Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal

43-59 Princes Street

Stockport

SK1 1RY

Date: 21st May 2026

Your Ref: 100901

Our Ref: LAT/ACCESS/ES

Enquiries to: Emily Svensson

Direct Line: 0141 211 3020

Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: JAMES CASSIDY **D.O.B: 10/07/1962**

Thank you for your request received **30TH 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:

QUEEN ELIZABETH UNIVERSITY HOSPITAL/ GARTNAVEL GENERAL HOSPITAL

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

Legal Aspects Team

(1)

ELECTRONIC PATIENT RECORDS

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	☐		
PRINCESS 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	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Previous Patient Notes for (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Historical Note**
Date/Time: 12-Aug-2014 19:57	**Created By:** Consultant - David Crampsey	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

Bilateral HL
Bilateral tinnitus
Prev Industrial noise
Nil else
Ears nomral
Uses cotton buds - discourage.
Flat SNHL
Tymps ok
Plan
Open fits

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Southern General Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 201 1456
Fax: 0141 232 7588
Email:

Date Completed: 22/05/2014

Consultant: Dr Tim Parke

MS Haque
Dr D Singh & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear MS Haque

Re: **Cassidy James** DOB: **10/07/1962** CHI: **1007626291**
75 BENBOW ROAD
Clydebank G81 4DP

Attended on: **21/05/2014 at 09:59 hrs.** Departed on: **21/05/2014 at 11:57 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
hearing prob

Nursing Assessment:
c/o ringing in ears with dullness of hearing for past week-unable to get gp appt

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Otitis media, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This gentleman presents with a 2 week history of difficulty in hearing, he had been using some drops in his ears. He has had no real pain, he has had no discharge. He has had no headache, no double vision and he had no prodrome of viral illness. On examination of the ears the left had wax and will need syringed, the right had some fluid and so I have started him on oral antibiotics and I would be grateful if you could follow him up to ensure this is resolving. He is happy with the plan.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Tom Sheddan
Doctor

Copies to:

1. MS Haque (GP)

School Address:

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department:
Contact Tel: 0141 211 3212
Enquiries to: Sharon.Woods@ggc.scot.nhs.uk

Letter Date: 12/08/2014
Reference: DC/NM
Dictated Date: 12/08/2014
Transcribed Date: 22/08/2014

Dr. MS Haque
Dr D Singh & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr. MS Haque,

James Cassidy; D.O.B: 10 Jul 1962; CHI: 1007626291
75 BENBOW ROAD, Clydebank, Dunbartonshire, G81 4DP

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGDCENI-MR D CRAMPSEY ENT EXTRA CLINIC
Date and Time of Appointment - 12/08/2014 18:30

Clinical Comments:

Thank you for referring Mr Cassidy who complains of bilateral tinnitus and also bilateral hearing loss. He says that he has had noise exposure in his workplace for many years and only recently has ear defence been introduced.

On examination he has normal ears bilaterally. Audiometrically he has a bilateral, fairly symmetrical looking sensorineural hearing loss. His tympanograms are normal.

We discussed the nature of tinnitus and the lack of evidence for treatments for it. Some patients experience benefit using hearing aids, particularly where there is a hearing loss. Actively trying to ignore the tinnitus (with the reassurance that the ears are otherwise healthy) can also be helpful. Mr Cassidy has been assessed for open fit hearing aids which will be dispensed in the next few weeks. He understands the importance of ear defence in the workplace. I have not arranged any routine ENT follow up and he seems happy with this discussion.

Yours sincerely

David Crampsey

Consultant ENT Surgeon

Electronically Signed: Mr David Crampsey, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Audiology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral ROUTINE
Date of referral 03-Jun-2014 **Date sent** 03-Jun-2014

PATIENT DETAILS

Surname	Cassidy
Forename(s)	James
Title	Mr
Sex	Male
Date of birth	10-Jul-1962
CHI no.	1007626291
Area of Residence	-

Patient's address

75 Benbow Rd
DALMUIR
CLYDEBANK
G81 4DP

Contact number(s)

Voice: 0141 952 1182

101007326793E | Unique Care Pathway Number: 101007326793E

REGISTERED GP DETAILS

Name	Dr M S Haque		
GMC code	3382615	GP code	03280
Practice name	Dr Singh & Partners		
Practice code	40703		

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6464
Facsimile: 0141 531 6419

REFERRING GP DETAILS

Name	Dr. Mohammed Haque		
GMC code	3382615	GP code	03280
Practice name	Dr D Singh & Partners (40703)		
Practice code	40703		

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6463

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Hearing Impairment

Comment: This gentleman presented with impairment of hearing with echoing sounds in both ears -mainly in left ear since 5-6 months. He had some wax in his ears which was cleaned via syringing but nevertheless his complaint has remained the same. He has been working for years in a place where lot of loud vibration sounds around him almost all day and he suspects that his problem is due to this loud sounds.

I would be grateful if you kindly see him and do the needful.

Thanking you.

Yours sincerely

M.S.Haque

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Chronic obstructive pulmonary disease	07-Nov-2011	07-Nov-2011

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Migraleve Tablets	48	48 tablet	AS DIRECTED	-	24-Dec-2013	23-May-2014
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	24-Dec-2013	23-May-2014
Seretide 500 Accuhaler Dry powder for inhalation	1	1 inhaler	ONE DOSE TO BE INHALED TWICE A DAY	-	24-Dec-2013	23-May-2014
Tiotropium Dry powder for inhalation inhaler 18 micrograms	1	1 pack	ONE DOSE TO BE INHALED EACH DAY	-	24-Dec-2013	23-May-2014
Omeprazole Capsules (Gastro-Resistant) 10 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	02-Oct-2013	23-May-2014

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prochlorperazine Maleate Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	22-May-2014	22-May-2014
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Feb-2014	21-Feb-2014
Paracetamol Tablets 500 mg	56	56 tablet	2 TABS 3 TIMES DAILY	-	21-Feb-2014	21-Feb-2014

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		04-Nov-2013
Ex smoker:		24-Oct-2012
Not interested in stopping smoking:		07-Nov-2011
Cigarette smoker, 10 cigarettes/day:		17-Oct-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	15-Mar-2010
Alcohol consumption, 0 units/week:		04-Nov-2013
Alcohol intake within rec limt:		04-Nov-2013
Alcohol units per week 0 :		04-Nov-2013
Alcohol intake within recommended sensible limits:		24-Oct-2012
Alcohol units per week, 1 U/week:		24-Oct-2012
Aerobic exercise 3 times/week:		04-Nov-2013
GPPAQ physical act ind: active:		04-Nov-2013
Declined referral to physical exercise programme:		04-Nov-2013
Exercise grading, 2 :		24-Oct-2012
Declined referral to physical exercise programme:		24-Oct-2012

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral ROUTINE
Date of referral 20-May-2010 **Date sent** 20-May-2010

PATIENT DETAILS

Surname	Cassidy
Forename(s)	James
Title	Mr
Sex	Male
Date of birth	10-Jul-1962
CHI no.	1007626291
Area of Residence	-

Patient's address

75 Benbow Rd
DALMUIR
CLYDEBANK
G81 4DP

Contact number(s)

Voice: 952 7631

101000518716S | Unique Care Pathway Number: 101000518716S

REGISTERED GP DETAILS

Name	DR S Haque		
GMC code	3382615	GP code	G03280
Practice name	Dr Haque		
Practice code	40600		

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2QT

Contact number(s)

Voice: 0141 531 6463

REFERRING GP DETAILS

Name	Dr. Mohammed Haque		
GMC code	3382615	GP code	03280
Practice name	CLYDEBANK HEALTH CENTRE (40600)		
Practice code	40600		

Practice address

KILBOWIE ROAD
CLYDEBANK
GLASGOW

Contact number(s)

Voice: 0141-531-6463

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Benign Tumour

Comment: This gentleman presented with a cystic growth since few years on his RT face on the angle of the jaw which looked like a sebaceous cyst and wished to have It removed surgically.

I would be grateful if you kindly see him and do the needful.

Thanking You

Yours Sincerely

Dr M. S. haque

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset
Haemorrhoids	Banding	-	08-Feb-1988
Nondependent alcohol abuse NOS	-	-	05-Nov-1981
Closed fracture of the scaphoid	-	Right	26-Oct-1980

Past procedures (High and medium priority - all)

Description	Date performed
Standard chest X-ray normal	25-Feb-2010
Bilateral vasectomy for contraception	05-Oct-1990
Other excision of appendix NOS	31-May-1977

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	15-Mar-2010
FH: Diabetes mellitus	15-Mar-2010

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		15-Mar-2010
Ex smoker:		23-Feb-2010
Current smoker:	phoned pt started smoking again after 10yrs.	27-Jan-2009
Ex smoker:	3 years	26-Jul-2005
Alcohol intake within recommended sensible limits:		15-Mar-2010
Enjoys moderate exercise:		15-Mar-2010

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

NHS
Greater Glasgow and Clyde

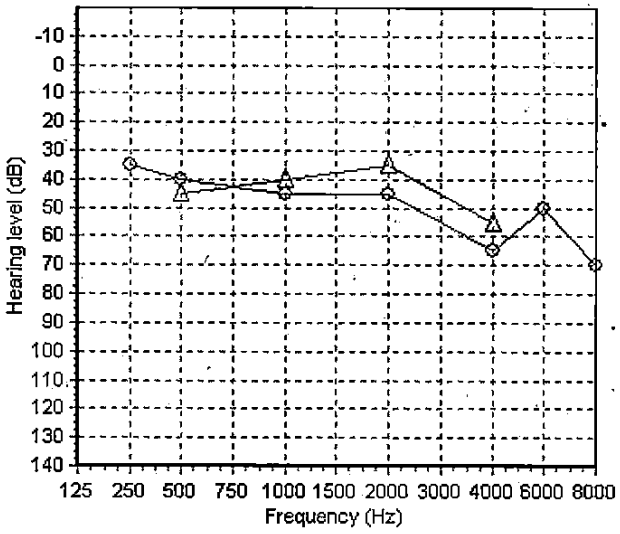
Hearing Evaluation Report

Greater Glasgow & Clyde Audiology Services

Client Name:	Cassidy, James
Client #:	1007626291
Birthdate:	10/07/1962
Date of Evaluation:	12/08/2014
Audiologist:	Kennedy, Susan

	Right	Left
Air Conduction	○	×
Bone Conduction (non Masked)	△	
Bone Conduction (Masked)	⊏	⊐
Uncomfortable Loudness Level	∟	⌟
Most comfortable Loudness Level	M	

Right



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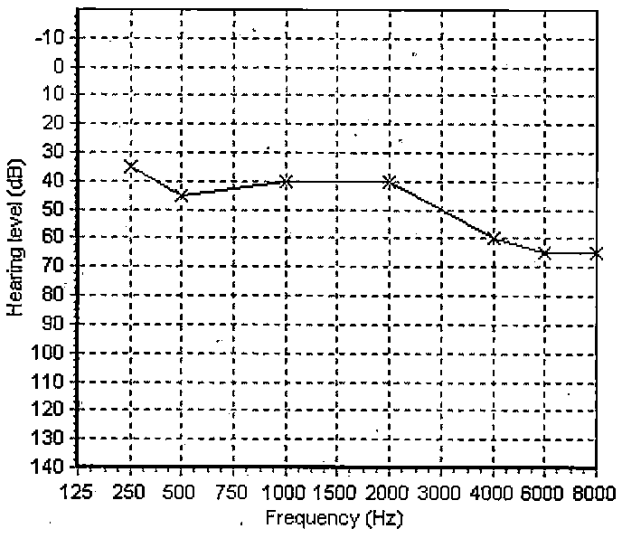


Curve Type	Frequency in (Hz) 125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
AC		35	40		45		45		65	50	70
ACMask											
BC			45		40		35		55		
BCMask											
MCL											
UCL											

Curve Type	Frequency in (Hz) 125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
AC		35	45		40		40		60	65	65
ACMask											
BC											
BCMask											
MCL											
UCL											

Report Comments

[ENT] Audiogram

Audiologist: _____

Signature: _____ **Date:** _____

NHS
Greater Glasgow and Clyde

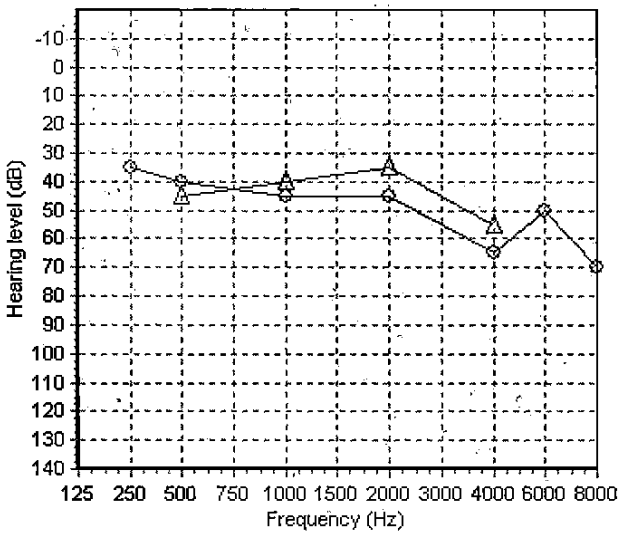
Hearing Evaluation Report

Greater Glasgow & Clyde Audiology Services

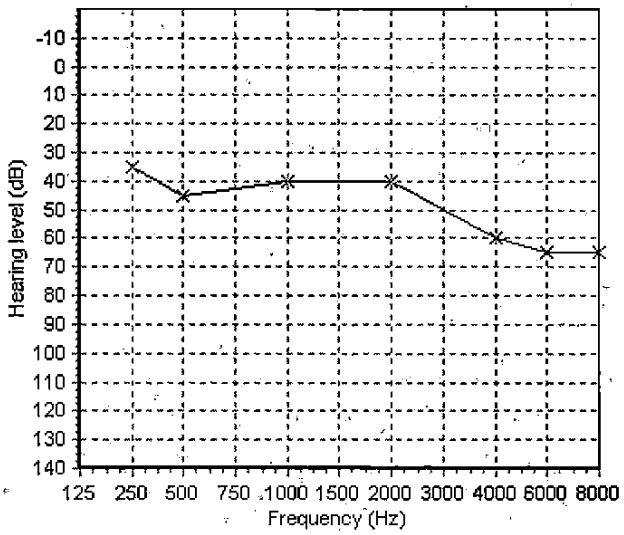
Client Name:	Cassidy, James
Client #:	1007626291
Birthdate:	10/07/1962
Date of Evaluation:	12/08/2014
Audiologist:	Kennedy, Susan

	Right	Left
Air Conduction	○	×
Bone Conduction (non Masked)		△
Bone Conduction (Masked)	⊏	⊐
Uncomfortable Loudness Level	∟	⌟
Most comfortable Loudness Level		M

Right



Left



Curve Type	Frequency in (Hz) 125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
AC		35	40		45		45		65	50	70
ACMask											
BC			45		40		35		55		
BCMask											
MCL											
UCL											

Curve Type	Frequency in (Hz) 125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
AC		35	45		40		40		60	65	65
ACMask											
BC											
BCMask											
MCL											
UCL											

Report Comments

[ENT] Audiogram

Audiologist: _____

Signature: _____ **Date:** _____

Amplivox

NAME: _____

AGE: _____

DATE OF TEST: 12/08/14

TIME OF TEST: 18:25:38

TESTER: _____

COMMENTS: _____

_____

_____

LEFT EAR

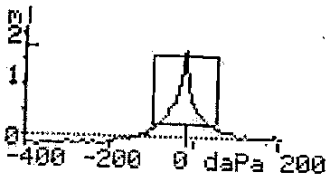
TYMPANOGRAM

PEAK COMPLIANCE: 1.7 ml

PEAK PRESSURE: -21 daPa

GRADIENT: 41 daPa

EAR CANAL VOLUME: 1.5 ml



RIGHT EAR

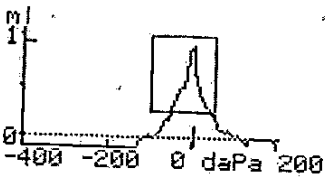
TYMPANOGRAM

PEAK COMPLIANCE: 0.9 ml

PEAK PRESSURE: 2 daPa

GRADIENT: 58 daPa

EAR CANAL VOLUME: 1.5 ml



Serial Number: 36440
Last calibrated: 06/07/14
Next calibration due: 31/07/15

MANUAL PATIENT RECORDS

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	☐		
PRINCESS 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	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

CASSIDY M
75 Benbow Road
CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40366

WEST GLASGOW HOSPITALS
UNIVERSITY NHS TRUST

2010

CONFIDENTIAL

HAZARD WARNING

IT IS THE RESPONSIBILITY OF THE CLINICIAN IDENTIFYING A CLINICAL POTENTIAL HAZARD TO RECORD IT.

Gartnavel Day Surgery Unit

LOCAL ANAESTHETICS

NHS
Greater Glasgow and Clyde

Please tick appropriate box

Minor surgery	✓
Hand surgery	
Urology	
Chronic pain	
Allergies (Write in red)	

2

BOOKLET FOR DAY PROCEDURES

CONFIDENTIAL PATIENT INFORMATION

Name

Address

50620768K
CASSIDY M
JAMES 10/07/1962
75 BENBOW ROAD
CLYDEBANK
DUNBARTONSHIRE G81 4DP
CHI-1007626291

Hosp. No. D.O.B.

Procedure Appointment Date 16/7/10 Time 0930

Consultant

Consultant _____ Named Nurse E^Mc Allister

Proposed procedure LESION RIGHT SIDE OF FACE

Next of kin MRS CARDIDAY Telephone number 0141-952-7631

Escort _____

Pre-procedure check

Case notes Yes ☒ No ☐ Name band Yes ☒ No ☐

Hand surgery patients only

Hand to be operated Left ☐ Right ☐

Have rings been removed if required? Yes ☐ No ☐ N/A ☐

Past medical history

	Yes	No	Specify
Allergies	☐	☒	
Diabetes	☐	☒	BM STIX
Breathing problems	☐	☒	
Epilepsy	☐	☒	Date of last fit
Heart condition	☐	☒	
Hypertension	☐	☒	
Any action required if patient for future GA?		Yes ☐ No ☐	
Any other serious illness?	☐	☒	
Medication	☐	☒	
Other problems	☐	☐	

Pre-operative observations B/P 125/79 P 94 SAOs 9790

Signature of Admitting Nurse E^Mc Allister SD

Comments _____

Procedure performed Lesion (R) side of face.

Post-operative instructions Rest for 15 min

Recordings

KEY: B.P. | PULSE ∧∧ RESP XXX

Date	Time	BLOOD PRESSURE / PULSE RATE / RESPIRATION (240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0)	1110
	Wound check		Dry
	02 SAT		98%
	C		
	S		
	M		

Electrocautery: Bipolar ☐ Monopolar ☐ Grounding plate site _____

Tourniquet: On _____ Off _____ Site _____ Pressure _____ mmHg Smillie _____

Wound: Skin prep Chlorhex Acetate Wound toilet _____

Skin closure: Suture absorbable ☑ Suture nonabsorbable ☐ Staples ☐ Skin glue ☐

Dressing: Mepore ☐ Other _____

Count: Correct ☐ Incorrect ☐

Instruments (stickins):

Name scrub person _____

Sig. circ. person Siv Hoggan

Surgeon's signature _____

S1890–017 1525403

Minor Operation Set (General)

Drugs to be given in hospital

Date	Drug Name	Dose	Route	Frequency	Times of administration				Doctor's Signature
Nurse record of administration			Sign Box						

Date	Drug Name	Dose	Route	Frequency	Times of administration				Doctor's Signature
Nurse record of administration			Sign Box						

Post-operative progress RTW 10[25]. Diet & Fluids given. Wound satisfactory. Remains on recliner rest meanhime (Burns).

Discharge drugs

Date	Name of Drug	Strength	Quantity	Doctor's Signature	Nurse's Signature

Does patient require...

Out patient appointment? Yes ☐ No ☐ Date _____

Details _____

To visit practice nurse? Yes ☑ No ☐

Details Ros 23-7-10 Abs Barkshall Suture

Discharged at 1110 Accompanied by _____

Discharge information received by patient (please sign) _____

Signature of discharge nurse E McAllister

DIVISION OF GENERAL AND E.N.T. SURGERY
DISCHARGE FORM

Hospital No

50620768K
CASSIDY
JAMES
CHI-1007626291

Admission Date

Admission Status [ ] 1. Arranged 2. Emergency 3. Transfer 4. Day Case

Admission Hospital [ ] 1. GGH 2. WIG 3. WIG to GGH

Consultant Code

Checked By (Code)

Discharge Date

CURRENT SYMPTOMS (Optional)

Code **Description** (if code unknown) **Duration** (time/units hr,dy, wk, mt, yr)

lesion on face -

MAIN DIAGNOSIS FOR EPISODE (leave blank if no diagnosis reached)

Code **Description** (if code unknown) **Status** (Provisional/Confimed)

706.2. Sebaceous cyst.

OTHER NEW DIAGNOSES / COMORBIDITY MADE DURING EPISODE

Code **Description** (if code unknown) **Status** (Provisional/Confimed) **Confirmation Date**

PAST MEDICAL HISTORY - Diagnoses (Additional to any previously recorded)

Date (mm/yy or yy) (if known) **Code** **Description** (if code unknown)

PREVIOUS TREATMENT (Additional to any previously recorded)

Date (mm/yy or yy) **Code** **Description** (if code unknown)

INVESTIGATIONS PERFORMED

Code **Description** (if code unknown) **Result** (Normal/Abnormal/Awaited)

PROCEDURES PERFORMED (Coded operation note details will be automatically entered

Date	Surgeon Code	Assistant 1 Code	Assistant 2 Code	Side (R,L or B)	Procedure Code
15/7/10	KAUR			R	506.9

COMPLICATIONS (Use V65.80 if none)

Code **Description** (if code unknown)

PATHOLOGY

Site Code **Morphology Code** **T** **N** **M**

DISCHARGE DETAILS

Outcome ☐

1. Satisfactory at Discharge
2. Unsatisfactory
3. Unsatisfactory - Procedure Failed
4. Complications May Affect Outcome
5. Complications Affect Outcome
6. Complications Necessitated Transfer to Specialised Unit
7. Complications Required Reoperations within 30 Days
8. Satisfactory - Discharge Delayed for Social Reasons
9. Satisfactory - Discharge Delayed for Medical Reasons
10. Death Enter Details →
11. Reconstructive Vascular Surgery not possible

If Death: Post Mortem ☐ 1. No 2. Yes 3. Fiscal 4. Refused

Type ☐

1. Home
2. Relative/Friend
3. Irregular Discharge
4. Transfer Enter details →

If Transfer: **Hospital** **Ward** **Speciality**

FOLLOW UP (Tick and complete one section only)

☐ **Clinic** **Clinic Code** **Time (weeks) OR Clinic Date**

☐ **Re-Admit** **Status** **Type** ☐

1. Urgent
2. Non-Urgent

☐

1. GGH In-patient
2. WIG In-patient
3. GGH Day Surgery

Main Diagnosis Code (if different from Discharge Diagnosis)

Proposed Procedures **Side** **Code**

Available at Short Notice ☐ 1. No 2. Yes

Ambulance Required ☐ 1 No 2 Yes

Comments for Waiting List Card (50 characters max)

☑ None

FREE TEXT (please print or tick box if dictated)

Dictated ☐ (State Discharge Form and give Hospital No, Surname, Admission Date)

COPY / ADDITIONAL LETTER

Copy letter to **Name** **Designation** **Department** **Hospital**

Additional letter to follow (tick box) ☐

Patient Agreement to Investigation or Treatment

NHS
Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

50620768K
CASSIDY M
JAMES 10/07/1962
75 BENBOW ROAD
CLYDEBANK
DUNBARTONSHIRE G81 4DP
CHI-1007626291

Hospital/Clinic/GP Practice .....

Patient's surname/family name :.....

Patient's first name(s): .....

Date of Birth___/___/_____ Gender: Male ☒ Female ☐

NHS/ CHI Number _____

Special requirements (e.g. other language/communication method) .....

.....

Responsible practitioner: Prof O'Dwyer

Job title: Consultant

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

Excision of lesion Right side of face.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: .....

Name/Designation (Print) KALPERSHAD .....

Date 16/7/10

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

Additionally you have to agree or disagree the following:-	**Agree**	**Disagree**
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature: ..... Date ...../...../.....

Practitioner Signature: ..... Date ...../...../.....

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: x ..... Date : 16./..07./..10.....

Name (Print): .....

Hospital use only	Clinic	Day / Date	Time	Hospital No.
	DW1	~~Thu~~ / 16/07	~~11:20~~ 09:30	5062007768K

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
GGC General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

— **Hospital** and **hospital address**

Hospital location code: G516H

Email address:

Urgency of referral ROUTINE
Date of referral 20-May-2010 **Date sent** 20-May-2010

PATIENT DETAILS

Surname	Cassidy
Forename(s)	James
Title	Mr
Sex	Male
Date of birth	10-Jul-1962
CHI no.	1007626291

Patient's address

75 Benbow Rd
DALMUIR
CLYDEBANK
G81 4DP

Contact number(s)

Voice: 952 7631

101000518716S Unique Care Pathway Number: 101000518716S

REGISTERED GP DETAILS

Name	DR S Haque		
GMC code	3382615	GP code	G03280
Practice name	Dr Haque		
Practice code	40600		

Practice address

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2QT

Contact number(s)

Voice: 0141 531 6463

REFERRING GP DETAILS

Name	Dr. Mohammed Haque		
GMC code	3382615	GP code	03280
Practice name	CLYDEBANK HEALTH CENTRE (40600)		
Practice code	40600		

Practice address

KILBOWIE ROAD
CLYDEBANK
GLASGOW

Contact number(s)

Voice: 0141-531-6463

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Benign Tumour

Comment: This gentleman presented with a cystic growth since few years on his RT face on the angle of the jaw which looked like a sebaceous cyst and wished to have it removed surgically.

I would be grateful if you kindly see him and do the needful.

Thanking You

Yours Sincerely

Dr M. S. haque

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset
Haemorrhoids	Banding	-	08-Feb-1988
Nondependent alcohol abuse NOS	-	-	05-Nov-1981
Closed fracture of the scaphoid	-	Right	26-Oct-1980

Past procedures (High and medium priority - all)

Description	Date performed
Standard chest X-ray normal	25-Feb-2010
Bilateral vasectomy for contraception	05-Oct-1990
Other excision of appendix NOS	31-May-1977

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	15-Mar-2010
FH: Diabetes mellitus	15-Mar-2010

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		15-Mar-2010
Ex smoker:		23-Feb-2010
Current smoker:	phoned pt started smoking again after 10yrs.	27-Jan-2009
Ex smoker:	3 years	26-Jul-2005
Alcohol intake within recommended sensible limits:		15-Mar-2010
Enjoys moderate exercise:		15-Mar-2010

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Brian McGrath 3/9/55

not on system.

to come to DH clinic 3-30 tomorrow

PER DH.

Pt. knows.

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
GP Details	HAQUE, MOHAMMED CLYDEBANK HEALTH CENTRE
Age	47
Hospital CRNs	50620768K, SG03235606

Referral Details

Date Received	20/05/2010 17:15:42
ReferralID	4738512
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE	21/05/2010 10:28:23	no priority reason given

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
General Surgery	Western Infirmary/Gartnavel General	Record Creation	21/05/2010 10:28	Alison Lynn
General Surgery - Minor Surgery	Western Infirmary/gartnavel General	not gs	21/05/2010 10:29	Alison Lynn

Tracking/Vetting Details

Cancer Code	
Date Vetted	25/05/2010 10:56:41
Vetting Status	Vetted
Outcome	Straight to Procedure
Vetted By	Dominique Byrne

Tests

Clinics

Lumps/Bumps List

Consultant **Site** Western Infirmary/gartnavel General

Instructions

HRCompleted False

DEPARTMENT OF UROLOGY
GARTNAVEL GENERAL HOSPITAL
1053 Great Western Road, Glasgow G12 0YN

Consultant: *Contact telephone No:*
Mr T Day 0141-211-3200
Our Ref: TD/AMR/620768

17 May 2001
(Dictated 26 April 2001)

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
Clydebank
Glasgow G81 2TQ

Dear Dr Haque

James CASSIDY D.O.B. 10/07/1962
75 BENBOW ROAD CLYDEBANK G81 4DP

Date of Admission	-	18 April 2001
Date of Discharge	-	20 April 2001
Diagnosis	-	Nocturia, Frequency and Urgency
Procedure	-	Cystoscopy EUA
Follow-up	-	Nil

This young man with a history of nocturia, frequency and urgency was admitted for a cystoscopy. This was performed under general anæsthesia (Dr Makin).

On rectal examination under anæsthesia he had a small benign feeling prostate. The anterior and prostatic urethra was normal. The bladder was normal and in particular no stone, diverticulum or neoplasm was seen.

Investigations: electrolytes and urea normal, HB 13.5, CSU sterile.

Further management: he has been reassured that there is no sinister cause for his urinary symptoms. It would be appropriate to treat him conservatively with a simple bladder sedative. I have not arranged to review him routinely in Out-patients but would be happy to do so at your request if there are any further problems.

Yours sincerely

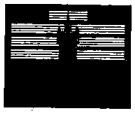
T DAY
LOCUM CONSULTANT UROLOGIST

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

173524

CONFIDENTIAL

WEST GLASGOW HOSPITALS
Gartnavel General Hospital, Glasgow G12 0YN
Telephone 0141-211-3000



IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.:_____

Your Patient :

Name: JAMES Cassidy
Address:
D.O.B. 10/7/62 Unit No. 620768

Consultant DAY
Admitted to Ward GA/13 On 18/4/01
Discharged on 19/4/01 From Ward GA/13
Or seen at _____ *Clinic,on* __/__/__

Diagnosis
1
2
3
4

Operation/Procedures
1 Cystoscopy
2
3

Follow Up Arrangements

Clinic	Date __/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state)		
Other		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	Recommended duration of treatment from date of discharge
No	which	medication											

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.

Dispensed by _____ Checked by _____
Date _____ CP Check

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by
Issued by
Date Issued
Signature of Recipient

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

DR.s NAME IN BLOCK CAPITALS JAMES WEIR SIGNATURE J. Weir DATE 19/4/01

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 4140

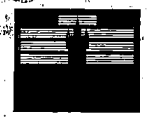
You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

173524

CONFIDENTIAL

WEST GLASGOW HOSPITALS

Gartnavel General Hospital, Glasgow G12 0YN
Telephone 0141-211-3000



IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: _____

Your Patient :

Name: James Cassidy
Address: _____
D.O.B. 10/7/62 Unit No. 620768

Consultant DAY
Admitted to Ward GA/13 On 13/4/01
Discharged on 19/4/01 From Ward GA/13
Or seen at _____ *Clinic, on* __/__/__

Diagnosis
1 _____
2 _____
3 _____
4 _____

Operation/Procedures
1 Cystoscopy
2 _____
3 _____

Follow Up Arrangements

Clinic _____	Date 1/1	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state) _____		
Other _____		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	TIMES FOR ADMINISTRATION										Recommended duration of treatment from date of discharge
			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	
No current medication													

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.

Dispensed by _____ Checked by _____
Date _____ CP Check _____

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient _____

DR.s NAME IN BLOCK CAPITALS JAMES WEIR SIGNATURE J Weir DATE 19/4/01

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 4141

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patient Name (BLOCK CAPITALS) JAMES CASSIDY Date 18/4/01

UNIT No 620768 Proposed Procedure (BLOCK CAPITALS) CYSTOSCOPY +/- URETHROTOM

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I HAVE FULLY EXPLAINED: **To the patient/~~parent/guardian/next of kin~~*** (* DELETE AS APPROPRIATE)

1. **The procedure named on this form**
2. **Appropriate alternatives which are available**
3. **Side-effects which may result from the procedure**

Name (BLOCK CAPITALS) GRANT WYLIE

SIGNATURE Grant Wylie

TO BE COMPLETED BY THE PATIENT

You should read this form and the notes overleaf carefully. If there is anything you do not understand ask the doctor or dentist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

I AM **The Patient/~~Parent/Guardian/Next of Kin~~.** (DELETE AS APPROPRIATE)

I UNDERSTAND

The procedure which has been explained to me by the Doctor or Dentist named on this form.

That the procedure may not be carried out by the Doctor/Dentist who has been treating me so far.

That any procedure in addition to that named on this form will ony be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I AGREE

To the administration of an anaesthetic or to sedation if required.

To the procedure named on this form.

That examination for the purposes of teaching will not be undertaken without my consent. (SEE OVERLEAF)

Signature X J Cassidy

Patient/~~Parent/Guardian~~/Next of Kin*

Name (BLOCK CAPITALS) JAMES CASSIDY

(* DELETE AS APPROPRIATE)

Address 75 BENBOW RD

CLYDEBANK

REF/CTA1

JMcC/930795

NOTES OF GUIDANCE

1. **DOCTORS**

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proprosed procedure, any side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

1.1 The patient must give written consent to be examined by students during any procedure for which written consent if required. (See Below).

2. **PATIENTS**

2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

2.2 You may ask for a relative or a friend or a nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this form.

2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

---

1. I **agree/do not agree*** to the involvement of a student at the procedure named on this form.

2. I **agree/do not agree*** to examination by a student during the procedure named on this form under the supervision of the senior medical/dental officer undertaking the procedure.

Name (BLOCK CAPITALS) _____ Date _____

Signature _____

* DELETE AS APPROPRIATE

Skin

CLINIC	DATE	DAY	TIME	UNIT
DeCochran	19.6.75	Thur	2.30	620768

ABOVE PORTION FOR HOSPITAL USE ONLY

REQUEST FOR OUT-PATIENT CONSULTATION

Dear Sir, _____ Date _____

Please arrange for my patient to be seen at the _____

Clinic of Mr./Dr. Dermatologist

Yours faithfully,

Please Use Rubber Stamp if available

Name DR. I. H. RATANI
Address 6 Achamore Road
Glasgow G15
Telephone No. 944 2933

Name of Patient; James Cassidy Age: 13 y.

History : Shall be seen by Skin Specialist

if You could kindly examine this child

Thanks

IMPORTANT : Please seal and give to the patient so that he/she may complete the lower portion

FOLD AND STICK TOP OF FORM HERE

PLEASE WRITE PLAINLY OR PRINT

Patient's Surname : James Cassidy

First Names : James.

Date of Birth : 10 - 7 - 1962

Address : 22 KILDY LOAN PC G15 8.

Telephone No. (if any) : 944 - 7022

Occupation (if child give father's occupation) : BOILERMAN

Is patient Single/Married/Widowed : _____

Maiden Name : —

Has patient ever been treated or X-rayed at this Hospital YES

either as an In-Patient or Out Patient? State Yes or No : YES

If possible, state Ward or Clinic : OUT PATIENT

and Year : 1975

J. MCC 8140

REMEMBER to use the POST CODE!

ATTENDANCE OFFICE

WESTERN INFIRMARY/HOSPITAL

FOLD BOTTOM FLAP AND SEAL HERE

TO THE PATIENT :

Please complete the lower part of this form, seal, stamp and post without delay.

Following receipt by the hospital a card will be forwarded giving you a date and a time to attend.

The attendance system is designed to avoid as far as possible any unnecessary waiting time in the Out-Patients Department. You can help with the smooth running of the system by completing this form correctly and by attending at the given time. Please do not attend before the time arranged.

THURSDAY, 19 APRIL 2001 **JAMES CASSIDY** **620768**

AGE 38

6A/B

TD/JM (TYPED 20 APRIL 2001)

PROCEDURE: **CYSTOURETHROSCOPY AND EUA**

SURGEON: **MR DAY**

ANAESTHETIST: **DR MAKIN GA**

Indication.

Nocturia, frequency and urgency.

Findings.

Small, benign-feeling prostate. Normal anterior and posterior urethra Prostate non-occlusive. Both ureteric orifices seen. Bladder normal. No stone, diverticulum or neoplasm.

Further management.

I think this young man should be encouraged to increase his fluid intake, particularly last thing at night. He should be reassured that there is no sinister cause for his urological symptoms.

We will not arrange a routine outpatient appointment but would be happy to see him again if there are further problems despite maximal reassurance.

.....
Signed

Supine ☑ Lithotomy ☐ Prone ☐ Lateral ☐ Head up ☐ Head down ☐

GA ☑ Spinal ☐ Epidural ☐ Other LA _____

ETT _____ LMA #5 F Mask ☐ Airway ☐ DLT _____ Laryngoscopy grade _____

IV site(s) 18G (R) hand

Technique details:

Art line

CVP/PAWP

Ventilator

Breathing system circle O_2/N_2O/iso sv

Start 14:30

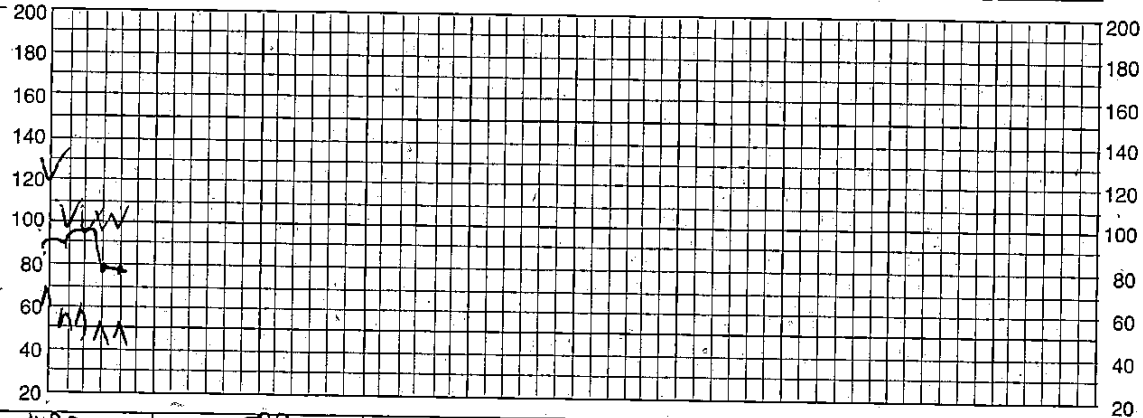
Finish :

Equipment check ☐

Fentanyl	75μg
Propofol	200 & 100mg + 100mg
IV Fluids	

Pre-ox ☑ RSI ☐

ECG ☐ SpO_2 ☐ NIBP ☐ $ETCO_2$ ☐ ETAA ☐ All the above ☑ PNS ☐



Time	1430	1530
Events		
FiO_2	.4	
SpO_2	99	
$ETCO_2$	5.1	
ETAA iso	1.3	

Events	IV Fluids
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

Warmer ☐

Anaesthetist's signature _____

Western Infirmary / Gartnavel General Hospital
West Glasgow Hospitals

Anaesthetic Record

620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40366

Premedication

Procedure(s) Cysto

Anaesthetist(s) Mahr | Higgins — C ☑ SpR ☑ SHC ☐

Surgeon(s) Day ☑ ☐ ☐

Date 19/4/01

Pre-operative assessment

Airway upper partial plate

RS sunken

CVS ✓ BP /

Weight(kg)

Haematology Hb 13.5

Biochemistry WNL

ECG ✓

CXR

Current therapy

Cocodamol

Other significant illnesses

Crohns disease

Allergies ✓

Previous anaesthesia

Fistula '89
abscess '88
11 '88

ASA 1 2 3 4 5 E

Comments / Technique

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patient Name (BLOCK CAPITALS) JAMES CASSIDY Date 18/4/01

UNIT No 620768 Proposed Procedure (BLOCK CAPITALS) CYSTOSCOPY +/- URETHROTOM

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I HAVE FULLY EXPLAINED: **To the patient/~~parent/guardian/next of kin~~*** (* DELETE AS APPROPRIATE)

1. **The procedure named on this form**
2. **Appropriate alternatives which are available**
3. **Side-effects which may result from the procedure**

Name (BLOCK CAPITALS) GRANT WYLIE

SIGNATURE Grant Wylie

TO BE COMPLETED BY THE PATIENT

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I AM **The Patient/~~Parent/Guardian/Next of Kin~~.** (DELETE AS APPROPRIATE)

I UNDERSTAND

The procedure which has been explained to me by the Doctor or Dentist named on this form.

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I AGREE

To the administration of an anaesthetic or to sedation if required.

To the procedure named on this form.

That examination for the purposes of teaching will not be undertaken without my consent. (SEE OVERLEAF)

Signature X J Cassidy

Patient/~~Parent/Guardian~~/Next of Kin* (* DELETE AS APPROPRIATE)

Name (BLOCK CAPITALS) JAMES CASSIDY

Address 75 BENBOW RD

CLYDEBANK

REF/CTA1

JMcC/930795

NOTES OF GUIDANCE

1. DOCTORS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proprosed procedure, any side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

1.1 The patient must give written consent to be examined by students during any procedure for which written consent if required. (See Below).

2. PATIENTS

2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

2.2 You may ask for a relative or a friend or a nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this form.

2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

---

1. **I agree/do not agree*** to the involvement of a student at the procedure named on this form.

2. **I agree/do not agree*** to examination by a student during the procedure named on this form under the supervision of the senior medical/dental officer undertaking the procedure.

Name (BLOCK CAPITALS) _____ Date _____

Signature _____

* DELETE AS APPROPRIATE

WEST GLASGOW HOSPITALS

Medical In Confidence
Inpatient/Day Case Record

I/A/D/C ☐

Patient Identification

Patient CRN	620768	Provider SGC04 Hosp	GGH
Surname	CASSIDY	Patient's Address	75 Benbow Road
First Forename	JAMES		
Second Forename			CLYDEBANK
Previous Surname			Dunbartonshire
Date of Birth	10 Jul 1962	Postcode	G81 4DP
Sex	Male	Marital Status	Married (in
		Tel No:	952 7631
CHI No	1007626291	Ethnic Group	
NHS No		GP Practice	CLYDEBANK HEALTH CENTRE0141-531-
Alt CRN		GMC No:	3382615 HAQUE

Episode Management

ıll/Care Package ID	Ward F6AB*GG	Admission Date 18/04/01
Specialty/Discipline (Code + Text National) URO UROLOGY		Admission Type 11
Significant Facility OTH OTHER HOSP WARD		Admission Reason REAT
Consultant Code CHAU		Admission/Transfer From I 2
Consultant Name CHAUDHARY		Admission/Transfer From - Location
Management of Patient INPATIENT	Patient Categon NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date 23/06/00	Waiting List Type TB

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
3	
5	
6	

Main Operation/Procedure

		Date Main Operation	
		Clinician Responsible	
Other 2		Date (OPP2)	
		Clinician Responsible (2)	
Other 3		Date (OPP3)	
		Clinician Responsible (3)	
Other 4		Date (OPP4)	
		Clinician Responsible (4)	

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

DEPARTMENT OF UROLOGY
GARTNAVEL GENERAL HOSPITAL
1053 Great Western Road, Glasgow G12 0YN

Consultant:
Mr Michael Aitchison

Contact Telephone No:
0141-211-0128

Our Ref: GJ/JC/620768

MR M AITCHISON'S CLINIC – FRIDAY 09 JUNE 2000

Typed: 21 June 2000

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

James CASSIDY – dob: 10/07/62
75 Benbow Road Clydebank G81 4DP

I reviewed this gentleman today. He recently passed through the testicular ultrasound assessment service. He is reputed to have small bilateral varicoceles but no other abnormality. At the moment, his most pressing concern is that of significant nocturia, frequency and urgency associated with encore. He says his flow sprays and has diminished recently. Examination reveals no abnormality in the abdomen. External genitalia on examination reveals changes consistent with previous vasectomy but no worrying pathology. Urinary flow rate was diminished with a Q-max of 12.6 and only 94 ml voided but with a normal bell-shaped curve. His residual urine was 27 ml. I think it unlikely that this man has a stricture as a cause of his frequency but I have arranged a GA cystoscopy to be performed as a day case with the option of a bed overnight. He is aware of this. From the point of view of his varicoceles, these are not clinically evidence and require no intervention.

Yours sincerely

GARETH JONES
Specialist Registrar in Urology

UROLOGY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
1,053 GREAT WESTERN ROAD
GLASGOW G12 0YN

Direct Line - 0141-211-3200
Secretary - 1041-211-1045

MA/JM/620768

8 December 1999

Dr Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

Re: James Cassidy 75 Benbow Road, Clydebank G81 4DP D.O.B. 10/7/65

A copy of you patient's testicular ultrasound is enclosed and an appointment is being arranged for him to see his consultant.

Yours sincerely

M Aitchison
CONSULTANT PHYSICIAN

Enc.

Nochra 5-6.
(L) abdo pain
urgency ++
encore

UROLOGY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
1,053 GREAT WESTERN ROAD
GLASGOW G12 0YN

Direct Line - 0141-211-3201
Secretary - 1041-211-1045

MA/JM

22 October 1999

Mr James Cassidy
75 Benbow Road
CLYDEBANK
G81 4DP

Dear Mr Cassidy

Your doctor has asked us to see you because of a problem with your testicles. Arrangements are being made for you to have an ultrasound scan performed. This consists of having a small probe run over the outside of your scrotum and gives a picture of the inside of the testicles. Doing this will make sure that there is no serious condition causing your symptoms.

An appointment for this scan will be sent to you and your doctor will be informed of the result as soon as it is available. You will then be sent an appointment to attend the urology department, to be seen by one of our consultants or his deputy.

Yours sincerely

M Aitchison
CONSULTANT PHYSICIAN

PLEASE NOTE: YOUR ULTRASOUND SCAN MAY BE DONE EITHER AT THE WESTERN INFIRMARY OR AT GARTNAVEL GENERAL HOSPITAL. PLEASE CHECK YOUR APPOINTMENT CARD BEFORE ATTENDING.

NB IF YOU ARE UNABLE TO ATTEND THE APOINTMENT FOR ANY REASON IT IS VERY IMPORTANT THAT YOU LET US KNOW AT ONE OF THE ABOVE NUMBERS. THIS WILL ALLOW US TO USE THE APPOINTMENT FOR ANOTHER PATIENT.

UROLOGY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
1,053 GREAT WESTERN ROAD
GLASGOW G12 0YN

MA/JM/620768

Direct Line - 0141-211-3200
Secretary - 1041-211-1045

22 October 1999

Dr Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

Re: James Cassidy 75 Benbow Road, Clydebank G81 4DP D.O.B. 10/7/62

Following your referral this patient is to undergo an ultrasound scan of his scrotum. The result will be sent to you as soon as it is available together with notification of follow-up arrangements.

Yours sincerely

M Aitchison
CONSULTANT UROLOGIST

Hospital use Only	Clinic	Day Date	Time	Hospital No. 620768	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital: WIG Date: 30.9.99 CHI No.:

Please arrange for this patient to attend the: Surgical clinic of Dr/Mr: Consultant Surgeon

Patient's Surname: CASSIDY Maiden Surname:

First Names: JAMES Single/Married/Widowed/Other:

Address: 75 BENBOW RD Date of Birth: 10.07.62

CLYDEBANK Patient's Occupation:

Postal Code: Contact telephone number: 9527631

Has the patient attended hospital before? (YES) NO If "YES" please state:

Name of Hospital: Nuffield Inf

Year of attendance: 97 Hospital No.: 620768

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? (YES) / NO

If YES, minimum notice required: 2 days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR M.S. WADE
Clydebank Health Centre
Kilbowie Rd
Clydebank G81 1TQ
Tel: 0141 951 6403

Please use rubber stamp

I would ~~be grateful for your opinion and~~ advice on the above named patient. A brief outline of history, symptoms and signs is given below:

UROLOGY This gentleman presented with a small soft swelling in his left testicle some last couple of months. Left Epididymis + testicle seemed alright. There was a swelling on the lower part of the left testicle which was, he mentions a bit tender on pressure. He had bilateral vasectomy in '90 could be compatible. The swelling & Pain originated from his previous Vasectomy. Though it appeared to be like a varicocele.

TFS1
MFA

I would be grateful for your opinion and advice with thanks in advance

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature: 1 OCT 1999

355-2104

DB/RL/620768

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

Tel: 0141-211 2540
Fax: 0141-211 2400

8 August 1997

Department of Dermatology

Dictated: 06.08.97

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

James Cassidy (D.o.B. 10.07.62)
75 Benbow Road, Clydebank

Thank you for referring this man to the Dermatology department. He has a small asymptomatic epidermoid cyst on the angle of the jaw. I have advised him that this is benign, but could be excised if he wished it. He is not overly keen to have it removed and as it has never caused symptoms, it is perfectly acceptable to leave it in place.

If it became repeatedly inflamed, I have advised him to contact us and we will excise it for him.

Yours sincerely

DAVID BURDEN
Senior Registrar in Dermatology

Hospital use Only | Clinic Dr Burden | Day Date W40 6/8/97 | Time 2.55. | Hospital No. 620768 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital Western Infirmary Date 12.5.97 CHI No.

Please arrange for this patient to attend the Dermatology Surgical clinic of Dr/Mr Consultant

Patient's Surname CASSIDY Maiden Surname Surgeon

First Names JAMES Single/Married/Widowed/Other

Address 75 BENBOW RD. Date of Birth 10.7.62

CLYDEBANK Patient's Occupation

Postal Code Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital Western Inf

Year of attendance 94 Hospital No. 620768

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR. M.S. HAQUE
THE HEALTH CENTRE
KILBOWIE ROAD
CLYDEBANK G81 2TQ
TEL. 041 952 2080

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This gentleman presented w/ a small sebaceous cyst on his (R) face. Has had a yrs and was wanted to have removed.

I would be grateful if you kindly see him and do the needful

Diagnosis / provisional diagnosis: Sebaceous cyst

Present drug treatment and potential special hazards: Nil

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Printed for The Stationery Office Dd8456932 11/96

355-2104

Western Infirmary / Gartnavel General Hospital
West Glasgow Hospitals University NHS Trust

Anaesthetic Record

Name James Cassidy

Hospital Number

DoB/Age 10-7-62.

Premedication /

Procedure(s) Exploration (L)

Anaesthetist(s) McElvenny ☐ C ☐ SR ☐ CR ☑ SHO

Surgeon(s) Mulay ☐ ☐ ☑ ☐

Date 26/6/96

Pre-operative assessment

Airway Plate, upper MP / Mask ok

RS /

CVS /

BP /

Weight(kg)

Haematology

Biochemistry

ECG

CXR

Current therapy
occasional Gaviscon

Other significant illnesses

Allergies Nil.

Previous anaesthesia
© Herniorrhaphy.

ASA (1) 2 3 4 5 (E)

Comments / Technique

SV - Midaz/Fent/Morphine.

Supine ☑ Lithotomy ☐ Prone ☐ Lateral ☐ Head up ☐ Head down ☐

GA ☑ Spinal ☐ Epidural ☐ Other LA ☐ _____

ETT ☐ ___ LMA ☑ 4 F.Mask ☐ ___ Airway ☑ 3 DLT ☐ ___ Laryngoscopy grade ___

IV site(s) 18g DRIP

Art. line

CVP/PAWP

Ventilator

Breathing system C. Kerr

Technique details:

Start	21	35
Finish	22	15

Propofol	200 + 200 + 200 *
MIDAZ	2
DEXAMETHASONE	1
METRONIDAZOLE	6
IV Fluids	

RSI ☐

Pre-ox ☑

ECG ☐

SpO_2 ☐

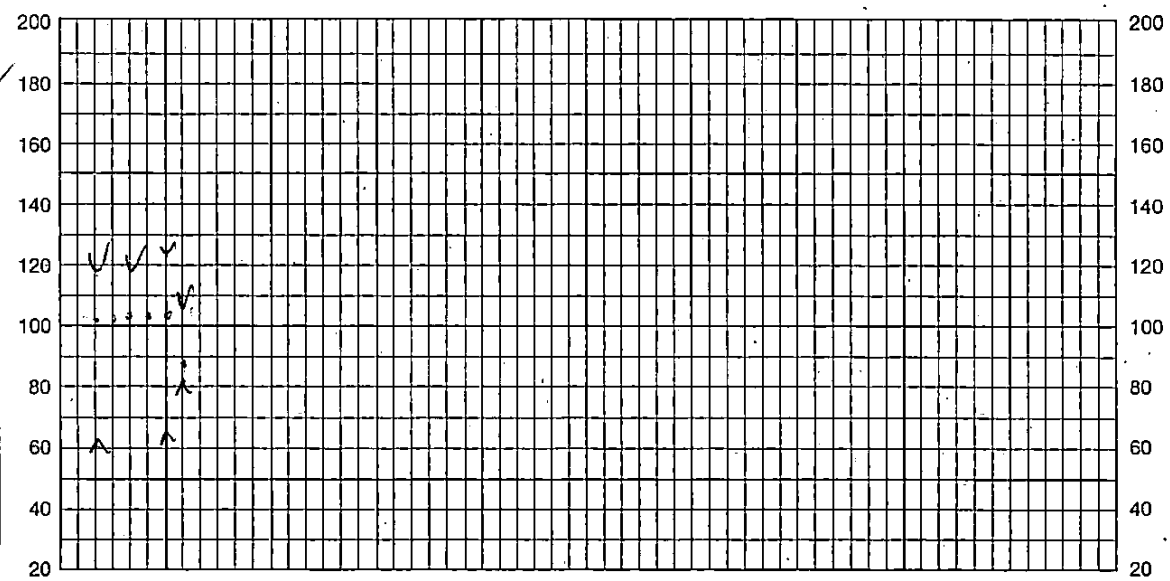
NIBP ☐

$ETCO_2$ ☐

ETAA ☐

All the above ☑

PNS ☐



Time	2130	2200
Events		
FiO_2	21	30
SpO_2	94	99
$ETCO_2$		3.4
ETAA BNF		1.0

Events

1. INDUCTION
2. INTUBATION
3.
4.
5.
6.
7.
8.
9.

IV Fluids

1.
2.
3.
4.
5.
6.
7.
8.
9.

* DISCONNECTION AT FGF OUTLET REQUIRING FURTHER PROPOFOL.

Anaesthetist's signature SMcMurray

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

OPERATION NOTE

HOSPITAL: WIG

HOSPITAL NUMBER:

DATE: 25TH JUNE 1996

PATIENT'S NAME: MR CASSIDY

DATE OF BIRTH:

AGE: 33

WARD: SHORT STAY

SURGEON: MR D MCKAY

ASSISTANT SURGEON:

TOURNIQUET APPLIED: YES/NO

TIME ON:

ASSISTANT SURGEON:

TIME OFF:

ANAESTHETIST:

DIAGNOSIS:

OPERATION: EXPLORATION AND SUTURING WOUND LEFT FOREARM

PROCEDURE: Wound preped and draped. Wound extended distally 1.1/2 cms.

FINDINGS: Majority of injury involving skin only. One area of deep involvement about 1 cm in length involving the distal part of the wound. This was explored and involved muscle only. No evidence of other damage.

Wound was irrigated with 200 mls. of normal Saline. Defect in the layer was closed with Vicryl. Interrupted Nylon to skin. Dressing and gauze.

Post operative instructions: Elevate hand overnight. HOme tomorrow, removal of sutures at 10 days.

DMCK/VK

REF:

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : DLD/CK/620768

Your ref :

Please reply to : Direct line : 211 2683

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

10 June 1994

Mr J Cassidy
5 Low Crescent
Glasgow
G81 2AF

Dear Mr Cassidy

I have now reviewed your case notes and I feel it would be worth carrying out an ultrasound test on your upper abdomen to exclude gall stones and pancreatic problems. The test involves no pain! I will let Dr Rahman know the results of the test when the result is available.

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Dr Davies' General Medical Clinic - 2 June 1994

Our ref : DLD/CK/620768

Your ref :

Please reply to : Direct line : 211 2683

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

7 June 1994

Dr Rahman
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Rahman

James Cassidy - 5 Low Crescent Glasgow G81 1AF
Date of birth - 10/07/62

This patient's upper G.I. endoscopy showed normal oesophagus, stomach and duodenum. CLO test was positive at 24 hours indicating the presence of helicobacter. In view of his normal endoscopy, I would doubt whether there is a need for eradication therapy.

He continues to suffer various symptoms reported previously but our investigations have drawn a blank. The symptoms date from a " viral illness " 2 years ago. I will check with the gastroenterologists whether they feel eradication therapy would be beneficial but otherwise I have little to suggest. I suppose we have not excluded a pancreatic lesion and in view of his previous alcohol history, I will arrange an abdominal ultrasound. I would not propose to take matters further if this is again normal.

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

Dr Davies' General Medical Clinic - 2 June 1994

DLD/CK/620768

Direct line : 211 2683

7 June 1994

Dr Rahman
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Rahman

James Cassidy - 5 Low Crescent Glasgow G81 1AF
Date of birth - 10/07/62

This patient's upper G.I. endoscopy showed normal oesophagus, stomach and duodenum. CLO test was positive at 24 hours indicating the presence of helicobacter. In view of his normal endoscopy, I would doubt whether there is a need for eradication therapy.

He continues to suffer various symptoms reported previously but our investigations have drawn a blank. The symptoms date from a " viral illness " 2 years ago. I will check with the gastroenterologists whether they feel eradication therapy would be beneficial but otherwise I have little to suggest. I have not given him a further appointment for the clinic but would be happy to see him again should there be any change in his condition.

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

*No

DR DAVIES' MEDICAL CLINIC - 31/03/94

TW/CK/620768

Direct line : 211 2683

7 April 1994

Dr Haque
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT GLASGOW G81 1AF
DATE OF BIRTH - 10/07/62

Diagnoses:-

1. Weight loss
2. Tiredness
3. Right posterior chest pain
4. Constant central chest pain
5. Cervical glands in the right
6. Sleeping all the time

This man has now read an article in the Daily Record and says he has all the symptoms of M.E. He is exhausted and feels he has the body of a 70 year old. His limb muscles feel sore and bruised. His weight appears to have been steady over the past 18 months from our records. He still says he is nauseous and vomits twice a week although his appetite seems fine.

He now feels all his symptoms started 2 years ago with a viral infection.

He is still awaiting upper G.I. tract endoscopy. All his other tests were normal including full blood count, profile, ESR, C-Reactive Protein, thyroid function and chest x-ray.

I have tried to reassure him that we can find nothing wrong as yet and I have strongly discouraged him from labelling himself as suffering from M.E. We await the results of the endoscopy and will see him after this.

Yours sincerely

TOM WHITMARSH
SENIOR REGISTRAR IN MEDICINE


APPOINTMENT
6 WEEKS
I'M ON IT
Monit®SR

Hospital use Only	Clinic DANTHS	Day Date THURS 17/2	Time 9Am	Hospital No. 620768	GP112

as

REQUEST FOR OUT-PATIENT CONSULTATION.
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital Western Infirmary Date 28-1-94 CHI No.

Please arrange for this patient to attend the Medical clinic of Dr/Mr Consultant Physician.

Patient's Surname CASSIDY Maiden Surname

First Names James. Single/Married/Widowed/Other

Address 5 Low Crescent - Date of Birth 10.7.62

Clydebank. G81 1AF Patient's Occupation

Postal Code Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This gentleman, who lives in the Jamestown, has some problems with alcohol dependence and mild depression presented with general weakness, with often shortness of breath since he has had anaemia. On systemic examination no abnormality was detected. I suspect it may be post-viral fatigue syndrome + treatment lies, but he demanded "thorough checkup from head to foot" by the Specialists. I would be most grateful if you can kindly see him and give your valuable advice.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Thanking you

Yours faithfully

Relevant X-rays available from: No. (if known)

Signature

355-2104

Dd8435631 3/93 15M 13161

Western Infirmary
Hospital

Medical appointment : 8 week

DR DAVIES' MEDICAL CLINIC - 17/02/94

DLD/CK/620768

21 February 1994

Dr Haque
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT GLASGOW G81 1AF
DATE OF BIRTH - 10/07/62

Presenting complaints:-

1. Weight loss (2 stones in 2 months)
2. Tiredness
3. Right posterior chest pain
4. Constant central chest pain
5. Cervical glands in right
6. Sleeping all the time

Thank you for referring this 32 year old married man who works at the Security Office and who arrived 15 minutes late and somewhat restricting time available for consultation.

I note he was seen at Dr Elliot's Outpatients Clinic last year and some of his symptoms are essentially similar. Weight on that occasion was only 2 $^{1/2}$ pounds heavier than at the clinic. I note the past medical history of multiple rectal abscesses/fistulae but I gather that Crohn's Disease, although proposed at one stage, has not been verified. I gather that he was in Knightswood Hospital 13 years ago with tuberculosis. He claims to be coughing up a lot of spit recently but was unable to present us with a specimen at the clinic.

On examination, he was a little " gaunt " but there were no obvious localising features. Blood pressure was 122/80 and his chest was clear. There were no abdominal masses.

Although he has had upper G.I. endoscopy in the past, I think that in view of his present symptoms, which include vomiting every day, it may be worthwhile repeating the investigation. I will make the necessary arrangements.

Present treatment:-

Nil specific

Return appointment:-

After endoscopy

Investigations pending:-

Alcohol B only FBC ESR 18/60 C-Reactive Protein TFT
Chest x-ray G.I.endoscopy Didn't produce any sputum

Yours sincerely awaited

D L DAVIES
CONSULTANT PHYSICIAN

DLD/CK/620768

21 February 1994

Sister In Charge
Day Room
Gartnavel General Hospital
Glasgow
G12 0XN

Dear Sister

JAMES CASSIDY - 5 LOW CRESCENT GLASGOW G81 1AF
DATE OF BIRTH - 10/07/62

I would be grateful if you could arrange for upper G.I. endoscopy on this patient who complains of weight loss and vomiting. There is some associated epigastric " pain/soreness ". Upper G.I. endoscopy was normal in 1991 and he has in the past been investigated for Crohn's Disease but the diagnosis has not been substantiated. I told him you will send an appointment in due course.

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

CMACK/CM

MR. C. MACKAY

SURGICAL

James Cassidy
5 Low Crescent
Clydebank

620768

Dictated: 4.3.93
Typed : 15.3.93

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr. Jain

I saw the above once again at my clinic on 4.3.93. I was sorry to hear that he has had abscesses on a few occasions over the past 6 months but on examination the perineum was really looking very good. There was no induration although the sinus opening was still visible.

I have reassured him that nothing further is required and emphasises that he may well have the occasional abscess but he knows how to deal with the situation.

The patient also mentioned vomiting and in view of his negative endoscopy in the past I would simply recommend treatment with Maxolon as required.

Kind regards.

Yours sincerely,

Colin MacKay BSc FRCS (Eng.Edin.& Glas.)
Consultant Surgeon

CM/MPM

MR C MACKAY'S CLINIC

SURGICAL

JAMES CASSIDY
5 LOW CRESCENT
CLYDEBANK

620768

03.09.92

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw James once again at my clinic on 3.9.92. He has had little or no trouble from his perianal sinus and on examination the situation was very much as before. There has been a general improvement in his anorectal problems over the past year or so and I have simply arranged to see him as a matter of routine in 6 months time.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

AH/PMB/620768

MEDICAL OUT-PATIENT CLINIC - 10 AUGUST 1992 - DR H L ELLIOTT

14 August 1992

Dr Dr S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT, CLYDEBANK - DOB 10.07.62

Thank you for referring this 30 year old gentleman to Dr Elliott's Clinic. I saw him on his behalf and note his history of chest pains which he has described for some 2½ to 3 years. They are rather unusual in that they are described as an irritation beginning in his throat coming down his chest and across his chest and which he describes as feeling like "bruised muscles". He feels this is tender to press and also radiates around his chest wall to between his shoulder blades. It is not pleuritic in nature and not associated with any cough or spit. There is no relationship to exercise and no radiation to his arms. He does describe flatulence and occasional acid reflux but unrelated to his symptoms of pain.

Other symptoms include fatigue, only improving as the day wears on. There is no sleep disturbance. He denies in particular anxieties regarding his work or family.

Past history includes alopecia in 1975, appendicectomy in 1977 and an impulsive overdose in 1981. He has been seen by Dr Ball from Woodilee in the past. Other problems have included heamorrhoids in 1988 and ischiorectal abscess which was incised and drained. He has had a number of perineal sinuses and fistula. I understand that at one stage the diagnosis of Crohn's Disease had been proposed but that this was subsequently retracted because of lack of support of histology and the fact that his sinuses were multiple rather than single.

He is an ex-smoker who drinks 4 ot 5 units per alcohol per week. He works as a security officer and is married with a 4 year old daughter.

James Cassidy (620768)

There is a family history of hypertension but none for ischaemic heart disease.

On examination he appeared generally well though rather introspective. He was tall and slimly built with no stigmata of hyperlidpidaemia, clubbing, or lymphadenopathy. Pulse was 86 per minute sinus with good volume. Both heart sounds were audible with no cardiac murmur. Blood pressure was 110/76. There was no radio-femoral delay. There was no pericardial rub audible. Chest was clear at auscultation. There was no apparent localised chest wall tenderness. Abdominal examination revealed some superficial laceration scars and an appendicectomy scar. The abdomen was soft and non-tender with no epigastric tenderness.

I think it is unlikely that this gentleman has significant cardio-respiratory illness. He has had upper GI endoscopy in the past which proved negative, during a period at which he was symptomatic. I think his symptoms are more likely to be muscular and that perhaps his degree of introspection is a factor. He certainly does run a lot and perhaps this may not be the best form of exercise if he is getting chest and back ache.

He had a recent chest x-ray which was unremarkable. I repeated his ECG which showed sinus rhythm with no ST segment changes. Biochemical profile was unremarkable.

I have reassured this gentleman and not arranged any further follow-up. I would be happy to see him again in the future if he gives you cause for concern.

Yours sincerely

ANNE HENDRY
SENIOR REGISTRAR

Hospital use Only | Clinic Gen 1077 | Day Date Monday 10/8/92 | Time 9.30am | Hospital No. G207168 | GP112

AS

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital ..... Western Infirmary ..... Date 23.7.92

Please arrange for this patient to attend the ..... Medical OP ..... clinic of Dr/Mr ..... Consultant Physician

Patient's Surname ..... Cassidy ..... Maiden Surname .....

First Names ..... James ..... Single/Married/Widowed/Other

Address ..... 5 Low Crescent. ..... Date of Birth ..... 10.7.62 .....

..... Whitecrook ..... Patient's Occupation ..... Security Guard .....

Postal Code G81 1AF ..... Contact telephone number. .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital .....

Year of Attendance ..... Hospital No .....

If the patient's name and/or address has/have changed since then please give details:

.....

.....

Can patient attend at short notice? YES/NO

If YES, minimum notice required.....days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. A. [illegible]
DR. S. HAQUE
Clydebank Health Centre
Kilbowie Road
Clydebank
[illegible]

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This gentleman presented recently with history of chest pain both and did. Since last [illegible] which he was getting treatment. On no physical abnormality could be detected clinically. However on one occasion he was seen in A/E Western Inf on 5-6-92. with similar complaint where CXR/ECG was reported and Bruce was prescribed & seems likely that chest pain was musculoskeletal Nevertheless. He has been on his chest pain despite being on analgesic + NSAIDs and he is insisting on his being seen by Hospital specialist. Of course suggestion may make upon A/E Western Inf for medical opinion. Which he was out of the informal appointment appear. a Hundred Thanks for your help regarding this patient. I would be very much grateful for your help regarding this patient.

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

Signature ..... Dr. S. HAQUE.

HMSO Dd8301754MD 12/90 M14.5 13161

Western Infirmary

MR. C. MACKAY'S SURGICAL CLINIC.

James CASSIDY, 620768
5 Low Ave.,
CMacK/SD Clydebank.G81 30.4.92.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.G81 2TQ

Dear Dr. Jain,

I saw the above at my clinic on 30.4.92. His perineum has been of little or no trouble since last he attended the clinic and on examination, the area was perfectly satisfactory. He still has a small sinus but there appeared to be no active inflamation in the region.

The patient is still worried about tiredness and weight loss and claims that he has never felt well since he stopped smoking! I have arranged to see him again at the clinic in 4 months' time.

Kind regards,

Yours sincerely,

Colin MacKay, BSc. FRCS., (Eng. Edin & Glas)
CONSULTANT SURGEON.

CMACK/CM

MR. C. MACKAY

SURGICAL.

James Cassidy
5 Low Crescent
Clydebank.

620768

Dictated: 30.1.92.
Typed : 11.2.92.

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ.

Dear Dr. Jain

I saw James once again at my clinic on 30.1.92. I was sorry to hear that he has been off work recently on account of an injury sustained during the course of work as a store detective. With regard to the perineum however this was very much better and I have simply arranged to see him again as a matter of routine in 3 months time.

Kind regards.

Yours sincerely,

Colin MacKay BSc FRCS (Eng.Edin.& Glas.)
Consultant Surgeon

CM/MPW

MR C MACKAY'S CLINIC

SURGICAL

JAMES CASSIDY
5 LOW CRESCENT
CLYDEBANK

620768

28.11.91

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 28.11.91. He made an earlier appointment as he has recently had further ano-rectal pain associated with a discharge of blood stained pus. By the time he attended my clinic the area looked remarkably good, there was a small sinus which had previously been noted but there was no induration and no discharge. Rectal examination revealed no other abnormality.

It is likely that James will have problems from time to time but I saw no indication for altering our present management. I have arranged to see him again in about a months time at the clinic.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

DNA 9.1.92 R/A

CM/MPW

MR C MACKAY'S CLINIC

SURGICAL

JAMES CASSIDY
5 LOW CRESCENT
CLYDEBANK

620768

05.09.91

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 5.9.91. His recent endoscopy showed a normal oesophagus, stomach and duodenum. Rather interestingly the patient mentioned that his symptoms completely disappeared when he was on holiday and he himself asked if the might be associated with "nerves".

With regard to his perineum this was very much as before, he has few symptoms but there is still a small sinus present. I have arranged to see him in 4 months time.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

CM/MPW

MR C MACKAY'S CLINIC

SURGICAL

JAMES CASSIDY
5 LOW CRESCENT
CLYDEBANK

620768

01.08.91

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 1.8.91. With regard to his perineum he has had infected lesions on and off since last he attended the clinic. When I examined him today the area was moist and there was a small pustule. On the whole I think his perineal problems have become less troublesome in the last year and I would simply suggest continuing with the present management.

The patient complained bitterly of abdominal discomfort, retrosternal discomfort and flatulence and I do feel that endoscopy is indicated. I shall write following the examination.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

cpy letter

CM/MPW

MR C MACKAY'S CLINIC

SURGICAL

JAMES CASSIDY
5 LOW CRESCENT
CLYDEBANK

620768

D.O.B. 10.07.62

02.05.91

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 2.5.91. Generally speaking he was progressing satisfactorily. He still have perineal sepsis from time to time but the attacks are much less than before. On examination there was a small sinus but he appeared to be coping very well with regard to this aspect of his problems. He has however many other symptoms namely tiredness, sneezing, bruising of the chest and I must admit I left this aspect of the situation to your own good self.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

CMacK/LJ

Mr C MacKay's Clinic

Surgical

James Cassidy
5 Low Crescent
Clydebank G81

620768

1.11.90

D.O.B. 10.7.62

Dr N Jain
Clydebank Health Centre
Kilbowie Road
Clydebank G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 1 Novebmer 1990. His only complaint was of tiredness. He has had little or no trouble from his perineum in the past three months and on examination the perineum again looked good. There is certainly a general improvement over the past six months and I have arranged to see him again at the clinic in six months time.

Yours sincerely

C MacKay
Consultant Surgeon

CMACK/CM

MR. C. MacKAY

SURGICAL

James Cassidy
5 Low Cres.
Clydebank.

620768

2nd August, 1990.

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank.

Dear Dr. Jain,

I saw the above at my clinic on 2.8.90. I was delighted to hear that his perineum was"not bad at all" and indeed on examination there was a small sinus but no other worrying abnormality. I was disappointed, however, to hear that he had been upset by the course of Metronidazole and accordingly stopped the medication. I would not advise any further course but simply continue with the care to his perineum.

As you know there has been some doubt as to whether he has Crohn's disease of the perineum or not. I think is some ways the argument is an intellectual one rather than a practical one as the treatment would be the same whether it was Crohn's disease or not but the important thing is that there has been no evidence of intra-abdominal Crohn's coming to light on investigation up till now.

I have arranged to see him again at the clinic in 3 months time.

Kind regards.

Yours sincerely,

Colin MacKay, BSc.FRCS.(Eng.Edin.& Glas.)
Consultant Surgeon

MR. C. MACKAY'S

SURGICAL CLINIC.

James CASSIDY,
5 Low Cresc.,
Clydebank. g81

620768

5.7.90.

GS/SD

Dr. Jain,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank.G81

Dear Dr. Jain,

I reviewed this young man in the Surgical Out-Patients today. As you know, he recently underwent excision of the sinus tract in the perianal region. The histology of this was non-specific but the pathologists report that they reviewed the 1989 fistula tract histology and found two granulomas in it, suggesting that the diagnosis is Crohn's disease despite the previous negative biopsies and despite a normal small bowel meal, barium enema and sigmoidoscopy. Thus, there is still a little uncertainty about the diagnosis although its recurrence and failure to settle would go along with the diagnosis of Crohn's disease.

His wound has begun to heal nicely although it has not healed over completely and he says it is still discharging some pus and a little blood. I don't think further surgery is indicated especially if it is indeed Crohn's disease and suggested as in my hand-written note that he have a 2 week course of Metronidazole. We will review him again in another month.

YOurs sincerely,

Gary Stone, FRACS.,
REGISTRAR IN SURGERY.

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

Ward 4 A, Gartnavel General Hospital, Glasgow.G12
CONSULTANT IN CHARGE

PATIENT	James CASSIDY,	AGE	HOSP. No. 620768
ADDRESS	5 Low Cresc., Clydebank.G81	DATE OF BIRTH	
ADMITTED	22.5.90.	DISCHARGED	28.5.90.
DIAGNOSIS 1st	~~PERINEAL SINUS.~~	OPERATION 1st	~~LAYING OPEN.~~
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

CMacK/SD

1.6.90.

Dr. Jain,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank.G81

Dear Dr. Jain,

The above patient was admitted for exploration of his perianal sinus. Operation was performed as described in my note of 23.5.90. You will see that the two sinuses connected and neither communicated directly with the rectum. The whole appearance was much more suggestive of hidradenitis suppurativa than Crohn's disease. The patient has surrounding areas of sepsis in keeping with such a diagnosis. The final histological report is not yet to hand. James will be attending for dressings and will be seen again at the returns clinic.

KInd regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
consultant surgeon.

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

OPERATION NOTE

CMacK/MWS

HOSPITAL: GARTNAVEL GENERAL HOSPITAL NUMBER: 6 2 0 7 6 8

DATE: WEDNESDAY 23.5.90

PATIENT'S NAME: James CASSIDY

DATE OF BIRTH: AGE: 27

WARD: 4.A

SURGEON: MR COLIN MacKAY

ASSISTANT SURGEON: TOURNIQUET APPLIED: YES/NO

TIME ON:

ASSISTANT SURGEON: TIME OFF:

ANAESTHETIST: DR RUTH CRUICKSHANK

DIAGNOSIS: PERINEAL SINUS

OPERATION: E.U.A. LAYING OPEN SINUS TRACT

PROCEDURE: With the patient in the lithotomy position the presence of 2 sinus openings about 7 o'clock in relation to the anus were observed. One was about 2 cms distal to the anus and the other 2 cms further distally. A probe was introduced and connected the 2 sinuses. The tract was excised intact. The surrounding area was undermined and a Tulle-Graz dressing applied. The patient had several other furuncles in the area and the whole picture was much more suggestive of hidradenitis suppurativa than of any fistula in ano. There was no abnormality detected on rectal examination.

CMacK/MWS

REF:

MR. C. MACKAY'S SURGICAL CLINIC.

James CASSIDY, 620768
5 Low Crescent,
CMacK/SD Clydebank.G81 19.4.90.

Dr. Jain,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank. G81

Dear Dr. Jain,

I saw the above at my clinic on 19.4.90. I was sorry to hear that he has had further trouble from perianal sepsis. Generally speaking, James admits that he has been better than he was last year although the symptoms are still troublesome.

On examination there was a small opening and I felt that further examination under anaesthesia and laying open of the area would be beneficial. I emphasised once again to James that we could not promise any dramatic change in his condition and emphasised the importance of keeping the area clean and dry. He complained bitterly about the cost of hot water. His name has been placed on my waiting list.

KInd regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

MR. C. MACKAY'S

SURGICAL CLINIC.

James CASSIDY,
5 Low Cresc.,
Clydebank.G81

620768

CMacK/SD

8.3.90.

Dr. Jain,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank.G81

Dear Dr. Jain,

Thank you for your letter regarding the above and for referring him back to my clinic where I saw him on 8.3.90. James has had a lot of problems with infection in the perianal region. This has not simply been one single fistula in ano but has been recurring infections in different areas. Quite clearly he had another infective episode which has now resolved. There was evidence however of excoriation. I have emphasised the importance of bathing at least once per day and of drying himself carefully. There was no indication for surgical intervention at the moment and I have simply arranged to see him again at the clinic in 1 month's time.

KInd regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

Hospital use Only	Clinic Mr. L. MacKay	Day Thurs Date 8-3-90	Time 11·30	Hospital No. 620765	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☒

Hospital ~~Dundee~~ Ninewells Date 12/2/90

Please arrange for this patient to attend the Surgical clinic of D/M L/Mackay

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Cassidy
First Names James
Address 5 Lawrence Cycles
Postal Code
Maiden Surname
Single/Married/Widowed/Other
Date of Birth 10/7/62
Patient's Occupation
Contact telephone number

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital C.G.H.
Year of Attendance 1990 Hospital No 620765
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO
If YES, minimum notice required 1 days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. K. JAIN
DR. A. RAHMAN
Clydebank Health Centre
Kilbowie Road
Clydebank
Tel. 041 952 2020

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Perianal abscess - seen by you a mnth ago. He was treated Vonovas but with exacerbation but seems again was told to come as an emergency if gets worse.

I would appreciate your early seeing him.
Dno

He is on OP in Surgical Unit. I would appreciate seeing him as soon as possible. Dno

Diagnosis/provisional diagnosis

Present drug treatment and potential special hazards: 4/4/90 DNA

X-ray (women of childbearing age). Date of first day of L.M.P.

C.G.H.
14 FEB 1990

Relevant X-rays available from: No. (if known)

Signature

HMSO Dd8176496MD 6/89 M12 CC

MR. C. MACKAY'S — SURGICAL CLINIC.

James CASSIDY, 620768
5 Low Cresc.,
Clydebank.G81

CMacK/SD — 18.1.90.

Dr. Jain,
Clydebank health Centre,
Kilbowie Rd.,
Clydebank.

Dear Dr. Jain,

I saw the above at my clinic on 18.1.90. His perianal problems persist and he has had further discharge of pus from yet another area. Abdominal investigations can be summarised by saying that barium meal and follow through, small bowel enema and barium enema have all failed to reveal any significant abnormality. I think we are left with the problem of perianal sepsis of unknown aetiology. The patient himself has stopped smoking and has gained weight with improving appetite. He is well pleased with this aspect of his condition. I would suggest simply continuing with the local treatment. I explained fully to James that we can give no guarantee that any further exploration will be any more effective than those in the past. He will be seen at the clinic in 2 months' time.

KInd regards,

YOurs sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

PG/AMK

MR C MACKAY'S CLINIC

SURGICAL

James Cassidy
5 Low Crescent
CLYDEBANK
G81

620768

DOB 10.07.62

14 December 1989

Dr Jain
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

Further to Mr Fullarton's letter of the 9 November Mr Cassidy's barium meal follow through shows no evidence of Chron's disease but did show some slight dilatation of 2 loops of small bowel. It is possible that he has adhesions due to his previous appendicectomy and I have therefore arranged for him to have a small bowel enema.

He himself remains reasonably well with no severe abdominal pain recently. His perneum is also quiescent at the moment. We will review him once he has had his x-ray performed.

Yours sincerely

P Gibbs
Registrar

MR. C. MACKAY'S — SURGICAL CLINIC.

James CASSIDY,
6 Low Cresc
Clydebank. G81

620768

GF/SD

9.11.89.

Dr. Jane,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank. G81

Dear Dr. Jane,

I reviewed this 27 year old man in out-patients today and note his recurrent perianal sepsis over the last 1 - 2 years. He tells me today that his weight is failing to increase (at present approximately 10 st) and in addition, he noted occasional right iliac fossa pain. His bowel habit tends to be slightly loose with his bowels opening only 1 - 2 times per day.

I think it is important in this young man's case to exclude Crohn's disease. Therefore I have arranged for him to have a barium meal and follow through. He will be reviewed in Out-Patients following this.

YOurs sincerely,

Grant F.Allarton,
REGISTRAR in SURGERY. I

14/12/89
Perineal Sepsis OK at present
Ba ST suggests 2 small bowel loops slightly dilated
For small bowel enema

MR. C.MACKAY'S SURGICAL CLINIC.

James CASSIDY, 620768
5 Low Cresc
CMacK/SD Clydebank.G81 5.10.89.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.

Dear Dr. Jain,

I saw the above at my clinic on 5th October, 1989. Apparently he developed some swelling in relation to his previous peri-anal scar.

When I examined him, the site of excision of his fistula in ano had healed beautifully and the old scar looked reasonably satisfactory. The patient however complained of diarrhoea and was concerned that he had not gained weight.

I arranged to see him again at the clinic in 1 month's time and should his diarrhoea remain a problem, I would see no alternative but to pursue further investigation.

Kind regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

Ward 4 A, Gartnavel General Hospital, Glasgow.G12
CONSULTANT IN CHARGE

PATIENT	James CASSIDY,	AGE	HOSP. No. 620768
ADDRESS	5 Low Cresc., Clydebank.G81	DATE OF BIRTH	10.7.62.
ADMITTED	11th August, 1989,	DISCHARGED	15th August, 1989.
DIAGNOSIS 1st		OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

GF/SD

18th August, 1989.

Dr. Jain,
Clydebank Health Centre,
KIlbowie Rd.,
Clydebank.

Dear Dr. Jain,

Your patient James Cassidy was recently admitted for excision of his small fistula in ano. This was performed under general anaesthetic on 14th August, 1989, where a small subcutaneous anal fistula was excised. His post-operative recovery was unremarkable and he was well enough to be discharged home the following day. Out-Patient review has been arranged for 4 weeks.

Yours sincerely,

Grant Fullarton,
REGISTRAR IN SURGERY.

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

OPERATION NOTE

HOSPITAL: GARTNAVEL GENERAL HOSPITAL HOSPITAL NUMBER: 620760

DATE: MOnday, 14.8.89

PATIENT'S NAME: James Cassidy

DATE OF BIRTH: AGE: 21

WARD: 4a

SURGEON: Mr Fullerton

ASSISTANT SURGEON: TOURNIQUET APPLIED: YES/NO

TIME ON:

ASSISTANT SURGEON: TIME OFF:

ANAESTHETIST:

DIAGNOSIS:

OPERATION: EUA AND EXCISION OF FISTULA IN ANAL.

PROCEDURE: Under general anaesthetic the small fistulous opening was identified at 5 o'clock in relation to the anal margin. Internal examination of the rectum revealed a small communicating fistulous track just within the anal canal. The probe was easily passed into this fistulous track and the area excised. Haemostasis was secured and the wound then dressed with jelonet a T bandage applied.

/SON

REF:

J.McC

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

ANAESTHETIC RECORD

PATIENT James CASSIDY — Number: 6207600 — Hosp: 994 — Age: 21 — Sex: M — Date: 14/08/89

ANAESTHETIST DR HOSIE — Cons ✓ — SR — Reg — SHO

OPERATOR MR FULLARTON / MR MACKAY — Cons ✓ — SR — Reg ✓ — SHO — Other

PROCEDURE laying open of fistula-in-ano — Code — Time Commenced 1225 — Duration 020 — Emergency

PRE-OP DISEASE Resp. ✓ — CVS — Anaemia — Endocrine — Renal — Hepatic — Neurolog — Muscular — Other ✓

smoker. chronic fistula in ano

CURRENT DRUGS none.

PREV. ANAESTH. ✓ Halothane — Complications — uneventful.

PREMEDICATION Morph — Atropine — Papaveret — Hyosc — Pethidine — Phenergan — Fentanyl — Drop — Diaz — Other ✓ temazepam 30mg @ 1130

calm, relaxed, not sedated

INDUCTION Thiopentone — Methohexitone — Althesin — Ketamine — Inhalation — Other (spec) ✓ propofol 200mg

RELAXANT Sux — dtc — Panc — Alcur — Gall — Other(spec) — Neost — Atrop

MAINTENANCE N_2O ✓ — Hal — Methox — Ethrane ✓ — Trilene — Ether — Cyclo — Morphine — Pethidine — Papaveret — Fentanyl — Phenop — Pentaz — Other

TECHNIQUE Spont ✓ — IPPV — Mask ✓ — A'way — ETT — Cuff ✓ — Oral — Nasal — Magill — T Pce — Tracheos — Hypotens — Circ(cl) ✓ — Pack — Circ(lk) — Other

EMV 6-7 l min⁻¹ 1:2:3 — FGF 3 l min⁻¹

I.V. SITE R. Arm — L. Arm — R. Hand 20g venflon ✓ — L. Hand — R. Leg — L. Leg — Neck — Other

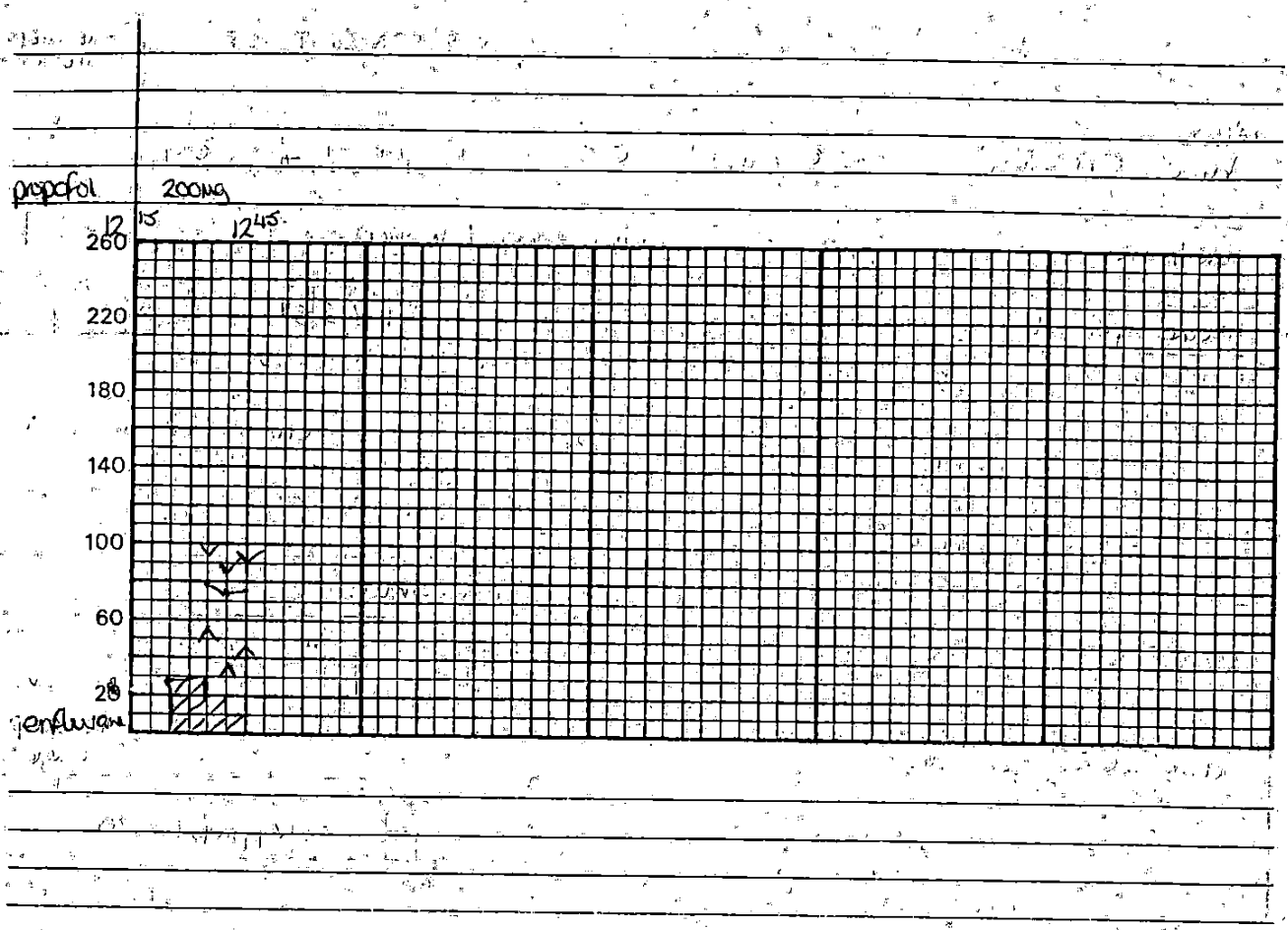
MONITORING ECG ✓ — Pulse — Temp. — CVP line — Art. line — Other ✓ NIBP.

POSITION Supine — Lithotomy — Lateral ✓ — Prone — Other — Hd Up — Hd Down

REG. ANALGESIA Spinal — Amethoc — Epidural — Priloc — Bier — Cinchoc — Brach Plex — Bupivac ✓ 20ml 0.5% — Other — Lignoc — Cath — Adren — Site — Other ✓ caudal.

COMPLICATIONS

NOTES



Blood loss =

Time	Fluid	Volume

CMacK/CM

MR. C. MacKAY
James Cassidy
8 Low Cres.
Clydebank.

SURGICAL
620760

3rd August, 1989.

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank.

Dear Dr. Jain,

I saw the above once again at my clinic on 3.8.89. He continues to have problems in the anal/rectal region and examination revealed the presence of a fistula in ano. The findings were certainly much less severe than when he attended at first but I do think that further exploration and excision is required. I have made arrangements for his admission.

Kind regards.

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng.Edin.Glas.)
Consultant Surgeon

MR. C.MACKAY'S

SURGICAL CLINIC

620768

James CASSIDY,
5 Low Cresc
Clydebank. G81

1.6.89.

CMacK/SD

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd
Clydebank.

Dear Dr. Jain,

I apologise for the delay in this letter. The original, dictated on 1st June, 1989, was unfortunately damaged in the dictaphone and this letter is being dictated retrospectively on 19th June, 1989.

He was seen at my clinic on 1st June, 1989 and although better, there was still some anorectal discomfort although no discharge.

On examination there was a small sinus on the left side although the right side had remained healed.

I am suspicious that this could be a fistula in ano and I have arranged to review the situation in 2 months' time.

Kind regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

MR. C. MACKAM'S — SURGICAL CLINIC.

James CASSIDY,
5 Low Cresc.,
Clydebank. G81

620768

CMacK/SD

2.3.89.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.

Dear Dr. Jain,

I am sorry that you do not seem to have received a discharge letter regarding the above patient.

On 25th January, 1989, my Registar, Mr. Paul Teenan, laid open his perineal sinuses.

When I saw him at the clinic on 2nd March, 1989, he was delighted with his progress. The perinem was healing although there was still a sinus present on the left side.

I think he should continue with his regular baths and I shall see him again in 3 months' time.

KInd regards,

Yours sincerely,

Colin MacKay, BSc. FRCS. (Eng. Edin & Glas)
CONSULTANT SURGEON.

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

Ward 4 A, Gartnavel General Hospital, Glasgow.G12
CONSULTANT IN CHARGE

PATIENT	James CASSIDY,	AGE	HOSP. No. 620768
ADDRESS	5 Low Cresc., Clydebank. G81	DATE OF BIRTH	10.7.62.
ADMITTED	24th January, 1989,	DISCHARGED	31st January, 1989.
DIAGNOSIS 1st	PERINEAL SINUS,	OPERATION 1st	LAYING OPEN OF PERINEAL SINUS
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

PT/SD

20th February, 1989.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.

Dear Dr. Jain,

This patient was admitted on the above date and underwent examination under anaesthesia the following day.

This revealed two sinuses on either side of the rectum in a horse-shoe shape. Although it seemed likely that these communicated with the rectum, communication could not be demonstrated and therefore both tracts were laid open widely.

He was therefore maintained in the ward until his dressings were comfortable and allowed home with arrangements made for the district nurse to attend to his dressings and he will be reviewed at the Out-Patient Clinic in 1 month.

YOurs sincerely,

PaulTeenan,
REGISTRAR IN SURGERY.

JD/LPR

Mr. Mackay
James Cassidy
5 Low Crescent,
Clydebank.

Surgical
620768

27.10.88

Dr. Jain,
Health Centre,
Kilbowie Road,
Clydebank.

Dear Dr. Jain,

I reviewed this man in the clinic today. He still has a persistent left-sided perianal sinus. Recent barium enema was entirely normal as was a sigmoidoscopy and random biopsy.

I have discussed him with Mr. MacKay and we feel that we should get in him for an EUA and ?procedure. He unfortunately does not want this done until the New Year due to business committments.

I have, therefore, put him on the waiting list to come in for EUA after January.

Yours sincerely,

J. Docherty
Senior House Officer

GLaF/MWS

MR COLIN MACKAY'S CLINIC

SURGICAL

James CASSIDY (10.7.68)
5 Low Crescent
CLYDEBANK G81

620760

29 September 1988

Dr. N.C. Jain
Clydebank Health Centre
Kilbowie Road
CLYDEBANK G81 2TQ

Dear Dr. Jain,

This gentleman was reviewed today at the Surgical Clinic. Unfortunately he has developed another sinus on the left buttock. These recurrent sinuses obviously raise the possibility of underlying inflammatory bowel disease and I have, therefore, requested a sigmoidoscopy and a barium enema in the first instance.

Yours sincerely,

GODFREY LaFERLA
Senior Surgical Registrar

Mr. C. MacKay's — Surgical CLinic.

James CASSIDY, 620768
5 Low Cres c.,
IMcG/SD Clydebank.G81 30.6.88.

DOB; 10.7.62.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.

Dear Dr. Jain,

I reviewed James today at our clinic. He is now some 4 weeks after undergoing excision of a chronic posterior anal fissure. Since then, he has been quite well. HIs bowels have been opening once daily without any pain and his weight has slowly been increasing over this period of time.

On examination today, P.R. was entirely non-tender and the area of excision is healing nicely. Unfortunately, there is a small amount of discharge from his old ischiorectal abscess which makes me wonder if there is still some underlying disease process going on in his perineum.

I have advised that he should simply continue with salt baths at present and we will review him again in 3 months' time.

Yours sincerely,

I. McGlinchey,
SENIOR HOUSE OFFICER.

OPERATION NOTE

DATE: 1.6.88

PATIENT: James Cassidy

HOSP NO: 620768

WARD: 4a

SURGEON: Dr. McGlinchey

ASSISTANT:

ANAESTHETIST:

DIAGNOSIS:

OPERATION: EUA, sigmoidoscopy & excision anal fissure

PROCEDURE: Under general anaesthesia an examination of the anus and rectum was performed. Sigmoidoscopy was not possible beyond 8cm but up till there a normal mucosa was found. A chronic posterior fissure was noted and this was excised. Previous scar from drainage of left ischiorectal abscess was examined and found to have healed completely with no evidence of fistula or sinus formation.

IM/LPR

OPERATION NOTE

DATE: 1.6.88

PATIENT: James Cassidy

HOSP NO: 620768

WARD: 4a

SURGEON: Dr. McGlinchey

ASSISTANT:

ANAESTHETIST:

DIAGNOSIS:

OPERATION: EUA, sigmoidoscopy & excision anal fissure

PROCEDURE: Under general anaesthesia an examination of the anus and rectum was performed. Sigmoidoscopy was not possible beyond 8cm but up till there a normal mucosa was found. A chronic posterior fissure was noted and this was excised. Previous scar from drainage of left ischiorectal abscess was examined and found to have healed completely with no evidence of fistula or sinus formation.

IM/LPR

30/6/88 – well
↑ Wt
No pain
B·O x 1 day
St discharge from old abscess

See 3/12

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

ANAESTHETIC RECORD

PATIENT: JAMES CASSIDY | Number: 620768 | Hosp: GGH | Age: 25 | Sex: M | Date: 01/06/88

ANAESTHETIST: BROWN | Cons: ☒ | SR: | Reg: | SHO: | OPERATOR: MacKAY / LaFerla | Cons: 4 | SR: 4 | Reg: | SHO: 4 | Other:

PROCEDURE: Drain Ischiorectal Abscess | Code: | Time Commenced: 1500 | Duration: 15 | Emergency:

PRE-OP DISEASE: Resp. | CVS | Anaemia | Endocrine | Renal | Hepatic | Neurolog | Muscular | Other

Obesity

CURRENT DRUGS:

PREV. ANAESTH.: ✓ Halothane | Complications

PREMEDICATION: Morph | Atropine ✓ 0.3 I.V. | Papaveret. | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other ✓ Temazepam 20

INDUCTION: Thiopentone ✓ 350 | Methohexitone | Althesin | Ketamine | Inhalation | Other (spec)

RELAXANT: Sux | dtc | Panc | Alcur ✓ | Gall | Other(spec) | Neost | Atrop

MAINTENANCE: N_2O ✓ | Hal | Methox | Ethrane | Trilene | Ether ✓ | Cyclo | Morphine | Pethidine | Papaveret | Fentanyl | Phenop | Pentaz | Other

TECHNIQUE: Spont ✓ | IPPV | Mask ✓ | A'way | ETT ✓ | Cuff ✓ | Oral | Nasal | Magill ✓ | T Pce | Tracheos | Hypotens | Circ(cl) | Pack | Circ(lk) ✓ | Other

I.V. SITE: R. Arm | L. Arm | R. Hand | L. Hand | R. Leg | L. Leg | Neck | Other

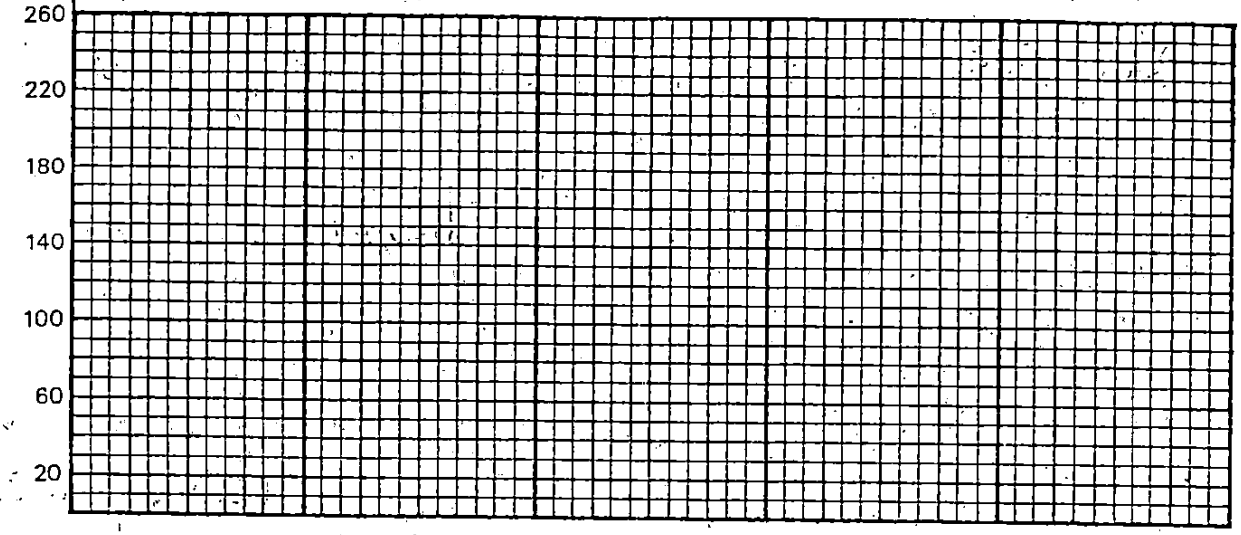
MONITORING: ECG ✓ | Pulse | Temp. | CVP line | Art. line | Other ✓ BP Capno

POSITION: Supine | Lithotomy | Lateral ✓ | Prone | Other | Hd Up | Hd Down

REG. ANALGESIA: Spinal | Amethoc | Epidural | Priloc | Bier | Cinchoc | Brach Plex | Bupivac | Other | Lignoc | Cath | Adren | Site | Other

COMPLICATIONS:

NOTES:



Blood loss =

Time	Fluid	Volume

IMcG/CAS

MR. COLIN MACKAY

SURGICAL

James CASSIDY
5, Low Crescent
CLYDEBANK G81

620768
26.5.88

Dr. Jain
Clydebank Health Centre
Kilbowie Road
CLYDEBANK

Dear Dr. Jain,

I reviewed James today at our Out-Patient Clinic. He is some 3 weeks after undergoing incision and drainage of a left ischiorectal abscess. His abscess was packed for approximately 2 weeks and the skin has now healed quite nicely although he is now beginning to complain of quite marked pain on defaecation and the feel of tenesmus. He is also over the past couple of months suffered quite marked weight loss. On rectal examination he was acutely tender to the left side. I think clinically this is a recurrent deep peri-anal abscess possibily related to an underlying fistula. I Have arranged to admit him for our next operating list for 31.5.88 for examination under anaesthesia and treatment as appropriate. Unfortunately James is trying to arrange to start work with a security firm in that week and also his wife is due to give birth to a baby but I have impressed to him the need to come in and have this problem dealt with properly and have given him a letter to present to his future employer explaining the underlying circumstances

Yours sincerely

IAIN McGLINCHEY
SENIOR HOUSE OFFICER.

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

SHORT STAY WARD WESTERN INFIRMARY , GLASGOW

CONSULTANT IN CHARGE MR C MACKAY

PATIENT	JAMES CASSIDY	AGE	25 yrs HOSP. No. 620768
ADDRESS	5 Low Crescent, Clydebank	DATE OF BIRTH	10.7.62
ADMITTED	4.5,88	DISCHARGED	6.5.88
DIAGNOSIS 1st		OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

IMCG/AL

16th May 1988

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank G81

Dear Dr. Jain

James was admitted on the 4th May 1988 with what he described as painful haemorrhoids. He had undergone banding of haemorrhoids some 10 weeks previously by Mr. Quin and over the previous two weeks had slowly increasing rectal pain worse of defaecation. On examination there was definite left perianal induration and rectally a soft abscess in the right pararectal space. He was taken to theatre where percutaneously a ischiorectal abscess was drained. The cavity was packed and he was allowed home the following day arrangements being made for his dressings to be changed at home. He will be reviewed at our clinic in four weeks time.

Yours sincerely

I. MCGLINCHEY
SURGICAL REGISTRAR

- Packed for 2/52.
- Skin healed.
- C/O pain ++ on defaecat: + tenesmus
- wt loss.

Re Acutely tender PR to (L)
& recurrent deep abscess ? fistula
→ ADMIT 31/5/88 for EUA

5.5.88

JAMES CASSIDY Age 25

DIAGNOSIS RIGHT ISCHIO RECTAL ABSCESS

OPERATION INCISION AND DRAINAGE

SURGEON DR. MCGLINCHEY

ANAESTH DR. JOHN BROWN

PROCEDURE: Under G.A. an incision was made over the right ischiorectal fossa where a chronic abscess cavity which had been discharging over the previous 10 weeks was encountered though there was only a small amount of pus present. No communication could be found with the rectum. The cavity was packed with Milton gauze a bad a T bandage put in place and patient returned to the ward.

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT

ANAESTHETIC RECORD

PATIENT: JAMES CASSIDY | Number: 626768 | Hosp: WGH | Age: 25 | Sex: M | Date: 05/05/88

ANAESTHETIST: B Brown | Cons | SR | Reg | SHO: Q | OPERATOR: M Glendhy | Cons | SR | Reg: 4 | SHO | Other

PROCEDURE: Drainage Ischio-rectal Abscess | Code | Time Commenced: 9.50 | Duration: 15 | Emergency: ✓

PRE-OP DISEASE: Resp | CVS | Anaemia | Endocrine | Renal | Hepatic | Neurolog | Muscular | Other

Cough 2/52 Alcoholic — Test Feed 6 am. Hb 13.8

CURRENT DRUGS:

PREV. ANAESTH: ✓ Halothane | Complications: Nil problems

PREMEDICATION: Morph ✓ | Atropine ✓ | Papaveret | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other

5 ml IV 0.3 IV

INDUCTION: Thiopentone | Methohexitone | Althesin | Ketamine | Inhalation | Other (spec) ✓ Propofol 200 mg

RELAXANT: 100 | Sux ✓ | dtc | Panc | Alcur | Gall | Other(spec) | Neost | Atrop

MAINTENANCE: N_2O | Hal ✓ | Methox | Ethrane | Trilene | Ether ✓ | Cyclo | Morphine | Pethidine | Papaveret ✓ | Fentanyl 5 | Phenop | Pentaz | Other

TECHNIQUE: Spont ✓ | IPPV | Mask ✓ | A'way | ETT ✓ | Cuff ✓ | Oral ✓ | Nasal 9-7 | Magill ✓ | T Pce | Tracheos ✓ | Hypotens | Circ(cl) | Pack | Circ(lk) | Other

I.V. SITE: 18G Venflon | R. Arm | L. Arm | R. Hand | L. Hand | R. Leg ✓ | L. Leg | Neck | Other

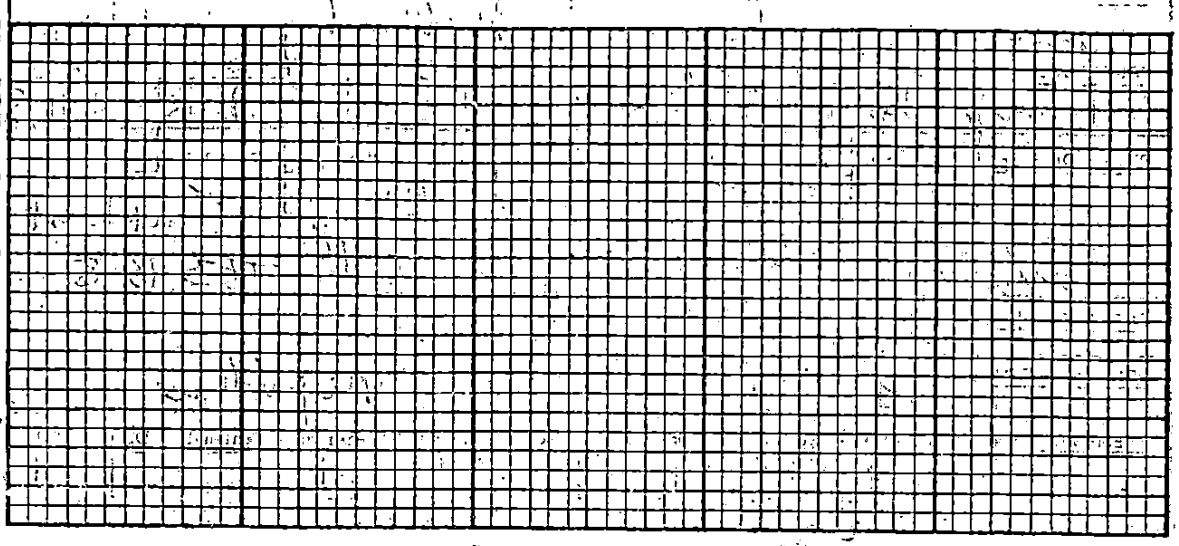
MONITORING: ECG ✓ | Pulse | Temp. | CVP line | Art. line | Other ✓ BP

POSITION: Supine | Lithotomy | Lateral ✓ | Prone | Other | Hd Up | Hd Down

REG. ANALGESIA: Spinal | Amethoc | Epidural | Priloc | Bier | Cinchoc | Brach Plex | Bupivac | Other | Lignoc | Cath | Adren | Site | Other

COMPLICATIONS:

NOTES: Uneventful



Blood loss =

Time	Fluid	Volume

ROQ/MBM

MR. R.O. QUIN'S CLINIC

SURGICAL

James CASSIDY (10.7.62)
5 Low Cres.,
Dalmuir

620768

30th March, 1988

Dr. Jain,
Clydebank Health Centre,
Kilbowie Road,
CLYDEBANK,
G81

Dear Dr. Jain,

I saw this patient for review who does not appear to have derived any benefit from banding of his haemorrhoids. He was at that time noted to have a small perianal sinus and I have arranged his admission for E.U.A. and sigmoidoscopy.

Yours sincerely,

R.O. QUIN
Consultant Surgeon

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN
GREATER GLASGOW HEALTH BOARD

ADMISSION No.

CONSULTANT IN CHARGE MR. R.O. QUIN - DAY THEATRE

PATIENT James CASSIDY, 5 Low Cres.,
ADDRESS CLYDEBANK

AGE 25 HOSP. No. 620768
DATE OF BIRTH 10.7.62

ADMITTED

DISCHARGED

DIAGNOSIS 1st HAEMORRHOIDS

OPERATION 1st BANDING OF HAEMORRHOIDS

DIAGNOSIS 2nd

OPERATION 2nd

DIAGNOSIS 3rd

OPERATION 3rd

DIAGNOSIS 4th

OPERATION 4th

DSB/MBM

CASE SUMMARY

8th February, 1988

Dr. Jain,
Clydebank Health Centre,
Kilbowie Road,
CLYDEBANK, G81

Dear Dr. Jain,

This man attended the Day Theatre at Gartnavel General Hospital on 8.2.88 for banding of his haemorrhoids.

He will be reviewed at the Surgical Outpatient Clinic in 6 weeks' time.

Yours sincerely,

D.S. BYRNE
Surgical S.H.O.

DBR/LPR

Mr. Quin
James Cassidy
5 Low Crescent,
Clydebank.

Surgical
620768

9.12.87

Dr. Jain,
Health Centre,
Kilbowie Road,
Clydebank.

Dear Dr. Jain,

Thank you for referring thi patient with bleeding haemorrhoids. I am arranging for them to be banded at the surgical out-patient theatre.

Yours sincerely,

B.B. Reid
Surgical Registrar

Hospital use Only | Clinic MR Q/10 | Day Wed Date 9.12.87 | Time 9.00 | Hospital No. 620768 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital Gartnavel General Date 18/11/87

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the Surgical clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname CASSIDY
First Names James
Address 5 Low Cres Clydebank
Postal Code Telephone Number
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance Hospital No
If the patient's name and/or address has/have changed since then please give details:

Maiden Surname
~~Single~~/Married/~~Widowed~~/~~Other~~
Date of Birth 10/7/62
Patient's Occupation Labourer

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. N. JAIN
DR. A. RAHMAN
Clydebank Health Centre
Kilbowie Road
Clydebank
Tel. 041 952 2080

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Haemorrhoids for the last 4 years with frequent bleeding. Has been on dietal & laxs but is getting worse.
I would appreciate your opinion thank you

G. G. H.
19 NOV 1987
FILE REF:

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

ROQ/JM

MR R.O. QUIN

SURGICAL

James CASSIDY (10.7.62) 620768 29.10.
40 Sunnyside Drive
GLASGOW
G15.

Dr Barr
6 Achamore Road
GLASGOW
G15.

Dear Dr Barr,

This patient has failed to attend on two occasions subsequent to a recent attendance at the A&E Department with a possible anal fissure. No further appointment has been sent.

Yours sincerely,

R.O. QUIN
CONSULTANT SURGEON.

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

ADMISSION No.

Short Stay Ward WESTERN INFIRMARY
CONSULTANT IN CHARGE Mr Quin

PATIENT James Cassidy AGE 22 HOSP. No. 620768

ADDRESS 18 Ladyloan Place Glasgow DATE OF BIRTH 10.7.62

ADMITTED 13.9.84 DISCHARGED 13.9.84

DIAGNOSIS 1st Head injury OPERATION 1st

DIAGNOSIS 2nd OPERATION 2nd

DIAGNOSIS 3rd OPERATION 3rd

DIAGNOSIS 4th OPERATION 4th

AF/LR

CASE SUMMARY

3 October 1984

Dr Barr
6 Achamore Road
GLASGOW
G15 8QS

Dear Dr Barr

The above patient was admitted to the Short Stay Ward under the care of Mr Quin on 13.9.84. On this occasion, he had apparently been drinking quite heaviy and been involved in a fight. He had a small laceration to the back of his scalp which was sutured in the A & E Department and he was admitted overnight for neurological observations.

A skull X-ray taken at the time was normal. The following day, he was well enough to be discharged and we do not intend to further review him.

Yours sincerely

Alasdair Fern
Surgical Registrar

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

ADMISSION No.

Short Stay Ward, Western Infirmary, Glasgow

CONSULTANT IN CHARGE **Dr J. Allan**

PATIENT **James Cassidy** AGE HOSP. No. 620768

ADDRESS 22 **Ladyloan Place** DATE OF BIRTH 10.7.62

ADMITTED 8.12.81 DISCHARGED 8.12.81

DIAGNOSIS 1st **Overdose of Ativan** OPERATION 1st

DIAGNOSIS 2nd OPERATION 2nd

DIAGNOSIS 3rd OPERATION 3rd

DIAGNOSIS 4th OPERATION 4th

8th January 1982 CASE SUMMARY

Dr Barr
6 Achamore Road
Glasgow

Dear Dr Barr,

This 19 year old man was admitted to the Western Infirmary on 18th December having taken an overdose of 85 Ativan tablets. On arrival at the hospital he was drowsy but examination showed no other adverse effects. Gastric lavage was performed and he was admitted to the Short Stay ward for observation. The following morning he was found to have made a full recovery and was then reviewed by the psychiatrist who will be contacting you in due course.

There has been no appointment made for further medical follow-up.

Yours sincerely,

Barday M. Goudie
Medical Registrar

J. Allan

GARTNAVEL ROYAL HOSPITAL PSYCHIATRIC SERVICES

Consultants
Dr A I Cheyne
Dr W L Flanagan
Dr S M Grant
Dr P W Kershaw
Dr W E S Kiernan
Dr J B Murphy
Dr W G McGhee
Dr J A G Watt

Honorary Consultants
Prof M R Bond
Dr R N Herrington
Dr M F Shanks
Prof G C Timbury

1 GARTNAVEL ROYAL HOSPITAL,
1055 Great Western Road, Glasgow,
G12 0XH. Telephone 041-334 6241.

2 LANSDOWNE CLINIC,
3 Whittingehame Gardens, Glasgow,
G12 0AA. Telephone 041-334 1734,
6241 Ext. 259.

3 PSYCHIATRIC DAY HOSPITAL,
2 Whittingehame Gardens, Glasgow,
G12 0AA. Telephone 041-334 6241
Ext. 232.

4 GARTNAVEL GENERAL HOSPITAL,
1053 Great Western Road, Glasgow,
G12 0YN. Telephone 041-334 8122.

5 PSYCHIATRIC OUT-PATIENT CLINIC,
Hartfield Clinic,
Latta Street, Dumbarton G82 2DD.
Telephone Dumbarton 61424

6 PSYCHIATRIC OUT-PATIENT CLINIC,
Clydebank Health Centre,
Kilbowie Road, Clydebank,
Telephone 041-952 2080.

Please reply to Address No. 4

Date 8th December 1981

AH/MC CONFIDENTIAL

Consultant in Charge
Short Stay Ward
Western Infirmary
G11 6NT

Copy: Dr. Derek Ball
Consultant, Woodilee Hospital

" Dr. Barr
6 Achamore Rd, G15

Dear Doctor,

James CASSIDY - d o b 10.7.62
22 Ladyloan Avenue, Glasgow G15

I saw this young man in the Short Stay Ward of Western Infirmary, Glasgow on 8th December 1981. He had been admitted there the previous evening following a self-administered overdose of about 25 tablets of Lorazepam following two cans of beer.

He took the overdose in his bedroom while his family were sitting downstairs. The tablets he employed were prescribed for him for complaints of "nerves." He claims the precipitant for this had been his meeting with his ex-fiancee earlier that day and her refusal to consider reconciliation. They had been engaged to be married in September; however, in July they had split up because "she went off with my friend." Other events which had also made him "fed-up with everything" were his appearance in court last week when men accused of assaulting him were found not guilty (he feels "let down" by this")and the debt which he has to pay off; this was money he had borrowed, about £600, to pay for the wedding and he is repaying it at the rate of £15 per week.

This man lives with his parents in Drumchapel. His father is aged 48 and his mother 47 years respectively. His father is unemployed and his mother works as an auxiliary nurse in Canniesburn Hospital. As far as the patient is aware his parents are healthy and on good terms. James comes from a sibship of five - three male and two female, whose ages range from 25 years to 17 years; all live in the parental home with the exception of the eldest male who lives nearby. The younger sister is mentally handicapped and attends Lennox Castle Hospital. Patient claims there is no friction in the family and they all get on "just magic."

This man's delivery and infancy were unremarkable. From the age of three until ten he was noted to frequently bang his head. In 1976 he was referred to Dr. Cheyne, Consultant Psychiatrist, by the Child Guidance Teacher of his school for/

investigation of alopecia and school failure. It was felt at that time that the alopecia was due possibly to self-mutilation and that he was an anxious boy with a poor self-image; unfortunately, he did not attend follow-up. His only other contact with the psychiatric services was one month ago when he saw Dr. Derek Ball, Consultant Psychiatrist, Woodilee Hospital, at the request of his general practitioner. As far as I am aware he has failed to keep follow-up appointments with Dr. Ball.

Following leaving school at the age of 15 with no qualifications he has had a variety of casual jobs although he has mainly been in constant employment; at present he works as a part-time bingo caller. Three months ago he failed to obtain a post as a trainee manager and three years ago he went to Eire for a few months to "try and set up there."

At present he earns £35 per week. His social life consists of weekend pub drinking (about 6 pints). He does not at present have a girlfriend. He smokes about 20 cigarettes a day; he has no history of drug abuse. He possibly becomes belligerent when drunk as he has been involved in frequent fights though he usually claims the other party is the instigator.

His mental state examination was as follows. He was a sullen young man, somewhat unkempt, in hospital nightclothes. It was easy to establish a rapport and his behaviour was always appropriate. There was no formal thought disorder and he described no abnormal beliefs or experiences. His speech was rational and coherent, of normal tempo but with a limited vocabulary. He did not appear depressed and claimed no change in his sleeping, appetite, weight, bowel habit or concentration. His affect was responsive and appropriate. He denied a suicidal ideology, claiming that he'd "g t it out of my system" and that he felt a bit "stupid" over the sequence of events. There was no clouding of consciousness and he appeared of low average intelligence.

I feel this young man has a character disorder and it was against this backcloth that this impulsive action occurred. He would probably benefit from out-patient supportive follow-up and since he has seen Dr. Ball in the recent past I contacted him and he has kindly agreed to see James again.

Yours sincerely,

Alan Hughes

Alan Hughes
Registrar in Psychiatry

Mr. R. O. Quin's — Surgical Clinic

James CASSIDY
22 Ladyloan Place,
Glasgow.
G15

620768

ROQ/SD.

22.6.77

Dr. W. P. Barr,
6 Achamore Road,
Glasgow.
G61

Dear Dr. Barr,

I saw this patient for review following his recent appendicitis and appendicectomy.

His wound has soundly healed and I have discharged him.

Yours sincerely,

R. O. Quin, M.D. F.R.C.S.,
CONSULTANT SURGEON.

ADMISSION No.

GARTNAVEL GENERAL HOSPITAL. Telephone

~~SURGICAL DEPARTMENT.~~

PATIENT	AGE	HOSP. No.
James CASSIDY.	10.7.62	620768

ADDRESS 22 Ladyloan Avenue, GLASGOW.

ADMITTED	DISCHARGED
25.5.77	31.5.77

DIAGNOSIS	OPERATION
~~Appendicitis.~~	Appendicectomy(W.I.G.)

CASE SUMMARY

RCMacD/KH. 14.6.77

Dr. Barr,
6 Achamore Road,
GLASGOW.

Dear Dr. Barr,

Your patient was admitted as an emergency with a clinical diagnosis of acute appendicitis. This was confirmed at operation when an acutely inflamed appendix was removed.

He made a good recovery from this operation and was discharged home on 31.5.77. He will be reviewed again in the Out-Patient Clinic.

Yours sincerely,

R.C. MacDonald,
Surgical Registrar.

24.5.77

James Cassidy

Diagnosis	acute appendicitis
Operation	appendicectomy
Surgeon	Dr. Caullay
Anaesthetist	Dr. Gillies

PROCEDURE

Under G.A. the abdomen was opened through a right grid iron incision. On opening the peritoneum a small amount of free fluid was encountered. The caecum and the appendix were delivered into the wound and the appendix was found to be grossly inflamed and puckered in appearance but not yet perforated. The appendix was therefore removed in the usual fashion and the stump buried in the caecum using a purse string suture. The small bowel was inspected and found to be grossly normal with no evidence of a Meckel's diverticulum. Haemostasis was then checked and found to be adequate and the abdomen was then closed in layers using a continuous catgut suture to peritoneum, interrupted catgut sutures to muscle layer and interrupted black silk to skin. An air-strip dressing was applied and the appendix was sent to pathology and the patient was returned to the ward.

DEPARTMENT OF DERMATOLOGY

RC/DL/620868

19th June, 1975

Dear Dr. Ratani,

James Cassidy, 22 Ladyloan Ave., Glasgow, G15.

I saw this boy at the clinic today. He has an area of alopecia areata and there is a family history of this. I have explained to Mrs. Cassidy that this is a condition which tends to come and go and beyond simple treatment with Betnovate Scalp Lotion, I feel there is nothing at the present time which we can offer him.

I would be pleased to see him again if things deteriorate.

Yours sincerely,

Rebecca Cochran,
Lecturer in Dermatology.

WEST GLASGOW [illegible] RADIOLOGY DEPARTMENT

J090757 W 25/11/99 XR 0135300

CASSIDY, James 37Y M 620768

75 BENBOW RD., CLYDEBANK, G81 4PD

M. AITCHISON GOPUR

X-RAY W.I.G.

Copy Report provided on 06 Dec 1999

US TESTES

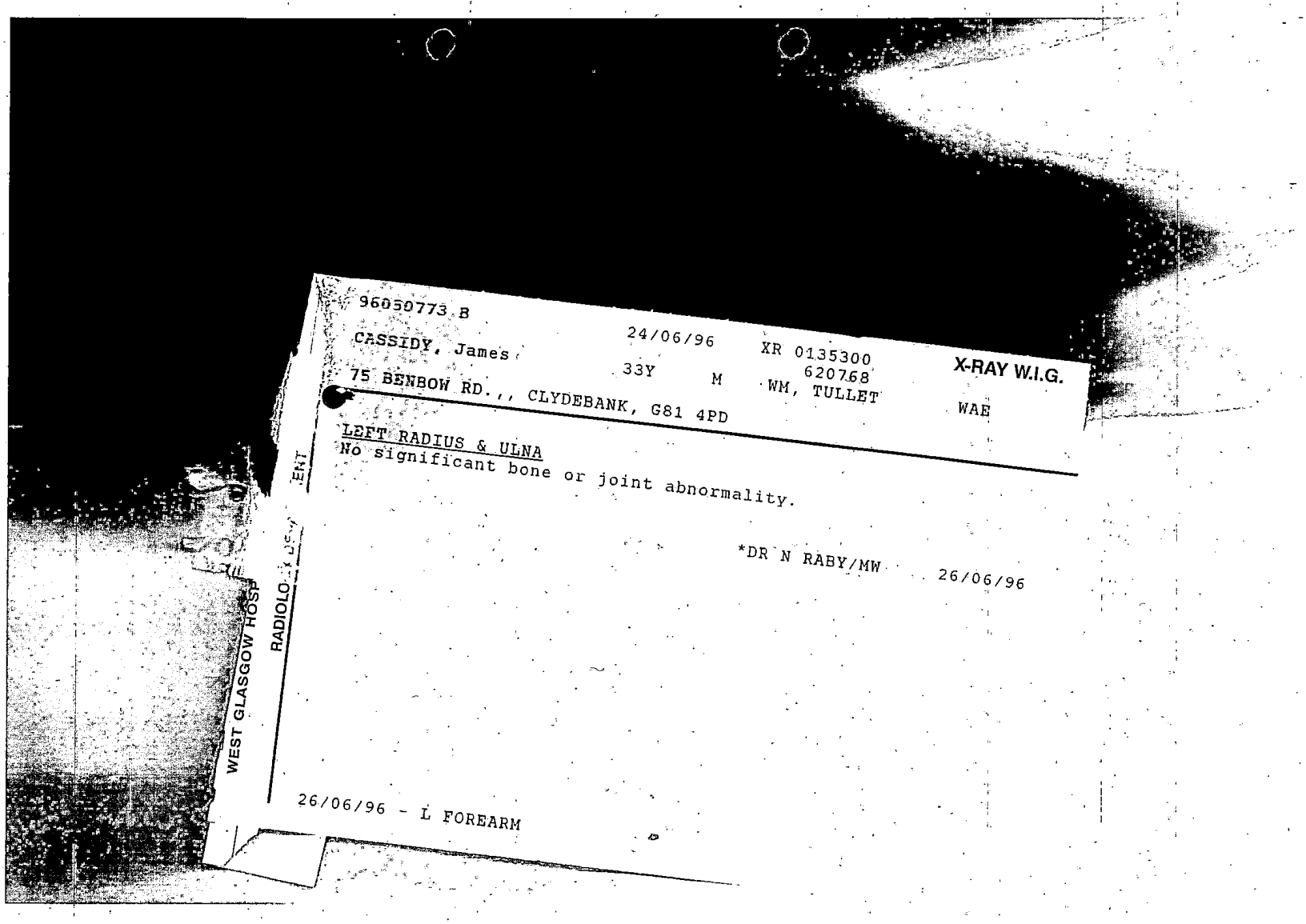
Both testes and epididymi are normal.

There are small bilateral varicoceles, more marked on the left than on the right.

*DR G BAXTER/MW 01/12/99

ile.

01/12/99 - US TESTES



96050773 B

CASSIDY, James 24/06/96 XR 0135300
620768

75 BENBOW RD.,, CLYDEBANK, G81 4PD 33Y M WM, TULLET

X-RAY W.I.G.

WAE

LEFT RADIUS & ULNA

No significant bone or joint abnormality.

*DR N RABY/MW 26/06/96

26/06/96 - L FOREARM

WEST GLASGOW HOSP

RADIOLO

ENT

WESTERN INFIRMARY, GLASGOW, G11 6NT

RADIOLOGICAL DEPT.

DAVIS DOB 10/07/49 620768

IP/OP Clinic 17/02/94 Dict 18-02-94 Typed 19-02-94

HPC Previous TB, weight loss

CHEST - The heart is not enlarged. The lungs are generally hyperinflated. There is no evidence of active pulmonary disease.

[illegible] vo
J MCGILCHRIST

James DAVIS 620768
CASSIDAY O/P G4 WIG 0/00

CHEST 17/02/94

0093550

GARTNAVEL GENERAL HOSPITAL — RADIOLOGICAL DEPT.

KB/KM 8.1.90 90/620760

Small bowel enema. Detail in the distal small bowel is degraded by fluid residue. Allowing for this, no definite abnormality was seen in the small bowel including the terminal ileum, and there is no evidence of adhesions.

K Brown

UNIT No. X-RAY No.

James Cassidy
Mr MacKay
OPD

90/620760

REGION EXAMINED DATE INITIALLED AS SEEN

8.1.90

Small bowel enema

GARTNAVEL GENERAL HOSPITAL — **RADIOLOGICAL DEPT.**

RV/WM

21.11.89

89/620760

Barium meal. This revealed no abnormality in the oesophagus, stomach or duodenum.

Barium follow through. This revealed no abnormality in the jejunum.

Although there is no conclusive evidence of Crohn's disease in the distal small bowel, moderate intermittent dilatation of at least 2 loops has been demonstrated, suggesting at least the formation of some adhesions. A small bowel enema is recommended for further evaluation.

R Vallance

UNIT No. | X-RAY No.

James Cassidy
Mr C MacKay
OPD

REGION EXAMINED | 89/620760 | DATE | INITIALLED AS SEEN

Barium meal and follow through 20.11.89

GARTNAVEL GENERAL HOSPITAL — **RADIOLOGICAL DEPT.**

RV/CM 12.8.89 89/620760

Chest - The heart is not enlarged in transverse diameter. Relatively minor fibrotic changes are shown in the right upper zone in keeping with previous tuberculour infection. No evidence of any active lung pathology.

R Vallance

10

	UNIT No.	X-RAY No.
James Cassidy Mr McKay 4B	89/620760	

REGION EXAMINED	DATE	INITIALLED AS SEEN
Chest	11.8.89	

GARTNAVEL GENERAL HOSPITAL — **RADIOLOGICAL DEPT.**

DN/WM

14.10.88 88/620760

Barium enema. Barium flowed freely down the caecum with no evidence of inflammatory bowel disease seen. In particular the rectum and sigmoid appeared normal, with no fistulus tracks seen.

D neilson/R Vallance

James Cassidy | UNIT No. | X-RAY No.
Mr MacKay
OPD
88/620760

REGION EXAMINED	DATE	INITIALLED AS SEEN
Barium enema	11.10.88	

GREATER GLASGOW HEALTH BOARD
(WESTERN DISTRICT)

ENDOSCOPY REPORT

Soggy upto 18cm - mod
varda biopsy -

XRAY
C

8th

7th

6th

5th

4th

3rd

WESTERN INFIRMARY, GLASGOW, G11 6NT **RADIOLOGICAL DEPT.**

ATA/AMCG 13.9.84 22425/84

SKULL: No fracture.
LEFT HAND: There is no fracture. There is evidence of a small foreign body possibly a spicule of glass in the thenar eminence.

A.T. AYLMER

A

	UNIT No.	X-RAY No.
JAMES CASSIDY DR. I. TAGGART	S.S.W.	22425/84

REGION EXAMINED	DATE	INITIALLED AS SEEN
SKULL AND LEFT HAND	13.9.84	

HAE

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST — DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
DR. CHAUDHARY Gartnavel GB Urology	CASSIDY	JAMES	M	10.07.62	620768	H,10418.0570.X

REPORT

Cumulative FBC's
18.04.01

WBC	8.58	(4.00–11.00)
RBC	4.24	(4.50–6.50)
Hb	13.5	(13.0–18.0)
Hct	0.402	(0.400–0.540)
MCV	94.8	(80.0–100.0)
MCH	31.8	(27.0–32.0)
Plts	248	(150–400)
Neuts	6.37	(2.00–7.50)
Lymphs	1.54	(1.50–4.00)
Monos	0.56	(0.20–0.80)
Eos	0.11	(0.04–0.40)
ESR		(2–10)
GFST		
Retics		(25.0–85.0)

DATE OF REPORT	TIME
18.04.01	13:41
RUN	
181	RWR
DATE OF SAMPLE	TIME
18.04.01	13:38

FULL BLOOD COUNT

INSTRUCTIONS FOR FILING BIOCHEMISTRY REPORTS

Ensure that the patient's case notes contain both "Biochemistry A" and "Biochemistry B" mounting sheets and that the mounting surfaces of the two sheets are facing each other.

"BIOCHEMISTRY A" REPORTS

1. Mount these reports on the reverse side of this sheet, from left to right, starting from **number 1.**
2. To achieve the desired cumulative effect, mount each report carefully within the boundaries of the blue lines and align its right edge accurately on the line at the corresponding arrow-head point.
3. Any additonal " Biochemistry A" mounting sheet should be inserted in the case notes such that its mounting surface faces that of "Biochemistry B" sheet in current use.

"BIOCHEMISTRY B" REPORTS

1. Use "Biochemistry B" mounting sheet for filing these reports. Mount these reports from below upwards, starting from number 1.
2. Ensure that the mounting surface of "Biochemistry B" sheet faces that of "Biochemistry A" sheet which is in current use.

MINERAL METABOLISM/NUTRITIONAL SCREENS

File these screens between this sheet and the preceeding mounting sheet.

CALCULATED RESULTS

The symbol † appears in the result boxes of some computed parameters and indicates that any such result is not an actual measurement of an analyte. These parameters, and the basis on which they are calculated are:

Anion gap = (Sodium + Potassium) - (Chloride + Bicarbonate)
Osmolality = (1.86 x Sodium) + urea + glucose + 9
Calcium adjusted for albumin = [(44 - Albumin) x 0.02] + Calcium
Globulins = Total protein - Albumin

KEYS TO COMMENT CODES

Comment codes may appear beside a test result, replace it, or appear in the blank space at the bottom of the report. These codes and their keys are:

Comment Code	Key	Comment Code	Key	Comment Code	Key
A	Analysis unsatisfactory insufficient specimen to repeat	INS	Insufficient specimen	R	Regret analysis not performed
B	Broken in centrifuge	L	Lipaemic specimen	V	Very old specimen (received the following day or after)
D	Delay in receipt of specimen (>4h but same day)	T	Lipaemic specimen ultracentrifuged prior to assay	W	Wrong specimen container
G	Grossly haemolysed specimen	M	Missing date and/or time of specimen withdrawal	ND	Not detected
H	Haemolysed specimen	N	No specimen received	NSR	Not significantly raised
		P	Pending		

BIOCHEMISTRY REPORT

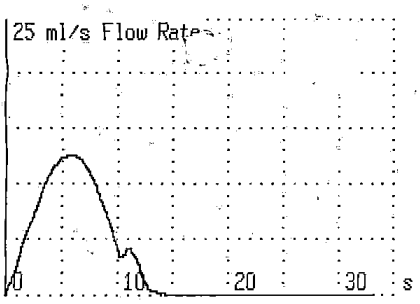
A

CASSIDY JAMES
WGT 6 A/B UROL
WGT620768 10/07/1962
CHAUDHARY
701154T Reported: 18/04/2001
18/04/01 13:07
11:46 Authorised By: Auto

RESULTS		CONSTITUENT
		Sodium
143		135-144 mmol/l
		Potassium
4.4		3.5-5.1 mmol/l
		Chloride
108		97-108 mmol/l
		Total CO_2
26		22-32 mmol/l
		Urea
3.9		2.5-7.5 mmol/l *
		Creatinine
92		60-110 µmol/l *
		Serum Osmolality
		275-295 mmol/kg
		Urine Osmolality
		mmol/kg
		Calcium
		2.20-2.65 mmol/l
		'Corrected' Calcium
		2.16-2.53 mmol/l
		Phosphate
		0.8-1.45 mmol/l
		Total Protein
		60-77 g/l
		Albumin
		36-50 g/l
		Bilirubin
		3-18 µmol/l
		Alkaline Phosphatase
		70-260 U/l *
		Gamma G.T.
		5-50 U/l
		AST
		10-35 U/l
		ALT
		10-50 U/l
		Total CK
		10-171 U/l
		CK-MB
		Ratio
		Glucose
		2.80-6.0 mmol/l
		Urate
		0.10-0.42 mmol/l *
		Amylase
		0-100 U/l

3 4 5 6 7

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341) MI 01/00



Results of UROFLOWMETRY.

Voiding Time	T100	13	s
Flow Time	TQ	13	s
Time to max Flow	TQmax	5	s
Max Flow Rate	Qmax	12.6	ml/s
Average Flow Rate	Qave	7.2	ml/s
Voided Volume	Vcomp	94	ml

Date : 9.6.07
Patient no. :
Name : James Cassidy
Date of birth :
Sex :
Investigator :
Comments : 27mm. Residual

Chart no. : 1

Patients Name

Hospital Number

AN APPOINTMENT HAS BEEN MADE FOR YOU TO ATTEND PROF/MR/DR ..... DAY .....

AT

YC 620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40600

.... (Time) am/pm

OINTMENT

(Day)	(Date)	(Time)	Ambulance Ordered
1		am pm	YES/NO
2		am pm	YES/NO
3		am pm	YES/NO
4		am pm	YES/NO
5		am pm	YES/NO
6		am pm	YES/NO
7		am pm	YES/NO
8		am pm	YES/NO
9		am pm	YES/NO
10		am pm	YES/NO
		am	

Important - Please Read

lease let the hospital know as soon as possible
ou are unable to attend an appointment -
ner patient may benefit from your appointment

When contacting the hospital, please quote
hospital number.

ll patients are seen in order of appointment,
lease keep to the appointment time you have
given.

Please inform the hospital of any change of
e or address.

OUT-PATIENT APPOINTMENT CARD

ls

MR JAMES CASSIDY
75 Benbow Road
CLYDEBANK
G81 4DP

RAL HOSPITAL
TERN ROAD
OW
N

TEL: 0141 211 3000
DIRECT LINE: 0141-211 3038/3039

* PLEASE BRING THIS CARD WITH YOU WHEN YOU ATTEND*

UROLOGY V TING LIST CARD

Name	Consultant AI
Addres 620768 CASSIDY JAMES 75 Benbow Road M CLYDEBANK 10/07/62 G81 4DP Postcc G.P.Prac. 40600	GP Name GP Address
Telephone No.	Practice Code
Diagnosis LUTS	In Patient Day Case For Assessment
Operation/Reason for Admission CYSTOSCOPY ± we	
Pre-admission medical required? yes / no	Date completed:
OCP / other DVT risk factor? yes / no specify:	
Date on Waiting List: 9/6/00	Admission: normal / early / urgent / sp
Special Instuctions:	

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

620768
CASSIDY
75 Benbow Road JAMES
M
CLYDEBANK
G81 4DP 10/07/62
G.P.Prac. 40600

WEIGHT				
Date	Kgm.	St.	Lbs.	Own Clothes/O.C. Hospital Clothes/ H.C.
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TEL. NO.

PATIENT'S OCCUPATION

NEXT OF KIN

ADDRESS

TEL. NO.

FAMILY DOCTOR

ADDRESS

TEL NO.

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL NO.

PRIMARY

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATION	D
18/4/01	GGH	Mr	Day		20/4/01	

WEST GLASGOW HOSPITALS

IN PAT. FORM **1**

NAME	HOSPITAL No.
JAMES CASSIDY	AGE
PHY/ SURG.	DEPT. WARD

HISTORY

18/4 Elective admission for cystoscopy / urethrotomy

Problems with frequency & urgency, no incontinence

Some nocturia. Recently some dysuria.

No haematuria.

Some back pain.

Weight fluctuation

PMHx - Treated for Crohns Disease > 6 y ago. abscesses etc

- °asthma °epilepsy °MI °angina °diabetes °RhF °hypertension Has had T.B as a child
- appendicectomy.

DHx. - co-codamol

- NKDA.

FHx - IHD.

SHx - Lives with wife & daughter

- works in pipe manufacturing.
- smokes ~ 40/day since young stopped for 10 years
- Alcohol. ~10U/wk.
- mobile & independent.
- Heavy noisy working environment.

S/E. CVS - nil

RESP - cough with sputum.

G.I - diarrhoea

G.U - as above

CNS - headache.

026107/GRH

Date

HISTORY
(Use other side first)

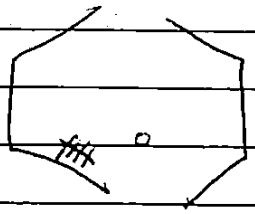
O/E - Comfortable at rest
- Slightly anxious
- °T °A °C °C °C °C
- Temp

CVS - pulse 80 bpm
- BP
- HS I & II & O
- Apex unchallenged.

RESP

resps IS
good AE
BS vesic
o wheeze.

G.I



- soft non tender
- °masses
- BS heard
- PR not done

CNS - grossly intact.

Imp. Cystoscopy for urinary frequency

Plan. ~~xxxxxxxxxx~~ ✓
- Bloods FBC, U+E
- Kardex (no medication)
- Consent.

WEST GLASGOW HOSPITALS

OUT PATIENT HISTORY

NAME

620768
CASSIDY JAMES
M
75 Benbow Road
CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40600

PHYS/
SURG.

DATE

0061588MI

GP

M.S. Haque
Clydebank HC
Kilbowie Rd
G81 2TP
Tel 5316463

620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40600

Tel 9524631

0061890M1

WEST GLASGOW HOSPITALS

620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40600

OUT PATIENT

HISTORY

DATE	
6/7/10	KALIRESHAD
	excision of sebaceous cyst (R) side of face under LA.
	(R) discharge

0061588MI

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40600

OUT PATIENT
HISTORY

DATE

6.8.97 S.R. SKHS

asymptomatic
epidermoid cyst

excision discussed
reassured

GRH

GREATER GLASGOW HEALTH BOARD UNIT WEST 1

WEIGHT

Date	Kgm.	St.	Lbs.	Own Clothes/O.C. Hospital Clothes/ H.C.
10/8/92	69·4	10	13	6-1 185 7c.
17/2/94	68·3	10	10½	o/c
31/3/94	69·2			o/c
2/6/94	69·6	10	13½	o/c
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620768
CASSIDY JAMES
75 Benbow Road M 07/62

CLYDEBANK 10/07/62 5
G81 4DP
G.P.Prac. 40600

TEL. NO. 041·951·4086

PATIENT'S OCCUPATION Security Officer

NEXT OF KIN Wife - Patricia

ADDRESS S/A

TEL. NO. S/A

FAMILY DOCTOR Dr. Haque

ADDRESS Clydebank H/C, Kilbowie Rd G81 2

TEL. NO. 952 2080

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL. NO.

PRIMARY

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATION	DATE OF DISCHARG
10/8/92	WIG	Dr. ELLIOT				
17/2/94	WIC	Dr Davies Gen Med				
31/3/94	WIG	DR DAVIES MEDICAL CLINIC				
2·6·94	WIG	Dr Davies Gen Med.				
6·8·77	W16	S.R.	SIX			

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

WEIGHT				
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620768
CASSIDY JAMES
75 Benbow Road M

CLYDEBANK 10/07/62
G81 4DP
G.P.Prac. 40366

TEL. NO. —

PATIENT'S OCCUPATION PROCESS WORKER

NEXT OF KIN

PATRICIA - WIFE

ADDRESS S/A

TEL. NO.

FAMILY DOCTOR RAHMAN

ADDRESS C.H-C

TEL NO.

CHANGE OF FAMILY DOCTOR

ADDRESS

TEL NO.

PRIMARY

SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

DATE	HOSPITAL	CLINIC/ WARD	AGE	DIAGNOSIS	OPERATION	DATE OF DISCHARGE
21-6-96	WGH	AMU	DLH			26.6.96 DLH

0061761/GRH

NURSING NOTES

TRIAGE DATE: TIME:

CHIEF COMPLAINT: RELEVANT HISTORY: PHYSICAL SIGNS:

VITAL SIGNS: TREATMENT AT TRIAGE: DISPOSITION:

HR:
BP:
RR:
GCS:
TEMP:

1. RESUSCITATION:
2. MEDICAL/SURGICAL:
3. TRAUMA:
4. OTHER (SPECIFY):

TRIAGE NURSE ..... SIGN
..... PRINT

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

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

TREATMENT CARD

[redacted] A/E DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TELEPHONE 0141-211-2304/2408

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
[redacted]	JAMES	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Address	Sex	Religion	Date of Inc	Time
[redacted] Benbow Road CLYDEBANK	[redacted]	[redacted]	[redacted]	[redacted]
[redacted] Tel NONE	Marital Status: [redacted]	Occupation/School: [redacted]	Type of Inc: [redacted]	Mode of Arrival: [redacted]

Name: DR RAHMAN
Address: CLYDEBANK HEALTH CEN
KILBOWIE ROAD
CLYDEBANK
Referred by: [redacted]

Name: PATRICIA [redacted]
Relat.: [redacted]
Address: 75 Benbow Road
CLYDEBANK
[redacted] 4DP
Tel. No. NONE

Complaint

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: [redacted]

X-Ray film/ECG shows: [redacted]

Treatment given: [redacted]

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle

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.

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

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): OLVERMAN

Signature of Medical Officer: [redacted]

Cons (SR) Reg SHO/JHO Clin Assist (please circle)

TO BE RECORDED ON ARRIVAL

T_____ P_____ R_____ BP_____

VT & EM...

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT _____ REG/SHO _____ JHO _____

SEEN BY _____ AT (TIME) _____

KEY TO CLINICAL NOTES
1 - HISTORY OF
2 - ON EXAMINATION
3 - X-RAY FINDINGS
4 - TREATMENT GIVEN
5 - DISPOSAL
6 - NAME OF MEDICAL OFFICER

CLINICAL NOTES

DATE

Struck by heavy Metal at work c injury to
(1) forearm
Right hy ambulance

(2) Slight swelling of forearm
laceration over medial portion fully deep
to fascia.

Neuro Vascular is intact, agg to extensor
wrist fingers

XRay (3) forearm to exclude radiopaque FB
neg FT

Explored with LA. Contaminated by small particles
grit. Scrubbed + irrigated N Saline.
Cut portion of muscle identified
Repaired

OPEN BEFORE WRITING

DATE

CLINICAL NOTES

9/6/96

O- Thumb inj

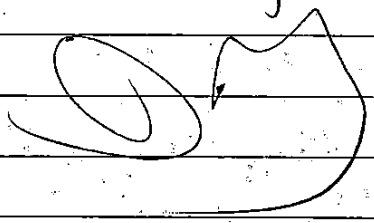
Laceration forearm

Muscle protruding Deep extension

Sensor Motor

Ext Lig little finger

Plan Admit for exploration & suturing



WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

NAME JAMES CASSIDY
HOSPITAL No.
AGE 33
PHYS/SURG. HAMILTON
DEPT. WARD SSU

ORTHOPAEDIC DEPT NOTES

DATE | CONS.

24/6/11 33yr ♂ RTA via ATE -> lacerated (R) knee

HPC Metal pipes fell onto car his office
-> ATE.
laceration of (R) knee. Cleaned and in
ATE -> no intubation to left with leg.

PMH ?MI, CVS, asthma, diabetes, epilepsy, hyperchol
? IBS, Chons - many ops ~4-5yrs ago
-> absences ? Crohns denied
appendicectomy.

SH Cig ~~Ex~~ - nil stated
Alc ~~Social~~ - ex problem ? split and G'boss 2/12
? dysphoria, misery

Occ nil stated

Allergies °allopurinol, dry mouth/headache
Blood loss Rx

Current nil stated

DH NKA
Recent medical

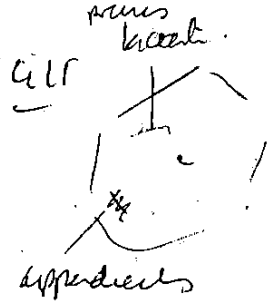
FH stopped smoking 7yrs ago (40/day)
~28 units alcohol/week

Date	HISTORY (Use other side first)	Cons.

D/G Recent undiagnosed SBO
° DKA
° HHS

CVS Pulse 60 reg
BP
VS - 1HH 10
° hemorrhage

RS RW 2° R = resp
BS L = R = resp
° added sounds

GIT


Abdo soft non tender
° mass palpable
BS ↓ PR not done

CNS grossly intact

Imp SBO ? cause (R) groin hernia

Plan Consult surgical expert.

K Krishnan (SHO)

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

NAME	HOSPITAL
JAMES CASSIDY SHORT STAY	No.
	AGE
PHYS/ SURG.	DEPT. WARD

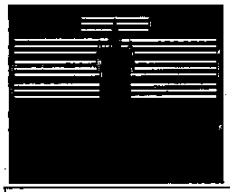
ORTHOPAEDIC DEPT NOTES

DATE		CONS.

PROFESSOR HAMBLEN'S WARD ROUND - 25.06.96

This man lacerated his left arm with a piece of metal, was explored in theatre last night, no great damage. wound was lavaged and sutured and should be followed by his General Practitioner for removal of sutures.

AC/VK



Patient Profile

Ward: 6A/B **Date:** 18/4/01 **Time:** 11am (24hr clock)

Please print clearly in BLOCK CAPITALS

Title: mr.
Name: James Cassidy
Preferred name: Jim.
Address: 75 Benhow Rd
Clydebank.

Post Code: G81 4DP.
☎: 952 7631.
DOB: 10/7/62. Age: 38.
Hosp. No: 620768.
Occupation: Process worker.
Religion: R/C.
S.O.S. ☐ date: ☐☐/☐☐/☐☐
Interpreter required: ☐
(specify:)
Lives alone ☐

Consultant: Mr. Day
Named Nurse ①: JOHN.
Admitting Nurse: JOHN.
Named Nurse ②:
Relatives seen by Doctor ☐

1 NOK/Friend/Contact: Patricia Cassidy.
Address: A/A.

☎Day: A/A
☎Night:
Relationship: Wife.
2 NOK/Friend/Contact:
Address:

☎Day: NIL OFFERED
☎Night:
Relationship:
NOK informed of admission ☑
NOK informed by: Patient.
GP: Dr. Hague
Address: Clydebank H/C.

☎:

REASON FOR ADMISSION

Cystoscopy / urethrotomy

Patient's perception of illness:
Pt. unaware at time of admission, waiting to see Doctors.
Diagnosis:

Operation/Treatment:

Relevant PMH:

MEDICATION

With patient	☐
Stored & receipt given	☐
No medication required	☑
Taken home	☐
details:	

PERSONAL BELONGINGS

Clothing listed	☐
Valuables listed	☐
Valuables in ward	☐
Valuables in hospital safe	☐

OBSERVATIONS ON ADMISSION

Temperature	°C
Pulse	bpm
BP	/
Resp	
Pain Score	
Urinalysis	
Waterlow Score	4
Height	6'3" ~~m~~
Weight	11st. ~~kg~~
Body Mass Index	
Blood sugar (if appropriate)	mmols
Allergies	Yes ☑ No ☐
details: FISH.	

0568763/MI

DISCHARGE PLANNING

Boarding	1st	2nd	3rd	Signature	Time	Comments/Information
Informed:						
ward	☐	☐	☐			
patient	☐	☐	☐			
relatives	☐	☐	☐			
Date patient boarded:						
1st: ☐☐/☐☐/☐☐						
2nd: ☐☐/☐☐/☐☐						
3rd: ☐☐/☐☐/☐☐						

Internal Transfers			
Transfer destination:			
Planned transfer date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Arranged with receiving area ☐			
Patient informed ☐			
NOK/Contact informed ☐			
Transport: stretcher ☐			
2 hand seat ☐			
chair ☐			
Escort ☐			
Case notes ☐			
X-rays ☐			
Nursing notes & Drug Form ☐			
Property/Valuables listed ☐			
Catering ☐			
Dietitian ☐			
Physiotherapy ☐			
Occupational Therapist ☐			
Speech and Language Therapist ☐			

Discharge Checklist			
Planned discharge date: 20/04/01			
Medical consent ☑			
Date discussed with patient: 20/04/01			
Date discussed with NOK/Contact: 20/04/01			
Transport: own ☑		18/4/01	Pt. will arrange.
ambulance ☐			
Ambulance ordered on: ☐☐/☐☐/☐☐			
• type:			
• order no.:			
District nurse ☐ /Liaison nurse ☐	N/A		
Home help: ☐	N/A		
Social work dept. ☐	N/A		
Discharge prescription ☐	N/A		
Discharge dressings ☐	N/A		
Patient information ☐			
Valuables/Cashier ☐	N/A		
Physiotherapy ☐	N/A		
Speech and Language Therapist ☐	N/A		
Out patient appointment ☐☐/☐☐/☐☐	Will be sent out.		
Other:			

Name: James Cassidy Ward: 6A 1B Date: 18/4/01 Case Record No.: 620768

ACTIVITIES OF DAILY LIVING

HOME CIRCUMSTANCES/ SOCIAL SUPPORT

- Lives with family ☑
- Lives alone ☐
- Nursing home ☐
- Residential care ☐
- Elderly/disabled partner ☐
- Family support (specify below) ☐

_____

- District Nurse (_____days/week) ☐
- (cancelled ☐)
- Home help(_____days/week) ☐
- (cancelled ☐)
- Other services (specify below) ☐

_____

_____

Stairs: Internal ☐ External ☐

Comments: _____

_____

SMOKING

- Non-smoker ☐
- Smoker: 40 per day ☑
- Ex-smoker ☐
- Aware of hospital policy ☐

HYGIENE

- Bath ☐ Shower ☑
- Requires assistance ☐ Stand up wash ☐
- Skin assessment: Skin clean + intact on admission
- Other: _____

ELIMINATION

- Bowels regular ☑
- Constipated ☐
- Diarrhoea/Loose stools ☐
- Uses aperient ☐
- Has stoma:
  - Colostomy ☐
  - Urostomy ☐
  - Ileostomy ☐

  appliances used: _____

_____

- Frequency of micturition ☑
- Incontinent: urine/faeces ☐
  - day/night ☑
  - stress ☐
- No urinary symptoms ☐
- Comments: Nocturia

_____

NUTRITION

- Normal menu (includes vegetarian) ☑
- Vegan ☐ Child's menu ☐
- Halal ☐ Kosher ☐
- Refer to Dietician if any below ticked:
- Inability to eat/swallow ☐
- (refer to speech and language therapist)
- Any recent weight changes ☐
- Medically related nutrition problems (e.g. diabetes) ☐
- Other (specify): _____

_____

_____

SLEEP

- Hours/night 5hrs. ☑
- Medication ☐
- details: _____

BREATHING

- 1. No symptoms ☑
- 2. Breathless with moderate exercise ☐
- 3. Breathless with minimal exertion ☐
- 4. Breathless at rest ☐
- 5. Uses inhalers ☐

Comments: _____

_____

MENTAL STATE

- Alert/Orientated ☑
- Confused: day/night ☐
- Anxious/Distressed ☐
- Unconscious ☐
- Other (specify):

SENSES

Glasses:	distance	☐
	reading	☐
Hearing impaired:	left/right	☐
Hearing aid:	left/right	☐
Dentures:	upper	☐
	lower	☐
Communication Difficulties		☐

Other: _____

MOBILITY (Pre admission)

- Mobile without aid ☑
- Mobile with aid ☐
- (Specify type/side held: _____)
- Furniture walking ☐
- Chair Bound ☐
- Housebound ☐

RELATIVE PARTICIPATION

ALCOHOL INTAKE

Units/week:	nil	☐
	less than 14	☐
	14 - 21	☑
	over 21	☐

(1 unit = 1 measure spirits/half pint beer/ lager/1 glass wine)

PROFILE COMPLETED BY:

(Please print name in block capitals)

JOHN RITCHIE.

Signature: _____

Designation: E/N.

Countersigned (if applicable):

OTHER RELEVANT INFORMATION

James

Name: Cassidy Ward: 6A/B Date: 18/4/01 Case Record No.: 620768.

CARE PLAN EVALUATION		
1. Basic Care and Hygiene	5. Observations	9. Sleep
2. Nutrition	6. Technical Care	10. Special Needs
3. Elimination	7. Wound Care	11. Other Relevant Information
4. Mobility	8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
18/4/01	11am.		Pt. admitted to ward 6A. for cystoscopy & urethrotomy. Fast as required. Observations satisfactory.	
19/4/01	05:00	2	To rest from Bladder Irrig, T+T.	
		9	Appears to have slept well overnight	
	07:00	6	Pre-med due @ 17:30	
		10	Returned from theatre to recovery, care as per multidisciplinary plan	
	16:20		Returned from theatre following cystoscopy.	
		5	Observations within normal limits Apyrexial.	
		3	Has passed urine No complaints of pain or nausea.	G Grimes/
20/4/01	6c	9	Slept well o/N.	
		5	Recordings stable.	
		6	Venflon removed	
			For discharge home to-day	
	8pm	11.	Patient discharged home today a.m. To ensure tomorrow that G.P. discharge letter sent out.	

0568726

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
		IV access: • IV cannulae • others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
18/4/01	[signature]	MSSU.		
		9.SLEEP		
18/4/01	[signature]	Promote restful sleep.		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☑ N/A ☐

Signature of nurse: [signature] **Date:** 18/04/01

Name: James Cassidy Ward: 61B Date: 18/4/01 Case Record No.: 820768

CARE PLAN

Date Comm.	Signature	1.BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
18/4/01.		Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2.NUTRITION		
19/4/01.		Fasting from 6-7am.	✓	
18/4/01.		Normal Diet		
		Special Diet / Modified Diet		
		3.ELIMINATION		
18/4/01.		Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
18/4/01.		Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
18/4/01		TPR		
18/4/01.		BP		
		Pain Score		
		Fluid Balance		
18/4/01		Post-op obs.		

0568738

OPERATION Cysto

ANAESTHETIC POST-OP INSTRUCTIONS

O_2 Therapy 4 L/M recovery Hours Hudson Mask

Post-operative IV Fluid Regimen:

Routine Observations: Yes ☑

Special Instructions: CVP ☐ Urine volumes ☐

Analgesia Prescribed Yes ☑ N/A ☐

Does Anaesthetist wish to see patient before return to ward? Yes ☐ N/A ☑

BLOOD LOSS IN THEATRE ..... mls

Anaesthetist's Signature .....

WOUND CARE **Specify:**

Skin Preparation	☐	.....
Drain	☐	.....
Catheter	☐	.....
Staples	☐	.....
Sutures	☐	.....
Packing	☐	.....
Dressing	☐	.....
Wound toilet	☐	.....

1. PAIN SCORE 2. SEDATION SCORE 3. NAUSEA SCORE

* PREFERS JIM *

Time	14[50]	15 00	15 15	15 30	15 45	16
Pain Score	0	0	0	0	0	0
Sedation Score	0	[illegible]	[illegible]	[illegible]	0	0
Nausea Score	0	0	0	0	0	0

BP / PULSE: 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30

RESPS	16	14	16	14
SaO_2	98%	98%	99%	
Temp.			35	
Bladder check	soft	soft	soft	

Fentanyl 75mgs - Intra-op

EVENTS

15 V/S/Ls Uneventful postpartum recovery with no problems

- ready to return to the ward

JOHNSON

SURGICAL POST-OP INSTRUCTIONS

Surgeon's Signature .....

Time Into Recovery: 1450 hrs

NAMED NURSE S N K Morrison

RECOVERY

	Yes	N/A	
ET tube?	☐	☑	removed: .....
Laryngeal mask?	☑	☐	removed: .....
Airway?	☐	☑	removed: .....

MONITORING

ECG	☑	IVP ☐	RESPIRATION ☑
NIBP	☑	CVP ☐	
SaO_2	☑	PULSE ☑	

Continuous monitoring, 15 min recordings

	Yes	N/A
X-rays Requested	☐	☑

Prevention of Pressure Sores			**Comments**
Waterlow score	☐	☐	.....
Equipment?	☐	☐	Nurse on duty for short period only
Nursing action	☑	☐	Post-op pain and changes encouraged

CRITERIA TO BE MET BEFORE DISCHARGE FROM RECOVERY

Is the patient conscious and orientated to time and place?	☑	☐
Is patient cardiovascularly stable?	☑	☐
Is patient comfortable?	☑	☐
Are drains patent and is drainage within expected limits? Are wounds free from excessive staining?	N/A ☐	☐

Signature: M. Keddie

WEST GLASGOW HOSPITALS

CLINICAL DIRECTORATE OF ANAESTHESIA THEATRES, ITU AND PAIN RELIEF SERVICES

MULTI DISCIPLINARY CARE PLAN

Unit No. 620768. Ward: G4 (B) Date: 19/4/01

Name: James Cassidy Consultant Mr. Day

Address: Theatre: 5

DoB: 10/7/62. Proposed Operation: Cyst-scopy / ~~ureteroscopy~~ ureterotomy

PRE-OPERATIVE VISITS
Any Relevant Visits:

CHECK LIST
Please check the following before pre-med is given:-

	WARD YES	RECEPTION YES	COMMENT / N.A.
When did the patient last eat or drink	TIME 6 a.m.		
BM Stix?	TIME —	VALUE N/A	
Consent signed?	✓	✓	
Identity band correct (Name, DoB, hospital no., ward no.)	✓	✓	
Case notes (including current ECG biochemistry, haematology), nursing notes, drug Kardex, recording sheet)?	✓	✓ No ECG	
X-Rays available?	No	✗	PMH
Operation site prepared - marked?	✓	✗	TB lungs as child.
Dentures removed? plate	✓	✓	
Prothesis/Hearing aids, contact lenses removed?	✓	✓	
Make-up, nail varnish, jewellery (taped/removed)?	✓	✓	
Wearing black tied cotton gown, disposable pants?	✓	✓	
Pacemaker?	No	✗	
Allergies? (Fish.)	~~Yes~~ ✓	YES	
Have you passed urine this morning?	✓	✓	
Waterlow score noted	4		
Pre-med given?	✓	✓ 2mg	Lorazepam @ 1230

Signature ..... Ward

Reception:

Correct patient received and documentation complete? ✓ Time into Reception 1400.

Signature P McRobert

	YES	N/A	
Patient identified in anaesthetic room?	☑	☐	NAMED NURSE

Time: 3.25pm Signature: J Moms G. Richardson

MONITORING

ECG	☑	IBP	☐	PULSE	☑
NIBP	☑	CVP			
SaO_2	☑	Core Temp.			
CO_2	☑	Peripheral Temp.			
Laryngeal Mask	☑	Size: 5			
ET tube	☐	Size:			
Throat Pack	☐	Removed?	Yes ☐	No ☐	
TOURNIQUET	☐	Time applied		Pressure	
		Time released		Site	
DIATHERMY	☐	Site			
BI-POLAR	☐				

Patient position on table Lithotomy

	Yes	Comment
Positioned as per policy?	☑	
Prevention of pressure sores?	☐	
Prevention of heat loss	☐	
Ripple mattress?	☐	
Iding?	☑	groin area
Warmed fluids?	☐	
IV Cannulation	☑	Site NG (R) hand
Arterial Cannulation	☐	Site
CVP Line	☐	Site

METHOD OF ANAESTHESIA

General	☑	Regional	☐	Site	
Local	☐	Spinal	☐		
Epidural	☐	Sedation	☐	Site	

WEST GLASGOW HOSPITALS

BP, TPR and Pain Assessment Chart

Name: Janet Kassidy

Case Record No.: 620768.

DOB: 10/7/62

Ward: GAB Consultant: Mr Aitchison

1. Pain Score 2.Sedation Score 3. Nausea Score See reverse for scoring details

Date	18/4/01.294																			
Time	0/A																			
Pain Score																				
Sedation Score																				
Nausea Score																				
Nurse Initials																				
Temperature C° 40																				
39																				
38																				
37																				
36																				
35																				
BP 210																				
200																				
190																				
180																				
170																				
160																				
150																				
140																				
130																				
120																				
110																				
100																				
90																				
80																				
Pulse 70																				
60																				
50																				
40																				
30																				
RESPS																				
SaO2																				
Bowels																				

1. Pain Score

REMEMBER TO CHECK SCORES AFTER PAIN RELIEF
Patient asked to report pain at rest and on movement.

0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest, severe on movement

Review 10 mins after I/V, 1 hour after I/M or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

2. Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse

Score 2 or 3 requires intervention.

3. Nausea Score

0 = No Nausea
1 = Mild (No Rx wanted)
2 = Moderate (Rx required)
3 = Severe (clinical problem persists despite Rx)

Review 1 hour after Rx. Inform doctor if additional Rx required.

Designed by Department of Medical Illustration MID Job No. 99/2361

PRESCRIPTION FORM

Hospital Name: ....

PATIENT DETAILS

Name: James Cassidy	Height:
Hospital Number: 620768.	Weight:
DOB: 10/7/62.	Surface area:
Date of Admission: 18/4/01	Date of writing discharge prescription: __/__/__
Consultant Name: Mr Antoni Day	Ward: 6A/B

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time:______	....	Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐ TPN: ☐

PCA and other infusions ☐ Enteral Nutrition: ☐

Anticoagulants: Heparin ☐ Other:

Oral ☐

Topical: ☐

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
15/4/01	LORAZEPAM	2mg	PO	12.30	[signature]	[signature]	12³⁰pm

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

A DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

T DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM	DRUG: CO-CODAMOL			STOPPED DATE:	INITIALS:
DOSE: 2 tabs	ROUTE: PO	INDICATION: Pain			
SIGNATURE OF DOCTOR: Chen-Yng	MAX.FREQUENCY: 4-6°			DATE: 18/4	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

NN	DRUG			STOPPED DATE:	INITIALS:
DOSE	ROUTE	INDICATION			
SIGNATURE OF DOCTOR	MAX.FREQUENCY			DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

PP	DRUG			STOPPED DATE:	INITIALS:
DOSE	ROUTE	INDICATION			
SIGNATURE OF DOCTOR	MAX.FREQUENCY			DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

RR	DRUG			STOPPED DATE:	INITIALS:
DOSE	ROUTE	INDICATION			
SIGNATURE OF DOCTOR	MAX.FREQUENCY			DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

DATE	
TIME	
DOSE	
GIVEN BY	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Pro ol - Authorised Nurses/Midwives Only

(Maximum number ... oses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 5, 05/2000

DAILY PRESSURE AREA SKIN ASSESSMENT CHART

CLASSIFICATION OF PRESSURE DAMAGE (TORRANCE)

Grade one = blanching hyperaemia
Grade two = non blanching hyperaemia/superficial break
Grade three = through to subcutaneous tissue
Grade four = through to underlying muscle
Grade five = through to bone or presence of necrotic tissue

Date Skin Assessment	Skin Broken		Site of Damage	Grade of Damage	Signature
	Yes	No			

ENSURE ALL ACTION IS DOCUMENTED IN THE NURSING CARE PLAN

Designed & Produced by Department of Medical Illustration MID Job No. 99/1694

- Part of **North Glasgow University Hospitals NHS Trust**

Pressure Sore Risk Assessment Documentation Form

Patient Name: James Cassidy

Case Record Number: 620768 Ward: 61 B

Waterlow Risk Assessment		Initials														
		Date	18/4													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body weight for height:	Average 0 Above average 1 Obese 2 Below average 3		/													
Continence:	Completely catheterised 0 Occasionally incontinent 1 Cath. Incontinence of faeces 2 Doubly incontinent 3		/													
Skin type-visual risk areas:	Healthy 0 Tissue paper/dry 1 Oedematous clammy (temp↑) 1 Discoloured 2 Broken spot 3		1													
Mobility:	Fully 0 Restless/fidgety 1 Apathetic 2 Restricted 3 Inert/traction 4 Chairbound 5		/													
Age/Sex:	Male/Female ½ 14-49 1 50-64 2 65-74 3 75-80 4 80+ 5		1 1													
Appetite:	Average 0 Poor 1 NG Tube/fluids only 2 nbm – Anorexic 3		/													
Special risks – tissue malnutrition:	eg Terminal cachexia 8 Cardiac failure 5 Peripheral vascular disease 5 Anaemia 2 Smoking 1		1													
Neurological deficit:	Motor-sensory paraplegia 4-6 eg diabetes, MS, CVA		/													
Major surgery/trauma:	Orthopaedic Below waist, Spinal 5 On table > 2 hours 5		/													
Medication:	Cytotoxics, High dose steroids 4 Anti-inflammatory		/													
TOTAL SCORE			4													

Score: <10 = low risk; 10-14 = at risk; 15 – 19 = high risk 20+ = very high risk

Name: Janet Cassidy Ward: G1B Date: 18.4.01 Case Record No.: 620768

NURSING CARE RELATED TO INVESTIGATIONS

Bacteriology	Date	Time	Signature	Comments
Radiology				
Virology				
Other				

West Glasgow Hospitals University NHS Trust

Name: James Cassidy Ward: 6A 1B
Weight: _____ Height: _____ Age: 38

INDIVIDUAL MOVEMENT AND HANDLING CARE PLAN

Refer to height and weight on admission sheet for patient assessment

Date Commenced:	18/04/01

Assessment 1 (Date: 18/04/01)	Action Plan
General mobility	
Bed>Chair/Chair>Bed	
Toiletting	
Standing/Sitting	
Bathing	
Moving in Bed	
Signature of Assessor:	
Other relevant information e.g. clinical or rehabilitation factors:	

Independent

Assessment 2 (Date: __/__/__)	Action Plan
General mobility	
Bed>Chair/Chair>Bed	
Toiletting	
Standing/Sitting	
Bathing	
Moving in Bed	
Signature of Assessor:	
Other relevant information e.g. clinical or rehabilitation factors:	

Date Discontinued:	__/__/__

Assessment 3 (Date: __/__/__)	Action Plan
General mobility	
Bed>Chair/Chair>Bed	
Toiletting	
Standing/Sitting	
Bathing	
Moving in Bed	
Signature of Assessor:	
Other relevant information e.g. clinical or rehabilitation factors:	

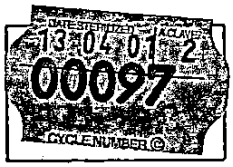
Assessment 4 (Date: __/__/__)	Action Plan
General mobility	
Bed>Chair/Chair>Bed	
Toiletting	
Standing/Sitting	
Bathing	
Moving in Bed	
Signature of Assessor:	
Other relevant information e.g. clinical or rehabilitation factors:	

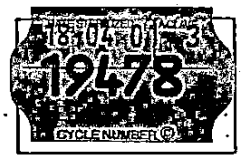
Instrument Tracking Information

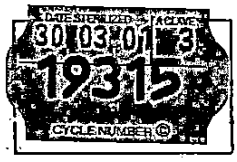
Patients Name:
Hospital Number:
Procedure:

Please peel all tracebility labels from Instrument Sets + Supplementary Instruments and stick on Form.

Place completed Form in patient's notes.







Western Infirmary/Gartnavel General Hospital Unit
Discharge to Community Nursing Services

Hospital W1G
Consultant Prof Hawkins
Ward L2AAU Ext. 9401
Named J. McFARLANE
Discharge Nurse (BLOCK CAPITALS)

Name and Address (give house/flat number)

JAMES. CASSIDY

ADDRESSOGRAPH LABEL
75 BENBOW Rd
CALDEBANK
G81 4DP.

Telephone no. ✓
Date of Birth 10/7/68
Religion ✓

Discharge Address (if different)

Telephone no. .....

Services Requested	YES	NO
Community Nursing Service	✓	
Home Help		
Social Worker		
Meals on Wheels		
Other (specify)		

General Practitioner Name and Address

DR LAWMAN
CALDEBANK H/C.

Telephone no. .....

Confused/Alert (delete) — | | ✓ |

On Medication — ✓ | |

Diagnosis Laceration (Rt) forearm

Treatment and Progress to Date 24/6/96 Exploration & sutures laceration (Rt) forearm

Dressings on Discharge

Type ..... Date wound swab taken .....
Frequency ✓

Liaison/Clinical Nurse Specialist Information/Any Other Comments

For removal of sutures 5/7/96

Waterlow Score on Discharge

Build/Weight		Continence		Skin Type		Mobility	
Sex/Age		Appetite		Special Risks		TOTAL	

Date of Outpatients Appointment — no formal follow up

Date Community Nursing Services Telephoned 26/6/96 at treatment room 940.

Date of Confirmation to Community Nursing Services 26/6/96

26/6/96
DATE

J McFarlane
SIGNATURE OF NAMED DISCHARGE NURSE

GRH

Western Infirmary/Gartnavel General Hospital Unit
Discharge to Community Nursing Services

Hospital WIG
Consultant Prof Houston

Ward 12AAU Ext. 9401.
Named J. MCFARLANE
Discharge Nurse (BLOCK CAPITALS)

Name and Address (give house/flat number)

JAMES. CASSIDY

ADDRESSOGRAPH LABEL
75 BENBOW Rd
CLYDEBANK.
G81 4DP.

Telephone no. –
Date of Birth 10/7/62
Religion –

Discharge Address (if different)

Telephone no. .....

General Practitioner Name and Address

DR CHRISTIAN
CLYDEBANK H/C.

Telephone no. .....

Services Requested	YES	NO
Community Nursing Service	✓	
Home Help		
Social Worker		
Meals on Wheels		
Other (specify)		
Confused/Alert (delete)		✓
On Medication	✓	

Diagnosis Laceration Lt forearm

Treatment and Progress to Date 24/6/96 Explored + sutured laceration Lt forearm

Dressings on Discharge
Type ..... Date wound swab taken .....
Frequency .....

Liaison/Clinical Nurse Specialist Information/Any Other Comments

for removal of sutures 5/7/96

Waterlow Score on Discharge

Build/Weight		Continence		Skin Type		Mobility	
Age		Appetite		Special Risks		TOTAL	

Date of Outpatients Appointment — no formal follow up

Date Community Nursing Services Telephoned — 26/6/96 at treatment room 940.

Date of Confirmation to Community Nursing Services — 26/6/96

26/6/96 — DATE

SIGNATURE OF NAMED DISCHARGE NURSE

Waterlow Pressure Sore Prevention/Treatment Policy

Ring scores in table, add total Several scores per category can be use

Build/weight for height	
Average	0
Above average	1
Obese	2
Below average	3
Continence	
Complete/catheterised	0
Occasionally incont.	1
Cath/incontinent of faeces	2
Doubly incont.	3

Skin Type Visual Risk Areas	
Healthy	0
Tissue paper	1
Dry	1
Oedematous	1
Clammy	1
Discoloured	2
Broken/spot	3
Mobility	
Fully	0
Restless/fidgety	1
Apathetic	2
Restricted	3
Inert/traction	4
Chairbound	5

Sex Age	
Male	1
Female	2
14-49	1
50-64	2
65-74	3
75-80	4
81+	5
Appetite	
Average	0
Poor	1
N.G. tube/	
Fluids only	2
NBM/Anorexic	3

Special Risks	
Tissue malnutrition	
e.g. Terminal	8
cachexia	5
Cardiac failure	
Periph. vasc. dis.	5
Anaemia	2
Smoking	1
Neurological Deficit	
e.g. diabetes,	
M.S., CVA.	
Motor/sensory	4-6
Paraplegic	
Major surgery/trauma	
Orthopaedic	
Below waist, spinal	5
on table > 2 hours	5
Medication	
Cytotoxics,	
High dose steroids	4
Anti-inflammatory	

SCORE :	10+ AT RISK	15+ HIGH RISK	20+ VERY HIGH RISK

PATIENT NURSING HISTORY

DATE OF ADMISSION 24/6/96. TIME 5.55 pm WARD SSW

PATIENTS NAME James Cassidy HOSPITAL W.I.G.

ADDRESS 75 Benbain Rd CONSULTANT ~~Mr Leech~~ Prof Hamblen

Clydebank HOSPITAL NO.

G81 4DP G.P. Dr Rahman.

TELEPHONE NO. TELEPHONE NO. Clydebank H/C.

DATE OF BIRTH 10/7/62 AGE 33 OCCUPATION Process Worker

RELIGION SACRAMENTS OF THE SICK

NEXT OF KIN (1) Patricia Cassidy Wife NEXT OF KIN (2)

ADDRESS as above ADDRESS

TELEPHONE NO. TELEPHONE NO.

RELATIVES NOTIFIED OF ADMISSION CLOTHING LISTED Yes.

PATIENT SPOKEN TO BY CONSULTANT PATIENTS OWN DRUGS None known

RELATIVES SPOKEN TO BY CONSULTANT

SOCIAL CIRCUMSTANCES lives w/c wife.

REASON FOR ADMISSION Laceration left forearm.

PATIENTS PERCEPTION OF ILLNESS

DIAGNOSIS/OPERATION GA 24/6/96 Exploration + Suturing lacerated left forearm

OTHER HEALTH PROBLEMS

ALLERGIES None known

006745N/GRH

MAINTAINING A SAFE ENVIRONMENT Alert & orientated.

NUTRITION Good ~~appetite~~ appetite

ELIMINATION No problems

HYGIENE Self caring

SLEEP

BILITY Independant.

SENSES Intact.

BREATHING Non - Smoke

OTHER RELEVANT INFORMATION

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐

TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.5 PULSE 84 RESPIRATIONS

BLOOD PRESSURE 120/70 HEIGHT WEIGHT

URINALYSIS

SIGNATURE OF ADMITTING NURSE pmchen SLD

NAME: James Cassidy DATE OF ADMISSION:

HOSPITAL: W.I.G. HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT	SIGNATURE
24/6/96.	Admitted with Lacerations to left forearm. Fasting for Theatre tonight.	pmalone.
Theatre. 24/6/96.	Patient arrived into theatre at 2135. Care as per ICP	P Kirkaldy
pm.	Returned to the ward at 2330 hrs, awake on return, oral analgesia given, CSM to (L) hand satisfactory	MMackinnon
25.6.96	Settled night. Observations + CSMs satisfactory this not passed urine -	um
AM	Has now voided post op. GB Ref Wheelchair - for discharge home. Follow-up Dr C.P. Scotland Rest in 10 days. Wound inspected 12 sutures in situ. Arrangements for transport to home area by high elevation. Discharged home	Jill Forbes

PILOT

PAIN ASSESSMENT and TPR CHART

WARD: SSLJ CONSULTANT: WGHUNHST

NAME: James Cassidy

HOSPITAL NUMBER:

DATE OF BIRTH:

DATE	24/6/96	25/6/96		
Time	6h	2AM 4h		
Pain Score		0 0 1		
Sedation Score		S S 0		
Nausea Score		0 0 0		

TEMPERATURE C° 40 39 38 37 36 35

PULSE 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

BP

RESPS	
SaO_2	
Bowels	
Wound	
CSM	NE

1. PAIN SCORE

Patient asked to report pain both at rest and movement

REMEMBER TO CHECK SCORES POST PAIN RELIEF

0=No pain at rest or on movement

1= No pain at rest, slight on movement

2=Intermittent pain at rest, moderate on movement

3=Continuous pain at rest, severe on movement

Review (10 mins after I/V) 1 hour after i/m or oral analgesia.

Sustained pain score of 2 or pain score of 3 requires intervention.

2. SEDATION SCORE

0= Awake, alert, orientated

1= Mild, aroused by verbal stimulus

2= Moderate, aroused by physical stimulus

3= Severe, no response

S= Normal sleep, easy to rouse

Score of 2 or 3 requires intervention.

3. NAUSEA SCORE

0= No nausea

1= Mild(No Rx wanted)

2= Mod (Rx required)

3= Severe (clinical problem persists despite Rx)

Review 1 hour after Rx. Inform doctor if additional Rx required

PATIENT CARE PLAN: NAME: James Cassidy WARD: SSU DATE OF ADMISSION: 24/6/96

HOSPITAL: HOSPITAL NO.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.	DATE COMM.	TECHNICAL CARE	DATE DISC.
24/6/96	Self caring				
				OBSERVATIONS	
	MOBILISATION				
24/6/96	Independent				
				WOUND CARE	
	DIET				
24/6/96	Fasting				
	BLADDER & BOWEL CARE			SPECIMENS / INVESTIGATIONS	
24/6/96	Independent				
	SPECIAL NEEDS				

JMcC/942278

HOSPITAL

PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A 24·6·96	PROCHLORPERAZINE	12·5mg	IM		Stat			prn	NAUSEA					SMcElvenny		
	B ~~24·6·96~~																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 24·6·96	Co-PROXAMOL	TWO	ORAL		6 HRLY			prn	PAIN					SMcElvenny		
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES: 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
[redacted]	James Cassidy	10.7.52				