gynaecology as an inpatient given reported PV bleeding and ? PV faeces. She was noted to have lichen sclerosus on examination and did not tolerate speculum or pipelle examination. She was commenced on dermivate and dermol per gynaecology. - Complex ovarian cyst on TVS present for at least 11 years with minimal growth - planned for rescan in 1 years time - For 1 year gynaecology one-stop clinic follow-up Medication Changes: - Dermal as soap substitute - Dermovate 1 app once daily for four weeks then once every other day for four weeks then twice weekly for four weeks
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	Follow-up: - OP MRI pelvis - Gynae one stop clinic 1 year - F/u TVS 1 year to monitor ovarian cyst Thank you for your continued care. Kind regards, Ward 8B QEUH
	Discharge Comments:
	Follow Up: Yes -MRI pelvis outpatient -follow with colorectal team
	Results Awaited: No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Emma-Rose TURNER

Prescription Review

Medications reviewed by pharmacist: Kajal Patel (Pharmacist)

Checked by: Louise MCWILLIAMS (Technician)

Discharged by: Kirsty FRIEL (staff nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

DESMOND SPENCE Barclay Medical Practice Victoria P, 1398 Dumbarton
Road, Glasgow, G14 9DR

Main Switchboard:
Date of Completion: 10-Jan-2023

Dear DESMOND SPENCE,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA
Admitted	Type	Discharged	Destination
04-Jan-2023 17:46	IP	10-Jan-2023	
Specialty	Consultant	Ward	Telephone
General Surgery	Glen	QEUH Ward 9D 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: Rachel Morris (Rachel Morris - FY1 Aug 21) on 10 Jan 2023 11:10

Pharmacist Comments: Atenolol- Noted recent acute prescription for atenolol- unclear if current, not on recent iDL and usual pharmacy state not in dosette box, but 2/12 supply given in November continued as IP- POS on discharge Methocarbamol- Mrs Logan states taking PRN only at home, changed to PRN whilst IP

Pregabalin- Mrs Logan states she was taking more than usual dose prior to admission- 6 additional capsules dispensed to tide over until usual dosette delivery S.McFarlane (pharmacist), Stewart MCFARLANE, 10-Jan-2023 11:50

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	willis pharmacy 952 2551	No	Patient's own supply			Amended
Airomir 100micrograms/dose Autohaler (Teva UK Ltd)	inhalation	when required 2 puffs as required	No	Patient's own supply			Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	20 mL four times daily , after food and at bedtime	No	Patient's own supply		Y	
Amitriptyline 25mg tablets	oral	1 tablet once daily in the evening	No	Patient's own supply	Drug Details: Teatime	Y	
Atenolol 25mg tablets	oral	1 tablet once daily	No	Patient's own supply	Drug Details: Not currently in dosette		Added
Buprenorphine 20micrograms/ hour transdermal patches	transdermal	1 patch once a week , Replace on a THURSDAY	No	Patient's own supply	Drug Details: please supply one (1) patch	Y	Amended
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 1 Week(s) from 10 Jan 2023	Yes		Dispensing Details: 28		Added
Edoxaban 30mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN,	No	Patient's own supply		Y	
Hyoscine butylbromide 10mg tablets	oral	2 tablets twice daily	No	Patient's own supply	Drug Details: M+N		
Lansoprazole 15mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own supply	Drug Details: M	Y	
Laxido Orange oral powder sachets sugar free (Galen Ltd)	oral	2 sachets twice daily	Yes		Dispensing Details: 40		Added
Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	No	Patient's own supply	Drug Details: M+N	Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Methocarbamol 750mg tablets	oral	1 tablet four times daily when required	No	Patient's own supply			Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own supply			
Pregabalin 300mg capsules	oral	1 capsule twice daily , please supply 6 (six) capsules	Yes		Dispensing Details: 6 Drug Details: M+N	Y	
Ropinirole 250microgram tablets	oral	2 tablets once daily at night	No	Patient's own supply			
Simvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own supply		Y	
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	inhalation	1 dose twice daily	No	Patient's own supply			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
Dispensed by: Matt Stokes 10/01/2023 checked by khutcheson 10.1.23

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
2023-01-10	Ciprofloxacin 500mg tablets	oral	1 tablet twice daily , Fixed Period 5 Day(s) from 03 Jan 2023		Stopped before admission
2023-01-10	Methocarbamol 750mg tablets	oral	1 tablet four times daily		Course completed
2023-01-10	Metronidazole 400mg tablets	oral	1 tablet three times daily , Fixed Period 5 Day(s) from 03 Jan 2023		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available
Clinical Comments:	Dear Doctor, Ms Logan was admitted to the QEUH under the care of the general surgeons with spasmodic abdominal pain and constipation. Ms Logan was discharged 24 hours prior after completing a course of antibiotics for diverticulitis. This admission did not reveal any signs of returning infection. She was treated with phosphate enemas and laxatives. A further course of antibiotics was completed due to a mildly raised CRP. Ms Logan is now medically fit for discharge. Thank you for your continued care in the community. Kind Regards, Ward 9D QEUH
Discharge Comments:	
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Logan Georgina

CHI: 1908546042

DoB: 19-Aug-1954

Yours sincerely,

Rachel MORRIS

Prescription Review

Medications reviewed by pharmacist: Stewart McFarlane (Clinical Pharmacist QEUH)

Checked by: Kathleen HUTCHESON (medicine management team)

Discharged by: Karen MYLES (Ward Manager - General Surgery, GGH)

Immediate Discharge Letter



Highly Sensitive: No
Consent for Sharing Withheld: No

DESMOND SPENCE Barclay Medical Practice Victoria P, 1398 Dumbarton
Road, Glasgow, G14 9DR

Main Switchboard:
Date of Completion: 03-Jan-2023

Dear DESMOND SPENCE,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admitted	Type	Discharged	Destination
02-Jan-2023 01:47	IP	03-Jan-2023	

Specialty	Consultant	Ward	Telephone
General Surgery	Park	QEUH Ward 9C 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: Edward Whittaker (7912240 - FY1 Intake August 2022) on 03 Jan 2023 16:53

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	willis pharmacy 952551	No	Patient's own drugs at home			
Alginate raft-forming oral suspension sugar free (Peptac)	oral	20 mL four times daily , after food and at bedtime	No	Patient's own drugs at home		Y	
Amitriptyline 25mg tablets	oral	1 tablet once daily in the evening	No	Patient's own drugs at home	Drug Details: Teatime	Y	
Buprenorphine 20micrograms/ hour transdermal patches	transdermal	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY,	No	Patient's own drugs at home	Drug Details: please supply one (1) patch	Y	
Ciprofloxacin 500mg tablets	oral	1 tablet twice daily , Fixed Period 5 Day(s) from 03 Jan 2023	Yes		Dispensing Details: Ward dispensing		Added
Edoxaban 30mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN,	No	Patient's own drugs at home		Y	
Hyoscine butylbromide 10mg tablets	oral	2 tablets twice daily	No	Patient's own drugs at home	Drug Details: M+N		
Lansoprazole 15mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drugs at home	Drug Details: M	Y	
Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	No	Patient's own drugs at home	Drug Details: M+N	Y	
Methocarbamol 750mg tablets	oral	1 tablet four times daily	No	Patient's own drugs at home		Y	
Metronidazole 400mg tablets	oral	1 tablet three times daily , Fixed Period 5 Day(s) from 03 Jan 2023	Yes		Dispensing Details: Ward dispensing		Added

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	Yes		Dispensing Details: Ward dispensing		
Pregabalin 300mg capsules	oral	1 capsule twice daily , please supply fourteen (14) capsules	No	Patient's own drugs at home	Drug Details: M+N	Y	
Ropinirole 250microgram tablets	oral	2 tablets once daily at night	No	Patient's own drugs at home			Added
Simvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home		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
2023-01-03	Amitriptyline 50mg tablets	oral	1 TABS AT teatime TDD 75MG WEEKLY DIPSENSE		Stopped before admission
2023-01-03	Bisoprolol 2.5mg tablets	oral	1 tablet once daily M		Stopped before admission
2023-01-03	Edoxaban 60mg tablets	oral	1 tablet once daily	M	Stopped before admission
2023-01-03	Nitrofurantoin 100mg modified-release capsules	oral	1 capsule twice daily UTI, ureteric stant Fixed Period 7 Day(s) from 17 Nov 2020		Stopped before admission Medication was removed from, made

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
					inactive or made unprescribable in the drug database.
2023-01-03	Oxycodone 10mg capsules	oral	1 capsule twice daily when required , Please supply 14 (fourteen) capsules		Stopped before admission
2023-01-03	Salbutamol 100micrograms/dose inhaler CFC free	Inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY.		Medication was removed from, made inactive or made unprescribable in the drug database.
2023-01-03	Sertraline 50mg tablets	oral	1 tablet once daily	M	Medication was removed from, made inactive or made unprescribable in the drug database.

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

Clinical Comments:	Dear Dr, Georgina was admitted 03/01/22 with LIF pain. CRP 129. Previous diverticulitis Oct 2020. CT: acute diverticulitis. No associated diverticular abscess, perforation or collection. Treatment: IV triple Abx, IV fluids, analgesia.
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	She improved with conservative management. She was discharged on 03/01/23 with a course of oral antibiotics to complete..
	Many thanks for your ongoing care. Whittaker FY1 QEUH 9C
Discharge Comments:	
Follow Up:	No N/A
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Edward WHITTAKER

Prescription Review

Checked by: Edward WHITTAKER (FY1 Intake August 2022)

Discharged by: Edward WHITTAKER (FY1 Intake August 2022)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

DESMOND SPENCE Barclay Medical Practice Victoria P, 1398 Dumbarton Road, Glasgow, G14 9DR

Queen Elizabeth Hospital, 1345 Govan Road, Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 18-Nov-2020

Dear DESMOND SPENCE,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admitted	Type	Discharged	Destination
15-Nov-2020 18:58	IP	18-Nov-2020	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Medicine	Lassman	QEUH Ward 8D General Medicine	0141 2011100

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: Conn Talbot (Conn Talbot - FY1) on 18 Nov 2020 12:27

Discharge Medication:

Active Drug Name	Route	Dose	Disp.	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	willis pharmacy 952551					Added
Alginate raft-forming oral suspension sugar free (Peptac)	oral	20 mL four times daily , after food and at bedtime	Yes			Y	
Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN IN THE EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.,	No	Patient's own supply	Drug Details: Teatime	Y	Amended
Amitriptyline 50mg tablets	oral	1TABS AT teatime TDD 75MG. WEEKLY DIPSENSE	No	Patient's own supply		Y	Amended
Bisoprolol 2.5mg tablets	oral	1 tablet once daily , M	No	Patient's own supply		Y	Amended
Buprenorphine 20micrograms/ hour transdermal patches	transdermal	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY,	No	Patient's own supply	Drug Details: please supply one (1) patch	Y	
Edoxaban 60mg tablets	oral	1 tablet once daily	No	Patient's own supply	Drug Details: M		
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN,	No	Patient's own supply		Y	
Hyoscine butylbromide 10mg tablets	oral	2 tablets twice daily	No	Patient's own supply	Drug Details: M+N		
Lansoprazole 15mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own supply	Drug Details: M	Y	Amended
Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	No	Patient's own supply	Drug Details: M+N	Y	
Methocarbamol 750mg tablets	oral	1 tablet four times daily	No	Patient's own supply		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Nitrofurantoin 100mg modified-release capsules	oral	1 capsule twice daily , UTI, ureteric stant , Fixed Period 7 Day(s) from 17 Nov 2020	Yes				Added
Oxycodone 10mg capsules	oral	1 capsule twice daily when required , Please supply 14 (fourteen) capsules	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	No	Patient's own supply			Amended
Pregabalin 300mg capsules	oral	1 capsule twice daily , please supply fourteen (14) capsules	No	Patient's own supply	Drug Details: M+N	Y	Amended
Salbutamol 100micrograms/dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED. UP TO FOUR TIMES A DAY,	No	Patient's own supply		Y	
Sertraline 50mg tablets	oral	1 tablet once daily	No	Patient's own supply	Drug Details: M	Y	Amended
Simvastatin 40mg tablets	oral	1 tablet once daily at night	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
disp by I Anderson/ n law check by k Montgomery 18/11/2020

Withheld Medication:

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

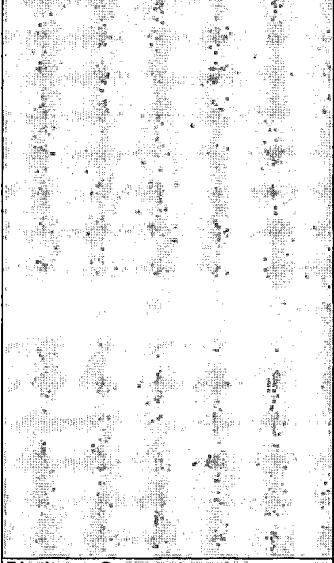
Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-11-18	Budesonide 200micrograms/dose / Formoterol 6micrograms/dose dry powder inhaler	inhalation	ONE PUFF TO BE INHALED TWICE A DAY,		Stopped Before Admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-11-18	Buprenorphine 10micrograms/hour transdermal patches	transdermal	ONE IN ADDITION TO 20 MICROGRAM PATCH TOTAL 30MC-DISPENSE WEEKLY	please supply 1 (one) patch	Stopped Before Admission Reduced to 20mcg/hour patch before admission
2020-11-18	Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily, Fixed Period 4 Day(s) from 26 Oct 2020		Stopped Before Admission
2020-11-18	Isphaghula husk 3.5g efferv gran sach gluten free sugar free	oral	1 sachet twice daily		Stopped Before Admission
2020-11-18	Lidocaine 5% medicated plasters	topical	1 application once daily, Plaster: 12 hours on, 12 hours off		Stopped Before Admission
2020-11-18	Macrogol compound oral powder sachets NPF sugar free	oral	1 sachet three times daily		Stopped Before Admission
2020-11-18	Mesalazine 1g/application foam enema	rectal	1 application once daily at night		Stopped Before Admission
2020-11-18	Prochlorperazine 5mg tablets	oral	1 tablet three times daily		Stopped Before Admission

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

Clinical Comments:	Dear Doctor, Georgina Logan is a 66 year old lady who presented to QUEUH on 15/11/20 with chest pain. PMHx: - AF on edoxaban - Diverticulosis - IBS
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	- Previous pericarditis 15/12 ago - Echo July 2019 showed normal LV + RV systolic function, small pericardial effusion - Renal stones - Ureteric stent - Cholecystectomy
	PC: - 3/7 of sudden onset chest pain in centre of chest, radiating to back - Dry cough and fever over past 12 hours - Recent contact with Covid +ve friend
	Troponin was normal and bloods otherwise reassuring apart from CRP 75. Cardiology reviewed her and were not concerned. A urine dip was positive and she reported some foul-smelling urine, and she was treated for a possible UTI with nitrofurantoin. She is to go home to finish a 7 day course of this.
	Tasks for GP: - She has reported recent weight loss of 1.5 stone over last 2 months. Could a QFIT please be performed +/- outpatient colonoscopy? Many thanks. - She reports she usually takes shortec for pain but would like to taper her analgesia. We have kept her current pain medications as is but she may be keen for changing these. Many thanks for your continuing care.
	Yours sincerely, Conn Talbot (FY1 Ward 8D QEUH)
Discharge Comments:	
Follow Up:	Yes QFIT +/- colonoscopy in community
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Conn Talbot

Prescription Review

Medications reviewed by pharmacist: Ceire Murray (Pharmacist)

Checked by: Karen Montgomery (Pharmacy Technician)

Discharged by: Audrey McNee (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

DESMOND SPENCE Barclay Medical Practice Victoria P, 1398, Dumbarton Road, Glasgow, G14 9DR

Queen Elizabeth Hospital, 1345 Govan Road, Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 26-Oct-2020.

Dear DESMOND SPENCE,

Name	CHI	DoB	Address
Georgina Logan	1908546042	19-Aug-1954	17 SOLLAS PLACE, KNIGHTSWOOD, Glasgow, Lanarkshire, G13 4NA

Admitted	Type	Discharged	Destination
20-Oct-2020 19:35	IP	26-Oct-2020	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	Watson	QEUH Ward 9D General Surgery	0141 2011100

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: James Isbister (James Isbister - FY1) on 26 Oct 2020 13:11

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Alginate raft-forming oral suspension sugar free (Peptac)	oral	10 mL three times daily	No	Patient's own drugs at home		Y	
Amitriptyline 25mg tablets	oral	ONE TO BE TAKEN IN THE EVENING IN ADDITION TO 50MG DOSE. TOTAL DAILY DOSE 75MG. DISPENSE WEEKLY.,	No	Patient's own drugs at home		Y	
Amitriptyline 50mg tablets	oral	1TABS AT NIGHT TDD 75MG WEEKLY DISPENSE	No	Patient's own drugs at home		Y	
Bisoprolol 2.5mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home		Y	
Budesonide 200micrograms/dose / Formoterol 6micrograms/dose dry powder inhaler	inhalation	ONE PUFF TO BE INHALED TWICE A DAY,	No	Patient's own drugs at home		Y	
Buprenorphine 10micrograms/hour transdermal patches	transdermal	ONE IN ADDITION TO 20 MICROGRAM PATCH TOTAL 30MC- DISPENSE WEEKLY,	No	Patient's own drugs at home	Drug Details: please supply 1 (one) patch	Y	
Buprenorphine 20micrograms/hour transdermal patches	transdermal	APPLY ONE PATCH EVERY SEVEN DAYS IN ADDITION TO 10MCG TOTAL 30MCG/ REMOVE OLD PATCH- DISPENSE WEEKLY,	No	Patient's own drugs at home	Drug Details: please supply one (1) patch	Y	
Co-amoxiclav 500mg/125mg tablets	oral	1 tablet three times daily , Fixed Period 4 Day(s) from 26 Oct 2020	Yes				Added
Edoxaban 30mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Amended
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	2 SPRAYS UNDER TONGUE AT ONSET PAIN,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Hyoscine butylbromide 10mg tablets	oral	2 tablets four times daily when required	No	Patient's own drugs at home			Amended
Ispaghula husk 3.5g efferv gran sach gluten free sugar free	oral	1 sachet twice daily	No	Patient's own drugs at home		Y	
Lansoprazole 15mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drugs at home		Y	
Lidocaine 5% medicated plasters	topical	1 application once daily , Plaster: 12 hours on, 12 hours off	No	Patient's own drugs at home			
Macrogol compound oral powder sachets NPF sugar free	oral	1 sachet three times daily	No	Patient's own drugs at home			Added
Mesalazine 1g/application foam enema	rectal	1 application once daily at night	No	Patient's own drugs at home			
Mesalazine 400mg gastro-resistant tablets (Octasa MR)	oral	3 tablets twice daily	No	Patient's own drugs at home		Y	
Methocarbamol 750mg tablets	oral	1 tablet four times daily	No	Patient's own drugs at home		Y	
Paracetamol 500mg tablets.	oral	2 tablets four times daily when required , Fixed Period 7 Day(s) from 03 Dec 2019	Yes				
Pregabalin 300mg capsules	oral	1 capsule twice daily , please supply fourteen (14) capsules	No	Patient's own drugs at home		Y	
Prochlorperazine 5mg tablets	oral	1 tablet three times daily	No	Patient's own drugs at home		Y	
Salbutamol 100micrograms/ dose inhaler CFC free	inhalation	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY,	No	Patient's own drugs at home		Y	
Sertraline 50mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Simvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home		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
2020-09-13	Ciprofloxacin 500mg tablets	oral	1 tablet twice daily. Please supply 8 tablets for 4 days. Fixed Period 7 Day(s) from 19 Aug 2020		Course Completed
2020-08-22	Colchicine 500microgram tablets	oral	1 tablet twice daily		Course Completed
2020-09-13	Oxycodone 10mg capsules	oral	1 capsule twice daily when required, please supply 14 capsules (fourteen) of 10 mg (ten milligrams).		Course Completed
2020-08-22	Quinine sulfate 300mg tablets	oral	1 tablet once daily at night, WEEKLY DISPENSE		Course Completed
2020-09-13	Ropinirole 250microgram tablets	oral	1 tablet once daily at night, patient last prescribed in Aug 19		Patient no longer takes.