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

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 22nd **June** 2026
Your Ref: 100427
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: MICHELLE KIMMET **D.O.B: 29/07/1982**

Thank you for your request received **1st June 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 AND WEST AMBULATORY CARE HOSPITAL
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

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

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 CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☑		

Including:

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

WESTERN INFIRMARY
GARTNAVEL GENERAL HOSPITA

Gartnavel
General
2015

CONFIDENTIAL

A

BLUE

NORTH GLASGOW UNIVERSITY HOSPITALS TRUST

Western Infirmary
Gynaecology Department
Dumbarton Road
Glasgow
G11 6NT

Direct Line: 0141 211 2198/2656
Fax Line: 0141 211 1847

JR/SS/10671331

DEPARTMENT OF GYNAECOLOGY – DR ROBERTS' DAY SURGERY LIST 17.03.08

19th March 2008

Dr Oliver
Shaftesbury Medical Centre
1265-1275 Dumbarton Road
Glasgow
G14 9UU

Dear Dr Oliver

MICHELLE KIMNET DOB: 29.07.82 6026
FLAT 2/2 166 CURLE STREET GLASGOW G14 0TT

Michelle underwent an uncomplicated surgical termination of pregnancy as a day case on the 17th March 2008 at Gartnavel General Hospital. Prophylactic antibiotics were given and Anti-D was not required. A Nova-T-380 IUCD was inserted. She was advised to attend for a coil check in 4-6 weeks time.

Kind regards.

Yours sincerely,

JUDITH ROBERTS
CONSULTANT GYNAECOLOGIST

Western Infirmary
Gynaecology Department
Dumbarton Road
Glasgow
G11 6NT

Direct Line: 0141 211 2198/2656
Fax Line: 0141 211 1847

EKT/SS/10671331

DEPARTMENT OF GYNAECOLOGY – DR ROBERTS' SOCIAL GYNAECOLOGY CLINIC 10.03.08

10th March 2008

Dr Oliver
Shaftesbury Medical Centre
1265-1275 Dumbarton Road
Glasgow
G14 9UU

Dear Dr Oliver

MICHELLE KIMNET DOB: 29.07.82 6026
FLAT 2/2 166 CURLE STREET GLASGOW G14 0TT

Many thanks for referring this lady who attended the Social Gynaecology Clinic today. She is now 6 weeks and 2 days pregnant by scan and I have arranged for her to undergo surgical termination of pregnancy on the 17th March 2008 at the Day Surgery Unit, Gartnavel General Hospital.

Thereafter she plans to have an IUD fitted for future contraception.

Yours sincerely,

E K TAN
SPECIALIST REGISTRAR

Dr. Maureen E. Hepburn
Dr. Janice E. Oliver

Shaftesbury Medical Practice
1265/1275 Dumbarton Road
Glasgow, G14 9UU
Tel: 0141 959 5500
Fax 0141 954 4864

3 March 2008
Ref JO/VI

Social Gynaecology
Western Infirmary
Church Street
Glasgow

Appointment 1.45 Mon 10/3/08 @ Church St.

Dear Doctor

Re Michelle Kimnet - Flat 2.2- 166 Curle Street, Glasgow. G14 0TT
Date of Birth – 29/07/1982
Appointment –

Many thanks for seeing this twenty-five year old girl who is Para 3. Michelle has a six year old, a three year old and a baby aged four months. She is separated from her partner and unfortunately has just discovered she is pregnant again.

Michelle has just joined the practice, but was given Evra contraceptive patches in January of this year. Her LMP was early January and she used the patches mid January. She had sexual intercourse with a chap she met on a night out on one occasion when she was on her second patch. Despite making every effort to prevent a further pregnancy, unfortunately Michelle is pregnant. She therefore has requested a termination. At present Michelle lives on her own with her three young children. She receives some social support from her Mum and her sister. She feels unable to cope with another pregnancy. Michelle is presently living in homeless accommodation, having escaped domestic violence.

In view of the above history, I would be grateful for your help.

Certificate A is enclosed.

Many thanks.

Yours sincerely

Dr Janice Oliver

IN CONFIDENCE

Certificate A

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967
Certificate to be completed in relation to an abortion under Section 1(1) of the Act

I DR JANICE OLIVER
(name and qualifications of practitioner : in Block Capitals)

of SHAFTESBURY MEDICAL PRACTICE
1275 DUMBARTON RD GLASGOW G14 9UU
(full address of practitioner)

Have/~~have not~~* seen/examined* the pregnant woman to whom this certificate relates at
SHAFTESBURY MEDICAL PRACTICE
1275 DUMBARTON RD G14 9UU
(Full address of place at which patient was seen or examined)

on FRIDAY 29th Feb 2008

and I [illegible]
(Name and qualifications of practitioner : in Block Capitals)

of [illegible]

(Full address of practitioner)

*(*delete as appropriate)*

Have/~~have not~~* seen/and examined* the pregnant woman to whom this certificate relates at

(Full address of place at which patient was seen or examined)

on

We hereby certify that we are of the opinion, formed in good faith, that in the case of

MICHELLE KIMMET
(Full name of pregnant woman : in Block Capitals)

of 166 CURLE ST, GLASGOW G14 OT[illegible]

(Usual place of residence of pregnant woman : in Block Capitals)

Tick appropriate box

- ☐ A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- ☐ B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- ☑ C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- ☐ D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
- ☐ E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.

Signed [signature]

Date 29/2/08

Signed [signature]

Date 1c/3/3

(OVERLEAF: CERTIFICATE B - FOR USE IN CASES OF EMERGENCY)

IN CONFIDENCE

Certificate B

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967
Certificate to be completed in relation to an abortion performed in emergency under Section 1(4) of the Act

I, ...
(name and qualifications of practitioner : in Block Capitals)

of .....

.....
(full address of practitioner)

hereby certify that I *am/was of the opinion, formed in good faith, that it *is/was necessary immediately to terminate the pregnancy of

.....
(Full name of pregnant woman : in Block Capitals)

of .....

.....
(Usual place of residence of pregnant woman : in Block Capitals)

Tick appropriate box

☐ F to save the life of the pregnant woman; or

☐ G to prevent grave permanent injury to the physical or mental health of the pregnant woman.

This certificate of opinion is given:

Tick appropriate box

☐ 1 before the commencement of treatment for the termination of the pregnancy to which it relates; or, if that is not reasonably practicable, then

☐ 2 not later than 24 hours after such termination.

Signed .....

Date .....

*Delete as appropriate

(OVERLEAF: CERTIFICATE A)

HMSO Ed Rep 15m 4/93 (103260)

NORTH GLASGOW HOSPITALS — **BLOOD TRANSFUSION**

SURNAME: KINNIT	FORENAMES: MICHELLE	HOSP. No.: 10671331	D.O.B.: 29 Jul 1932
MEDICAL OFFICER: ROBERTS	WARD: UNV SUR UNIT	SEX: GG F	HOSPITAL: Garthavel General
BLOOD GROUP: A	RHESUS: POS	ADDRESS: 2/2 166 CURLE STREET GLASGOW G140TT	D/CASE 17/3
LABORATORY NUMBER: W,08.0021164.8	ANTIBODY SCREEN: Negative	TO BE COMPLETED BY NURSE/MEDICAL OFFICER	

EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE ACK No.S	USED TIME	USED DATE	PACK PUT UP BY	PATIENT ID CONFIRMED AGAINST DONOR UNIT BY	REACTION

"THIS BLOOD WILL BE DERESERVED" AT 9.00 AM ON .....

LAB COMMENT

PATIENT IS RHESUS POSITIVE, THEREFORE
ANTI D IS NOT REQUIRED

11 MAR 2008

SPECIMEN RECEIVED DATE 11-Mar-08 DATE OF TEST 11-Mar-08 AUTHORISED BY KJ 11-3-08 QB 11/3/8

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 **Fax: 0141-211 0062**

SURNAME	FORENAME	UNIT NO.	SEX DOB
KIMMETT	MICHELLE	106713311	F 29.07.82
SOURCE: Gynaecology OP WIG	CONSULTANT: Dr J Roberts	GP: CHI:2907826026	
SPECIMEN: urine.	LAB NO.: V.08.0308991.T	REPORT STATUS: Final	YOUR REF. NO.: D/CASE 17/3

N. gonorrhoeae NOT detected by PCR

17 MAR 2008

C.trachomatis NOT detected by PCR.

Please note that N. gonorrhoeae screening on chlamydia specimens commenced on Monday January the 7th.

N.B. The sensitivity of urine samples is unacceptably low for the detection of N. gonorrhoeae in woman, a cervical or vaginal swab is preferred.

Clinical details Termination of pregnancy

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	10.03.08	11.03.08	14.03.08	Mrs C McCartn

Copy for :Gynaecology OP WIG

109283

NHS Greater Glasgow and Clyde

INTEGRATED CARE PATHWAY - GYNAECOLOGY - TERMINATION OF PREGNANCY

DATE 10/3/08 WARD WHU/WIG CONSULTANT DR. ~~Gxxxx~~ ROBERTS

Hospital Number: [barcode]
Name: 10671331L F
KIMMET MICHELLE 29/07/1982
Address: 2/2 166 CURLE STREET GLASGOW G14 0TT 25yrs
Postcode: LANARKSHIRE
DOB: CHI-2907826026
Phone Number. Contact? Y/N

GYNAECOLOGICAL HISTORY 07523191996

LMP: ? early Jan Days/Weeks Amen
Cycle: 4-5/30 Reg ☑ Irreg ☐
Parity: 3+0+0.
Pregnancy test: ☑ Yes ☐ No
Smear date: __/__/__ > 3yrs.
Result:

RELEVANT MEDICAL HISTORY: PREVIOUS G.A. ☑ Yes ☐ No

Appendicetomy
Tonsillectomy
Keeps well
Medication: Nil
Allergies ☐ Yes ☑ No
Details PENICILLIN

PAST OBST. HISTORY

		Abortions	No.	Date	Method
Total Pregnancies	3	Spontaneous			
Live births					
Still births					
Caesar. Sections	3	Therapeutic			
SVD/Forceps					

Referred by: ☐ FPC ☑ GP Dr. Oliver. ☐ Hospital ☐ Other
Date first seen 3.3.08.
Date referral letter 3.3.08.
Inform GP: ☑ Yes ☐ No
1st Trim ☐
2nd Trim ☐

SOCIAL HISTORY YES NO
Smoker 10cpd ☑ ☐
Single ☑ Divorced ☐
Married ☐ Separated ☐
Widowed ☐
Employment unemployed.
Interpreter required Specify
Date Booked Ref
Contraception — EVRA PATCH.
Past Depo provera, COCP.
Emergency contraception used NO.
Post Termination IUD.
Immediate supply: Hospital ☐ FPC ☐ GP ☐
Reason T.O.P. Requested:
Has 3 children. Lives in homeless accomodation at present.
~~Partner/Family~~ SISTER aware ☑ Supportive ☑
Refer to counsellor ☐
Clinical assessment of uterine size:
Adnexa:
Result if scan performed
TAS → IUG 9.5. YS ✓
CRL = 5mm ≈ 6+2. FH ✓

CHECKLIST	YES	NO
Blood for Group and Save	☐	☐
Blood for HB	☐	☐
Swabs taken	☑	☐
Consent	☑	☐
Daycare	☑	☐
Certificate A	☑	☐
Procedure Discussed	☑	☐

Contraindications for MTOP - if yes, details:

	YES	NO
Risks Discussed:	☑	☐
haemorrhage	☑	☐
trauma	☑	☐
Infection	☑	☐
Retained PoC	☑	☐
failed termination	☑	☐
Info. leaflet given	☑	☐
Priming Req'd	☑	☐

PROCEDURE: ☐ M.T.O.P. ☑ S.T.O.P. ☐ Return one week
When: 17/3/8
Where: Gartnavel STOP
Signature: JNelson Capitals: J NELSON Status: SISTER

£12 [illegible]

109283

INTEGRATED CARE PATHWAY GYNAECOLOGY TERMINATION OF PREGNANCY	Affix addressograph label or complete: Patient Name: Hospital number: DOB: ____ / __ /____ Age:

Return Visit _____ Date _____

Seen by _____ Capitals: _____ Status _____

Comments

Scan result if performed

Refer to Counsellor

Procedure

❑ M.T.O.P. ❑ S.T.O.P. ❑ A.N.C.

❑ Other: Please Specify _____

When _____ Where _____

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MIFEPRISTONE DAY	DATE: ____/__/__
Next of Kin: Name: _____ Address: _____ Telephone Number: _____ Aware of admission and reason ❑ Yes ❑ No Tablets given ❑ Yes ❑ No	**Comments:** Urine for Chlamydia ❑ Yes ❑ No
Signature:	Status: Time:

MISOPROSTOL DAY: NURSING			DATE: ____/__/__
PROCEDURE	**Yes**	**No**	**PROGRESS AND EVALUATION OF CARE**
Explanation given with reference to:			**Observations:** BP _____ /_____
Misoprostol pessaries	❑	❑	Pulse: _____ bpm
Pain	❑	❑	Temperature: _____ °C
Bleeding	❑	❑	
POC	❑	❑	
Obs.	❑	❑	
Tablets administered	❑	❑	
Venflon Inserted	❑	❑	
Signature:			Status: Time:

DISCHARGE CHECKLIST			
Review patient	❑	❑	
POC seen	❑	❑	
Blood group: ❑ Rh pos. ❑ Rh neg.			
DISCHARGE SUMMARY			
Anti D given	❑	❑	
Contraception	❑	❑	Type
Antibiotics	❑	❑	
Venflon removed	❑	❑	
Discharge escort:	❑	❑	
Return appointment	❑	❑	Date: / /
Signature:			Status: Time:

109283

INTEGRATED CARE PATHWAY GYNAECOLOGY TERMINATION OF PREGNANCY	Affix addressograph label or complete: Patient Name: Hospital number: DOB: _____ / ___ / ___ Age:

OUTPATIENT FOLLOW-UP **DATE:** ____ / ___ / ___

Post abortal bleeding: ❑ still present ❑ stopped - date bleeding stopped: ___ / ___ / ___

Any medical problems:

Examination:

Scan Result:

Clinical Outcome - termination:

❑ Complete

❑ Incomplete

❑ Ongoing

Contraception: ❑ Yes ❑ No If yes, type:

Comments:

Additional Notes:

Signature

109283

Affix addressograph label or complete:
Patient Name:

Hospital number:
DOB: ____ / __ / ____ Age:

24 Hour Drug

Drug Chart MTOP First-Trimester

Once Only Doses

Date	Drug	Dose	Route	Prescribed by (signature)	Time given	Given by
	Mifepristone	200mg	PO			
	Misoprostol	800 microgram	PV			
	Metronidazole	1g	PR			
	Diclofenac	100mg	PO			
	Azithromycin	1g	PO			
	Morphine	10mg	SC			
	Prochlorperazine	12.5mg	IM			

Other Doses

Drug COCODAMOL			Date				
Dose 2 Tab	Frequency 4-6 hourly	Route PO	Time				
Additional instructions. Maximum 8 tabs in 24 hrs			Dose				
Prescribed by (signature)	Date		Given by				

109283

Affix addressograph label or complete:
Patient Name:

Hospital number:
DOB: _____ / ___ /____ Age:

24 HOUR DRUG

DRUG CHART MTOP SECOND-TRIMESTER

ONCE ONLY DOSES

DATE	DRUG	DOSE	ROUTE	PRESCRIBED BY (SIGNATURE)	TIME GIVEN	GIVEN BY
	Mifepristone	200mg	PO			
	Misoprostol	800 microgram	PV			
	Metronidazole	1g	PR			
	Diclofenac	100mg	PO			
	Misoprostol	400 microgram	PV			
	Misoprostol	400 microgram	PV			
	Misoprostol	400 microgram	PV			
	Misoprostol	400 microgram	PV			
	Azithromycin	1g	PO			
	Syntometrine	1 amp	IM			

OTHER DOSES

Drug COCODAMOL			Date				
Dose 2 Tab	Frequency 4-6 hourly	Route PO	Time				
Additional instructions Maximum 8 tabs in 24 hrs			Dose				
Prescribed by (signature)		Date	Given by				
Drug MORPHINE			Date				
Dose 10 mg	Frequency Up to 3 hourly as required	Route SC	Time				
Additional instructions			Dose				
Prescribed by (signature)		Date	Given by				
Drug PROCHLORPERAZINE			Date				
Dose 12.5 mg	Frequency Up to 8 hourly as required	Route IM	Time				
Additional instructions			Dose				
Prescribed by (signature)		Date	Given by				

109283

INTEGRATED CARE PATHWAY
GYNAECOLOGY
TERMINATION OF PREGNANCY

DATE 17.3.08 WARD DSU

Affix addressograph label or complete:
Patient Name:
Michelle Kinnet
Hospital number:
DOB: ___ / ___ / ___ Age:

DATE/TIME	MEDICAL/NURSING NOTES	SIGNATURE
	STOP + IUCD	
	Proc. cleaned + draped	
	EUA - Uterus 8/40 size	
	Cx dilated to HB	
	& on suction curette → POC obtained	
	curettage - cavity empty	
	haemostasis -	
	Nova T - 380 IUCD inserted	
	Flagyl PR	
	ABS	
	coil check 4-6/52	J. ROBERTS (Co...)

109283

Date/Time	Medical/Nursing Notes	Signature

109283
Date _____

Ward _____

•MTOP / STOP / OTHER

Testing for Chlamydial Infection

To enable us to make appropriate contact with you after you go home please complete the following information. Otherwise we will assume it is acceptable to write to you at the address given in your case record. This is:

Name _____ Contact Telephone Numbers

Home (if available) _____

Address _____ Mobile _____

_____ Work _____

If your contact address is different from the one above please complete here:-

c/o _____

_____

_____

Postcode _____

Can we contact your GP Yes/No

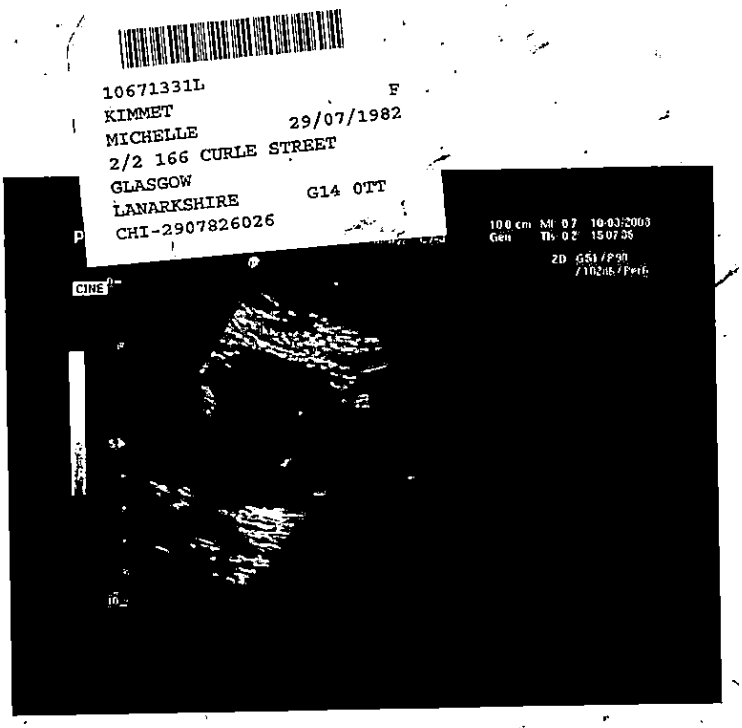
If yes please give details:-

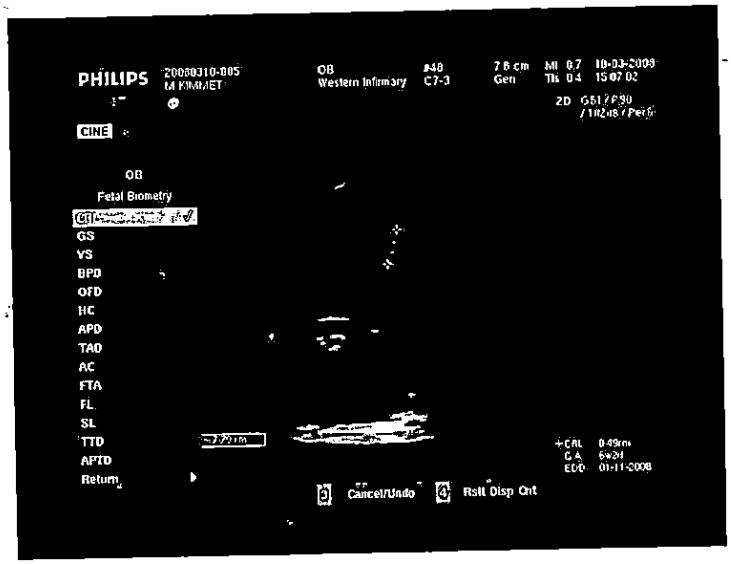
GP Name _____

Address _____

_____

_____


10671331L F
KIMMET
MICHELLE 29/07/1982
2/2 166 CURLE STREET
GLASGOW
LANARKSHIRE G14 0TT
CHI-2907826026
CINE


PHILIPS
OB
Western Infirmary
CINE
OB
Fetal Biometry
GS
VS
BPD
OFD
HC
APD
TAD
AC
FTA
FL
SL
TTD
APTD
Return
Cancel/Undo
Rstl Disp Cnt

NHS
Greater Glasgow and Clyde

10671331L
KIMMET F
MICHELLE 29/07/1982
2/2 166 CURLE STREET
GLASGOW
LANARKSHIRE G14 0TT
CHI-2907826026.

Hospital No.
Age
Sex
Dept.
Ward

OUT-PATIENT HISTORY

DATE	
10/3/8	NEO-GYN

Gartnavel Day Surgery Unit

NHS
Greater Glasgow and Clyde

For review:	Please tick	Anaesthetist's signature
ECG		
Bloods A Pos ✓		
Anaesthetic opinion		
Allergies: Penicillin - rash.		

Please write in red

BOOKLET FOR DAY PROCEDURES

CONFIDENTIAL PATIENT INFORMATION

Name

Address

AFF

10671331L
KIMMET
MICHELLE F 29/07/1982
2/2 166 CURLE STREET
GLASGOW
LANARKSHIRE G14 0TT
CHI-2907826026

Hosp. No.

Procedure Appointment Date 17/3/8 mcv Time 0845

Consultant Roberts.

Date of Outpatient Appointment 10/3/08

Seen by Dr. S K Tan

Diagnosis STEP

Proposed Procedure STEP + Insertion IUCD

Proposed Anaesthesia: General ☑ Local ☐

Investigations Required (please tick)

FBC	☑	Blood Glucose	☐
U's and E's	☑	Blood Group	☑
ECG	☑		

Has contraception been discussed at OPC? Yes ☐ No ☐ N/A ☐

Comments _____

Pre-Anaesthetic Assessment

Date 10.3.08 Assessed by LORRAINE LINDSAY.

Social

Do you live alone?	Yes ☑	No ☐
Can you arrange an escort?	Yes ☑	No ☐
Will someone be with you overnight?	Yes ☑	No ☐

Patient telephone no. 07523191996.

Height 5ft 4 1/2 1.60 cms Weight 12st 1/2 75 kilos BMI 29

B.P. 118/93 Pulse 72 SaO_2 99%

Understanding of English: Good ☐ Poor ☐ None ☐

Is interpreter required? Yes ☐ No ☐

Has interpreter been arranged? Yes ☐ Contact name / tel. no. _____

No ☐ N/A ☐

Pre-Anaesthetic Questionnaire

	Yes	No
Have you had any anaesthetics in the past?	☑	☐
Have you had any problems with anaesthetics?	☐	☑
Have you any blood relatives with anaesthetic problems?	☐	☑
Are you taking any medications, drugs, inhalers or tablets?	☐	☑

Please specify _____

Is patient taking: HRT ☐ OCP ☐ Has this been discussed at OPC? ☐ ☐

Comments _____

Allergies?	☑	☐

Please specify Penicillin - rash/vomiting

Have you had any problems with your heart or high blood pressure?	☐	☑

Please specify _____

Do you get chest pain after exercising or climbing stairs?	☐	☑
Do you have heartburn or indigestion?	☐	☑
Have you had trouble with your breathing or do you take medicine for a breathing problem?	☐	☑

Please specify _____

Do you smoke? If yes, how many per day? 10.	☑	☐
Do you have a cough or produce phlegm? Greenish	☑	☐
Do you drink alcohol? If yes how many units per week? <10.	☑	☐
Do you use recreational drugs?	☐	☑

If yes describe _____

Do you have loose teeth, caps or dentures?	☐	☑
Do you have any neck or jaw stiffness?	☐	☑
..ave you ever had any convulsions, fits,blackouts or funny turns?	☐	☑

Date of last episode _____

Have you had any jaundice, hepatitis or liver disease?	☐	☑
Do you have diabetes?	☐	☑
controlled by: diet ☐ or oral hypoglycaemics ☐ insulin ☐		
Have you had any other serious illnesses?		☑

Please specify _____

Do you have a prosthesis or a pacemaker?	☐	☑
Do you have any physical disability?	☐	☑
Have you had any illnesses from which you have not fully recovered?	☐	☑

I agree to have nothing to eat or drink for six hours before surgery and to have a responsible adult accompany me home and remain with me overnight.

Signed M. Kummet date 10.03.08 Witnessed date

MICHELLE KIMMET

Admission

Named Nurse L. Lyndsay

Admitted by EMC Armstrong Date 17/3/08.

Case Sheet Yes ☑ No ☐

Name Band Yes ☑ No ☐ 07990960845.

Next of Kin Tracy. Kimmet Relationship Sister Phone No. ____

Discharge Escort Yes Relationship A/A Phone No. ____

Overnight Escort Yes.

Anaesthetic Questionnaire Complete Yes ☑ No ☐

Fasted since: date 16/3/08 time 930pm Confirmed: Yes ☑ No ☐

Current Medication ____

BP 99/58. Pulse 64. O_2 Saturation 99%

P ____ BM Stix ____

Pre-Operative Medication (if required)

Drug	Dose	Route	Doctor's Signature	Time Given	Nurse's Signature	Witness
misoprostol	600 mcg	PV	[signature]	0910	self (L)	
metronidazole	1g	PR	[signature]			

Before the patient proceeds into theatre, nursing staff please check and tick:

NBM 10PM No pins/plates penecillin allergy

	Ward check Yes	Ward check No	Ward check N/A	Theatre check Yes	Theatre check No	Theatre check N/A
Is the consent form signed?	☑	☐		☑	☐	
Is the patient wearing a correct identification bracelet?	☑	☐		☑	☐	
Has make-up and nail varnish been removed?	☑	☐	☐	☑	☐	☐
Has jewellery has been removed or taped?	☑	☐	☐	☑	☐	☐
Have contact lenses/prosthesis been removed?	☐	☐	☑	☐	☐	☑
Specify ____						
Have dentures been removed?	☐	☐	☑	☐	☐	☑
Is the operation site clearly marked?	☐	☐	☑	☐	☐	☑
Has the patient passed urine pre-op?	☑	☐	☐	☑	☐	☐

Fasted since: date 16/3/08 time 10.30pm

Signature of nurse checking: ____ ward [signature] theatre [signature]

Operating Room Record

Procedure performed STOP & IUCB

Theatre No. DSU 1 Surgeon Dr Roberts

Anaesthetist Dr McMillan Time in 1000 hrs

Anaesthesia and Monitoring

ECG	☐	GA	☑	LMA	☑	Eyes protected	☑
NIBP	☐	LA	☐	ETT	☐	Throat Pack in	☐
$ETCO_2$	☐	Regional	☐	Facemask	☐	Throat Pack out	☐
SaO_2	☐	IV Cannula	☑	Guedel	☐		
All above	☑	IV Sedation	☐				

Infusion Pump [1] _____ Infusion Pump [2] _____ Pain Control Pump _____

Patient positioning

Lith ☑ Prone ☐ Supine ☐ L lat ☐ R lat ☐ Trend ☐ Rev. trend ☐

Deckchair ☐ Pressure points protected/padded ☑

Electrocautery

Bipolar ☐ Monopolar ☐ Grounding plate site _____

Tourniquet

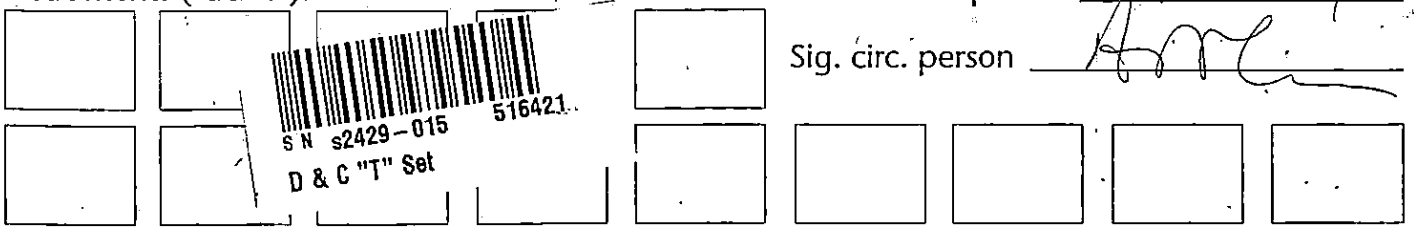
On _____ Off _____ Site _____ Pressure _____ mmHg Smillie _____

Wound

Skin prep Chlorhexidine 0.02% Wound toilet _____

ount: Correct ☑ Incorrect ☐

Instruments (stickies):



Name scrub person Sr Whiteford

Sig. circ. person _____

Discrepancy

Surgeon's signature _____

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

Open wound _____ Drain _____ Catheter _____

Packing _____

Dressings _____

Recovery Instructions

Oxygen to be given at _____ litres for _____ Signed _____

_____

_____

Postoperative Instructions

Does patient require visit from district nurse?

Yes ☐ Date _____ No ☐

Are dressings to be sent home with patient?

Yes ☐ Which type _____ No ☐

Do sutures require to be removed?

Yes ☐ Date _____ No ☐

Out-patient clinic appointment required?

Yes ☐ Date _____ No ☐

Pain control pump/IRIS Nurse ☐ YES Details _____

☐ NO

Comments

_____

_____

_____

_____

_____

_____

Drugs to be given in hospital

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
	COCODM	2T	O	x1	10 35				[illegible]
Nurse Record of Administration			Sign Box		AW				

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						

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						

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						

Recovery

Name MICHELLE KIMMET 10691331L.

Time in to Rec. 1020 Artificial airway type LMA removed at _____

Oxygen at 4 litres via LMA ~7 MASK discontinued at _____

	20.35											
TIME	10	10	10[50]									
PAIN SCORE	—	5/10	3/10									
SEDATION SCORE	3	0	0									
NAUSEA SCORE	✓	0	0									
210												
200												
190												
BLOOD 180												
PRESSURE 170												
160												
150												
140												
130												
120			↑									
110			↑									
100		^	↑									
95	^	↑	↑									
90	↑		↑									
85	↑	↑										
PULSE 80	●	●	●									
75		↑	↑									
70	↑	↓	↓									
65	↑											
60	↓											
55												
50												
45												
40												
35												
30												
TEMPERATURE ECG	SR	SR	SB									
RESPIRATIONS	12	14	14									
O_2 SATURATION	99	100	100									
PV LOSS	DRY	DRY	DRY									
WOUND												
LIMB COLOUR												
LIMB SENSATION												
LIMB MOVEMENT												
LIMB TEMPERATURE												

Recovery

Time	Notes
10·20	Returned to recovery following GA
	all care as charted
	* 2x co-codamol orally @ EW 10·35 EW

Criteria to be met before discharge from recovery

	Yes	No	Comments
Is patient conscious and orientated to time and place	☑	☐	
Is patient cardiovasculary stable?	☑	☐	
Is patient comfortable?	☑	☐	
Fit to transfer to 2nd stage	☑	☐	
Signature EWarden	☑	☐	

Events

hot pack

Tea and Toast Yes ☑ No ☐

Check recordings at 1125 hrs BP 104/53 Pulse 59 SaO_2 99%

Fit to Mobilise Yes ☑ No ☐

Discharge Drugs

Date	Name of Drug	Strength	Quantity	Doctor's Sig.	Nurse's Sig.
10/3/18	Doxycycline	100mg (7 days)	B.D		F McAllister
1-3-18	[illegible]	[illegible]	[illegible]		
	Voltarol	50	12		F McAllister

Patient's Name _____

10671331L
KIMMET F
MICHELLE 29/07/1982
2/2 166 CURLE STREET
GLASGOW
LANARKSHIRE G14 0TT
CHI-2907826026

Discharge Checklist

Estimated discharge time _____ 12.20

	Yes	No
Has a stable BP and pulse	✓	
Can walk without feeling faint	✓	
Has minimal nausea and is not vomiting	✓	
Can breathe comfortably and is a normal colour	✓	
Is orientated to time and place	✓	
Has passed urine	✓	
Has had something to eat and drink	✓	
Has had the operation site checked (if applicable)	✓	
I.V. Cannulae has been removed	✓	
Knows when to come back to Outpatients	NA	
Has someone to take them home	✓	
Has someone to stay with them overnight	✓	

	Yes	No
Seen by doctor before discharge	✓	

Doctor's name J Roberts

Discharge medication received by patient

Discharge instruction received by _____

Discharge Escort Sister Discharged at _____

Sign if appropriate X T Kimmet

Means of Transport Taxi

Discharge Nurse's Signature _____

NHS Greater Glasgow and Clyde

Anaesthetic Record

Na
10671331L
Ho KIMMET F
MICHELLE 29/07/1982
2/2 166 CURLE STREET
GLASGOW
Do LANARKSHIRE G14 0TT
CHI-2907826026

Premedication

Procedure(s)

Anaesthetist(s) MC/BK ☐ ☐ ☐
C SpR SHO

Surgeon(s) ☐ ☐ ☐

Date 17/3/8

Pre-operative assessment

Airway OK

RS (N)

CVS BP /

Weight(kg)

Haematology

Biochemistry

ECG

CXR

Current therapy

Other significant illnesses

Allergies Penicillin

Previous anaesthesia

ASA (1) 2 3 4 5 E

Comments / Technique

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

GA ☒ Spinal ☐ Epidural ☐ Other LA

ETT LMA F Mask ☐ Airway ☐ DLT Laryngoscopy grade

IV site(s) (L) hand 20G

Technique details:

Art line

CVP/PAWP

Ventilator

Breathing system

Start [:]

Finish [:]

Equipment check ☐

ATROPINE	0.6
PROPOFOL	200
REMIFENTANIL	0.1 ??
...	10
IV Fluids	

Pre-ox ☒
RSI ☐

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

Chart scale: 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

Time	
Events	
FiO_2	1.0
SpO_2	99
$ETCO_2$	
ETAA	

Events
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IV Fluids
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

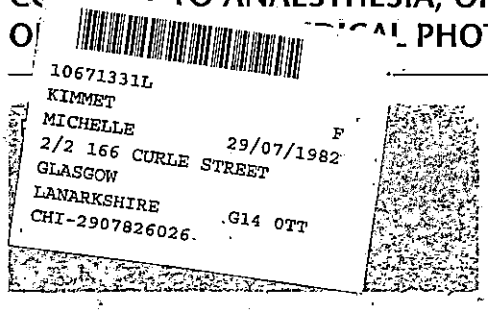
Warmer ☐

Anaesthetist's signature [signature]

North Glasgow University Hospitals Division

NHS Greater Glasgow

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR MEDICAL PHOTOGRAPHY AND RESEARCH



DATE 10/3/8

Proposed procedure (block capitals) SURGICAL TERMINATION OF PREGNANCY + INSERTION OF INTRAUTERINE DEVICE

NOTES ON GUIDANCE FOR CLINICIANS

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 proposed procedure, significant 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 page two of this form.

Written informed consent is not required for minor procedures, however written consent should be sought for:

i) any procedure that carries a significant risk.

ii) any procedure to be carried out under general anaesthesia, sedation or utilising nerve blockage or regional anaesthesia beyond that provided topically or by simple infiltration.

iii) any procedure which could be considered new, novel or experimental.

iv) any situation where there are implications for "third parties" eg. relatives and insurance companies in relation to genetic studies or HIV testing.

v) any recording procedure such as photography, video and audio.

For further guidance on "significant risk" see section 5 of the Trust's Policy for Consent to Anaesthesia, Operation, Investigation or Treatment and Medical Photography/video.

TO BE COMPLETED BY CLINICAL PRACTITIONER

The clinician completing this form should have sufficient knowledge of the proposed investigation or treatment in order to provide the patient with the appropriate information.

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of medical photography, video/audio recordings, including live video links**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (block capitals) [redacted]

Signature [redacted]

Grade/Designation [redacted]

TO BE COMPLETED BY THE PATIENT/PARENTGUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand please ask the doctor for an explanation. The doctor is here to help you and he or she will explain the procedure. If for any reason you are not content with the explanation you are entitled to refuse the procedure. You can ask any questions and ask for more information. If you are happy with this, you understand the procedure and wish to proceed you should sign the form.

Increasingly in modern clinical care, photography and video pictures are used for consultation and teaching purposes. These images will not be used for publication in any form without your specific consent. The procedure may also be observed by other professionals via a live video link.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM — The Patient/Parent/Guardian/Next of Kin (delete as appropriate)

I UNDERSTAND — The purpose, benefits and significant risks associated with the procedure which have been explained to me by the doctor named on this form.

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

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That my identity will not be broadcast if the procedure is observed by other professionals via a live video link.

Students need to learn how to examine patients and 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.

I have been given the opportunity to read the Patient Information Leaflet on the use of Tissue for Medic Research and Teaching and agree that tissue not essential for my diagnosis and future treatment may be us for medical education and ethically approved medical research.

Please tick the appropriate box if you agree or disagree to any of the following:

To the administration of anaesthetics or to sedation if required	Agree ☑	Disagree ☐
o the procedure named on this form	Agree ☑	Disagree ☐
To photography, video and audio recordings, including live video links	Agree ☐	Disagree ☑
To examination by a student during the procedure named on this form under the supervision of the senior clinician undertaking the procedure.	Agree ☑	Disagree ☐
To the use of my tissue in medical education	Agree ☐	Disagree ☑
To the use of my tissue in medical research	Agree ☐	Disagree ☑

Signature	Date	Address
M. Kimmet	10.03.08	166 arle Street

Name (block capitals)

MICHELLE KIMMET

Notes

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 ☐

JEEN ELIZABETH UNIVERSITY HOSPITAL ☑ MATERNITY ☐

ROYAL ALEXANDRA HOSPITAL ☐ MATERNITY ☐

ROYAL HOSPITAL FOR CHILDREN ☐

STOBHILL HOSPITAL ☐

VALE OF LEVEN ☐ MATERNITY ☐

WEST CARE AMBULATORY HOSPITAL ☑

WESTERN INFIRMARY RECORDS ☐

Including:

BADGERNET ☐

CAREVUE ☐

MEDICAL ILLUSTRATION ☐

METAVISION ☐

PHYSIOTHERAPY ☐

RADIOLOGY ☐

WEST MARC ☐

LABS ☐

My Admission Record

NHS Greater Glasgow and Clyde

N
A 2907826026
KIMMET
Michele
31 LEDMORE DRIVE 29/07/198:
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE

Hospital: QE Ward:
Date of Admission: 21/07/22 Time: 2230
Information obtained from: Name:
Patient ☒ Relative ☐ Other ☐ ____________
Preferred Name: 07874359762
Age: 39 Telephone Number:
Consultant:

22/7/22 - covid ☑ Teds ☑
WSU ☑ neg
- urinalysis -ve.

Communication

What is your first language? ____________
Do you require an interpreter? Yes ☐ No ☒
If yes, provide details of arrangements made ____________
Do you use British Sign Language (BSL)? Yes ☐ No ☒
Do you need someone to help you to communicate? Yes ☐ No ☒ If yes, who ____________

Preferred first contact	**Preferred second contact**
Name: Philomena Kimmet	Name: Chanelle Paterson
Relationship: Mother	Relationship: Daughter
Address: 81A	Address: 303 Archerhill Knightswood
Telephone: 07599684480	Telephone: 07388051409
Is this person aware of your admission? Yes ☒ No ☐	Is this person aware of your admission? Yes ☒ No ☐
Can we share information with this person? Yes ☒ No ☐	Can we share information with this person? Yes ☒ No ☐

Presenting Complaint / Diagnosis

ABDO PAIN. ? KIDNEYS.

Explained to the patient? Yes ☐ No ☐ Not Applicable ☐
Do you understand the reason for your admission? Yes ☐ No ☐

Allergies / Sensitivities (Record food allergies in the Hydration and Nutrition section)

No known allergies ☐ PENICILLIN...

Relevant past medical history

None..

On admission, is there a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place
Yes ☐ No ☒ If yes, Who asked for a copy? ____________
Date they asked for a copy __/__/__ Date Obtained __/__/__

Power of Attorney / Guardianship / Adult with Incapacity

Does someone have Power of Attorney (POA) for you?

Yes ☐ No ☐

OR

Does someone have Guardianship?

Yes ☐ No ☐

If yes, is this for:- Finance ☐ Welfare ☐ Both ☐

Which are currently in action? Finance ☐ Welfare ☐ Both ☐ Nil ☐

Please obtain a copy and place in the patient's notes

Who asked for a copy?_____ Date they asked for a copy ___/___/___ Date Obtained ___/___/___

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

N.B. If you think the patient may lack capacity inform Medical Staff to assess and, if required, consider the need for an 'Adult with Incapacity' Section 47

Nam
Ad
2907826026
KIMMET
Michele 29/07/198
Dc 31 LEDMORE DRIVE
Cl DRUMCHAPEL
Glasgow, Lanarkshire
Aff G15 7AE

Carbapenemase-producing enterobacteriaceae (CPE)

Have you ever:	Yes	No
1. Been an inpatient in a hospital outside Scotland?	☐	☐
2. Received holiday dialysis outside Scotland?	☐	☐
3. Been told that you have CPE?	☐	☐
4. Been in close contact with a person with CPE?	☐	☐

If the answer is yes to **ANY** of the questions in this section, you must

- Isolate the patient in a side room ☐
- Obtain Rectal swab marked 'for CPE' ☐
- If patient refuses rectal swab, obtain a stool specimen marked 'for CPE' ☐
- **and inform the IPCT** ☐

MRSA Screening

	Yes	No	Unsure
Will the patient be an inpatient for more than 23 hours	☐	☐	☐
If **YES** complete the following section			
1. Have you ever been told that you have MRSA?	☐	☐	☐
2. Have you been admitted from another hospital/ residential setting or care home?	☐	☐	
3. Do you have a wound / skin ulcer or invasive device which you had before admission?	☐	☐	☐

If **YES** to Q1, 2 or 3 above OR the patient is admitted to a 'high impact speciality' i.e. Orthopaedics, Vascular, Renal Unit, Critical Care – obtain MRSA swabs

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

	Yes	No	Unsure
Have you ever been informed that you are at increased risk of CJD or vCJD?	☐	☐	☐

If **YES inform the IPCT** ☐

2907826026
KIMMET
Michele
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE
29/07/198:
Affix patient ID label

Lifestyle

Smoking

Are you a: smoker ☒ ex- smoker ☐ when did you stop? 1 S 1 Day

Never smoked ☐

Do you use eCigarettes? Yes ☐ No ☐

If a smoker, the NHSGGC Smokefree policy has been explained and Nicotine Replacement Therapy (NRT) has been offered

Yes - administered NRT ☐ Yes - patient declined NRT ☒

If declined - Why: Not Ready Yet

Do you want to talk to someone about your smoking? Yes ☐ No ☐

If yes, refer to Smokefree Services (Trakcare) Date referred: ___/___/___

Drugs

Do you use recreational or illicit drugs or are you receiving opiate replacement therapy (ORT / Methadone / Suboxone)? Yes ☐ No ☒

If yes, please specify and refer to the NHSGGC Guidelines for the Management of Drug Users in Glasgow and Clyde Acute Hospitals

Alcohol

Do you drink alcohol? Yes ☐ No ☐ on special occasions

How often do you have more than 6 units of alcohol on one occasion:

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

NB: If daily or almost daily commence the Glasgow Assessment and Management of Alcohol (GAMA), complete FAST Tool and take further action as per guidance.

Name (Please PRINT): J Komolafe Signature:

Designation: RGN Date: 21/07/22

My Assessment Record

Name
Addre
2907826026
KIMMET
Michele
31 LEDMORE DRIVE
DoB: 29/07/198
DRUMCHAPEL
CHI:
Glasgow, Lanarkshire
Affix
G15 7AE

1. Breathing and Circulation

Breathing	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's breathing
No breathing problems	✓	✓	
Breathless at rest			
Breathless on exertion			
Productive / Non-productive cough			
Cyanosed			
Uses nebulisers			
Uses inhalers			
Oxygen therapy			
Do you have any other symptoms?			

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems	✓	✓	
Chest pain at rest			
Chest pain on exertion			
Angina			
Do you take medication for symptoms of angina?			
Hypertension			
Do you have any other symptoms?			

2. Communication

	Yes ✓	No ✓	Assessment of the patient's communication needs
Do you have any difficulties communicating your needs?		✓	
Do you have any difficulties with your speech?			
Do you have a Learning Disability?			
Do you have support from a Learning Disability Team? Contact details: _____			

Nam
Adc 2907826026
KIMMET
Michele
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE
29/07/198
Do
CH
Affix patient ID label

3. Senses

Vision	Yes ✓	No ✓	Assessment of the patient's vision
Do you have any problems with your vision?		✓	
Do you wear glasses?			Distance ☐ Reading ☐ Both ☐
Do you have your glasses with you?			
Do you wear contact lenses?			
Do you have your lenses with you?			
Do you wear a prosthesis?			

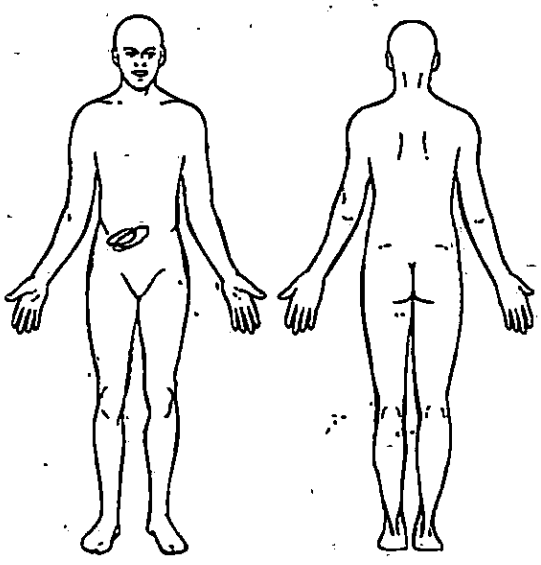
Hearing	Yes ✓	No ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			

Pain	Yes ✓	No ✓	Assessment of the patient's pain
Do you have pain?	✓		

Can you describe where and what the pain is like?

Abdo pain

Mark current pain on body chart



Have you had treatment / intervention for the pain?

Analgesics

N.B. Complete generic pain assessment chart. If unable to self report complete Abbey Pain Scale.

Can you describe any chronic pain that you have?

What makes the pain better?

Name:
Ac
2907826026
KIMMET
Michele
29/07/198
Do
31 LEDMORE DRIVE
CHI
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE
Affi

4. Cognitive Status — THINK DELIRIUM

	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's cognitive status
Alert and orientated			
Impaired conscious level			
Confused			
Dementia			
Stressed / Distressed			

N.B. Think Delirium

Complete 4AT for all patients 65 and over, AND for patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

and follow the guidance

N.B. 'Getting to Know Me' and 'What Matters to Me' should be completed for all patients with dementia, cognitive impairment or complex needs

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

None

What do you like to eat and drink?

Anything

What do you not like to eat and drink?

None.

N.B. Malnutrition Universal Screening Tool (MUST) to be completed for all patients within 24 hours of admission

Diet and Fluids	Admission Presentation ✓	Normal for the patient ✓
Normal diet and fluids	✓	✓
Therapeutic diet		
Cultural, ethnic or religious diet		
Texture Modified Diet Please state _____		
Thickened Fluid Please state _____		
Oral Nutritional supplements Preferred flavour _____		
Enteral Nutrition		
Parenteral Nutrition		
Nil by Mouth		

Nam
Addi
DoB
CHI
2907826026
KIMMET
Michele 29/07/198
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE
Affix patient ID label

Assessment of the patient's hydration and nutrition needs

N.B. If the patient has any difficulty in the oropharyngeal stage of swallowing complete Screening Tool for Oropharnygeal Swallow Symptoms (STOPSS) within 4 hours of admission

Assistance with eating and drinking	Admission Presentation ✓	Normal for the patient ✓
Independent (Green)	✓	✓
Prompting / encouragement / opening packets/cutting up food (Amber)		
Full assistance with eating and drinking (Red)		

Do you have any further issues which may affect your ability to eat and drink normally during this hospital admission?

6. Elimination

Bladder	Admission Presentation ✓	Normal for the patient ✓
Pass urine with no problems	✓	✓
Frequently pass urine during the day		
Frequently pass urine overnight		
Sense of urgency when need to pass urine		
Urine retention		

Assessment of the patient's elimination needs

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓	Name: _____ Address: _____ _____ _____ DoB: _____ CHI: _____ Affix patient ID label
Haematuria			
Incontinent			

N.B. If new incontinence report to medical staff to rule out infection or physiological cause

What products do you normally use for this continence issue?

No urinary catheter ☐ Urinary catheter in situ: Urethral ☐ Suprapubic ☐

Date urinary catheter last changed ___/___/___

N.B. If Urinary Urethral Catheter (UCC) in situ commence NHSGGC Adult UCC Insertion and Maintenance Care Plan

Bowels

When did your bowels last move? Today

How often in a day/week do you have a bowel movement? Per day 1-2 Per week

Do you use any medication e.g. laxative to help your bowels move? Yes ☐ No ☐

Bowel Habit	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Regular			
Constipated			
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?

N.B. If concerned about bowel patterns (e.g. infrequent movement or frequent loose stools) consider using the Bristol Stool Chart

Stoma	**Yes** ✓	**No** ✓	Assessment of the patient's needs in relation to their stoma
Do you have a stoma?			
Do you require assistance with your stoma care?			
Have you brought any of your stoma products with you?			

7. Personal Hygiene, Oral Health, Skin Care and Wound Care

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent	✓	✓	
Requires assistance with washing and dressing			
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems	✓	✓	
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	**Yes** ✓	**No** ✓	Description of any dental work
Do you wear dentures?			
Do you have your dentures with you?		✓	
Are your dentures a good fit?			
Do you have any other dental work that we need to be aware of?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems		✓	
Skin broken		✓	
Skin oedematous			
Skin discoloured / red		✓	

N.B. Complete PUDRA for all patients within 8 hours of admission

Pressure ulcer identified on admission: Yes ☐ No ☐

Pressure Ulcer Grade: _____

Pressure Ulcer Site: _____ **Adult wound assessment and management chart required**

N.B If Grade 2 pressure damage on ankle or below refer to Podiarty via TrakCare

Wound Care	Yes ✓	No ✓
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**		

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8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent	✓		✓
Unsteady when walking			
Do you use a mobility aid	Yes ☐	No ☒	
Do you have your mobility aid with you?	Yes ☐	No ☐	

N.B. If not fully mobile and independent on admission complete moving and handling assessment within 24 hours of admission

9. Maintaining a Safe Environment

N.B. Complete a falls risk assessment for all patients within 24 hours of admission. If a falls risk is identified complete the falls intervention checklist and document all nursing actions in the care plan.

Safety	Yes ✓	No ✓	Assessment of the patient's ability to maintain a safe environment
Is the patient at risk of falling, rolling, slipping or sliding from the bed?		✓	
Would you like bedrails to be used while in hospital?		✓	

N.B. If yes, to either of the two questions above complete a bedrail risk assessment

10. Sleep and Rest

Sleep	Yes ✓	No ✓	Assessment of the patient's sleep and rest needs
Do you have any difficulties with sleeping?			Depends.
Do you do or use anything to help you sleep?		✓	

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11. Social Circumstances

Do you:

Live alone	☑	Live with family/ friend/ other	☐
Live in a nursing home	☐	Live in a care home	☐
Live in residential supported care	☐	Live in student accommodation	☐
Live in 'homeless' accommodation	☐	Have no fixed abode	☐

Other please specify_____ ☐

Dependants	**Yes** ✓	**No** ✓
Do you have any dependants?	✓	
Do you support anyone (e.g. partner, children, relatives, animals)? 3 kids 14 yrs		
Do they need support from someone else whilst you are in hospital?		
Would someone else be able to provide this support when you are in hospital? If yes, who?	Dad	

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☑ Referred ☐

Services	**Yes** ✓	**No** ✓
Do you have support from social work, social services or a care package?		✓
If yes, please provide details:		
If yes, has contact been made to cancel arrangements during admission?		✓

12. Emotional and Spiritual Care

Do you have a religion or beliefs that we can help you observe while you are in hospital?

None

Is there anything else with regards to your values, religion or culture that we can support you with during your stay in hospital (e.g. prayer meditation)?

Would you like to talk to someone (e.g. Hospital Healthcare Chaplain) about you, your loved ones, your values and beliefs, or any worries you have? Yes ☐ No ☑

Healthcare Chaplain informed Yes ☐ N/A ☑

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13. Person Centred Care

What matters and is important to you whilst you are in hospital?
This should focus on the personal preferences, choices and goals of the individual of what is important to include in their plan of care.

"My kids"

N.B. Participating in 'What Matters to Me' should be offered to all patients

Informal Support

Who is important to you, to help support you whilst you are in hospital?

My kids.

NB: If the person who helps is not a preferred contact please ensure their details are listed below.

Name: .....

Contact Details: .....

.....

.....

How do you want the people who matter to you to be involved in your care?

Do you have someone who looks after you or someone that helps you, i.e. an informal carer?

Yes ☐ No ☐

If yes, has the help or support listed above been confirmed with the patient's family/ friends?
(please tick) Yes ☐ No ☐

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Required Support

Has the patient and / or carer been advised of the hospital Support and Information Service?
Yes ☐ No ☐
Referrals can be made via the central phone number: 0141 452 2387

Has the carer been advised of the Carers Information Line?
Yes ☐ No ☐ Not appropriate at this time ☐
Carers Information Line: 0141 353 6504
Carers Information Leaflet provided?
Yes ☐ No ☐

Mum's Carer -

Are you:
Employed ☐ Unemployed ☐
Self-employed ☐ Retired ☐
Full time education ☐

Has your health had an impact on your ability to carry out your day to day activities at work?
Yes ☐ No ☐ Not applicable ☐

Do you have any money worries?
Yes ☐ No ☐ Not appropriate to ask at this time ☐
If yes would you like referred to a money advice service that can offer confidential advice/ support?
Yes ☐ No ☐ If yes when was patient referred ___/___/___

Would you like a referral to a service that can support you with employment / education/ training/ skills volunteering?
Yes ☐ No ☐ Not applicable ☐ Not appropriate to ask at this time ☐
If yes when was patient referred ___/___/___

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Risk Assessments/Other Documentation

Additional NHSGGC Documentation	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Adult Wound Assessment and Management Chart					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
21/07/21 2245	Come in with history of loin & Abdo pain. ? Kidneys infection. Urine MSU. for Admission, awaiting bed.	

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
22/7/22 08[05]	Settled on transfer to 9B	
	Orientated to side room area	
	and nurse call system	
	NEWS (1). Complaining of	
	pain 10/10 Dr asked to	EMcColl
	prescribe HEPMA	[signature]
22/07/22	Independent with personal care	
1640	this morning	
	Independently mobile around	
	room	
	NEWS (1)	
	Diet and fluids taken with	
	nil complaints voiced	
	Spontaneously passing urine	
	Bowels not active today.	
	Medication as per HEPMA.	[signature] CRAWFORD SN
1735	Seen by MR PARK	
	IMP : ? renal stone	
	PLAN : (1) CTKUB	
	(2) Analgesia	[signature] CRAWFORD SN.
22/7/22	patient has been	
2315	settled tonight, mobile	
	+ independent, NEWS	
	stable, meds as charted	
	PRN Oramorph given	
	for pain. Can ETD.	SN
	awaits CTKUB.	[signature]

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
23/7/22 13[00]	Independent with personal	
	care. [illegible] given &	
	[illegible] analgesia for pain.	
	News BP 96/57 - advised	
	re fluids.	
WR	reviewed by WR Park.	
	for PR Diclofenac.	
	CT KUB booked 17[00].	
	Settled [illegible] [illegible]	
	at [illegible] ward to [illegible]	[illegible]
18[10]	Attended for CT KUB.	
	[illegible] suppository &	
	[illegible] analgesia given.	
	with fair effect. Mobilising	
	helps pain.	[illegible]
2350	patient has been	
	settled tonight, mobile	
	+ independent. can C+D	
	for analgesia + oral	
	abx, aim home tomorrow	
	no complaints. [illegible] SN	
24.7.22	Seen by Dr, allowed	
11.55.	home, [illegible] own transport home.	
	News - 1	
	For no follow up.	
14.45.	Discharged home with prescription	
	Own transport home.	[illegible]

Care Rounds Checklist

Date: 22/7/22

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Ward: QB

I have evaluated and deemed that the frequency of care delivery over the next ~~work~~ shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed [signature] Name EMCCLAY Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

			Times	00 05	01 30	09 05	13 20	20 00														
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N	N	N														
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N	N	N	N														
S	3	**SKIN INSPECTION** Pressure areas checked:		I	L	Y	Y	I														
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I	I	I	I	—														
K	4	**KEEP MOVING** Has the patient moved or walked?		I	L	Y	Y	Y														
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		/	/	—	—	B														
		Chair Assist to walk or stand (W/ST)		ST	L	B	B	—														
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		I	I	I	I	I														
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N	N	N	N														
		Drink taken?		N	N	~~N~~	Y	Y														
		Food, snack, or supplement taken?		N	N	~~N~~	Y	N														
		Has oral hygiene been carried out as per care plan?		I	N	N	I	N														
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y	Y	Y	Y														
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	NT	NT	NT	N/T														
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA	NA	NA														
			Care provider / role	[signature]	[signature]	[signature]	[signature]	[signature]														

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 23/07/2022

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I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr)

1. Signed ah Name AH Designation SN
2. Signed [signature] Name [illegible] Designation SN
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	00/00	04/00	08	10	13	16	17	20/00
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	Y	N	Y	Y	Y	Y
S	3	**SKIN INSPECTION** Pressure areas checked:	I	I	I	I	I	I	I	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–	–	–	–	–	–	–	–
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	I	I	I	I	I	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	W	B	–	C	–	–	–	B
		Chair Assist to walk or stand (W/ST)	–	–	–	W	–	–	–	–
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N	N
		Drink taken?	Y	N	Y	Y	Y	Y	Y	Y
		Food, snack, or supplement taken?	I	N	Y	Y	Y	Y	Y	Y
		Has oral hygiene been carried out as per care plan?	I	N	I	I	I	I	I	I
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N/T	N/T	N	N/T	N	N	N	N/T
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Care provider / role	WS	WS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	WS

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 24/07/2022

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr (4hr) — circled: 4hr

1. Signed ah Name Alf Designation SN
2. Signed Eyht. Name ELLEICHT Designation RN
3. Signed ______ Name ______ Designation ______

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

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'Must dos' for me. Ask the patient if there is anything they want specifically done today:

		Times	00 00	04 00	07 00	11 00	14 10													
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N													
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	S	S	N	N	N													
S	3	**SKIN INSPECTION** Pressure areas checked:	S	S	I	I	I													
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	-	-	-	/	/													
K	4	**KEEP MOVING** Has the patient moved or walked?	S	S	Y	Y	Y													
		Bed Right side (30° tilt) – **R** Left side (30° tilt) – **L** Back – **B**	B	B	B	B	/													
		Chair Assist to walk or stand (W/ST)	-	-	-	/	CH													
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	S	S	I	I	I													
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N													
		Drink taken?	S	S	Y	Y	Y													
		Food, snack, or supplement taken?	S	S	I	Y	Y													
		Has oral hygiene been carried out as per care plan?	S	S	I	I	I													
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	S	S	N/I	N	N													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA													
		Care provider / role	NS	AS	NS	EW	EW													

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

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Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care discussed with patient Unable	☐ Yes	☐ No	☐ If unable, give reason:
Care discussed with family Unable	☐ Yes	☐ No	☐ If unable, give reason:

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
21/7/22	observations as				
	indicated by				
	news score.				
				5. Hydration and Nutrition	
			21/7/22	normal diet and	
				fluids	
	2, 3. Communication and senses				
21/7/22	communicates				
	her needs freely.				
				6. Elimination	
	4. Cognitive status		21/7/22	no issues	
21/7/22	Alert + orientated				
	to time and place				

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Care Plan

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Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
21/7/22	Independent		21/7/22		
				10. Sleep and Rest	
			21/7/22	no issues	
	8. Mobility				
21/7/22	no issues			12. Privacy, dignity and sexuality	
			21/7/22	Respect at all times	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

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FALLS RISK ASSESSMENT

To Be Completed For All Patients Within 24 Hrs of Admission and on Transfer to Another Ward

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

Action the following safety precautions on admission to your ward. Update weekly or on change of condition.

	Ward: QB Date: 22/7/22 Time: 00:10	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	✓				
2. Check walking aid (if required) is in reach and in use.	N/A				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓				
5. If glasses are worn, check they are available and in use.	N/A				
6. If hearing aid/s are worn, check they are working and in use.	N/A				

RISK ASSESSMENT

If Yes to any of the 5 questions below complete the falls interventional plan (overleaf).
Whether Yes or No, update this assessment weekly in acute wards or, at the time of a fall or, upon a change in patient's clinical condition.
ALL patients in older people's wards must have an interventional plan in place (overleaf)

Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?		✓								
2. Does the patient have cognitive impairment or a possible delirium?		✓								
3. Does the patient attempt to walk alone although unsteady or unsafe?		✓								
4. Does the patient or their relative have a fear or anxiety of the patient falling?		✓								
5. Based on your clinical judgement, is this patient at high risk of falling?		✓								
Signature of nurse completing assessment / update										

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)					
Assess if a low bed is required (Patient care plan 9)					
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)					
Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)					
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.					
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)					
Document continence problems and link to care rounding (Patient care plan 6)					
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)					
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.					
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)					
Update the ward team of the patient's mobility status. (Patient care plan 8)					
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)					
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)					
Signature of nurse completing interventional plan / or update					

If a fall has occurred, refer to the Post Fall Poster and report in Datix. Share post fall lessons learned with the team

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29/07/1982

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date_____ Time_____ of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	5'4" cm	☐	☑	
Admission Weight	110.9 Kg	☐	☐	

*Obtain accurate height/weight and rescreen as soon as possible

Patients reported normal weight _____ Unable to Recall ☐

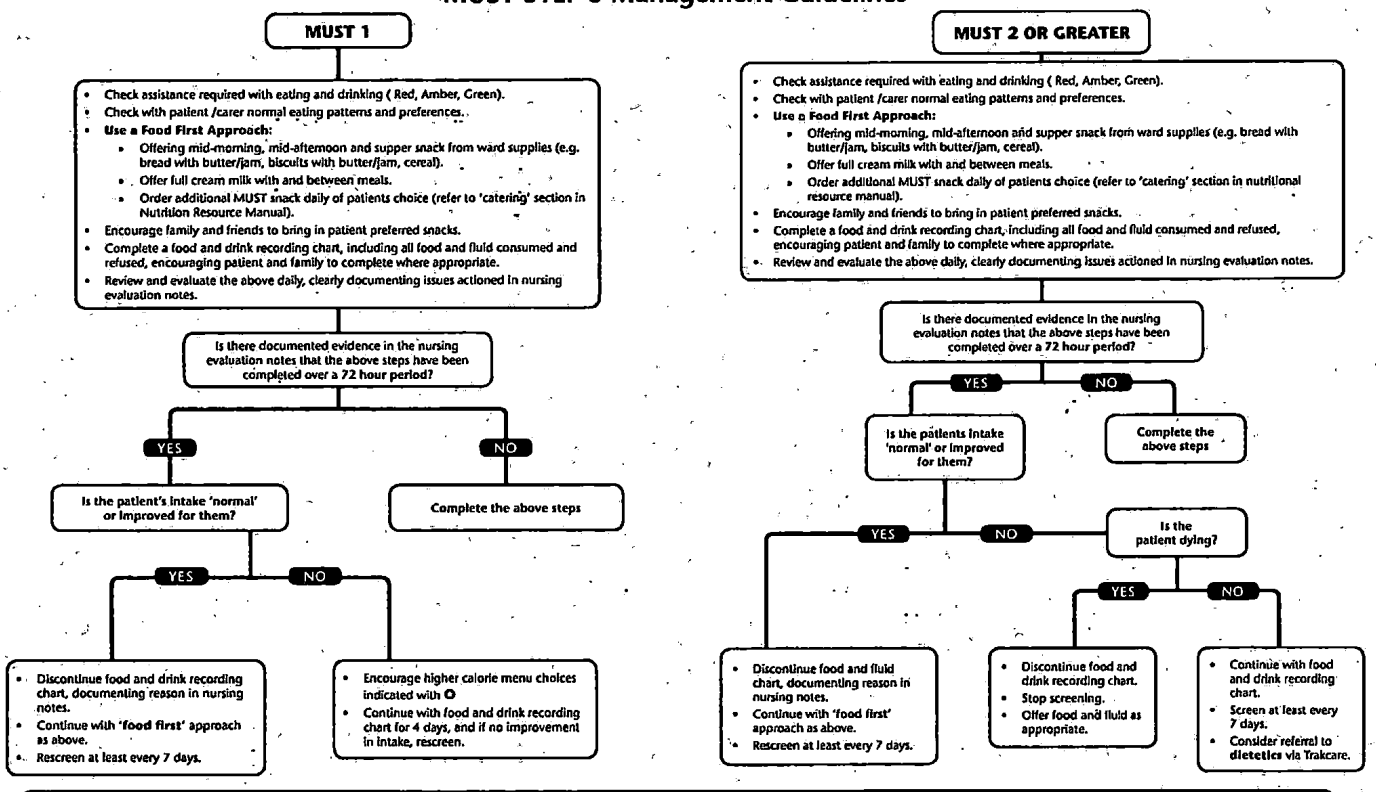
Any unplanned weight loss in the last 6 months Yes ☐ how much_____ No ☐ Don't Know ☐

Date	22/7/12							
Time	0900							
Ward	9B							
Oedema/ Ascities present Y/N	N							
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes	ST							
Weight (kgs)	110.4							
BMI	42							
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	0							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0							
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0							
Step 4 Overall Risk of Malnutrition TOTAL	0							
Rescreen on	24/7							
Signature								

Step 5 Management Guidelines (excludes patients who are Nil by Mouth)

Overall Risk of Malnutrition	Ensure plan of care for specific nutritional requirements, MUST score and plans to improve / increase nutritional intake are documented in the patients care plan
0	LOW RISK - Repeat screening every 7 days
1	MEDIUM RISK - Follow the flowchart for MUST 1 overleaf
2 or greater	HIGH RISK - Follow the flowchart for MUST 2 or greater overleaf

MUST STEP 5 Management Guidelines



DISCHARGE

If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "*Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/discharge-from-hospital/

mi • 285884 v3.0 • GGC0250

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write
2907826026
Name KIMMET
DOB: Michele 29/07/198
Ward 31 LEDMORE DRIVE DRUMCHAPEL Glasgow, Lanarkshire G15 7AE

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this ... time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ **Resuscitation/Chest Pain** ☐ **IV Drugs** ☐ **Fluids** ☐ **Transfusion** ☐

PVC inserted: Day 0	Date: ___/___/___ Hospital: _____ Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ _____ Unknown ☐ _____
Insertion site:	R Hand ☐ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☐ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: _____

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? (Diagnostics, Resuscitation/ Chest Pain, IV Drugs, Fluids, Transfusion)	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night ___/___/___	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: ___/___/___ **Reason for keeping PVC in after 72 hrs/ 3 days:** _____

***Date PVC Removed:** ___/___/___

***Reason For Removal:** _____

Modified Visual Infusion Phlebitis (VIP) Score

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including: pyrexia	5	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE** is available reliably (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES → This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2907826026 KIMMET 29/07/198 Michele 31 LEDMORE DRIVE DRUMCHAPEL Glasgow, Lanarkshire G15 7AE	Hospital: QEUH Ward: 93	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage NO.	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
24/7/22	0010	N	N	N	N	N	N	4 hrly	
25/7/22	0800	N	N	N	N	N	N	4 hrly	
26/7/22	1415	N	N	N	N	N	N	4 hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
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/ /	:							hrly	
/ /	:							hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____

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29/07/198

cific (Inpatient) Moving and Handling Assessment Form

Named Nurse:		Person is totally independent (tick here and go to date box)	✓

1. General Information

Body Build		
Weight	Height	
Kg	cm	
BMI		
Risk of Falls: Yes	No	

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 / 2 / >3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 / 2 / >3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 / 2 / >3	Additional Information:	
	Monkey pole			
	Independent bridging			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 / 2 / >3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 / 2 / >3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 / 2 / >3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 / 2 / >3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alerti)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 / 2 / >3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	22/7/22		
Assessor's signature:			
Proposed Review date:	29/7/22		

Continuation Sheet

1. General Information (Only complete this section if changed from over page)

Body Build	
Weight	Height
Kg BMI	cm
Risk of Falls: Yes	No

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 2 ≥3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 2 ≥3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 2 ≥3	Additional Information:	
	Monkey pole			
	Person bridges			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 2 ≥3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 2 ≥3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

	Bed Rest	Assistance	Supervision	Independent
		People: 1 2 ≥3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 2 ≥3	Additional Information / Equipment (eg sling fitting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Aleas)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 2 ≥3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

NHSGGC Bedrail Risk Assessment

NHS Greater Glasgow and Clyde

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrail Guidance (see reverse) and Guidelines for Falls Prevention and Management (Adults).

Patient Name:

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

CHI Number:

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	21/7/22						
	TIME	2200						
	WARD	SIAU						
	HOSPITAL	QEUH						

	SECTION ONE – GENERAL	Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		/						
2	Has the patient requested the use of bedrails?		/						
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?		/						
4	Is the patient stressed, delirious or restless?		/						
5	Is the patient small in stature?		/						
6	Does the patient have an unusually large or small head that might present an entrapment issue?		/						
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		/						
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?	/							
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition	/							
10	Has the use of bedrails been discussed with relatives/carers?		/						
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		/						
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?		/						
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								

	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?		/						
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	JR.							
16	Bedrails checked by:								
17	Date								

Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

B. If bedrails are to be used, please consider the following:-

Is patient:-

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2907626026
KIMMET
Michele F
31 LEOMORE DRIVE 29/07/1982
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%	Sp02 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP initials ONLY:	Dr/ANP initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
Min 12 Hourly Observations	Low Clinical Risk Min 4 Hourly Observation Inform Registered Nurse Agree Frequency of Observation Required	Medium Clinical Risk Min Hourly Observations Urgent Assessment by Medical Team ACE Response in Medical Notes Think Sepsis if Suspicion of Infection	High Clinical Risk Continuous Monitoring Urgent Assessment by Senior Medical Team ACE Response in Medical Notes Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

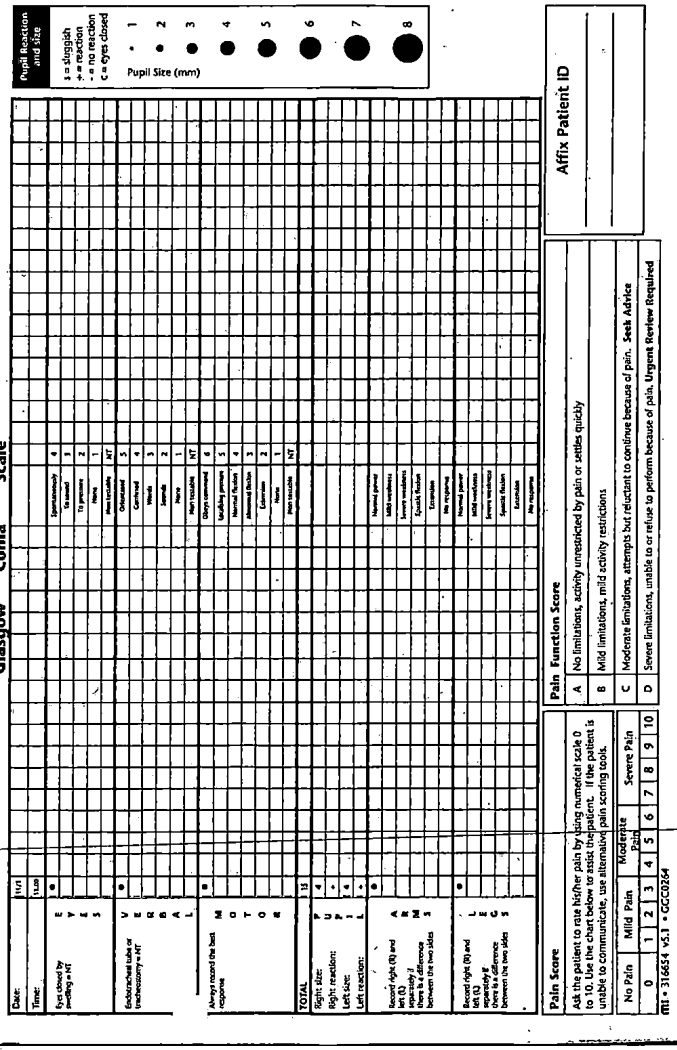
Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....



NEWS 2 Key	1	2	3

Date	1/11	
Time	11.00	

A + B
Respirations
Breaths/min

Range	Score
≥25	3
21-24	2
12-20	0
9-11	1
≤8	3

A + B
SpO2 Scale 1
Oxygen saturation (%)

First column: 97

Range	Score
≥96	0
94-95	1
92-93	2
≤91	3

SpO2 Scale 2
Oxygen saturation (%)
Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure

Only use scale 2 under direction of qualified clinician

Range	Score
≥97 on O2	3
95-96% on O2	2
93-94% on O2	1
≥93 on air	0
88-92	0
86-87	1
84-85	2
≤83	3

Air or oxygen?

First column: A

Range	Score
Air (A) or O2 device:	0
O2 L/min 2	2

C
Blood Pressure mmHg
(Score uses systolic BP only)

Range	Score
≥220	3
201-219	0
181-200	0
161-180	0
141-160	0
121-140	0
111-120	0
101-110	1
91-100	2
81-90	3
71-80	3
61-70	3
51-60	3
≤50	3

C
Pulse
Beats / min

Range	Score
≥131	3
121-130	2
111-120	2
101-110	1
91-100	1
81-90	0
71-80	0
61-70	0
51-60	0
41-50	1
31-40	3
≤30	3

D
Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.

Range	Score
A Alert	0
C New Confusion	3
V Verbal	3
P Pressure	3
U Unresponsive	3

E
Temperature

Range	Score
≥39	2
38.1-39.0	1
37.1-38.0	0
36.1-37.0	0
35.1-36.0	1
≤35.0	3

NEWS Total	0	1 1 1 1 1 1 0 3 0 0 2 1 1
Blood glucose	7.0	NA NA NA
Pain / function score	0A	0A 0A 0A 10 10
Time Pt last passed urine	10.20	PU PU PU PU PU
Fluid balance chart indicated Y/N.	N	N N N N N N N N N N
GCS indicated Y/N	N	N N N N N N N N N N
Time NEWS due	23.00	10 00
Escalation of care Y/N	N	N N N N N N N N N N
Initials	AB	

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

2907826026
KIMMET
Michelle 29/07/1982 F
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire G15 7AB

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

Affix Patient ID

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 2907826026

Total Att: 8

12 Mth Att: 0

Title: MISS

KIMMET

Michele

DOB: 29/07/1982 Age: 43y Sex: Female

2/2
22 ARCHERHILL TERRACE
Glasgow
Lanarkshire
G13 4TA
07874359762

Next of kin: KIMMET, Chanel
Relationship: Daughter

GP: SR Brown
0141 211 6080

Attendance Date: 23/02/2026 Arrival Time: 17:32

Registration Time: 17:32 Date of Incident: 20/02/2026

Major Incident Desc:

Reason for Attendance: thumb pain - no injury

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 4 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 23/02/2026 17:40

Nurse name: Nurse Lorna McGinlay2

RR	15	bpm
Oxygen	21	%
Air or O2		
SpO2	99	%
HR	80	bpm
BP	131/81	mmHg
CRT		
MAP	98	mmHg
AVPU		
Temp	35.6	C
EWS Total		

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: woke up 3/7 ago with L thumb numbness

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES
	Seen by (Dr) [signature] (Cons). Time seen 1832.

23/2

Pt (?)

3/7 of hypoaesthesia/paraesthesia (L) thumb + radial aspect index finger (L) hand

No trauma
c/o neck/trapezius ache
No headache
no LL Sx.

Not registered c GP

O/E Unstressed
Power 5/5 C5-T1 R=L (R) (L)
Reflexes B - -
T - -
S - -

(-) Spurling
Sens - subj ↓ thumb both hands index finger radial side
Sensation otherwise (N) to C5.
Paraesthesia on tapping median N.

Imp ? carpal tunnel
2 radiculopathy

Suggest - cons mx
- register c GP
- Refer NS/ortho. if not settling.

2907826028 KIMMET Michele 29/07/1982

Date	CLINICAL NOTES

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

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Affix label

Queen Elizabeth University Hospital

CHI: 2907826026

Total Att: 7

12 Mth Att: 1

Title: MISS

KIMMET Michele

DOB 29/07/1982 Age: 40y Sex: Female

31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow
Lanarkshire
G15 7AB
07874359762

Next of kin: KIMMET, PHILOMENIA
Relationship: Parent
07794907627

GP: JA Connelly
0141 211 6080

Attendance Date: 06/03/2023 Arrival Time: 15:29

Registration Time: 15:29 Date of Incident: 06/03/2023

Major Incident Desc:

Reason for Attendance: gp referral surgical ruq pain

Affix

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score: 10

Triage Category: 3 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 06/03/2023 15:58 Nurse name: Nurse Louise Adshead

Temp	35.6	C
HR	79	bpm
BP	103/65	mmHg
MAP	77.67	mmHg
RR	15	bpm
SpO2	100	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	1
Total	

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

Nursing Notes:

Patient ID label

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No Seen by (Doctor)	Time seen

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

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

Done/ completed	Immediate Management Plan

Signature:	Designation:	Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

R. Mapara ST4
C. Pickard ST2

2907826026
KIMMET
Michele F
31 LEDMORE DRIVE 29/07/198
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE

Seen By: Print: Time Seen: 1900 Pg. No.

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Right sided pain. Mostly in back.
History of presenting complaint 40 f	4/7 hx came on after ~~having~~ lifting a heavy object pain radiating down (R) leg to (R) buttock no altered bowel habit no dysuria no vomiting. pain improves when walking about

Past Medical History / Review of portal
appendicectomy.

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	

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

Pharmacy review	Comments
Compliance aid : ☐ Yes ☐ No	Community pharmacist Phone
Reviewed by : Designation :	Date :

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Social History \ Family History

Smoking History

Ex-smoker/Smoker _____ cpd _____ yrs ☐ Never smoked

Alcohol History

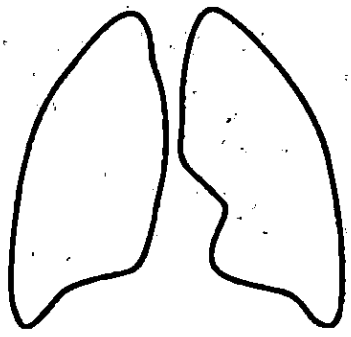
_____ Units/week FAST score if excess _____

Recreational Drugs **Driving Status**

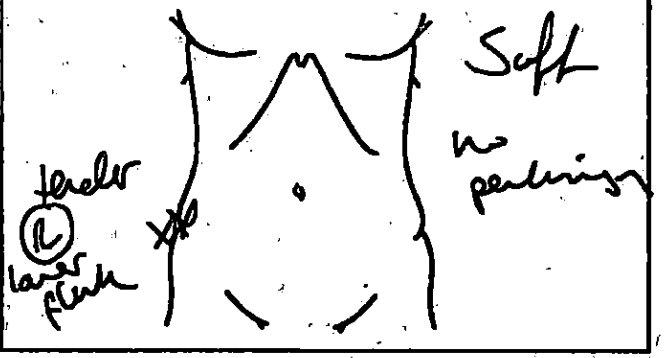
Social Circumstances (home, supports, functional status, occupation, travel)

General Examination		General Appearance:
Temp:	RR:	Well
Pulse:	CBG:	
SpO_2:	Weight:	
BP:	Urinalysis:	

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Point tenderness at (R) lower para-spinal area

Patient ID label

Neurological system

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

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

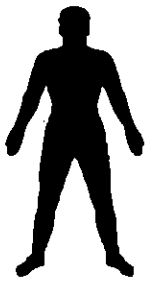
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

2907626026
KIMMET F
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DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AE

Key Results

CXR

ECG

(Differential) diagnosis

MSK pain

Not inkeeping w/ biliary colic

U+Es (N)
LFTs (N)
CRP 6
FBC (N)

NEWS ☐
Red Flag ☐
Sepsis ☐
CURB 65 ☐

Management Plan

(H)
Analgesia

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

Signature: PRINT NAME

PRINT GRADE Page:

Patient ID label

Resuscitation Decision
Resuscitation status: **FOR RESUSCITATION / DNA CPR** **(please circle)**
If DNA CPR → Complete appropriate form

Senior Medical review

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

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

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes

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

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

☐ Yes

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

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

☐ No

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

☐ Yes

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

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

☐ No

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

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

Patient ID label

Results

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

Patient ID label

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp:

Pulse:

BP:

SpO_2:

FiO2:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
6/3/23.	Oramorph	5mg/2.5ml	PO	1545	K. McCallum	
6/3/23	Paracetamol	1g	PO	17"	K. McCallum	
	Dihydrocodeine	30mg	PO	17"	K. McCallum	

Discharge prescription packs

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

DISCHARGE CODES: Please Circle

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

Time Ready to Depart	
Discharge Time	

Ward No. (If admitted)	Transfer to Hospital	Consultant (If admitted)

Outpatient clinic specialty						Admission or specialty clinic consultant		
Clinic Referred to	AE	OP DVT	DME Falls	TIA	Medical	Surgical	First Seizure	Others Specify

NEWS 2 Key | 1 | 2 | 3 |

Date	1/11	6/3		
Time	11.00	13 40		

A + B Respirations Breaths/min			Range	Score
			≥25	3
			21-24	2
	•	•	12-20	0
			9-11	1
			≤8	3

A + B SpO2 Scale 1 Oxygen saturation (%)			Range	Score
	97	100	≥96	0
			94-95	1
			92-93	2
			≤91	3

SpO2 Scale 2 [illegible] Only use scale 2 under direction of qualified clinician			Range	Score
			≥97 on O2	3
			95-96% on O2	2
			93-94% on O2	1
			≥93 on air	0
			88-92	0
			86-87	1
			84-85	2
			≤83	3

Air or oxygen?				Score
	A	A	Air (A) or O2 device	0
			O2 L/min 2	2

C Blood Pressure mmHg (Score uses systolic BP only)			Range	Score
			≥220	3
			201-219	0
			181-200	0
			161-180	0
			141-160	0
	↑	107	121-140	0
			111-120	0
		∧	101-110	1
			91-100	2
			81-90	3
			71-80	3
	↓	∨	61-70	3
		61	51-60	2
			≤50	3

C Pulse Beats / min			Range	Score
			≥131	3
			121-130	2
			111-120	2
			101-110	1
			91-100	1
			81-90	0
	•	74	71-80	0
			61-70	0
			51-60	0
			41-50	1
			31-40	3
			≤30	3

D Any changes to neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.				Score
	•	A	A Alert	0
			C New Confusion	3
			V Verbal	3
			P Pressure	3
			U Unresponsive	3

E Temperature			Range	Score
			≥39	2
			38.1-39.0	1
			37.1-38.0	0
	•		36.1-37.0	0
		•	35.1-36.0	1
			≤35.0	3

NEWS Total	0	2

Blood glucose	7.0	/
Pain / function score	0A	0
Time Pt last passed urine	10.20	U
Fluid balance chart indicated Y/N	N	N
GCS indicated Y/N	N	N
Time NEWS due	23.00	4
Escalation of care Y / N	N	N
Initials	AE	[illegible]

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

Affix Patient ID

Affix Patient ID

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2907826026 29/07/1981
KIMMET
Michelo
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire G15 7AE

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%	Sp02 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP Initials ONLY:	Dr/ANP Initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed..

Medical: ....

Date: ....

Pupil Reaction and size
s = sluggish
+ = reaction
- = no reaction
c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date:
Time:

EYES: Spontaneously 4, To sound 3, To pressure 2, None 1, Not testable NT
Eyes closed by swelling = NT

VERBAL: Orientated 5, Confused 4, Words 3, Sounds 2, None 1, Not testable NT
Endotracheal tube or tracheostomy = NT

MOTOR: Obeys command 6, Localising pressure 5, Normal flexion 4, Abnormal flexion 3, Extension 2, None 1, Not testable NT
Always record the best response

TOTAL

PUPILS: Right size, Right reaction, Left size, Left reaction

ARMS: Normal power, Mild weakness, Severe weakness, Spastic flexion, Extension, No response
Record right (R) and left (L) separately if there is a difference between the two sides

LEGS: Normal power, Mild weakness, Severe weakness, Extension, No response
Record right (R) and left (L) separately if there is a difference between the two sides

Affix Patient ID

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. Seek Advice
D	Severe limitations, unable to or refuse to perform because of pain. Urgent Review Required

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain			Moderate Pain			Severe Pain			
0	1	2	3	4	5	6	7	8	9	10

MI • 316654 v5.1 • GGC0264

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 2907826026

Total Att: **5**

12 Mth Att: **0**

Title: **MISS**

KIMMET **Michele**

DOB **29/07/1982** Age: **37y** Sex: **Female**

1/2 36 Wellmeadow Street

Paisley
Renfrewshire
PA1 2EG

Next of kin: **KIMMET, PHILOMENIA**
Relationship: **Parent**
07794907627

GP: **JA Connelly**
0141 211 6080

Attendance Date: **09/07/2020** Arrival Time: **16:42**

Registration Time: **16:42** Date of Incident: **09/07/2020**

Major Incident Desc:

Reason for Attendance: **spike went through hand**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **4** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **09/07/2020 16:46** Nurse name: **Physiotherapist Fiona Wright4**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES
	Seen by (Dr) Time seen

Date	CLINICAL NOTES

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

Ward number (if admitted):	Transfer to hospital:	Consultant (if admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

CHI: 2907826026

Queen Elizabeth University Hospital

Total Att: 6

12 Mth Att: 0

Title: **MISS**

KIMMET **Michele**

DOB **29/07/1982** Age: **39y** Sex: **Female**

31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow
Lanarkshire
G15 7AB
07874359762

Next of kin: **KIMMET, PHILOMENIA**
Relationship: **Parent**
07794907627

GP: **JA Connelly**
0141 211 6080

Attendance Date: **21/07/2022** Arrival Time: **15:36**

Registration Time: **15:36** Date of Incident: **21/07/2022**

Major Incident Desc:

Reason for Attendance: **SURGICAL - LIF PAIN**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **21/07/2022 15:50** Nurse name: **Nurse Claire MacLeod3**

Temp	**36.8**	C
HR	**70**	bpm
BP	**104/74**	mmHg
MAP	**84.00**	mmHg
RR	**16**	bpm
SpO2	**97**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

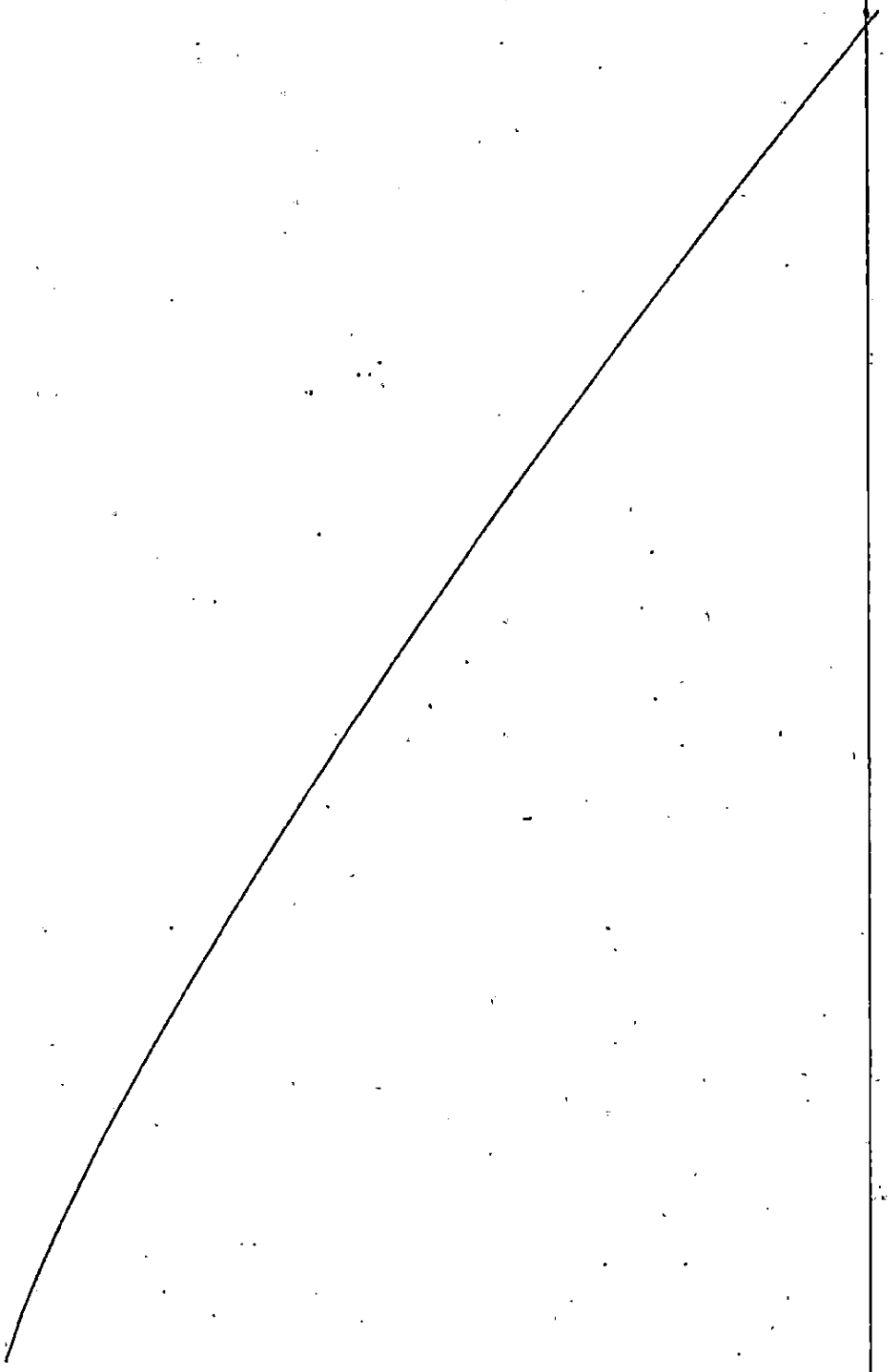
GCS	
Eyes	
Motor	
Verbal	
Total	

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

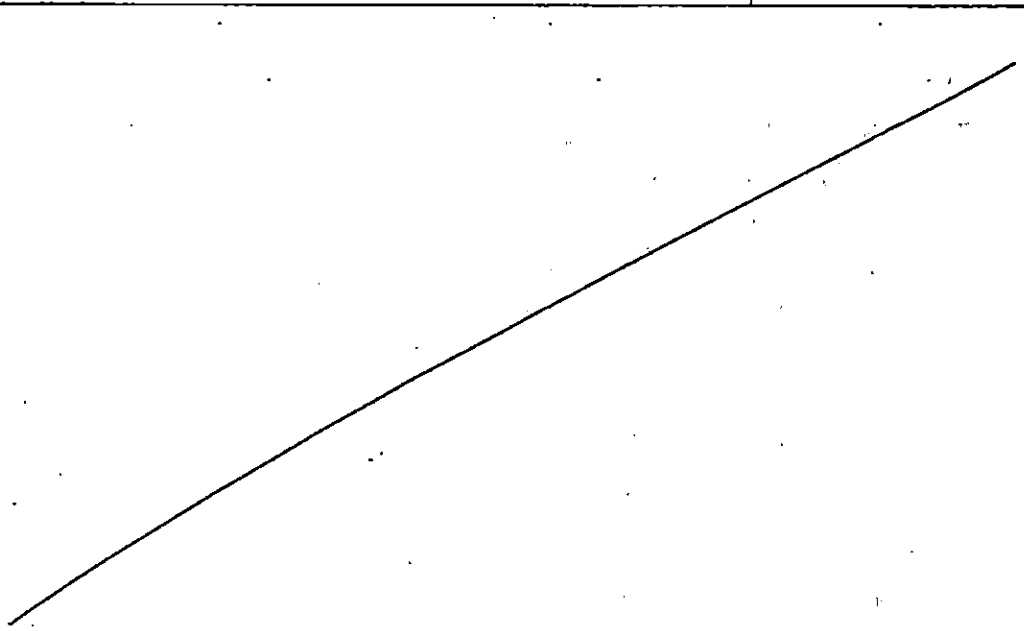
Nursing Notes:

Patient ID label

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No Seen by (Doctor)	Time seen



Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen
		

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

Done/ completed	Immediate Managment Plan

Signature:	Designation:	Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Seen By: [signature] Print: K. McCrimmon Time Seen: 1600. Pg. No: 82753.
PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Lower abdo & back pain.
History of presenting complaint	Sudden onset of severe lower abdo pain radiating into back. Sharp stabbing & pressure feeling. °relief from paracetamol. No change to appetite. Nausea, °vomiting. °LUTS. °PV bleeding/discharge. LMP 2/52. Mirena coil insitu, able to feel strings. Denies unprotected sex/chance of pregnancy. Bowels opening, °blood/mucus. °fevers/sweats. °weight loss. Feets bloated/swelling. Pain 10/10, never had anything like this before.

Past Medical History / Review of portal
High grade CIN2. prev P.I.D. Appendicectomy. Tonsillectomy.

Systemic Enquiry	
CVS - °chest pain, °palpitations.	MSK - °joint pain.
Resp - °SOB, °cough, °wheeze.	GU - as above.
CNS - °dizzy, °seizures, °pins & needles.	GIT - as above.

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MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	
Nil regular.							

Allergies

Penicillin.

List any over-the-counter or alternative medicines

Paracetamol.

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by : [signature] **Plan approved by :**

Designation : SNP **Date :** 21/7/22 **Designation :** **Date :**

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No | Community pharmacist | Phone

Reviewed by : Designation : Date :

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Social History \ Family History

Smoking History

Ex-smoker/Smoker (C) 15-20 cpd 25. yrs ☐ Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

monthly.

Recreational Drugs **Driving Status**

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

Lives with family. Unemployed.
Independents with ADLs.

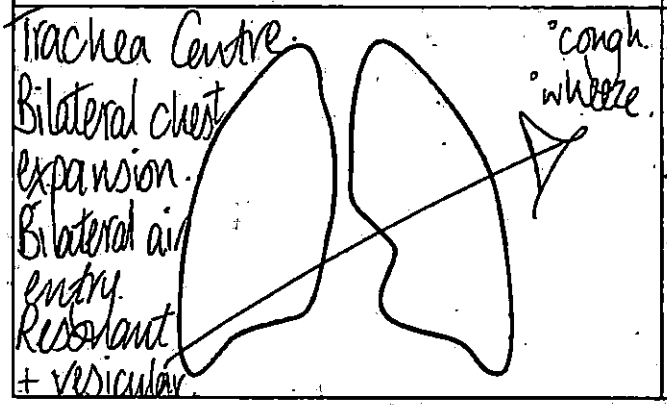
General Examination

Temp:	36.8°C.	RR:	15
Pulse:	70.	CBG:	
SpO_2:	97%.	Weight:	
BP:	104|74.	Urinalysis:	

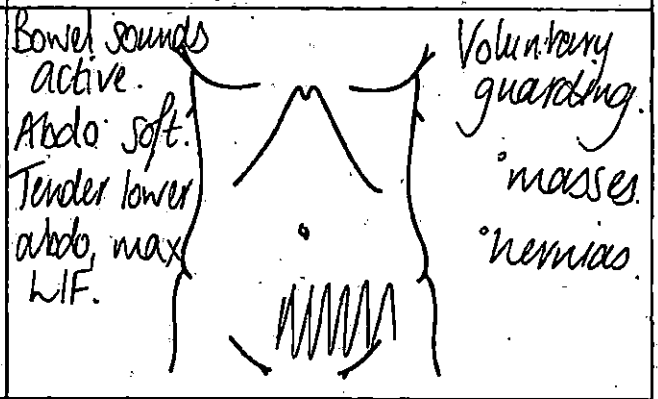
General Appearance:

Alert & orientated.
Talking in sentences.
°jaundice anaemia.
Tearful 2° pain.

Respiratory



Gastrointestinal System



Cardiovascular

MS I + II + 0.
No raised JVP.
No sacral/peripheral oedema.

Locomotor

Moving all 4 limbs independently.

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Neurological system

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

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

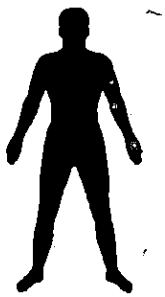
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

2907826026
KIMMET F
Michele 29/07/1982

Key Results

CXR ECG

(Differential) diagnosis

? gynae pathology
? uti
? diverticular dx.

NEWS ☐
Red Flag ☐
Sepsis ☐
CURB 65 ☐

Management Plan

- Bloods
- Urinalysis
- Analgesia.
- ? bloods → ? USS vs CT. (CT BMI)

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

Signature: PRINT NAME K. McCallum.
PRINT GRADE SNP Page: &2753.

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Michele 29/07/1982
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Glasgow, Lanarkshire
G15 7AB

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

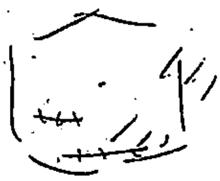
Senior Medical review

21/7/22 McGowen ST8
18.20

39 ♀ - sudden + severe LIF pain radiating to left groin, better up moving around, now ongoing still
- microscopic haematuria
- mid-cycle
- bowels ✓

PMH - quadricepty
- C-sect
- PID

O/E:



tender LIF + L flank

urine: bld ++, nil else, crp 115, eGFR >60, HCG -ve

Imp ? left ureteric colic ? left ov. cyst accident

P antiemetic analgesia ...
- CT KUB request

ST8
[signature]

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

Sepsis Six

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

2907826026
KIMMET, Michela
F
29/07/1982

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

Is the patient bed-bound or expected to have reduced mobility relative to normal for ≥2 days

☐ Yes

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

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

☐ Yes

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

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

☐ No

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

☐ Yes

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

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

☐ No

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

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

Patient ID label

Results

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

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Post Take Ward Round IAU/ARU

Consultant: Park Date: 22/07/11 Time: 10:50

Summary

Pain persisted. Sudden onset LIF pain yesterday. NAD = 1

Radiating to (L) groin.

V+Es (N)
: CRP 5
WCC 11.8.
Amylase 115.
LFTs (N).

Temp:
Pulse:
BP: 106/81.
SpO_2:
FiO2:
RR:

Diagnosis:

? renal stone

Plan:

(1) A/W CTKUB
(2) Analgesia

Recommended Destination: _____
Suitable to board if required ☐ Yes ☐ No
Expected Date of Discharge: _____

Signature: [signature]
Designation: FY1
Bleep Number: _____

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Continuation Sheet

Date: Time

22/7 19:00
WR Park
AW CTKUB
Analgesia

23/7 0930
WR Park.
Pain overnight. +++.
Still a/w CTKUB - will call.

Plan/
PR diclofenac
Regular analgesia
CTKUB

23/7 19:00
R Brannan F2

CT - Acute uncomplicated diverticulitis
↳ Explained to pt.
Plan as per Mr Park - ① Cipro + Met given per ally
② ⓐ bought in tomorrow
↳ Pt keen to stay o/n.
⇒ ⓜ more.
③ Analysis.

2907626026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Continuation Sheet

Date: Time	
24/7 1112	WR Park CT → acute diverticulitis Feeling a lot better. Will give leaflet re. diverticular disease. Encouraged to ↑ intake of fibre in diet. Plan/ (H) today no F/U

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Continuation Sheet.

Date: Time	

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

Continuation Sheet

Date: Time	

2907826026
KIMMET F
Michele 29/07/1982
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Glasgow, Lanarkshire
G15 7AB

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
21/7/22	PARACETAMOL	60mg	O	1610		MMC
21/7/22	DICLOFENAC	50mg	O	[illegible]		MMC
21/7/22	DIHYDROCODEINE	60mg	O	2030		

Discharge prescription packs

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

DISCHARGE CODES: Please Circle

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

Time Ready to Depart	
Discharge Time	

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

Outpatient clinic specialty	Admission or specialty clinic consultant

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

NHS
Greater Glasgow and Clyde

Dermatology
DEPARTMENT

2907826026
KIMMET F
Michele 29/07/1982
31 LEDMORE DRIVE
DRUMCHAPEL
Glasgow, Lanarkshire
G15 7AB

DATE 30/03/2022

DIAGNOSIS Onychomycosis

Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/~~will not~~ follow. I would be grateful if you could prescribe:

Terbinafine 250mgs once daily for at least 3 months.

Thank you

ARCHI MANGEORGE
Consultant Asoc. Specialist

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 24/02/2026

Consultant: Dr Fiona Hunter

SR Brown
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SR Brown

Re: **Kimmet Michele** DOB: **29/07/1982** CHI: **2907826026**
2/2
Glasgow G13 4TA

Attended on: **23/02/2026 at 17:32 hrs.** Departed on: **23/02/2026 at 17:46 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
thumb pain - no injury

Nursing Assessment:
woke up 3/7 ago with L thumb numbness

Investigations in-ED: **None**

Diagnosis:

Diagnosis	Side	Site
Carpal Tunnel Syndrome		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

c/o 3 days of numbness in left thumb and radial aspect index finger, worse at night. States shoulder/ trapezius also painful. Normal power C5-T1. Reflexes difficult to elicit. No headache. Normal obs. ? radiculopathy ?carpal tunnel. Advised to register with GP. cons Mx in first instance. May need onwards referral to ortho/ortho-spinal.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Michael Gillespie2
Consultant

Copies to:

1. SR Brown (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 06/03/2023

Consultant: Mr Jamie Park

JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear JA Connelly

Re: **Kimmet Michele** DOB: **29/07/1982** CHI: **2907826026**
31 LEDMORE DRIVE
Glasgow G15 7AB

Attended on: **06/03/2023 at 15:29 hrs.** Departed on: **06/03/2023 at 19:02 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
gp referral surgical ruq pain

Nursing Assessment:

Investigations in ED:

1. Urea and Electrolytes	**2. Full Blood Count**	**3. LFT**
4. CRP	**5. Amylase**	**6. Glucose**
7. HCG		

Diagnosis:

Diagnosis	Side	Site
Sciatica		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

This patient attended the surgical assessment unit with ?biliary colic. On examination, her symptoms were more inkeeping with MSK/sciatic nerve pain. Right lower back pain that came on suddenly after heavy lifting, pain radiating down right posterior thigh. Abdomen was soft with normal bloods. Point tenderness at right lower para spinal muscles. We advise regular analgesia and may require muscle relaxants if MSK spasms do not settle

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Colette Pickard
Doctor

Copies to:

1. JA Connelly (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/07/2020

Consultant: Dr Susan Daisley

JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear JA Connelly

Re: **Kimmet Michele** DOB: **29/07/1982** CHI: **2907826026**
1/2 36 Wellmeadow Street
Paisley PA1 2EG

Attended on: **09/07/2020 at 16:42 hrs.** Departed on: **09/07/2020 at 18:10 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
spike went through hand

Nursing Assessment:

Investigations in ED:
1. XR Hand Rt

Diagnosis:

Diagnosis	Side	Site
Foreign Body Or Object Entering Through Skin In Unspecified Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Michele attended ED with a hand injury after falling onto a metal fence with spike. Spike has punctured through her hand with entry and exit wound. Xray shows no fb or bony injury. Wound scrubbed. Revaxis booster given.

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

Yours sincerely,
Anne Miller
Nurse

Copies to:
1. JA Connelly (GP)

School Address:

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr MAUREEN HEPBURN
SHAFTESBURY MEDICAL PRACTICE
1265 - 1275 DUMBARTON ROAD GLASGOW
G14 9UU

Date: 19 Feb 2012

Dear Dr MAUREEN HEPBURN,

Re: MICHELLE KIMMET, 0/1 31 LEDMORE DRIVE, GLASGOW, G15 7AB
Date of Birth: 29/07/1982 CHI number: 2907826026

Your patient attended Western Infirmary on the 19 Feb 2012.

The presenting complaint was:	**ALLERGIC REACTION TO HAIR DYE**
Triage information:	**DYED HAIR FRIDAY HAS COME OUT IN RASH SPOTS ON BACK OF NECK NO FACIAL SWELLING OR AIRWAY ISSUES WELL OTHERWISE TEMP 37**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**NONE ASSIGNED IN EDIS**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DIRECT REFERRAL TO GEMS**
Follow-up:	**Not recorded**
Additional information:	**None**

Yours sincerely,

NONE ASSIGNED IN EDIS
NONE ASSIGNED IN EDIS

Clinical letter - GP: DR PARKINS SCS CLINIC

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Dermatology
Contact Tel: 0141 201 6908
Enquiries to: Pamela Morrison
Letter Date: 28/04/2022
Reference: AM/PM
Dictated Date: 30/03/2022
Transcribed Date: 30/03/2022

Dr. JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Connelly,

Michele Kimmet; D.O.B: 29/07/1982; CHI: 2907826026
31 LEDMORE DRIVE, DRUMCHAPEL, Glasgow, Lanarkshire, G15 7AB

Thank you for referring Michele. Her great toe nail on the left seems to be affected by a fungal infection and I see that at the time you sent the referral you also took a sample. This was positive under direct microscopy with a picture indicating a dermatophyte infection. I am not sure if you have already discussed treatment with her. The clinical picture is entirely consistent with it. I would be grateful if you could consider prescribing her Terbinafine 250mgs once daily for at least three months but this can be extended up to six months for a toe nail. She is due to go on her holidays at the end of May and it will be in Portugal. Rarely Terbinafine can cause photo sensitivity so she may take a break from the treatment for a week before she returns to it when she comes back in the country. If Terbinafine is not well tolerated or if its ineffective please try Itraconazole for the same period.

Yours sincerely

Dr Areti Makrygeorgou

Associate Specialist in Dermatology

Electronically Signed: Dr Areti Makrygeorgou, Consultant

cc.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JANE CONNELLYDrumchapel Medical Practice,Drumchapel Health Centre,80/90 Kinfauns Drive, Glasgow, G15 7TS

Main Switchboard:
Date of Completion: 24-Jul-2022

Dear JANE CONNELLY,

Name	CHI	DoB	Address
Michele Kimmet	**2907826026**	**29-Jul-1982**	**31 LEDMORE DRIVE, DRUMCHAPEL, Glasgow, Lanarkshire, G15 7AB**

Admitted	Type	Discharged	Destination
22-Jul-2022 00:02	IP	24-Jul-2022	

Specialty	Consultant	Ward	Telephone
General Surgery	Park	QEUH Ward 9B GS/ENT/URO	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

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

Last Discharge Review: Sophia Mohammed (Sophia Mohammed - FY1 Aug 21) on 24 Jul 2022 14:37

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Ciprofloxacin 500mg tablets	oral	1 tablet three times daily	Yes				Added
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 1 Week(s) from 24 Jul 2022	Yes				Added
Metronidazole 400mg tablets	oral	1 tablet three times daily , Fixed Period 5 Day(s) from 23 Jul 2022	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required , Fixed Period 1 Week(s) from 24 Jul 2022	Yes				Added

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

Dispensing Comments
There is no data to display.

Withheld Medication:

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

Stopped Medication:

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

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

Clinical Comments:	Dear Diary, Michele Kimmet was admitted to the QEUH with abdominal pain and back pain. Investigations:

	CT - Acute uncomplicated diverticulitis Diagnosis: Acute Diverticulitis Miss Kimmet was treated with regular analgesia and antibiotics which she is to complete at home. Miss Kimmet's pain resolved and she was discharged home with worsening advice. Thank you for your ongoing care. Kind Regards, Ward 9B QEUH
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sophia MOHAMMED

Prescription Review
Checked by: Sophia MOHAMMED (FY1 Aug 21)
Discharged by: Sophia MOHAMMED (FY1 Aug 21)

Inpatient prescription & administration record for Michele Kimmet (2907826026)

Admission: 21/07/2022 => 24/07/2022

04:00
26/07/22

Patient Demographics

KIMMET Michele (2907826026)
DOB: 29/07/1982
31 Ledmore Drive, Drumchapel,
Glasgow,
Lanarksh,
G15 7AB

Admitted: 21/07/2022 15:36
Discharged: 24/07/2022 14:53

Transfer history

Admission	2022-07-21 15:36:00	QSIAU QEUH SIAU
Transfer	2022-07-22 00:21:00	Q9B QEUH 9B

Responsible Consultant history

Assigned No Consultant	21/07/22	15:36
James Park	22/07/22	00:03

Allergy

Admission Allergy Check performed by: Beth McCloy
Current recorded allergy (reaction): PENICILLINS (Unknown)

CIPROFLOXACIN 500 mg Tablets

23/07/22 22:00 — 500 mg TWICE DAILY 7am:10pm (Oral) for 5 day(s) — Lucia Lenart

23/07/22	22:00	23/07/2022	21:46	Annette Humphrey
24/07/22	07:00	24/07/2022	06:54	Annette Humphrey

DICLOFENAC 50 mg Enteric Coated Tablets

22/07/22 07:00 — 50 mg THREE times daily at 7am, 12 noon, and 5pm (Oral) — Beth McCloy

22/07/22	07:00	22/07/2022	06:09	Annette Humphrey
22/07/22	12:00	22/07/2022	12:59	Nicola Crawford
22/07/22	17:00	22/07/2022	17:37	Nicola Crawford
23/07/22	07:00	23/07/2022	06:41	Annette Humphrey

Discontinued on: 23/07/2022 11:39 by: Sophia Mohammed . Reason: Discontinued due to conflict

DIHYDROCODEINE 30 mg Tablets

22/07/22 07:00 — 60 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Beth McCloy

22/07/22	07:00	22/07/2022	06:10	Annette Humphrey
22/07/22	12:00	22/07/2022	12:59	Nicola Crawford
22/07/22	17:00	22/07/2022	17:37	Nicola Crawford
22/07/22	22:00	22/07/2022	21:37	Annette Humphrey
23/07/22	07:00	23/07/2022	06:41	Annette Humphrey
23/07/22	12:00	23/07/2022	12:04	Sandra Lyon
23/07/22	17:00	23/07/2022	17:29	Sandra Lyon
23/07/22	22:00	23/07/2022	21:46	Annette Humphrey
24/07/22	07:00	24/07/2022	06:53	Annette Humphrey
24/07/22	12:00	24/07/2022	12:26	Eve Wright

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

22/07/22 17:00 — 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Beth McCloy

22/07/22	17:00	22/07/2022	17:37	Nicola Crawford
23/07/22	17:00	23/07/2022	17:29	Sandra Lyon

METRONIDAZOLE 400 mg Tablets

23/07/22 22:00 — 400 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for 5 day(s) — Lucia Lenart

23/07/22	22:00	23/07/2022	21:46	Annette Humphrey
24/07/22	07:00	24/07/2022	06:54	Annette Humphrey
24/07/22	12:00	24/07/2022	12:24	Eve Wright

OMEPRAZOLE 20 mg Capsules

22/07/22 07:00 — 20 mg ONCE DAILY MORNING 7am (Oral) — Beth McCloy

22/07/22	07:00	22/07/2022	06:09	Annette Humphrey
23/07/22	07:00	23/07/2022	06:41	Annette Humphrey
24/07/22	07:00	24/07/2022	06:52	Annette Humphrey

PARACETAMOL 500 mg Tablets

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

PARACETAMOL 500 mg Tablets *(Continued)*

22/07/22 07:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) — Beth McCloy

22/07/22	07:00	22/07/2022	06:10	Annette Humphrey
22/07/22	12:00	22/07/2022	12:59	Nicola Crawford
22/07/22	17:00	22/07/2022	17:37	Nicola Crawford
22/07/22	22:00	22/07/2022	21:37	Annette Humphrey
23/07/22	07:00	23/07/2022	06:41	Annette Humphrey
23/07/22	12:00	23/07/2022	12:04	Sandra Lyon
23/07/22	17:00	23/07/2022	17:29	Sandra Lyon
23/07/22	22:00	23/07/2022	21:46	Annette Humphrey
24/07/22	07:00	24/07/2022	06:52	Annette Humphrey
24/07/22	12:00	24/07/2022	12:25	Eve Wright

CYCLIZINE 50 mg Tablets as required

22/07/22 00:26 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine - Oral/Iv/Im* — Beth McCloy

CYCLIZINE 50 mg in 1 mL Injection as required

22/07/22 00:26 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine - Oral/Iv/Im* — Beth McCloy

22/07/22 00:26 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine - Oral/Iv/Im* — Beth McCloy

DICLOFENAC 50 mg Suppositories as required

23/07/22 11:39 50 mg every 8 HOURS (Rectal) pain — Sophia Mohammed

50.00 mg	23/07/2022	16:31	Sandra Lyon

GENTAMICIN AS PER PAPER CHART Intravenous Infusion as required

23/07/22 18:49 1 Dose (Intravenous Intermittent Infusion) SEE PAPER CHART — Lucia Lenart

Discontinued on: 23/07/2022 18:52 by: Lucia Lenart . Reason: Diagnosis Changed

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

22/07/22 00:26 5 mg every HOUR (Oral) FOR PAIN MAX 6 DOSES IN 24HRS — Beth McCloy

5.00 mg	22/07/2022	01:22	Annette Humphrey
5.00 mg	22/07/2022	04:56	Annette Humphrey
5.00 mg	22/07/2022	08:38	Nicola Crawford
5.00 mg	22/07/2022	15:07	Nicola Crawford
5.00 mg	22/07/2022	20:35	Annette Humphrey
5.00 mg	23/07/2022	01:08	Heather Lower
5.00 mg	23/07/2022	08:41	Sandra Lyon
5.00 mg	23/07/2022	09:41	Sandra Lyon

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

CT Urinary tract

Performed	23-Jul-2022 16:33	Received	23-Jul-2022 17:22
Reported	23-Jul-2022 17:20	Order Number	G405H38658995
Status	Final	Source System	MiSys

CT Urinary tract Final
Michele Kimmet
Clinical History :

left loin to groin pain and microscopic haematuria, previous PID and open appendicectomy. Normal eGFR and inflamm markers. CTKUB please ?left ureteric calculus worsening pain
on 23-Jul-2022 at 12:07)

CT Urinary tract :
Standard noncontrast prone scan.
There is no evidence of renal calculi demonstrated in the kidneys, ureters and bladder. No evidence of hydronephrosis or perinephric fat stranding demonstrated. Distended bladder appears normal. IUCD is noted in the uterus. Normal adnexa. No free fluid is demonstrated.

There is marked diverticulosis of the sigmoid and descending colon. Allowing for the breathing artefacts and the noise due to low dose, there is some fat stranding adjacent to the left kidney surrounding a cluster of diverticula of the descending colon. There is also bowel wall thickening at this site. Appearances suggest acute diverticulitis. No other significant abnormality.

Summary: No evidence of renal stone disease. Early acute diverticulitis of the descending colon.

Reported by: Dr Edit Gyomber
Verified by: Dr Edit Gyomber

XR Chest

Performed	19-May-2021 11:52	Received	19-May-2021 16:41
Reported	19-May-2021 16:39	Order Number	G504H37198325
Status	Final	Source System	MiSys

XR Chest Final
Michele Kimmet
Clinical History :

smoker cough for 6 months

XR Chest :
Normal cardiomediastinal contours. The lungs are clear.

Reported by: Dr Sue Lassman
Verified by: Dr Sue Lassman

XR Hand Rt

Performed	09-Jul-2020 17:36	Received	10-Jul-2020 09:35
Reported	10-Jul-2020 09:33	Order Number	G405H36354995
Status	Final	Source System	MiSys

XR Hand Rt Final
Michele Kimmet
Clinical History :

fell onto metal spike on fence, tender 5th mc ? bony injury

XR Hand Rt :
Allowing for the positioning achieved, no obvious fractures are identified.
Mild soft tissue swelling is noted at the ulnar aspect of the little finger metacarpal.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Report by Kim Barrett Reporting Radiographer.

Reported by: Kimberley Barrett
Verified by: Kimberley Barrett