

A&E Records

Surname/Forename	Scott, Justin
UHPI Number	700143029W

Episode Number	E012409
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: E012409 Dr RG Mitchell (A&E) 2/3/06	HIST - 35 yr old male jumped down 10 steps last night, ?MOI. C/o pain in R foot. Normally well, NKDA. No regular medication. „OE - R foot swelling and bruising over the midfoot and tender over dorsal aspect of midfoot. NVI. DROM. „XR - ?longitudinal fracture through os calcis.„PLAN - Crutches, non WB, DTG and fracture clinic review. Simple analgesia. „LL

Dr J Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 18/04/2022

Emergency Discharge Summary

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth / Age	09/06/1970 (51 years)
		UHPI	700143029W
		A&E Attendance Number	E4918764
Attendance Date	09/01/2022	Contact	Unknown Donna
Attendance Time	02:30		53/1 Newtoft Street
Mode of Arrival	Private Transport		Edinburgh
Source of Referral	Self Referral to A&E		Midlothian
Discharge Date	09/01/2022		EH17 8RB
Discharge To			258 3914

Dear Dr J Buchan

Presentation: drank bleach by accident

IMPRESSION/DIFFERENTIAL DIAGNOSIS:

Patient did not wait to be seen

CLINICAL NOTES:

Clinical note: CHI: 0906701473

The pt did not wait to be seen.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Dr Unknown, Consultant

Department of Emergency Medicine



Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



A/E no. E4918764

Previous no. E012409

UHPI no. 700143029W

CHI no. 0906701473

Patient Information

Surname Scott Date of Birth 09/06/1970
Forenames Justin James Age 51 Yrs Sex M
Address 53/1 Newtoft Street
Postcode EH17 8RB Telephone 258 3914
Contact Unknown, Donna Telephone H
Address 53/1 Newtoft Street W
Complaint Edinburgh EH17 8RB
drank bleach by accident Allergies NKDA
Attendances in last 12 months: 0 School:

General Practitioner

J Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB
0131 664 2166
Date and Time of Attendance 09/01/2022 02:30
Incident Date Time:
Mode of Arrival Private Transport
Self Referral to A&E
Source of Referral

Initial Triage Assessment

Presenting Complaint INGESTED ONE MOUTHFUL OF BLEACH
History of Presenting Complaint UNKNOWN IF WATERED DOWN BUT
WASNT THICK. SWALLOWED ONE BUT
VOMITED AFTER. DRINKING LOTS OF WATER
Assessment NO UP BURNING OR ULCERATION
NOUCCCE CHANGES.

Nursing Observations & Assessments

TEMP	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mms	Pain Score	/ 10
HR 80	NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐ NO ☐
BP 131/47	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐ NEG ☐
SP02% 98%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:	
RR 16	NEWS >7	10mins Min		Alcometer		Weight	Height
AVPU A	Special Clinical Instructions			BACK FROM CANARY ISLANDS PCR NEG			
On Therapy in Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP					
NEWS SCORE 10							
Tried By:	Print Name: P. Rowan	Signature: P. Rowan	Triage Time: 0300				

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations			
Handwash		Gloves		Routine		CRP		ECG - Please tick			
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required ☐ Done ☐			
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick			
Reason for PVC Insertion:				BTS		Other (Please state)		Required ☐ Done ☐			
On Going Care Plan								MSU Sent Yes ☐ No ☐			
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent Yes ☐ No ☐			
Surg:	G.I:	Yes ☐ No ☐		Waiting Room		GP Out of Hours		HCG Result Yes ☐ No ☐			
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick			
Medics:	Gynae:	WGH		HD		SMMP		CRX	Yes ☐ No ☐		
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes ☐ No ☐		
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)			

“What Happens To The Patient?”

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

[illegible]

Care Providers Name: _____ Signature: _____

E4918764

NHS24 CONTACT REPORT

PCM ID: 72214066 CHI: 0906701473 Surname: SCOTT Forename: JUSTIN DOB: 09.06.1970 Gender: M Address: 53/1 Newtoll Street EDINBURGH EH17 8RB	Caller : Friend Date/Time Call Received: 09.01.2022 02:01:00 Date/Time Call Completed: 09.01.2022 02:19:50 Current Location: 27 Hyvoil Loan EDINBURGH EH17 8FX
Phone Number: 07507371577 Phone Ext.: Special Directions: Front Door Temporary Resident: NO	GP: AZHAR AFZAL FERNIEHILL SURGERY FERNIEHILL SURGERY 8 FERNIEHILL ROAD EH177AB
Call Classification:	
CALL SUMMARY: FINAL ENDPOINT: Accident & Emergency (ASAP) REASON FOR CALL / RELEVANT INFORMATION: SWALLOWED BLEACH - 1 HOUR OUTCOME: Patient advised to go to A&E Confirmed Symptom(s): #Symptomatic following ingestion #Endpoint Management Selected(CCT) Symptom(s) not found: #No fever Call Detail(s): #Clinical supervision not used(First Triage)	
PAST MEDICAL HISTORY:	
NOTES: 09:01:2022 02:05:26 DOCHERTYG1 BURNING LIPS NOW STOPPED SINCE DRINKING WATER, 1X VOMIT. 09:01:2022 02:15:46 YOUNGERK NIL COVID, ACCIDENTALLY SWALLOWED LARGE MOUTHFUL OF BLEACH W5 LIDL THICKBLEACH, 1 HOUR AGO, LIPS BURNING, VOMITED X 1, DIFFICULT CALL AS LOTS OF PEOPLE ADDING INPUT, OUTCOME ATTEND A/E DIRECT WITHIN 1 HOUR, WORSENING STATEMENT, ATTENDING ERI A/E ADVISED TO TAKE BLEACH BOTTLE WITH HIM, W5 LIDL THICK BLEACH ADVISED NOT TO INDUCE FURTHER VOMITING Support Line Notes:	

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Admission Nurse Signature...

Admission Nurse Print Name _____

Date. 911122 -



Accidentally drank bleach.

[illegible]

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded		ECG completed	
Sews Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment	Require / Complete
Name band Attached		Swallow Assessment	Required / Complete
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment	Required / Complete
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED					
Initials of Care Round Leader					
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency					
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing					
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring					
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

Prescription, Administration & Observation Record

700143029W /E4918764 M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB

Previous
Adverse
Reactions

NKDA

Actual / Estimate

9/1/22.

[illegible][illegible]

National Early Warning Score 2 (NEWS2) Chart

NEWS Key		Date:	Time:										
0 1 2 3													
A+B Respirations Breaths/min	≥25	3											
	21-24	2											
	18-20												
	15-17	1											
	12-14												
	9-11	1											
A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	1											
	94-95	2											
	92-93	3											
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypotensive, respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician Tick box if using SpO ₂ Scale 2 Sign	≥97 on O ₂	0											
	95-96 on O ₂	2											
	93-94 on O ₂	1											
	≥93 on air												
	88-92	1											
Air or Oxygen? Oxygen is a drug and prescribed by target range Device	A = Air	2											
	O ₂ L/min or %												
	Device												
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220	3											
	201-219												
	181-200												
	161-180												
	141-160												
	121-140	1											
	111-120	2											
	101-110	3											
	91-100												
	81-90												
C Pulse Beats/min Manual pulse	≥131	3											
	121-130	2											
	111-120	1											
	101-110												
	91-100												
	81-90												
	71-80	1											
	61-70	2											
	51-60	3											
	41-50												
D Consciousness Score for new onset of confusion (no score if chronic)	Alert												
	New Confusion												
	V	3											
	P												
E Temperature °C	≥39.1°	2											
	38.1-39.0°	1											
	37.1-38.0°												
	36.1-37.0°	1											
	35.1-36.0°	3											
NEWS TOTAL													
Monitoring frequency													
Escalation of care Y/N													
Blood Glucose reading or N/A													
Pain score (0-10)													
Initials													

In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

700143029W /E4918764 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 BRB



NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

GLASGOW COMA SCALE					
	Date				
	Time				
Eyes Open	Spontaneously	4			
	To speech	3			
	To pain	2			
	None	1			
Best Verbal Response	Orientated	5			
	Confused	4			
	Inappropriate words	3			
	Incomprehensible sounds	2			
	None	1			
Best Motor Response	Obey commands	6			
	Localise to pain	5			
	Flexion to pain	4			
	Abnormal flexion	3			
	Extension to pain	2			
	None	1			
Total GCS Score		15			
Right Pupil	Size				
	Reaction				
Left Pupil	Size				
	Reaction				
ARMS	Normal power				
	Mild weakness				
	Severe weakness				
	Extension				
	No response				
LEGS	Normal power				
	Mild weakness				
	Severe weakness				
	Extension				
	No response				
Initials					

Pupil Scale mm

1.

20

3.

4

64

7

81

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time												
	Rate (ml/hr)												
	Volume in Syringe												
Pump No.	Total amount Infused												

Drug Name:

	Time												
	Rate (ml/hr)												
	Volume in Syringe												
Pump No.	Total amount Infused												

Dr J Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 30/06/2022

Emergency Discharge Summary

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth / Age	09/06/1970 (52 years)
		UHPI	700143029W
		A&E Attendance Number	E5071092
Attendance Date	29/06/2022	Contact	Unknown Donna
Attendance Time	13:53		53/1 Newtoft Street
Mode of Arrival	Emergency Ambulance		Edinburgh
Source of Referral	999 Emergency		Midlothian
Discharge Date	29/06/2022		EH17 8RB
Discharge To			258 3914

Dear Dr J Buchan

Presentation: Abdominal pain, S: Central/epigastric pain since last night radiating into back. vomiting throughout the night. Noted frank blood in vomit. not coffee ground in nature. Abdo tender on palpation. No urinary or bowel issues. B: hiatus hernia prev, depress

CLINICAL NOTES:
Clinical note: CHI: 0906701473

52 yr old male BIBA c/o epigastric pain

HPC: Describes a gradual onset of pain since yesterday afternoon
Increasing in severity since 03.00 hrs this morning
Associated with nausea, vomiting and wretching
Exacerbated when lying flat
States pain is sharp, stabbing in nature and constant
Eased with Morphine from SAS now 5/10 severity

PMH:
Fundoplication for Hiatus hernia repair 2017

MEDS:
Gabapentin
Fluoxetine
Methadone 110 ml/day
Valium 30 mg / day

NKDA

SH: Independent, smokes cannabis regularly, rare alcohol

OBS: T 36.6 P 62 BP 129/80 RR 17 sPo2 98% BM 6.2

O/E: Looks well, slight pallor but not distressed. Alert and orientated GCS 15
No obvious jaundice, cyanosis

RESP: Quiet breath sounds AE symmetrical CXR NAD

CVS: HS normal WWP ECG

ABDO: Soft with only minimal discomfort on palpation ~ epigastrium

Slight flank tenderness

Urinalysis: Mod blood

Admission bloods CRP 53 Amylase 51 WCC 19

IMP: GORD

PLAN: D/W Dr McLachlan ED Reg

Agrees with above

Peptac 20 mls PO

Further D/W Dr Reid WCC noted

No acute explanation for this

Given Valium 30 mg PO

Methadone 110 ml PO

Paracetamol 1 gm PO

Reassured, no acute cause identified at this time

Discharged with strong, worsening statement

Yours Sincerely,

Susan Burn, Nurse Practitioner



NHS Lothian
University Hospital Services
Department of Emergency Medicine
Or. Dave McKean EO Clinical Director
Ray Middlemiss EO Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



A/E no. E5071092
Previous no. E4918764
UHPI no. 700143029W
CHI no. 0906701473

Patient Information

Surname Scott
Forenames Justin James
Date of Birth 09/06/1970
Age 52 Yrs Sex M
Address 53/1 Newtoft Street
Postcode EH17 8RB
Telephone 258 3914
Contact Unknown, Donna
Address 53/1 Newtoft Street
Telephone H W
Edinburgh EH17 8RB
Complaint abdo pain Allergies
Attendances in last 12 months: 1 School :

General Practitioner

J Buchan
Fermichill Surgery
8 Fermichill Road
Edinburgh
EH17 7AB
0131 664 2166
Date and Time of Attendance 29/06/2022 13:53
Incident Date Time:
Mode of Arrival Emergency Ambulance
999 Emergency
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight	Height	
AVPU		Special Clinical Instructions							
On Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									
Triaged By:	Print Name:	Signature:				Triage Time:			

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations	
Handwash		Gloves		Routine		CRP		ECG - Please tick	
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required ☐	Done ☐
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick	
Reason for PVC Insertion:				BTS		Other (Please state)		Required ☐	Done ☐
On Going Care Plan								MSU Sent	Yes ☐ No ☐
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent	Yes ☐ No ☐
Surg:	G.I:	Yes ☐ No ☐		Waiting Room		GP Out of Hours		HCG Result	Yes ☐ No ☐
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick	
Medics:	Gynae:	WGH		HD		SMMP		CRX	Yes ☐ No ☐
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes ☐ No ☐
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes 14.40

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Ondans

Para

Morpha

SAC

700143029W/E5071092 M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB



Serial Number: 3026

Patient:

Multistix® 1C SG
Test date 06-29-20
Time 2:18
Operator SG
Test number Not Entered
Color Not Entered
Clarity Not Entered

GLU Negative
BIL Negative
KET 15 mg/dL
SG 1.020
BLC Moderate
PH 7.0
PRC 30 mg/dL
URC 1.0 E.U./dL
NIT Negative
LE

upg pain 5500
nausea + vomit
bile

grad onser
~ umbilic

> back

u+v w/ding

top blood in vomit

babbling

worse bying flat
constant

rare ETOH

cannabis daily

Metta 110ml/day

Valium 6 yel/day

last are 28% an

o oral fluids

BO 28%

PU ✓

CRP 53

Amny 51

NKDA

GABA

fluox

Metta

Valium

30mg/day

prev Ht

Ht & L

fluidoplication 2017

GORD

Care Providers Name: BURN

Signature: SB

Patient Information

JUSTIN SCOTT

Age/Gender: 52Y Old Male

Address: 53/1 NEWTOFT STREET EDINBURGH, EH17 8RB

DOB: 09/06/1970

CHI:

Ethnicity:

Date: 29/06/2022

Incident Number: CR008797560

Incident Type: EMG

Incident Location: 53/1 NEWTOFT STREET
EDINBURGH, EH17 8RBScottish
Ambulance
Foundation

700143029W / E5071092 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB

Presenting Complaint

ABDO PAIN AND VOMITING

Additional Comments

Justin felt feverish and developed umbilical / epigastric abdo pain radiating to back; from about 0300 this morning he has been nauseated, retching and vomiting bile ?blood stained so 999 called. >>> med / soc hx: hiatus hernia treated surgically 5 years ago, depression, substance misuse hx, takes methadone. Social alcohol use, smokes cannabis. Collects methadone and valium collected weekly due to be collected today. >>> oa: lying on sofa, alert and orientated, frequent retching. Appears pale, warm peripherally with not tachy radial pulse. In discomfort ps 10/10. Obs as noted below. Bowel sounds present, abdo feels soft, tender. Some yellow sputum in cough since last night. no frank haematemesis. Urine described as normal, managing to drink some fluid. Not eaten since yesterday am. Bowels moved normally yesterday. He describes stomach as appearing bloated but less so than last night. >>> imp: pyrexia ?chest infection, ?abdominal infection. >>> plan: pvc right acf 1g paracetamol, 4mg ondansetron and 10mg morphine administered iv. Transfer to er a&e.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 18
	Oxygen Given	No	SPO2 98
C	Pulse Rate	BP	Cap Refill
	78	117/60	<=2 Secs
	Rhythm	Arm	Central/Peripheral
	Reg	Left	Peripheral
	IV(R)		ECG Rhythm
	ACF		Sinus Rhythm
			ECG
			3 Lead
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orientated (5)
			Motor
			Obeys Commands (6)
			PEARL
			Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
14:00	68	18	111/57	97	<=2s	15	Alert		38.8		Sinus Rhythm				E9888621
13:45	78	16	117/81	98	<=2s	15	Alert								E9888621
13:30	78	18	117/60	98	<=2s	15	Alert				Sinus Rhythm				E9888621
13:15	78	18	117/60	98	<=2 Secs	15	Alert		38.7	6.2	Sinus Rhythm				E9888621

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
14:00	16 (0)	97 (0)		0	111 (0)	66 (0)	Alert (0)	38.6 (1)	1
13:15	18 (0)	98 (0)		0	117 (0)	78 (0)	Alert (0)	38.7 (1)	1

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
13:28	Ondansetron	4	mg	IV	05/2024			E9888821

6/29/2022

Incident Number: CR008797560

13:28	Paracetamol	1	g	IV	01/2024	10	E9888621
13:39	Morphine	5	mg	IV	04/2024		E9888621

HISTORY**AMPLE**

Allergies	None
Medication	GABAPENTIN, FLUDXETINE, METHADONE, VALIUM
Past Medical History	DEPRESSION
Last Eaten	Unknown
Events Prior	FEVERISH AND ABDO/BACK PAIN LAST NIGHT, NAUSEA/VOMITING SINCE 0300 THIS MORNING

Social History

Lives alone	Yes	Patient Occupation	Does Not Work
Patients General Appearance	Normal		
Patient Mobility	Fully Mobile		
Patient Communication	No Help Required		
Patient Clinical Risk Factors	Alcohol, Smoker		

CLOSE RECORD

Treatment On Scene	Non Emergency
--------------------	---------------

Conveyance

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

INCIDENT LOG

Time Call Received	12:37	Allocated	12:43	Mobile	12:49
First Resource On Scene		Crew On Scene	12:56	Crew Left Scene	13:42
Crew At Hosp	13:50	Receiving Hospital	NEW EDINBURGH ROYAL Clear Time INFIRMARY		

Crew ID	Crew Grade	Driver
E9887126	Ambulance Technician	YES
E9888621	Paramedic	NO

6/29/22
7993

SCOTT

RIE ED Nursing Care Plan

Admission Nurse Signature.....*Pat D.*.....

Admission Nurse Print Name.....

Date.....29/6/22.....



Presenting History :

[illegible]

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded		ECG completed	
Sews Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment	Require / Complete
Name band Attached		Swallow Assessment	Required / Complete
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment	Required / Complete
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	12:30				
Clinical Area of ED	6				
Initials of Care Round Leader	ma				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	1				
Cardiac monitoring required	Y / (X)	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	10				
Mobility					
Fully weight bearing	/				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet	/				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	/				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	P	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	/				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC	/				
Urinary Catheter / Chest Drain	/				
Infusion Device	/				
NG tube / PEG tube / Tracheostomy	/				
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	N				
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction	/				

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	



Adult Majors

Prescription, Administration & Observation Record

700143029W /E5071092 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB



CHI: MICHAEL MCANIN

664 2269

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	MCDM	Weight Actual / Estimate kgs	Date 29/6/22
----------------------------	------	------------------------------------	-----------------

Once Only Prescription

[illegible]

Discharge Medication

[illegible]



Adult Majors

Prescription, Administration & Observation Record

700143029W /E5071092 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB



CHI: MICHAEL MCCANN

664 2269

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	MCDM	Weight Actual / Estimate kgs	Date 29/6/22
----------------------------	------	------------------------------------	-----------------

Once Only Prescription

[illegible]

Discharge Medication

[illegible]

National Early Warning Score 2 (NEWS2) Chart

NEWS Key		Date: 27/10	Time: 14:00
0 1 2 3			
A+B Respirations Breaths/min	≥25		3
	21-24		2
	18-20		
	15-17	16 16	
	12-14		
	9-11		1
	≤8		3
A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 96-98%	≥96	97 96	
	94-95		1
	92-93		2
	≤91		3
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O ₂		3
	95-96 on O ₂		2
	93-94 on O ₂		1
	≥93 on air		
	88-92		1
	86-87		2
	84-85		3
	≤83		
* ONLY use Scale 2 under the direction of a qualified clinician			
Tick box if using SpO ₂ Scale 2			
SpO ₂			
Air or Oxygen?	A = Air	A A	
	O ₂ L/min or %		2
Oxygen is a drug and prescribed by target range			
	Device		
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220		3
	201-219		
	181-200		
	161-180		
	141-160	155	
	121-140	111	
	111-120	111	
	101-110		1
	91-100		2
	81-90		
	71-80	75	
	61-70	75	
	51-60		3
	≤50		
C Pulse Beats/min Manual pulse	≥131		3
	121-130		
	111-120		2
	101-110		
	91-100		1
	81-90		
	71-80	75	
	61-70	66	
	51-60		
	41-50		1
	31-40		
	≤30		3
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A A	
	New Confusion		
	V		3
	P		
	U		
E Temperature °C	≥39.0°		2
	38.1-39.0°	38.3 38.3	1
	37.1-38.0°		
	36.1-37.0°		
	35.1-36.0°		1
	≤35.0°		3
NEWS TOTAL		1	
Monitoring frequency		10	
Escalation of care Y/N		Y	2
Blood Glucose reading or N/A		6.2	
Pain score (0-10)		10	
Initials		BS	

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

CHI:

Special Instructions

Conscious Level Chart to be completed when clinically indicated

GLASGOW COMA SCALE					
	Date Time				
	Eyes Open	Spontaneously	4		
		To speech	3		
		To pain	2		
		None	1		
	Best Verbal Response	Orientated	5		
		Confused	4		
		Inappropriate words	3		
		Incomprehensible sounds	2		
		None	1		
	Best Motor Response	Obey commands	6		
		Localise to pain	5		
		Flexion to pain	4		
		Abnormal flexion	3		
		Extension to pain	2		
		None	1		
	Total GCS Score				
	Right Pupil	Size			
Reaction					
Left Pupil	Size				
	Reaction				
LIMB MOVEMENT	ARMS	Normal power			
		Mild weakness			
		Severe weakness			
		Extension			
	LEGS	No response			
		Normal power			
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
Initials					

Pupil Scale mm

10

28

34

4

5

6

7

8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time											
	Rate (ml/hr)											
	Volume in Syringe											
Pump No	Total amount Infused											

Drug Name:

	Time											
	Rate (ml/hr)											
	Volume in Syringe											
Pump No	Total amount Infused											

Dr J Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 01/07/2022

Emergency Discharge Summary

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth / Age	09/06/1970 (52 years)
		UHPI	700143029W
		A&E Attendance Number	E5071898
Attendance Date	30/06/2022	Contact	Unknown Donna
Attendance Time	12:10		53/1 Newtoft Street
Mode of Arrival	Emergency Ambulance		Edinburgh
Source of Referral	999 Emergency		Midlothian
Discharge Date	30/06/2022		EH17 8RB
Discharge To			258 3914

Dear Dr J Buchan

Presentation: Abdominal pain, S - vomiting and epigastric pain B - ongoing 24hrs. Was DC from ED this morning, got home, called GP and told to reattend. Reporting not having methodone today. A - RR 16, spo2 100%, 147/73, HR 73, temp 38.2. GCS 15. Pain 10/10. Ondanse

CLINICAL NOTES:

Clinical note: CHI: 0906701473

PC: Vomiting

52 year old male BIBA

- Was in ED yesterday discharged home
- Overnight began to vomit again
- Red in colour
- More than 5 times
- Feeling very weak
- No collapse/LOC
- Feeling feverish
- No coughs/colds
- BO 2/7 ago no melena , no blood/mucous
- No CP , no SOB
- Called Gp this morning advised to come back to ED
- No unwell contacts
- Not had this before
- No change in health otherwise

PMH:

Fundoplication for Hiatus hernia repair 2017

MEDS:

Gabapentin

Fluoxetine

Methadone 110 ml/day

Valium 30 mg / day

NKDA

SH: Independent, smokes cannabis regularly, rare alcohol

OE: Looks pale, alert and orientated

vital signs; T 38.2, HR 76bpm, BP 147/73, RR 16, Sats 100% RA, AVPu-A, NEWS 1

HS 1+2+0 WWP HR70bpm regular

Bilateral equal air entry no added sounds

abdo soft mild epigastric tenderness, no guarding, no rebound/percussion tenderness, BS active

BO 2/7 ago normal in nature

No urinary symptoms

GCS 15 e4v5m6 PEARL 2+2+

Calves SNT

IMP: 2nd presentation with vomiting unable to tolerate food or fluids.

? gastritis

? gastroenteritis

INX - Bloods

VBG- HB 144, lac 1.3

PLAN: Analgesia- paracetamol and oramorph

Anti emetic

IVI

AMU- symptom management if able to tolerate food and fluid ?discharge

Pt discussed with Dr J Ng, ED consultant agreed with above plan. Pt remains well in ED.

Dr D McKean - ED Consultant

Looks generally unwell.

Tender upper abdomen. Maximally tender in RUQ.

Ongoing fever 38.2. Rising WCC & CRP (CRP 50->300 in 24 hours)

Management

- IV Antibiotics

- CT Abdomen & Pelvis - Report on TRAK - Acute Cholecystitis +/- early Liver Abscess

- Referred to Surgery

Yours Sincerely,

Clare Mary Moceivei, Nurse Practitioner

NHS Lothian
University Hospital Services
Department of Emergency Medicine



Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344



A/E no. E5071898
Previous no. E5071092
UHPI no. 700143029W
CHI no. 0906701473

PATIENT INFORMATION

Surname Scott
Forenames Justin James
Date of Birth 09/06/1970
Age 52 Yrs Sex M
Address 53/1 Newtoft Street
Postcode EH17 8RB
Telephone 258 3914
Contact Unknown, Donna
Address 53/1 Newtoft Street
Edinburgh EH17 8RB
Complaint vomiting
Allergies
Attendances in last 12 months: 2 School :

General Practitioner

J Buchan
Femichill Surgery
8 Femichill Road
Edinburgh
EH17 7AB
0131 664 2166
Telephone
Date and Time of Attendance 30/06/2022 12:10
Incident Date Time:
Emergency Ambulance
Mode of Arrival 999 Emergency
Source of Referral

INITIAL ASSESSMENT

Presenting Complaint										
History of PC										
Assessment										
PAIN SCORE		/ 10	ANALGESIA PRESCRIBED		YES	NO	FAST	+ / -	ONSET TIME	:
Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM	
°C		/		%						
Frequency of Observations (Please Tick)			Cardiac Monitoring (Please circle)			SPECIAL INSTRUCTIONS				
Hourly			YES							
30 Minutes minimum										
15 Minutes minimum										
10 Minutes minimum										
NO										
TRIAGED BY (SIGN)			TRIAGED BY (PRINT)							
PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)						BLOODS (Please tick)				
DATE :	TIME :	STANDARD TECHNIQUE				ROUTINE		CRP		
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES	TROPONIN		COAG		
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION	AMYLASE		TOX SCREEN		
BROWN	GREY	ACF	FOOT	DRESSING LABELLED		BTS		OTHER		
OPERATOR SIGNATURE										
ADDITIONAL INVESTIGATIONS (Please indicate all that applies)										
ECG	REQO	OONE	TIME DONE		X-RAYS	CXR		OTHER		
URINALYSIS	REQO	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG		
ON-GOING CARE PLAN										
SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER		
BED REQUIRED	YES	NO	TRIAGE CAT. (Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO	W/RM	RESUS	HO	IC	EXAM		

“WHAT MATTERS TO THE PATIENT?”

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

In Patient Records

Dr Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 23/10/2017

Inpatient Discharge Summary

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth / Age	09/06/1970 (47 years)
		UHPI	700143029W
Specialty	General Surgery	Admission Date	17/10/2017
Ward	Ward 106 RIE		
Consultant	Mr S Paterson-Brown	Discharge Date	18/10/2017

Dear Dr Mirza

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Esomeprazole Tablets	20 MG	ONCE DAILY	Long Term	Patient has own supply
Gabapentin Capsules	900 MG	THREE times DAILY	Long Term	100 x 300mg tablets supplied
Methadone Mixture 1mg/ml	110 ML	ONCE DAILY	Long Term	Dispensed in community.
Morphine Sulphate Solution (Oramorph) 10mg/5ml	5 ML	As Required	Short Term	10mg maximum 1 hourly Maximum one 100ml bottle to be provided GP to review and titrate. 100ml supplied

Clinical Summary:

The above patient came in to the Royal Infirmary Surgical Unit as planned and underwent an uneventful laparoscopic anterior fundoplication and repair of his small hiatus hernia.

Absorbable sutures were used to close the wound and I will arrange to review him in the Outpatient clinic in six to eight weeks' time.

With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon

Surname/Forename	Scott, Justin
UHPI Number	700143029W

Episode Number	I0005467009
----------------	-------------

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/5/22 13:07 Dr Max Jeffrey	Dear Doctor, Diagnosis / Procedure: 1. Laparoscopic cholecystectomy for acute cholecystitis Summary: Justin Scott was admitted to RIE on 30/6/22 with worsening upper abdominal pain, vomiting and fevers. WCC was elevated at 29.1 and CRP 293. CT-AP showed acute cholecystitis with an impacted stone at the neck of the gallbladder. He was commenced on IV antibiotics and had a laparoscopic cholecystectomy on 3/7/22. He had ongoing pain issues post-operatively, managed initially with a PCA. His pain is now well controlled on oramorph and he is medically fit for discharge. Follow-up: nil Changes to medication: nil Recommendations for GP: nil Kind regards Dr Max Jeffrey Surgery RIE

6/30/2022

Incident Number: CR006800113

700143029W/E5071898 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB



Patient Information

JUSTIN SCOTT

Age/Gender: 52 years 0 months 21 days Old Male

Address: 53/1 NEWTOFT STREET EDINBURGH, EH17 8RB Incident Type: EMG

DOB: 09/06/1970

Incident Location: 53/1 NEWTOFT STREET
EDINBURGH, EH17 8RB

CHI: 0906701473

Ethnicity: White Scottish

Presenting Complaint

VOMITING, UNABLE TO KEEP ANYTHING DOWN

Additional Comments

999 call. Pt is a 52 YOM with a 48 hour history of vomiting. Was in A&E yesterday and was discharged home last night. Vomiting overnight and struggling to keep anything down. He called his GP and she advised him to dial 999 as his CRP is 53 and White Blood Count is 19. O/A pt alert and oriented. C/O nausea and vomiting. Been unable to keep anything down for 48 hours. O/E obs as below. Given IV Ondansetron and transferred to RIE for assessment.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 16 SPO2 100
	Oxygen Given	No	
C	Pulse Rate	BP	Cap Refill
	74	161/76	<=2 Secs
	Rhythm	Arm	ECG Rhythm
	Reg	Right	Sinus Rhythm
		Central/Peripheral	ECG
		Peripheral	3 Lead
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orientated (5)
			Obeys Commands (6)
			PEARL
			Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
12:11	76	16	147/73	100	<=2s	15	Alert		38.2		Sinus Rhythm				E1004689
11:50	74	16	161/76	100	<=2 Secs	15	Alert		38.2	7.7	Sinus Rhythm				E1004689

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
12:11	16 (0)	100 (0)		0	147 (0)	76 (0)	Alert (0)	38.2 (1)	1
11:50	16 (0)	100 (0)		0	161 (0)	74 (0)	Alert (0)	38.2 (1)	1

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
11:57	Saline flush	10	ml	IV	09/2023			E1004689
11:58	Ondansetron	4	mg	IV	06/2023			E1004689
11:58	Saline flush	5	ml	IV	09/2023			E1004689

HISTORY

AMPLE

Allergies	None
Medication	Fluoxetine, Gabapentin, Methadone, Omeprazole
Last Eaten	>4 Hours Ago

6/30/2022

Incident Number: CR09860113

Events Prior

VOMITING, UNABLE TO KEEP ANYTHING DOWN.

Social History

Lives alone Yes Patient Occupation Does Not Work

Patients General Appearance Normal

Patient Mobility Fully Mobile

Patient Communication No Help Required

Patient Clinical Risk Factors Smoker, CANNABIS

Patient Environmental Risk Factors None Identified

CLOSE RECORD

Treatment On Scene Non-Emergency

Conveyance

Transport To Hospital Normal driving Pre-Alert No

INCIDENT LOG

Time Call Received 10:39 Allocated 11:40 Mobile 11:40

First Resource On Scene Crew On Scene 11:44 Crew Left Scene 12:00

Crew At Hosp 12:07 Receiving Hospital NEW EDINBURGH ROYAL Clear Time INFIRMARY

Crew ID

Crew Grade

Driver

E9882420

Student Technician Level 4

YES

E1004689

Paramedic

NO

Surgical MB

E5071898
E5071092
700143029W

Dr J Buchan

Ferniehill Surgery
8 Ferniehill Road
Edinburgh

EH17 7AB

Scott
Justin James

53/1 Newtoft Street
Edinburgh

EH17 8RB

30/06/2022 12:10

Unknown, Donna
53/1 Newtoft Street
Edinburgh
Midlothian

09/06/1970
52 Male

Emergency Ambulance

999 Emergency

258 3914

Ongoing fever 38.2. Rising WCC & CRP (CRP 50->300 in 24 hours)

Management

- IV Antibiotics
- CT Abdomen & Pelvis - Report on TRAK - Acute Cholecystitis +/- early Liver Abscess
- Referred to Surgery

Clare Mary Moccievi Nurse Practitioner

This is a PROVISIONAL report. The final checked and verified report will be issued by the consultant within 24 hours, please refer to this when available on the Trak radiology record.

30/06/2022 CT Abdomen/Pelvis With Contrast

No relevant priors for comparison.

The gallbladder is markedly distended and thick walled, with florid pericholecystic inflammatory fat stranding. Impression of dense focus in the region of the gallbladder neck (key image); appearances are concerning for an obstructing gallstone impacted at the gallbladder neck. The CBD is dilated up to at least 10 mm, with mild intrahepatic biliary tree dilatation. No convincing radiopaque intraductal calculus identified.

Linear subcapsular hepatic low attenuation-area, adjacent to gallbladder (key image). The liver parenchyma is otherwise normal.

Patent hepatic portal vein. No gas within the biliary tree.

A few left-sided simple renal cysts, the kidneys are otherwise normal.

Normal adrenals, spleen, pancreas and bladder. Normal unprepared bowel.

No pneumoperitoneum. No size significant abdominal or pelvic lymph node enlargement.

Dr J Buehan

Ferniehill Surgery
8 Ferniehill Road
Edinburgh

EH17 7AB

Scott
Justin James

53/1 Newtoft Street
Edinburgh

EH17 8RB

30/06/2022 12:10

Unknown, Donna
53/1 Newtoft Street
Edinburgh
Midlothian

09/06/1970
52 Male

Emergency Ambulance

258 3914

999 Emergency

Mild background emphysematous changes, which appear confined to the posterior aspects of the included lung bases.

Superadded bibasal, lingular, and middle lobe dependent changes.
No destructive bony lesion.

Opinion:

1. Appearances are most in keeping with acute cholecystitis, with impression of possible gallstone impacted at the gallbladder neck. Associated intra and extra-hepatic biliary dilatation, but no convincing radiopaque intraductal calculus.

2. Although there is no convincing evidence of this at present, the gallbladder is markedly distended and therefore risk of perforation. Recommend MRCP and discussion with upper GI surgery. Please also consider discussion with interventional radiology regarding potential of cholecystostomy.

3. Linear subcapsular right lobe low attenuation area adjacent to the gallbladder is of uncertain clinical significance, however in the context of marked acute cholecystitis an early hepatic abscess cannot be excluded.

Dr. N. Malla, ST3 Radiology Registrar

Nethmee S Malla Doctor

9 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000

Admission Nurse Print Name.....

Date.....30/6.....

Abd O later.

[illegible]

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	SW	ECG completed	
Sew's Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment Require / Complete	
Name band Attached		Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	16:05				
Clinical Area of ED	B				
Initials of Care Round Leader	81				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	12				
Cardiac monitoring required	Y / (N)	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required	✓				
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	✓	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	✓				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC	X /				
Urinary Catheter / Chest Drain					
Infusion Device	✓				
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	✓				
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

General Surgery SB

700143029W M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB

SITUATION:

Patient Name and CHI:

Date: 01/7/22

Location: SU

Consultant: MR A. J. Healey

Presenting complaint, clinical symptoms: 52 y/o Reproduction with Abdominal Pain - RUQ.

BACKGROUND:

Allergies: NAD

Relevant patient history: Cro.RD, Anxiety

Fundoplication for Hiatus hernia repair.

on methadone

Social History /POC

Mobility: independent

ASSESSMENT:

Most recent vital signs @: _

Temp: HR: RR: BP: SaO2: % on O2

Neuro Obs GCS:Deranged Bloods: CRP - 29.3, WCC - 29.1.
LFTS and Amylase - NAD

Lactate:

Infection Risk/Trak Alert: Inform ward if cubicle required.

NEWSFrailty
Score:
Referral
Y/N**RECOMMENDATIONS:**Differential Diagnosis: Acute cholecystitis
For THD Tomorrow

Actions required PRIOR to admission to ward.

IV FLUIDS ☒IV ABX ☒NBM ☒D+F ☐CF ☐FF ☐ANALGESIA ☒

Gent level @ 10:30

POC:

FASTING FROM midnight

Scan Results/Plan:

CT

Is DNACPR form
in place: Y/NCOVID SWAB ☒

THEATRE PATIENT CARE PLAN

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB



PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes ☐ No ☐

Signature: _____ Name (print): _____ Date: _____

Identified Problems	Planned Nursing Care

PRE-OPERATIVE CHECKLIST:

Check	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	☒	☐	☒	☐	
Correct procedure?	☒	☐	☒	☐	
All bracelets in situ with name, date of birth, ward, unit number, gender & CHI number?	☒	☐	☒	☐	
Operation consent form signed?	☒	☐	☒	☐	
Operation site & side marked?	☐	☒	☐	☒	
Prescribed pre-medication given?	☐	☒	☐	☒	
Routine drug therapy taken?	☒	☐	☒	☐	
Make up removed as required?	☐	☒	☐	☒	
Jewellery (incl body piercings) & hairclips removed, rings taped?	☐	☒	☐	☒	front teeth / 1/2 plate
Items accompanying patient to theatre? (eg wigs, hearing aids, prosthesis etc)	☐	☒	☐	☒	
Dressed for theatre?	☒	☐	☒	☐	
Does the patient have any allergies?	☐	☒	☐	☒	
Has the patient passed urine?	☒	☐	☒	☐	
Urinalysis results recorded?	☐	☒	☐	☒	
Date of last menstrual period?					
Last food? 24/7/22	☐	☐	☒	☐	
Date: 28/6/22 Time: 20:00					
Last drink?	☐	☐	☒	☐	
Date: 27/7/22 Time: 20:00					
Documents accompanying patient?	☐	☐	☒	☐	
Healthcare record ☐					
ICP (if separate) ☐					
Xrays ☐ Drug chart ☐					
Blood results ☐ Cross matched ☐					

Diabetic = not
Epileptic = not
Aspirin = not

	Signature	Print name	Date
Ward Nurse		Jodi McCane	27/7/22
Theatre Practitioner		Jodi McCane	27/7/22

Metals = not
Smoker = yes

INTRAOPERATIVE CARE RECORD

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB

Surgical Position <u>supine</u>		Equipment Used/Protection/Pressure Care <u>Eys taped, sel nothess, bitham</u> <u>seene, Houton bxt, bandhugger</u>	
Initials: <u>lds</u>			
Mobility	Special Actions taken		
Initials: <u>ja</u>	<u>pre-op -- self-transferred</u> <u>post-op - rest/ice</u>		
Diathermy	Position		
Initials: <u>ja</u>	<u>(R) Thigh</u>		
Problem/action taken			
Skin prep.	Details		
Initials: <u>BW</u>	<u>chloroxyline</u>		
Skin closure	Details		
Initials: <u>BW</u>	<u>Biosyn 4.0</u>		
Dressings ☐ N/A	Details		
Initials: <u>BW</u>	<u>Mepore xy</u>		
Drains ☐ N/A	Details		
Initials: <u>BW</u>	<u>Size 20 Portox Drain Secured with</u> <u>silk</u>		
Catheters ☐ N/A	Details		
Initials: <u>/</u>	<u>MLs in balloon</u>		
Specimens ☐ N/A	Details		
Initials:	<u>gallbladder - path</u>		
Packs ☐ N/A	Details		
Initials: <u>/</u>			
Tourniquet ☐ N/A	Position	Pressure	Time on
Initials: <u>/</u>	Protection used		Time off
Comments: <u>20 ml of 5mg mc chineate</u>			
Signature: <u>B. Buchan</u>		Print name: <u>B. Buchan</u>	

INTRAOPERATIVE COUNTS

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB



	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final count
Correct	<i>Goldie</i>			<i>Dr. J. Scott</i>	<i>Dr. J. Scott</i>
Signature					
Discrepancy and Action taken					
Comments	Total blood loss <i>160mls</i>				
Scrub nurse	1. Print <i>Goldie</i> <i>Goldie</i> Sign <i>Goldie</i> 2. Print _____ Sign _____				

HSDU LABELS - FROM PACKS/INSTRUMENTS USED

TELESCOPE OLYMPUS 30DEC110MM

ID: A014390
2022 06 29 S2680
Edinburgh Royal Infirmary



NHS LOTHIAN - New General La M6Inlycke Nealth Care

2024-05-28

REF 97100547-04

LOT 22127848

7 313660 648837 0041

COOK® REF 021305

01 20082700214321461729032310014617269

REF G14521 LOT 14617769 5FrX70cm

NEW GENERAL M15

ID: A069732
2022 06 29 G5195
Edinburgh Royal Infirmary



GENERAL LAPAROSCOPY R.I.E.

ID: A024357
2022 06 30 G5049
Edinburgh Royal Infirmary



INTRAOPERATIVE COUNTS

700143029W M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB



IMPLANTS

OPERATION SUMMARY (surgeon or deputy to complete)

Surgeon:

HEALY

Assistants:

TRIAN TAYLOR

Drugs:

Operation performed:

Diathermy used ☐

Cap Grode Col 156
 - Thick walled gallbladder, necrotic, in
 Hartman's pouch
 - no cholecystitis, no biliary wall left in
 situ, CD - visualised with bile

Postoperative instructions:

- 1000ml
 - 500ml - continue ASx for 48hrs
 - 1000ml @ 2200hrs
 - 150 (1) clip for CD
 - 200g drain
 - no drain
 - 1500ml

Printed:

HEALY

Signed:

[Signature]

WHO Surgical Safety Checklist

(adapted for General Surgery NHS Lothian)



700143029WM

Last Name: SCOTT Justin

First Name: 09-Jun-70 CHI: 090 670 1473

Date of Birth: 70164 J Buchan

CHI Number: 53/1 Newtoft Street

EH17 8RB

*DATE: 3.7.22.

*THEATRE: 17.

*SITE: RIE

*OPERATING/SUPERVISING CONSULTANT:

*PROCEDURE: LAP CHOLE.

NAME:

SIGNATURE:

Please complete ALL boxes

SIGN IN (To be read out loud)

Before commencement of anaesthesia

Member verbally confirms with the team:

Patient confirmed his/her identity, site, procedure and consent: Yes ☒ No ☐

Correct operating table? Yes ☒ No ☐

Surgical site/side marked: Yes ☒ No ☐ N/A ☐

Are prophylactic antibiotics required? Yes ☒ No ☐ N/A ☐

Does the patient have a:

Known Allergy? Yes ☐ No ☒ N/A ☐

Difficult airway/aspiration risk? Yes ☐ No ☒ N/A ☐

Complete case notes available? Yes ☒ No ☐ N/A ☐

Estimated blood loss > 500ml? Yes ☐ No ☒ N/A ☐

If yes, adequate IV access/fluid warming/cell salvage planned? Yes ☐ No ☐ N/A ☒

Negative pregnancy test documented? Yes ☐ No ☐ N/A ☒

Blood results available? Yes ☒ No ☐ N/A ☐

Group & Save available? Yes ☒ No ☐ N/A ☐

Patient temperature (°C): 37.8°C

Patient diabetic? Yes ☐ No ☒

If yes, BM (millimoles):

Patient on Beta blockade? Yes ☐ No ☒

If yes, Beta blockade given? Yes ☐ No ☒

If not given, state reason omitted:

TIME OUT (To be read out loud)

Before start of surgical intervention

Member verbally confirms with the team:

Team members introduce themselves by name and role: Yes ☒ No ☐

Correct patient? Yes ☒ No ☐ N/A ☐

Correct procedure/consent? Yes ☒ No ☐ N/A ☒

Correct site/side marked? Yes ☒ No ☐ N/A ☐

Correct positioning? Yes ☒ No ☐ N/A ☐

Does the patient have a known allergy? Yes ☐ No ☒ N/A ☒

Essential imaging displayed: Yes ☐ No ☒ N/A ☒

Has DVT prophylaxis been undertaken? Yes ☒ No ☐ N/A ☐

TEDS: Yes ☒ No ☐ N/A ☐

Calf compression: Yes ☒ No ☐ N/A ☐

Heparin: Yes ☒ No ☐ N/A ☐

Antibiotic prophylaxis administration complete? Complete ☐ Started ☒ N/A ☐

Diathermy plate on: Yes ☒ No ☐ N/A ☐

Extra/Specific Equipment required: Yes ☐ No ☐ N/A ☒

Any anticipated difficulties expected by?

Surgeon: Yes ☐ No ☒

Anaesthetist: Yes ☐ No ☒

Theatre Practitioner: Yes ☐ No ☒

Name:

Signature:

Please record any Problems Identified overleaf

www.patient-safety-allyance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)

Before patient leaves operating room

Member verbally confirms with the team:

Has the operation/procedure summary been completed? Yes ☒ No ☐

Have the post operative instructions been documented by:

Surgeon: Yes ☒ No ☐ N/A ☐

Anaesthetist: Yes ☒ No ☐ N/A ☐

Theatre Practitioner: Yes ☒ No ☐ N/A ☐

Have the specimens been labelled correctly (including patient name)? Yes ☒ No ☐ N/A ☐

Have blood tags been completed? Yes ☐ No ☐ N/A ☒

Regular DVT prophylaxis prescribed? Yes ☒ No ☐ N/A ☐

Further antibiotic doses prescribed? Yes ☒ No ☐ N/A ☐

Cardiac medication prescribed? Yes ☐ No ☐ N/A ☒

Discharge medical analgesia prescribed? Yes ☐ No ☐ N/A ☒

Please ensure all *asterix boxes have been completed: Yes ☒

Name: A. P. B.

Signature: [Signature]

RECOVERY AREA (On arrival:)

Patient temperature (°C): 37.5°C

Patient BM if diabetic (millimoles): N/A ☒

Name: E. Kasete

Signature: [Signature]

Name: C Leeson-Payne

Signature: GMC 3189317

Patient Name
Scott Justin

CHI
0906701473

Date of Birth
09/06/1970

Age
52

GP
Blyth, Catherine

GP Practice
Ferniehill Surgery

GP Practice Code
70164

Allergies		
Description	Date Recorded	Comments
No ECS data exists		

Sources:

☒ ECS

☐ Patient's Drugs

☐ Referrer Kardex

☐ GP Practice

☐ TRAK

☐ Patient

☐ Relative / Carer

☐ Referrer Letter

☐ Comm Pharmacy

☐ Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1 2 3	Action C W S	Comments
No ECS data exists								

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1 2 3	Action C W S	Comments
In Practice	Gabapentin	300 mg Capsules	THREE CAPS THREE TIMES DAILY		10/09/2015	08/06/2022		1		
In Practice	Fluoxetine Hydrochloride	20 mg Capsules	1 OD		31/01/2022	08/06/2022		1		
In Practice	Omeprazole	20 mg Capsules (Gastro-Resistant)	1 TAB TWICE DAILY		08/02/2018	23/06/2021		1		
Outwith practice	Methadone 1 Mg/MI	Oral solution	130MLS DAILY ON REDUCING REGIME. DO NOT DISPENSE. SCRIPT FROM HUB. FOR INTERACTION PURPOSES ONLY		06/11/2015	06/11/2015		1		

Patient Name
Scott Justin

CHI
0906701473

Date of Birth
09/06/1970

Age
52

GP
Blyth, Catherine

GP Practice
Ferniehill Surgery

GP Practice Code
70164

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1 2 3			Action C W S			Comments

Compliance/Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary

No KIS data recorded

Gentamicin dosing calculator and monitoring chart for adult patients

Use for patients aged 16 and over. THIS IS NOT A PRESCRIPTION. ALL PRESCRIBING AND ADMINISTRATION SHOULD BE RECORDED ON HEPMA OR PRESCRIPTION CHART.

Exclusions: Dialysis patients, myasthenia gravis patients, synergistic use, prophylaxis unless 5mg/kg recommended.

Produced by NHS Lothian Antimicrobial Management Team antimicrobial.stewardship@nhslothian.scot.nhs.uk



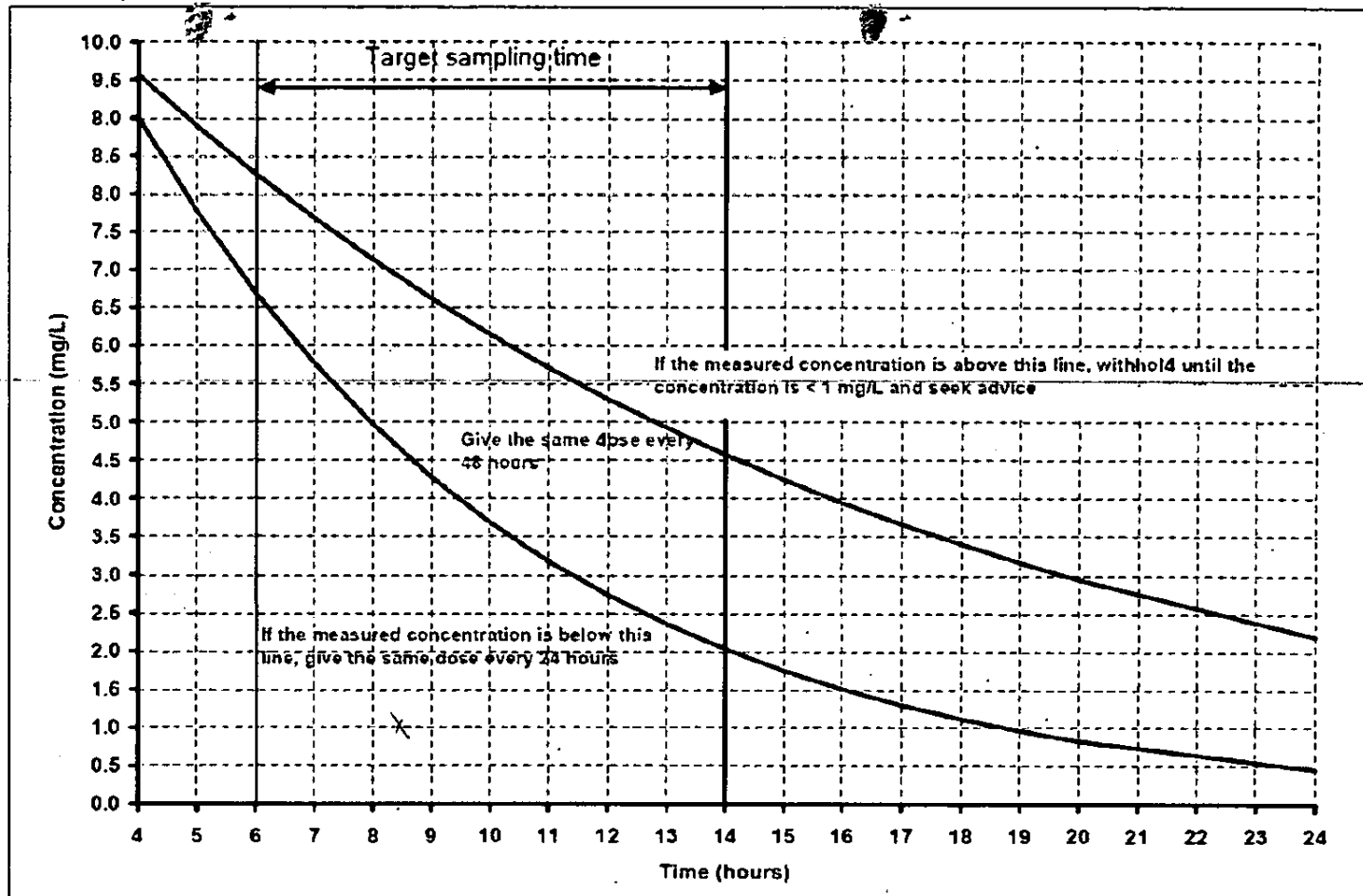
Enter details in the boxes below:	
Patient name	JUSTIN SCOTT
Patient CHI	0906701473
Age	52
Height (cms)	
OR Height (feet)	5
(& inches)	10
Actual body weight (kg)	69.0
Sex (m/f)	m
Creatinine (μmol/L)	57
CrCl result (ml/min)	124

Gentamicin dosing recommendations	Date and time:
Gentamicin dose (mg)	01/07/2022 00:41
Predicted dosing interval, based on data entered	320
HEPMA prescribing interval recommendation	24 hourly, confirm by measuring levels
XH24	
Confirm dosing interval with levels	
Recommended date and time first gentamicin level to be taken - range between	01/07/2022 06:41 & 01/07/2022 14:41

Pharmacy check	
Sign	Date
PREPARATION: Dilute dose in 100ml of sodium chloride 0.9% or glucose 5% and infuse over 30 minutes	
PRESCRIBING GENTAMICIN IN HEPMA CHOOSE: Gentamicin 80mg/2ml solution for injection ampoules Prescribe the calculator recommended dose. Frequency: • XH24: if 24 hourly dosing recommended • XH48: if 48 hourly dosing recommended • STAT order: if not to give further dose	

Administration record - complete each time gentamicin is given									
Step 1. Nursing staff to record when dose was administered. Whoever takes the level should record the date and time it was taken.		Step 2. Clinical team: document the gentamicin level and renal function and complete Step 3 BEFORE the next dose of gentamicin is due.		Step 3. Clinical team: Plot the gentamicin level on the monitoring chart to confirm the dosing interval. Nursing staff should NOT ADMINISTER the next dose of gentamicin if this section is not completed unless instructed to by clinical team. If not completed discuss with clinical team/HON.					
Date and time dose administered	Date and time level taken	Gentamicin level mg/L	Creatinine μmol/L	Does the dosing interval need to change?	Has the dosing interval been amended on HEPMA?	Confirm date and time of next gentamicin dose	Name	Signature	
Dose 1 01/07/22 14:30	01/07/22 10:00	1.0		Yes / <u>No</u>	Yes, amended / <u>No change required</u>	21/7/22 01:30	HEIGHTON		
Dose 2 21/7/22 02:30	21/7/22 10:50	0.8	57	Yes / <u>No</u>	Yes, amended / <u>No change required</u>	3/7 02:30	POWSEY		
Dose 3 3/7/22 02:30	3/7/22 19:30	<0.6	56	Yes / <u>No</u>	Yes, amended / <u>No change required</u>	4/7/22 02:30	POWSEY		
@72 hours review need for ongoing antibiotics - stop or justify continue. Document outcome of review using lantibreview Continued IV gentamicin is acceptable after 72 hours, for up to 5 days in total, where the patient is improving, oral route is not available, and there is no deterioration in renal function or hearing. Look at the Antimicrobial Companion for IV to oral switch options. <u>SEE HERE FOR GENTAMICIN HOW TO USE IT WELL NOTES</u>									
04/07/22 08:35	4/7/22 09:30	1.3	1	Yes / <u>No</u>	Yes, amended / <u>No change required</u>	5/7/22 02:30	POWSEY	W. WAINMAN	
5/7/22 02:15				Yes / No	Yes, amended / No change required				

GENTAMICIN MONITORING CHART



MONITORING GENTAMICIN

- Take a gentamicin level (and U&Es) at the time suggested on the calculator:
 - If CrCl ≥ 21 @ 6-14 hours after the start of the infusion
 - if CrCl < 21 @ 24 hours after the start of the infusion
- Record the exact date and time the sample was taken
- Record the serum concentration
- Determine appropriate dosing interval from the chart. The plot will indicate one of 3 options:
 1. Continue present dosage regimen (either 24 hourly or 48 hourly)
 2. Change dosing interval (calculator predicted 24 or 48 hourly but levels indicate need to change interval on HEPMA or prescription chart)
 3. Withhold any further dose until level < 1 mg/L
- Seek advice from clinical pharmacist if help needed to interpret the result or if concentration unexpectedly high or low.
- Continue to take gentamicin levels after each administration and daily U&Es.

SIGNS OF GENTAMICIN TOXICITY

RENAL

- Decreased urine output/oliguria
- Increasing serum creatinine



OTO/VESTIBULAR - development of new:

- Tinnitus or hearing loss
- Dizziness or poor balance
- Oscillating vision



SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: DR ANDREW J HEALEY
 Height: cm Admitted On: 30-Jun-2022
 Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

Medication Administration Profile

EJ14 - 3-Jul-2022 at 08:35

Previous Day

Page 1 of 3

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key:	1 - denotes unverified order at the time of charting or administration. 2 - denotes charting was overridden.	7 - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave.	[+]- Order Notes exist %- Part Dose (see PAC)	<MOD> - Order Modified <DIS> - Order Discontinued	<STOPPED> - Order Stopped <RES> - Order Resumed	<SUS> - Order Suspended RS - Result	AC - Recommended Action
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE VERIFIED	2-Jul-2022 Saturday	3-Jul-2022 Sunday					
Oalteparin sodium 5,000 units/0.2ml injection PFS 5000 unit SC 01 22 ALBERT CY WANG Start Date/Time 1-Jul-2022 22:00	121:18 SS245						
TED anti-embolism stocking 1 unit TOP XM24 ALBERT CY WANG Start Date/Time 1-Jul-2022 00:28	107:45 CO46	107:50 EJ14					
Gabapentin 300mg capsules 900 mg ORAL 03 7/14/21 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	107:45 CO46 113:09 JM211 CO46 121:18 SS245	107:51 EJ14					
Fluoxetine 20mg capsules 20 mg ORAL 01 07 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	107:46 CO46	107:51 EJ14					
Methadone 1mg/1ml oral solution 110 mg ORAL 01 07 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	108:47 CO46 JM211						

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: DR ANDREW J HEALEY
Height: cm Admitted Dn: 30-Jun-2022
Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

Medication Administration Profile

EJ14 - 3-Jul-2022 at 08:35

Previous Day

Page 3 of 3

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key: I - denotes unverified order at the time of charting or administration. - denotes charting was overridden. ? - denotes witnessable administration not witnessed. [@@] - denotes patient was/is on Short Term Leave. [-] - Order Notes exist N - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result AC - Recommended Action							
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE VERIFIER	2-Jul-2022 Saturday	3-Jul-2022 Sunday					
Cyclizine 50mg/5ml solution for injection ampoules 50 mg IM XH08 PRN N+V ALBERT CY WANG Start Date/Time 1-Jul-2022 00:42	! 14:24 JM211	! 05:13 SS245					
Paracetamol 500mg caplets 1000 mg ORAL XH06 PRN pain or pyrexia ALBERT CY WANG Start Date/Time 1-Jul-2022 00:43	! 04:33 SS245 ! 14:33 JM211						
Peptac liquid 10 ml ORAL PRN Indigestion/relax SHONA MOWITT Start Date/Time 1-Jul-2022 10:27						FA SA TH	
Codeine 30mg tablets 30 mg ORAL XH06 PRN pain ALBERT CY WANG Start Date/Time 2-Jul-2022 04:42							

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: DR ANDREW J HEALEY
Height: cm Admitted On: 30-Jun-2022
Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

Medication Administration Profile

CO46 - 2-Jul-2022 at 11:24

Previous Day

Page 1 of 4

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key: 1 - denotes unverified order at the time of charting or administration. 2 - denotes charting was overridden. 7 - denotes witnessable administration not witnessed. (P@) - denotes patient was/is on Short Term Leave. (M) - Order Notes exist % - Part Dose (see P@) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <SUS> - Order Suspended AC - Recommended Action							
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE VERIFIER	1-Jul-2022 Friday	2-Jul-2022 Saturday					
Dalteparin sodium 5,000units/0.2ml injection PFS 5000 unit SC D1 22 ALBERT CY WANG Start Date/Time 1-Jul-2022 22:00	122:00 (Withheld on prescribers instruc BM17						
TEO anti-embolism stocking 1 unit TOP XH24 ALBERT CY WANG Start Date/Time 1-Jul-2022 00:28	101:29 BM17	107:45 CO46					
Gabapentin 300mg capsules 900 mg ORAL D3 7/14/22 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	106:45 HA39 113:11 AR127 123:21 BM17	107:45 CO46					
Fluoxetine 20mg capsules: 20 mg ORAL D1 07 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	106:46 HA39	107:46 CO46					
Melhadone 1mg/1ml oral solution 110 mg ORAL D1 07 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	106:50 HA39 BM17	108:47 CO46 JM211					

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: DR ANDREW J HEALEY
Height: cm Admitted On: 30-Jun-2022
Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

**Medication
Administration Profile**

CO46 - 2-Jul-2022 at 11:24

Previous Day

Page 2 of 4

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key: 1 - denotes unverified order at the time of charting or administration. 2 - denotes charting was overridden. 3 - denotes witnessable administration not witnessed. [O] - denotes patient was/iv on Short Term Leave. [I] - Order Notes exist % - Part Dose (see PAC) <MOD> - Order Modified <DIS> - Order Discontinued <STOPPED> - Order Stopped <RES> - Order Resumed <SUS> - Order Suspended RS - Result AC - Recommended Action							
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE VERIFIER	1-Jul-2022 Friday	2-Jul-2022 Saturday					
Ampicillin 1g powder for solution for Injection Vials 1000 mg IV 03/7/14/22 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	106:50 HA39 BM17 113:10 AR127 RP6 123:25 BM17 AM676	108:50 CO46 JM211					114:50
Metronidazole 400mg tablets 400 mg DRAL 03/7/14/22 ALBERT CY WANG Start Date/Time 1-Jul-2022 07:00	106:46 HA39 113:10 AR127 123:21 BM17	107:47 CO46					
Gentamicin 80mg/2ml solution for injection ampoules 320 mg IV XH24 ALBERT CY WANG Start Date/Time 1-Jul-2022 00:42	101:29 BM17 DFMC1	101:10 BM17 AM676					
Diazepam 5mg tablets 30 mg ORAL D1 07 ELEANOR HEIGHTON Start Date/Time 2-Jul-2022 07:00		107:47 CO46					

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: DR ANDREW J HEALEY
 Height: cm Admitted On: 3D-Jun-2022
 Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

Medication Administration Profile

CO46 - 2-Jul-2022 at 11:24

Previous Day

Page 3 of 4

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key: 1 - denotes unverified order at the time of charting or administration, 2 - denotes charting was overridden, ? - denotes witnessable administration not witnessed, [0@] - denotes patient was/is on Short Term Leave, [-] - Order Notes exist, N - Part Dose (see PAC), <MOD> - Order Modified, <DIS> - Order Discontinued, <STOPPED> - Order Stopped, <RES> - Order Resumed, <SUS> - Order Suspended, RS - Result, AC - Recommended Action							
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE NDC STAT DEAN F MCAVOY Start Date/Time Stop Date/Time	1-Jul-2022 Friday	2-Jul-2022 Saturday					
Amoxicillin 1g powder for solution for injection 1000 mg IV STAT DEAN F MCAVOY Start Date/Time: 1-Jul-2022 04:24 Stop Date/Time: 1-Jul-2022 01:30	I 01:29 BM17 DFMC1 <MOD> BM17						
Metronidazole 400mg tablets 400 mg ORAL STAT DEAN F MCAVOY Start Date/Time: 1-Jul-2022 04:26 Stop Date/Time: 1-Jul-2022 01:30	I 01:29 BM17 DFMC1 <MOD> BM17						
Oral suspension 5mg tablets 20 mg <MC> ORAL STAT ELF ANDR HEIGHTON Start Date/Time: 1-Jul-2022 10:44 Stop Date/Time: 1-Jul-2022 11:09	I 11:08 AR127 <MOD> AR127						
Cyclizine 50mg/1ml solution for injection ampoules 50 mg IM XH08 PRN N+V ALBERT CY WANG Start Date/Time: 1-Jul-2022 00:42	I 13:45 AR127						

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp No: 700143029W DOB: 9-Jun-1970 Status: On Ward RIE WARD 106

Weight: kg Consultant: OR ANDREW J HEALEY
 Height: cm Admitted On: 30-Jun-2022
 Body Surface: sq m

If <MOD> symbol (Order Modified) appears in Rx details, dose administration data might be inaccurate.

Medication Administration Profile

CO46 - 2-Jul-2022 at 11:24

Previous Day

Page 4 of 4

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

Key: 1 - denotes unverified order at the time of charting or administration, 2 - denotes charting was overridden, ? - denotes witnessable administration not witnessed, [@@] - denotes patient was/is on Short Term Leave, [-] - Order Notes exist, % - Part Dose (see PAC), <MOD> - Order Modified, <DIS> - Order Discontinued, <STOPPED> - Order Stopped, <SUS> - Order Suspended, AC - Recommended Action							
DRUG DOSE, ROUTE & FREQUENCY/INTERVAL/RATE VERIFIER	1-Jul-2022 Friday	2-Jul-2022 Saturday					
Paracetamol 500mg caplets 1000 mg ORAL XH06 PRN pain or pyrexia ALBERT CY WANG Start Date/Time 1-Jul-2022 00:43	11:11 AR127	10:43 SS245					
Peptac liquid 10 mL ORAL PRN Indigestion/reflux 4 hourly SHONA MOWITT Start Date/Time 1-Jul-2022 10:27	10:35 RW41						
Codeine 30mg tablets 30 mg ORAL XH06 PRN pain ALBERT CY WANG Start Date/Time 2-Jul-2022 04:42							

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302

D: 09/06/1970 Ward: RIE WARD 106

S3/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8R8

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines**Administration Chart**

CO46 - 7/2/22 at 11:22

Page 1 of 9

MAC queries: 0131 537 6173

HEPMATeam@nhslothian.scot.nhs.uk

REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS							
DRUG - drug names in brackets () require witnessing DOSE, FREQUENCY, PRN REASON, ROUTE				July - 2022 Day Time 2 3 4 5 6 7 8							
Dalteparin sodium 5,000units/0.2ml injection PFS 5000 unit Once daily at 2200 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 22:00 Verified by: Not verified Date: No previous doses administered				Subcutaneous							
TED anti-embolism stocking 1 unit Every 24 hours Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 00:28 Verified by: Not verified Date: Last Dose Given: 02-Jul-2022 07:45				Topical							
Gabapentin 300mg capsules 900 mg 3 times daily at 0700, 1400 & 2200 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 02-Jul-2022 07:45				Oral							
Fluoxetine 20mg capsules 20 mg Once daily at 0700 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 02-Jul-2022 07:46				Oral							

a = already administered.

n/a = not administered.

■ = Not to be administered at this time.

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

SS The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302

I: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines**Administration Chart**

CO46 - 7/2/22 at 11:22

Page 2 of 9

MAC queries: 0131 537 6173

HEPMATeam@nhslothian.scot.nhs.uk

REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS											
DRUG - drug names in brackets [] require witnessing DOSE, FREQUENCY, PRN REASON, ROUTE				** or \$\$ - Order suspended [+]- Order Notes exist ISA - Self admin order		a = already administered. n/a = not administered. = Not to be administered at this time.		July - 2022							
								Day Time	2	3	4	5	6	7	8
[Methadone 1mg/1ml oral solution]								07:00	a						5.4
110 mg Once daily at 0700						Oral									
Prescribed by: ALBERT CY WANG				Date: 1-Jul-2022 07:00											
Verified by: Not verified				Date:											
Last Dose Given: 02-Jul-2022 08:47															
[Amoxicillin 1g powder for solution for injection vials]								07:00	a						
1000 mg Three times daily at 0700, 1400 & 2200						Intravenous		14:00	16.1						
Prescribed by: ALBERT CY WANG				Date: 1-Jul-2022 07:00				22:00							
Verified by: Not verified				Date:											
Last Dose Given: 02-Jul-2022 08:50															
Metronidazole 400mg tablets								07:00	a						ing ca,
400 mg Three times daily at 0700, 1400 & 2200						Oral		14:00							Three
Prescribed by: ALBERT CY WANG				Date: 1-Jul-2022 07:00				22:00							PR. CY W.
Verified by: Not verified				Date:											ified
Last Dose Given: 02-Jul-2022 07:47															
[Gentamicin 80mg/2ml solution for injection ampoules]								00:42	a						
320 mg Every 24 hours						Intravenous									
Prescribed by: ALBERT CY WANG				Date: 1-Jul-2022 00:42											
Verified by: Not verified				Date:											
Last Dose Given: 02-Jul-2022 01:10															

a = already administered.

n/a = not administered.

■ = Not to be administered at this time.

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

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3: 09/06/1970 Ward: RIE WARD 106

S3/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 3 of 9

MAC queries: 0131 537 6173

HEPMATeam@nhslothian.scot.nhs.uk

REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS							
DRUG - drug names in brackets [] require witnessing		** or SS - Order suspended	a = already administered.								
DOSE, FREQUENCY, PRN REASON, ROUTE		[N] - Order Notes exist	n/a = not administered.								
		I SA - Self admin order	[X] = Not to be administered at this time.								
Diazepam 5mg tablets				Day	2	3	4	5	6	7	8
30 mg Once daily at 0700				Time							
Prescribed by: ELEANOR HEIGHTON		Date: 2-Jul-2022 07:00	Oral	07:00	a						
Verified by: Not verified		Date:									
Last Dose Given: 02-Jul-2022 07:47											
											</

a = already administered.

n/a = not administered.

■ = Not to be administered at this time.

[+] - Order Notes exist

* * The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

B: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CD46 - 7/2/22 at 11:22

Page 4 of 9.

MAC queries: 0131 537 6173

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REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS									
DRUG		** or \$\$ - Order suspended		a = already administered.									
DDSE, FREQUENCY, PRN REASDN, ROUTE		[+] - Order Notes exist		n/a = not administered.									
		ISA - Self admin order		= Not to be administered at this time.									
Drug Description:				July - 2022									
				Day									
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[+] - Order Notes exist

* * The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hbosp. No.: 70014302 B: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8R8

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 5 of 9

MAC queries: 0131537 6173

HEPMATeam@nhslothian.scot.nhs.uk

Dose:		Frequency:		Route:									
Notes:		Prescribed by / date:		Stopped by / date:									
		Verified by / date:											

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

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SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302 - 3: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 6 of 9

MAC queries: 0131 537 6173

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DRUG DDSE, FREQUENCY, PRN REASON, ROUTE				** or SS - Order suspended [+] - Order Notes exist ISA - Self admin order		a = already administered. n/a = not administered. [] = Not to be administered at this time.		ONCE ONLY AND PREMEDICATION DRUGS							
Drug Description:								Date							
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Drug Description:								Date							

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302 B: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 7 of 9

MAC queries: 0131 537 6173

HEPMATeam@nhslothian.scot.nhs.uk

Drug Description:			Date								
Dose:			Time								
Route:			Dose								
Administration Date / Time:			Init								
Notes:											
Prescribed by / date:											
Stopped by / date:											
Verified by / date:											

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302 B: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 8 of 9

MAC queries: 0131 537 6173

HEPMATeam@nhslothian.scot.nhs.uk

AS REQUIRED PRESCRIPTIONS				AS REQUIRED PRESCRIPTIONS	
DRUG	- drug names in brackets [] require witnessing	** or \$\$ - Order suspended	[+] - Order Notes exist	a = already administered.	n/a = not administered.
DOSE, FREQUENCY, PRN REASON, ROUTE		1 SA - Self admin order		Not to be administered at this time.	
Cyclizine 50mg/1ml solution for injection ampoules					
50 mg	Every 8 hours PRN			N+V	Intramuscular
Prescribed by:	ALBERT CY WANG	Date:	1-Jul-2022 00:42		
Verified by:	Not verified	Date:			
Last Dose Given:	01-Jul-2022 13:45 50 mg				
Paracetamol 500mg caplets					
1000 mg	Every 6 hours PRN			pain or pyrexia	Oral
Prescribed by:	ALBERT CY WANG	Date:	1-Jul-2022 00:43		
Verified by:	Not verified	Date:			
Last Dose Given:	02-Jul-2022 04:33 1000 mg				
Peptac liquid					
10 mL	PRN			indigestion/reflux 4 hourly	Oral
Prescribed by:	SHONA MOWITT	Date:	1-Jul-2022 10:27		
Verified by:	Not verified	Date:			
Last Dose Given:	01-Jul-2022 10:45 10 mL				
Codeine 30mg tablets					
30 mg	Every 6 hours PRN			pain	Oral
Prescribed by:	ALBERT CY WANG	Date:	2-Jul-2022 04:42		
Verified by:	Not verified	Date:			
No previous doses administered					
Drug Description:					

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 70014302 B: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

CO46 - 7/2/22 at 11:22

Page 9 of 9

MAC queries: 0131 537 6173

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Dose:		Route:		Administration Date / Time:		Time									
Notes:		Prescribed by / date:		Stopped by / date:		Dose									
		Verified by / date:				Init									
Drug Description:						Date									
Dose:		Route:		Administration Date / Time:		Time									
Notes:		Prescribed by / date:		Stopped by / date:		Dose									
		Verified by / date:				Init									

[*] - Order Notes exist

** The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029V DB: 09/06/1970 Ward: RIE WARD 106

S3/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

Page 1 of 9

MAC queries: 0131 537 6173
HEPMAteam@nhslothian.scot.nhs.uk

REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS							
DRUG - drug names in brackets [] require witnessing DOSE, FREQUENCY, PRN REASON, ROUTE				July - 2022							
** or \$\$ - Order suspended [+]- Order Notes exist ISA - Self admin order				a = already administered. n/a = not administered. [] = Not to be administered at this time.							
				Day Time	3	4	5	6	7	8	9
Dalteparin sodium 5,000units/0.2ml injection PFS				22:00							
5000 unit Once daily at 2200 Subcutaneous											
Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 22:00											
Verified by: Not verified Date:											
Last Dose Given: 02-Jul-2022 21:18											
TED anti-embolism stocking				00:28	a						
1 unit Every 24 hours Topical											
Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 00:28											
Verified by: Not verified Date:											
Last Dose Given: 03-Jul-2022 07:50											
Gabapentin 300mg capsules				07:00	a						
900 mg Three times daily at 0700, 1400 & 2200 Oral				14:00							
Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00				22:00							
Verified by: Not verified Date:											
Last Dose Given: 03-Jul-2022 07:51											
Fluoxetine 20mg capsules				07:00	a						
20 mg Once daily at 0700 Oral											
Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00											
Verified by: Not verified Date:											
Last Dose Given: 03-Jul-2022 07:51											

a = already administered.

n/a = not administered.

[] = Not to be administered at this time.

[+]- Order Notes exist

** The order is suspended for all or part of the period included in the chart.

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SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029W DOB: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

Page 2 of 9

MAC queries: 0131 537 6173

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REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS							
DRUG - drug names in brackets [] require witnessing DOSE, FREQUENCY, PRN REASON, ROUTE				July - 2022 Day Time 3 4 5 6 7 8 9							
** or \$\$ - Order suspended [+] - Order Notes exist I SA - Self admin order				a = already administered. n/a = not administered. = Not to be administered at this time.							
[Methadone 1mg/1ml oral solution] 110 mg Once daily at 0700 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 02-Jul-2022 08:47				Oral 07:00 14:00 22:00							
[Amoxicillin 1g powder for solution for injection vials] 1000 mg Three times daily at 0700, 1400 & 2200 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 03-Jul-2022 06:03				Intravenous 07:00 14:00 22:00							
Metronidazole 400mg tablets 400 mg Three times daily at 0700, 1400 & 2200 Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 03-Jul-2022 07:50				Oral 07:00 14:00 22:00							
[Gentamicin 80mg/2ml solution for injection ampoules] 320 mg Every 24 hours Prescribed by: ALBERT CY WANG Date: 1-Jul-2022 00:42 Verified by: Not verified Date: Last Dose Given: 03-Jul-2022 02:39				Intravenous 00:42							

a = already administered. n/a = not administered. = Not to be administered at this time.

[+] - Order Notes exist

** The order is suspended for all or part of the period included in the chart

\$\$ The order is suspended (due to task non-completion) for all or part of period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029V DB: 09/06/1970 Ward: RIE WARD 106

S3/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

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MAC queries: 0131 537 6173

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REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS									
DRUG - drug names in brackets () require witnessing		** or SS - Order suspended		a = already administered.									
DOSE, FREQUENCY, PRN REASON, ROUTE		[+] - Order Notes exist		n/a = not administered.									
		ISA - Self admin order		= Not to be administered at this time.									
Diazepam 5mg tablets 30 mg Once daily at 0700 Prescribed by: ELEANOR HEIGHTDN Date: 2-Jul-2022 07:00 Verified by: Not verified Date: Last Dose Given: 03-Jul-2022 07:50						Day							
						Time	3	4	5	6	7	8	9
						07:00	a						

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029W DOB: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8R8

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

Page 4 of 9

MAC queries: 0131 537 6173

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REGULAR SCHEDULED MEDICATIONS				REGULAR SCHEDULED MEDICATIONS									
DRUG		** or SS - Order suspended		a, = already administered.		July - 2022							
DOSE, FREQUENCY, PRN REASON, ROUTE		[+] - Order Notes exist		n/a = not administered.		Day	3	4	5	6	7	8	9
		ISA - Self admin order		= Not to be administered at this time.		Time							
Drug Description: <i>Paracetamol</i>						<i>1800</i>							
Dose: <i>1g</i> Frequency: <i>QDS</i> Route: <i>N / PO</i>						<i>1400</i>	<i>DS</i>						
Notes:		Prescribed by / date: <i>CCARDNER 3/7/22</i>		Stopped by / date:		<i>1800</i>							
		Verified by / date:				<i>2200</i>							
Drug Description:													
Dose: Frequency: Route:													
Notes:		Prescribed by / date:		Stopped by / date:									
		Verified by / date:											
Drug Description:													
Dose: Frequency: Route:													
Notes:		Prescribed by / date:		Stopped by / date:									
		Verified by / date:											
Drug Description:													

[+] - Order Notes exist ** - The order is suspended for all or part of the period included in the chart.

SS - The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029W DOB: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

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MAC queries: 0131 537 6173

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DRUG DOSE, FREQUENCY, PRN REASON, ROUTE				** or SS - Order suspended [+]- Order Notes exist ISA - Self admin order		a = already administered. n/a = not administered. ■ = Not to be administered at this time.		ONCE ONLY AND PREMEDICATION DRUGS							
Drug Description: <i>Morphine</i> Dose: <i>10mg</i> Route: <i>IV</i> Administration Date / Time: <i>3/7/22</i> Prescribed by / date: <i>Dr (M)</i> <i>3/7/22</i> Stopped by / date: <i>3/7/22</i> Notes: <i>Recovery only</i>								Date							
Drug Description: <i>Ondansetron</i> Dose: <i>4mg</i> <i>8hrly</i> Route: <i>PO/IV</i> Administration Date / Time: <i>3/7/22</i> Prescribed by / date: <i>Dr (M)</i> <i>3/7/22</i> Stopped by / date: <i>3/7/22</i> Notes: <i>Max TDS</i>								Date							
Drug Description: <i>Oral Morphine Soln</i> Dose: <i>10mg</i> <i>1hrly</i> Route: <i>PO</i> Administration Date / Time: <i>3/7/22</i> Prescribed by / date: <i>Dr (M)</i> <i>3/7/22</i> Stopped by / date: <i>3/7/22</i> Notes: <i>Max TDS</i>								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							
Drug Description: Dose: Route: Administration Date / Time: Prescribed by / date: Stopped by / date: Notes:								Date							

[+]- Order Notes exist

** The order is suspended for all or part of the period included in the chart.

SS The order is suspended (due to task non-completion) for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hosp. No.: 700143029W B: 09/06/1970 Ward: RIE WARD 106

S3/1 NEWTOFT STREET

Allergies: Drug allergy status undetermined

Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB

Weight: kg

Height: cm

Consultant: DR ANDREW J HEALEY

Medicines

Administration Chart

EJ14 - 7/3/22 at 08:34

Page 8 of 9

MAC queries: 0131 537 6173

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AS REQUIRED PRESCRIPTIONS		AS REQUIRED PRESCRIPTIONS	
DRUG	DOSE, FREQUENCY, PRN REASON, ROUTE	Date	Time
Cyclizine 50mg/1ml solution for injection ampoules	50 mg Every 8 hours PRN Intramuscular		
Prescribed by: ALBERT CY WANG	Date: 1-Jul-2022 00:42		
Verified by: Not verified	Date:		
Last Dose Given: 03-Jul-2022 05:13 50 mg			
Paracetamol 500mg caplets	1000 mg Every 6 hours PRN pain or pyrexia Oral		
Prescribed by: ALBERT CY WANG	Date: 1-Jul-2022 00:43		
Verified by: Not verified	Date:		
Last Dose Given: 02-Jul-2022 14:33 1000 mg			
Peptac liquid	10 mL PRN indigestion/reflux 4 hourly Oral		
Prescribed by: SHONA MOWITT	Date: 1-Jul-2022 10:27		
Verified by: Not verified	Date:		
Last Dose Given: 01-Jul-2022 10:35 10 mL			
Codeine 30mg tablets	30 mg Every 6 hours PRN pain Oral		
Prescribed by: ALBERT CY WANG	Date: 2-Jul-2022 04:42		
Verified by: Not verified	Date:		
No previous doses administered			
Drug Description:			

[+]- Order Notes exist

** The order is suspended for all or part of the period included in the chart.

\$\$ The order is suspended (due to task non-completion) for all or part of the period included in the chart.

SCOTT, JUSTIN JAMES - CHI: 0906701473 Hdsb. No.: 700143029V DB: 09/06/1970 Ward: RIE WARD 106

53/1 NEWTOFT STREET

Allergies: _ Drug allergy status undetermined Sensitivities: Drug sensitivity status undetermined

EDINBURGH

EH17 8RB
Weight: kg
Height: cm
Consultant: DR ANDREW J HEALEY

Medicines
Administration Chart

EJ14 - 7/3/22 at 08:34
Page 9 of 9

MAC queries: 0131 537 6173
HEPMATeam@nhslothian.scot.nhs.uk

Dose:		Route:		Administration Date / Time:		Time							
Notes:		Prescribed by / date:		Stopped by / date:		Dose							
		Verified by / date:				Init							
Drug Description:						Date							
Dose:		Route:		Administration Date / Time:		Time							
Notes:		Prescribed by / date:		Stopped by / date:		Dose							
		Verified by / date:				Init							

{+} - Order Notes exist

** The order is suspended for all or part of the period included in the chart.
SS The order is suspended (due to task non-completion) for all or part of the period included in the chart.

Opioid Infusion and PCA Chart

Name JUSTIN SCOTT CHI 0907701473 DOB Or affix patient label		Parent Team Consultant: Anaesthetist: TONEA (STB)/PAINE (CT) Ward: Date: Operation: LAP. CHOLE	
Medicine(s)	Concentration(s)	Sign & Print	
Morphine 100mg in 50mL	2mg/mL	W. PAINE	
Fentanyl 1000micrograms in 50mL sodium chloride 0.9%	20micrograms/mL		
If anti-emetic included in PCA, max no. of syringes in 24hours =			
Bolus dose of opioid	Lockout	Date / Time	Sign & Print
2	5 minutes	03/07/21 12:00	W. PAINE
	minutes		
	minutes		
Infusion rate	/ hour		
Change 1	/ hour		
Change 2	/ hour		
Loading Dose	Sign & Print	Date & Time	Given by (Sign & Print) Checked by (Sign & Print)
0-20mg IN RECOVERY	W. PAINE	03/07/21 12:00	3mg 12:14 W. PAINE 3mg 12:22 W. PAINE 3mg 12:31 W. PAINE 3mg 12:44 W. PAINE 3mg 12:55 W. PAINE 3mg 13:04 W. PAINE 3mg 13:11 W. PAINE
Intrathecal or Epidural Opioid	Medicine and dose	Date / Time	Sign & Print

All patients require oxygen therapy, 4L/minute by face mask or 2 to 4L/minute via nasal cannulae. Oxygen therapy whilst sleeping is particularly important.

MANAGEMENT OF PROBLEMS

- If respiratory rate is 8/min or less, or if the patient is very difficult to rouse (sedation score of 3) **STOP PUMP**, and inform doctor or anaesthetist on call (contact details below). Ensure naloxone is available.
- Nausea refer to Post-Operative Nausea and Vomiting (PONV) algorithm
- Inadequate pain relief – check adjuvant prescribed - inform Doctor, Nurse Specialist in Pain Management or Anaesthetist On-Call (contact details below).

PAIN	SCORE	SEDATION	NAUSEA
0 = No pain	0	None, patient alert	None
1 to 3 = Mild pain, it does not distress me	1	Mild, occasionally drowsy, easy to rouse	Mild nausea, no treatment required
4 to 5 = Moderate pain, it distresses me a bit	2	Moderate, frequently drowsy, easy to rouse	Nausea/vomiting helped by treatment
6 to 10 = Severe pain, it distresses me a lot	3	Severe, somnolent, difficult to rouse	Persistent nausea/vomiting despite treatment
	S	Normal sleep, stirs to light touch	Sleeping normally
	V	Ventilated, or otherwise unable to give pain score	

Contacts (pager)	R/E	WGH	SJH	Cardiothoracic Unit R/E
Mon-Fri (08-1700hrs)	5247 (Nurse)	8292 (Nurse)	3934 (Nurse)	1684 (Con. Anaesthetist)
Out of hours	2140 (Anaesthetist)	8112 (Anaesthetist)	3561 or 3948 (Anaesthetist)	1669 or 2200 (Registrar)

Name: JUSTIN SCOTT	Date: 3/7/22	Opioid and PCA monitoring Chart	Observations must be carried out hourly
CHI: 0906701473 DOB: 09/06/1970			

Preparation Details								Discarded syringe							
	Date	Time	Batch no. medicine	Batch No. diluent	Vol in syringe (after priming line)	Pump No.	Prepared by	Checked by		Date	Time	Total given	Total discarded	Discarded by	Witnessed by
1	3/7/22	12.05	1236102		49mls	9204337	AK	Ekasen		3/7/22	16.50	45.3	3ml	E. cum	
2	3/7/22	16.50	1236102		50mls	9204337	E. cum								
3															

Date	Time	Rate (mL/hr)	Volume (mL) remaining in syringe (Visual check)	Volume (mL) infused since last check	Total volume infused	Total volume infused (Device reading)	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
3/7/22	12.10	PCA	49mls	SCMP, CHECKED, ATTACHED			7-PT	12	MAIN	RECOVER			EK
11	13.40	PCA	33mls	16mls	16mls	15.38	0	16	8	10	0		EK
3/7/22	14.45	PCA	24	9mls	33ml	24.38	0	11	5	10	0		
	16.30	PCA	11	13mls	35ml	37.38	0	14	5	10	0		
	18.50	PCA	50mls	New syringe				16	4	0	0		CC
11	20.19	PCA	41	9mls	12mls	24.00	0	17	5	0	0		AG
11	21.51	PCA	30mls	11mls	23mls	48mls	0	17	5	4	0		AG
	22.51	PCA	21mls	9mls	32mls	32mls	0	17	5	4	0		AG
4/7/22	00.05	PCA	12mls	9mls	41mls	41mls	0	17	5	0	0		AG
4/7/22	01.24	PCA	5mls	6mls	47mls	51mls	0	17	5	0	0		AG

TOTAL OPIOID DOSE:

Opioid Infusion and PCA Chart

Name AUSTIN SCOTT		Parent Team Consultant:	
CHI 0906701473		Anaesthetist: McCurry CT2	
DOB		Ward: 106	Date: 4/7/22
Or affix patient label		Operation: LAP CHOLE	
Medicine(s)	Concentration(s)	Sign & Print	
Morphine 100mg in 50mL	2mg/mL		
Fentanyl 1000micrograms in 50mL sodium chloride 0.9%	20micrograms/mL		
OXYCODONE 50mg in 50ml.	1mg/ml	McCurry	
If anti-emetic included in PCA, max no. of syringes in 24hours =			
Bolus dose of opioid	Lockout	Date / Time	Sign & Print
2mg	5 minutes	04/7/22 0120	McCurry
	minutes		
	minutes		
Infusion rate	/ hour		
Change 1	/ hour		
Change 2	/ hour		
Loading Dose	Sign & Print	Date & Time	Given by (Sign & Print) / Checked by (Sign & Print)
Intrathecal or Epidural Opioid	Medicine and dose	Date / Time	Sign & Print

All patients require oxygen therapy, 4L/minute by face mask or 2 to 4L/minute via nasal cannulae. Oxygen therapy whilst sleeping is particularly important.

MANAGEMENT OF PROBLEMS

1. If respiratory rate is 8/min or less, or if the patient is very difficult to rouse (sedation score of 3) **STOP PUMP**, and inform doctor or anaesthetist on call (contact details below). Ensure naloxone is available.
2. Nausea refer to Post-Operative Nausea and Vomiting (PONV) algorithm
3. Inadequate pain relief – check adjuvant prescribed - inform Doctor, Nurse Specialist in Pain Management or Anaesthetist On-Call (contact details below).

PAIN	SCORE	SEDATION	NAUSEA
0 = No pain	0	None, patient alert	None
1 to 3 = Mild pain, it does not distress me	1	Mild, occasionally drowsy, easy to rouse	Mild nausea, no treatment required
4 to 5 = Moderate pain, it distresses me a bit	2	Moderate, frequently drowsy, easy to rouse	Nausea/vomiting helped by treatment
6 to 10 = Severe pain, it distresses me a lot	3	Severe, somnolent, difficult to rouse	Persistent nausea/vomiting despite treatment
	S	Normal sleep, stirs to light touch	Sleeping normally
	V	Ventilated, or otherwise unable to give pain score	

Contacts (pager)	RIE	WGH	SJH	Cardiothoracic Unit RIE
Mon-Fri (08-1700hrs)	5247 (Nurse)	8292 (Nurse)	3934 (Nurse)	1684 (Con. Anaesthetist)
Out of hours	2140 (Anaesthetist)	8112 (Anaesthetist)	3561 or 3948 (Anaesthetist)	1669 or 2200 (Registrar)

700143029W M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB

Date:

4/7/22

Opioid and PCA monitoring Chart

Observations must be
carried out hourly

Or affix patient label

Discarded syringe

Date	Time	Batch no. medicine	Batch No. diluent	Vol in syringe (after priming line)	Pump No.	Prepared by	Checked by	Date	Time	Total given	Total discarded	Discarded by	Witnessed by
4/7/22	03:30	PW00065	21121					4/7/22	03:30		1ml		
4/7/22	08:00	PW00064	21121	50				4/7/22	08:55		2ml		
4/7/22	13:00	PW00064	21121	50				4/7/22			1ml		

Date	Time	Rate (mL/hr)	Volume (mL) remaining in syringe (Visual check)	Volume (mL) infused since last check	Total volume infused	Total volume infused (Device reading)	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
4/7/22	03:30	PCA	50										
4/7/22	04:37	PCA	48	2	2	16	0	16	AS	AS	0	✓	AC
4/7/22	05:37	PCA	46	2	4	13	0	16	AS	AS	0	✓	AC
4/7/22	06:45	PCA	29	7	11	24	0	16	3	0	0	✓	AC
4/7/22	07:45	PCA	19	10	21	34	0	15	3	5	0	✓	AC
4/7/22	08:50	PCA	2	17	38			16	5	5	0	✓	AC
4/7/22	09:00	PCA	50	NEW SYRINGE			0					✓	AC
4/7/22	10:05	PCA	31	19	19	18	0	16	5	8-9	0	✓	AC
4/7/22	11:35	PCA	15	16	35	34.5	0	17	5-6	8-9	0	✓	AC
4/7/22	12:30	PCA	7	8	43	44	0	16	5	8	0	✓	AC
4/7/22	13:00	PCA	50	NEW SYRINGE			0	17				✓	AC
4/7/22	14:10	PCA	43	7	7	7.27	0	16	5	6	0	✓	AC
4/7/22	15:50	PCA	29	14	21	22	0	16	4	5	0	✓	AC
PCA STOPPED AS PER PAIN T-RW													

TOTAL OPIOID DOSE:

IS Letham University Hospital Acute Division
Surgical Directorate 106/107

Patient's Name : _____
Unit No : _____
Date of Birth : _____
(or affix passport photo)

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB

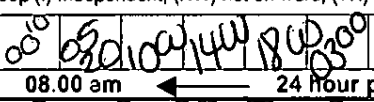
Date :

RAIN OUTPUT CHART

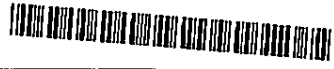
TYPE OF DRAIN:

(TOTAL OUTPUT TO BE RECORDED @ MIDNIGHT EVERY DAY)

[illegible]

Ward: <u>2E</u>	Site: <u>SCU</u>	Date: <u>01/07/22</u>	Addressograph, or 700143029W /E5071898 M SCOTT Justin 09-Jun-70 CHI: 090 670 1473 70164 J Buchan 53/1 Newtost Street EH17 8RB	
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.				
1hrly 2 hrly 3 hrly <u>4</u> hrly (please circle/complete)				
Print name and sign _____				
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,				
Time of Care Rounding Document the exact time care rounding took place e.g. 0830				
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review			
	Waterlow 10+ - Visual Skin Check (tick) <u>✓</u> <u>N</u> <u>✓</u> <u>N</u> <u>✓</u> <u>N</u> <u>✓</u> <u>N</u>			
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister <u>U</u> <u>NS</u> <u>NS</u> <u>N</u> <u>NS</u> <u>✓</u>			
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....			
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan			
	Have you changed position since last CR? <u>Y</u> <u>N</u> <u>N</u> <u>Y</u> <u>N</u> <u>Y</u>			
Elimination	Positioning (R) or (L) side (B) Back (C) Chair <u>B</u> <u>B</u> <u>B</u> <u>B</u> <u>B</u> <u>L</u>			
	Mattress type / Cushion type please state type:			
	Do you need the toilet? <u>I</u> <u>AS</u> <u>I</u> <u>I</u> <u>I</u> <u>N</u>			
	Is the patient continent of urine? (at time of Care Rounding) <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Continence product changed/offered? <u>N/A</u> <u>N/A</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>			
	Catheter care performed? <u>N/A</u> <u>N/A</u> <u>✓</u> <u>-</u> <u>-</u> <u>✓</u>			
Food, Fluid & Nutrition	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact			
	Is patient continent of faeces? (at time of Care Rounding) <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Bowel function monitored Observe bowel function and update daily			
	Would you like a drink? <u>W</u> <u>AS</u> <u>W</u> <u>W</u> <u>W</u> <u>non</u>			
	Ensure fluids are within easy reach			
	Fluid Balance Chart (if clinically indicated) <u>Y</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>Y</u> <u>Y</u>			
Falls	When did you last eat? <u>30%</u> <u>30%</u> <u>20%</u> <u>L</u> <u>L</u>			
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required			
	Oral Hygiene Performed (ref to risk assessment) <u>2</u> <u>AS</u> <u>I</u> <u>I</u> <u>I</u> <u>N</u>			
	Appropriate Footwear? <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Walking aid available (and within reach) <u>N/A</u> <u>N/A</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u>			
	Area de-cluttered? <u>Y</u> <u>N</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
Pain	Chair and bed height assessed? <u>Y</u> <u>N</u> <u>N</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Falls alarm in use and attached? <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>✓</u> <u>✓</u>			
	Glasses available for use? (if worn) <u>N/A</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>✓</u>			
	Hearing aid available for use? (if worn) <u>N/A</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u> <u>✓</u>			
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐			
	Are you in pain? <u>N</u> <u>AS</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u>			
General	Analgesia Given? <u>N</u> <u>AS</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u>			
	Peripheral Venous Cannula observed? <u>Y</u> <u>AS</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily			
	Are you comfortable? Y/N <u>Y</u> <u>AS</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
	Anything else I can do for you? <u>Y</u> <u>AS</u> <u>N</u> <u>N</u> <u>N</u> <u>N</u>			
	Buzzer within easy reach <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>			
Personal Care Type _____ (specify) Time Given _____				
Initials – document at time of care delivery <u>WA</u> <u>MD</u> <u>AC</u> <u>AE</u> <u>AC</u> <u>SS</u>				

Ward: <u>101</u> Site: <u>R1E</u> Date: <u>2/7/22</u> This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. 1hrly 2hrly 3hrly <u>4</u> hrly (please circle/complete) Print name and sign <u>[Signature]</u>	Addressograph, or Na 700143029W /E5071898 M SCOTT Justin 09-Jun-70 CHI: 090 670 1473 DOE 70164 J Buchan 53/1 Newtoft Street Unit r EH17 8RB 
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre.	
Time of Care Rounding Document the exact time care rounding took place e.g. 0830 <u>0800</u> <u>1255</u> <u>1600</u>	
08.00 am ← 24 hour period → 07.00 am	
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review
	Waterlow 10+ - Visual Skin Check (tick)
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan
Elimination	Have you changed position since last CR?
	Positioning (R) or (L) side (B) Back (C) Chair
	Mattress type / Cushion type please state type:
	Do you need the toilet?
	Is the patient continent of urine? (at time of Care Rounding)
Food, Fluid & Nutrition	Continence product changed/offered?
	Catheter care performed?
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact
	Is patient continent of faeces? (at time of Care Rounding)
	Bowel function monitored Observe bowel function and update daily
Falls	Would you like a drink?
	Ensure fluids are within easy reach
	Fluid Balance Chart (if clinically indicated)
	When did you last eat?
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required
Pain	Oral Hygiene Performed (ref to risk assessment)
	Appropriate Footwear?
	Walking aid available (and within reach)
	Area de-cluttered?
	Chair and bed height assessed?
General	Falls alarm in use and attached?
	Glasses available for use? (if worn)
	Hearing aid available for use? (if worn)
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐
	Are you in pain?
Pain	Analgesia Given?
	Peripheral Venous Cannula observed?
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily
	Are you comfortable? Y/N
	Anything else I can do for you?
Personal Care	Buzzer within easy reach
	Personal Care Type _____ (specify) Time Given _____
	Initials - document at time of care delivery
	<u>[Initials]</u>
	<u>[Initials]</u>

Ward: <u>106</u>	Site: <u>R/E</u>	Date: <u>21/7/22</u>	Addressograph, or 700143029W/E5071898 M N: SCOTT Justin 09-Jun-70 CHI: 090 670 1473 D 70164 J Buchan 53/1 Newtoft Street EH17 8RB 
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. 1hrly 2 hrly 3 hrly ____ hrly (please circle/complete)			
Print name and sign <u>[Signature]</u>			
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre.			
Time of Care Rounding Document the exact time care rounding took place e.g. 0830		<u>08:09</u> <u>08:00</u> am 141619202122 000000354555 <u>07:00</u> am ← 24 hour period →	
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review		
	Waterlow 10+ - Visual Skin Check (tick)		
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister		
	Vulnerable areas? (circle areas of damage)		
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan		
Elimination	Have you changed position since last CR?		
	Positioning (R) or (L) side (B) Back (C) Chair		
	Mattress type / Cushion type please state type:		
	Do you need the toilet?		
	Is the patient continent of urine? (at time of Care Rounding)		
Food, Fluid & Nutrition	Continence product changed/offered?		
	Catheter care performed?		
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact		
	Is patient continent of faeces? (at time of Care Rounding)		
	Bowel function monitored Observe bowel function and update daily		
Falls	Would you like a drink?		
	Ensure fluids are within easy reach		
	Fluid Balance Chart (if clinically indicated)		
	When did you last eat? <u>fasting</u>		
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required		
Pain	Oral Hygiene Performed (ref to risk assessment)		
	Appropriate Footwear?		
	Walking aid available (and within reach)		
	Area de-cluttered?		
	Chair and bed height assessed?		
General	Falls alarm in use and attached?		
	Glasses available for use? (if worn)		
	Hearing aid available for use? (if worn)		
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐		
	Are you in pain?		
General	Analgesia Given?		
	Peripheral Venous Cannula observed?		
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily		
	Are you comfortable? Y/N		
	Anything else I can do for you?		
Buzzer within easy reach			
Personal Care Type <u>Assisted</u> (specify) / Time Given <u>15</u>			
Initials – document at time of care delivery			

Ward: 106	Site: RLE	Date: 3/7/22	Addressograph, or 700143029W M SCOTT Justin 09-Jun-70 CHI: 090 670 1473 70164 J Buchan 53/1 Newtoft Street EH17 8RB	
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.				
1hrly 2hrly 3hrly <u>4</u> hrly (please circle/complete)				
Print name and sign <u>CATLIN MOONEY C Mooney</u>				
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre.				
Time of Care Rounding Document the exact time care rounding took place e.g. 0830			08.00 am 24 hour period 07.00 am	
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review			
	Waterlow 10+ - Visual Skin Check (tick)			
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister			
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....			
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan			
Elimination	Have you changed position since last CR?			
	Positioning (R) or (L) side (B) Back (C) Chair			
	Mattress type / Cushion type <i>please state type: Penumbra</i>			
	Do you need the toilet?			
	Is the patient continent of urine? (at time of Care Rounding)			
Food, Fluid & Nutrition	Continence product changed/offered?			
	Catheter care performed?			
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact			
	Is patient continent of faeces? (at time of Care Rounding)			
	Bowel function monitored Observe bowel function and update daily			
Falls	Would you like a drink?			
	Ensure fluids are within easy reach			
	Fluid Balance Chart (if clinically indicated)			
	When did you last eat?			
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required			
Pain	Oral Hygiene Performed (ref to risk assessment)			
	Appropriate Footwear?			
	Walking aid available (and within reach)			
	Area de-cluttered?			
	Chair and bed height assessed?			
General	Falls alarm in use and attached?			
	Glasses available for use? (if worn)			
	Hearing aid available for use? (if worn)			
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☒			
	Are you in pain?			
General	Analgesia Given?			
	Peripheral Venous Cannula observed?			
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily			
	Are you comfortable? Y/N			
	Anything else I can do for you?			
Buzzer within easy reach				
Personal Care Type <u>1AND</u> (specify) Time Given				
Initials — document at time of care delivery				

Ward: 106	Site: RIE	Date: 4/7/22	
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.			
1hrly 2hrly 3hrly <u>4</u> hrly (please circle/complete)			
Print name and sign		Address: 700143029W M SCOTT Justin 09-Jun-70 CHI: 090 670 1473 70164 J Buchan 53/1 Newtoft Street EH17 8RB	
Codes (Y) Yes, (N) No, (N/A) not applicable, (O) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,			
Time of Care Rounding Document the exact time care rounding took place e.g. 0830			
08.00 am ← 24 hour period → 07.00 am			
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review		
	Waterlow 10+ - Visual Skin Check (tick)		
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister		
	Vulnerable areas? (circle areas of damage)		
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan		
Elimination	Have you changed position since last CR?		
	Positioning (R) or (L) side (B) Back (C) Chair		
	Mattress type / Cushion type		
	Do you need the toilet?		
	Is the patient continent of urine? (at time of Care Rounding)		
Food, Fluid & Nutrition	Continence product changed/offered?		
	Catheter care performed?		
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact		
	Is patient continent of faeces? (at time of Care Rounding)		
	Bowel function monitored		
Falls	Would you like a drink?		
	Ensure fluids are within easy reach		
	Fluid Balance Chart (if clinically indicated)		
	When did you last eat?		
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required		
Pain	Oral Hygiene Performed (ref to risk assessment)		
	Appropriate Footwear?		
	Walking aid available (and within reach)		
	Area de-cluttered?		
	Chair and bed height assessed?		
General	Falls alarm in use and attached?		
	Glasses available for use? (if worn)		
	Hearing aid available for use? (if worn)		
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☒		
	Are you in pain?		
General	Analgesia Given?		
	Peripheral Venous Cannula observed?		
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily		
	Are you comfortable? Y/N		
	Anything else I can do for you?		
Buzzer within easy reach			
Personal Care Type <u>1pm</u> (specify) Time Given <u>1pm</u>			
Initials – document at time of care delivery			

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB

ADULT FLUID PRESCRIPTION CHART



Date 01/07/2022 Sheet no ①
Ward Sou

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

71

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should
be used for maintenance. Plasmalyte 148 not to be
used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
0.18% NaCl / 4% GLUCOSE + 40 mmol KCl	1000	IV	85ml	0610		JSUHT NMP JSUHT. 494	SS/2

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Plasmalyte	1000	IV	150			Heighon.	
Hannan's	1000	IV	150	1340			FWalker. 1340
Hannan's	1200	IV	120	0430			SCOL
Plasmalyte							

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
Request senior / ICU opinion if 2000ml insufficient

Date 17/22

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____

ml/24hr

TPN

ml/24hr

Total Input Goal: _____

ml in 24hr

Fluid Restriction: _____

ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION e.g. 0.18% NaCl/4% Glucose /20mmol/KCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00	HAAMANS 100	150					/				
14.00		150					/				
15.00		150					/				
16.00		150					/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00		150					/				
18.00		150					/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		

NOTES

24 Hr Balance

ADULT FLUID PRESCRIPTION CHART



Name
Justin Scott

Date of Birth

CHI/Unit No

Date
3/7/22

Sheet no

Ward
IC6

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should
be used for maintenance. Plasmalyte 148 not to be
used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥ 75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
<i>NaCl 0.9% (KVO)</i>	<i>250</i>	<i>IV</i>	<i>20ml</i>	<i>11.30</i>		<i>Justin Scott</i>	<i>AG</i>

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
Request senior / ICU opinion if 2000ml insufficient

Date / /

ADULT FLUID BALANCE CHART

Name: CHI/Unit No. Today's PEG/NG Feed:

ml/24hr

TPN

ml/24hr

Total Input Goal:

ml in 24hr

Fluid Restriction:

ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print

13.00							/				
14.00							/				
15.00	<i>PlasmaLyte</i>	<i>75ml</i>					/				
16.00		<i>75</i>					/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print

17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							726ml	726ml			
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		

NOTES

24 Hr Balance

[illegible]

National Early Warning Score 2 (NEWS2) Chart

[illegible]

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

700143029W / E5071898 M

SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 J Buchan

53/1 Newtoft Street

EH17 8RB

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

GLASGOW COMA SCALE					
	Date				
	Time				
	Eyes Open	Spontaneously	4		
		To speech	3		
		To pain	2		
		None	1		
	Best Verbal Response	Orientated	5		
		Confused	4		
		Inappropriate words	3		
		Incomprehensible sounds	2		
		None	1		
	Best Motor Response	Obey commands	6		
		Localise to pain	5		
		Flexion to pain	4		
		Abnormal flexion	3		
		Extension to pain	2		
		None	1		
		Total GCS Score	15		
	Right Pupil	Size			
		Reaction			
	Left Pupil	Size			
		Reaction			
IMB MOVEMENT	ARMS	Normal power			
		Mild weakness			
		Severe weakness			
		No response			
	LEGS	Normal power			
		Mild weakness			
		Severe weakness			
		No response			
Initials		SXT			

Pupil Scale-mm 1 • 2 ● 3 4 5 6 7 8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished
1650	Plasmalyte	1L	1°	ANMP246	1650	AN		
	Plasmalyte	1000ml	stat		1650	nm		

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time										
	Rate (ml/hr)										
	Volume in Syringe										
Pump No	Total amount Infused										

Drug Name:

	Time										
	Rate (ml/hr)										
	Volume in Syringe										
Pump No	Total amount Infused										

Pupil Scale mm 1 • 2 ● 3 4 5 6 7 8

- Record **all** observations on NEWS2 chart
- Document concerns/decisions in clinical notes
- Escalate your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO₂ • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO₂ / ABCs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre • activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

A = Alert V = Voice / Verbal
P = Pain U = Unresponsive

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

Call Medical Staff / Senior Nurse / Nurse Practitioner

For further advice contact:

ACUTE

Mon-Fri: bleep Acute Pain Team
Out of Hours: on-call Anaesthetist

SPECIALIST PALLIATIVE CARE

Mon-Fri: bleep Palliative Care Team
Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	0 - No Nausea	0 - Full Power
1 - 3 Mild Continue to assess pain with routine observations; must be at least daily	1 - Nausea Consider anti-emetic	1 - Weak but able to raise legs
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	2 - Nausea / Vomiting Administer anti-emetic	2 - Able to bend knees
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	3 - Persistent Nausea &/or Vomiting Contact Doctor	3 - Minimal movement
		4 - Paralysis
Using appropriate Lothian Guidelines	Using guidelines prescribe / give anti-emetics and review	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

Addressograph

Name: _____

DOB: _____

CHI: _____

Name: _____

DOB: _____

CHI: _____

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____ is acceptable for this patient because _____

Please escalate if

Print	Sign	Designation
Date	Time	(only valid if signed and dated)

***Regardless of NEWS always Escalate if concerned about a patient's condition.
Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response <i>Document concern/observations in patient's clinical notes</i>
0	Minimum 12 hourly/ 4 hourly in admission areas	continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	- inform registered nurse - registered nurse assessment - review frequency of observations - if ongoing concern, escalate to medical team - consider fluid balance chart
3 in single parameter	Minimum 1 hourly	- registered nurse assessment - medical assessment - management plan to be discussed with senior trainee or above - consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	- registered nurse assessment - urgent medical assessment - management plan to be discussed with senior trainee or above - consider senior trainee review if NEWS does not improve following initial medical assessment - consider level of monitoring required - consider anticipatory care planning (ACP) - start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	- registered nurse to assess immediately - immediate assessment by senior trainee or above - discuss with supervising consultant - if appropriate contact Critical Care for review - consider anticipatory care planning (ACP) - start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

[illegible][illegible]

National Early Warning Score 2 (NEWS2) Chart



Addressograph

Name: SUSAN SCOTT

DOB: 9/6/1970

CHI: _____ This is chart number _____ of this admission

Date chart commenced: _____

GLASGOW COMA SCALE										
Conscious Level Chart to be completed when clinically indicated										
Date _____ Time _____										
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4							Eyes closed by swelling = C
		To speech	3							
		To pain	2							
		None	1							
	Best Verbal Response	Orientated	5							Endotracheal tube or tracheostomy = T
		Confused	4							
		Inappropriate words	3							
		Incomprehensible sounds	2							
	Best Motor Response	Obey commands	6							Always record the best arm response
		Localise to pain	5							
		Flexion to pain	4							
		Abnormal flexion	3							
		Extension to pain	2							
		None	1							
		Total GCS Score								
Right Pupil	Size								+ reacts - no reaction - eye closed	
	Reaction									
Left Pupil	Size									
	Reaction									
LIMB MOVEMENT	ARMS	Normal power							Record right (R) and left (L) separately if there is a difference between the two sides	
		Mild weakness								
		Severe weakness								
		Extension								
		No response								
	LEGS	Normal power								
		Mild weakness								
		Severe weakness								
		Extension								
		No response								
Initials										

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

REMEMBER

- Record all observations on NEWS2 chart
- Document concerns/decisions in clinical notes
- Escalate your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	- suction if indicated - head tilt, chin lift / jaw thrust - airway adjuncts - administer oxygen - call 2222 if at risk
BREATHING	- respiratory rate - SpO₂ - accessory muscle use - noises +/- percussion, palpation & auscultation - position / posture	- administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) - monitor SpO₂ / ABGs - consider chest x-ray - treat underlying cause - call 2222 if not breathing
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EXPOSURE	- top to toe examination - look for evidence of blood loss / rashes / drains / wounds etc	- control bleeding - treat any underlying conditions identified - reassess - maintain patient's dignity - evaluate actions

Pain and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

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Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

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SPECIALIST PALLIATIVE CARE

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Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
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Using appropriate Lothian Guidelines	Using guidelines prescribe / give anti-emetics and review	

Name: _____

DOB: _____

CHI: _____

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____ is acceptable for this patient because _____

Please escalate if

Print _____	Sign _____	Designation _____
Date _____	Time _____	(only valid if signed and dated)

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V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

[illegible][illegible]

NHS Lothian Consent Form



F SCOTT Justin
09-Jun-70 CHI: 090 670 1473

CHI

53/1 Newtoft Street

EH17 8RB

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

Consultant or health professional responsible for your care

Name and job title: Adrian HEALEY
car. singer

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Please circle: Patient's **LEFT** / **RIGHT** side or **N/A**

kap. cholesteryl +1 - cell +1 - total
cholesteryl
+1 - open

B Statement of health professional (details of treatment, risks and benefits)

1 With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

Define measure of damages

- b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occurring risks including any risks that may be of specific concern to the patient:

1:300 Bile duct injury, 1:1000 Tocolysis
 DVT/PE, Septic, Pile leak, Fecal, returned
 home

- c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

conservative mgt, cholecystectomy, Fecal

- d) any extra procedures that might become necessary during the procedure such as:
 Blood transfusion ☒ or Other procedure (please state):

a / required

- 2 The following patient information leaflet has been provided:

GI DO Lay chole

Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
 or no further written information ☐

- 3 This procedure will involve:

General and/or regional anaesthesia ☒ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 1/7/22

Name (PRINT): _____ Time (24hr): 0830

Designation: comm Surg Contact/bleep no: 0777957
 6052

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

- a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. YES / NO
- b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. YES / NO

Medical Training

I agree to the involvement of medical and other students as part of their formal training.

YES / NO

Use of Tissue

- a) I agree that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**

I have received the patient information sheet about the BioResource **YES / NO**

- b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that I **do not wish to be carried out without further discussion.**

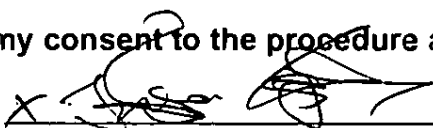
I **confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I **have read and understood** information given to me about the planned procedure.

I **wish to proceed** with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient):



Date:

01/07/22

Name of patient (PRINT):

JUSTIN SCOTT

If signing for a child or young person; delete if not applicable.

I **confirm** I am a person with **parental responsibility** for the patient named on this form.

Signed:

Date:

Relationship to patient:

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed: _____ **Date:** _____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): _____ **Date:** _____

Name of witness (PRINT): _____

Address: _____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): _____ **Date:** _____

Name (PRINT): _____ **Job title:** _____

Please initial to confirm all sections have been completed: _____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): _____ **Date:** _____

Name (PRINT): _____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient): _____ **Date:** _____

Signed (Health professional): _____ **Date:** _____

Name (PRINT): _____

Job title: _____

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 1204 TIME OUT:

Discharge criteria met? Y ☐ N ☐

Name: SCOTT Justin 700143029W M
09-Jun-70 CHI: 090 670 1473
Hosp: 70164 J Buchan
53/1 Newtoft Street
Date: EH17 8RB

EVENTS

A Morphine PCA started
B Sips of tea & toast
C
D
E
F
G
H

TIME

Airway

Oxygen Therapy

S₀O₂

Respiration

PAIN

Severe 6-10
Moderate 4-5
Mild 1-3
None 0

Nausea Score

Sedation Score

Urine Volume

Wound Check

Drains x Portex

Temperature

SBP - v

MAP - x

DBP - ^

Pulse - .

Events

Fluids

Drugs

NAUSEA SCORE

SEDTION SCORE

NAUSEA SCORE

SEDTION SCORE

NAUSEA SCORE

SEDTION SCORE

RECOVERY COMMENTS

Lap chole + loc under GA
- Portex drain inserted, patient draining small amount bloody fluid
- NGT inserted, patent, 300mls fluid emptied, green colour, appears to be methadone pt taste before coming to theatre anaesthetist aware

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☒

Oxygen To keep O₂ sat 94-98% only please.

Monitoring Routine

Fluids As charted ☒

Analgesia As charted ☒

Anti-emetics As charted ☒

Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☐ Ward ☐ HDU ☐ ITU ☐

Name (print) Signature

Name (print) Signature

Contact No.

NHS Lothian ANAESTHESIA RECORD

700143029W / E5071898 M

SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 J Buchan
53/1 Newtoft Street
EH17 8RB

Proposed operation: LAPAROSCOPIC CHOLECYSTECTOMY

Date: 2/7/22 Side:

NCEPOD: Ele ☐ Exp ☐ Urg ☐ Imm ☐

Assessor: PAINE Date: 2/7/22 Location: 106

Consent form signed and checked ☐

History / Examination (52) Unwell since Wednesday
↳ N & V.
↳ Pyrexia

Medications (including herbal)
Gabapentin
Fluoxetine
Methadone
Diazepam

Allergies & adverse reactions
NKDA.

ASA Grade
1 2 3 4 5 6 E

Airway Assessment
MPI
good neck extensions

Teeth V poor dentition
minimal teeth - informed
↳ lots of individual teeth

Previous Anaesthesia
Fundoplication

Alcohol Minimal.
Smoking 6x/day.
Drugs Cannabis
Reflux / GORD Minimal
Fasted Feeling hungry now
Nauseated.
Fully fasted - Tues AM

Investigations
30/6
FBC Hb 140 Plt 281
U&E's / eGFR Urea 4.5 Creat 60 eGFR >60
G+S / e-Release / X-match
CEP 123

ECG
CXR

Information Given to Patient GA + RSI, sore throat, dental damage, PONV. Y ☒ N ☐ N/A ☐

Intended anaesthetic technique discussed ☒

Regional / local anaesthetic technique discussed ☐

Risks of regional anaesthesia discussed:

PDPH ☐

Failure ☐

Temporary nerve damage ☐

Permanent nerve damage ☐

Post-operative analgesia discussed ☒

Consent for PR drug administration ☐

Pre-operative Remarks

Uneventful anaesthetic

Significant events

Critical incident

Warnings / Hazards

Pre-op Instructions

Pre-medication prescribed on drug chart ☐

Give charted medication ☐

Omit anticoagulant ☐

Keep dentures in ☐

Fasting: Solids _____ hrs Clear fluids _____ hrs
(or state times)

Other:

Name (print) Signature

Contact No.

ANAESTHETIST(S) GRADE
TONOR *SR II*
WESON. PATNS *COND.*

SUPERVISING CONSULTANT:
 INFORMED Yes ☐ No ☒

SURGEON: TRIANTOFYLLID.

END TIME:

TRAINED ASSISTANT PRESENT

CONDUCT OF ANAESTHETIC		AIRWAY		BREATHING SYSTEM		VASCULAR ACCESS		MONITORING		POSITION		REGIONAL TECHNIQUE	
Induction <i>MODIFIED</i> Pre O ₂ ☒ RSI ☒ Cricoid ☒ <i>ACETAMINOPHEN 500mg (-30s)</i> <i>PROPOFOL 100mg</i> <i>ROCURONIUM 75mg</i>		Face Mask ☐ Oral Airway ☐ Nasal Airway ☐ LMA ☐ Type <i>/</i> Size <i>/</i> ETT ☒ Cuff <i>/</i> Type <i>PURIX ORAL</i> Size <i>3.0</i>		Circuit <i>CIRCUIT</i> Ventilator <i>ANEST</i> Gas flow <i>2 L/min</i> Filter / Humidifier ☒ S.V. ☒ I.P.P.V. ☒ Throat Pack In ☐ Out ☐ Easy to hand ventilate Y ☒ N ☐ N/A ☐		Cannula(e) Site <i>20G CORN hand for induction</i> <i>18G RIGHT hand after collapse</i> A-line ☐ Y ☐ N ☐ CVP ☒ Ultrasound guidance ☐ ☐		Machine checks Anaesthetic room ☒ Theatre ☒ Monitor used <i>ANESTHESIA</i> ECG ☒ P_{aw} ☒ S_pO₂ ☒ Disconnect ☒ NIBP ☒ NMB ☐ F_iO₂ ☒ Steth ☐ FeCO₂ ☒ Tamp ☐ Agent ☐ Urine ☐ Anaesthetic depth <i>BIS</i> ☒		Patient / limb position <i>SV P, N/S</i> PROPHYLAXIS Eye care ☒ Pressure care ☒ Fluid warmer ☒ Warming blanket ☒ DVT Y ☒ N ☐ N/A ☐ Antibiotics ☒ ☐ ☐ PONV ☒ ☐ ☐		Type of block Consent ☐ Awake ☐ Asleep ☐ Stimulator ☐ Ultrasound guidance ☐ Catheter ☐ Entry site ☐ Needle used ☐ Drugs given ☐ Technique ☐	
Reversal <i>O₂ / A₁ / Sufentanil</i> <i>Neo / Atropine 2.5 / 0.5mg</i>		Laryngoscopy grade <i>INDIRECT</i> 1 2 3 4 <i>SPECIAL CARE WITH</i> <i>M = GRATE</i>										<i>LA by syringe</i>	

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Progress Notes

Patient & GP Information

UHPI Number	700143029W
CHI Number	0906701473
Episode Number	I0004301680
Surname/Forename	Scott, Justin
Date of Birth	6/9/70
Sex	Male
Patient Address.	53/1 NEWTOFT STREET Edinburgh EH17 8RB
Registered GP	A Devaney
GP Address.	The Southern Medical Group,322 Gilmerton Road,Edinburgh, EH17 7PR

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

700143029W
0906701473
I0005467009
Scott, Justin
6/9/70
Male
53/1 NEWTOFT STREET Edinburgh EH17 8RB
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The Southern Medical Group,322 Gilmerton Road,Edinburgh, EH17 7PR

Surname/Forename	Scott, Justin	Episode Number	I0004301680
UHPI Number	700143029W		

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004301680 Mr S Paterson-Brown 10/18/17 12:40 Dr Euan McCormack	Dear Doctor,,,PRINCIPAL DIAGNOSIS/PROCEDURE,1. Laproscopic anterior fundoplication,,Mr Scott was admitted on 17/10/2017 for an elective laproscopic funoplication on a background of reflux and a hiatus hernia. The procedure went ahead as planned and there were no perioperative complications. Mr Scott has been reviewed by the pain team who have advised he can be discharged on a short course of Oramorph to be taken as required, which will need reviewing by a GP and titrated as necessary. He is also on a reducing dose of methadone, which will continue to be dispensed in the community and has not been changed during this admission. His observations this morning are normal, and Mr Scott is drinking fluids. He will need to maintain a sloppy diet for 3 weeks, which can be gradually thickened as tolerated. He is feeling well, and is now fit for dishcharge.,,Thank you for your ongoing care.,,TREATMENT,Laproscopic fundoplication ,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,Outpatient clinic appointmetn with Mr Paterson-Brown in 6 weeks ,CHANGES TO DRUGS SINCE ADMISSION, nil,ALLERGIES / ADVERSE DRUG REACTIONS,nil ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,nil,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,nil,GP to please consider the following...,Please consider reviewing Mr Scotts pain and analgesia requirement, titrating the Oramorph as necessary. ,,Should you need further information please contact..., ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Dr Euan McCormack,FY1 General Surgery,18/10/2017,,,Patient/Carer Signature....., ,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	Scott, Justin
UHPI Number	700143029W

Episode Number	I0004301680
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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004301680 Nurse 10/18/17 19:48 Michael Lind	NURSING - Mr Scott discharged from ward 106 (C). Wound sites checked and redressed. Supply of dressings provided and dressings advice given to patient and his partner. Doctor re diet advice. Venflon removed. Mr Scott did not want to wait for discharge meds so partner took patient home and returned to collect medication when ready from pharmacy. Folow up appointment requested in book with Consultant SPB for 6 weeks.

Surname/Forename	Scott, Justin
UHPI Number	700143029W

Episode Number	I0004301680
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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004301680 Mr S Paterson-Brown 10/20/17 08:56 Joyce Brunton	Clinical Summary:.,The above patient came in to the Royal Infirmary Surgical Unit as planned and underwent an uneventful laparoscopic anterior fundoplication and repair of his small hiatus hernia.,Absorbable sutures were used to close the wound and I will arrange to review him in the Outpatient clinic in six to eight weeks' time.,With kind regards.,Yours sincerely,,,,,Mr SIMON PATERSON-BROWNConsultant Surgeon,

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Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0004301680 Mr S Paterson-Brown 4/17/18 14:08 Joyce Brunton	Misc letter 16/4/18,Thank you for your detailed letter on the above patient and his current symptoms following his previous laparoscopic anterior fundoplication in October of last year.,At the time of deciding to proceed with surgery, he did have some other symptoms which were a concern and particularly, the fact that at the time of surgery, I think he was still taking Methadone and was unable to stop this. This obviously would have impacted on his gastrointestinal motility and this may still be a slight problem if he is still taking his Methadone.,I note also that pre-operatively, his symptoms seem to be improved with Domperidone and it may be that would be worth re-starting. ,From the symptoms you have given me, it sounds like his anterior fundoplication remains intact. There does not appear to be any significant reflux and he is managing to swallow reasonably well. He may have a degree of gas bloat due to his fundoplication and his nausea may be due to this. Part of the problem in the post fundoplication period is gas bloat due to swallowing too much air which is common for patients with reflux. In the post operative period, we need to advise him to eat slowly with small meals and to try not to swallow air. ,Apart from that, I do not think there is anything further that is required but if this advise does not help, let me know and I would be happy to review him in the Outpatient clinic.,With kind regards, ,Yours sincerely,,,,,Mr SIMON PATERSON-BROWNConsultant Surgeon,

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0004301680 Dr Philip Leadbeater 10/17/17 20:51 Philip Leadbeater	Acute Pain review,-Laparoscopic fundoplication today.,-Morphine PCA 2mg bolus, 35mg administered over last 4-5 hrs.,-Paracetamol 1g QDS, Methadone 110mg OD, Gabapentin 900mg TDS, Diazepam 30mg PRN max BD.,O/E Asleep, easily roused to GCS 15. Pain free at rest, able to cough. Pain 0-1 on movement.,RR14/min SpO2 96% with nasal O2; HR 72bpm BP 105/74 mm Hg.,,Impression,-Pain well controlled.,-Discussed with night ward staff importance of identifying sedation/resp depression overnight. For hourly reviews by ward nurses.,-Please bleep 2140 if any acute pain issues/adverse effects of opioids overnight.,Leadbeater ACCS CT2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004301680 Nurse 10/18/17 03:41 Chelsea Osborne	Justin has had a settled night. Observations stable. Justin has a morphine pca which he is using with good effect. IV Fluids runing. Justin has passed urine post-op. Dalteparin given at mid-night. No concerns overnight.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004301680 Mr S Paterson-Brown 10/18/17 10:22 Dr Allison Winarski	Date : 18/10/2017,Ward Round Lead : Mr B Tulloh,,,Ward Round Note : Mobilising well,Drinking fluids ,Pain controlled ,,Plan:,1. Sloppy diet for 3 weeks, gradually thicken ,2. IVI down ,3. Home this afternoon with analgesia ,4. Follow up with SPB in 6w time ,

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0004301680 Inpatient Pain Management Team 10/18/17 11:10 Alice Corbet	Pain review Glover,,Pain much better this morning, shoulder tip pain settled. Alert and orientated.,,Plan,Stop PCA,Start oramorph 10mg.,For discharge oramorph max 1 bottle off 100mls. GP to review and stop as pain settles

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005467009 Mr Andrew J Healey 7/2/22 09:08 Dr Jennifer Pewsey	WR ET1: Healey Issues: Acute cholecystitis - D2 AMG Bloods 30/06: WCC 28, CRP 293, LFTs NAD NEWS 0 Feels not too bad Pain and nausea improved Plan: - Remain fasting for theatre - Repeat bloods - Continue AMG J Pewsey FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/2/22 12:41 Jodi McCabe	Person-Centred Care Justin has had a comfortable morning, he continues to wait to go to TH and is looking forward to some food when he is back. Deterioration and Escalation news stable as charted. Pressure Area Care remains ind with pressure care. Bladder and Bowel Function reports to be passing urine normally. Medicine Management medications given as charted, is on methadone once a day. continues on his iv abx. Food Fluid and Nutrition Currently fasting for TH, ivi running. Altered Stage of Cognition appears orientated to place and time.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/3/22 04:08 Siobhan Scoular	Pressure Area Care Justin has been settled overnight. Independent overnight to the toilet Falls Low falls risk Bladder and Bowel Function Independent to the toilet overnight Infection Prevention and Control Continues on IV abx

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005467009 Mr Andrew J Healey 7/3/22 10:30 Dr Jennifer Pewsey	WR ET1: away for theatre at time of ward round J Pewsey FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/3/22 16:57 Jodi McCabe	Person-Centred Care Justin has been to th for his lap chole, he returned to the ward @ 1415. lunchtime meds withheld due to sedation levels. post op obs carried out. PCA in situ, Justin using this very frequently. 2l o2 via NC in situ. NG tube inserted, ? removal of this. has not ate or drank yet. has yet to pass urine. visitor present at time of writing appears more alert.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Mr Andrew J Healey 7/3/22 18:40 Dr Jennifer Pewsey	As per post-op note, for D+F NGT to be removed J Pewsey FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Mr Andrew J Healey 7/3/22 23:11 Emma Hutchinson	HOSPITAL at NIGHT / WEEKEND Type of Request: Task Assigned To: Emma Hutchinson Time Seen: 23:06 Problem/Request: IV fluid review Outcome: as per parent team continue D+F. NEWs 2 due to 02 . not for IVf at present.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Mr Richard J McGregor 6/30/22 22:10 Dr Dean McAvoy	General Surgery Review - Uqwu Represent with upper abdo pain seen ED yesterday sent home diagnosis gastritis with strong worsening statement Pain worsening Feverish Nausea and vomiting PMHx: Fundoplication for Hiatus hernia repair 2017 GORD Anxeity Previous substance abuse DHx: Gabapentin Fluoxetine Methadone 110 ml/day Valium 30 mg / day NKDA SH: Independent, smokes cannabis regularly, rare alcohol Bloods - WCC 29.1, CRP 293 normal LFTs and amylase CTAP provisional report noted O/E: NEWS 0 Looks well Abdomen is tender in RUQ Impression: acute cholecystitis, distended GB and impacted stone Plan: -IV A/M/G, IVF -Analgesia -Can eat but fast from 06:00AM D McAvoy FY2

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005467009 Mr Andrew J Healey 7/4/22 01:32 Dr Ruairidh McCusker	OUT OF HOURS PAIN REVIEW - anaesthetics CT (bleep 2140) Background - Lap chole today, hx of methadone and gabapentin use in community Assessment - Ongoing pain in R hypochondrium, morphine having limited effect compared to immediately post-op. 100mg IV morphine used in 12hrs. Discussed options for increased dose/swap to oxycodone PCA. Feeling that a change in medication may be of benefit. Plan - 1. Switch to oxycodone PCA with 2mg bolus and 5 min lockout 2. Option to increase bolus if required. Ketamine also remains an option if limited effect from PCA. McCusker, CT2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/4/22 04:50 Adele Gay	Person-Centred Care Justin was complainig of pain. He was on his second PCA since returning back to the ward, This was done on day shift. However he was not getting any releif from the Morphine PCA. Got him Rv bt the oncall anethetcis overnight, His PCA was changed to Oxycodone - This seemed to have a good effect and Justin got some sleep. NEWS 2 for oxygen therapy alongside PCA. 1x drain in situ with minimal output. Passing urine into bottles overnight. Good oral fluid intake overnight. IVABX given. Wound dressing inact. No new concerns at present. Bladder and Bowel Function Justing was still to PU post op. Encouraged to drink and got him the commode as he was stuggling laying in the bed, He passed 750mls urine.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005467009 Mr Andrew J Healey 7/4/22 08:37 Dr Max Jeffrey	WR ET2 Healey Day 1 post lap chole Minimal haemoserous fluid in drain Ongoing pain issues Seen by pain team overnight On oxycodone PCA with 2mg bolus Concerns re meds: -methadone (110ml) - gabapentin - diazepam Plan: 1. Drug liaison nurses ?methadone dose while on PCA 2. Cut and bag drain 3. Continue abx 4. Eat and drink 5. Sit out in chair 6. Can have diazepam / gabapentin Jeffrey FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Nurse 7/4/22 09:16 Oran Larkin	NURSING: I have referred Justin to Linda from drug liaison team. Awaiting review. DCN O.Larkin.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/4/22 14:49 Jennifer Gilchrist	Person-Centred Care Justin has remained stable today. Doing well post-op. NEWS 2 due to O2 alongside PCA. 1 x drain in-situ, heamoseroud fluid in drain, not emptied today. Have encouraged to sit out of bed and mobilise. Seen by drug liason team today. No immediate concerns, will continue to monitor. Bladder and Bowel Function No issues voiced passing urine. BO today. Medicine Management Regular medications given as prescribed. Queried whether Justin could have regular methadone, gabapentin and diazepam with the team prior to giving as he is on oxy PCA. He had these as stat doses. Pain Management Justins' main issues today has been pain. On oxycodone PCA 2mg bolus which has been renewed twice today. Using regularly, used last syringe within 3.5hours. Continues on own regular gabapentin 900mg TDS. Awaiting pain team r/v.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005467009 Mr Andrew J Healey 7/1/22 08:37 Dr Eleanor Heighton	*** AUTO GENERATED BY {Structured Ward Round} QUESTIONNAIRE *** Ward Round Lead : Dr Andrew J Healey Team : ET1 DIAGNOSIS / PROCEDURE : Acute cholecystitis DAILY UPDATE : Representation with abdominal pain NEWS 0, apyrexial Regular medicines - methadone, diazepam, gabapentin, fluoxetine O/E: - Abdomen soft CT provisional report noted. WCC 28, CRP 293 LFTs normal, amylase 42 Explained will require laparoscopic cholecystectomy, with risk of conversion to open surgery. Risks include damage to surrounding structures. MANAGEMENT PLAN : 1. Continue IV triple therapy 2. IV fluids 3. Fast for theatre EH 30 day re-admission : No 30 day re-operation : No NEWS Score : 0 Results reviewed : Yes IVI fluids : Reviewed Nutrition reviewed : Yes VTE risk assessed, reviewed : Yes Adequate analgesia : Yes Antibiotics status : Continue Estimated discharge date : 01/07/2022

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005467009 Lindsay Glover 7/4/22 17:13 Lindsay Glover	Initial Pain Team Review (RIE Bleep 5247/5849, WGH Bleep 8292, SJH 3934) Date Admitted - 30/6/2022 Date Referred - 4/6/2022 Reason for Admission and Referral - acute cholecystitis - post op day 1 following cholecystectomy PMH - Fundoplication for Hiatus hernia repair 2017 GORD Anxiety Previous substance abuse Known to chronic pain team - No - background of substance misuse - on methadone Allergies – NKDA Pre-admission Analgesia – methadone 110mls OD Gabapentin 900mg TDS Current Analgesia – paracetamol 1g QDS Oxycodone PCA 2mg bolus gabapentin 900mg TDS Diazepam 30mg OD Pain Assessment and Review – Alert and orientated. Reports pain to be manageable currently with some improvement in pain. Find PCA beneficial but notices that pain exacerbated when falls asleep and not using pca Tolerating fluid and diet in small amounts. Tolerated methadone this morning. Discussed analgesic options and Justin is keen to switch to oral opioids. Nausea/Vomiting – N Plan – stop pca Start oramorph 20mg PRN - if struggling this could be uptitrated short term to 30mg PRN however this will need to be reduced prior to discharge

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/5/22 02:48 Stacie Duffy	Person-Centred Care Justin has been abrupt at times and not happy about having to wait for analgesia, explained issue with only 2 staff nurses and new system. Medications given as perscribed including 3 prn analgesia doses so far. Gent running currently will be due level from 0830. Drain appears to have drained minimal-will empty and document at 6am. News 1>spb104 spb104 </body></html>

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005467009 Mr Andrew J Healey 7/5/22 08:26 Dr Max Jeffrey	WR ET2 Healey NEWS 1 Apyrexial Note pain team input yesterday - stop PCA - start 20mg PRN oramorph Minimal drain output Pain manageable Eating and drinking well Minimal abdo tenderness Able to get up to the toilet Not yet opened bowels Passing flatus Plan: 1. Drain out 2. Mobilise 3. Laxatives 4. Home pm if well, or mane Jeffrey FY1

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005467009 Dr John Andrew Wilson 7/5/22 10:18 Victoria K Stone	Daily Review - Pain Team (RIE Bleep 5247/5849, WGH Bleep 8292, SJH 3934) Current Analgesic Regime - Paracetamol 1g QDS Gabapentin 900mg Oramorph 20mg PRN - used 6 doses in 24 hours Methadone 110mg daily Pain Team Assessment and Review - Feels ok today Weekly dispenced methadone (Wed) and monthly gabapentin. Denies any illicit use. Pain controlled with oramorph. Justin is anxious about discharge as he lives alone. Discussed pain will improve and that he could have a short supply of oramorph on discharge but we will not expect this to be represcribed. Nausea/Vomiting - N Plan Note ? home today Can have oramorph 1 x 100ml bottle for discharge suggest 10mg 4-6 hourly QDS- not to be represcribed.

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/5/22 13:07 Dr Max Jeffrey	Dear Doctor, Diagnosis / Procedure: 1. Laparoscopic cholecystectomy for acute cholecystitis Summary: Justin Scott was admitted to RIE on 30/6/22 with worsening upper abdominal pain, vomiting and fevers. WCC was elevated at 29.1 and CRP 293. CT-AP showed acute cholecystitis with an impacted stone at the neck of the gallbladder. He was commenced on IV antibiotics and had a laparoscopic cholecystectomy on 3/7/22. He had ongoing pain issues post-operatively, managed initially with a PCA. His pain is now well controlled on oramorph and he is medically fit for discharge. Follow-up: nil Changes to medication: nil Recommendations for GP: nil Kind regards Dr Max Jeffrey Surgery RIE

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005467009 Infection Service 7/5/22 14:31 Luke Tysall	This patient has been identified as a contact of a COVID-19 patient from RIE Ward 106 and must be managed as per current NHS Lothian COVID-19 contact management guidance. Date of exposure 04-Jul-2022. Ensure that the patient is informed by the clinician responsible for the patient's care. Please document this on TRAK. Monitor for signs and symptoms of COVID-19. If suspected, COVID PCR test without delay. Interventions deemed clinically necessary should continue – please communicate to receiving services in advance during the isolation period. If the patient is for discharge within the isolation period, the family, and any relevant services (package of care etc) should be informed. If transferring to a care home or interim care, please communicate the patient's status in advance. Following isolation, if the patient is not suspected of having COVID-19 then isolation can be stepped down. Please ensure that the patient has no other clinical or infectious reason that would require isolation.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Clinical Pharmacist 7/5/22 15:45 Amna Hussain	PHARMACY COMMENTS Spoke to patients community pharmacy. Collects fluoxetine and gabapentin monthly (has supply at home). Collects methadone and diazepam weekly. As per community pharmacy (Gordons 01316642249) should have 5 days of methadone and diazepam at home. Patient admits he took extra diazepam and methadone (and has 3 doses of methadone and no diazepam left) Spoke to SMS office to let them know. A new prescription has been organised for methadone starting Saturday.They will speak to prescribing doctor about a new diazepam script. Do not supply any medicines on discharge. Amna, Pharmacist Bleep 5110

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/5/22 17:26 Michael Lind	Person-Centred Care Nurse call bell to hand. Mr Scott independently mobile. Wound drain removed and wound dressings changed. Medicine Management Pharmacist contacted patient's own pharmacy to advise of discharge re diazepam and methadone. Pain Management Mr Scott has required analgesia. Discharge Planning Mr Scott discharged from ward 106A. Collected by visitor. Discharge script and discharge medication given to patient. Supply of dressings and dressings advice given to patient.

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Note Details	Clinical Notes
Operation Note Episode/Ref: I0005467009 Mr Andrew J Healey 7/11/22 17:50 Karen Ann Bell	Name: Mr Justin Scott DoB: 9/6/1970 UHPI: 700143029W CHI: 0906701473 Consultant: ANDREW HEALEY Ward: 106 Date of Op: 3/7/2022 Surgeon: ANDREW HEALEY Assistant: TANIA TRIANTAFYLLOU Anaesthetist: Anaesthetic: General Urgency: Emergency Case: Operations Site Diagnosis Operation Code Type BILIARY TREE AND GALL BLADDER Gall stones - chronic symptoms Laparoscopic Cholecystectomy & IOC 100366 Operative Findings and Techniques Operation note Background - ultrasound evidence of calculus cholecystitis with a large stone impacted in the gallbladder neck, white cells 28, CRP greater than 200, MRCP not available. Patient prepped and draped in the usual fashion, WHO check list completed, antibiotics already being administered, TEDS and flowtrons applied. Pneumoperitoneum established via infra-umbilical longitudinal incision and cutdown. Pneumoperitoneum established, remaining ports inserted under direct vision. Findings - omentum wrapped around a thick walled oedematous gallbladder and soft fatty liver. Procedure - omentum gently peeled over the gallbladder to demonstrate a thick walled tense gallbladder which was aspirated through the right lateral port. Thick bile was aspirated allowing purchase with a grasper and retraction of the gallbladder. There was an iatrogenic laceration at the base of the falciform ligament and this was released to prevent any further traction injuries. There was no bile or bleeding from the traction injury and the gallbladder was then mobilised over the anterior Calot's triangle. With gentle peeling hydro dissection the bile duct was evident and in tact but cystic duct was very short (less than 1cm) and no posterior window was possible to identify the cystic artery. Dissection was all above rouvier's sulcus and the bile duct was visualised throughout. Decision made to perform a sub-total cholcystectomy and diathermy used to excise the anterior wall of the gallbladder with at least 4 large stones in situ. On washing out the stones there was a small anterior blush of bile where the short cystic duct was evident. This was cannulated to perform IOC and IOC demonstrated a short cystic duct but in tact, the common hepatic duct, left and right heptic ducts and a posterior segment duct draining into the left hepatic duct. Biliary tree in tact and no distal obstruction with rapid filling of contrast in the duodenum. Given the anatomy and the bile leak and no distal obstruction consideration to not control the cystic duct was given however one clips was possible and this was applied to control any bile leak. A 20 gauge drain was placed in the gallbladder bed and secured with a silk. Remaining washout and all stones retrieved in a bert bag through the umbilical port. Extensive washout and check for haemostasis within the liver was complete and

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Note Details	Clinical Notes
	pneumoperitoneum released and umbilical port closed with a 2/0 PDS suture. 20mls of 0.5% bupivocaine instilled into the subcutaneous tissues and a 4/0 monocryl subcuticular closed all ports. Mepore dressings applied. Post op instructions - eat, drink, mobilise and review drain output over the coming week. Mr ANDREW HEALEY Consultant Surgeon

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Mr Andrew J Healey 7/1/22 10:39 Dr Eleanor Heighton	E Heighton FY1 Contacted Gordons Pharmacy Gracemount, clarified Justin takes: - Methadone 110 mg daily (last collected yesterday, weekly dispensing) - Diazepam 30mg daily (last collected yesterday, weekly dispensing) HEPMA updated. EH

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005467009 Mr Andrew J Healey 8/1/22 15:22 Karen Ann Bell	***This letter should have been sent electronically to SCI store and to the patients GP on the date it was authorised. However, due to a technical fault this did not happen. Internal review would suggest a low risk of causing significant clinical impact, and it has been agreed not to resend it. If subsequently any adverse outcome is determined to have occurred please notify NHS Lothian Digital Directorate.*** Clinical Summary: This 52 year old with a past surgical history of fundoplication for hiatus hernia in 2017 was admitted with upper abdominal pain and vomiting. He was investigated with a CT which confirmed the presence of a large gallstone in a thick walled oedematous gallbladder causing some degree of intra and extra hepatic biliary dilatation. In the context of normal liver function enzymes he was taken for index admission cholecystectomy which demonstrated a thick walled chronically inflamed gallbladder with multiple calculi. He underwent an intra-operative cholangiogram showing a clear duct and was discharged home with no routine follow up planned.Yours sincerely Mr ANDREW HEALEY Consultant Surgeon

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005467009 Mr Andrew J Healey 7/1/22 12:49 Dr Eleanor Heighton	E Heighton FY1 To complete clerking: On examination, Sat up in bed, alert & orientated Peripherally warm, pulse reglar, CRT <2. HS I + II + 0 Calves SNT, nil peripheral oedema Chest clear Abdomen soft, tender in the epigastium & RUQ Nil guarding or rigidity, nil percussion tenderness. Regular meds on HEPMA. Nursing staff have kindly sent G&S with morning gent level. EH

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Note Details	Clinical Notes
Clerking Episode/Ref: I0005467009 Dr Eleanor Heighton 7/1/22 13:09 Dr Eleanor Heighton	Clinical note: For clerking see progress notes.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005467009 Mr Andrew J Healey 7/2/22 04:11 Siobhan Scoular	Person-Centred Care Justin has arrived to ward overnight and has been settled Falls Low falls risk Infection Prevention and Control Continues on IV abx. Gent administered Food Fluid and Nutrition IVI running as Justin is fasting for theatre tomorrow

Clinic Letters

GI Endoscopy

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 06/04/2011
Date/Time Printed: 03/06/2026 09:33
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	GI Endoscopy	Consultant:	Dr Adeel Saleem (LCTC)

Further to the endoscopy of your patient, I can confirm that the oesophageal biopsies have shown ulceration with no evidence of malignancy.

Kind regards,

Yours sincerely

Dr Adeel Saleem
Staff Gastroenterologist

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 15/12/2011

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (41 years) 700143029W
Specialty Consultant	Gastroenterology Dr KC Trimble	Attendance Date	08/12/2011

Dear Dr Afzal

Thank you very much for referring this 41 year old gentleman to the gastroenterology clinic whom I reviewed on behalf of Dr Trimble. He is a reasonably fit and well chap with his only problem of chronic drug dependence currently requiring Methadone and Diazepam. He presented at the clinic today with his partner. He has been unwell for the last 1 year complaining of persistent reflux symptoms mostly of nocturnal onset; he often feels heartburn and indigestion when he lies flat to sleep. Of his own account he will often wake up from his sleep feeling sick and physically vomiting. He does also have food regurgitation on occasions. Similarly he gets occasions of dry cough during his sleep preceded by reflux symptoms. I understand that he already had a gastroscopy in March this year which showed grade C oesophagitis with some ulceration. Since then, he was commenced on high dose Lansoprazole and had further endoscopy in June this year which showed resolved oesophagitis. Nevertheless his symptoms more or less have remained the same despite endoscopic improvement. Despite his daily episodes of vomiting he seems to maintain a good appetite and hasn't lost any weight. Very occasionally he has also noticed shivering usually preceded by episodes of vomiting during the night. I understand that he has already been checked for blood born viruses which are all negative. He was adamant that he has never injected any recreational drugs in the past. Nevertheless he continues to smoke cannabis about 1 to 2 cigarettes every day.

Social History:

He is currently unemployed, denies any recent foreign travel. There is no history of contact with any tuberculosis patients. He smokes cannabis but was adamant that he only drinks alcohol socially.

Medications:

Lansoprazole 30mg
Methadone as prescribed
Radium 30mgs once a day

Family History:

No family history of IBD or coeliac disease

On Examination:

He appears well built, no evidence of malnourishment. His weight is 94kgs, no lymphadenopathy of signs of chronic liver disease. His abdomen is soft and non tender there is no abdominal masses or visceromegally.

Impression/Plan:

The most likely diagnosis with his history would be gastro oesophageal reflux disease with atypical symptoms of vomiting and cough which are not that uncommon. His last endoscopy did show resolved oesophagitis which means that he is compliant with PPI's and that they have been effective. Nevertheless because of his unresolved symptoms I have commenced his on slightly more potent PPI's i.e. Nexium 20mgs twice a day. I have also given him a prescription of Domperidone which might help with his symptoms of nausea. To be certain about his diagnosis I have also organised an oesophageal function study. He has also been smoking cannabis on regular occasions which interestingly has been associated with cyclical vomiting in the literature. As a

pragmatic approach I would encourage him to stop smoking cannabis but I know it will be hard to convince him to do that. We will see him back in 4 months time. Thank you very much.

Yours sincerely

Dr A Zahid
Registrar to Dr K Trimble
Electronically Checked & Approved by Dr A Zahid

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
Tel. Appointments - 0131 242 3063
Fax - 0131 242 1638

Dictated 08.12.11
Typed 15.12.11 CY

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 20/04/2012

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (41 years) 700143029W
Specialty Consultant	Gastroenterology Dr KC Trimble	Attendance Date	12/04/2012

Dear Dr Afzal

Diagnosis:
Probable GORD
Low testosterone and reduced libido awaiting endocrinology review

Plan:
Oesophageal function studies 30.04.12

Follow Up:
3 months

I reviewed Justin back in the gastroenterology follow up clinic. He returned to the clinic after a period of 4 months. He has previously been troubled with reflux symptoms and intermittent vomiting in the context of smoking and cannabis use which were presumed to be secondary to GORD. Since his last clinic visit his PPI's have been changed from Lansoprazole to Omeprazole 20mg bd and he has been started on Domperidone 10mg tds. He has noticed an improvement in his symptoms as they are happening less frequently but haven't completely vanished. He is still getting occasional episodes of heartburn and nausea but seemed happier with the symptoms control. I noted that he has also cut down the cannabis use which interestingly coincided with his clinical improvement.

I also noticed that he had been recently found to have tiredness, lethargy and reduced libido and was found to have low levels of testosterone and FSH and is awaiting review from endocrinology clinic on 13.04.12. He unfortunately hasn't had oesophageal function studies so far which are due on the 30th April. I have strongly advised Justin to completely stop using cannabis as this certainly seemed to have some bearing on his symptoms. For the time being he can carry on with his current regime of medications. We will follow him up in 3 months time after his oesophageal function studies. Thank you very much.

Yours sincerely

Dr A Zahid
Registrar to Dr K Trimble
Electronically checked & approved by Dr A Zahid

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
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Fax - 0131 242 1638

Dictated 12.04.12

Typed 18.04.12 CY

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 24/04/2012

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (41 years) 700143029W
Specialty Consultant	Endocrine Dr Nicola N Zammitt	Attendance Date	13/04/2012

Dear Dr Afzal

Diagnosis:

Probable hypogonadotropic hypogonadism - likely to be secondary to chronic opiate use

Thank you for referring your patient to the Endocrine Clinic. He is a 41 year old gentleman who attended recently complaining of fatigue and loss of libido. He is a previous injecting drug user and is currently on Methadone at a reported dose of 140 ml, which he tells me is in the process of gradually being reduced. He began injecting heroin at the age of 27 and 3 years ago entered the Methadone programme after a period in prison. He also smokes cannabis, around 2 joints a day and reports to be on Diazepam at a total dose of 30 mg a day (although I note this is not documented in your medication list).

Over the last 18 months or so his libido has been extremely poor to the extent that he has noticed no interest in sex. He also notices no erections. His shaving frequency is normal and he reports no change in body hair distribution or gynaecomastia. He denies any headache or visual disturbance.

You have checked his testosterone and when this was first done in January 2012 it was 9.9 at around 3 p.m.. A repeat sample taken at 10.40 a.m. was 6.7 with a calculated free testosterone of 119. LH and FSH were low at 1.0 and 0.9 respectively. Prolactin and thyroid function were normal.

External genital examination was normal and his visual fields were intact to confrontation.

I explained to Mr Scott in the first instance that it would be important to confirm he was truly hypogonadal with a sample taken between 9 and 10 a.m.. He told me that this would be a struggle for him as he does not often wake up this early but will do his best to try and attend for an early morning sample. Assuming this is low, the most likely cause is his longterm opiate use especially as he continues on a relatively high dose of Methadone. Depending upon the level of the 9 am testosterone we may wish to consider an MR pituitary. If he is hypogonadal it would be worth a trial of testosterone replacement assuming there are no contraindications. One important factor to consider would be his previous criminal convictions and whether testosterone replacement would risk an increase in aggressive behaviour. I did not discuss this with Mr Scott but the issue was raised in the post clinic meeting and I wondered whether you had any feeling as to whether aggressive behaviour has been a problem in the past as this has been an issue with testosterone replacement in some instances. I wondered whether you may also be able to forward this letter on to those involved in the supervision of Mr Scott's Methadone prescription to see whether they had any feelings regarding this issue.

Depending upon the outcome of the above, the most appropriate form of testosterone replacement would be Testogel initially as this would easily be titrated and quickly discontinued if required. If testosterone replacement is not felt to be an appropriate option, it may be worth considering alternative opiate substitution such as Buprenorphine, which has been reported in some studies to have a lesser effect on gonadotrophins.

I provided Mr Scott with some information regarding hypogonadism and the treatment options although we have not reached a definitive decision yet and we will review him again in 2 months' time.

With many thanks for your help.

Yours sincerely

Dr SCOTT MacKENZIE
Honorary Specialist Registrar
Secretary: 0131 242 1479/1480/1481
Appt. Enquiries: 0131 242 1368
Typed by: fec

Endocrine

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 02/05/2012
Date/Time Printed: 03/06/2026 09:35
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	Endocrine	Consultant:	Dr Nicola N Zammit

Thank you for checking Mr Scott's testosterone at 9.15 a.m. Interestingly, it has come back clearly within the normal range at 17.5 nmol/l. Testosterone replacement would therefore not be warranted. I will write to Mr Scott to inform him of this and no follow-up is required.

Yours sincerely

Dr SCOTT MacKENZIE
Honorary Specialist Registrar
Secretary: 0131 242 1479/1480/1481
Appt. Enquiries: 0131 242 1368
Typed by: fec

Endocrine

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 02/05/2012
Date/Time Printed: 03/06/2026 09:35
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	Endocrine	Consultant:	Dr Nicola N Zammit

Thank you for attending your GP practice recently for a 9 a.m. testosterone check. This has come back clearly normal at 17.5 (anything above 10 being satisfactory). It would therefore be unnecessary and potentially harmful to give testosterone replacement. It is possible that your testosterone fluctuates and this may be related to Methadone as well as the normal daily pattern of testosterone production. However, we need to be guided by the sample taken at 9 a.m. and unless this is below normal, no further action is required. In view of this, I have cancelled your appointment at the Endocrine Clinic on 8th June, although we would happily see you again in the future should you develop further problems.

Yours sincerely

Dr SCOTT MacKENZIE
Honorary Specialist Registrar
Secretary: 0131 242 1479/1480/1481
Appt. Enquiries: 0131 242 1368
Typed by: fec

cc G.P. (Dr Afzal, Ferniehill Surgery, 8 Ferniehill Road, Edinburgh, EH17 7AB)

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 08/08/2012

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (42 years) 700143029W
Specialty Consultant	Gastroenterology Dr KC Trimble	Attendance Date	19/07/2012

Dear Dr Afzal

I reviewed Justin in clinic today with his mum. He failed to attend for oesophageal function test and rather unsurprisingly has ongoing symptoms. He has good days and bad days and he finds that some dietary things tend to set him off. We discussed that we really needed the oesophageal function tests in order to delineate his problem further and he is now happy to attend for this. He is finding good symptom relief with the Domperidone and I have advised him to continue on this. He is running short of the medication and I gave him a script today. Mr Scott has also lost weight but he has recently had his tooth out and he and his mother attribute a lot of his weight loss to this. He was complaining of sweating and tiredness and was concerned regarding his recent hormone test. I have asked him to see yourself regarding this. We will see him back in 6 months time hopefully with the result of his manometry.

Yours sincerely

Gail Masterton

Dr G Masterton
Registrar to Dr K Trimble
Electronically checked & approved by Dr G Masterton

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
Tel. Appointments - 0131 242 3063
Fax - 0131 242 1638

Dictated 19.07.12
Typed 26.07.12 CY

Gastroenterology

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 08/08/2012
Date/Time Printed: 03/06/2026 09:35
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	Gastroenterology	Consultant:	Dr KC Trimble (Registrar)

I hope this letter finds you well. Following your recent review I have arranged to see you again in three months time in order to keep an eye on your weight. I hope this is satisfactory.

Yours sincerely

Dr G Masterton
Registrar to Dr K Trimble
Electronically checked & approved by Dr G Masterton

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
Tel. Appointments - 0131 242 3063
Fax - 0131 242 1638

Dictated 19.07.12
Typed 26.07.12 CY

GI Physiology 1

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 12/12/2012
Date/Time Printed: 03/06/2026 09:36
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	GI Physiology 1	Consultant:	GI Consultants

I enclose oesophageal function test reports performed 03.12.12. This patient was seen by 2 separate registrars in your clinic. Symptoms are of ongoing nausea, acid, and vomiting both overnight and in the mornings. He is also troubled with sweats. He had issues with the first appointment sent out to him and the appointment was sent out asking him to stay on tablets on this occasion.

Oesophageal manometry revealed a small hiatus hernia associated with a slightly short lower oesophageal sphincter which was of reduced resting pressure at only 10.7mmHg. The majority of swallows were peristaltic proximal to distal with normal DCI.

23 hour pH study was very abnormal despite being on PPI. Acid exposure time was 28.3% and the correlation was excellent.

Mr Scott has had his issues, is on reducing doses of Methadone and Valium and I did suggest that reducing his Opiate intake will help his reflux. However despite these other issues, he might be the one in whom anti reflux surgery may be a long term option.

King regards

Yours sincerely

Dr Lynne Meekison
Associate Specialist

CR Dictated 06.12.12 Typed 12.12.12

CC Dr Afzal Ferniehill Surgery Edinburgh

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 09/01/2013

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (42 years) 700143029W
Specialty Consultant	Gastroenterology Dr KC Trimble	Attendance Date	01/11/2012

Dear Dr Afzal

You will have received a copy of the report on this patient's recent oesophageal function studies. Motor function of the oesophagus is relatively preserved, although he does have a low pressure lower oesophageal sphincter. He has grossly excess reflux which correlates with his symptoms despite ongoing PPI therapy. I have arranged to see Mr Scott myself for review in the clinic so that we can discuss where he might go from here.

Yours sincerely,

Dr K Trimble
Consultant Gastroenterologist
Electronically checked & approved by Dr K Trimble

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
Tel. Appointments - 0131 242 3063
Fax - 0131 242 1638

Dictated 18/12/12
Typed 20/12/12 SL

Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 14/03/2013

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth /	09/06/1970 (42 years)
		Age	
		UHPI	700143029W
Specialty	Gastroenterology	Attendance Date	07/03/2013
Consultant	Dr KC Trimble		

Dear Dr Afzal

I saw Mr Scott for review in the clinic today. As you know he has a diagnosis of gastro oesophageal reflux disease originally diagnosed at endoscopy in March 2011 when he had grade C oesophagitis with multiple oesophageal ulcers. After a period on high dose PPI therapy his oesophagitis was shown to be healed but unfortunately his symptoms were very poorly controlled. Following a change from Lansoprazole to Esomeprazole 20mgs bd and using regular Domperidone from the beginning of 2012 there has been a significant improvement in his symptoms control although he estimates this to be only about 70% with quite troublesome heartburn and regurgitation episodes persisting.

His situation as you know is complicated by regular methadone and diazepam use and also in the past cannabis although he has cut back on this latter drug significantly in recent times. Going into the background of his reflux problem however he is certain that he had pretty significant reflux symptoms over a number of years including a period before he was taking regular opiates. In the face of these ongoing symptoms oesophageal physiology studies were arranged and were performed in December 2012. I am a little uncertain as to whether the patient was still on his acid suppressant medication at the time of the studies or not as the report suggests that he was instructed to continue the medication and the results have been interpreted on this assumption, however the patient's recall is that he may have stopped the medication beforehand.

Either way however his study has shown a significantly abnormal result with a low pressure lower oesophageal sphincter, preserved peristalsis and grossly excess acid and non acid exposure with an acid exposure time of 28% distributed similarly between the erect and supine periods, there was also a positive symptom correlation. We had a discussion about these results today. On paper with persisting significant symptoms despite maximum medical therapy the patient would seem a reasonable candidate to consider an anti reflux operation. The contribution of his opiate and other medication however may be significant and it is difficult to assess this and it is clear that the patient has had reflux for quite a time, he is also fairly clear in his own mind that he doesn't regard the methadone as a long term situation indeed he said he would hope to be off it completely within 18 months to 2 years.

I think there is a possibility that his symptoms might improve with this however as he is keen to explore all the options I have agreed that I will refer him for an opinion to one of my surgical colleagues about what an anti reflux operation might have to offer either currently or in the future if his symptoms remain troublesome after withdrawal from opiates.

Yours sincerely

Dr K Trimble
Consultant Gastroenterologist
Electronically checked & approved by Dr K Trimble

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2054
Tel. Appointments - 0131 242 3063
Fax - 0131 242 1638

Dictated 08.03.13
Typed 14.03.13 CY

CC:
Mr S Paterson-Brown, General Surgery, RIE

P.S
Dear Simon
I would be grateful if you could offer this patient an appointment for discussion about surgical anti-reflux procedure. As you will see from above his case is a little complicated although he has a compelling set of oesophageal physiology results.
Yours sincerely
Dr K Trimble

General Surgery

Dr Devaney
The Southern Medical Group
322 Gilmerton Road
Edinburgh
EH17 7PR

Date First Created: 04/07/2013
Date/Time Printed: 03/06/2026 09:37
Our Ref: 700143029W
CHI: 0906701473

Patient:	Mr Justin Scott 53/1 NEWTOFT STREET Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Specialty:	General Surgery	Consultant:	Mr S Paterson-Brown

Ltr to Ken Trimble

Thank you very much for asking me to see this patient in the upper GI clinic in relation to his gastro-oesophageal reflux disease. Interestingly his gastro-oesophageal reflux symptoms have almost completely resolved on his current medical therapy and I note that his grade C oesophagitis seen on endoscopy in March 2011 along with an ulcer had healed completely on follow up endoscopy.

He does get some intermittent upper abdominal pain but I don't think this is related to his reflux and as he still is on considerable opiate medication currently in the form of Methadone along with some recreational drugs (cannabis), I really don't think he would be a good candidate for any form of anti-reflux surgery. However, certainly on his current assessment his symptoms of reflux would not warrant surgery and I have explained this to him.

He seemed very happy with this decision and was initially not quite sure why he was coming to the surgical clinic! I have not arranged any further review but obviously I would be happy to reconsider in the future if required but in general anti-reflux surgery on patients on significant opiate drugs do not do well and should be avoided if at all possible.

With kind regards.
Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon
cc: Dr Azhar Afzal , 8 Ferniehill Road, Edinburgh, EH17 7AB

Dr Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 24/06/2016

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (46 years) 700143029W
Specialty Consultant	General Surgery Mr S Paterson-Brown	Attendance Date	21/06/2016

Dear Dr Mirza

Thank you for asking me to review the above patient and his reflux symptoms.

They appear to be reasonably well controlled on Esomeprazole and Domperidone. I note he is currently hoping to come off his Methadone. There is no doubt that Methadone reduces gastric motility, gastric emptying and overall GI motility and it would be important that he is off Methadone before any decision is made regarding anti-reflux surgery. Carrying out the surgery, just so that he can come off his PPI's is not a good reason but ongoing symptoms despite adequate medical therapy, would be a reasonable indication.

I therefore suggested that he continues to try and come off his Methadone over the next six to twelve months and would be happy to review him afterwards, if he is still having ongoing symptoms despite adequate medical management. The patient is happy with this decision and I will leave it up to you to decide if he needs a further referral.

I did explain to him that between 30 and 50% of patients undergoing anti-reflux surgery go back on to PPI's over the next five to ten years because of loosening of the fundoplication, hence carrying out the surgery just to come off tablets is not really sensible.

With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon

Dr Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 23/06/2017

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (47 years) 700143029W
Specialty Consultant	General Surgery Mr S Paterson-Brown (ROOD)	Attendance Date	20/06/2017

Dear Dr Mirza

Further to previous communication I reviewed the above patient in clinic today. His main problems are upper abdominal pain, discomfort and feeling sick every morning. He has a reduced appetite and is generally worse since stopping his Domperidone. I note that this has been stopped by yourself because of potential problems with his Methadone but I do wonder if it is worth considering re-starting.

His Esomeprazole is continuing and he doesn't actually have any retrosternal symptoms of reflux at the present time even though his pH studies from the past show significant acid reflux. He has not been able to reduce his dose of Methadone and we know that Methadone itself and other opiates reduce gastric motility. I think it would be important to quantify this a little bit better at the present time and I have requested some gastric emptying studies. I will also repeat his gastroscopy myself following which we can have a better idea as to how we might proceed. If there is endoscopic evidence of significant ongoing reflux with oesophagitis despite his medical treatment and he doesn't have significant gastric delay on his gastric emptying studies then we may have to re-visit the possibility of antireflux surgery but again I would be reluctant to do this while the patient is still taking his normal dose of Methadone as outcomes are not good on the background of ongoing opiate treatment.

I will let you know how things go in due course.

With kind regards.

Sent electronically to GP

Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon

Dr Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 18/04/2018

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (47 years) 700143029W
Specialty Consultant	General Surgery Mr S Paterson-Brown	Attendance Date	16/11/2017

Dear Dr Mirza

I reviewed the above patient in clinic today, four weeks after his laparoscopic anterior fundoplication for gastro-oesophageal reflux disease.
He has made an excellent recovery and is now about to start a full solid diet.
I have discharged him from clinic and hopefully, he will have no further problems.
With kind regards,
Yours sincerely

Mr SIMON PATERSON-BROWNConsultant Surgeon

Dr Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 18/04/2018

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI	0906701473
		Date of Birth /	09/06/1970 (47 years)
		Age	
		UHPI	700143029W
Specialty	General Surgery	Attendance Date	
Consultant	Mr S Paterson-Brown		

Dear Dr Mirza

Misc letter 16/4/18

Thank you for your detailed letter on the above patient and his current symptoms following his previous laparoscopic anterior fundoplication in October of last year.

At the time of deciding to proceed with surgery, he did have some other symptoms which were a concern and particularly, the fact that at the time of surgery, I think he was still taking Methadone and was unable to stop this. This obviously would have impacted on his gastrointestinal motility and this may still be a slight problem if he is still taking his Methadone.

I note also that pre-operatively, his symptoms seem to be improved with Domperidone and it may be that would be worth re-starting.

From the symptoms you have given me, it sounds like his anterior fundoplication remains intact. There does not appear to be any significant reflux and he is managing to swallow reasonably well. He may have a degree of gas bloat due to his fundoplication and his nausea may be due to this. Part of the problem in the post fundoplication period is gas bloat due to swallowing too much air which is common for patients with reflux. In the post operative period, we need to advise him to eat slowly with small meals and to try not to swallow air.

Apart from that, I do not think there is anything further that is required but if this advise does not help, let me know and I would be happy to review him in the Outpatient clinic.

With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon

Dr Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Date: 17/12/2020

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (50 years) 700143029W
Attendance Date	09/12/2020		
Consultant	Mr P Stuart McKechnie		

Dear Dr Buchan

Thanks for referring Justin up to the General Surgical clinic where I reviewed him on behalf of Mr Paterson Brown, who is shortly due to retire.

Mr Paterson Brown performed a laparoscopic fundoplication on Justin in 2017 for a hiatal hernia and significant reflux and he has had an initial good result. Justin was off PPI for a year or two but has since developed recurrent dyspeptic symptoms in the morning and is a bit adverse to recommencing appropriate pharmacological therapy.

Also worth mentioning, which you will be well aware of, is that Justin remains on Methadone and this is obviously not going to help his gastric emptying.

His symptoms mainly comprise of dyspepsia on wakening and this resolves quite rapidly over the course of the day and in fact, he has no symptoms at all in the evening or at night. It is worth mentioning that this is not completely typical.

He tells me that he is taking Omeprazole once a day in the morning and has had a short course of Domperidone previously and is obviously still taking his Methadone as mentioned.

We are both in full agreement that it would take symptoms to move towards the extreme end before we could think about any re-visit surgery at this stage and in fact, I would never move towards that unless he was off his Methadone completely. Things are manageable at present and I have suggested to him, a trial and error process with his medication with an initial doubling up of his Omeprazole for a few weeks and assess response. A prokinetic can also be re-tried after this.

I am going to request some imaging, to look for crude evidence of wrap slippage but I think this is unlikely to be the

case and we would only need to manage things on a conservative basis. I will be in touch once I pursue this.

Kind regards,

Yours sincerely

Mr STUART MCKECHNIE
Consultant General Surgeon

General Surgery

Dr Buchan
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 08/02/2021

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (50 years) 700143029W
Attendance Date	09/12/2020		
Consultant	Mr P Stuart McKechnie		

Dear Dr Buchan

Misc ltr to GP 20/1/21

I now have the results of the barium swallow that I had requested for Justin, to look for any evidence of wrap slippage following his previous fundoplication in 2017.

It is important to note, that there was free passage through the GI tract with no obstruction. The wrap could not be visualised as such but there was no obvious evidence of reflux back into the oesophagus and no evidence of dysmotility. There was also no evidence of recurrence of the hiatus hernia.

As per my clinic letter, his current symptoms are not severe enough to head towards re-do surgery, even if a recurrence was found and management at present, should centre around high dose PPI therapy +/- a prokinetic on a trial basis.

Should things further deteriorate despite maximum pharmacological therapy and Justin getting off his Methadone, then I would see him back in clinic at that stage.

Kind regards,
Yours sincerely

Mr STUART MCKECHNIE
Consultant General Surgeon

Referrals

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gastroenterology - Medical A9S1
L GI - Upper (Non Urgent)

Leith Community Treatment Centre (S376C)
Junction Place
Edinburgh
EH6 5JQ

Urgency of referral Routine
Date of referral 07/01/2011
Date submitted 07/01/2011
UCPN 101001431100J

PATIENT DETAILS

Surname Scott
Forename(s) Justin
Title Mr Sex Male
Date of birth 09/06/1970
CHI no. 0906701473
Previous Surname

Address

53-1 Newtoft Street
Edinburgh
EH17 8RB

Contact number(s)

Voice : 07772 636530

REFERRING PRACTITIONER DETAILS

Name Dr. Clare Armstrong
GMC code 3584761 GP code 47422
Practice name 8 FERNIEHILL ROAD (70164)
Practice code 70164

Practice address

EDINBURGH
EH17 7AB

Contact number(s)

Voice : 0131 664 2166

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Request for further appointment for endoscopy

Comment: This gentleman did not attend his recent endoscopy appointment. Apparently he misunderstood the instructions in your letter. He still has significant symptoms and assures me that he will make every effort to attend if you could offer him another appointment. With many thanks

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Ingrowing toe nail (excluding great toe)		Right	19/07/1982	19/07/1982
Drug dependence			17/07/1972	17/07/1972

Past procedures (High priority - carried out within the last 12 months)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addiction maintenance therapy - methadone	CDPS			28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	Twice daily	07/01/2011		07/01/2011
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	Daily	21/10/2010		21/10/2010

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 21-Oct-2010

Patient Weight in Kilograms:0

Patient Height in Metres:0

Patient Blood Pressure (Systolic):124

Patient Blood Pressure (Diastolic):76

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

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gastroenterology - Medical A9S1
L GI - Upper (Non Urgent)

Leith Community Treatment Centre (S376C)
Junction Place
Edinburgh
EH6 5JQ

Urgency of referral Routine
Date of referral 12/05/2011
Date submitted 12/05/2011
UCPN 1010019809881

PATIENT DETAILS

Surname Scott
Forename(s) Justin
Title Mr Sex Male
Date of birth 09/06/1970
CHI no. 0906701473
Previous Surname

Address

53-1 Newtoft Street
Edinburgh
EH17 8RB

Contact number(s)

Voice : 07516 511030

REFERRING PRACTITIONER DETAILS

Name Dr. Clare Armstrong
GMC code 3584761 GP code 47422
Practice name 8 FERNIEHILL ROAD (70164)
Practice code 70164

Practice address

EDINBURGH
EH17 7AB

Contact number(s)

Voice : 0131 664 2166

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Request for appointment

Comment: This gentleman underwent an UGIE in March - Dr Saleem arranged an appointment for a repeat endoscopy for 11/5/11 Unfortunately Justin did not fully understand the instructions and had a cup of coffee whilst awaiting his procedure. He was told that this could not be rescheduled without a further referral letter from his GP. He remains on his PPI and his symptoms are unchanged. I would be grateful if you could reschedule this gentleman's test as per Dr Saleem's suggestion.

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Gastro-oesophageal reflux		+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)		Right	19/07/1982	19/07/1982
Drug dependence			17/07/1972	17/07/1972

Past procedures (High priority - carried out within the last 12 months)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Gastroscopy abnormal	GORD + ulcer - biopsies confirm no evidence of malignancy			16/03/2011
Helicobacter blood test negative			10/01/2011	10/01/2011
Drug addiction maintenance therapy - methadone	CDPS			28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Lansoprazole	01.03.05.0	Gastro Resistant CAPS 30MG	1 Cap	Twice daily	28/04/2011		28/04/2011
Lansoprazole	01.03.05.0	Gastro Resistant	1 Cap	Twice daily	17/03/2011		17/03/2011

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 21-Oct-2010

Patient Weight in Kilograms:0

Patient Height in Metres:0

Patient Blood Pressure (Systolic):124

Patient Blood Pressure (Diastolic):76

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

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology
Urgency of referral	Urgent
Date of referral	15/06/2011
Date submitted	16/06/2011

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

INVESTIGATION REQUESTED

Test
Requested: **Ultrasound Upper Abdomen**

Reason for Request: Urgent Referral Dear Doctor Many thanks for seeing this 41 year old gentleman. He has been having problems with abdominal pains for several months now. He has previously had ulcers and recent scope. An upper GI endoscopy showed that these had resolved. He is currently on Lansoprazole 30mgs bd. He often feels sick and describes ongoing epigastric pain and tenderness. He unfortunately did not attend for blood tests that were requested in May this year. I would be grateful if you could carry out an abdominal ultrasound scan to rule out any possible pain related to gall stones or pancreatic disease. Many thanks, Yours sincerely

CLINICAL INFORMATION

Investigations

Description	Result	Date
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Is the patient diabetic? : No		
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Additional information

Smoking history (Encounters):Current smoker Date recorded:21-Oct-2010

Patient Weight in Kilograms:0

Patient Height in Metres:0

Patient Blood Pressure (Systolic):124

Patient Blood Pressure (Diastolic):76

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper
Urgency of referral	Routine
Date of referral	08/08/2011
Date submitted	08/08/2011
UCPN	101002369433P

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason for Referral: Right upper quadrant pain

Main Referral: Dear Doctor

Text: I would be grateful if you could see this 41-year-old man. He is currently under the care of the CDPS for his Methadone and Diazepam prescription. I first met him in mid-June where he attended an emergency Surgery after complaining of vomiting, abdominal pain and feeling very shivery and generally unwell. He had no change to his bowel habit nor any GU symptoms.

He always looks pale and is always sweating every time he attends the Surgery and has previously been seen by one of my colleagues who had advised him to attend for some blood tests which he initially had not done. He had an upper GI endoscopy on 7 June 2011 after having had a previous examination for possible oesophagitis. Unfortunately, the duodenum was not examined as he withdrew his consent and therefore only the oesophagus and proximal part of the stomach was assessed, which was normal. He was advised to continue on Lansoprazole 30 mg bd which he has been compliant with.

He complains of right upper quadrant pain and this is often worse after eating. At the time I had seen him, his white cell count had been raised at 13 and his CRP was 122. On subsequent blood testing, his CRP normalised down to 19 and apart from this his liver function tests, U&Es and glucose tests have all been normal. I was unsure as to why the rise in CRP and had questioned him about any IV drug use which he denies implicitly.

On examination, his abdomen felt soft and mildly tender epigastrically and in his right upper quadrant. Ultrasound examination did not reveal any abnormalities apart from fibro-fatty change in his liver.

He subsequently went on to have hepatitis screen as well as HIV test all of which have been negative.

He continues to complain of abdominal pain and indeed continues to look pale and quite markedly unwell, despite having normal blood tests. As described, he implicitly denies any illicit drug use and I cannot pinpoint why he is having ongoing abdominal pain and continues to look unwell.

At review, I did note that he was drinking a lot of Lucozade and I have urged him to cut down his sugar intake but I note that his last fasting blood sugar level was normal.

Many thanks for your help with this gentleman. If you require any other information, please do not hesitate to contact me.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
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Gastro-oesophageal reflux	+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail	Right	19/07/1982	19/07/1982
Drug dependence		17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Ultrasound of abdomen	Fibro fatty change			06/07/2011
Gastroscopy abnormal	GORD + ulcer - biopsies confirm no evidence of malignancy			16/03/2011
Helicobacter blood test negative			10/01/2011	10/01/2011
Drug addiction maintenance therapy - methadone	CDPS			28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Lansoprazole	Gastro Resistant CAPS 30MG	1 Cap	Twice daily	01/07/2011		01/07/2011

Additional information

Smoking history (Encounters):Current smoker Date recorded:21-Oct-2010

Patient Weight in Kilograms:92

Patient Height in Metres:0

Patient Blood Pressure (Systolic):124

Patient Blood Pressure (Diastolic):76

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Endocrinology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	30/03/2012
Date submitted	30/03/2012
UCPN	101003416817L

<u>PATIENT DETAILS</u>		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason for Referral: Decline in testosterone level

Main Referral Dear Doctor
Text:

I would be grateful if you could see this 41-year-old gentleman who is currently under the review of the CDPS and on a Methadone programme. He also is a chronic cannabis user and more recently has been under the review of the GI Physicians for problems with intractable reflux.

He attended to see one of my colleagues in December after complaining of increasing tiredness and having no sex drive for the past 18 months. His appetite was poor in keeping with his GI symptoms where his weight has been steady.

His testosterone level was checked in January this year where it was 9.9, however a repeat level in early March had reduced to 6.7. His calcium-free testosterone in March was 119.

With this decline in his testosterone level, I would be grateful for your further assessment and advice.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Scabies			29/03/2012	29/03/2012
Gastro-oesophageal reflux		multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail		Right	19/07/1982	19/07/1982
Drug dependence			17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980

Other operation on scrotum NOS

Removal of cyst L scrotum

03/03/1971

03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Esomeprazole Gastro-resistant Tablets 20 mg	112 tablet	1 Tab Twice daily		16/01/2012		27/02/2012
Domperidone Tablets 10 mg	90 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY		16/01/2012		27/02/2012

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Permethrin Dermal cream 5 %	30 gram	TO BE USED AS DIRECTED		29/03/2012	42 Days	29/03/2012

Additional information

Smoking history (Encounters):Light smoker - 1-9 cigs/day 7 Date recorded:18-Jan-2012

Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012

Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012

Patient Weight in Kilograms:95

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	03/01/2013
Date submitted	03/01/2013
UCPN	101004690624G

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason for Referral: Urticaria

Main Referral: Dear Doctor

Text: Many thanks for seeing this 42-year-old gentleman who has had problems with urticaria since March last year. He has had non-stop itching on his lower legs and the lateral aspect of his forearm. He is on a Methadone programme and smokes cannabis regularly, however tells me that he has not changed any detergents or soaps of late. He does not get dry skin and certainly for the best part of the year there was no rash visible on the areas affected.

He is due to attend for blood tests.

On examination, he has very small red spots all over his legs, however no other visible rash or skin changes noticed.

Given his ongoing urticaria, he was prescribed various anti-histamines as well as steroids and emollients. However, these have not made any difference to the urticarial rash. I would be grateful for your further assessment.

Many thanks.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)			Right	19/07/1982	19/07/1982
Drug dependence				17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005

Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection	19/02/1986	19/02/1986
Standard circumcision	Phimosis	09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum	03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Loratadine Tablets 10 mg	56 tablet	ONE TO BE TAKEN EACH DAY		13/11/2012		13/11/2012
Esomeprazole Gastro-resistant Tablets 20 mg	112 tablet	1 Tab Twice daily		16/01/2012		30/10/2012
Domperidone Tablets 10 mg	90 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY		16/01/2012		30/10/2012

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Crotamiton Cream 10 %	100 gram	APPLY THREE TIMES A DAY		24/12/2012	42 Days	24/12/2012
Gabapentin Capsules 100 mg	90 capsule	1 CAP TDS		11/12/2012	42 Days	11/12/2012
Fexofenadine Hydrochloride Tablets 180 mg	30 tablet	ONE TO BE TAKEN EACH DAY		23/11/2012	30 Days	23/11/2012
Sildenafil Citrate Tablets 100 mg	4 tablet	TAKE 1 HOUR BEFORE SEXUAL ACTIVITY SLS		13/11/2012	42 Days	13/11/2012

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria				24/12/2012

Additional information

Smoking history (Encounters):Light smoker - 1-9 cigs/day 7 Date recorded:18-Jan-2012
 Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012
 Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012
 Patient Weight in Kilograms:84

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	22/10/2014
Date submitted	23/10/2014
UCPN	1010080987228

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS	Practice address
Name: Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road
Practice: Ferniehill Surgery (70164)	Edinburgh
Phone: Voice : 0131 664 2166	EH17 7AB

CLINICAL INFORMATION

Reason for Referral: Epigastric pain
Main Referral: REFERRAL FOR MR S PATERSON-BROWN
Text: Dear Mr Paterson-Brown

You may remember this 44-year-old gentleman who was reviewed in your Clinic in the past. He has been stable on Esomeprazole and Domperidone on a regular-use basis, however over the last few months things have become worse once more where he has been experiencing frequent spasms in the epigastric area which are causing him a great deal of pain. He has been to the Surgery several times and one of my colleagues switched over his PPI to Lansoprazole, however I did not feel that this would be of any benefit, given his past history and as you quite rightly said, his opiate and Diazepam use contribute to his gastro-oesophageal problems.

I would be most grateful if you could arrange to review him once more as per the advice you had expressed in your last letter.

Many thanks.

Yours sincerely

Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Abdominal pain				17/10/2014	17/10/2014
[X]Anxiety disorder, unspecified				25/08/2014	25/08/2014
Hiatus hernia				21/01/2013	21/01/2013
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		secondary opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)			Right	19/07/1982	19/07/1982
Drug dependence				17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Esomeprazole Gastro-resistant Tablets 20 mg	112 tablet	1 Tab Twice daily		21/10/2014		21/10/2014
Domperidone Tablets 10 mg	180 TABLET	ONE TO BE TAKEN UP TO THREE TIMES A DAY		21/10/2014		21/10/2014
Gabapentin Capsules 300 mg	504 CAPSULE	3 CAP TDS		21/01/2013		02/10/2014
Loratadine Tablets 10 mg	56 tablet	ONE TO BE TAKEN EACH DAY		13/11/2012		13/10/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56 capsule	ONE TO BE TAKEN TWICE DAILY		17/10/2014	28 Days	17/10/2014
Metoclopramide Hydrochloride Tablets 10 mg	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY		17/10/2014	28 Days	17/10/2014
Esomeprazole Gastro-resistant Tablets 20 mg	112 tablet	1 Tab Twice daily		16/01/2012		15/10/2014
Domperidone Tablets 10 mg	180 TABLET	ONE TO BE TAKEN UP TO THREE TIMES A DAY		16/01/2012		15/10/2014

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria			24/12/2012	24/12/2012

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:09-Apr-2014

Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012

Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012

Patient Weight in Kilograms:84

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	05/11/2015
Date submitted	05/11/2015
UCPN	101010267735L

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	0906701473	53-1 Newtoft Street	Voice (Home) : 07516 511030
Name:	Mr Justin Scott	Edinburgh	
Date of birth:	09/06/1970	EH17 8RB	
Sex:	Male		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Sobia Mirza (GMC: 7072499)	8 Ferniehill Road
Practice:	Ferniehill Surgery (70164)	Edinburgh
Phone:	Voice : 0131 664 2166	EH17 7AB

CLINICAL INFORMATION

Reason for
Referral: Epigastric pain

Main Referral REFERRAL FOR MR S PATERSON-BROWN

Text:
Dear Mr Paterson-Brown

This gentleman was referred to yourselves in October last year. He remains on regular Domperidone and Esomeprazole and still has not been seen. I would be very grateful if you could confirm that you received the original referral letter.

Yours sincerely

Dr Sobia Mirza

ATTACHED: Referral letter

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
[X]Anxiety disorder, unspecified			25/08/2014	25/08/2014
Hiatus hernia			21/01/2013	21/01/2013
Low back pain			11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism		secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux		+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)		Right	19/07/1982	19/07/1982
Drug dependence			17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Esomeprazole Gastro-resistant Tablets 20 mg	56 tablet	1 Tab Twice daily		10/09/2015		04/11/2015
Domperidone Tablets 10 mg	90 tablet	ONE TO BE TAKEN THREE TIMES A DAY		10/09/2015		04/11/2015
Gabapentin Capsules 300 mg	252 CAPSULE	3 CAP TDS		10/09/2015		04/11/2015
Loratadine Tablets 10 mg	56 tablet	ONE TO BE TAKEN EACH DAY		13/11/2012		10/04/2015

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria			24/12/2012	24/12/2012

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:09-Apr-2014
Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012
Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012
Patient Weight in Kilograms:84

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Cardiology L General Cardiology
Urgency of referral	Routine
Date of referral	06/03/2017
Date submitted	06/03/2017
UCPN	101013167219K

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	0906701473	53-1 Newtoft Street	Voice (Home) : 07516 511030
Name:	Mr Justin Scott	Edinburgh	
Date of birth:	09/06/1970	EH17 8RB	
Sex:	Male		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Sobia Mirza (GMC: 7072499)	8 Ferniehill Road
Practice:	Ferniehill Surgery (70164)	Edinburgh
Phone:	Voice : 0131 664 2166	EH17 7AB

CLINICAL INFORMATION

Reason for Referral: ECG Request

Main Referral Text: Patient on Methadone and has recently been taking Domperidone. To assess acuity interval.

Yours sincerely,

Dr Sobia Mirza

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
[X]Anxiety disorder, unspecified				25/08/2014	25/08/2014
Hiatus hernia				21/01/2013	21/01/2013
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		likely secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)			Right	19/07/1982	19/07/1982
Drug dependence				17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Medication requested			07/10/2015	07/10/2015
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Metoclopramide Hydrochloride Tablets 10 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		08/11/2016		10/02/2017
Esomeprazole Gastro-resistant Tablets 20 mg	56 tablet	1 Tab Twice daily		27/09/2016		03/03/2017
Gabapentin Capsules 300 mg	252 CAPSULE	3 CAP TDS		10/09/2015		03/03/2017

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria				24/12/2012

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:09-Apr-2014
 Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012
 Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012
 Patient Weight in Kilograms:73

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	14/03/2017
Date submitted	14/03/2017
UCPN	101013228597G

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	0906701473	53-1 Newtoft Street	Voice (Home) : 07516 511030
Name:	Mr Justin Scott	Edinburgh	
Date of birth:	09/06/1970	EH17 8RB	
Sex:	Male		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Sobia Mirza (GMC: 7072499)	8 Ferniehill Road
Practice:	Ferniehill Surgery (70164)	Edinburgh
Phone:	Voice : 0131 664 2166	EH17 7AB

CLINICAL INFORMATION

Reason for Referral: For the attention of Mr Simon Paterson-Brown

Main Referral: Dear Mr Paterson-Brown,

Text: I would be very grateful for your input with this 46 year old gentleman who you last saw in Clinic in June of 2016. He is a gentleman who was found to have reduced gastric motility, gastric emptying and overall GI motility secondary to Methadone usage.

This gentleman still remains on Methadone and doesn't feel able to stop this yet. In addition he remains on Esomeprazole and was trialled on Metoclopramide instead of Domperidone, however has been unable to tolerate Metoclopramide and has found more benefit from Domperidone, however, even though he still takes Domperidone and Esomeprazole, he is still getting a lot of symptoms.

I agreed that, upon his request, I would write to you and ask if you would still consider him for anti-reflux surgery.

I look forward to hearing from you.

I have enclosed your letters for your reference.

Yours sincerely,

Dr Sobia Mirza

Attached: Clinical letters

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
[X]Anxiety disorder, unspecified				25/08/2014	25/08/2014
Hiatus hernia				21/01/2013	21/01/2013
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		likely secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			+ multiple ulcers	16/03/2011	16/03/2011

Ingrowing toe nail (excluding great toe)	Right	19/07/1982	19/07/1982
Drug dependence		17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Medication requested			07/10/2015	07/10/2015
Drug addiction maintenance therapy - methadone	CDPS		28/06/2010	28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Metoclopramide Hydrochloride Tablets 10 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		08/11/2016		10/02/2017
Esomeprazole Gastro-resistant Tablets 20 mg	56 tablet	1 Tab Twice daily		27/09/2016		03/03/2017
Gabapentin Capsules 300 mg	252 CAPSULE	3 CAP TDS		10/09/2015		03/03/2017

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria			24/12/2012	24/12/2012

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:09-Apr-2014
 Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012
 Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012
 Patient Weight in Kilograms:73

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	28/09/2020
Date submitted	28/09/2020
UCPN	101021755861K

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Wendy Thomson (GMC: 7157478)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason for Referral: Recurrent acid reflux following fundoplication (SPB)

Main Referral: FAO Simon Patterson Brown

Text: I would be grateful of your opinion of this 50 year old man who had a laparoscopic fundoplication for a small hiatus hernia in October 2017. He tells me that his symptoms were ok for around 2 years post operatively but they are now severe.

He describes wakening every morning with acid in the back of his throat and persistent nausea throughout the day, more recently intermittent vomiting of bile. He complains of intermittent epigastric pains. He thinks he is loosing weight as his clothes feel looser. He does not report any dysphagia and his appetite remains normal eating normal sized meals. He smokes 4/day, no alcohol, no spicy foods. He drinks 5 cups of coffee a day so he will try and cut down. He remains on 110mls methadone daily which is possibly contributing but assures me he is weaning. He feels he gets no benefit from taking omeprazole or domperidone anymore.

I would be grateful of your input. He tells me he was informed that the operation may only give symptom relief for a few years.

Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
[X]Anxiety disorder, unspecified				25/08/2014	25/08/2014
Hiatus hernia				21/01/2013	21/01/2013
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		likely secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)			Right	19/07/1982	19/07/1982
Drug dependence				17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
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Medication requested		07/10/2015	07/10/2015
Drug addiction maintenance therapy - methadone	CDPS	28/06/2010	28/06/2010
CLO test positive		31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection	19/02/1986	19/02/1986
Standard circumcision	Phimosis	09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum	03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 capsule	1 TAB TWICE DAILY		08/02/2018		23/07/2020
Gabapentin Capsules 300 mg	252 CAPSULE	THREE CAPS THREE TIMES DAILY		10/09/2015		25/08/2020

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Domperidone Tablets 10 mg	60 tablet	1 TABLET ONCE OR TWICE DAILY		28/04/2020	128 Days	23/07/2020

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria			24/12/2012	24/12/2012

Additional information

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date recorded:09-Apr-2014
 Alcohol history (Encounters):Light drinker - 1-2u/day Date recorded:18-Jan-2012
 Exercise history (Encounters):Enjoys light exercise Date recorded:18-Jan-2012
 Patient Weight in Kilograms:64
 Patient Height in Metres:176
 Patient BMI:20.66
 Patient Blood Pressure (Systolic):108
 Patient Blood Pressure (Diastolic):60

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	29/10/2024
Date submitted	29/10/2024
UCPN	101034619653J

PATIENT DETAILS

CHI number: 0906701473
Name: Mr Justin Scott
Date of birth: 09/06/1970
Sex: Male

Contact Details

53-1 Newtoft Street
Edinburgh
EH17 8RB
Voice (Home) : 07516 511030

REFERRING PRACTITIONER DETAILS

Name: Dr Paul Perry (GMC: 6148155)
Practice: Ferniehill Surgery (70164)
Phone: Voice : 0131 664 2166

Practice address

8 Ferniehill Road
Edinburgh
EH17 7AB

INVESTIGATION REQUESTED

Test Requested: Ultrasound Upper abdomen (not asymptomatic abnormal LFTs)

Reason for Request: Dear Colleagues, Please can you carry out an abdominal ultrasound on this 54 year old gentleman who had a previous cholecystectomy and fundoplication for a hiatus hernia. He present with a 3-4 week history of worsening abdo bloating and upper abdo discomfort. No nausea and vomiting. Bowel habit normal. Abdomen soft and non tender today. Please can you carry out an ultrasound to eliminate structure potentially causing symptoms. Yours sincerely, Dr Paul Perry Locum GP

CLINICAL INFORMATION

Additional information

Patient Weight in Kilograms:64
Patient Height in Metres:176
Patient BMI:20.66
Patient Blood Pressure (Systolic):120
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Moderate smoker - 10-19 cigs/d Date Recorded:09-Apr-2014
Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date Recorded:09-Apr-2014
Alcohol history (Screening):Light drinker - 1-2u/day Date Recorded:18-Jan-2012
Alcohol history (Encounters):Light drinker - 1-2u/day Date Recorded:18-Jan-2012
Exercise history (Screening):Enjoys light exercise Date Recorded:18-Jan-2012
Exercise history (Encounters):Enjoys light exercise Date Recorded:18-Jan-2012

Historic Case Notes

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA



Dr Rosie Lamb
Fernehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

**General and
Oesophagogastric
Surgery**
Ward 106/107

Dear Dr Lamb

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI: 700143029W, DoB: 9/6/1970, CHI: 0906701473

Mr A de Beaux
Mr S Paterson-Brown
Miss T Gillies
Sec: Joyce Brunton
Tel: 0131 242 3473

Thank you for your detailed letter on the above patient and his current symptoms following his previous laparoscopic anterior fundoplication in October of last year.

Mr P Lamb
Mr S McKechnie
Sec: Lorna Petrie
Tel: 0131 242 3667

At the time of deciding to proceed with surgery, he did have some other symptoms which were a concern and particularly, the fact that at the time of surgery, I think he was still taking Methadone and was unable to stop this. This obviously would have impacted on his gastrointestinal motility and this may still be a slight problem if he is still taking his Methadone.

Mr G Couper
Mr R Skipworth
Sec: Debi Hutchison
Tel: 0131 242 3176

I note also that pre-operatively, his symptoms seem to be improved with Domperidone and it may be that would be worth re-starting.

Mr C Deans
Mr B Tulloh
Sec: Vicky Dougal
Tel: 0131 242 3620

From the symptoms you have given me, it sounds like his anterior fundoplication remains intact. There does not appear to be any significant reflux and he is managing to swallow reasonably well. He may have a degree of gas bloat due to his fundoplication and his nausea may be due to this. Part of the problem in the post fundoplication period is gas bloat due to swallowing too much air which is common for patients with reflux. In the post operative period, we need to advise him to eat slowly with small meals and to try not to swallow air.

Miss A Paisley
Sec: Kerr Flucker
Tel: 0131 242 6126

Reference: SPB/JJB
Typed: 17/4/2018
Date: 16/4/2018

Apart from that, I do not think there is anything further that is required but if this advice does not help, let me know and I would be happy to review him in the Outpatient clinic.

With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN
Consultant Surgeon

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA



Dr S Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

General and
Oesophagogastric
Surgery
Ward 106/107

Dear Dr Mirza

Mr A de Beaux
Mr S Paterson-Brown
Miss T Gillies
Sec: Joyce Brunton
Tel: 0131 242 3473

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI:700143029W, DoB: 9/6/1970, CHI: 0906701473

Mr P Lamb
Mr S McKechnie
Sec: Lorna Petrie
Tel: 0131 242 3667

I reviewed the above patient in clinic today, four weeks after his laparoscopic anterior fundoplication for gastro-oesophageal reflux disease.

Mr G Couper
Mr R Skipworth
Sec: Debi Hutchison
Tel: 0131 242 3176

He has made an excellent recovery and is now about to start a full solid diet.

I have discharged him from clinic and hopefully, he will have no further problems.

Mr C Deans
Mr B Tulloh
Sec: Vicky Dougal
Tel: 0131 242 3620

With kind regards,

Miss A Paisley
Sec: Kerr Flucker
Tel: 0131 242 6126

Yours sincerely

Ref: SPB/JJB
Typed: 20/11/2017
Clinic: 16/11/2017
Dict: 16/11/2017

Mr SIMON PATERSON-BROWN
Consultant Surgeon

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA



Dr Azhar Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

General and
Oesophagogastric
Surgery
Ward 106/107

Mr A de Beaux
Mr S Paterson-Brown
Miss T Gillies
Sec: Joyce Brunton
Tel: 0131 242 3473

Mr P Lamb
Mr S McKechnie
Sec: Lorna Petrie
Tel: 0131 242 3667

Mr G Couper
Mr R Skipworth
Sec: Debi Hutchison
Tel: 0131 242 3176

Mr C Deans
Mr B Tulloh
Sec: Vicky Dougal
Tel: 0131 242 3620

Miss A Paisley
Sec: Kerr Flucker
Tel: 0131 242 6126

Dear Dr Afzal

Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
DoB: 9/6/1970, CRN/UHPI: 700143029W, CHI: 0906701473

Admitted:	17/10/2017	Discharged:	18/10/2017
Dictated:	18/10/2017	Typed:	20/10/2017
Consultant (s):	SIMON PATERSON-BROWN	Ward:	106
Speciality:	General Surgery	Ref:	SPB/JJB

Date: 17/10/2017, Consultant: Simon Paterson-Brown

Site	Diagnosis	Operation	Code	Type
Oesophagus	Hiatus hernia + oesophagitis	oesophagitis/laparoscopic anterior fundoplication	021169	

Clinical Summary:

The above patient came in to the Royal Infirmary Surgical Unit as planned and underwent an uneventful laparoscopic anterior fundoplication and repair of his small hiatus hernia.

Absorbable sutures were used to close the wound and I will arrange to review him in the Outpatient clinic in six to eight weeks' time.

With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN
Consultant Surgeon

Lothian Hospitals General Surgery and Vascular Surgery Waiting List Form

700143029W M
SCOTT Justin
09-Jun-70 CHI: 090 670 1473
70164 S Mirza
53/1 Newtoft Street
EH17 8RB



Date on waiting list 16.8.17

Patient's Telephone No's

Home

Work

Mobile

1. Source of addition

OPD

Ward

GP

Other

2. Provisional Diagnosis

Reflex + HA

3. Proposed Procedure

lap fundop.

4. Priority

Urgent - Reason and Timeframe if clinically urgent

Routine

5. Intended Management: (tick as appropriate)

RIE ☒ SJH ☐ WGH ☐ ROODLANDS ☐ EXTERNAL PROVIDER ☐

Minor Ops List ☐

Out patient Nurse Practitioner ☐

Day Surgery Unit

12 hr ☐

23 hr ☒

Inpatients :

Admit day before : Medical Reason Only

Admit to DSU (DOSA major cases)

Level 1 bed

Level 2 bed (HDU)

Level 3 bed (ITU)

6. Patient's Weight:

Patient's Height:

BMI:

glu

7. Unavailability:

8. Other information e.g. medications and when these should be stopped prior to surgery, diabetic, latex allergy etc .

9. Estimated Length of Stay 1 days.

10. Patient suitable for combined list: Yes (pt must be aware) No (reason) SAR R.

11. Estimated theatre time 1.5 hrs (excluding anaesthetic time)

12. Anaesthetist Required for surgery:

Yes

No

13. Review by Consultant Anaesthetist in pre-op Clinic: No

Yes (referral letter required)

14. Patient agrees to be contacted by a member of university for exam purposes Yes No

15. Clinician completing this form (PRINT NAME) SAR

Designation.....

Contact Number

(Ona Lally 05.09.14)

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	14/03/2017
Date submitted	14/03/2017
UCPN	101013228597G

PATIENT DETAILS		Contact Details	
CHI number:	0906701473	53-1 Newtoft Street	Voice (Home) : 07516 511030
Name:	Mr Justin Scott	Edinburgh	
Date of birth:	09/06/1970	EH17 8RB	
Sex:	Male		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Sobia Mirza (GMC: 7072499)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason
for Referral: For the attention of Mr Simon Paterson-Brown

Main Referral Text: Dear Mr Paterson-Brown, I would be very grateful for your input with this 46 year old gentleman who you last saw in Clinic in June of 2016. He is a gentleman who was found to have reduced gastric motility, gastric emptying and overall GI motility secondary to Methadone usage. This gentleman still remains on Methadone and doesn't feel able to stop this yet. In addition he remains on Esomeprazole and was trialled on Metoclopramide instead of Domperidone, however has been unable to tolerate Metoclopramide and has found more benefit from Domperidone, however, even though he still takes Domperidone and Esomeprazole, he is still getting a lot of symptoms. I agreed that, upon his request, I would write to you and ask if you would still consider him for anti-reflux surgery. I look forward to hearing from you. I have enclosed your letters for your reference. Yours sincerely, Dr Sobia Mirza Attached: Clinical letters

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
[X]Anxiety disorder, unspecified				25/08/2014	25/08/2014
Hiatus hernia				21/01/2013	21/01/2013
Low back pain				11/12/2012	11/12/2012
Query Hypogonadotropic hypogonadism	Uncertain		likely secondary to chronic opiate use	13/04/2012	13/04/2012
Gastro-oesophageal reflux			+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail (excluding great toe)			Right	19/07/1982	19/07/1982
Drug dependence				17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Medication requested			07/10/2015	07/10/2015

Drug addiction maintenance therapy - methadone	CDPS	28/06/2010	28/06/2010
CLO test positive		31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection	19/02/1986	19/02/1986
Standard circumcision	Phimosis	09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum	03/03/1971	03/03/1971

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Metoclopramide Hydrochloride Tablets 10 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		08/11/2016		10/02/2017
Esomeprazole Gastro-resistant Tablets 20 mg	56 tablet	1 Tab Twice daily		27/09/2016		03/03/2017
Gabapentin Capsules 300 mg	252 CAPSULE	3 CAP TDS		10/09/2015		03/03/2017

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
Urticaria			24/12/2012	24/12/2012

721222015-12-03781232014-07-14821162012-01-18761242010-10-21732016-11-08842012-08-24952011-12-14922011-07-19

Additional information

Smoking history (Encounters): Moderate smoker - 10-19 cigs/d Date recorded: 09-Apr-2014
 Alcohol history (Encounters): Light drinker - 1-2u/day Date recorded: 18-Jan-2012
 Exercise history (Encounters): Enjoys light exercise Date recorded: 18-Jan-2012
 Patient Weight in Kilograms: 73

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Mirza
Fernehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Date: 24/06/2016

Outpatient Clinic Letter

Patient	Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	CHI Date of Birth / Age UHPI	0906701473 09/06/1970 (46 years) 700143029W
Specialty Consultant	General Surgery Mr S Paterson-Brown	Attendance Date	21/06/2016

Dear Dr Mirza

Thank you for asking me to review the above patient and his reflux symptoms. They appear to be reasonably well controlled on Esomeprazole and Domperidone. I note he is currently hoping to come off his Methadone. There is no doubt that Methadone reduces gastric motility, gastric emptying and overall GI motility and it would be important that he is off Methadone before any decision is made regarding anti-reflux surgery. Carrying out the surgery, just so that he can come off his PPI's is not a good reason but ongoing symptoms despite adequate medical therapy, would be a reasonable indication. I therefore suggested that he continues to try and come off his Methadone over the next six to twelve months and would be happy to review him afterwards, if he is still having ongoing symptoms despite adequate medical management. The patient is happy with this decision and I will leave it up to you to decide if he needs a further referral. I did explain to him that between 30 and 50% of patients undergoing anti-reflux surgery go back on to PPI's over the next five to ten years because of loosening of the fundoplication, hence carrying out the surgery just to come off tablets is not really sensible. With kind regards,
Yours sincerely

Mr SIMON PATERSON-BROWN Consultant Surgeon

University Hospitals Division



The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Sobia Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

28 JUN 2016

General and
Oesophagogastric
Surgery
Ward 106/107

Mr G Couper
Mr R Skipworth
Secretary: Debi Hutchison
Tel: 0131 242 3176
Email:
debi.hutchison@nhslothian.scot.nhs.uk

Dear Dr Mirza

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI:700143029W, DoB: 9/6/1970, CHI: 0906701473

Thank you for asking me to review the above patient and his reflux symptoms.

Mr A de Beaux
Mr S Paterson-Brown
Secretary: Joyce Brunton
Tel: 0131 242 3473
Email:
Joyce.Brunton@luht.scot.nhs.uk

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Mr P Lamb
Miss A Paisley
Secretary: Lorna Petrie
Tel: 0131 242 3667
Email:
Lorna.Petrie@luht.scot.nhs.uk

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Mr C Deans
Secretary: Vicky Dougal
Tel: 0131 242 3620
Email:
Vicky.Dougal@luht.scot.nhs.uk

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With kind regards,

Yours sincerely

Mr SIMON PATERSON-BROWN
Consultant Surgeon

Ref: SPB/JJB
Typed: 24/6/2016
Clinic: 21/6/2016
Dict: 21/6/2016

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Sobia Mirza
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

Dear Dr Mirza

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI:700143029W, DoB: 9/6/1970, CHI: 0906701473

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Consultant Surgeon

**General and
Oesophagogastric
Surgery**
Ward 106/107

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Mr R Skipworth
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Tel: 0131 242 3176
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Vicky.Dougal@luht.scot.nhs.uk

Ref: SPB/JJB
Typed: 24/6/2016
Clinic: 21/6/2016
Dict: 21/6/2016

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Ken Trimble
Consultant Gastroenterologist
RIE

General and
Oesophagogastric
Surgery
Ward 106/107

Dear Ken

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI:700143029W, DoB: 9/6/1970, CHI: 0906701473

Mr G Couper
Mr A de Beaux
Mr S Paterson-Brown
Secretary: Jennifer Allison
Tel: 0131 242 3595
Email:
Jennifer.Allison@luht.scot.nhs.uk

Thank you very much for asking me to see this patient in the upper GI clinic in relation to his gastro-oesophageal reflux disease. Interestingly his gastro-oesophageal reflux symptoms have almost completely resolved on his current medical therapy and I note that his grade C oesophagitis seen on endoscopy in March 2011 along with an ulcer had healed completely on follow up endoscopy.

Mr P Lamb
Miss A Paisley
Secretary: Lorna Petrie
Tel: 0131 242 3667
Email:
Lorna.Petrie@luht.scot.nhs.uk

He does get some intermittent upper abdominal pain but I don't think this is related to his reflux and as he still is on considerable opiate medication currently in the form of Methadone along with some recreational drugs (cannabis), I really don't think he would be a good candidate for any form of anti-reflux surgery. However, certainly on his current assessment his symptoms of reflux would not warrant surgery and I have explained this to him.

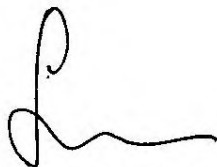
Mr C Deans
Secretary: Vicky Dougal
Tel: 0131 242 3620
Email:
Vicky.Dougal@luht.scot.nhs.uk

Ref: SPB/JA
Typed: 4/7/2013
Clinic: 27/6/2013
Dict: 27/6/2013

He seemed very happy with this decision and was initially not quite sure why he was coming to the surgical clinic! I have not arranged any further review but obviously I would be happy to reconsider in the future if required but in general anti-reflux surgery on patients on significant opiate drugs do not do well and should be avoided if at all possible.

With kind regards.

Yours sincerely



Mr SIMON PATERSON-BROWN
Consultant Surgeon

19 JUL 2013


cc: Dr Azhar Afzal, 8 Ferniehill Road, Edinburgh, EH17 7AB

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Ken Trimble
Consultant Gastroenterologist
RIE

**General and
Oesophagogastric
Surgery**
Ward 106/107

Dear Ken

Mr Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
UHPI:700143029W, DoB: 9/6/1970, CHI: 0906701473

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Ref: SPB/JA
Typed: 4/7/2013
Clinic: 27/6/2013
Dict: 27/6/2013

With kind regards.

Yours sincerely

Mr SIMON PATERSON-BROWN
Consultant Surgeon

cc: Dr Azhar Afzal , 8 Ferniehill Road, Edinburgh, EH17 7AB

Dr Trimble
Consultant Gastroenterologist
RIE

Date First Created 12/12/2012
Date Authorised
Date/Time Printed 12/12/2012 07:44
Our Ref 700143029W
CHI 0906701473

Patient:	Mr Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB	UHPI:	700143029W
		Date of Birth:	09/06/1970
Clinic Code:	GILAB	Attendance Date:	03/12/2012
Specialty:	GI Physiology 1		
Consultant:	GI Consultants		

Dear Dr Trimble,

I enclose oesophageal function test reports performed 03.12.12. This patient was seen by 2 separate registrars in your clinic. Symptoms are of ongoing nausea, acid, and vomiting both overnight and in the mornings. He is also troubled with sweats. He had issues with the first appointment sent out to him and the appointment was sent out asking him to stay on tablets on this occasion.

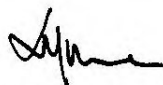
Oesophageal manometry revealed a small hiatus hernia associated with a slightly short lower oesophageal sphincter which was of reduced resting pressure at only 10.7mmHg. The majority of swallows were peristaltic ~~and~~ proximal to distal with normal DCI.

23 hour pH study was very abnormal despite being on PPI. Acid exposure time was 28.3% and the correlation was excellent.

Mr Scott has had his issues, is on reducing doses of Methadone and Valium and I did suggest that reducing his Opiate intake will help his reflux. However despite these other issues, he might be the one in whom anti reflux surgery may be a long term option.

King regards

Yours sincerely



Dr Lynne Meekison
Associate Specialist

CR Dictated 06.12.12 Typed 12.12.12

W. King (already seen)
11 JAN 2013

Outpatient Clinic Letter

Cont'd...

Ref: 700143029W

Patient Name: Mr Justin Scott

CC Dr Afzal Ferniehill Surgery Edinburgh

GI PHYSIOLOGY INVESTIGATION UNIT

ROYAL INFIRMARY OF EDINBURGH

ROUTINE MOTILITY REPORT

RECORD NO. 6428

DATE OF TEST: 03/12/2012

JUSTIN

SCOTT

09/06/1970 700143029W

REFERRING DOCTOR: TRIMBLE

HISTORY: Worsening symptoms of acid reflux, nausea, sweating at night. On treatment as per letter

Distal oesophageal manometry was performed using a solid state HIGH RESOLUTION manometry catheter and multichannel analysis interface.

Normal Range

Lower Oesophageal Sphincter 43.1 cm from nose

LOS Length 2.4 cm

Tonic sphincter pressure (mid-expiration) 10.7mmHg (13 - 43)

Relaxation COMPLETE mean residual pressure = 7.6 mmHg ≤ 5 mmHg standard
 < 15 mmHg high resolution

Wave Characteristics: FROM SERIES OF 5 ML WATER BOLUS

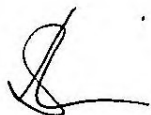
Peristaltic 9/10 Non-propagated 0

Simultaneous 1/10 Non-conducted 0 Simultaneous distally 0

Distal Amplitude: 96.9. 41 - 168

Bread Study: NOT PERFORMED

OVERALL CONCLUSIONS: Reduced pressure in the LOS. Normal peristalsis.



Dr L A Meekison

Associate Specialist

GI PHYSIOLOGY INVESTIGATION UNIT

ROYAL INFIRMARY OF EDINBURGH

0131-242-1605/7226

23 HOUR pH REPORT

RECORD NO. 6428

DATE OF TEST 03/12/2012

JUSTIN SCOTT

09/06/1970 700143029W

REFERRING DOCTOR : TRIMBLE

23 hour pH monitoring was performed with the pH electrode (PH/IMPED)

situated 5cm above the upper limit of the manometrically defined lower oesophageal sphincter.

ON TREATMENT

	<u>Normal Range</u>	<u>Erect (E)</u>	<u>Supine (S)</u>	<u>Total (T)</u>
Number of reflux episodes	< 50 (T)	137	33	170
Number of reflux episodes > 5 min	3 or less			
Longest reflux episode (minutes)	< 9.2 minutes	46.1	38.3	46.1
Total time pH < 4 (minutes)		300.7	106.5	407
Total acid exposure time (% time pH < 4)		31.4	22.2	28.3
* Normal total acid exposure time < 6.95% of recording time				
No of reported episodes of Heartburn			2	
No of reported episodes of Sweating			2	
Coincidence of Heartburn with reflux			2 / 2	
Coincidence of Sweating with reflux			2 / 2	
Symptom Correlation for Heartburn :		100 %		
Symptom Correlation for Sweating :		100 %		

CONCLUSIONS : Despite being on Nexium, there is significant excess reflux and positive symptom correlation



Dr L A Meekison

Associate Specialist

*J S de Caestecker. Netherlands Journal of Medicine 1989;34:S34-S39

Royal Infirmary of Edinburgh

GI Investigation Unit
Endoscopy
Little France Crescent
EDINBURGH, EH16 8SA UK
01312421605 01312421618

Impedance-pH Monitoring Report

Patient Data

Patient Name: JUSTIN SCOTT
Patient ID: 0906701473
Patient Sex: Male
Date of Birth: 1970-06-09
Date of Admission: 2012-12-03
Visit ID:

Clinician Data

Physician: Lynne Meekison
Referring Physician: KC TRIMBLE
Performed by: Sarah Douglas

Patient History

Symptom(s): Heartburn, regurgitation and sweating sensation.

Medications: PPI continued for study.

Impressions

Normal dietary intake. Regurgitation was not reported during study. Excess acid and non-acid exposure with excellent correlation with reported symptoms.

Signature: _____ Date: _____

Reflux Study Summary

Acid Exposure (pH)	Upright	Upright Normal	Recumbent	Recumbent Normal	Total	Total Normal
Percent Time Clearance pH	<u>31.4%</u>	(< 6.3 %)	<u>22.2%</u>	(< 1.2 %)	<u>28.3%</u>	(< 4.2 %)
Longest Episode	46.1 min		38.3 min		46.1 min	

Reflux Episode Activity (Impedance)	Upright	Upright Normal	Recumbent	Recumbent Normal	Total	Total Normal
All Reflux Proximal Episodes	57		16		73	
All Reflux Distal Episodes	137		33		<u>170</u>	(< 73)
Median Bolus Clearance Time	12 sec	(< 43.0)	9 sec	(< 51.0)	11 sec	(< 44.0)
Longest Episode	10.7 min		57.3 sec		10.7 min	

Symptom Correlation to Reflux (Impedance)

Symptom	Occurrences	Acid Related	Nonacid Related	All Reflux Related	Symptom Index
Heartburn	2	2	0	2	100%
Sweating	2	1	1	2	100%

NOTE: Please refer to expanded report for study details.

Impedance-pH Monitoring Details Reflux Study

Acid Exposure (pH)

	<u>Upright</u>	<u>Upright Normal</u>	<u>Recumbent</u>	<u>Recumbent Normal</u>	<u>Total</u>	<u>Total Normal</u>
Clearance pH : Channel 7						
Time	300.7 min		106.5 min		407.2 min	
Percent Time	31.4%	(< 6.3 %)	22.2%	(< 1.2 %)	28.3%	(< 4.2 %)
Mean Acid Clearance Time	237 sec		220 sec		233 sec	
Longest Episode	46.1 min		38.3 min		46.1 min	

Acid Exposure normal values in parentheses are valid for un-medicated 95th percentile adult.

Bolus Exposure (Impedance)

	<u>Upright</u>	<u>Upright Normal</u>	<u>Recumbent</u>	<u>Recumbent Normal</u>	<u>Total</u>	<u>Total Normal</u>
Acid Time	85.0 min		6.0 min		91.0 min	
Acid Percent Time	8.9%	(< 1.7 %)	1.2%	(< 0.8 %)	6.3%	(< 1.1 %)
Nonacid Time	21.1 min		1.2 min		22.3 min	
Nonacid Percent Time	2.2%		0.2%		1.5%	
All Reflux Time	106.1 min		7.2 min		113.3 min	
All Reflux Percent Time	11.1%	(< 2.1 %)	1.5%	(< 0.7 %)	7.9%	(< 1.4 %)
Median Bolus Clearance Time	12 sec	(< 43.0)	9 sec	(< 51.0)	11 sec	(< 44.0)
Longest Episode	10.7 min		57.3 sec		10.7 min	

NOTE: Reflux episodes are detected by Impedance and categorized as acid or nonacid by pH.

Reflux Episode Activity (Impedance)

	<u>Upright</u>	<u>Recumbent</u>	<u>Total</u>	<u>Normal</u>
Liquid + Mixed Acid	83	25	108	
Liquid + Mixed Nonacid	54	8	62	
All Liquid + Mixed Reflux	137	33	170	(< 73)

NOTE: Reflux episodes are detected by Impedance and categorized as acid or nonacid by pH.

Symptom Correlation to Reflux (Impedance)

<u>Symptom</u>	<u>Occurrences</u>	<u>Acid Related</u>	<u>Nonacid Related</u>	<u>All Reflux Related</u>	<u>Unrelated</u>
Heartburn (liq/mix)	2	2	0	2	0
Sweating (liq/mix)	2	1	1	2	0

Reflux Symptom Index (Impedance)

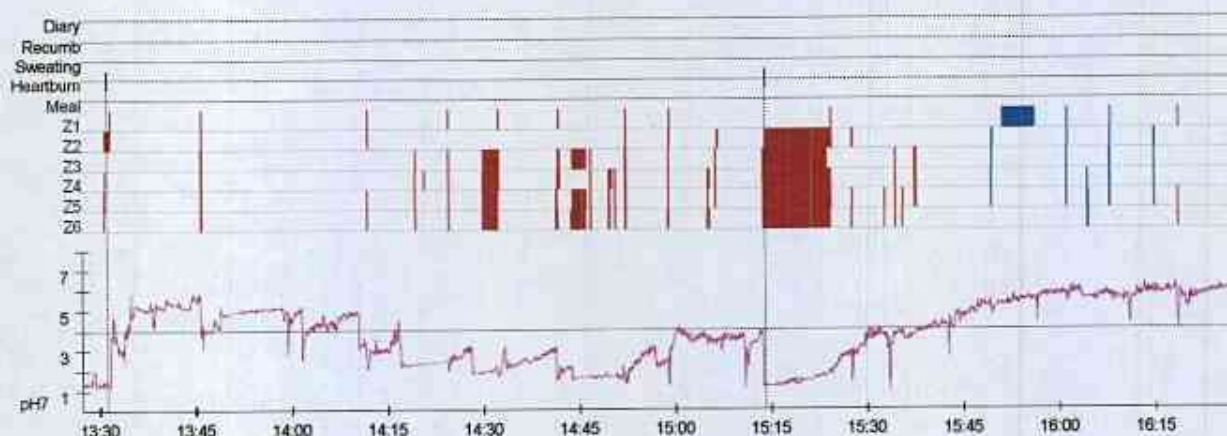
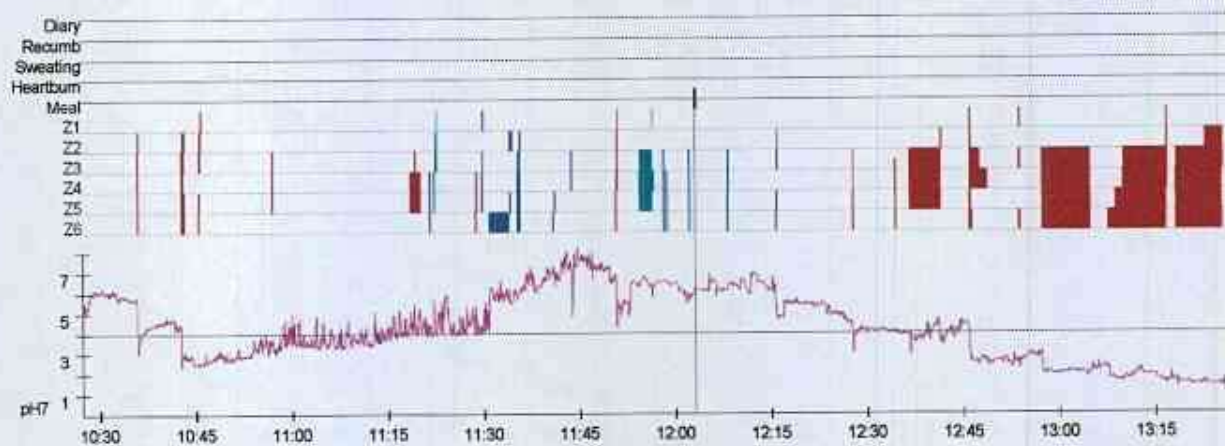
<u>Symptom</u>	<u>Acid</u>	<u>Nonacid</u>	<u>All Reflux</u>
Heartburn (liq/mix)	100%	0%	100%
Sweating (liq/mix)	50%	50%	100%

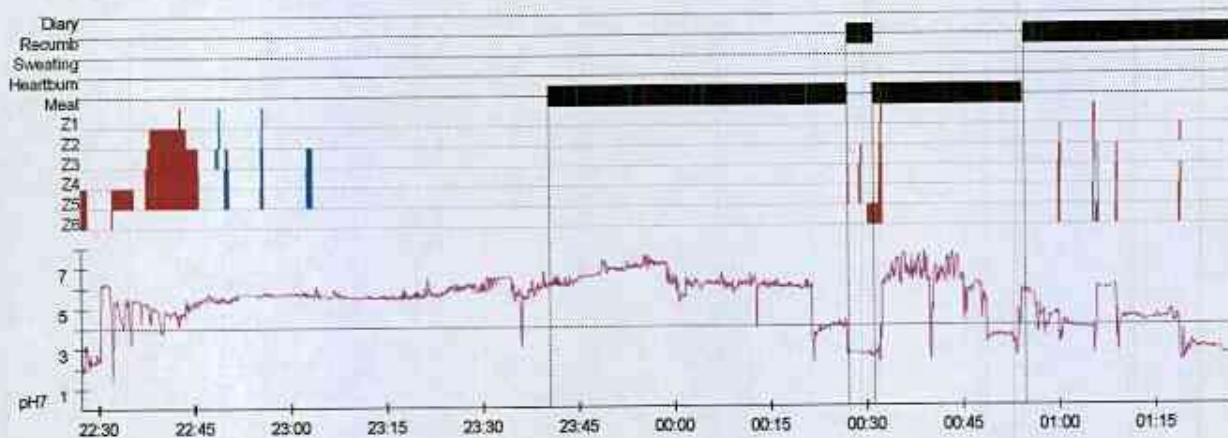
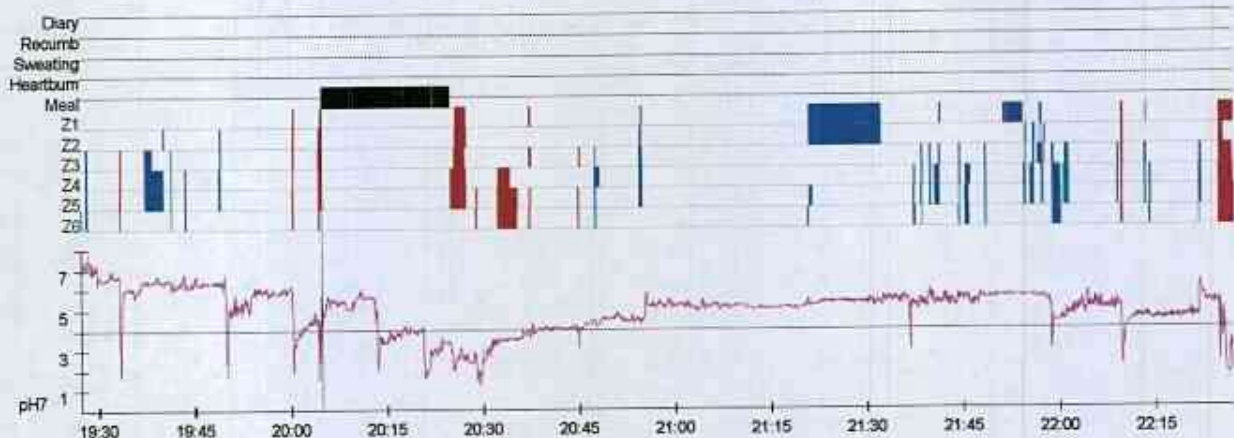
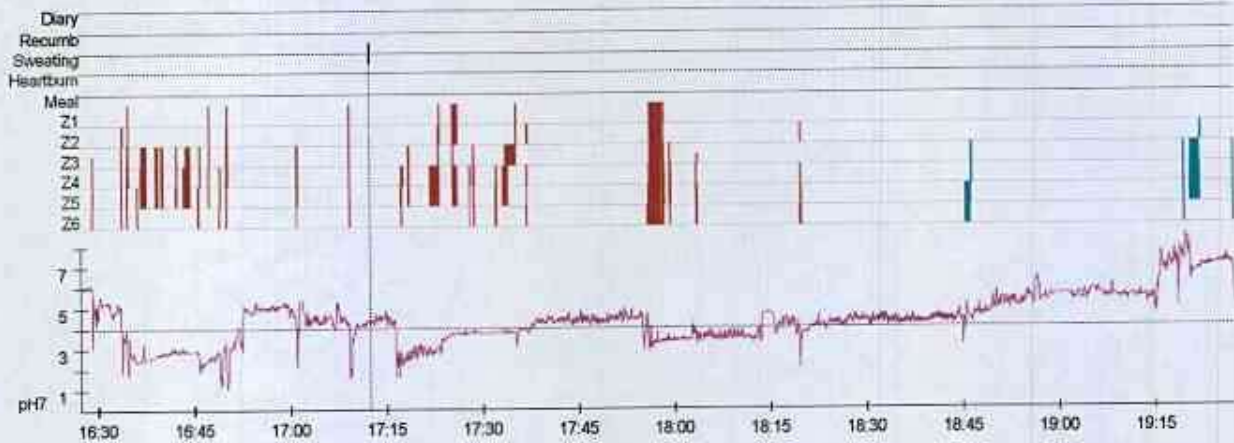
Analysis Settings

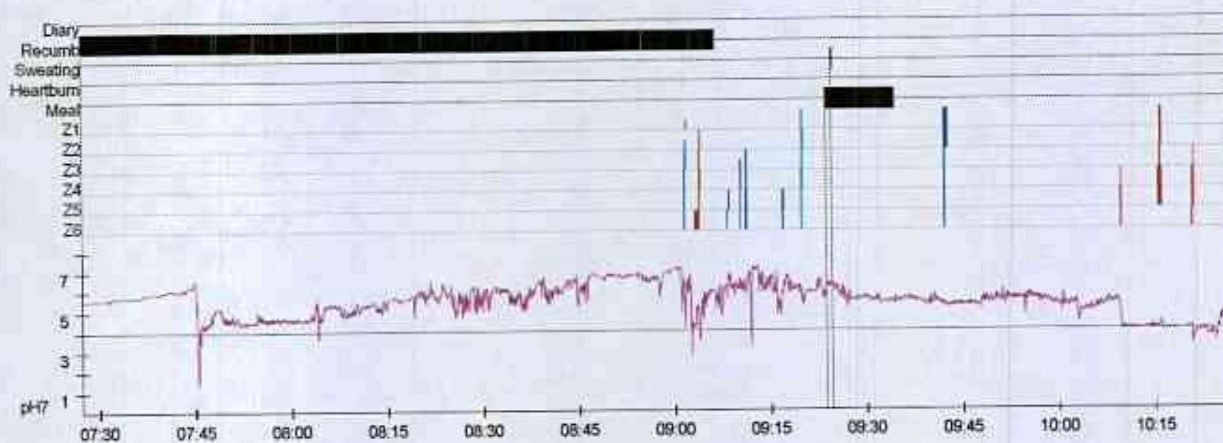
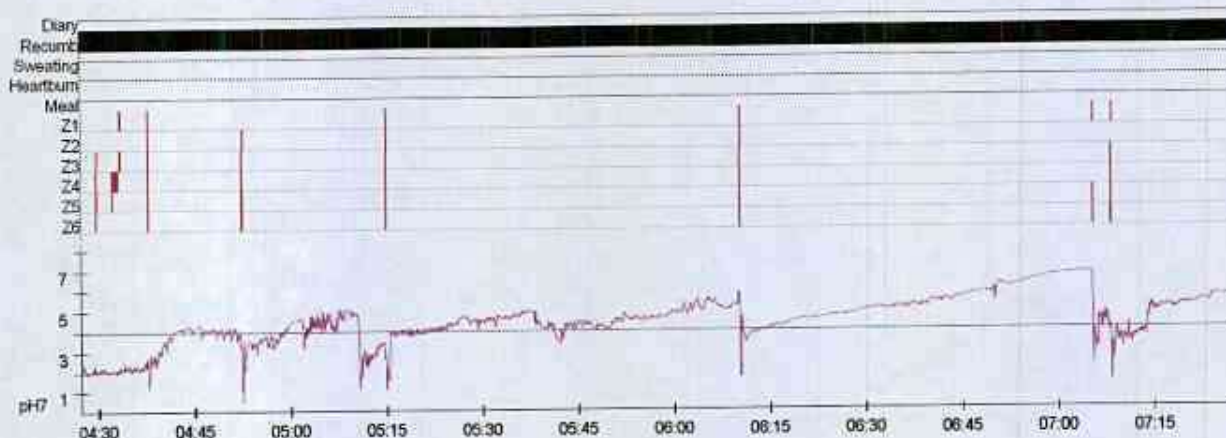
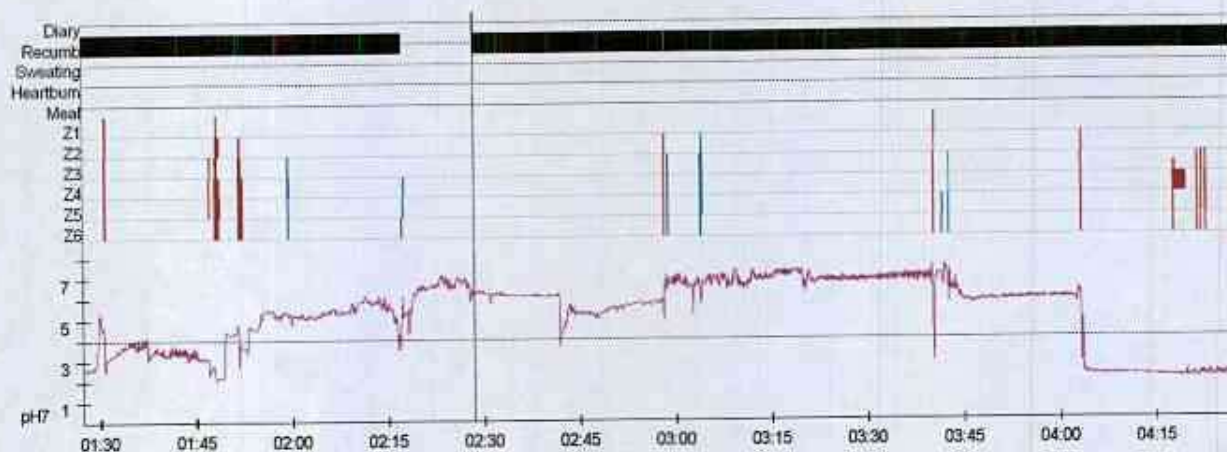
Impedance Level: 5.0 cm
pH Level: 5.0 cm

Analysis Duration Upright: 15:54:43
Analysis Duration Recumbent: 08:04:28
Analysis Duration Total: 23:59:12

Waveform







Procedure Data

Procedure Start: 2012-12-03 10:27:20
 Procedure Duration: 23:59:12
 Catheter Impedance Sensor Positions: 3.0, 5.0, 7.0, 9.0, 15.0, 17.0 cm
 Catheter pH Sensor Position(s): 5.0 cm
 Gastric pH:

JUSTIN SCOTT (ID: 0906701473)

Page 5 of 5

Hospital :		Department :		Consultant :	
Name and address of General Practitioner		Mr/Mrs/Miss		700143029W Scott, Justin J M 09/06/1970 53/1 Newtoft Street, Edinburgh, EH17 8RB CHI 0906701473 70164 A Afzal	
		Surname:			
		First Name:			
		Address:			
		Weight (where applicable)			

Your patient attended the clinic on: _____

Recommendations/comments:

Follow-up advice: To attend hospital for further review in _____

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LJF **	Dispensed/Issued by:	Checked by:
1. <i>gabapentin</i>							
2. <i>(gabapentin)</i>	<i>20mg x</i>	<i>x</i>	<i>x</i>	<i>1mln supply</i>			
3. <i>gabapentin</i>	<i>10mg x</i>	<i>x</i>	<i>x</i>				
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

****** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : *[Signature]* (sign) Date : *19/7/12*

ABDOLAH (print)

Contact for advice : _____ Tel/bleep no. : *2012*

**ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY LABORATORY
PROCEDURE REQUEST FORM**

**PLEASE SEND TO: SARAH DOUGLAS, RM G8522, ENDOSCOPY/DAYCASE UNIT, RIE.
TEL: 0131 242 1605 FAX: 0131 242 1618**

1700143029W M 09/06/1970 Scott, Justin J 53/1 Newtost Street, Edinburgh, EH1 7 8RB 1 CHI 0906701473  70164 A Afzal	CLINICAL PROBLEM: GERD
GP Name: Address:	Relevant PMH/Comments:
Hospital: RIE Ward/Dept: GI Consultant: TRIMBLE Requesting Doctor: MASTERS Bleep No/Results to:	High Risk? Y/N Insulin Dependent Diabetes? Y/N Ischaemic Heart Disease? Y/N Cardiac/Respiratory Failure? Y/N
PROCEDURE (PLEASE TICK APPROPRIATE BOX) NHS/Private/Research	
OESOPHAGEAL MANOMETRY ☒ OESOPHAGEAL pH MONITORING ☒ BILIARY MANOMETRY ☐	
GLUCOSE HYDROGEN BREATH TEST ☐ (small bowel bacterial overgrowth detection) LACTOSE HYDROGEN BREATH TEST ☐ (lactose mal-absorption detection) Is patient on long-term antibiotic therapy? Y/N	
¹³C UREA BREATH TEST ☐ Has patient had triple therapy? Y/N (for detection of <i>H. pylori</i>) IF YES - DATE STARTED Y/N Has patient had antibiotics in last 6 weeks? Y/N Is patient on PPI/H₂ Antagonist therapy? Y/N	
PRINT NAME: MASTERS SIGNATURE:  DATE: 18/7/12	

**MEDICAL DAY CASE UNIT
GI PHYSIOLOGY**

Consultants: Prof P C Hayes, Dr A J MacGilchrist, Dr J N Plevris, Dr K J Simpson, Dr A Bathgate, Dr C Blair,
Dr K C Trimble, Dr N Church, Dr Ian Penman

Associate Specialists: Dr LA Meekison, Dr A Koulaouzidis

Dr A Zahid
SpR to Dr Trimble
CLDD
NRIE

CHI: 0906701473 DOB: 09/06/1970
HOSPITAL NO. 700143029W

Dictated: 30.04.12
Date typed: 01/05/2012
Our Ref: LM/HF
Appointments: (0131) 242 1605
Enquiries: (0131) 242 1605
Fax: (0131) 242 1618
Email: helen.forlow@luht.scot.nhs.uk

Dear Dr Zahid

Re: Mr Justin Scott - 53/1 Newtoft Street, Edinburgh EH17 8RB

Mr Scott failed to attend for oesophageal function tests on 30th April. He had re-scheduled the appointment himself having been unable to attend 21st March 2012. I am therefore not arranging any further appointments.

With best wishes

Yours sincerely



Dr Lynne Meekison
Associate Specialist

Copy to: Dr A Afzal, Ferniehill Surgery, 8 Ferniehill Road, Edinburgh EH17 7AB

**MEDICAL DAY CASE UNIT
GI PHYSIOLOGY**

Consultants: Prof P C Hayes, Dr A J MacGilchrist, Dr J N Plevris, Dr K J Simpson, Dr A Bathgate, Dr C Blair,
Dr K C Trimble, Dr N Church, Dr Ian Penman

Associate Specialists: Dr LA Meekison, Dr A Koulaouzidis

Dr A Zahid
SpR to Dr Trimble
CLDD
NRIE

CHI: 0906701473 DOB: 09/06/1970
HOSPITAL NO. 700143029W

Dictated: 30.04.12
Date typed: 01/05/2012
Our Ref: LM/HF
Appointments: (0131) 242 1605
Enquiries: (0131) 242 1605
Fax: (0131) 242 1618
Email: helen.forlow@luht.scot.nhs.uk

Dear Dr Zahid

Re: Mr Justin Scott - 53/1 Newtoft Street, Edinburgh EH17 8RB

Mr Scott failed to attend for oesophageal function tests on 30th April. He had re-scheduled the appointment himself having been unable to attend 21st March 2012. I am therefore not arranging any further appointments.

With best wishes

Yours sincerely

Dr Lynne Meekison
Associate Specialist

Copy to: Dr A Afzal, Ferniehill Surgery, 8 Ferniehill Road, Edinburgh EH17 7AB

Addressograph or Forename Surname Unit number Address (including Post) Preferred name Tel. number Next of Kin: Name/address Tel. number(s): home mobile ALLERGIES: document if pt has no known allergies/sensitivities		Arrived in unit for procedure Date: 16/8/17 & time: 9.30 GP Name Address Religion Ethnic Origin Consultant: G1 Proposed Procedure: with Sedation Yes ☐ No ☐ ☐ Colonoscopy ☒ Endoscopy ☐ Flexible Sigmoidoscopy ☐ Pouch Endoscopy ☐ Other Other ☐ Proposed date: & time: Date confirmed by patient as suitable ☐	
---	--	---	--

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP				
Print name	Designation	Initials	Signature	date
1 CM McGuire	SN	CMG	CM McGuire	16/8/17
2 ETato	SN	ET	ETato	16/8/17
3 E. Merriman	SN	EMM	EM	16/8/17
4				
5				
6				
7				
8				

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION:** eg Interpreter

N ☒, Y ☐ specify

b) **OVERNIGHT CARE** N/A ☐, or Escort Y ☒ N (who) Nicky Transport Car

24hr Care Y ☒ N (who) I/P bed required Yes ☐, No ☐

PHONE NUMBER

c) **MOBILITY:** Wheelchair Y ☒ Walking Aid Y / N ☒ requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y ☒

d) **HOSPITAL TRANSPORT:** Required N ☒, Y ☐. If Yes, reason why

If Ordered date: Type Ref No.

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

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severity, frequency, duration, recent changes : what where how etc .

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:

- | | No | Yes |
|---|-------------------------------------|-------------------------------------|
| 1. Heart attack or Stroke | ☒ | ☐ |
| 2. Angina / Chest Pains on exercise or at night | ☒ | ☐ |
| 3. Heart murmur | ☒ | ☐ |
| 4. Heart Valve replacement | ☒ | ☐ |
| 5. Do you have a Pacemaker | ☒ | ☐ |
| 6. High Blood Pressure | ☒ | ☐ |
| 7. Asthma or Bronchitis | ☒ | ☐ |
| 8. Shortness of Breath | ☒ | ☐ |
| 9. Diabetes | ☒ | ☐ |
| 10. Epilepsy | ☒ | ☐ |
| 11. Glaucoma | ☒ | ☐ |
| 12. Could you be pregnant? | ☒ | ☐ |
| 13. Do you use recreational drugs | ☐ | ☒ |
| 14. Any noticeable weight loss over last 3-6 months? | ☐ | ☒ |
| 15. Have you ever been contacted as 'at risk of CJD'
(CreutzfeldtJacob disease)for public health purposes? | ☒ | ☐ |

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If YES: Insulin ☐
Diet ☐, or Tablets: ☐

Nurse record
of BM

Are you taking any of the following medication:

- | | No | Yes |
|--|--------------------------|--------------------------|
| i) Clopidogrel | ☐ | ☐ |
| ii) Warfarin | ☐ | ☐ |
| iii) other anticoagulants (blood thinning drugs) | ☐ | ☐ |
| If yes, did you receive instructions about stopping? | ☐ | ☐ |

If YES:
INR result

What were they?

CURRENT MEDICATIONS – including complementary medicines / vitamins etc Tick if none ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 METHUONE	130 ml	daily	7		
2 VALIUM	6x5 ml	daily	8		
3 OXPERIDONE	1 or 2	daily	9		
4 ESOMPRAZOLE	2x20ml	daily	10		
5 Gabapenton	3x300ml	daily	11		
6			12		

Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover

Have you had previous operations (including what, where, dates etc) & were there any complications

Endoscopy x 2 2012 and 2015

Please list any other health problems

Cannabis use.

Weight loss 1/2 stone
No appetite / bloated.
Vomitting bile / acid.

Would you like any information to be discussed in private

YES ☐ NO ☐

Admitting Nurse initials CMC date 16/8/17 time 10.10

PRE-PROCEDURE CHECKS

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PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart - p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	☒ Y	☐ N			
Patient identification checked & name band(s) applied	☒ Y	☐ N	☐ Y	☐ N	
ALLERGIES RE-CHECKED (same as on front cover)	☒ Y	☐ N	☐ Y	☐ N	
Correct procedure	☒ Y	☐ N	☐ Y	☐ N	Ugile.
Pre, Peri and Post procedure care explained	☒ Y	☐ N			
Explanation of withdrawing consent during procedure	☒ Y	☐ N	☐ Y	☐ N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	☒ Y	☐ N			
Last food: date 15.8.17 time 22.00.	☒ Y	☐ N			
Last drink: date 15.8.17 time	☒ Y	☐ N			
Bowel prep taken / phosphate enema given or N/A ☒	☒ Y	☐ N	☐ Y	☐ N	
Taken routine drug therapy	☒ Y	☐ N			
Any limitations to movement identified: If YES, Specify	☐ Y	☒ N	☐ Y	☐ N	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☒	☒ Y	☐ N	☐ Y	☐ N	
Belongings secured	☒ Y	☐ N			
Hearing Aids in situ: L R or N/A ☒	☒ Y	☐ N	☐ Y	☐ N	
Dentures in situ: Top / Bottom / Full or N/A ☒	☒ Y	☐ N	☐ Y	☐ N	
Glasses sent with patient or N/A ☒	☐ Y	☒ N	☐ Y	☐ N	
Spare Stoma bag sent or N/A ☒	☒ Y	☐ N	☐ Y	☐ N	
Ask patients permission for presence of medical student / work experience student No objections.					
Consent signed	☒ Y	☐ N	☐ Y	☐ N	
Pre procedure Nurse check: initials* Cmc.		date 16/8/17 time 10.15.			
Endoscopy Nurse initials*		date time			

initials can be used IF the staff member has signed in on the 'Initial table' on page one
 otherwise, full name / print / designation is required.

Pre-, Peri-, Post-procedural observations

date 16/8/17

Time

Ht (m)	Wt(kg)	BMI	Hr: min	O/A	2'			
				1620	11			
Oral Airway	or N/A ☐			SV	SV			
Oxygen Therapy (L / Min)	or N/A ☐			12A	2L			
Oxygen Saturation	or N/A ☐			96/	96%			
Respiration	or N/A ☐							
Sedation Score	or N/A ☐			0	0			
Pain Score	or N/A ☐			0	0			
Nausea Score	or N/A ☐			0	0			
Procedure site checked	or N/A ☐							
Blood Loss	or N/A ☐							
Blood sugar	or N/A ☐							
Temp	or N/A ☐							

SCORING SYSTEM see table below

**Pain: - use 0 - 10
scoring system**

0 NONE

Continue to assess pain with
every set of observations

1-3 MILD

Continue to assess pain with
Every set of observations

4-5

Assess. Using guidelines,
Prescribe/give analgesia as
Appropriate for the patient.
REVIEW

6-10

Assess. Using guidelines,
Prescribe/give analgesia as
Appropriate for the patient.
REVIEW

Blood Loss or N/A ☐

0 None

1 Slight

2 Heavy

[Record 'Drugs given' on table across]

Sedation	Nausea
0 None, patient alert	0 None
1 Mild, occasionally drowsy, easy to rouse	1 Mild nausea, no treatment required
2 Moderate, frequently drowsy, easy to rouse	2 Nausea/vomiting helped by Rx
3 Severe, somnolent, difficult to rouse	3 Persistent nausea / vomiting despite Rx
S Normal, sleep, stirs to light touch	S Score S if sleeping normally

Endoscope lab

Cante	RapidAIR
Serial No	RA0053
Start	10h 11n
End	10h 32n
Date	16-08-2017
Cycle No	5552
Load Operator	12
Name	LORREN STEWART
Unload Operator	59
Name	GREG FOWLER
-- Hookup --	
CANTEL	NAH017
Serial No	000512
GS1	
-- Endoscope --	
OLYMPUS	GII-H260
Serial No	2734709
GS1	
IMS Ver	Enabled
Control	Pass
IMS Verify	Pass
Contact time	5 Minutes
Last SO	16-08-2017 at 05h:07n
Suction	Av Flow 1398 ml
Biopsy	Av Flow 865 ml
Water	Av Flow 144 ml
Air	Av Flow 147 ml
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
Leak test	Av Pres 212 nb
-- Conductivity --	
Detergent	879 uS
Disinfectant	1298 uS
Final Rinse	0 uS
-- Temperature --	
Detergent	26.7 deg
Disinfectant	30.0 deg
Final Rinse	23.8 deg
-- Chemical Batch/Lot & Serial No --	
Detergent	01400000000000000000
Part B	01400000000000000000
Part A	01400000000000000000

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area IV

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		ONCE		CHI 0906701473 70164 S Mirza			
Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	given	Given by
		OXYGEN	2 L	<u>NASAL</u> /ORAL	<i>[Signature]</i>	11.19	LP
		Xylocaine	100mg	Oral	<i>[Signature]</i>	11.20	RON

PERI-PROCEDURE CARE		time, initials
Cannula site	Size	Skin Prep ☐
Handwash ☐ Gloves ☐	Aseptic Insertion ☐	Dressing labelled ☐
Difficulties/complication/deviation from standard technique Y ☐ N ☐		
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐		
CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐		
Oral Suction required Y ☒ or N/A ☐		
Diathermy: none required ☐		
Monopolar ☐ , Bipolar ☐ site		
Patient Nurse: initials* <i>mac, LP</i>		date <i>16.8.17</i>
Endoscopy Nurse initials*		date

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:
Procedure performed Upper GI Endoscopy ☒ Colonoscopy ☐ Flexible Sigmoidoscopy ☐ ERCP ☐ Other (please specify)
PROCEDURE SUMMARY: procedure comfort mild ☒ moderate ☐ , severe ☐ <i>OAD → D2</i>
Follow-up required: N/A ☐ , Yes ☐ If YES, specify
Please refer to discharge summary Y ☐ N/A ☐
SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE
Patient can DRINK Y ☒ NO ☐ after 30 mins ☒
Patient can EAT Y ☒ NO ☐ after 30 mins ☒
Suitable for NURSE-LED DISCHARGE YES ☒ NO ☐

Endoscopist print
designation

[Signature]
signature
date *16/8/17* time

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POST PROCEDURE and DISCHARGE CRITERIA

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POST PROCEDURE

1	Trolley lowered, bed rails in situ, buzzer given	Y, N/A	initials	
2	Observations recorded:	Y, N/A		
	on return time	Y, N/A		
	at 30mins	Y, N/A		
	after 1 hour	Y, N/A		

NOTE: Obs regime to follow is O₂ sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA

		initials	Comment overleaf
1.	Discharged by Endoscopist	Y, N/A	initials
2.	Transport home arranged collection time:	Y, N/A	initials
3.	Vital signs stable & satisfactory	Y, N/A	initials
4.	Alert & orientated (as on admission)	Y, N/A	initials
5.	Pain controlled	Y, N/A	initials
6.	Nausea controlled, no vomiting	Y, N/A	initials
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	Y, N/A	initials
8.	Mobilising as on admission	Y, N/A	initials
9.	Patient told if further pathological specimens will be available, from whom and when	Y, N/A	initials
10.	Discharge information given	Y, N/A	initials
11.	Out Patient appointment given	Y, N/A	initials
12.	IV cannula removed	Y, N/A	initials
13.	Has passed urine	Y, N/A	initials
14.	Identity bracelet removed	Y, N/A	initials
15.	Collected by a responsible adult	Y, N/A	initials
16.	Responsible adult at home for first 24h	Y, N/A	initials
Discharge Criteria met? Yes ☒ No ☐ (record as variance)		initials	
Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☐		initials	
Time patient left department 11:30		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances further Variance Sheet are available

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

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Multidisciplinary Progress notes / problems

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[illegible]

VARIANCES: all staff to identify & record variances further Variance Sheet are available

Types of Variance: please note the Variance code letter where possible

A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

NHS Lothian University Hospitals Division
Royal Infirmary of Edinburgh

**Generic General Surgical
Integrated Care Pathway**

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53/1 Newtoft Street,
Edinburgh,
EH17 8RB

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Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
S. ¹ MCKIE	S/N	SM	S. McKie	17/10/17
K. ² DOUGLAS	P/A	LD	K. Douglas	17/10/17
S3578 N Leahy	SR	SL	S Leahy	17/10/17
4.				
5.				
6.				
7.				
8.				

A care pathway is intended as a guide to treatment and an aid to documenting patient's progress. Clinicians are free to exercise their own professional judgements as appropriate. However any alteration to the practice identified within this care pathway should be noted on continuation sheet.

Common Abbreviations Used

BMI	BODY MASS INDEX	LMP	LAST MENSTRUAL PERIOD
BP	BLOOD PRESSURE	NA	NOT APPLICABLE
CM	CENTIMETRES	NOK	NEXT OF KIN
ECG	ELECTROCARDIOGRAPH	OPD	OUT PATIENT DEPARTMENT
FBC	FULL BLOOD COUNT	P	PULSE
HRT	HORMONE REPLACEMENT THERAPY	R	RESPIRATIONS
I.V.	INTRAVENOUS	R/O	REMOVAL OF
KG	KILOGRAMS	T	TEMPERATURE
		U+E	UREA AND ELECTROLYTES

CONSULTANT :

NHS Lothian- University Hospitals Division

Royal Infirmary of Edinburgh

Generic General Surgical Integrated Care Pathway

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09/06/1970

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CONSULTANT :

EXPECTED LENGTH OF STAY: Day case/23hr

DAY OF SURGERY PRE-OPERATIVE RECORD

CATEGORY	DATE 17/10/17	Initial
EDUCATION/ DISCHARGE PLANNING	Patient orientated to ward Pathway discussed Special needs assessed Remaining questions answered	sm
MEDICAL STAFF	Consent Form signed Surgeon- Review Anaesthetist- review	sm
MEDICATION	Patient has taken regular medication ✓ N/A Patient has discontinued appropriate medication 1 N/A Administer premedication 1 N/A Allergies/sensitivities noted on pink perioperative record Red Bracelet insitu 1 Yes 1 N/A NKDA.	sm sm
THROMBO EMBOLIC PROPHYLAXIS	Refer to POA document regarding recommendation. Address with anaesthetist if indicated at pre-admission assessment Not applicable ☐	.....
VITAL SIGNS (Chart)	(TPBP) Please record results on pink perioperative sheet	sm
PREPARATION FOR THEATRE	Complete checklist in perioperative record	sm
FLUIDS/IV THERAPY (Chart)		
MOBILITY/ EXERCISES	Bedrest once premed given YES ☐ N/A ☒	sm
ADMIN	Valuables Listed 1 Not applicable ☒	sm

SIGN/PRINTNAME:

S. McKee / S. McKee (N)

Date/time

 17/10/17
12.15

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PERI-OPERATIVE RECORD

PREOPERATIVE CHECK LIST	Ward Initials		Theatre Initials	
	YES	NO	YES	NO
Correct patient / correct procedure?	SM		YD	
Bracelet in situ with name, date of birth, ward and unit number?	SM		YD	
Teeth, dentures and crowns : In ☐ / Out ☐ Comments: <u>top set.</u>	SM		YD	
Operation consent form signed?		SM	YD	
Operation site marked if applicable?		SM	YD	YD
Prescribed pre-medication given?		SM	YD	YD
Taken routine drug therapy?	SM		YD	
Removed: make-up ☐ contact lenses ☐ glasses ☐ hearing aid	SM		YD	
Jewellery (incl. body piercing items) ☐ rings taped ☐ hairclips ☐				
Items accompanying patient to theatre: <u>No metal work</u>	SM			YD
Wigs ☐ hearing aids ☐ prosthesis ☐ glasses ☐ other.....	SM			YD
Has patient passed urine?	SM		YD	
Urinalysis (if not recently tested at pre-admission ie < 3mths) NAD ☐ protein ☐ glucose ☐ ketones ☐ blood ☐		SM		
LMP:..... <u>N/A</u> ☐ Quickvue test ☐		SM		
Dressed for theatre?		SM	YD	
Anti-embolic stocking - N/A ☐ Yes ☒ size <u>35cm</u>	SM		YD	
Waterlow score recorded <u>3</u>	SM		YD	
MRSA ☐ CPE ☐ Any other infection risk ☐ <u>NO</u>		SM		
Last food? Date <u>16/10/17</u> Time <u>2030</u>	SM		YD	
Last drink? Date <u>17/10/17</u> Time <u>1030</u> (<u>H2O</u>)	SM		YD	
Documents accompanying patient	SM		YD	
All medical notes ☒ ICP ☒ X-rays ☐ Drug Chart ☒ Blood results ☐ Crossmatched ☐ Other ☐				

NKDA.

Ward Nurse SIGN/PRINT:

S. McKie (W/N)

Theatre Practitioner SIGN/PRINT

L. Douglas

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Intraoperative Care Record

Surgical Position Supine. Initials: JD		Equipment Used/Protection arms secured with drawsheet. Eyes taped ☒ Heel pads ☐ Elbow supports ☐ Other Leg stockings and Glaucoma. Gair Hugger!	
Mobility Initials: JD	Special Actions Taken Independent to theatre. Pat slide post op.		
Diathermy Initials: JD	Position Problem/Action Taken Right thigh.		
Skin Prep. Initials: W	Details Videne Antiseptic.		
Skin Closure Initials: JD	Details 4/0 Giosyn (absorbable)		
Dressings N/A Initials: JD	Details Wetpak x 4		
Drains N/A Initials: W	Details		
Catheters N/A Initials: W	Details MI in Balloon		
Specimens N/A Initials: W	Details		
Packs N/A Initials: W	Details:		
Tourniquet N/A Initials: W	Position: Protection used:	Pressure:	Time on: Time off:
Comments 20mls of 5mg/ml bupivacaine to wound edges.			
Print/sign JD			

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INTEGRATED CARE PATHWAY

Address: 700143029W M 09/06/1970
 Name: Scott, Justin J
 53/1 Newtost Street,
 Address: Edinburgh,
 EH17 8RB
 DOB: CHI 0906701473
 70164 S Mirza

INTRAOPERATIVE COUNTS

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final Count
Correct (Signature)	<i>L. John</i>			<i>A. Alexander</i>	<i>A. Alexander</i>
Discrepancy And Action Taken					
	Comments: _____ Total Blood Loss: <i>Minimal</i>				
Scrub Nurse	1. Print <i>Susan Leary</i> Sign <i>S Leary</i> 2. Print _____ Sign _____				

OPERATION SUMMARY (Surgeon or Deputy to complete)

Surgeon: *AMOR* Assistants: *S. Roberts-Brown*

Operation Performed:

lap anterior fundoplication

Postoperative

Instructions: *Clear fluids tonight*
Valproate tonight & please

Please record any further information on "additional information sheet"

Follow-up required? Yes ☐, No ☒ - If Yes, specify when:

Signature/Print Surgeon: *AMOR* 6/52

Addressograph, or
Name 700143029W M 09/06/1970
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 Edinburgh,
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DOB
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 70164 S Mirza

$$17 \mid 10 \mid 17$$

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www.rocaille.com

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S Mirza

DAY OF SURGERY/ POST-OPERATIVE CARE

Return to ward @.....

EXPECTED LENGTH OF STAY 12 1 23hr 1 48hr 1

CATEGORY	DATE 17/10/17	Time	Initials
MEDICAL STAFF	Reviewed by Surgeon completed Discharge Summary Check Update all charts Complete discharge prescription		
MEDICATION	Check / administer regular medication ✓ Rec E L		JS
PAIN MANAGEMENT	Record Pain Sedation Nausea Score ✓ Rec E L Administer analgesia / anti-emetic as prescribed ✓ Rec E L Routine check of Pain score 30 min post analgesia ✓ Rec E L	1730 1730	JS JS
VITAL SIGNS (CHART)	TPR BP monitored and evaluated ✓ Please tick and, on completion of each section, initial appropriate line. ½ hly for 2 hours 1 1 1 1 Further observations as dictated by clinical need: hourly for hours 1 1 hourly for hours 1 1	1730 1800	JS JS
TEST/INVESTIG (CHART)	Oxygen administration 6 L/min via N/A 1		JS
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids ✓ IV THERAPY AS CHARTED ✓ Rec E L		JS JS
DIET	When patient wishes - Resume light diet		
OUTPUT(Chart)	Passed urine post-op 1 Yes 1 No		
SPECIALTY OBSERVATION (chart)	NB blood loss in theatre minimal Check Wound dressing intact-NAD+IV cannula check-drain 1 Yes 1 N/A ✓ Review/record waterlow score 1 Yes At risk or >high commence pressure area risk assessment 1 Yes Rec E L		JS
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing Encourage mobilisation as soon as able		
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria on day of surgery 1 N/A Outpatient appointment actioned (if applicable) 6/52 (K) Issue / explain discharge information re wound care, activities GP letter issued	1830	SM
ADMIN	Complete discharge documentation Valuables returned 1 Yes 1 N/A Notify support services as appropriate i.e. Practice Nurse 1 Yes 1 N/A		

WARD.....sign/print name

PLEASE RECORD VARIANCES ON ADDITIONAL INFORMATION

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DAY OF SURGERY/ POST-OPERATIVE CARE

Overnight admission

CATEGORY	DATE / /	TIME	INITIAL
MEDICAL STAFF	Patient reviewed 1 N/A	.....	.....
MEDICATION	Check / administer regular medication ND E	..... .....	..... .....
PAIN MANAGEMENT	Record Pain Sedation Nausea Score ND E	..... .....	..... .....
	Administer analgesia / anti-emetic as prescribed ND E	..... .....	..... .....
	Routine check of Pain score 30 min post analgesia ND E	..... .....	..... .....
VITAL SIGNS (CHART)	Monitor and evaluate TPR BP as dictated by clinical need Please tick and, on completion of each section, initial appropriate line.....Hrly .....1 .....hrly 1 .....hrly 1 .....hrly 1	.....	.....
	Oxygen administration .....L/min via N/A 1	.....	.....
TEST/INVESTIG(CHART)			
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids	.....	.....
	IV THERAPY AS CHARTED ND E	..... .....	..... .....
DIET	When patient wishes - Resume <u>light</u> diet	.....	.....
OUTPUT(Chart)	Passed urine post-op 1 Yes 1 No	.....	.....
SPECIALTY OBSERVATION (chart)	CheckWound dressing intact-NAD+IVcannula ND check-drain 1 Yes 1 N/A E	..... .....	..... .....
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing Encourage mobilisation when able	..... ..... .....	..... ..... .....
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria N/A 1 Outpatient appointment actioned (if applicable) Issue / explain discharge information (eg wound care, activities, pain management) GP letter issued	..... ..... ..... .....	..... ..... ..... .....
ADMIN	Complete discharge documentation Valuables returned 1 Yes 1 N/A Notify support services as appropriate i.e. Practice Nurse 1 Yes 1 N/A	..... .....	..... .....

WARD.....sign/print name

NHS Lothian- University Hospitals Division

Royal Infirmary of Edinburgh

Generic General Surgical Integrated Care Pathway

700143029W - M 09/06/1970

Scott, Justin J

53/1 Newtoft Street, Edinburgh,

Edinburgh,

EH17 8RB

CHI 0906701473

70164 S Mirza

Nurse Discharge Protocol

This protocol is designed to facilitate the smooth discharge of post-operative patients.

The Nurse in Charge may discharge patients who meet the discharge criteria.

For this to take place it is essential that all patients are seen by the surgeon post-operatively on the ward. He / she must complete a discharge summary / instructions and give authorisation for nurse discharge.

It is imperative that discharge drugs are prescribed at this point

If the patient does not meet the discharge criteria, the nurse will contact the appropriate member of the medical team to reassess the patient.

For those patients who insist on seeing a member of the medical staff before discharge, the nurse should be given a contact name / bleep number by the discharging surgeon.

I authorise Nurse Discharge from DSU if patient meets the stated Discharge Criteria.

Doctor's Discharge Summary:

Procedure:

Findings:

Instructions to patient:

For Follow-up? No ☐, Yes ☐ - if Yes, no. of weeks:Were Discharge drugs required to be prescribed? No ☐, Yes ☐

Signature of Doctor		Print Name
Date	Time	Designation
Contact name		Bleep no.

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DISCHARGE CRITERIA

DATE: _____

DISCHARGE CRITERIA		Yes	No	Comment or Variance code
				Refer to post-op Obs.
1	Vital signs stable & satisfactory			
2	Wound check satisfactory, dressings provided			
3	Alert & orientated (as on admission)			
4	Pain controlled			
5	Nausea controlled, no vomiting			
6	Tolerating fluids			
7	Has passed urine			
8	Normal mobilisation achieved			
9	Discharge information given			
10	Discharge drugs given with instructions			
11	IV Cannula removed			
12	Ring tape: identity bracelet removed			
13	Collected by a responsible adult			
14	Responsible adult at home for first 24h			
15	Patient issued with medical certificate			

Was patient discharged as planned ie 1
2

On day of surgery? Yes ☐ No ☐

After one overnight stay Yes ☐ No ☐

If No, please record variance below. Commence new post-operative care record if indicated

Mr. met the Discharge Criteria, & was discharged home from ward

on (date): at (time):

Accountable Nurse:

Signed

date:

time:

Printed:

Designation

Patient offered next day phone call? Yes ☐, No ☐

Name of staff member to make call :

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Date /Time	Additional Information	Signature/Designation on Print Name
17/10/17 18 ⁵⁰	NURSING; Contacted #2140 (anaesthetist on-call) to come and review Justin. Complaining of pain score 7-8/10 despite morphine PCA running. Total demands - 202, successful demands 22. Observations stable, NEWS (2) due to 210 ₂ . Anaesthetist will come and review.	S. McKee/ S. McKee/MSN
17/10/17 19 ⁴⁰	S/n Joan Scott contacted 1590 as the 2 bank nurses on n/s don't have competencies for a PCA, we have been told pt will be moved to a ward	
17/10/17 19 ⁴⁵	Hendargents ward 106 transferring patient	

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EH17 8RB

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Additional Clinical Information [not held elsewhere in the casenote]

Additional information:

700143029W M
 N SCOTT Justin
 09-Jun-70 CHI: 090 670 1473
 70164 S Mirza
 53/1 Newtost Street
 D EH17 8RB
 C

ADULT FLUID PRESCRIPTION CHART



Date 18/10/17 Sheet no 1
 Ward 106

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)
 77
 Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should
 be used for maintenance. Plasmalyte 148 not to be
 used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
 Request senior / ICU opinion if 2000ml insufficient

Date 18/10/17Name: Justin Scott

CHI/Unit No. _____

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00	IVI continued	100					/				
07.00	0.18% NaCl + 4% Dex	100					/				
08.00	+ 40mmol KCl (1000)	100					/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		
NOTES											
24 Hr Balance											

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 Scott, Justin J
 53/1, Newtoft Street,
 Edinburgh, EH17 8RB
 CHI 0906701473
 70164 S Mirza

ADULT FLUID PRESCRIPTION CHART



Date 01.07	Sheet no 1
Ward 030	

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)
77
Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
2310 ml	80 mmol	80 mmol

Estimated oral intake in the next 24 hours ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should
 be used for maintenance. Plasmalyte 148 not to be
 used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
0.18% NaCl & 4% Glucose + 40mmol KCl	1000	IV	100	20.00		[Signature]	C. Osborne
0.18% NaCl & 4% Glucose + 40mmol KCl	1000	IV	100	07.00		[Signature]	C. Osborne

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat.
 Request senior / ICU opinion if 2000ml insufficient

Date 17/10/17Name: Justin Scott

CHI/Unit No. _____

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr
Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmol/KCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00	0.18% NaCl + 4% Dex	100					/				
21.00	+ 40 mmol KCl (1000)	100					/				
22.00		100					/				
23.00		100					/				
24.00		100					738 / 738	(Post - OP)			
01.00		100					/				
02.00		100					/				
03.00		100					/				
04.00		100					/				
05.00		100					/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		
NOTES											
24 Hr Balance											

Ward: 106 Site: R1E Date: 18/10/17

Addressograph, or

700143029W M

N: SCOTT Justin

09-Jun-70 CHI: 090 670 1473

70164 S Mirza

53/1 Newtost Street

DC: EH17 8RB

Ur

NHS

Lothian

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly (3 hrly) hrly (please circle/complete)

Print name and sign C. Osborne (OSBORNE)

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

0745 1155

08.00 am

24 hour period

07.00 am

Assure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:

Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick)

Outcome of skin review: (H) Healthy

(R) Red, (P) Purple (B) Broken (BL) Blister

Vulnerable areas? (circle areas of damage)

Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR?

N Y

Positioning (R) or (L) side (B) Back (C) Chair

3 B

Mattress type / Cushion type

please state type:

Do you need the toilet?

N N

Is the patient continent of urine?

Y Y

(at time of Care Rounding)

Continence product changed/offered?

N/A N/A

Catheter care performed?

N/A N/A

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces?

Y Y

(at time of Care Rounding)

Bowel function monitored

Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink?

N N

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated)

Y N

When did you last eat?

clear clear

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment)

N N

Appropriate Footwear?

Y Y

Walking aid available (end within reach)

N/A N/A

Area de-cluttered?

Y Y

Chair and bed height assessed?

Y Y

Falls alarm in use and attached?

N N

Glasses available for use? (if worn)

N N

Hearing aid available for use? (if worn)

N N

Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐

Pain

Are you in pain?

Y Y

Analgesia Given?

PCA Y

General

Peripheral Venous Cannula observed?

Y Y

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N

Y Y

Anything else I can do for you?

N N

Buzzer within easy reach

Y Y

Personal Care Type (specify) Time Given

Initials - document at time of care delivery

S S

Ward: 106Site: 216Date: 17/10/17

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2hrly 3hrlyhrly (please circle/complete)

Print name and sign C. Osborne (OSBORNE)

Addressograph, or
700143029W M
Nan SCOTT Justin
09-Jun-70 CHI: 090 670 1473
DOI 70164 S Mirza
53/1 Newtoft Street
EH17 8RB
Unit

NHS

Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

260004
000000
08.00 am24 hour period07.00 am

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:
Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick)

Outcome of skin review: (H) Healthy
(R) Red, (P) Purple (B) Broken (BL) Blister

Vulnerable areas? (circle areas of damage)

Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR?

Positioning (R) or (L) side (B) Back (C) Chair

Mattress type / Cushion type

please state type:

Do you need the toilet?

Is the patient continent of urine?
(at time of Care Rounding)

Continence product changed/offered?

Catheter care performed?

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces?
(at time of Care Rounding)

Bowel function monitored

Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink?

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated)

When did you last eat?

(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment)

Appropriate Footwear?

Walking aid available(and within reach)

Area de-cluttered?

Chair and bed height assessed?

Falls alarm in use and attached?

Glasses available for use? (if worn)

Hearing aid available for use? (if worn)

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain?

Analgesia Given?

PCA PCA PCA

General

Peripheral Venous Cannula observed?

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N

Anything else I can do for you?

Buzzer within easy reach

Y Y Y

N N N

Y Y Y

Personal Care Type (specify) Time Given

Initials - document at time of care delivery

CO CO CO

WHO Surgical Safety Checklist

(adapted for General Surgery NHS Lothian)



Patient Details or Addressograph label

Last Name: Scott

First Name: Justin

Date of Birth: 09/06/70

CHI Number: 1473

*DATE: 17/10/17

*THEATRE: 9

*SITE: RIE

*OPERATING/SUPERVISING CONSULTANT: Simon Anderson Brown

*PROCEDURE: lap jendo

Simon Anderson Brown

lap jendo

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

Patient confirmed his/her identity, site, procedure and consent: Yes ☒ No ☐

Correct operating table?: Yes ☒ No ☐

Surgical site/side marked: Yes ☐ No ☐ N/A ☒

Are prophylactic antibiotics required?: Yes ☐ No ☐ N/A ☒

Does the patient have a:

Known Allergy?: Yes ☐ No ☒ N/A ☐

Difficult airway/aspiration risk?: Yes ☒ No ☐ N/A ☐

Complete case notes available?: Yes ☒ No ☐ N/A ☐

Estimated blood loss > 500ml?: Yes ☐ No ☒ N/A ☐

If yes, adequate IV access/fluid warming/cell salvage planned?: Yes ☐ No ☒ N/A ☐

Negative pregnancy test documented?: Yes ☐ No ☒ N/A ☐

Blood results available? Group & Save available?: Yes ☐ No ☐ N/A ☒

Patient temperature (°C): 36.5

Patient diabetic?: Yes ☐ No ☒

If yes, BM (millimoles):

Patient on Beta blockade?: Yes ☐ No ☒

If yes, Beta blockade given?: Yes ☐ No ☒

If not given, state reason omitted:

Name: C. Chan

Signature: C. Chan

TIME OUT (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

Team members introduce themselves by name and role: Yes ☒ No ☐

Correct patient?: Yes ☒ No ☐ N/A ☐

Correct procedure/consent?: Yes ☒ No ☐ N/A ☐

Correct site/side marked?: Yes ☒ No ☐ N/A ☒

Correct positioning?: Yes ☒ No ☐ N/A ☐

Does the patient have a known allergy? Essential imaging displayed: Yes ☒ No ☒ N/A ☐

Has DVT prophylaxis been undertaken? TEDS: Yes ☒ No ☐ N/A ☐

Calf compression: Yes ☒ No ☐ N/A ☐

Heparin: Yes ☒ No ☐ N/A ☐

Antibiotic prophylaxis administration complete?: Complete ☐ Started ☐ N/A ☒

Diathermy plate on: Yes ☒ No ☐ N/A ☐

Extra/Specific Equipment required: Yes ☐ No ☒ N/A ☐

Any anticipated difficulties expected by?

Surgeon: Yes ☐ No ☒

Anaesthetist: Yes ☐ No ☒

Theatre Practitioner: Yes ☐ No ☒

Name: K. DOUGLAS

Signature: K. Douglas

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

Has the operation/procedure summary been completed?: Yes ☒ No ☐

Have the post operative instructions been documented by:

Surgeon: Yes ☒ No ☐

Anaesthetist: Yes ☐ No ☒

Theatre Practitioner: Yes ☐ No ☒

Have the specimens been labelled correctly (including patient name)? Yes ☐ No ☐ N/A ☒

Have blood tags been completed? Yes ☐ No ☐ N/A ☒

Regular DVT prophylaxis prescribed? Yes ☒ No ☐ N/A ☐

Further antibiotic doses prescribed? Yes ☐ No ☐ N/A ☒

Cardiac medication prescribed? Yes ☐ No ☐ N/A ☒

Discharge medical analgesia prescribed? Yes ☐ No ☐ N/A ☒

Please ensure all *asterix boxes have been completed: Yes ☐

Name: Simon Anderson Brown

Signature: Simon Anderson Brown

RECOVERY AREA (On arrival)

Patient temperature (°C): 37.0

Patient BM if diabetic (millimoles): N/A

Name: Hona Sawyers

Signature: Hona Sawyers

Please record any Problems Identified overleaf
www.patientsafetyalliance.scot.nhs.uk/programme

Patient Name
Scott Justin

CHI
0906701473

Date of Birth
09/06/1970

Age
47

GP
Blyth, Catherine

GP Practice
Ferniehill Surgery

GP Practice Code
70164

Allergies		
Description	Date Recorded	Comments
No ECS data exists		

Sources:

☒ ECS

☐ Patient's Drugs

☐ Referrer Kardex

☐ GP Practice

☐ TRAK

☐ Patient

☐ Relative / Carer

☐ Referrer Letter

☐ Comm Pharmacy

☐ Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source			Action			Comments
						1	2	3	C	W	S	
✓ Domperidone	10 mg Tablets	N/A	1 TABLET ONCE OR TWICE DAILY	07/07/2017	28/08/2017	1						

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source			Action			Comments
								1	2	3	C	W	S	
✓ In Practice	Gabapentin	300 mg Capsules	N/A	3 CAP TDS	10/09/2015	28/08/2017		1						
✓ In Practice	Esomeprazole	20 mg Gastro-resistant Tablets	N/A	1 Tab Twice daily	27/09/2016	28/08/2017		1						
Outwith practice	✓ Methadone 1 Mg/ML	Oral solution	N/A	130MLS DAILY ON REDUCING REGIME. DO NOT DISPENSE. SCRIPT FROM HUB. FOR INTERACTION PURPOSES ONLY	06/11/2015	06/11/2015		1						110mg @ 9-10 am
	Diazepam	6x5mg		AM										late AM

Patient Name
Scott Justin

CHI
0906701473

Date of Birth
09/06/1970

Age
47

GP
Blyth, Catherine

GP Practice
Ferniehill Surgery

GP Practice Code
70164

Repeat Medication											
Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source			Action
								1 st	2 nd	3 rd	C | W | S

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary
No KIS data recorded

Preoperative assessment document 1: ELECTIVE

700143029W M 09/06/1970

Scott, Justin J

53/1 Newtost Street,

Edinburgh,

EH17 8RB

PREOPERATIVE ASSESSMENT

Name

DoE

Unit

CHI

CHI 0906701473

70164

A Afzal

Date: 4/9/17 Adm. type: ELECTIVE

Assessing hospital: RIE Clinic: PCH

Patient present ☒ Telephone assessment ☐

Check registration details: correct ☒ changed ☐

Reason for admission / Planned surgery or procedure

lap Fundo

Dates when on holiday / not available

Planned date of surgery: / /

Consultant: JPB

Day case ☐

23h stay ☒

Expected stay: days ☐

Day of surgery admission ☐

Other admission date: / /

Admission time:

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
JOHNNIE STEWART	SN	JS	[Signature]	4/9/17
3.				
4.				
5.				
6.				

ADVERSE REACTIONS / ALLERGIES

Describe reaction

NKDA

No latex allergy

Preoperative assessment document 1: ELECTIVE

Preoperative assessment for elective surgery

Date

70164 A Afzal

700143029W M

09/06/1970

othian

Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473

PATIENT'S DETAILS

TITLE Mr / Mrs / Miss / Ms / Other JUSTIN SCOTT Marital Status: SINGLE

Age: 47 Occupation: NOT VERY WELL

Prefers to be known as JUSTIN

Tel. Nos. Home GP OR CATURNE FLTH

Work GP Address

Mobile 075 6511030 GP tel no. 0131 666 2166

Ethnic Origin: BLT & A First Language: English ☒ Other ☐

Interpreter Required: Yes ☐ No ☒

(see Intranet > Healthcare > A-Z > Translation, Interpretation & Communication Support)

Religion: (If Jehovah's Witness attach appropriate form)

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☒

NEXT OF KIN

Name: SUGARY TROTTER

Relationship: MOTHER

Address: 3 Chamberfield Rd

DUNFERMLINE

Contact nos: Home KY12 0DN

~~Work~~ 01383 04764

Mobile 07967 112186

Aware of admission Yes ☒ No ☐

SECOND CONTACT (If required)

Name: NICKY GIBSON

Relationship: GRANDFATHER

Address: 11 Hill Court Place

EDIN

Contact nos: Home 0131 620 378

Work

Mob 07815 203221

Aware of admission Yes ☐ No ☐

Who to contact in an emergency

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Capillary blood glucose (aka cBG)	Ht	height	R/O	Removal of
BMI	Body Mass Index	IV	Intravenous	RA	Rheumatoid arthritis
BP	Blood pressure	ICP	Integrated Care Pathway	RF	Renal failure
C&S	Culture and Sensitivity	kg	Kilograms	RR	Respiratory Rate
cm	Centimetre	LMP	Last menstrual period	SEWS	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial infarction	TB	Tuberculosis
DoS	Day of surgery	MUST	Malnutrition Screening Tool	Temp	Temperature
DVT	Deep vein thrombosis	N/A	Not applicable	U&E	Urea and electrolytes
ECG	Electrocardiograph	NOK	Next of kin	VTE	Venous thromboembolism
EDD	Estimated Date of Discharge	OA	Osteo arthritis	Wt	Weight
ERAS	Enhanced Recovery After Surgery	OPD	Out patient department		
FBC	Full blood count	P	Pulse		
HRT	Hormone replacement therapy	PE	Pulmonary embolus		
		PMHx	Past medical history		

Preoperative assessment document 1: ELECTIVE

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09/06/1970

in

Preoperative assessment for elective surgery

Date

Name

DoB

Unit r

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PRESENTING COMPLAINT / HISTORY

Reflux

Patient aware of condition? Yes ☒ No ☐ Detail awareness of eg, malignancy etc)

Mood / Concerns with regard to current treatment plan?

No concerns.

PAST Medical history Include year and place

Her Heroin Use
her Back Pain
Hernia

on Methadone

Picks up
3x week
M W F

(or: No to all questions and else nil of note ☐)

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History (1)

Date

PREVIOUS Operations Include year and place

Circumcision 1980.
(L) Scrotal cyst Excision 1971
(R) Hand Surgery 1987 approx

(or: No to all questions and nil of note ☐)

Any problems with surgery or anaesthesia in the past? Include year and place (include details of airway problems, if any)

(or: No to all questions and nil of note ☒)

Any significant family (blood relatives) medical / surgical / anaesthetic history we should know about?

(or: No to all questions and nil of note ☒)

BASIC OBSERVATIONS

Height 1.75 m	Weight 77 kg	BMI 25 kg / m ²
MUST Score 7	Pt concerned about weight? Yes ☐ No ☐	SpO ₂ 96% (on air) 97%
Pulse rate 77 / min	BP 1 81 / 61 mmHg	BP 2 / mmHg
BP 3 / mmHg	BP 4 / mmHg	Temp °C
Urinalysis unable to provide sample		

Preoperative assessment for elective surgery

addressograph label or

History (2)

Date

Name

DoB

Unit no.

CHI

MEDICATION HISTORY (prescription, over the counter, homeopathic, herbal. etc)

(Remember inhalers / eyedrops / creams / injections)

If diabetic, include Diabetes ICP in notes

MEDICINE (approved name)	Strength	Dose	Route	Frequency	COMMENTS
1. Methadone		120 110mg			3 x week 9am ¹⁰
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

How was medication history obtained?

(Must be by two methods)

N/A ☐ GP letter ☐ Medications available ☐ Patient ☐ Relative / carer ☐ Repeat prescription ☐ECS on Trak ☐ Pharmacy-supplied "Dosette" box (or other compliance aid)? ☐Community Pharmacy ☐ Name tel. number

Informed of Use of own medicines policy?

Yes ☐ No ☐ N/A ☐

Use of own medicines form completed?

Yes ☐ No ☐ N/A ☐

Advised of LUHD's use of supplementary prescribers?

Yes ☐ No ☐ N/A ☐**ADVERSE REACTIONS / ALLERGIES – ensure recorded on p1**

Preoperative assessment for elective surgery

Review of Systems (1)

Summarise actions in "Summary of Assessment"

If YES is circled for any main question, expand on severity / frequency / duration / recent changes – what, when, how, etc

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CARDIOVASCULAR SYSTEM *Hypertension*Any history of: high blood pressure ☐, angina ☐, atrial fibrillation ☐, heart murmur ☐, MI ☐, rheumatic fever ☐, DVT / PE ☐, stroke or TIA ☐ ?

Do you get

Chest pain No ☒ Yes ☐Short of breath No ☒ Yes ☐Ankle swelling No ☒ Yes ☐No to all questions and nil else of note ☒Requires medical referral? Yes ☐ No ☐

RESPIRATORY SYSTEM

Any history of: asthma ☐, TB ☐, COPD ☐ ?

Do you / have you

A cough? No ☐ Yes ☐Sputum or phlegm No ☐ Yes ☐Coughed up blood No ☐ Yes ☐Get wheezy No ☐ Yes ☐No to all questions and nil else of note ☒Requires medical referral? Yes ☐ No ☐

FUNCTIONAL CAPACITY

Patient's occupation / former occupation *not working*

Maximum equivalent activity (Please ring number in box, = MET Score) :

Walking around house	200 yards on flat, slowly	Brisk walking	Walk uphill	Brisk swim
1	2	3	4	5
6	7	8	9	10
Eating, dressing	One flight of stairs	Carry shopping upstairs	Two flights of stairs	Jogging

Estimated MET score *7* (highest ringed number)

What limits activity?

Nil

Arthritis / leg pain / back pain

Angina

Shortness of breath

Other

Comments

Preoperative assessment for elective surgery

Review of Systems (2)

Summarise actions in "Summary of Assessment"

If YES is ticked, expand on severity / frequency / duration / recent changes – what, when, how, etc

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DIGESTIVE SYSTEM *see also 'Nutrition'*

Do you / have you

Any recent appetite changes

No ☒ Yes ☐

Vomited any blood

No ☐ Yes ☐

Heartburn / indigestion

(including when lying flat)

No ☐ Yes ☐

Stomach pain

No ☒ Yes ☐

Changes in bowel movements,

black or bloody stools

No ☒ Yes ☐History of jaundice? ☒

poor due to condition
Hernia

No to all questions and nil else of note ☐Requires medical referral? Yes ☐ No ☐

ENDOCRINE system

Diabetes mellitus ☒Type 1 ☐Type 2 ☐

treatment:

insulin ☐, tablets ☐, diet ☐, other ☐Thyroid condition ☒Other endocrine condition ☐No to all questions and nil else of note ☒Requires medical referral? Yes ☐ No ☐

SKIN

Any skin diseases?

No ☐ Yes ☐ (Eczema, psoriasis etc....please specify)No to all questions and nil else of note ☒

describe any action required on page 16

Requires medical referral? Yes ☐ No ☐

NERVOUS system

Any history of epilepsy ☒ "blackouts" ☒

If Yes, describe

Do you get

Severe headaches, migraines

No ☒ Yes ☐

Eye problems

No ☒ Yes ☐

Faints, dizziness, muscle weakness

or tingling sensations

No ☒ Yes ☐No to all questions and nil else of note ☐Requires medical referral? Yes ☐ No ☐

SLEEPING / LYING FLAT

Sleep: well ☒ disturbed ☐ describe

Any sleeping medication / treatment

No ☒ Yes ☐

Are you able to lie flat comfortably:

No ☐ describe

Deep sleep
pullout

Sleep Apnoea

No ☒ Yes ☐

CPAP machine used

No ☒ Yes ☐If more than 1 year since PAT test contact Estates ☐ ref. no.

Preoperative assessment document 1: ELECTIVE

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Preoperative assessment for elective surgery

Review of Systems (3)

Summarise actions in "Summary of Assessment"
If YES is ticked, expand on severity / frequency / duration / recent changes – what, when, how, etc

GENITO-URINARY system

URINE SAMPLE SENT FOR C & S Yes ☐, or, N/A

Any history of Renal conditions / intervention ☐

No to all questions and nil of note ☒

When passing urine, do you

Pass blood or have pain No ☐ Yes ☐

Need to pass urine very frequently No ☐ Yes ☐

Find your sleep disturbed by having to pass urine frequently? No ☐ Yes ☐

Experience difficulty – slow to start, dribble etc No ☐ Yes ☐

Required/s catheterisation: No ☐ Yes ☐

requires medical referral? Yes ☐, No ☐

Female patients only

Date of LMP Details of last period Details of cycle days

(normal, light, heavy)

Date of last cervical smear Method of contraception or N/A ☐ Parity

Pregnancy test on day of surgery discussed* Yes ☐ No ☐ *If <50yrs or within 2 years of any bleeding

(See A&T Intranet guideline "Pregnancy testing before surgery").

BLOOD DISORDERS

Any history of anaemia ☐, other blood disorders ☐ ?

If Yes, describe

OTHER ILLNESSES: e.g. any history of cancer ☐, arthritis: OA ☒, RhA ☒ ?

or, No to all questions and nil of note ☐

Please also complete

Prion disease risk factor assessment (Appendix 1)

☒

Local venous thrombo-embolism risk assessment (Appendix 3a or b)

☒

4AT assessment (Appendix 4) ☐ or completed on Trak

☐

MUST score (Appendix 5) ☐ or completed on Trak

☐

NO HAI'S

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Airway Assessment

(For completion only by anaesthesia or pre-admission staff)

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Where appropriate, record more fully in 'Summary of Assessment' (A Afzal)

DOES THE PATIENT APPEAR TO HAVE COMPLICATED DENTITION: Yes ☐ No ☐

Top Denture

DENTITION – patient's report																Mark			
R																L	D: Denture	L: loose teeth/filling	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7		8	B: Bridge	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7		8	C: Crown	
																		Dental abscess / issues: No ☐ Yes ☐	

AIRWAY ASSESSMENT

1. Patient can flex and extend neck normally? Yes ☐ No ☒
2. Patient can open mouth >3cms (2 finger breadths)? Yes ☒ No ☐
3. Patient can protrude jaw so that lower teeth are in front of upper teeth? Yes ☒ No ☐
4. Thyromental distance >6.5cm? Yes ☒ No ☐
5. Previous history of difficult intubation? Yes ☐ No ☒

6. Mallampati classification:

Seated patient protrudes tongue as far as possible. From patient eye level, assess pharyngeal structures.

Class I	Class II	Class III	Class IV
			
Soft palate, uvula, fauces and pillars all visible.	Soft palate, uvula, & fauces visible, pillars obscured.	Only soft palate visible.	Soft palate not visible.

If the faucial pillars (palatoglossal & palatopharyngeal arches) & uvula cannot be seen (because they are obscured behind the base of the tongue, grades III & IV), visualisation of the glottis at laryngoscopy is likely to be more difficult

The following airway findings require referral to anaesthetist:

See local / specialty specific guidelines

Preoperative assessment for elective surgery

addressograph label, or,

Examination by medical staff

Summarise actions in "Summary of Assessment"

Name

DoB

Unit no.

CHI

PHYSICAL EXAMINATION

Pale

Cyanosed

Clubbed

Jaundiced

Lymphoedematopathy

Hydration

Skin

Thyroid

Breasts

Any fevers/chills recently?

CVS

Pulse

BP (Erect/Supine)

JVP (Jugular Venous Pressure)

Apex Beat

Heart Sounds

Oedema

PHYSIOLOGY SCORE

Please tick

Cardiac*

No failure

CVS drugs

Peripheral oedema

Warfarin therapy

Raised JVP

ECG*

Normal

Atrial Fibrillation

Abnormal rhythm

Recent Q, ST/T changes

RS

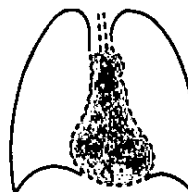
Respiratory Rate

Trachea

Expansion

PN (Percussion Notes)

BS (Breath Sounds)

**Respiratory***

Nil

SOBOE

Limiting dyspnoea

Dyspnoea at rest

CxR*

Normal

Borderline CM

Cardiomegaly

Mild COAD

Moderate COAD

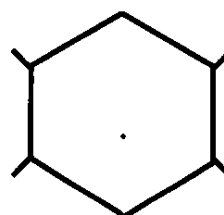
Fibrosis

Consolidation

Abdomen:

Vaginal Examination: (if indicated)

Rectal Examination (if indicated)



Masses

Liver

Spleen / Kidneys

Bowel sounds

Hemlae

Genitalia

PR

FOB

CNS/Locomotor**Assessing Doctor:**

Signature print name:.....

Date:..... time:..... designation

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Nursing & Social Assessment (1)

Summarise actions in "Summary of Assessment"

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PAIN ASSESSMENT

Does patient attend a Pain Clinic or have an established history of chronic pain?

Yes ☐ No ☒

If so please ask patient to score pain, out of 10 (0 = no pain, 10 = worst pain imaginable) _____

Has previous pain or nausea control after surgery been unsatisfactory?

Yes ☐ No ☐

Does patient use regular opioid analgesic:

(eg. MST / Oxycodone / Fentanyl)?

Yes ☐ No ☐

Does patient have regular use of high dose mild opiates:

(eg. Dihydrocodeine / Tramadol)?

Yes ☐ No ☐

If the patient answers YES to any of above questions, did you contact anyone about pain management

Yes ☐ No ☐

If Yes, whom? name and detail outcome in 'Summary of assessment'

HEALTH PROMOTION

CIGARETTE SMOKING

Non smoker ☐ Recent ex-smoker ☐ stopped (date)

Smoker ☒

Number of cigarettes smoked per day

Ever tried to stop? Yes ☐ No ☐

Advised of the value of stopping and the risks to health of continuing to smoke cigarettes ☐

Discussed with patient implications of no smoking policy within the hospital and grounds ☐

Identified ways of managing before admission e.g. consult GP ☐ nicotine patches ☐

Interested at all in stopping now? Yes ☐ No ☐

If would like to stop, detail information given to assist

ALCOHOL INTAKE

None ☒

Daily intakeunits OR Weekly intakeunits

(1 unit of alcohol = small glass of wine, or 25 ml pub measure of spirit, or half pint of ordinary strength lager/beer/cider)

Current daily guidelines for sensible drinking: men 3 - 4 Units per day or less, women 2 - 3 Units per day or less.

Any patient concerns about his/her alcohol intake?

If yes, detail information given to assist

OTHER MOOD ALTERING SUBSTANCES:

None ☐

Yes ☐ (Specify below)

Is the patient concerned about his / her substances use?

If yes, detail information given to assist

WEIGHT CONCERNS

Is the patient concerned about his / her weight

No ☐

Yes ☐

If yes, detail information given to assist

COMMUNICATION & PERCEPTION

SIGHT: No aids ☒ Glasses ☒ Contact Lenses ☐ Registered Blind ☐

HEARING: Satisfactory ☒ Difficulties ☐ Hearing Aid(s) ☐

SPEECH: Normal ☒ Impaired (eg after stroke) ☐ Sign Language ☐

Interpreter ☐ Other aid or assistance ☐

Preoperative assessment document 1: ELECTIVE

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Nursing & Social Assessment (2)

Summarise actions in "Summary of Assessment"

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Lives with Husband / Wife / Partner / Other (specify) ☐ Alone ☒

ARE YOU ARE CARER FOR ANYONE (specify) Yes ☐ No ☒

LEARNING DISABILITIES Yes ☐ No ☒

If Yes, refer to Learning Disabilities Liaison Nurse: Contacted Yes / No detail outcome

HOUSING

House ☐ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on 1st floor

Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐

Bedroom: upstairs ☐ downstairs ☐ Bathroom: upstairs ☐ downstairs ☐

STAIRS: None

Outside: (number) Inside: (number) Lift ☐

Does patient have any difficulty with the stairs? Yes ☐ (specify) No ☐

EQUIPMENT None: ☒

Toilet aids ☐ Shower cubicle ☐ Shower over bath ☐ Bath aids ☐ Bath only ☐

Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐

If Yes to any please specify level of independence

MANUAL HANDLING and MOBILITY

Hand Dominance - L ☐ R ☐ See p4 for BMI

Is the patient independent Yes ☒ No ☐

If No specify aids used:

Specify assistance required: e.g. hoist etc

☐ If hoist, is it supplied by NHS Lothian: Yes ☐ No ☐ - refer to Manual Handling guidelines

☐ If patient weighs >25st [160 kg] - refer to 'Heavy patient' procedure in Manual Handling guidelines

Tick if patient requirements indicate staff should be aware of this guideline in caring for this patient & specify actions required from these guidelines

Falls Risk Assessment (STRATIFY)

Admitted with fall or fall since admission Yes ☐ No ☐

Confused or agitated Yes ☐ No ☐

Function impaired by poor vision Yes ☐ No ☐

Frequent toileting Yes ☐ No ☐

Help to transfer/walk (No, if bed bound) Yes ☐ No ☐

Complete a Falls Care Plan if:

Yes to two or more, or if this admission was precipitated by a fall, or patient has fallen since admission

Completed Yes ☐ No ☐

HYGIENE No concerns ☒

Requires Assistance ☐ - give details

FEEDING & NUTRITIONAL ASSESSMENT

MUST score

Preoperative assessment document 1: ELECTIVE

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Nursing & Social Assessment (3)

Summarise actions in "Summary of Assessment"

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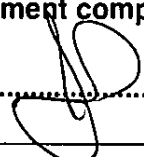
SKIN CONDITIONS

Do you have a history of skin disorders ☐ , leg ulcers / pressure sores ☐ , circulation problems ☐ ?

Dressings, if applicable (including frequency of changes, by whom etc). Detail 'Summary Of Assessment'

Please also complete the Waterlow pressure care guide (Appendix 2) ☐

Total score =

Nursing & Social assessment completed by:	Print name:	Date
Signature / initials*: 	Stewart	4/9/17

* initials are acceptable IF an entry has been completed on pg 2

Please obtain & confirm the patient's consent before contacting any of the staff or groups below

Patients Signature _____

HOME SUPPORT	N/A	MON	TUE	WED	THU	FRI	SAT	SUN	CONTACT NAME / NUMBER
District Nurse									
Health Visitor									
Social Worker									
Stoma Therapist									
Dietician									
Home Help									
Private Home Care									
CPN									
Frozen Meal Service									
Day Centre									
Day Hospital									
Other1 specify									
Other2 specify									

Rhonda McLeod CPN twice month next app't 5/9/17
 Psychiatrist 6 monthly app's

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Nurse Edinburgh,

D-10 EH17 8RB

U-10

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Preoperative assessment for elective procedure

Overall Summary of Assessment

Medical Referral required No ☒ Yes ☐ Surgeon ☐ GP ☐ other ☐

If Yes, reason

Name of doctor spoken to

Information, eg medical notes / care pathway / results, referred to anaesthetist No ☐ Yes ☐Discussion with anaesthetist required: No ☐ Yes ☒ Seen by anaesthetist No ☐ Yes ☐Referral reason *re Meds + Cannabis*

Name of consultant anaesthetist spoken to / contacted

INVESTIGATIONS REQUESTED

See: Pre-operative assessment of patients before elective surgery - a general guide (Intranet)

FBC ☐ U&E ☐ LFTs ☐ Coagulation screen ☐ Group & save ☐ECG ☐ CXR ☐ Echocardiogram ☐ PFTs ☐ Chlamydia swab ☐Other (specify) ☐

OVERALL SUMMARY OF ASSESSMENT (free text space on pp 15 -16)

☐ Proceed to book for surgery☐ Further review / investigations required before final decision (Specify below)

Waiting list office:

Early on am list ☐Diabetic ☐Possible difficult airway ☐High BMI ☐Haematology involvement ☐

Assessing Doctor / Nurse

Signature

Print Name:

Date:

Time:

Designation:

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Preoperative assessment for elective procedure

OVERALL SUMMARY OF ASSESSMENT

continued

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INFORMATION

Patient informed that he / she must arrange transport home by car or taxi ☐Patient informed that he / she must accompanied by responsible adult for 24h ☐

Leaflets given:

Inpatient booklet ☒Visiting Hours ☒Operation ☒Your spinal anaesthetic ☒Epidurals ☐for pain relief after surgery ☐Pain relief ☐Physio Booklet ☐Other (specify) ☐

INTEGRATED CARE PATHWAY

If to be commenced on an ICP, specify which major :

Any supplementary ones?:

TRANSPORT Ambulance required ☐ Date/time

Date of booking / Order ref no. /

OPERATIVE PREPARATION Skin Prep Required Yes ☐ No ☐Glycerine Suppositories Yes ☐ No ☐

Other (specify)

NURSE SPECIALIST REFERRALS tick if applicable & give details

Stoma Nurse contacted ☐ (if applicable, insert Stoma Care plan in Booklet)Other Nurse Specialist contacted ☐ (specify)

Pre-Admission Nurse

Signature / Print

Designation: SN

Date: 4/9/17

Planning for discharge

23 hr stay

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PRION Disease Risk Factors

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NOTE: Only approximately 1 in 10,000 patients will be classified as "maybe at risk")

Please ask the patient question 1.

The assessor should consider, and answer, the three bullet points.

Ask the patient questions 2 - 5

If the answer is "yes" to any question, follow the appropriate path on the NHS Lothian CJD Risk Assessment flow sheet.

1. Have you ever been contacted as "at risk of CJD for public health purposes? ①.....

• Is there any mention of CJD or v CJD in referral letter?

• Does the patient have a neurological disease with cognitive impairment or ataxia, of uncertain diagnosis?

• Is the operation likely to involve contact with "high risk" tissues? ⑥

If "yes" to this question, ask if the patient has received a transfusion of blood, or blood products, since 1980?

2. Has anyone in your family suffered from CJD?

3. Has you or anyone in your family had genetic testing that suggests you or they are at risk of CJD?

4. Have you ever had treatment with growth hormone or gonadotrophin?

5. Have you ever had an operation on your brain or spinal cord? ②.....

N	Y
N	Y
N	Y
N	Y
N	Y
N	Y
N	Y
N	Y
N	Y

① The key phrase is "at risk for public health purposes".

Since 2003 blood transfusions have not been accepted from those who, themselves, have received blood in the UK since 1980 (Previously Transfused Donors), but this alone should not generate a "yes" response.

② The question refers to operations for cyst or tumour of spinal cord.

Previous operations on the vertebral column (e.g. laminectomy, discectomy, decompression) are not of concern and should not generate a "yes response. See note ⑥ for list of high risk neural tissues

⑥ High Risk tissues for patients with vCJD and at risk of vCJD include:

Brain, spinal cord, dura mater, cranial nerve ganglia, cranial nerves (specifically, the entire optic nerve but only the intracranial components of other cranial nerves), posterior eye (specifically, posterior hyaloids face, retina, retinal pigment epithelium, choroid, sub-retinal fluid, optic nerve), and the pituitary gland.

If in doubt for this patient and this procedure consult senior staff.

Appendix 2

CHI 0906701473 [REDACTED] Time must be documented
70164 A Afzal Reassess every day

Initials:

Time:

[illegible]

DATE+TIME	SCORE	EQUIPMENT USED/NEEDED	COMMENTS	SIGNATURE

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RISK ASSESSMENT for VENOUS THROMBOEMBOLISM: ELECTIVE SURGICAL / O&G / DSU / 23 HOUR PATIENTS

Appendix 3a

Risk Assessments should be performed for all patients at pre-operative assessment clinic / ward / DSU

Patients should be reassessed every 48 – 72 hours, or sooner if condition changes.

Date of admission _____ Date of assessment _____

Assessed by _____ Designation _____

addressograph label, or,

Name

DoB

Unit no.

CHI

Does the patient have thrombosis risk factors? (tick ✓ all that apply)	
Age > 60	☐
Obesity BMI ≥ 30	☐
Active cancer	☐
Previous VTE	☐
Family history of VTE: 1 first degree relative suffered VTE at age <50 years or > 1 first degree relative with VTE history regardless of age	☐
Varicose veins (for major general or orthopaedic surgery, low risk after varicose vein surgery)	☐
Known thrombophilia (no need to repeat thrombophilia screen)	☐
Other thrombotic states (See note on p24)	☐
Hormone therapy (inc combined OCP, HRT, temoxifen, raloxifen)	☐
Pregnancy, or < 6 weeks since delivery (Intranet: Obstetric VTE Prophylaxis & Treatment Policy)	☐
Combined anaesthesia and surgery time > 90 mins	☐
Pelvic or lower limb surgery and combined anaesthesia and surgery time > 30 mins	☐
Post operative immobility	☐

NO
(no ticks)

**PHARMACOLOGICAL
PROPHYLAXIS NOT
REQUIRED**

Reassess every 48-72hrs, or
sooner if condition change

YES (one or more ticks)

Does the patient have bleeding risk factors? (tick ✓ all that apply)	
Bleeding disorder (eg haemophilia, von Willebrand's disease)	☐
Coagulopathy, including warfarin or heparin therapy	☐
Thrombocytopenia <70 x 10 ⁹ /L	☐
Active peptic ulcer	☐
Actual or potential bleeding site (inc planned neuro, spinal, eye, or thyroid surgery)	☐
Acute stroke (seek advice) or CNS surgery within last 3 months	☐
Spinal or epidural anaesthesia possible (consult anaesthetist if in doubt)	☐
Severe uncontrolled hypertension (≥ 230 / 120 mmHg)	☐
Severe liver disease	☐
Renal failure (see over)	☐
Previous history of heparin induced thrombocytopenia (HIT) (see over)	☐

**PRESCRIBE
PROPHYLAXIS
ACCORDING TO
LOCAL POLICY**

Reassess every 48-72hrs, or
sooner if condition changes

NO
(no ticks)

YES (one or more ticks)

NOT FOR PHARMACOLOGICAL PROPHYLAXIS

(unless requested by consultant)
Consider mechanical prophylaxis eg TED stockings, unless contra-indicated
Reassess patient every 48 to 72 hours, or sooner if condition changes.

FINAL DECISION (CIRCLE)

For VTE Thromboprophylaxis YES / NO Prescribed by assessor YES / NO

If not prescribed by assessor, enter name of Dr informed _____

Patient informed YES / NO Information leaflet provided YES / NO

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53/1 Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473

70164 A Afzal

Preoperative assessment for elective procedure

Caprini VTE Risk factor assessment

1 point each

- ☒ Age 41-60 years
☐ Minor surgery planned
☐ History of prior major surgery (<1 month)
☐ Varicose veins
☐ History of inflammatory bowel disease
☐ Swollen legs (current)
☐ Obesity (BMI >25)
☐ Acute myocardial infarction
☐ Congestive heart failure (<1 month)
☐ Sepsis (<1 month)
☐ Serious lung disease incl. pneumonia (<1 month)
☐ Abnormal pulmonary function (COPD)
☐ Medical patient currently at bed rest
☐ Other risk factors:

→ → → → → → → → Subtotal a

1

2 points each

- ☐ Age 60-74 years
☐ Arthroscopic surgery
☐ Malignancy (present or previous)
☐ Major surgery (> 45 minutes)
☒ Laparoscopic surgery (> 45 minutes)
☐ Patient confined to bed (> 72 hours)
☐ Immobilizing plaster cast (< 1 month)
☐ Central venous access

→ → → → → → → → Subtotal b

2

3 Points each

- ☐ Age over 75 years
☐ History of DVT / PE
☐ Family history of thrombosis*
☐ Positive Factor V Leiden
☐ Positive Prothrombin 20120A
☐ Elevated serum homocysteine
☐ Positive lupus anticoagulant
☐ Elevated anticardiolipin antibodies
☐ Heparin-induced thrombocytopenia (HIT)
☐ Other congenital or acquired thrombophilia
 ↓ Type:

→ → → → → → → → Subtotal c

*most frequently missed risk factor

5 Points each

- ☐ Elective major lower extremity arthroplasty
☐ Hip, pelvis or leg fracture (<1 month)
☐ Stroke (<1 month)
☐ Multiple trauma (<1 month)
☐ Acute spinal cord injury (paralysis)(<1 month)

→ → → → → → → → Subtotal d

1 point each (For women only)

- ☐ Oral contraceptives or hormone replacement therapy
☐ Pregnancy or postpartum (<1 month)
☐ History of unexplained stillborn infant, recurrent (≥3) spontaneous abortion(s), premature birth with toxemia or growth-restricted infant.

→ → → → → → → → Subtotal e

Total Caprini Score
(Subtotals a + b + c + d + e)

3

Caprini score	Risk	Regime
0 - 1	Low	Early ambulation
2 - 4	Moderate	Elastic stockings [†]
5 +	High	Elastic stockings [†] & dalteparin

[†] with intermittent pneumatic compression in theatre

Potential contraindications to dalteparin

- ☐ Active bleeding
☐ Current oral anticoagulants (aspirin, clopidogrel, warfarin etc)
☐ Low platelet count (<100x10⁹/l)
☐ Heparin induced thrombocytopenia (HIT)
☐ Poor renal function (eGFR <30)

Potential contraindications to elastic stockings

- ☐ Severe peripheral arterial disease
☐ Peripheral neuropathy
☐ Massive leg oedema
☐ Major leg deformity
☐ Dermatitis (active/severe)
☐ Pulmonary oedema

NB: The Lothian University Hospitals
 Antithrombotic Guide (Adults) Version 3.2, April
 2012, is available on the Intranet

	addressograph label, or,
	Name
	DoB
	Unit no.
	CHI

Appendix 4**[1] ALERTNESS**

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	0
1 mistake	1
2 or more mistakes / untestable	2

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Achieves 7 months or more correctly	0
Starts but scores < 7 months / refuses to start	1
Untestable (cannot start because unwell, drowsy, inattentive)	2

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24 hours

No	0
Yes	4

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or cognitive impairment unlikely (but delirium still possible if information from [4] is incomplete) If any score greater than zero nurses (if undertaking assessment) should escalate concerns so that a diagnosis may be made

Date	Time	Score	Action Plan	Initial

GUIDANCE NOTES

The 4AT is a screening instrument designed for rapid and sensitive initial assessment of cognitive impairment and delirium. A score of 4 or more suggests delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. Items 1-3 are rated *solely on observation of the patient at the time of assessment*. Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item.

AMT4 (Abbreviated Mental Test - 4): This score can be extracted from items in the full AMT if done immediately before.

Acute Change or Fluctuating Course: Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?" In general hospital settings psychotic symptoms most often reflect delirium rather than functional psychosis

Malnutrition Universal Screening Tool See: Intranet>Healthcare>A-Z>MalnutritionUniScreenTool>Documents>MUST.pdf		Addressograph, or Name _____ DOB _____ Unit no. / CHI _____																								
Patient referred to dietician previously? Yes ☐ No ☐		Currently under care of dietician? Yes ☐ No ☐																								
Usual weight kg (before admission).....		Height.....		BMI.....																						
Guidance																										
Step 1	Step 2	Step 3	Step 4																							
<i>BMI</i>	<i>Unplanned weight loss (% of usual weight) in past 3 - 6 months.</i>	<i>Is patient acutely ill without, or likely to be without, nutritional intake for > 5 days?</i>	<i>Calculate MUST score</i>																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Points</th> </tr> <tr> <td>>20</td> <td style="text-align: center;">0</td> </tr> <tr> <td>18.5 - 20</td> <td style="text-align: center;">1</td> </tr> <tr> <td><18.5</td> <td style="text-align: center;">2</td> </tr> </table>		Points	>20	0	18.5 - 20	1	<18.5	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Points</th> </tr> <tr> <td>5%</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5.1 - 10%</td> <td style="text-align: center;">1</td> </tr> <tr> <td>>10%</td> <td style="text-align: center;">2</td> </tr> </table>		Points	5%	0	5.1 - 10%	1	>10%	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Points</th> </tr> <tr> <td>No</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Yes</td> <td style="text-align: center;">2</td> </tr> </table>		Points	No	0	Yes	2	Add points in steps 1, 2 & 3 Total MUST score =	
	Points																									
>20	0																									
18.5 - 20	1																									
<18.5	2																									
	Points																									
5%	0																									
5.1 - 10%	1																									
>10%	2																									
	Points																									
No	0																									
Yes	2																									
Step 5: Develop care plan.																										
Score 0 = Low risk • Normal clinical care • Repeat screening weekly		Score 1 = Medium risk • Observe • Document dietary intake for 3 days – if improvement - little clinical concern – if no improvement - clinical concern – follow local policy (snack list available) • Repeat screening weekly		Score ≥ 2 • Refer to dietician • Improve and increase overall nutritional intake (refer to local policy / snack list) • Monitor and review care plan weekly <i>Unless detrimental, or no benefit is expected from nutritional support e.g. imminent death.</i>																						

Date				This section is intended for elective preoperative assessment clinics		
Time						
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

Date				Week 1		
Time						
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

Date				Week 2		
Time						
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

Opioid Infusion and PCA Chart

700143029W M
SCOTT Justin
09-Jun-70 CHI:090 670 1473
70164 S Mirza
53/1 Newtost Street
EH17 8RB



Parent Team Consultant: S P-OBWA.
Anaesthetist: O Day
Ward: DBU / RCH Date: 17/10/17
Operation: LAP. FUNDOPPLICATION

Medicine(s)	Concentration(s)	Sign & Print		
Morphine 100mg in 50mL	2mg/mL	O Day		
Fentanyl 1,000micrograms in 50mL sodium chloride 0.9%	20micrograms/mL			
If anti-emetic included in PCA, max no. of syringes in 24hours =				
Bolus dose of opioid	Lockout	Date / Time		
2mg (Two milligrams)	5 (five) minutes	17/10/17 1530		
	minutes			
	minutes			
Infusion rate	/ hour			
Change 1	/ hour			
Change 2	/ hour			
Loading Dose	Sign & Print	Date & Time	Given by (Sign & Print)	Checked by (Sign & Print)
30mg	O Day	17/10/17	1625 Lmg	Paul Allen
			1630 Lmg	Paul Allen
			1644 3mg	Paul Allen
Intrathecal or Epidural Opioid	Medicine and dose	Date / Time	Sign & Print	

All patients require oxygen therapy, 4L/minute by face mask or 2 to 4L/minute via nasal cannulae. Oxygen therapy whilst sleeping is particularly important.

TREATMENT OF PROBLEMS

- If respiratory rate is 8/min or less, or if the patient is very difficult to rouse (sedation score of 3) STOP PUMP, and inform doctor or anaesthetist on call (contact details below). Ensure naloxone is available.
- Nausea refer to Post-Operative Nausea and Vomiting (PONV) algorithm
- Inadequate pain relief – check adjuvant prescribed - inform Doctor, Nurse Specialist in Pain Management or Anaesthetist On-Call (contact details below).

PAIN	SCORE	SEDATION	NAUSEA
0 = No pain	0	None, patient alert	None
1 to 3 = Mild pain, it does not distress me	1	Mild, occasionally drowsy, easy to rouse	Mild nausea, no treatment required
4 to 5 = Moderate pain, it distresses me a bit	2	Moderate, frequently drowsy, easy to rouse	Nausea/vomiting helped by treatment
6 to 10 = Severe pain, it distresses me a lot	3	Severe, somnolent, difficult to rouse	Persistent nausea/vomiting despite treatment
	S	Normal sleep, stirs to light touch	Sleeping normally
	V	Ventilated, or otherwise unable to give pain score	

Contacts: Mon to Fri 0800-1700hrs: Nurse Specialists - RIE (bleep 5247) / WGH (bleep 8292) / SJH (bleep 3934)
Out of hours: Duty anaesthetist – RIE (bleep 2140) / WGH (bleep 8112) / SJH (bleep 3561 or 3948)

Name: _____ Chi: _____ DOB: _____	Opioid and PCA Monitoring Chart Day: _____ Observations must be carried out hourly
---	---

Or affix patient label

Preparation Details							Discarded syringe						
	Date	Time	Batch no. medicine	Batch No. diluent	Pump No.	Prepared by	Checked by	Date	Time	Total given	Total discarded	Signed	Witnessed
1	17/10/17	1615	50711	✓	358622	Baump	PCO	18/10/17	00:30	48ml	3mls	Cosbore	AAO
2	18/10/17	00:30	50711	✓	358622	C. Osbore	AAO	18/10/17	09:55	37ml	13mls	(Signature)	(Signature)
3													

Time	Rate (mL/hr)	Volume (mL) remaining in syringe Visual check	Volume (mL) infused since last check	Total volume infused	Total volume infused Device reading	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
1615		46ml	Starting vol									B/pe
1620	PCA	46mls	checked & connected									B/pe
1700	PCA	36mls	10mls	10mls	10.5mls	5	11	5/6	7/8	0	✓	B
1820	PCA	24mls	12mls	22mls	22.5mls	1	14	7	7/8	0	✓	sm
1915	PCA	17mls	7mls	29mls	29.5mls	5	12	5	5	0	✓	sm
20:00	PCA	11mls	6mls	35ml	35.5ml	AS	15	2	4	0	✓	CO
21:00	PCA	10ml	1ml	36ml	36.5ml	AS	15	2	4	0	✓	CO
22:00	PCA	10ml	0ml	36ml	36.5	AS	16	2	4	0	✓	CO
23:00	PCA	5ml	5ml	41ml	41.5	AS	16	2	4	0	✓	CO
00:00	PCA	4ml	8ml	42ml	42.5	AS	17	2	4	0	✓	CO
00:30	PCA	50	New Syringe								✓	CO / AAO
01:00	PCA	46	4ml	4ml	5.0ml	AS	17	2	4	0	✓	CO
02:00	PCA	46	0ml	4ml	5ml	AS	17	2	4	0	✓	CO
03:00	PCA	46	0ml	4ml	5ml	AS	17	2	4	0	✓	CO
04:00	PCA	46	0ml	4ml	5ml	AS	17	2	4	0	✓	CO
05:00	PCA	44	2ml	6ml	7ml	0	17	2	4	0	✓	CO
06:00	PCA	33	11ml	17ml	18ml	0	17	2	4	0	✓	CO
07:00	PCA	29	4ml	21ml	22ml	0	17	2	4	0	✓	CO
0840	PCA	18	11ml	32ml	33							m

TOTAL OPIOID DOSE: _____

[illegible]

NHS
Lothian

09/06/1970

DISCHARGE PRESCRIPTION

Date	Type of Chart	Name known			
171017.	PCA.	Medicine / Agent	Description of reaction		171017.

- **Write the medicine dose clearly**
 - The only acceptable abbreviations are:

g - gram	mg - milligram	ml - millilitre
----------	----------------	-----------------

 all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Specify RIGHT or LEFT for eye and ear preparations

[illegible]

REGULAR THERAPY

5247.

23205.

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

- | | |
|---|---|
| 1. Patient refuses | 6. Vomiting / nausea |
| 2. Patient not present | 7. Time varied on doctor's instructions |
| 3. Medicines not available - CHECK ORDERED | 8. Once only / as required medicine given |
| 4. Asleep / drowsy | 9. Dose withheld on doctor's instructions |
| 5. Administration route not available - CHECK FOR ALTERNATIVE | 10. Possible adverse reaction / side effect |

O X Y G E N	Start Date	Time	Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Time

PRESCRIPTION		Patient's Own Medicine	Date →	Time →																
Medicine (Approved Name)	PARACETAMOL	For Use	6	X	✓															
Dose	1g	Route	PO	Quantity	8															
Notes/Indication for antibiotic		Start Date	17/10/17	Stop Date	14															
Prescriber - sign + print		Pharmacy	18																	
			22																	
Medicine (Approved Name)	METOPROLOL	For Use	6																	
Dose	110mg	Route	PO	Quantity	8															
Notes/Indication for antibiotic		Start Date	17/10/17	Stop Date	14															
Prescriber - sign + print		Pharmacy	18																	
			22																	
Medicine (Approved Name)	GABAPENTIN	For Use	6																	
Dose	900mg	Route	PO	Quantity	8															
Notes/Indication for antibiotic		Start Date	17/10/17	Stop Date	14															
Prescriber - sign + print		Pharmacy	18																	
			22																	
Medicine (Approved Name)	ESOMEPRAZOLE	For Use	6																	
Dose	20mg	Route	PO	Quantity	8															
Notes/Indication for antibiotic		Start Date	17/10/17	Stop Date	14															
Prescriber - sign + print		Pharmacy	18																	
			22																	

**REGULAR
THERAPY**

(Attach printed label here)

Page 3 of 6

AS REQUIRED THERAPY

700143029W M 09/06/1970
Scott, Justin J
53/1, Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473
70164 S Mirza

PRESCRIPTION		Patient's Own Medicine
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
		Time
Dose + frequency + max	Route	Quantity
		Dose
		Initials
Indication + notes	Start Date	Date
		Date
		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials

REGULAR THERAPY	
1	100 mg
2	100 mg
3	100 mg
4	100 mg
5	100 mg
6	100 mg
7	100 mg
8	100 mg
9	100 mg
10	100 mg
11	100 mg
12	100 mg
13	100 mg
14	100 mg
15	100 mg
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84	100 mg
85	100 mg
86	100 mg
87	100 mg
88	100 mg
89	100 mg
90	100 mg
91	100 mg
92	100 mg
93	100 mg
94	100 mg
95	100 mg
96	100 mg
97	100 mg
98	100 mg
99	100 mg
100	100 mg

(Attach printed label here)

[illegible]

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name) <u>ONDASERON</u>	For Use	Date												
		Time												
Dose + frequency + max <u>4mg 8/10am</u>	Route <u>IV</u>	Quantity	Dose											
			Initials											
Indication + notes	Start Date <u>17/10/17</u>	Date	Date											
		Time	Time											
Prescriber - sign + print <u>[Signature]</u>	Pharmacy	Dose												
		Initials												
Medicine (Approved Name) <u>DIAZEPAM</u>	For Use	Date	<u>19/10/17</u>	<u>18/10</u>										
		Time	<u>05.10</u>	<u>11.45</u>										
Dose + frequency + max <u>30mg 12/10am</u>	Route <u>PO</u>	Quantity	Dose	<u>20mg</u>	<u>10mg</u>									
			Initials	<u>CO</u>	<u>W</u>									
Indication + notes	Start Date <u>17/10/17</u>	Date	Date											
		Time	Time											
Prescriber - sign + print <u>[Signature]</u>	Pharmacy	Dose												
		Initials												
Medicine (Approved Name) <u>ORAMORPH</u>	For Use	Date	<u>18/10</u>	<u>18/10</u>										
		Time	<u>09.50</u>	<u>11.45</u>										
Dose + frequency + max <u>10mg 1°</u>	Route <u>ORAL</u>	Quantity	Dose	<u>10mg</u>	<u>10mg</u>									
			Initials	<u>SB</u>	<u>W</u>									
Indication + notes	Start Date <u>18/10/17</u>	Date	Date											
		Time	Time											
Prescriber - sign + print <u>[Signature]</u>	Pharmacy	Dose												
		Initials												
Medicine (Approved Name)	For Use	Date												
		Time												
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
		Time	Time											
Prescriber - sign + print	Pharmacy	Dose												
		Initials												
Medicine (Approved Name)	For Use	Date												
		Time												
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
		Time	Time											
Prescriber - sign + print	Pharmacy	Dose												
		Initials												
Medicine (Approved Name)	For Use	Date												
		Time												
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
		Time	Time											
Prescriber - sign + print	Pharmacy	Dose												
		Initials												

NEWS Key	Date: 17/10 17/10 17/10 17/10 17/10 17/10 17/10 17/10 17/10 17/10	Date:	
1 2 3	Time: 1730 1815 1900 1930 2010 2045 2130 2215 2300 2345	Time:	
Respiratory Rate	≥25 21-24 12-20 9-11 ≤8	≥25 21-24 12-20 9-11 ≤8	
SpO2	Chronic Hypoxia Default ≥88 94-95 86-87 ≤85 Unrecordable	Chronic Hypoxia Default ≥96 94-95 92-93 ≤91 Unrecordable	
Inspired O2	% or litres	% or litres	
Temperature	≥39° 38° 37° 36° ≤35°	≥39° 38° 37° 36° ≤35°	
NEWS SCORE uses Systolic BP	230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 Unrecordable	230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 Unrecordable	
If manual BP mark as M	133 134 137 116 105 106 107 109 96 101 77 83 78 71 74 69 67 68 51	133 134 137 116 105 106 107 109 96 101 77 83 78 71 74 69 67 68 51	
Heart Rate	Regular Y/N Alert V/P/U New Confusion	Regular Y/N Alert V/P/U New Confusion	
Conscious Level	Regular Y/N Alert V/P/U New Confusion	Regular Y/N Alert V/P/U New Confusion	
Total NEWS score	1 2 2 0 3 3 3 3 4 3 1		
Urine output recorded Y/N	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A		
Blood Glucose	10 10 10 10 10 10 10 10 10 10		
Frequency of Observations	30 30 30 30 30 30 30 30 30 30		
Structured Response Tool Y/N	N N N N N N N N N N		
Escalation Y/N	7/2 10 10 10 10 10 10 10 10 10		
Pain score (0-10)	7/2 10 10 10 10 10 10 10 10 10		
Nausea score (0-3)	0 0 0 0 0 0 0 0 0 0		
Motor Block score (0-4)	0 0 0 0 0 0 0 0 0 0		
Circulation	FP FP FP FP FP FP FP FP FP FP		
Sensation	FP FP FP FP FP FP FP FP FP FP		
Movement	FP FP FP FP FP FP FP FP FP FP		
Initials	FP FP FP FP FP FP FP FP FP FP		

Patient Name:	CHI:	
Special Instructions - to be completed by Medical Team		
A total NEWS score of or individual parameter of is acceptable for this patient because		
Please escalate if		
Print	Sign	Designation
Date	Time	(only valid if signed and dated)
*Regardless of NEWS always escalate if concerned about a patient's condition		
NEWS Score	Frequency of Observations	Clinical Response
Total 0*	Minimum 12 hourly / 4 hourly in admission areas	Continue routine NEWS monitoring with every set of observations.
Total 1 - 4*	Minimum 4 hourly Consider Structured Response Tool Consider Fluid Balance Chart	Inform registered nurse Registered nurse assessment using ABCDE Review frequency of observations Inform Nurse in Charge If ongoing concern, escalate to Medical Team
Total 5 - 6* or 3 in one parameter	Increase frequency to a minimum of 1 hourly Start Structured Response Tool Start Fluid Balance Chart	Registered nurse assessment Inform Nurse in Charge Escalate to Medical Team as per local escalation Urgent medical assessment Management plan to be discussed with Senior Trainee or above Consider level of monitoring required in relation to clinical care
Total 7* or more	Continuous monitoring of vital signs Start Structured Response Tool Start Fluid Balance Chart	Registered nurse to assess immediately Inform Nurse in Charge Request immediate assessment by Senior Trainee or above Case to be discussed with supervising Consultant If appropriate contact Critical Care for review
NEWS ≥4 Think Sepsis		
Are any 2 or more SIRS criteria present?		
RECOGNISE	Temperature Pulse White Cell Count Respiratory Rate Mental State Blood Sugar	<36°C or >38°C >90 beats/min <4 or >12 > 20 bpm New confusion >7.7mmol/L in non-diabetic
and clinical suspicion of infection = SEPSIS		
Apply Sepsis 6 within 1 hour		
RESUSCITATE	1. Give oxygen to target saturation >94% (NB 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 & start fluid chart	

National Early Warning Score (NEWS) Chart



700143029W M 09/06/1970
Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

Consultant: Mr Tulloh Date chart commenced: 17/10/17
This is chart number 1 this admission
Weight: Actual kgs Estimated kgs
ASU: Ward:

CHI 0906701473
70164 S Mirza

Conscious Level Chart to be completed when clinically indicated

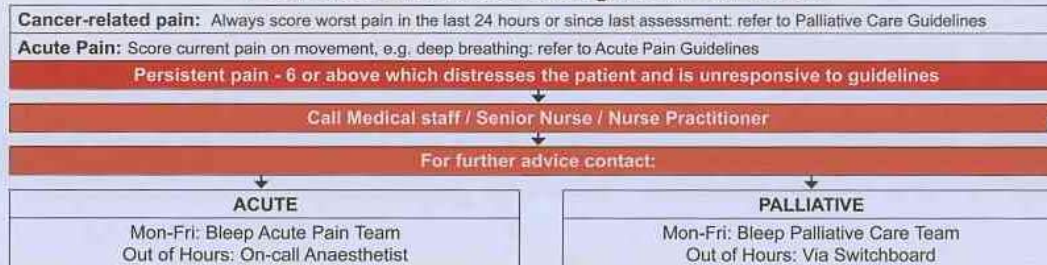
Date		Time		GLASGOW COMA SCALE		Total GCS Score		Right Pupil		Left Pupil		LIMB MOVEMENT		Initials															
Eyes Open	Spontaneously	4		Best Verbal Response	Orientated	5		Size	Reaction	Size	Reaction	Normal power	Mild weakness	Severe weakness	Extension	No response													
	To speech	3			Confused	4											Always record the best arm response	+ reacts - no reaction c. eye closed	Normal power	Mild weakness	Severe weakness	Extension	No response						
	To pain	2			Inappropriate words	3																		Obey commands	Localise to pain	Flexion to pain	Abnormal flexion	Extension to pain	None
	None	1			Incomprehensible sounds	2																							
None																													

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

- REMEMBER**
- Record **all** observations on NEWS chart
 - Document **any** deterioration in the notes - remember the Structured Response Tool
 - Escalate your frequency of observations
 - If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • Patent • At Risk • Obstructed	→ Suction if indicated → Head tilt, chin lift/jaw thrust → Airway Adjuncts → Administer Oxygen → Call 2222 if at risk
BREATHING	• Respiratory rate • SpO2 • Accessory muscle use • Noises +/- percussion, palpation & auscultation • Position / posture	→ Administer prescribed Oxygen to maintain saturations 94%-98% (NB COPD 88%-92%) → Monitor SpO2 / ABGs → Consider chest x-ray → Treat underlying cause → Call 2222 if not breathing
CIRCULATION	• Pulse • Blood Pressure • Capillary refill time • Core temperature / colour • Urine output • Consider 4 body cavities for fluid & blood loss (4 + on the floor) • Monitor drain losses	→ Obtain IV access → Obtain blood samples → Prepare fluid challenge → Initiate Fluid Balance Chart → Call 2222 if no circulation → Consider initiating Major Haemorrhage Protocol → Monitor response to actions
DISABILITY	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • Blood Glucose • Drugs	→ Re-assess GCS → Check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol → Check Drug Chart → Remember accurate documentation
EXPOSURE	• Top to toe examination • Look for evidence of blood loss / rashes / drains / wounds etc	→ Control bleeding → Treat any underlying conditions identified → Reassess → Maintain patient's dignity → Evaluate actions

Pain Assessment and Management Guidelines



Pain Score	Nausea Score 0-3	Epidural Motor Block Score please do not v motor block column
0 None Continue to assess pain at least daily	0 - No Nausea	0 - Full Power
1-3 Mild Continue to assess pain with routine observations, must be at least daily	1 - Nausea Consider anti-emetic	1 - Weak but able to raise legs
4-5 Moderate Assess, administer and review analgesia as appropriate for patient	2 - Nausea / Vomiting Administer anti-emetic	2 - Able to bend knees
6-10 Severe Assess, administer and review analgesia as appropriate for patient	3 - Persistent Nausea &/or Vomiting Contact Doctor	3 - Minimal movement
Using appropriate Lothian Guidelines	Using guidelines prescribe / give anti-emetics and review	4 - Paralysis
		If score 2 or above please immediately contact the Acute Pain Team or On-Call Anaesthetist if out of hours

O.P. CLINICAL NOTES

(Medical)

OPax

700143029W M 09/06/1970
 NUMBE Scott, Justin J
 53/1 Newtoft Street,
 NAME Edinburgh,
 EH17 8RB

CHI 0906701473
 70164 A Afzal

DATE

SHEET No.

8124 W1 944

41 6

unwell for last 1 year

Resistant reflux symptoms mainly
 nocturnal Heartburn, indigestion &
 vomiting when lies flat & even
 while sleeping

OGD (03/11) Grade C oesophagitis &
 ulcers

Had high dose lansoprazole

Further OGD in June 2011 showed
 resolved oesophagitis

no weight loss

Intermittently gets periods of
 nausea

no BBV no IDU

SH

unemployed

No foreign travel

No contact with TB

Smokes 1-2 cigs/day &

cannabis

DATE

Diagnosis ETOH Cancer

Meds

Lamoprazole 30 BD

Methadone

Valium 30mg OD

PH

IBD / Cocaine

oie

well built overweight

T, A, L, W, O, L

Ad - Soft, NT

no masses or visceromegaly

(I)

Hydral GORD

Change to nium 20 BD + domperidone

ocroprazol fruitum Andly

Wup

O.P. CLINICAL NOTES
(Medical)

700143029W M 09/06/1970
NUMBE Scott, Justin J
53/1 Newtoft Street,
NAME Edinburgh,
EH17 8RB

CHI 0906701473
70164 A Afzal

DATE

SHEET No.

26/12, WT - 91.5 Kg

Di GORD

Symptoms improved

Change of PPIs to omeprazole

Less reflux

Less frequent nausea

Recently found to be fixed

↓ testosterone (6.7)

FSH (0.9)

Free test. 119

LH 1.0

SHBG - 38

awaiting endo review tomorrow

by Dr. Zannit

→ for oesophageal function studies

on 30/01/12

occasionally using Cannabis

Advised to stop using Cannabis

(P) F1U 3/12

WJF

DATE

19/7/12 Wt: 84.5 kg

8/3

'femle'

III lat night -- sweating +
shed

Not eating as much
the teeth at.

7/3/13 Weight: 84.2 kg

under 100h

ESA

adverse + mild effect

24/6/13 Wt 84 kg

21/6/16 Wt 75.2 kg

occasional - heartburn
- waterbatter

esomeprazole
domperidone

Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

Name:

Date of Birth:

CHI No:

CHI 0906701473

70164 .. A Afzal



0010411070



Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

SOPD

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
20/6/17	Ht: 173 cm Wt: 76.3 kg BMI: 25.5 C. Feels sick every morning ↓ appetite Abdominal pain. B.D. x1/day. Dyspepsia. } worse since PPIs. } stopping. No heartburn Parameters of LOS. pH 28% acid reflux Plan - Continue empiric studies OAT.	

NHS Lothian

GASTROSCOPY REPORT

Name: Justin SCOTT, 09/06/1970 (M)
CHI No: 0906701473
Case note no.: 700143029W

Address: 53/1 Newtoft Street
Edinburgh
EH17 8RB

Procedure date
16th August 2017

GP: Dr C Armstrong
8 Ferniehill Road
Edinburgh
EH17 7AB

Priority: Elective
Status: Outpatient/NHS
Hospital: Royal Infirmary of Edinburgh

Referring Cons: Mr S Paterson-Brown (General Surgery)

Indications

Abdominal pain, dyspepsia and nausea and/or vomiting.
Clinically important comments: Normal gastric emptying studies earlier this month.

Report

The procedure was completed successfully.
Apparent mucosal junction at 44cm from the incisors.
OESOPHAGUS. Hiatus hernia: sliding of length 5 cm within (a).
The whole upper gastro-intestinal tract was normal.
There were no peri-operative complications.

Advice/comments

In the light of a 5cm hiatus hernia and normal gastric emptying studies the underlying from is reflux and I have added his name to the W/L for laparoscopic fundoplication. The patient understands that the underlying method may influence the overall outcome.

Mr Robert O'Neill
Surgical SpR

w/c dx Ce.

Consultant/Endoscopist

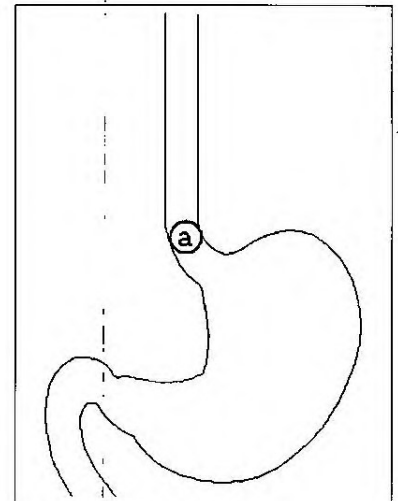
List consultant: Mr Simon Paterson-Brown
Endoscopist No1: Mr Robert O'Neill
Endoscopist No2: Mr Simon Paterson-Brown
Nurses: S/N Laura Porter
S/N Elaine Tate

Instrument

RIE 789 2734789 GIFH260

Premedication

Xylocaine (Spray) 80 mg



a: Lower oesophagus

GASTROSCOPY REPORT

Name: **Justin SCOTT, 09/06/1970 (M)**
CHI No: **0906701473**
Case note no.: **700143029W**

Address: **53/1 Newtoft Street**
Edinburgh
EH17 8RB

Procedure date
16th August 2017

GP: **Dr C Armstrong**
8 Ferniehill Road
Edinburgh
EH17 7AB

Priority: Elective
Status: Outpatient/NHS
Hospital: Royal Infirmary of Edinburgh

Referring Cons: Mr S Paterson-Brown (General Surgery)

Indications

Abdominal pain, dyspepsia and nausea and/or vomiting.
Clinically important comments: Normal gastric emptying studies earlier this month.

Report

The procedure was completed successfully.
Apparent mucosal junction at 44cm from the incisors.
OESOPHAGUS. Hiatus hernia: sliding of length 5 cm within (a).
The whole upper gastro-intestinal tract was normal.
There were no peri-operative complications.

Advice/comments

In the light of a 5cm hiatus hernia and normal gastric emptying studies the underlying from is reflux and I have added his name to the W/L for laparoscopic fundoplication. The patient understands that the underlying methodone may influence the overall outcome.


Mr Robert O'Neill
Surgical SpR

notes

Consultant/Endoscopist

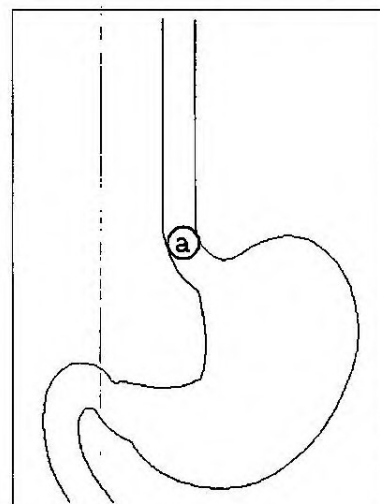
List consultant: Mr Simon Paterson-Brown
Endoscopist No1: Mr Robert O'Neill
Endoscopist No2: Mr Simon Paterson-Brown
Nurses: S/N Laura Porter
S/N Elaine Tate

Instrument

RIE 789 2734789 GIFH260

Premedication

Xylocaine (Spray) 80 mg



a: Lower oesophagus

NHS Lothian

Endoscopy Unit, Leith Community Treatment Centre, Edinburgh

GASTROSCOPY REPORT

Name: **Justin SCOTT, 09/06/1970 (M)**
CHI No: **0906701473**
Case note no.: **700143029W**

Address: **53/1 Newtoft Street**
Edinburgh
EH17 8RB

Procedure date

7th June 2011

GP: **Dr C Armstrong**
8 Ferniehill Road
Edinburgh
EH17 7AB

Priority: Elective
Status: Outpatient/NHS
Hospital: Leith CTC

Referring Cons: GP (Direct Referral)

Indications

A previous examination for oesophagitis.

Report

The procedure was completed successfully.
Apparent mucosal junction at 40cm from the incisors.
DUODENUM. Not entered.

Diagnosis

OESOPHAGUS. Normal.
STOMACH. Normal.

Follow up

Return to the referring GP.

Advice/comments

The patient withdrew his consent and therefore only the oesophagus and proximal part of the stomach was assessed - it was normal.
The OGD was arranged to assess the patient's oesophagitis. Today no ulcers were seen, but the patient claims that he has not felt better (despite a macroscopic improvement).
I suggest the patient continues his therapy with Lansoprazole in the same dose 30 mg bd. If he has still no significant (symptomatic) improvement then a referral to the GI clinic is advised.

Consultant/Endoscopist

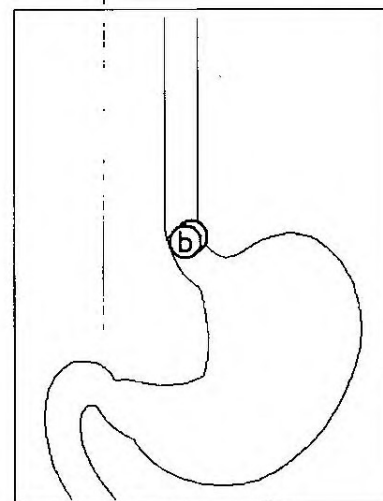
List consultant: Dr M Eugenicos
Endoscopist No1: Dr M Madalinski
Nurses: Sarah Smith
Maureen Anderson

Instrument

LTH 024 29290A621 EG530WR

Premedication

Xylocaine (Spray) 100 mg



a: Lower oesophagus
(photographed)

b: Lower oesophagus
(photographed)

Dr M Madalinski
Locum Consultant Gastroenterologist
c.c. Scott, Justin

NHS Lothian
Endoscopy Unit, Leith Community Treatment Centre, Edinburgh
GASTROSCOPY REPORT

Name: **Justin SCOTT, 09/06/1970 (M)**
CHI No: **0906701473**
Case note no.: **700143029W**

Address: **53/1 Newtoft Street**
Edinburgh
EH17 8RB

Procedure date
16th March 2011

GP: **Dr JK Shek**
8 Ferniehill Road
Edinburgh
EH17 7AB

Priority: Urgent
Status: Outpatient/NHS
Hospital: Leith CTC

Referring Cons: GP (Direct Referral)

Indications

Dyspepsia, haematemesis and nausea and/or vomiting.

Report

The procedure was completed successfully.
Apparent mucosal junction at 38cm from the incisors.
OESOPHAGUS. Grade C oesophagitis (mucosal breaks that are continuous between the tops of mucosal folds but not circumferential). Ulceration: multiple ulcers and within (b).
STOMACH. Result of urease test within (c) proved negative for *Helicobacter pylori*.

Diagnoses

OESOPHAGUS. Oesophagitis/reflux and ulcer.
STOMACH. Normal.
DUODENUM. Normal.

Follow up

Awaiting pathology results. Return to the referring GP.
Further procedure(s): upper endoscopy in 6 weeks.

Advice/comments

Evidence for gastro-oesophageal reflux disease with grade C oesophagitis & multiple ulcers in the oesophagus from mid to lower oesophagus. Recommend ongoing PPI at full healing dose i.e. lansoprazole 30mg BD pending repeat examination. HP eradication therapy is recommended if CLO test positive.

Dr Adeel Saleem
Staff Gastroenterologist

Consultant/Endoscopist

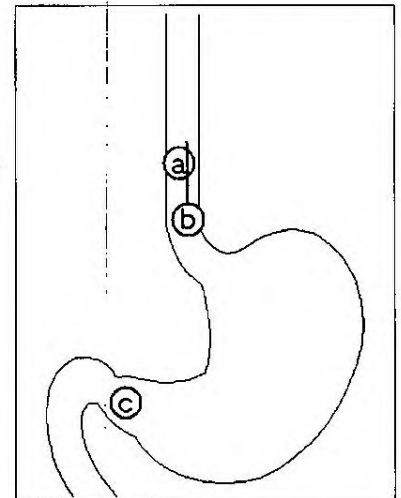
Endoscopist No1: Dr Adeel Saleem
Nurses: Gillian Horton
Katie Solomon

Instrument

LTH 022 29290A415 EG530WR

Premedication

Xylocaine (Spray) 80 mg



- a: Lower oesophagus
- b: An area extending from the lower oesophagus to the middle oesophagus (photographed)
- c: Prepyloric region

Specimens taken

Biopsy (x4 site a)
Urease: *H. pylori* negative (c)

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT:	SCOTT, JUSTIN JAMES	UPI:	700143029W	CHI:	0906701473
DOB:	09/06/1970	SEX:	M	CONSULTANT/GP:	Mr K C Trimble
SOURCE:	RIE Outpatient Department 4		SENDER:	zahid..	

CLINICAL DETAILS:

atypical reflux

SPECIALTY: Gastroenterology

[illegible]

COMMENTS:



12 DEC 2011

DATE PRINTED: 09/12/2011
TIME PRINTED: 13:42

INDEX OF COMMENT CODES

HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Result to Follow	TL Too late for satisfactory analysis	TC Test cancelled		SB See comment below
Results outwith the reference range are highlighted in BOLD				

PATIENT: SCOTT, JUSTIN JAMES

PIN: 700143029W

CHI: 0906701473

DOB: 09/06/1970

SEX: M

CONSULTANT/GP: Mr K C Trimble

SOURCE: RIE Outpatient Department 4

SENDER:

CLINICAL DETAILS:

None given

DATE		31/03/05	07/01/11	15/06/11	07/07/11	08/12/11
TIME		10:40	10:30	14:30	12:00	u/k
SPECIMEN No.		393725	628700	681615	688675	411139
Hb (g/l)	[M 130 - 180 : F 115 - 165]	151	140	141	140	137
RBC ($\times 10^{12}/l$)	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.91	4.55	4.58	4.59	4.34
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.468	0.426	0.423	0.427	0.405
MCV (fl)	[M / F 78 - 98]	95	94	92	93	93
MCH (pg)	[M / F 27 - 32]	30.8	30.8	30.8	30.5	31.6
Retic ($\times 10^9/l$)	[M / F 25 - 85]					
WBC ($\times 10^9/l$)	[M / F 4.0 - 11.0]	12.5	10.7	13.0	7.7	6.1
Neutrophils ($\times 10^9/l$)	[M / F 2.0 - 7.5]	9.08	5.71	8.27	3.57	2.16
Lymphocytes ($\times 10^9/l$)	[M / F 1.5 - 4.0]	2.23	3.74	3.77	3.02	3.15
Monocytes ($\times 10^9/l$)	[M / F 0.2 - 0.8]	1.10	0.85	0.77	0.85	0.61
Eosinophils ($\times 10^9/l$)	[M / F 0.04 - 0.4]	0.11	0.37	0.20	0.22	0.17
Basophils ($\times 10^9/l$)	[M / F 0.01 - 0.1]	0.01	0.05	0.02	0.03	0.02
Metamyelocytes ($\times 10^9/l$)						
Myelocytes ($\times 10^9/l$)						
Promyelocytes ($\times 10^9/l$)						
Blast Cells ($\times 10^9/l$)						
Nrbc / 100 WBC						
PLT ($\times 10^9/l$)	[M / F 150 - 350]	285	262	265	288	274
ESR (mm/hr)	[M 1 - 10 ; F 3 - 15]					29
Monospot						
PT	Patient (secs)					
	Control (secs)	[N 10.5 - 13.5]				
	Ratio (INR)	[TR 2.0 - 4.5]				
APTT	Patient (secs)					
	Control (secs)	[N 26 - 36]				
	Ratio	[TR 2.0 - 3.0]				
	Mix (secs)					
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					

12 Dec 2011

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 9Dec11

TIME PRINTED: 09:09

Royal Infirmary of Edinburgh

GI Investigation Unit

Endoscopy

Little France Crescent

EDINBURGH, EH16 8SA UK

01312421605 01312421618

Impedance-pH Monitoring Report

Patient Data

Patient Name: JUSTIN SCOTT
Patient ID: 0906701473
Patient Sex: Male
Date of Birth: 1970-06-09
Date of Admission: 2012-12-03
Visit ID:

Clinician Data

Physician: Lynne Meekison
Referring Physician: KC TRIMBLE
Performed by: Sarah Douglas

Patient History

Symptom(s): Heartburn, regurgitation and sweating sensation.

Medications: PPI continued for study.

Impressions

Normal dietary intake. Regurgitation was not reported during study. Excess acid and non-acid exposure with excellent correlation with reported symptoms.

Signature: _____ Date: _____

Reflux Study Summary

Acid Exposure (pH)	Upright	Upright Normal	Recumbent	Recumbent Normal	Total	Total Normal
Percent Time Clearance pH	<u>31.4%</u>	(< 6.3 %)	<u>22.2%</u>	(< 1.2 %)	<u>28.3%</u>	(< 4.2 %)
Longest Episode	46.1 min		38.3 min		46.1 min	

Reflux Episode Activity (Impedance)	Upright	Upright Normal	Recumbent	Recumbent Normal	Total	Total Normal
All Reflux Proximal Episodes	57		16		73	
All Reflux Distal Episodes	137		33		<u>170</u>	(< 73)
Median Bolus Clearance Time	12 sec	(< 43.0)	9 sec	(< 51.0)	11 sec	(< 44.0)
Longest Episode	10.7 min		57.3 sec		10.7 min	

Symptom Correlation to Reflux (Impedance)

Symptom	Occurrences	Acid Related	Nonacid Related	All Reflux Related	Symptom Index
Heartburn	2	2	0	2	100%
Sweating	2	1	1	2	100%

NOTE: Please refer to expanded report for study details.

Impedance-pH Monitoring Details Reflux Study

Acid Exposure (pH)

	<u>Upright</u>	<u>Upright Normal</u>	<u>Recumbent</u>	<u>Recumbent Normal</u>	<u>Total</u>	<u>Total Normal</u>
Clearance pH : Channel 7						
Time	300.7 min		106.5 min		407.2 min	
Percent Time	31.4%	(< 6.3 %)	22.2%	(< 1.2 %)	28.3%	(< 4.2 %)
Mean Acid Clearance Time	237 sec		220 sec		233 sec	
Longest Episode	46.1 min		38.3 min		46.1 min	

Acid Exposure normal values in parentheses are valid for un-medicated 95th percentile adult.

Bolus Exposure (Impedance)

	<u>Upright</u>	<u>Upright Normal</u>	<u>Recumbent</u>	<u>Recumbent Normal</u>	<u>Total</u>	<u>Total Normal</u>
Acid Time	85.0 min		6.0 min		91.0 min	
Acid Percent Time	8.9%	(< 1.7 %)	1.2%	(< 0.8 %)	6.3%	(< 1.1 %)
Nonacid Time	21.1 min		1.2 min		22.3 min	
Nonacid Percent Time	2.2%		0.2%		1.5%	
All Reflux Time	106.1 min		7.2 min		113.3 min	
All Reflux Percent Time	11.1%	(< 2.1 %)	1.5%	(< 0.7 %)	7.9%	(< 1.4 %)
Median Bolus Clearance Time	12 sec	(< 43.0)	9 sec	(< 51.0)	11 sec	(< 44.0)
Longest Episode	10.7 min		57.3 sec		10.7 min	

NOTE: Reflux episodes are detected by Impedance and categorized as acid or nonacid by pH.

Reflux Episode Activity (Impedance)

	<u>Upright</u>	<u>Recumbent</u>	<u>Total</u>	<u>Normal</u>
Liquid + Mixed Acid	83	25	108	
Liquid + Mixed Nonacid	54	8	62	
All Liquid + Mixed Reflux	137	33	170	(< 73)

NOTE: Reflux episodes are detected by Impedance and categorized as acid or nonacid by pH.

Symptom Correlation to Reflux (Impedance)

<u>Symptom</u>	<u>Occurrences</u>	<u>Acid Related</u>	<u>Nonacid Related</u>	<u>All Reflux Related</u>	<u>Unrelated</u>
Heartburn (liq/mix)	2	2	0	2	0
Sweating (liq/mix)	2	1	1	2	0

Reflux Symptom Index (Impedance)

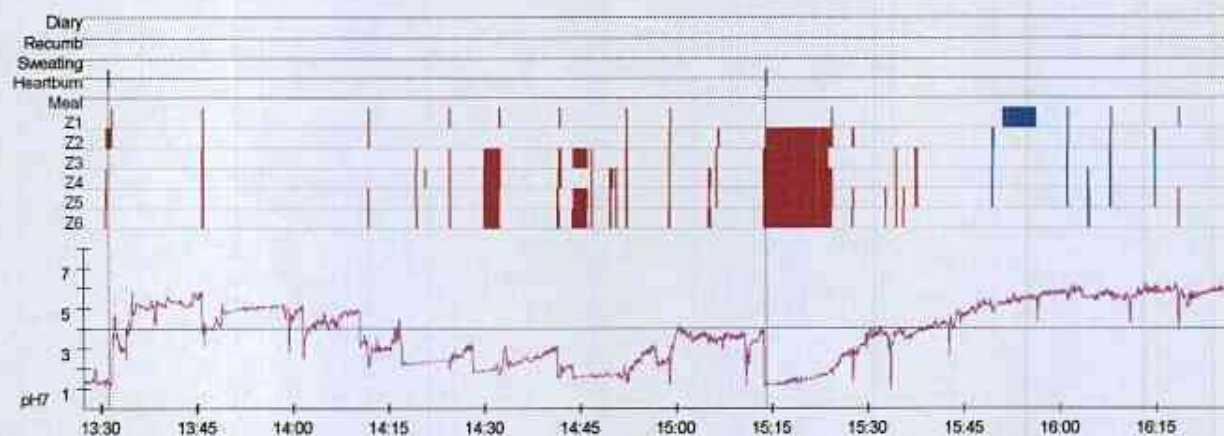
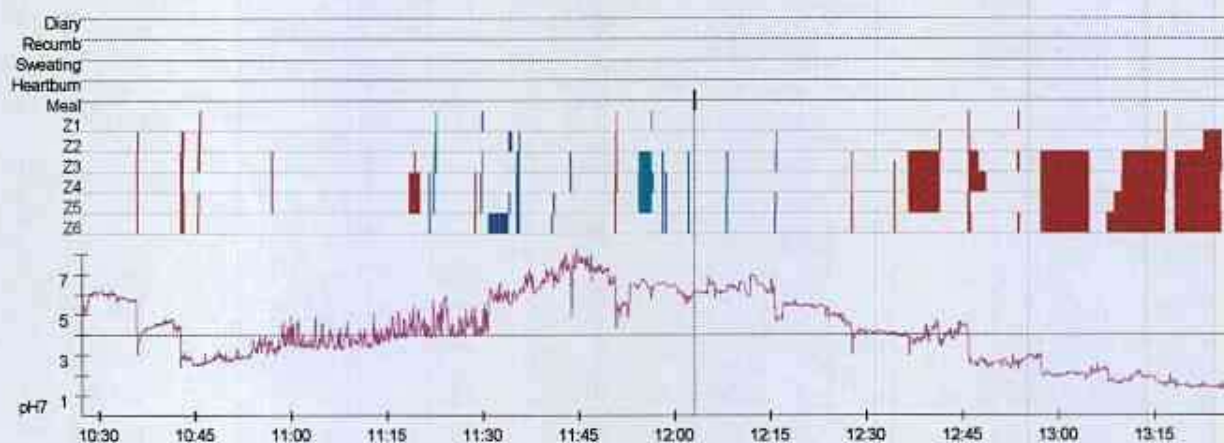
<u>Symptom</u>	<u>Acid</u>	<u>Nonacid</u>	<u>All Reflux</u>
Heartburn (liq/mix)	100%	0%	100%
Sweating (liq/mix)	50%	50%	100%

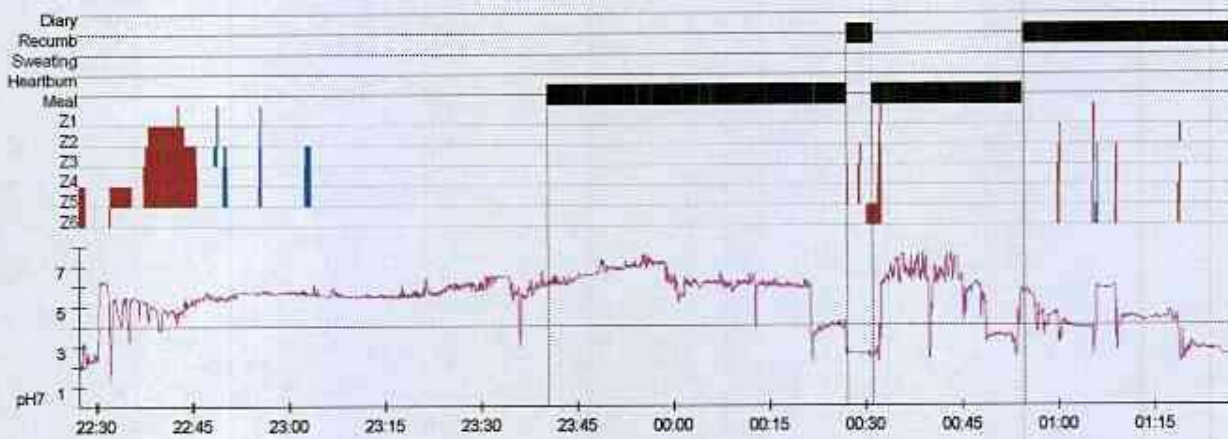
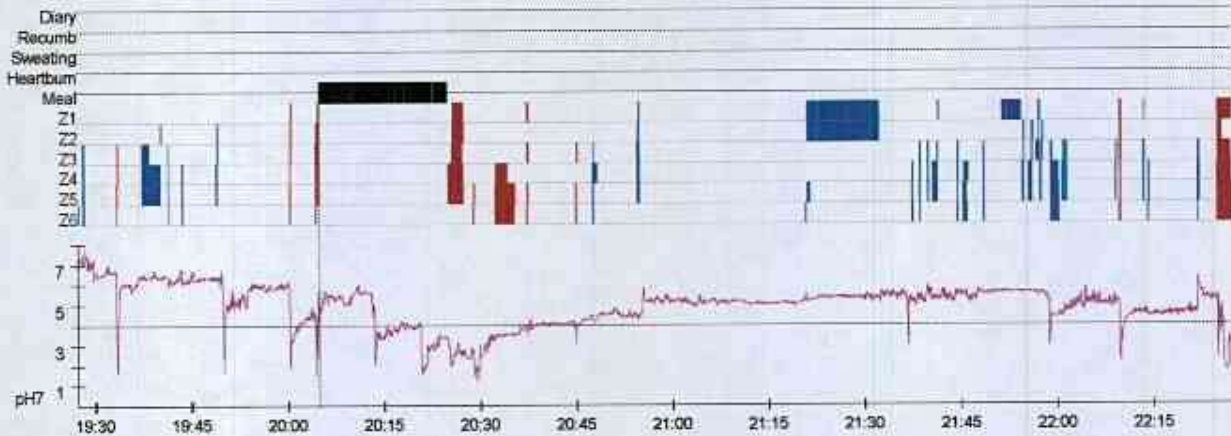
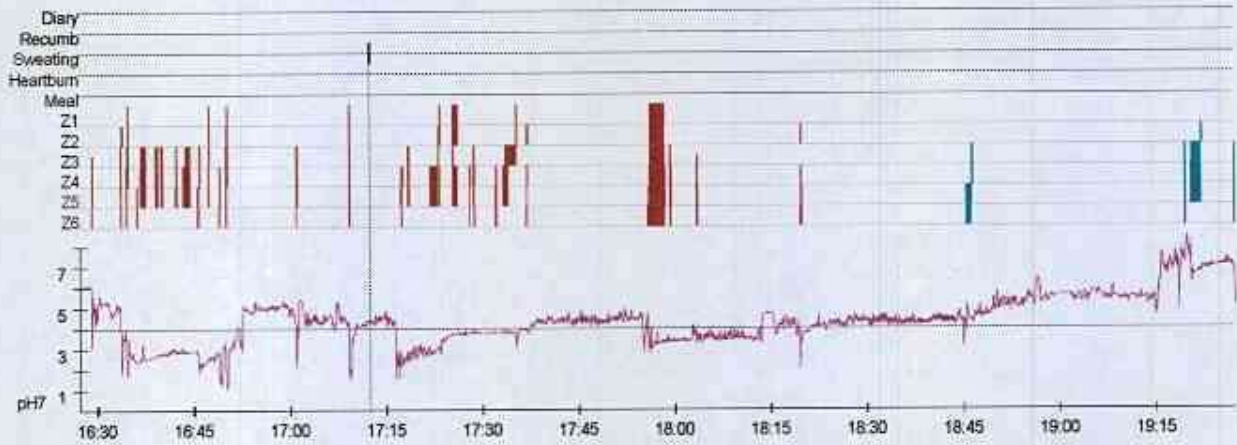
Analysis Settings

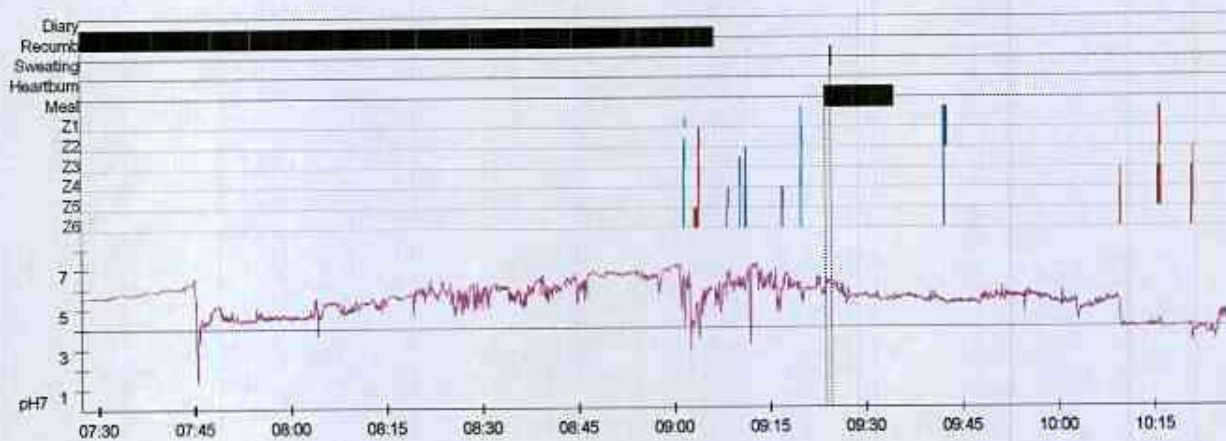
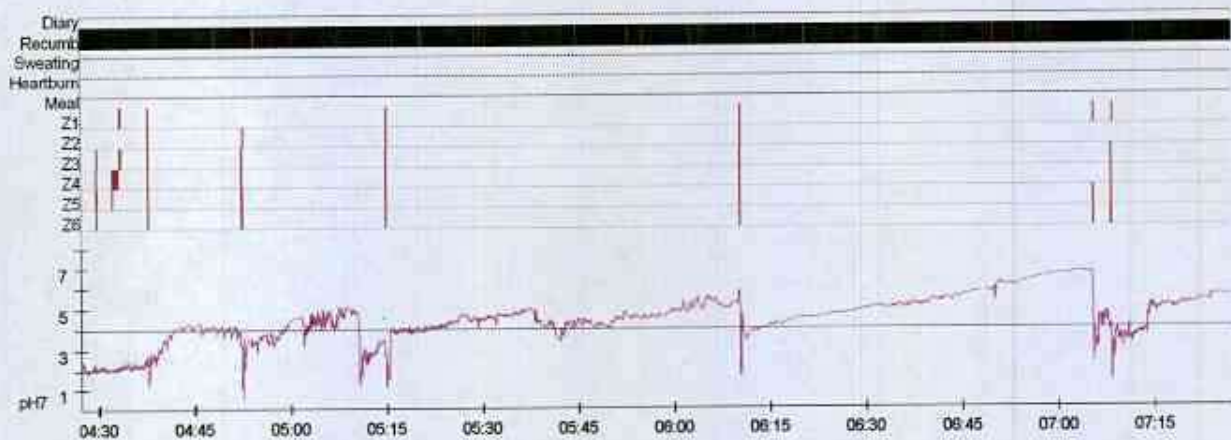
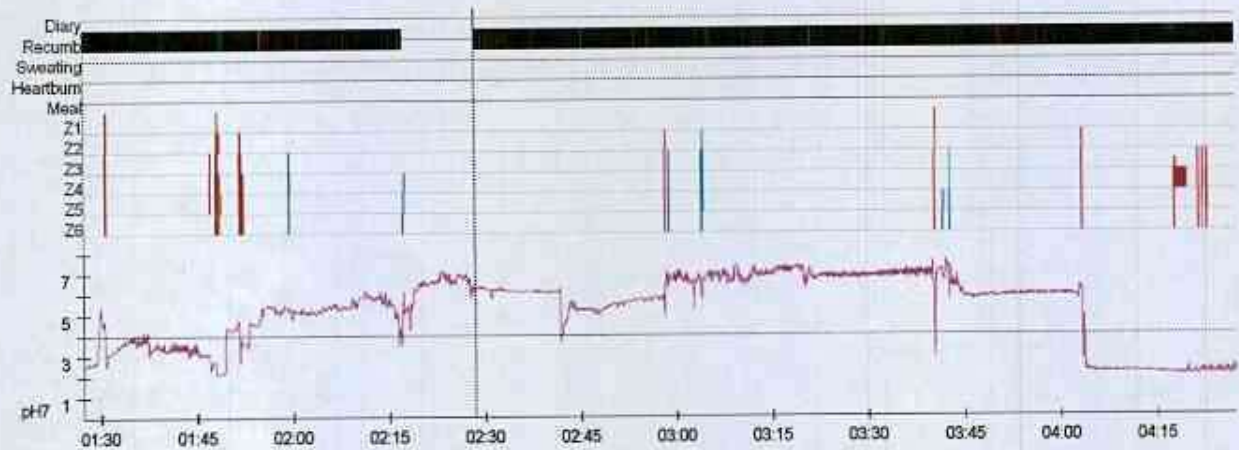
Impedance Level: 5.0 cm
pH Level: 5.0 cm

Analysis Duration Upright: 15:54:43
Analysis Duration Recumbent: 08:04:28
Analysis Duration Total: 23:59:12

Waveform







Procedure Data

Procedure Start: 2012-12-03 10:27:20
 Procedure Duration: 23:59:12
 Catheter Impedance Sensor Positions: 3.0, 5.0, 7.0, 9.0, 15.0, 17.0 cm
 Catheter pH Sensor Position(s): 5.0 cm
 Gastric pH:

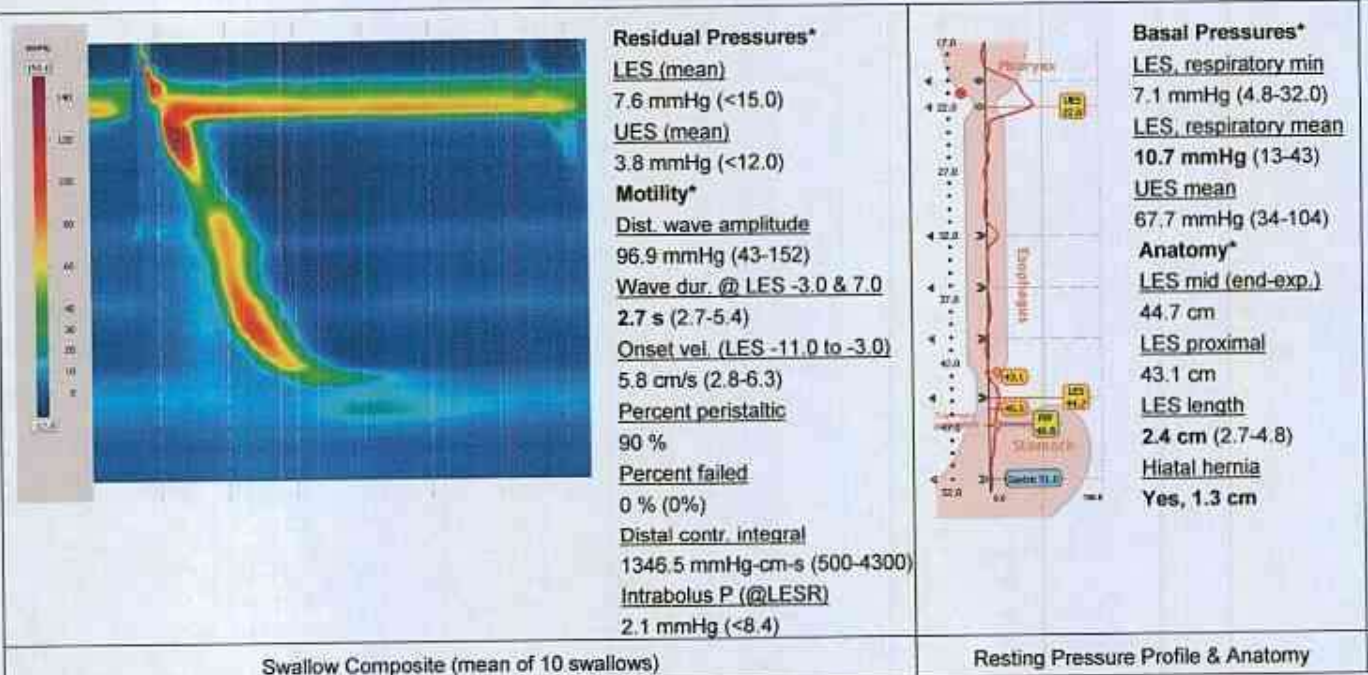
High-Resolution Esophageal Motility Study

ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY UNIT
0131 242 1606/1605
EDINBURGH
(SCOTT, JUSTIN)

Patient:
SCOTT, JUSTIN
0906701473

Gender: Male
DOB / Age:
Height: 5 ft 9 in
Procedure: OESOPHAGEAL
MANOMETRY

Physician: MEEKISON
Operator: DOUGLAS
Referring Physician: TRIMBLE
Examination Date: 12/03/2012



*Notes: Motility values are mean among swallows; Normal values in (xxx.x): Simultaneous contractions: Velocity > 8.0 cm/s; eSiv: eSleeve; 3SN, IRP, DCI, IBP - See manual definitions

High-Resolution Esophageal Motility Study

ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY UNIT
0131 242 1606/1605
EDINBURGH
(SCOTT, JUSTIN)

Lower Esophageal Sphincter Region			Normal	Esophageal Motility		Normal
Landmarks				Number of swallows evaluated	10	
LES midpoint (from nares)	44.7 cm			Evaluated @ 3.0 - 11.0 above LES		
Proximal LES (from nares)	43.1 cm			Peristaltic (velocity $\leq$ 8.25 cm/s)	90 %	
Distal LES (from nares)	45.5 cm			Simultaneous (vel. $\geq$ 6.25 cm/s)	10 %	$\leq$ 10%
LES length	<u>2.4 cm</u>	2.7-4.8		Failed	0 %	0%
Esophageal length (LES-UES centers)	22.7 cm			Evaluated @ 3.0 & 7.0 above LES		
PIP (from nares)	46.8 cm			Mean wave amplitude	96.9 mmHg	43-152
Intraabdominal LES length	0.0 cm			Mean wave duration	<u>2.7 s</u>	2.7-5.4
Hiatal hernia?	<u>Yes, 1.3 cm</u>			Double-peaked waves	0 %	$\leq$ 15%
LES Pressures:				Triple-peaked waves	0 %	0%
Basal (respiratory min., eSleeve,IRP)	7.1 mmHg	4.8-32.0		Velocity (11.0-3.0 above LES)	5.8 cm/s	2.8-6.3
Basal (respiratory mean, eSleeve,IRP)	<u>10.7 mmHg</u>	13-43		Wave ampl. @ 7.0 above LES	81.8 mmHg	37-166
Residual (mean, eSleeve,IRP)	7.6 mmHg	<15.0		Wave ampl. @ 3.0 above LES	111.9 mmHg	41-168
Residual (highest, eSleeve,IRP)	9.2 mmHg			Distal contractile integral (mean)	1346.5 mmHg-cm-s	500-4300
				Contractile front velocity	5.0 cm/s	2.6-5.3
				Intrabolus pressure (@LESR)	2.1 mmHg	<8.4
Upper Esophageal Sphincter				Pharyngeal / UES Motility		
Location (center, fr. nares)	22.0 cm			No. swallows evaluated	10	
Mean basal pressure	67.7 mmHg	34-104				
Mean residual pressure	3.8 mmHg	<12.0				
Relaxation time-to-nadir	252 ms	74-365				
Relaxation duration	<u>1258 ms</u>	480-1020				
Recovery time	<u>1006 ms</u>	259-760				

Procedure

Indications

GORD SYMPTOMS, VOMITING SPECIALLY OVERNIGHT

Interpretation / Findings

Impressions

REDUCED RESTING PRESSURE IN THE LOWER OESOPHAGEAL SPHINCTER, SMALL HIATUS HERNIA. NORMAL MOTILITY

Dr Lynne Meekison

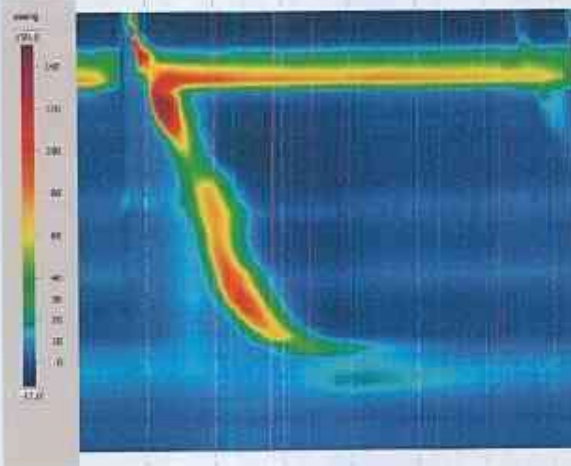
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GI PHYSIOLOGY UNIT
0131 242 1606/1605
EDINBURGH
(SCOTT, JUSTIN)

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SCOTT, JUSTIN
0906701473

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Height: 5 ft 9 in
Procedure: OESOPHAGEAL
MANOMETRY

Physician: MEEKISON
Operator: DOUGLAS
Referring Physician: TRIMBLE
Examination Date: 12/03/2012



Residual Pressures*

LES (mean)

7.6 mmHg (<15.0)

UES (mean)

3.8 mmHg (<12.0)

Motility*

Dist. wave amplitude

96.9 mmHg (43-152)

Wave dur. @ LES -3.0 & 7.0

2.7 s (2.7-5.4)

Onset vel. (LES -11.0 to -3.0)

5.8 cm/s (2.8-6.3)

Percent peristaltic

90 %

Percent failed

0 % (0%)

Distal contr. integral

1346.5 mmHg-cm-s (500-4300)

Intrabolus P (@LES)

2.1 mmHg (<8.4)

Swallow Composite (mean of 10 swallows)



Basal Pressures*

LES, respiratory min

7.1 mmHg (4.8-32.0)

LES, respiratory mean

10.7 mmHg (13-43)

UES mean

67.7 mmHg (34-104)

Anatomy*

LES mid (end-exp.)

44.7 cm

LES proximal

43.1 cm

LES length

2.4 cm (2.7-4.8)

Hiatal hernia

Yes, 1.3 cm

Resting Pressure Profile & Anatomy

*Notes: Motility values are mean among swallows; Normal values in (xxx.x). Simultaneous contractions: Velocity > 8.0 cm/s; eStv: eSieve; 3SN, IRP, DCI, IBP - See manual definitions.

High-Resolution Esophageal Motility Study

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GI PHYSIOLOGY UNIT
0131 242 1606/1605
EDINBURGH
(SCOTT, JUSTIN)

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Relaxation duration	<u>1258 ms</u>	480-1020			
Recovery time	<u>1006 ms</u>	259-760			

Procedure

Indications

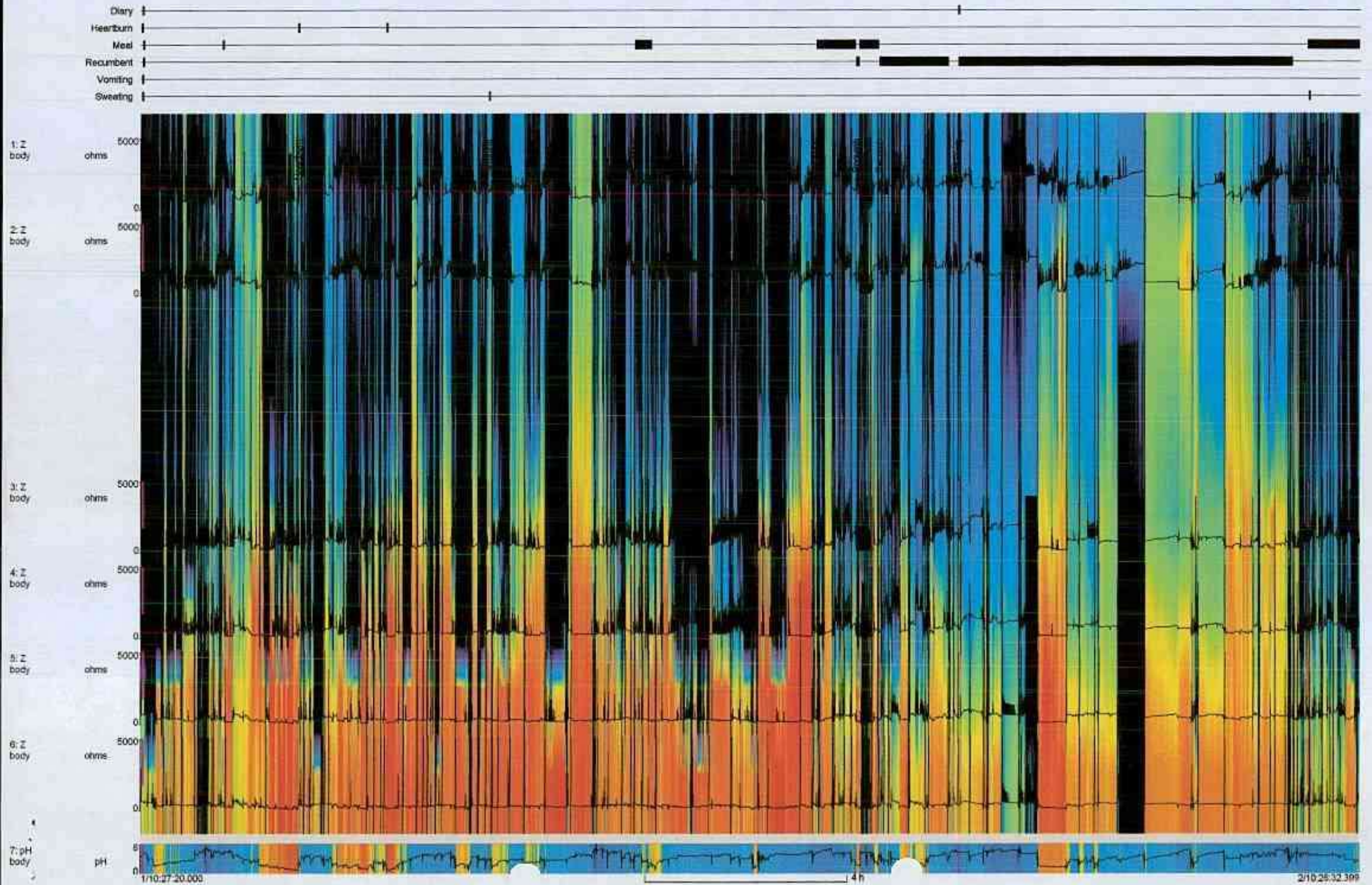
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REDUCED RESTING PRESSURE IN THE LOWER OESOPHAGEAL SPHINCTER, SMALL HIATUS HERNIA. NORMAL MOTILITY

Dr Lynne Meekison



GI PHYSIOLOGY INVESTIGATION UNIT

ROYAL INFIRMARY OF EDINBURGH

0131-242-1605/7226

23 HOUR pH REPORT

RECORD NO. 6428

DATE OF TEST 03/12/2012

JUSTIN SCOTT

09/06/1970 700143029W

REFERRING DOCTOR : TRIMBLE

23 hour pH monitoring was performed with the pH electrode (PH/IMPED)

situated 5cm above the upper limit of the manometrically defined lower oesophageal sphincter.

ON TREATMENT

	<u>Normal Range</u>	<u>Erect (E)</u>	<u>Supine (S)</u>	<u>Total (T)</u>
Number of reflux episodes	< 50 (T)	137	33	170
Number of reflux episodes > 5 min	3 or less			
Longest reflux episode (minutes)	< 9.2 minutes	46.1	38.3	46.1
Total time pH < 4 (minutes)		300.7	106.5	407
Total acid exposure time (% time pH < 4)		31.4	22.2	28.3
* Normal total acid exposure time < 6.95% of recording time				
No of reported episodes of Heartburn			2	
No of reported episodes of Sweating			2	
Coincidence of Heartburn with reflux			2 / 2	
Coincidence of Sweating with reflux			2 / 2	
Symptom Correlation for Heartburn :		100 %		
Symptom Correlation for Sweating :		100 %		

CONCLUSIONS : Despite being on Nexium, there is significant excess reflux and positive symptom correlation



Dr L A Meekison

Associate Specialist

*J S de Caestecker. Netherlands Journal of Medicine 1989;34:S34-S39

Justin

3.12.12

70104 A Afzal
700143029W M 09/06/1970
Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

Acid for years - Kennie's laptop

Worse last 2 yrs.

Nausea, sweats at night

No dysphagia

Overnight vomiting and in morning

Daytime - sweating +

CHI 0906701473
70164 A. Afzal

Esomeprazole - last taken last night - as per letter.

Methadone 130mls - this morning

Valium - 30 mg. max.

Domperidone - off 4/7.

Plan: on treatment.


M. Macdonald

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
ONE STOP DISPENSING POLICY/PROCEDURE

APPENDIX ONE

The Lothian University
Hospitals NHS Trust



CONSENT FORM FOR THE USE
AND DESTRUCTION OF PATIENTS OWN MEDICINES

700143029W M 09/06/1970
Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473 
70164 A Afzal

DOB:

(Attach printed label here)

Dear Patient

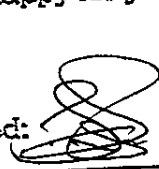
Within the Lothian University Hospitals NHS Trust (The Royal Infirmary of Edinburgh and Western General Hospital) we operate a policy of using your own medicines from home. This allows you to continue with familiar tablets, and other treatments and avoids waste.

Your medicines may be changed while you are here and therefore we may need to dispose of old ones.

Please tick as appropriate and sign below.

I am happy for you to use my medicines (for my treatment only).
I am happy for you to destroy my medicines

☒
☒

Signed:  

Date: 4/9/17

Scott, Justin J
53/11 Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473 
70164 S Mirza
700143029W M 09/06/1970



Lothian Consent form

Patient agreement to endoscopic investigation or treatment

Name of procedure(s) (include a brief explanation if the medical term is not clear)

Oesophago-gastro-duodenoscopy/endoscopy/gastroscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography).
Biopsy specimens will be retained and anonymised images may be used for teaching purposes

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

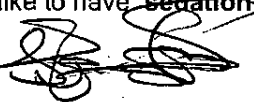
I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner

I would like to have: ~~sedation~~ ☐ or no sedation, local anaesthetic throat spray ☒

please tick box

Signed 

Date 16/8/17.

Name (print in capitals) JUSTIN SCOTT

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure).

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed 

Date 16/8/17.

Name (print in capitals) CMcGurk

Job title Staff Nurse

If your patient requires further information please complete page 2

CONSENT FORM: Medical or Dental Investigation, Treatment or Operation

Hospital	70164	700143029W	M	09/06/1970
Patient's Surname	Scott, Justin J			
Other Names	53/1 Newtoft Street,			
Unit Number	Edinburgh,			
	EH17 8RB			
Sex (tick box) Male ☐ Female ☐		CHI 0906701473		
(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)				
Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.				
oesophageal function test				
I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.				
Relevant Written Information given to the patient: ☐ Yes ☐ No				
Signature	Date 3-12-12			
Name and Status of Practitioner MEERISON				
Re-confirmation of Consent on the day of admission:				
Signature	Date 3-12-12			
Name and Status of Practitioner MEERISON				

To the Patient (or Parent or Guardian if Appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient/parent/guardian (delete as necessary)

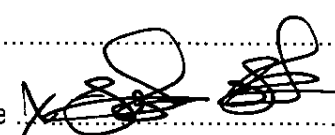
I agree ☒ to what is proposed, which has been explained to me by the practitioner named above
 I understand ☒ that anaesthesia (general/regional/local) or sedation will be needed
☒ that the procedure may not be done by the practitioner who has been treating me so far
☒ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told ☒ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

*

*

*

Signature  Name Justin Scott
 Address Date 3-12-12

NOTES TO ALL HEALTH PRACTITIONERS (DOCTORS, DENTISTS, NURSES, PROFESSIONS ALLIED TO MEDICINE)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

- I. Nature of your condition & proposed procedures, including degree of urgency
- II. Benefits to be reasonably accepted of the procedure
- III. Nature & probability of material (= significant) risks involved, including consideration of ratio of risks and benefits
- IV. Inability of the practitioner to predict results
- V. Irreversibility of the procedure, if that is the case
- VI. The likely result of not having the proposed treatment or procedure
- VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

CONSENT FORM:**Medical or Dental Investigation, Treatment or Operation**

Hospital:	700143029W . M. 09/06/1970 -
Patient's Surname:	Scott, Justin J
Other Names:	53/1 Newtoft Street,
Unit Number:	Edinburgh, EH17 8RB
CHI Number:	CHI 0906701473 
	70164 - A Afzal
Sex (tick box) Male ☐ Female ☐	Date of Birth
(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)	
Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.	
Laparoscopic fundoplication +/- open	
I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.	
Relevant Written Information given to the patient: ☐ Yes ☐ No	
Signature	Date 17/10/17
Name and Status of Practitioner	S. Paterson - Brown
Re-confirmation of Consent on the day of admission:	
Signature	Date
Name and Status of Practitioner	

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- I have told** ♦ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

*

*

*

Signature  Name

Address Date 17/10/17

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CHI 0906701473 

OPERATION PERFORMED: *Lopaxoxipin* DATE: *17. 10. 17*
fundoplication START TIME: *14.30.*
 LOCATION: *TL9.* END TIME:
 SURGEON: *Patterson Brown.* TRAINED ASSISTANT:

TRAINED ASSISTANT PRESENT *Huber*

CONDUCT OF ANAESTHETIC		AIRWAY		BREATHING SYSTEM		VASCULAR ACCESS		MONITORING		POSITION		REGIONAL TECHNIQUE	
Induction Pre O ₂ ☒ RSI ☒ Cricoid ☐ Ketanyl 100mg.gram Propofol 150mg Suxamethonium 50mg Maintenance Ail, O ₂ , Sevoflurane.		Face Mask ☐ Oral Airway ☐ Nasal Airway ☐ LMA ☐ Type _____ Size _____ ETT ☐ Cuff ☐ Type <u>PORTEK</u> Size <u>7.5</u>		Circuit <u>circle</u> Ventilator <u>Datex Ohmeda</u> Gas flow <u>1L</u> Filter /Humidifier ☒ S.V. ☐ I.P.P.V. ☒ Throat Pack In ☐ Out ☐ Easy to hand ventilate Y ☒ N ☐ N/A ☐		Cannula(e) Site <u>V8 G L hand</u> _____ _____ A - line ☐ _____ CVP ☐ _____ Y N Ultrasound guidance ☐ ☐		Machine checks Anaesthetic room ☐ Theatre ☐ Monitor used ECG ☒ P _{aw} ☒ SpO ₂ ☒ Disconnect ☐ NIBP ☒ NMB ☐ FiO ₂ ☒ Sileth ☐ FeCO ₂ ☒ Temp ☐ Agent ☒ Urine ☐ Anaesthetic depth ☐		Patient / limb position <u>Supine</u> PROPHYLAXIS Eye care ☐ Pressure care ☐ Fluid warmer ☐ Warming blanket ☒ Y N N/A DVT ☒ ☐ ☐ Antibiotics ☐ ☐ ☐ PONV ☐ ☐ ☐		Type of block Consent ☐ Awake ☐ Asleep ☐ Stimulator ☐ Ultrasound guidance ☐ Catheter ☐ Entry site ☐ Needle used ☐ Drugs given ☐ Technique ☐	
Reversal		Laryngoscopy grade ① 2 3 4											

EVENTS		TIME		1415		1445		1515		1545		1615		1645		1715		1745		1815		1845		1915		1945		2015		2045		2115		2145		2215		2245		2315		2345		2415		2445		2515		2545		2615		2645		2715		2745		2815		2845		2915		2945		3015		3045		3115		3145		3215		3245		3315		3345		3415		3445		3515		3545		3615		3645		3715		3745		3815		3845		3915		3945		4015		4045		4115		4145		4215		4245		4315		4345		4415		4445		4515		4545		4615		4645		4715		4745		4815		4845		4915		4945		5015		5045		5115		5145		5215		5245		5315		5345		5415		5445		5515		5545		5615		5645		5715		5745		5815		5845		5915		5945		6015		6045		6115		6145		6215		6245		6315		6345		6415		6445		6515		6545		6615		6645		6715		6745		6815		6845		6915		6945		7015		7045		7115		7145		7215		7245		7315		7345		7415		7445		7515		7545		7615		7645		7715		7745		7815		7845		7915		7945		8015		8045		8115		8145		8215		8245		8315		8345		8415		8445		8515		8545		8615		8645		8715		8745		8815		8845		8915		8945		9015		9045		9115		9145		9215		9245		9315		9345		9415		9445		9515		9545		9615		9645		9715		9745		9815		9845		9915		9945		10015		10045		10115		10145		10215		10245		10315		10345		10415		10445		10515		10545		10615		10645		10715		10745		10815		10845		10915		10945		11015		11045		11115		11145		11215		11245		11315		11345		11415		11445		11515		11545		11615		11645		11715		11745		11815		11845		11915		11945		12015		12045		12115		12145		12215		12245		12315		12345		12415		12445		12515		12545		12615		12645		12715		12745		12815		12845		12915		12945		13015		13045		13115		13145		13215		13245		13315		13345		13415		13445		13515		13545		13615		13645		13715		13745		13815		13845		13915		13945		14015		14045		14115		14145		14215		14245		14315		14345		14415		14445		14515		14545		14615		14645		14715		14745		14815		14845		14915		14945		15015		15045		15115		15145		15215		15245		15315		15345		15415		15445		15515		15545		15615		15645		15715		15745		15815		15845		15915		15945		16015		16045		16115		16145		16215		16245		16315		16345		16415		16445		16	
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**ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY LABORATORY
PROCEDURE REQUEST FORM**

**PLEASE SEND TO: SARAH DOUGLAS, RM G8522, ENDOSCOPY/DAYCASE UNIT, RIE.
TEL: 0131 242 1605 FAX: 0131 242 1618**

700143029W M 09/06/1970

Scott, Justin J
53/1 Newtoft Street,
Edinburgh,
EH17 8RB

CHI 0906701473



70164 A Afzal

CLINICAL PROBLEM:

*Smoker; oesophagitis
Reflux features with nocturnal
nausea/vomiting especially on
lying*

Relevant PMH/Comments:

- ① oesophagitis (OGD - March 11)
- ② Heroin Smoker

GP Name:

Address:

Hospital:

Ward/Dept:

Consultant:

Requesting Doctor:

Bleep No/Results to:

RIE

GI

Dr. Trimble

Salad

High Risk?

Insulin Dependent Diabetes?

Ischaemic Heart Disease?

Cardiac/Respiratory Failure?

Y/N

Y/N

Y/N

Y/N

PROCEDURE (PLEASE TICK APPROPRIATE BOX)

NHS/Private/Research

OESOPHAGEAL MANOMETRY



OESOPHAGEAL pH MONITORING



BILIARY MANOMETRY



GLUCOSE HYDROGEN BREATH TEST

(small bowel bacterial overgrowth detection)



LACTOSE HYDROGEN BREATH TEST

(lactose mal-absorption detection)



Is patient on long-term antibiotic therapy? Y/N

¹³C UREA BREATH TEST
(for detection of *H. pylori*)



Has patient had triple therapy?

Y/N

If YES - DATE STARTED

Y/N

Has patient had antibiotics in last 6 weeks?

Y/N

Is patient on PPI/H₂ Antagonist therapy?

Y/N

PRINT NAME:

SAHED

SIGNATURE:

[Signature]

DATE:

8/12/11

on wk

21/3 CNA - CNA

re-sched - 30/11

**ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY LABORATORY
PROCEDURE REQUEST FORM**

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If YES - DATE STARTED

Has patient had antibiotics in last 6 weeks?

Is patient on PPI/H₂ Antagonist therapy?

Y/N

Y/N

Y/N

Y/N

PRINT NAME:

SAHED

SIGNATURE:

[Signature]

DATE:

8/12/11

on wk

21/3 CNA - CNA

re-sched - 30/11

Immediate Outpatient Letter

IN CONFIDENCE

Hospital: <u>NRH</u>	Department: <u>GI</u>	Consultant: <u>KCT</u>					
Name and address of general practitioner	Mr/Mrs/Miss <u>700143029W</u> <u>M</u> <u>09/06/1970</u> Surname: <u>Scott, Justin J</u> First name: <u>53/1 Newtoft Street,</u> Address: <u>Edinburgh,</u> <u>EH17 8RB</u> CHI 0906701473  70164 A Afzal Weight (where applicable):						
Your patient attended the clinic on: _____							
Recommendations/comments: <u>Please prescribe NEXIUM 20mg BD x</u> <u>DOMPERIDONE 10mg TDS</u>							
Follow-up advice: To attend hospital for further review in _____							
To attend GP surgery		Y/N					
Follow-up required		Y/N					
Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.							
Pharmacy use:							
Medicine and Form	Dose	Administration times	Additional instructions (including length of treatment course)	Quantity to be provided *	LJF **	Dispensed/Issued by:	Checked by:
1.							
2.							
3.							
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.
** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by: [Signature] (sign) Date: 8/12/10
[Printed Name] (print)
Contact for advice: _____ Tel/bleep no.: _____

Lothian university Hospitals Division
RIE Gastroenterology Service
Triage Form

Addressograph label

Justin Scott
0906701473

GP Urgent: YES ☐ NO ☒

Outpatient Appointment	
New urgent	
New routine	☒
Follow up urgent	
Follow up routine	
Who with?	
Any GI slot	☒
Any liver slot	
Specific GI slot	
Specific liver slot	
Specify:	
No appt – advice only (Letter to GP)	
Sequence of appointment	

Investigation	
OGD urgent	
OGD routine	
Colonoscopy urgent	
Colonoscopy routine	
OGD + Colon urgent	
OGD + Colon routine	
FSig urgent	
FSig routine	
Other	
Specify:	
Which list?	
Any list (any site)	
Any RIE list	
Specific list	
Specify:	
Sequence of appointment	

Date: 9.8.11

Triaged by:

Prof P Hayes ☐
Dr N Church ☐
Dr A MacGilchrist ☐
Dr J Plevris ☐
Dr K Simpson ☐
Dr A Bathgate ☐
Dr C Blair ☐
Dr K Trimble ☐
Dr L Meekison ☐
Dr I Penman ☒
Dr A Koulaouzidis ☐

Other –
specify.....

Signature.....

Instruction to Endoscopy:
(e.g. risk, warfarin, diabetes, specific prep)

Other comment:

Priority upgraded ☐

Priority downgraded ☐

Letter sent to GP explaining
decision ☐

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical L GI - Upper
Urgency of referral	Routine
Date of referral	08/08/2011
Date submitted	08/08/2011
UCPN	101002369433P

PATIENT DETAILS		Contact Details
CHI number:	0906701473	53-1 Newtoft Street Edinburgh EH17 8RB
Name:	Mr Justin Scott	Voice (Home) : 07516 511030
Date of birth:	09/06/1970	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Azhar Afzal (GMC: 6077291)	8 Ferniehill Road Edinburgh EH17 7AB
Practice:	Ferniehill Surgery (70164)	
Phone:	Voice : 0131 664 2166	

CLINICAL INFORMATION

Reason for Referral: Right upper quadrant pain

Main Referral Text: Dear Doctor I would be grateful if you could see this 41-year-old man. He is currently under the care of the CDPS for his Methadone and Diazepam prescription. I first met him in mid-June where he attended an emergency surgery after complaining of vomiting, abdominal pain and feeling very shivery and generally unwell. He had no change to his bowel habit nor any GU symptoms. He always looks pale and is always sweating every time he attends the Surgery and has previously been seen by one of my colleagues who had advised him to attend for some blood tests which he initially had not done. He had an upper GI endoscopy on 7 June 2011 after having had a previous examination for possible oesophagitis. Unfortunately, the duodenum was not examined as he withdrew his consent and therefore only the oesophagus and proximal part of the stomach was assessed, which was normal. He was advised to continue on Lansoprazole 30 mg bd which he has been compliant with. He complains of right upper quadrant pain and this is often worse after eating. At the time I had seen him, his white cell count had been raised at 13 and his CRP was 122. On subsequent blood testing, his CRP normalised down to 19 and apart from this his liver function tests, U&Es and glucose tests have all been normal. I was unsure as to why the rise in CRP and had questioned him about any IV drug use which he denies implicitly. On examination, his abdomen felt soft and mildly tender epigastrically and in his right upper quadrant. Ultrasound examination did not reveal any abnormalities apart from fibro-fatty change in his liver. He subsequently went on to have hepatitis screen as well as HIV test all of which have been negative. He continues to complain of abdominal pain and indeed continues to look pale and quite markedly unwell, despite having normal blood tests. As described, he implicitly denies any illicit drug use and I cannot pinpoint why he is having ongoing abdominal pain and continues to look unwell. At review, I did note that he was drinking a lot of Lucozade and I have urged him to cut down his sugar intake but I note that his last fasting blood sugar level was normal. Many thanks for your help with this gentleman. If you require any other information, please do not hesitate to contact me. Yours sincerely Dr Azhar Afzal

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Gastro-oesophageal reflux		+ multiple ulcers	16/03/2011	16/03/2011
Ingrowing toe nail		Right	19/07/1982	19/07/1982
Drug dependence			17/07/1972	17/07/1972

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Ultrasound of abdomen	Fibro fatty change			06/07/2011
Gastroscopy abnormal	GORD + ulcer - biopsies confirm no evidence of malignancy			16/03/2011
Helicobacter blood test negative			10/01/2011	10/01/2011
Drug addiction maintenance therapy - methadone	CDPS			28/06/2010
CLO test positive			31/03/2005	31/03/2005
Manipulation of fracture of bone NEC	Nasal manipulation & mini sub mucous resection		19/02/1986	19/02/1986
Standard circumcision	Phimosis		09/01/1980	09/01/1980
Other operation on scrotum NOS	Removal of cyst L scrotum		03/03/1971	03/03/1971

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole	Gastro Resistant CAPS 30MG	1 Cap	Twice daily	01/07/2011		01/07/2011

Additional information

Smoking history (Encounters):Current smoker Date recorded:21-Oct-2010

Patient Weight in Kilograms:92

Patient Height in Metres:0

Patient Blood Pressure (Systolic):124

Patient Blood Pressure (Diastolic):76

**ROYAL INFIRMARY OF EDINBURGH
GI PHYSIOLOGY LABORATORY
PROCEDURE REQUEST FORM**

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TEL: 0131 242 1605 FAX: 0131 242 1618**

700143029W M 09/06/1970 Scott, Justin J 53/1 Newtoft Street, Edinburgh, EH17 8RB CHI 0906701473  70164 A Afzal	CLINICAL PROBLEM: GORD
GP Name: Address:	Relevant PMH/Comments:
Hospital: Ward/Dept: Consultant: Requesting Doctor: Bleep No/Results to:	High Risk? Insulin Dependent Diabetes? Ischaemic Heart Disease? Cardiac/Respiratory Failure?
PROCEDURE (PLEASE TICK APPROPRIATE BOX) NHS/Private/Research OESOPHAGEAL MANOMETRY ☒ OESOPHAGEAL pH MONITORING ☒ BILIARY MANOMETRY ☐	
GLUCOSE HYDROGEN BREATH TEST (small bowel bacterial overgrowth detection) ☐ LACTOSE HYDROGEN BREATH TEST (lactose mal-absorption detection) ☐ Is patient on long-term antibiotic therapy? Y/N	
¹³C UREA BREATH TEST (for detection of <i>H. pylori</i>) ☐ Has patient had triple therapy? Y/N If YES – DATE STARTED Y/N Has patient had antibiotics in last 6 weeks? Y/N Is patient on PPI/H₂ Antagonist therapy? Y/N	
PRINT NAME: <i>MS202</i> SIGNATURE:  DATE: 19/7/12	

7/11 @
2pm

**MEDICAL DAY CASE UNIT
GI PHYSIOLOGY**

Consultants: Prof P C Hayes, Dr A J MacGilchrist, Dr J N Plevis, Dr K J Simpson, Dr A Bathgate, Dr C Blair,
Dr K C Trimble, Dr N Church, Dr Ian Penman

Associate Specialists: Dr LA Meekison, Dr A Koulaouzidis

JUSTIN SCOTT
53/1 NEWTOFT STREET
GILMERTON
EDINBURGH EH17 8RB

Appointments/other enquiries: (0131) 242 1605

Medication enquiries: (0131) 242 1606

Fax: (0131) 242 1618

HOSPITAL NO. 700143029w

Dear **Mr Scott**

To investigate the symptoms you are having, we have been asked to arrange an appointment for you.

APPOINTMENT TIME : Please attend the MEDICAL DAY CASE UNIT

At: **10.00 am** On: **Monday 3rd December, 2012** - Do not eat or drink from MIDNIGHT.

If you are unable to keep this appointment, please telephone 0131 242 1605 immediately, so your appointment may be offered to someone else. There is a long waiting list for these tests but we will do our best to reschedule your appointment.

Please arrange your own transport. If this is not possible, telephone the number shown above to arrange hospital transport/ambulance at least 2 weeks in advance of your appointment.

Please read the enclosed information leaflet carefully for details of the tests you are having. A map and directions to the unit are also enclosed. If you have any questions, please telephone us.

MEDICATION: For accurate test results some tablets must be stopped, and others **CONTINUED**.

PLEASE STAY ON : OMEPRAZOLE (Losec), ESOMEPRAZOLE (Nexium), RABEPRAZOLE (Pariet), LANSOPRAZOLE (Zoton), PANTOPRAZOLE (Pariet) /

STOP: Aspirin/ Domperidone/ Metoclopramide must be stopped 3 days before the test

STOP: Antacids, including Gaviscon must be stopped 24 hours before the test.

If you have diabetes, high blood pressure, angina or any other heart problems or take antidepressant medication, please telephone the number shown above for instructions regarding your tablets.

At the end of the test, we will be sending you home with a probe in place (see enclosed information leaflet) so you will need to come back the following day at approximately the same time to have this removed.

We look forward to seeing you.

Yours sincerely,

S Douglas
Clinical Physiologist
Enc

Radiology Reports

US Abdomen

US Abdomen

Clinical details

Urgent Referral Dear Doctor Many thanks for seeing this 41 year old gentleman. He has been having problems with abdominal pains for several months now. He has previously had ulcers and recent scope. An upper GI endoscopy showed that these had resolved. He is currently on Lansoprazole 30mgs bd. He often feels sick and describes ongoing epigastric pain and tenderness. He unfortunately did not attend for blood tests that were requested in May this year. I would be grateful if you could carry out an abdominal ultrasound scan to rule out any possible pain related to gall stones or pancreatic disease. Many thanks. Yours sincerely

Report

The pancreas and aorta are obscured by gas. The liver appears smooth in outline with an increased reflectivity in keeping with fibro fatty change. No focal hepatic pathology identified. Normal structural appearances to the spleen and both kidneys. Gallbladder is distended and thin walled with no evidence of calculi and there is no intra or extra hepatic duct dilatation noted.

MG/LO

Reporting Radiologist: Dr Maggie Glass

Report Information

Requestor

Requesting Location Ferniehill Surgery

Report Identifier 10127952

Sample Date 06/07/2011 10:00:00

XR Chest

XR Chest

Clinical details

Smoker, cannabis, widespread crepitations.

Report

PA CHEST:

Without priors. Normal cardiac and mediastinal silhouette. Peri-hilar prominence of pulmonary markings, likely vasculature. Early emphysematous changes in the upper lobes are noted. Otherwise the lung fields are clear. There are some ring shadows in the left base, which may represent bronchiectasis.

Prof Van Beek/lh

Reporting Radiologist: Prof Edwin JR Van Beek

Report Information

Requestor AFZAL, AZHAR

Requesting Location Ferniehill Surgery

Report Identifier 12911982

Sample Date 25/07/2012 16:45:00

XR Lumbar Spine

XR Lumbar Spine

Clinical details

Lower lumbar pain.

Report

LUMBAR SPINE:

AP and lateral view of the lumbar spine. Normal alignment. Mild end plate disease in L2.
Narrowing of the intervertebral disc space of L5/S1 with some facet joint hypertrophy.

Prof Van Beek/lh

Reporting Radiologist: Prof Edwin JR Van Beek

Report Information

Requestor AFZAL, AZHAR

Requesting Location Ferniehill Surgery

Report Identifier 13775682

Sample Date 20/11/2012 15:16:00

NM Gastric Emptying Study Solid

NM Gastric Emptying Study Solid

Clinical details

reflux and symptoms of delayed gastric emptying. On long term methadone which may be the cause. Thanks

Report

Normal solid phase emptying with a time to 50% activity of 65 min (normal 60+/-30 min).

Dr Dilip Patel
Consultant Radiologist

Reporting Radiologist: Dr Dilip Patel

Report Information

Requestor Paterson-Brown, Mr S

Requesting Location (ROODOPD) Roodlands Outpatient Department

Report Identifier 27199184

Sample Date 11/08/2017 09:45:00

Barium Swallow

Barium Swallow

Clinical History

Lap fundoplication under colleague SPB 2017 but back on high dose PPI and quite symptomatic. Still on methadone so likely global GI dysmotility is a factor. Is there evidence of wrap slippage? Thanks. O/P please.

5304570 06/01/2021 Barium Swallow

No previous for comparison. Known prior laparoscopic fundoplication for hiatus hernia. There is free passage of barium through the upper aerodigestive tract and oesophagus. There is a tiny pharyngeal pouch. see key image. No good evidence of dysmotility. No delay contrast passage into the stomach. The fundoplication wrap is not visible on the erect images. There is no evidence of recurrent hernia however. Minimal intra oesophageal reflux was noted at the distal oesophagus.

—
Reported by Dr Sami Syed, Radiology ST1
Verified by Dr Fiona Minns, Radiology Consultant

Reporting Radiologist: Ali Syed

Report Information

Requestor McKechnie, Mr Peter S

Requesting Location (RIEOPD4F) RIE OPD4 Front Desk Outpatient Department

Report Identifier 37365321

Sample Date 06/01/2021 14:00:00

XR Chest

XR Chest

Clinical History

c/o epigastric pain radiating to back, assoc with nausea & vomiting / PERF

6599775 29/06/2022 XR Chest

AP erect projection. No free subdiaphragmatic gas. Bilateral lower zone atelectasis or scarring, slightly more marked on the left. The lungs are otherwise clear. Normal heart and mediastinal contours. Unremarkable bony thorax.

—
Dr Kenneth Muir. GMC: 6115357
Consultant Radiologist.

Reporting Radiologist: Dr Kenneth C Muir

Report Information

Requestor	Wallace, Angus
Requesting Location (RIEAE2)	2 - IC, A&E
Report Identifier	42556442
Sample Date	29/06/2022 15:28:00

CT Abdomen/Pelvis With Contrast

Clinical History

Reattends with worsening generalised abdominal pain. Febrile, Generalise abdominal tenderness with guarding. Rising WCC, CRP of 300, Febrile. ?Perforation/ ?Collection

6603326 30/06/2022 CT Abdomen/Pelvis With Contrast

No relevant priors for comparison.

The gallbladder is markedly distended and thick walled, with florid pericholecystic inflammatory fat stranding.

Impression of dense focus in the region of the gallbladder neck (key image); appearances are concerning for an obstructing gallstone impacted at the gallbladder neck although could be enhancing reactive lymph node. The CBD is dilated up to at least 10 mm, with mild intrahepatic biliary tree dilatation. No convincing radiopaque intraductal calculus identified.

No focal gallbladder wall defect or large volume upper abdominal free fluid to suggest gallbladder perforation at present.

Linear subcapsular hepatic low attenuation area, adjacent to gallbladder (key image). The liver parenchyma is otherwise normal.

Patent hepatic portal vein. No gas within the biliary tree.

A few left-sided simple renal cysts, the kidneys are otherwise normal.

Normal adrenals, spleen, pancreas and bladder. Normal unprepared bowel.

No pneumoperitoneum. No size significant abdominal or pelvic lymph node enlargement.

Mild background emphysematous changes, which appear confined to the posterior aspects of the included lung bases. Superadded bibasal, lingular, and middle lobe dependent changes.

No destructive bony lesion.

Opinion:

1. Appearances consistent with severe acute cholecystitis, with possible gallstone impacted at the gallbladder neck (although this may be an enhancing reactive lymph node). Associated intra and extra-hepatic biliary dilatation, but no convincing radiopaque intraductal calculus.

2. Although there is no convincing evidence of this at present, the gallbladder is markedly distended and therefore at risk of perforation. Recommend MRCP and discussion with upper GI surgery. Please also consider discussion with interventional radiology regarding potential of cholecystostomy.

3. Linear subcapsular right lobe low attenuation area adjacent to the gallbladder is of uncertain clinical significance, however in the context of marked acute cholecystitis an early hepatic abscess cannot be excluded.

Dr. N. Malla, ST3 Radiology Registrar

Verified by Dr K Muir, consultant radiologist.

The verified report is essentially unchanged from the provisional report.

Reporting Radiologist: Nethmee S Malla

Report Information

Requestor McKean, Dr David R

Requesting Location (RIEAE3) 3 - Exam, A&E

Report Identifier 42568475

Sample Date 30/06/2022 17:56:00

US Upper Abdomen

US Upper Abdomen

Clinical History

Dear Colleagues, Please can you carry out an abdominal ultrasound on this 54 year old gentleman who had a previous cholecystectomy and fundoplication for a hiatus hernia. He present with a 3-4 week history of worsening abdo bloating and upper abdo discomfort. No nausea and vomiting. Bowel habit normal. Abdomen soft and non tender today. Please can you carry out an ultrasound to eliminate structure potentially causing symptoms. Yours sincerely, Dr Paul Perry Locum GP /
Ultrasound Upper abdomen (not asymptomatic abnormal LFTs).

8692743 25/02/2025 US Upper Abdomen

Findings:

The liver is normal in size, outline and echotexture. No focal lesions seen. Normal directional flow in the portal vein.

Cholecystectomy. No biliary dilatation.

The pancreas is largely obscured by overlying bowel gas.

Normal spleen. Normal right kidney. The left kidney contains two simple exophytic cysts at the upper- mid pole. The largest measuring 29 x 23mm and the smaller measuring 15 x 15mm.

Normal calibre abdominal aorta. No para-aortic lymphadenopathy.

No free fluid.

Impression: Simple renal cysts at left kidney, otherwise normal appearances within the upper abdomen.

Marnie Brunner. HCPC: RA098933
Reporting Sonographer

Reporting Radiologist: Marnie Brunner

Report Information

Requestor ANDERSON, JENNIFER
Requesting Location Ferniehill Surgery
Report Identifier 50250702
Sample Date 25/02/2025 16:30:00

Lab Reports

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Basophil Count	0.01	0.01 - 0.1	x10^9/l	
Eosinophil Count	0.11	0.04 - 0.4	x10^9/l	
Haemoglobin	151	130 - 180	g/l	
Haematocrit	0.468		ratio	
Lymphocyte Count	2.23	1.5 - 4.0	x10^9/l	
Mean cell Hb.	30.8	27.0 - 32.0	pg	
Mean cell Hb conc.	32.3	31.0 - 35.0	g/dl	
Mean cell volume	95	78 - 98	fl	
Monocyte Count	1.10	0.2 - 0.8	x10^9/l	R
Neutrophil Count	9.08	2 - 7.5	x10^9/l	R
Platelet count	285	150 - 350	x10^9/l	
Red cell count	4.91	4.5 - 6.5	x10^12/l	
White cell count	12.5	4.0 - 11.0	x10^9/l	R

Requestor Comments
None given

Report Information
Requestor Boyd, Dr G
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR393725T
Sample Date 31/03/2005 10:40:00

Hel pylori IgG antibody level				
Description	Value	Range	Unit	Normalcy Notes
Helicobacter pylori Index:	2.40			(ZHEG1)
Test Comments				
(ZHEG1)	Helicobacter pylori IgG antibody :POSITIVE (> 1.0)			
(ZHEG1)	-----			
(ZHEG1)	Positive serology results indicate past and/or current			
(ZHEG1)	Helicobacter infection. If patients have persistent			
(ZHEG1)	symptoms after eradication therapy consider need for a			
(ZHEG1)	breath test.			
(ZHEG1)	Equivocal serology results are an indication for breath			
(ZHEG1)	testing to determine whether infection is present.			
(ZHEG1)	Negative serology results suggest that Helicobacter			
(ZHEG1)	infection is unlikely.			
(ZHEG1)				
(ZHEG1)	Further advice on management of patients can be found			
(ZHEG1)	in the Lothian Referral Guidelines for Dyspepsia.			
(ZHEG1)	-----			

Report Information
Requestor Boyd, Dr G
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier MS419089M
Sample Date 31/03/2005 10:40:00

Liver function test				
Description	Value	Range	Unit	Normalcy Notes
ALT	30	10 - 50	U/L	
Albumin	43	35 - 50	g/L	
Alk.Phos	72	40 - 125	U/L	
GGT	24	10 - 55	U/L	
Bilirubin	20	3 - 16	umol/L	R

Requestor Comments

None given

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
TCO2	24	22 - 30	mmol/L	
Creatinine	92	60 - 120	umol/L	
Potassium	4.6	3.6 - 5.0	mmol/L	
Sodium	142	135 - 145	mmol/L	
Urea	2.9	2.5 - 6.6	mmol/L	

Requestor Comments

None given

Report Information

Requestor Boyd, Dr G
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB554351L
Sample Date 31/03/2005 10:40:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose	3.7		mmol/L	
Glucose spec.	Random sample (<11 mmol/L)			

Report Information

Requestor Armstrong, Dr Clare
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB869359Y
Sample Date 07/01/2011 10:30:00

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	2.7	0.2 - 4.5	mU/L	
Free T4	17	9 - 21	pmol/L	
Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	7	3 - 16	umol/L	
ALT	20	10 - 50	U/L	
Alk.Phos	70	40 - 125	U/L	
GGT	26	10 - 55	U/L	
Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.3	2.5 - 6.6	mmol/L	
Creatinine	69	60 - 120	umol/L	
eGFR (/1.73m2)	>60			
Sodium	139	135 - 145	mmol/L	
Potassium	4.0	3.6 - 5.0	mmol/L	
Blood haematinic levels				
Description	Value	Range	Unit	Normalcy Notes
Ferritin	81	20 - 300	ug/L	

Report Information

Requestor Armstrong, Dr Clare
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB869358H
Sample Date 07/01/2011 10:30:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	140	130 - 180	g/l	
Red cell count	4.55	4.5 - 6.5	x10 ¹² /l	
Haematocrit	0.426	0.400 - 0.540	ratio	
Mean cell volume	94	78 - 98	fl	
Mean cell Hb.	30.8	27.0 - 32.0	pg	
Mean cell Hb conc.	32.9	31.0 - 35.0	g/dl	
White cell count	10.7	4.0 - 11.0	x10 ⁹ /l	
Neutrophil Count	5.71	2.0 - 7.5	x10 ⁹ /l	
Lymphocyte Count	3.74	1.5 - 4.0	x10 ⁹ /l	
Monocyte Count	0.85	0.2 - 0.8	x10 ⁹ /l	R
Eosinophil Count	0.37	0.04 - 0.4	x10 ⁹ /l	
Basophil Count	0.05	0.01 - 0.1	x10 ⁹ /l	
Platelet count	262	150 - 350	x10 ⁹ /l	

Report Information

Requestor Armstrong, Dr Clare
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HR628700G
 Sample Date 07/01/2011 10:30:00

Hel pylori IgG antibody level				
Description	Value	Range	Unit	NormalcyNotes
Helicobacter pylori E Value:	1.40			(ZHEG1E)
Test Comments				
(ZHEG1E)	Helicobacter pylori IgG antibody :Negative (EV<1.8)			
(ZHEG1E)				
(ZHEG1E)	Negative serology suggests that Helicobacter infection			
(ZHEG1E)	is unlikely.			
(ZHEG1E)	Further advice on management of patients can be found			
(ZHEG1E)	in the Lothian Referral Guidelines for Dyspepsia.			
(ZHEG1E)	-----			

Report Information

Requestor Armstrong, Dr Clare

Requesting Location (GSFER8) 8 Ferniehill Road

Report Identifier MS022432C

Sample Date 07/01/2011 15:57:00

Report**Clinical Summary**

Dyspepsia, haematemesis and nausea/vomiting. Grade C oesophagitis and multiple ulcers in oesophagus. Stomach and duodenum normal.

Specimen

Oesophageal biopsies.

Macroscopy

Four tissue fragments measuring 4 mm.

Microscopy

Histology shows fragments of stratified squamous epithelium which shows evidence of ulceration. There is no evidence of dysplasia or malignancy. There is minimal inflammation present.

Oesophagus (biopsies) - Ulceration ; no evidence of malignancy

Test Comments

(RPT) Pathologists :
(RPT) GI Path Team WGH
(RPT) Dr Kate Struthers
(RPT) Dr AM Lessells

Sample Comments

Suffix Oesophageal Bx

Report Information

Requestor Saleem, Dr Adeel
Requesting Location (SLCTCGI) LEITH CTC GI - Gastro Clinic
Report Identifier UB046403W/11
Sample Date 16/03/2011 15:31:00

Gastroscopy report

Patient Information	
Name	
Age	
Sex	
Address	
City	
State	
Zip	
Phone	
History of Present Illness	
Onset of symptoms	
Duration of symptoms	
Frequency of symptoms	
Severity of symptoms	
Associated symptoms	
Previous treatments	
Response to treatment	
Family History	
Social History	
Physical Examination	
Vital Signs	
General	
Head, Eyes, Ears, Nose, Throat	
Heart, Lungs	
Abdomen	
Genitourinary	
Neurological	
Skin	
Laboratory Tests	
X-rays	
Other	
Diagnosis	
Treatment Plan	
Follow-up	

GASTROSCOPY REPORT

Name:	Justin SCOTT, 09/06/1970 (M)	Address:	53/1 Newtoft Street Edinburgh EH17 8RB
CHI No:	0906701473		
Case Note No:	700143029W		

GP:	Dr C Armstrong 8 Ferniehill Road Edinburgh EH17 7AB	Status:	Outpatient/NHS
		Hospital:	Leith CTC
		Ward:	Ward - Not specified
		Referring Cons:	GP (Direct Referral)

Procedure date: 07 June 2011

Indications

A previous examination for oesophagitis.

Consultant/Endoscopist

List consultant: Dr M Eugenicos
Endoscopist No1: Dr M Madalinski
Nurses: Sarah Smith
Maureen Anderson

Report

Apparent mucosal junction at 40cm from the incisors.
DUODENUM. Not entered.

Instrument

LTH 024 29290A621 EG530WR

Diagnoses

OESOPHAGUS. Normal.
STOMACH. Normal.

Premedication

Xylocaine (Spray) 100 mg

Follow up

Return to the referring GP.

Advice/Comments

The patient withdrew his consent and therefore only the oesophagus and proximal part of the stomach was assessed - it was normal.
The OGD was arranged to assess the patient's oesophagitis. Today no ulcers were seen, but the patient claims that he has not felt better (despite a macroscopic improvement).
I suggest the patient continues his therapy with Lansoprazole in the same dose 30 mg bd. If he has still no significant (symptomatic) improvement then a referral to the GI clinic is advised.

***** END OF REPORT *****

Report Information

Requestor GP

Requesting Location

Report Identifier UNI71194-0906701473

Sample Date 07/06/2011 12:00:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose	5.8		mmol/L	
Glucose spec.	Random sample (<11 mmol/L)			

Report Information

Requestor Armstrong, Dr Clare
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB511508V
Sample Date 15/06/2011 14:30:00

Blood haematinic levels				
Description	Value	Range	Unit	Normalcy Notes
Ferritin	213	20 - 300	ug/L	
Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	0.82	0.2 - 4.5	mU/L	
Free T4	14	9 - 21	pmol/L	
Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	9	3 - 16	umol/L	
ALT	25	10 - 50	U/L	
Alk.Phos	73	40 - 125	U/L	
GGT	28	10 - 55	U/L	
Serum amylase level				
Description	Value	Range	Unit	Normalcy Notes
Amylase	44	0 - 100	U/L	
Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.6	2.5 - 6.6	mmol/L	
Creatinine	68	60 - 120	umol/L	
eGFR (/1.73m2)	>60			
Sodium	139	135 - 145	mmol/L	
Potassium	3.4	3.6 - 5.0	mmol/L	R
Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	122	0 - 5	mg/L	R

Report Information

Requestor Armstrong, Dr Clare
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB511507J
Sample Date 15/06/2011 14:30:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	141	130 - 180	g/l	
Red cell count	4.58	4.5 - 6.5	x10^12/l	
Haematocrit	0.423	0.40 - 0.54	ratio	
Mean cell volume	92	78 - 98	fl	
Mean cell Hb.	30.8	27.0 - 32.0	pg	
Mean cell Hb conc.	33.3	31.0 - 35.0	g/dl	
White cell count	13.0	4.0 - 11.0	x10^9/l	R
Neutrophil Count	8.27	2.0 - 7.5	x10^9/l	R
Lymphocyte Count	3.77	1.5 - 4.0	x10^9/l	
Monocyte Count	0.77	0.2 - 0.8	x10^9/l	
Eosinophil Count	0.20	0.04 - 0.4	x10^9/l	
Basophil Count	0.02	0.01 - 0.1	x10^9/l	
Platelet count	265	150 - 350	x10^9/l	

Report Information
Requestor Armstrong, Dr Clare
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR681615A
Sample Date 15/06/2011 14:30:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	19	0 - 5	mg/L	R	

Requestor Comments

None given

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB529135Z
Sample Date 07/07/2011 12:00:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	140	135 - 180	g/l	
Red cell count	4.59	4.5 - 6.5	$\times 10^{12}/l$	
Haematocrit	0.427	0.40 - 0.54	ratio	
Mean cell volume	93	78 - 98	fl	
Mean cell Hb.	30.5	27.0 - 32.0	pg	
Mean cell Hb conc.	32.8	31.0 - 35.0	g/dl	
White cell count	7.7	4.0 - 11.0	$\times 10^9/l$	
Neutrophil Count	3.57	2.0 - 7.5	$\times 10^9/l$	
Lymphocyte Count	3.02	1.5 - 4.0	$\times 10^9/l$	
Monocyte Count	0.85	0.2 - 0.8	$\times 10^9/l$	R
Eosinophil Count	0.22	0.04 - 0.4	$\times 10^9/l$	
Basophil Count	0.03	0.01 - 0.1	$\times 10^9/l$	
Platelet count	288	150 - 350	$\times 10^9/l$	

Requestor Comments

None given

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR688675H
Sample Date 07/07/2011 12:00:00

Hepatitis B core antibody lev				
Description	Value	Range	Unit	Normalcy Notes
Anti-HBc Antibody:	0.05	0.00 - 0.89		(ZARBC2)
Test Comments (ZARBC2) Antibody to Hepatitis B core : NEGATIVE (Index <0.9) (ZARBC2) -----				
Hep B surface Antigen				
Description	Value	Range	Unit	Normalcy Notes
Hep B surface Ag qualitative	0.32	0.00 - 0.89	S/CO	(ZARBSQ)
Test Comments (ZARBSQ) Hepatitis B surface Antigen : NEGATIVE (ZARBSQ) -----				
Hepatitis C antibody test				
Description	Value	Range	Unit	Normalcy Notes
Hepatitis C Antibody Index:	0.05	0.00 - 0.89		(ZARHCB)
Test Comments (ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9) (ZARHCB) HCV antibody may take up to 3 months to develop (ZARHCB) following an at risk exposure. (ZARHCB) -----				
HIV antibody/antigen (Duo)				
Description	Value	Range	Unit	Normalcy Notes
HIV Ag/Ab COMBO:	0.09	0.00 - 0.89		(ZARHIC)
Test Comments (ZARHIC) HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9) (ZARHIC) HIV antibody may take up to 3 months to develop (ZARHIC) following an at risk exposure. (ZARHIC) -----				
Toxoplasma serology				
Description	Value	Range	Unit	Normalcy Notes
CMIA T gondii IgG Antibody:	0.1	0.00 - 1.59	IU/mL	(ZARTOG)
Test Comments (ZARTOG) T gondii IgG Antibody : NEGATIVE (Antibody <1.6) (ZARTOG) -----				
LIAISON EBV TESTS				
Description	Value	Range	Unit	Normalcy Notes
LIAISON EBV VCA IgM	10.0			(ZEBM3)
Test Comments (ZEBM3) EBV VCA IgM: Negative (<20.0 U/ml) (ZEBM3) ----- (ZEBM3)				
VIDAS CMV IgM				
Description	Value	Range	Unit	Normalcy Notes
CMV IgM Test Value:	0.07			(ZVCMMT)
Test Comments (ZVCMMT) CMV IgM Antibody : NEGATIVE (TV <0.70) (ZVCMMT) -----				

Report Information

Requestor Afzal, Dr Azhar

Requesting Location (GSFER8) 8 Ferniehill Road

Report Identifier MS065623H

Sample Date 22/07/2011 16:50:00

Bone Group				
Description	Value	Range	Unit	Normalcy Notes
Calcium	2.34	2.1 - 2.6	mmol/L	
Adjustd Calcium	2.36	2.1 - 2.6	mmol/L	
Albumin	39	30 - 45	g/L	

Sample Comments

zahid..

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	5	3 - 21	umol/L	
ALT	33	10 - 50	U/L	
Alk.Phos	68	40 - 125	U/L	

Sample Comments

zahid..

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.9	2.5 - 6.6	mmol/L	
Creatinine	69	60 - 120	umol/L	
Sodium	141	135 - 145	mmol/L	
Potassium	4.9	3.6 - 5	mmol/L	
TCO2	30	22 - 30	mmol/L	
eGFR (/1.73m2)	>60			

Sample Comments

zahid..

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	22	0 - 5	mg/L	R

Sample Comments

zahid..

Report Information

Requestor Trimble, Mr K C
Requesting Location (RIEOPD4) RIE Outpatient Department 4
Report Identifier HB268668C
Sample Date 08/12/2011 15:23:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	137	135 - 180	g/l	R
Red cell count	4.34	4.5 - 6.5	x10¹²/l	
Haematocrit	0.405	0.40 - 0.54	ratio	
Mean cell volume	93	78 - 98	fl	
Mean cell Hb.	31.6	27.0 - 32.0	pg	
Mean cell Hb conc.	33.8	31.0 - 35.0	g/dl	
White cell count	6.1	4.0 - 11.0	x10 ⁹ /l	
Neutrophil Count	2.16	2.0 - 7.5	x10 ⁹ /l	
Lymphocyte Count	3.15	1.5 - 4.0	x10 ⁹ /l	
Monocyte Count	0.61	0.2 - 0.8	x10 ⁹ /l	
Eosinophil Count	0.17	0.04 - 0.4	x10 ⁹ /l	
Basophil Count	0.02	0.01 - 0.1	x10 ⁹ /l	
Platelet count	274	150 - 350	x10 ⁹ /l	

Requestor Comments

None given

Erythrocyte sedimentation rate				
Description	Value	Range	Unit	Normalcy Notes
ESR	29	1 - 10	mm/hr	R

Requestor Comments

None given

Report Information

Requestor Trimble, Mr K C

Requesting Location (RIEOPD4) RIE Outpatient Department 4

Report Identifier HR411139Q

Sample Date 08/12/2011 18:42:00

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	1.8	0.2 - 4.5	mU/L	
Free T4	15	9 - 21	pmol/L	

Requestor Comments
Primary CVD prevention

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	10	3 - 21	umol/L	
ALT	29	10 - 50	U/L	
Alk.Phos	77	40 - 125	U/L	
GGT	34	10 - 55	U/L	

Requestor Comments
Primary CVD prevention

Serum lipids				
Description	Value	Range	Unit	Normalcy Notes
Cholesterol	6.4		mmol/L	A
HDL Chol.	1.0	0.9 - 1.4	mmol/L	
Chol:HDLC Ratio	6.7			

Requestor Comments
Primary CVD prevention

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.6	2.5 - 6.6	mmol/L	
Creatinine	72	60 - 120	umol/L	
Sodium	136	135 - 145	mmol/L	
Potassium	OLD			
eGFR (/1.73m2)	>60			

Requestor Comments
Primary CVD prevention

Endocrine studies				
Description	Value	Range	Unit	Normalcy Notes
Testosterone	9.9	10 - 30	nmol/L	R
Set Comments Borderline low testosterone. Suggest repeat to confirm, sampling between 0800 and 1100h. [CMS]				

Requestor Comments
Primary CVD prevention

Report Information
 Requestor Boyd, Dr G
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HB686057B
 Sample Date 18/01/2012 15:10:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose	5.0		mmol/L	
Glucose spec.	Random sample (<11 mmol/L)			

Requestor Comments
Primary CVD prevention

Report Information
Requestor Boyd, Dr G
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB686058R
Sample Date 18/01/2012 15:10:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Albumin	41	30 - 45	g/L	
Endocrine studies				
Description	Value	Range	Unit	Normalcy Notes
LH	1.0	1.0 - 9.0	U/L	
FSH	0.9	1.0 - 10.0	U/L	R
SHBG	38	6 - 45	nmol/L	
Calc Free Testo	119	245 - 785	pmol/L	R
Albumin	41	35 - 50	g/L	
Prolactin	198	25 - 630	mU/L	
Testosterone MS	6.7	10 - 30	nmol/L	R
Set Comments				
Low testosterone confirmed. Suggest endocrine referral. FM				

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB729324X
Sample Date 06/03/2012 10:40:00

Endocrine studies				
Description	Value	Range	Unit	Normalcy Notes
Testosterone MS	17.5	10 - 30	nmol/L	

Requestor Comments

None given

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB767624S
Sample Date 20/04/2012 09:15:00

Blood haematinic levels				
Description	Value	Range	Unit	Normalcy Notes
Vitamin B12	337	180 - 2000	ng/L	
Serum Folate	3.2	2.8 - 20	ug/L	

Requestor Comments
pins and needles.

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	4	3 - 21	umol/L	
ALT	13	10 - 50	U/L	
Alk.Phos	65	40 - 125	U/L	
GGT	22	10 - 55	U/L	

Requestor Comments
pins and needles.

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	2.2	0.2 - 4.5	mU/L	

Requestor Comments
pins and needles.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.0	2.5 - 6.6	mmol/L	
Creatinine	71	60 - 120	umol/L	
Sodium	143	135 - 145	mmol/L	
Potassium	4.1	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments
pins and needles.

Report Information
Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB909142M
Sample Date 22/07/2014 11:00:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose	4.4		mmol/L	
Spec type Rand/Fast	Rand(<11)			

Requestor Comments

pins and needles.

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB909257L
Sample Date 22/07/2014 11:00:00

Erythrocyte sedimentation rate				
Description	Value	Range	Unit	Normalcy Notes
ESR	32	1 - 10	mm/hr	R

Requestor Comments

pins and needles.

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR294566L
Sample Date 22/07/2014 11:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	132	135 - 180	g/l	R	
Red cell count	4.29	4.5 - 6.5	x10^12/l	R	
Haematocrit	0.392	0.40 - 0.54	ratio	R	
Mean cell volume	91	78 - 98	fl		
Mean cell Hb.	30.8	27.0 - 32.0	pg		
White cell count	10.0	4.0 - 11.0	x10^9/l		
Neutrophil Count	5.49	2.0 - 7.5	x10^9/l		
Lymphocyte Count	3.29	1.5 - 4.0	x10^9/l		
Monocyte Count	0.92	0.2 - 0.8	x10^9/l	R	
Eosinophil Count	0.24	0.04 - 0.4	x10^9/l		
Basophil Count	0.04	0.01 - 0.1	x10^9/l		
Platelet count	315	150 - 400	x10^9/l		
Mean cell Hb conc.	337	310 - 360	g/L		

Requestor Comments

pins and needles.

Report Information

Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR294600V
Sample Date 22/07/2014 11:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	137	135 - 180	g/l	
Red cell count	4.45	4.5 - 6.5	x10¹²/l	R
Haematocrit	0.409	0.40 - 0.54	ratio	
Mean cell volume	92	78 - 98	fl	
Mean cell Hb.	30.8	27.0 - 32.0	pg	
White cell count	12.9	4.0 - 11.0	x10⁹/l	R
Neutrophil Count	9.30	2.0 - 7.5	x10⁹/l	R
Lymphocyte Count	2.49	1.5 - 4.0	x10 ⁹ /l	
Monocyte Count	0.90	0.2 - 0.8	x10⁹/l	R
Eosinophil Count	0.21	0.04 - 0.4	x10 ⁹ /l	
Basophil Count	0.03	0.01 - 0.1	x10 ⁹ /l	
Platelet count	282	150 - 400	x10 ⁹ /l	
Mean cell Hb conc.	335	310 - 360	g/L	

Report Information

Requestor Afzal, Dr Azhar
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HR356098Z
 Sample Date 02/10/2014 12:02:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	133	135 - 180	g/l	R
Red cell count	4.39	4.5 - 6.5	x10¹²/l	R
Haematocrit	0.403	0.40 - 0.54	ratio	
Mean cell volume	92	78 - 98	fl	
Mean cell Hb.	30.3	27.0 - 32.0	pg	
White cell count	8.8	4.0 - 11.0	x10 ⁹ /l	
Neutrophil Count	4.29	2.0 - 7.5	x10 ⁹ /l	
Lymphocyte Count	3.28	1.5 - 4.0	x10 ⁹ /l	
Monocyte Count	0.97	0.2 - 0.8	x10⁹/l	R
Eosinophil Count	0.19	0.04 - 0.4	x10 ⁹ /l	
Basophil Count	0.02	0.01 - 0.1	x10 ⁹ /l	
Platelet count	305	150 - 400	x10 ⁹ /l	
Mean cell Hb conc.	330	310 - 360	g/L	

Report Information

Requestor Nurse, Practice
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HR219298B
 Sample Date 28/11/2014 11:01:00

Oral Fluid Drugs of Abuse	
Oral FI Amphetamine	Negative
Oral FI Cocaine	Negative
Oral FI Methadone	Positive
Oral FI Opiates	Negative
Oral FI Benzos	Positive
Oral FI Gabapentin	Positive
Oral FI Buprenorphine	Negative
Oral FI Pregabalin	Negative

Report Information

Requestor Known, Cons Not
Requesting Location (CRAISERH) SE Recovery Hub, Captains Road
Report Identifier HB773240P
Sample Date 27/09/2016 11:10:00

WGH GI Lab LTG				
Description	Value	Range	Unit	Normalcy Notes
Anti-tTG IgA (DS2)	3.5	0.1 - 5.0	U/mL	

Requestor Comments

Coeliac ?

Report Information

Requestor Briscoe, Dr Catherine L
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier QB151727Z
Sample Date 08/11/2016 11:21:00

Hep B surface Antigen				
Description	Value	Range	Unit	Normalcy Notes
Hep B surface Ag qualitative	0.39	0.00 - 0.89	S/CO	(ZARBSQ)
Test Comments (ZARBSQ) Hepatitis B surface Antigen : NEGATIVE (ZARBSQ) -----				
Hepatitis C antibody test				
Description	Value	Range	Unit	Normalcy Notes
Hepatitis C Antibody Index:	0.06	0.00 - 0.89		(ZARHCB)
Test Comments (ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9) (ZARHCB) HCV antibody may take up to 3 months to develop (ZARHCB) following an at risk exposure. (ZARHCB) -----				
HIV antibody/antigen (Duo)				
Description	Value	Range	Unit	Normalcy Notes
HIV Ag/Ab COMBO:	0.37	0.00 - 0.89		(ZARHIC)
Test Comments (ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.85) (ZARHIC) HIV antibody may take up to 2 months to develop (ZARHIC) following an at risk exposure. (ZARHIC) -----				

Report Information

Requestor Briscoe, Dr Catherine L
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier MS524806G
Sample Date 08/11/2016 11:21:00

Erythrocyte sedimentation rate				
Description	Value	Range	Unit	Normalcy Notes
ESR	39	1 - 10	mm/hr	R

Report Information

Requestor Briscoe, Dr Catherine L
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HR365761V
Sample Date 08/11/2016 11:21:00

Plasma glucose level				
Description	Value	Range	Unit	Normalcy Notes
Glucose (Random)	4.2	3.8 - 7.7	mmol/L	

Report Information

Requestor Briscoe, Dr Catherine L
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB967800Z
Sample Date 08/11/2016 11:21:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	141	135 - 180	g/L	
Red cell count	4.54	4.5 - 6.5	10 ^{^12} /L	
Haematocrit	0.408	0.40 - 0.54	ratio	
Mean cell volume	90	78 - 98	fL	
Mean Cell Hb	31.1	27.0 - 32.0	pg	
White cell count	9.3	4.0 - 11.0	10 ^{^9} /L	
Neutrophil Count	6.09	2.0 - 7.5	10 ^{^9} /L	
Lymphocyte Count	2.08	1.5 - 4.0	10 ^{^9} /L	
Monocyte Count	0.91	0.2 - 0.8	10 ^{^9} /L	R
Eosinophil Count	0.16	0.04 - 0.4	10 ^{^9} /L	
Basophil Count	0.04	0.01 - 0.1	10 ^{^9} /L	
Platelet count	301	150 - 400	10 ^{^9} /L	
Mean cell Hb conc.	346	310 - 360	g/L	

Report Information

Requestor Briscoe, Dr Catherine L
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HR365716E
 Sample Date 08/11/2016 11:21:00

ESC Sendaway Tests	
Coeliac screen	Send away test - WGH Biochemistry

Requestor Comments
 Suspected Coeliac Patient
 Query Hypothyroid

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	1.4	0.2 - 4.5	mU/L	
Free T4	14	9 - 21	pmol/L	

Requestor Comments
 Suspected Coeliac Patient
 Query Hypothyroid

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	7	3 - 21	umol/L	
ALT	10	10 - 50	U/L	
Alk.Phos	67	40 - 125	U/L	
GGT	16	10 - 55	U/L	

Requestor Comments
 Suspected Coeliac Patient
 Query Hypothyroid

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Creatinine	68	64 - 111	umol/L	
Sodium	143	135 - 145	mmol/L	
Potassium	4.5	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments
 Suspected Coeliac Patient
 Query Hypothyroid

Report Information
 Requestor Briscoe, Dr Catherine L
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier HB967878Z
 Sample Date 08/11/2016 11:21:00

Oral Fluid Drugs of Abuse	
Oral Fl Amphetamine	Negative
Oral Fl Cocaine	Negative
Oral Fl Methadone	Positive
Oral Fl Opiates	Negative
Oral Fl Benzos	Positive
Oral Fl Gabapentin	Positive
Oral Fl Buprenorphine	Negative
Oral Fl Pregabalin	Negative

Report Information

Requestor Known, Cons Not
Requesting Location (CRAISERH) SE Recovery Hub, Captains Road
Report Identifier HB791799F
Sample Date 05/12/2016 13:00:00

Oral Fluid Drugs of Abuse

Oral FI Amphetamine	Negative
Oral FI Cocaine	Negative
Oral FI Methadone	Positive
Oral FI Opiates	Negative
Oral FI Benzos	Positive
Oral FI Gabapentin	Positive
Oral FI Buprenorphine	Negative
Oral FI Pregabalin	Negative

Set Comments

Minimum Data Set failure. Request form must contain full patient name, Date of Birth and CHI number or Post Code. Sample must be labelled with full patient name and date of birth. Future samples that fail Minimum Data Set will be rejected. JL

Report Information

Requestor Known, Cons Not
Requesting Location (CRAISERH) SE Recovery Hub, Captains Road
Report Identifier HB833445C
Sample Date 30/05/2017 12:24:00

Oral Fluid Drugs of Abuse	
Oral Fl Amphetamine	Negative
Oral Fl Cocaine	Negative
Oral Fl Methadone	Positive
Oral Fl Opiates	Negative
Oral Fl Benzos	Positive
Oral Fl Gabapentin	Positive
Oral Fl Buprenorphine	Negative
Oral Fl Pregabalin	Negative

Report Information

Requestor Charge, Doctor In
Requesting Location (CRAISERH) SE Recovery Hub, Captains Road
Report Identifier HB850010Y
Sample Date 08/08/2017 14:00:00

GASTROSCOPY REPORT

Name:	Justin SCOTT, 09/06/1970 (M)	Address:	53/1 Newtoft Street Edinburgh EH17 8RB
CHI No:	0906701473		
Case Note No:	700143029W		

GP:	Dr C Armstrong 8 Ferniehill Road Edinburgh EH17 7AB	Status:	Outpatient/NHS
		Hospital:	Royal Infirmary of Edinburgh
		Ward:	Ward - Not specified
		Referring Cons:	Mr S Paterson-Brown (General Surgery)

Procedure date: 16 August 2017

Indications

Abdominal pain, dyspepsia and nausea and/or vomiting.

Clinically important comments: Normal gastric emptying studies earlier this month.

Consultant/Endoscopist

List consultant: Mr Simon Paterson-Brown

Endoscopist No1: Mr Robert O'Neill

Endoscopist No2: Mr Simon Paterson-Brown

Nurses: S/N Laura Porter

S/N Elaine Tate

Report

Apparent mucosal junction at 44cm from the incisors.

OESOPHAGUS. Hiatus hernia: sliding of length 5 cm in the lower oesophagus.

The whole upper gastro-intestinal tract was normal.

There were no peri-operative complications.

Instrument

RIE 789 2734789 GIFH260

Premedication

Xylocaine (Spray) 80 mg

Advice/Comments

In the light of a 5cm hiatus hernia and normal gastric emptying studies the underlying from is reflux and I have added his name to the W/L for laparoscopic fundoplication. The patient understands that the underlying methodone may influence the overall outcome.

***** END OF REPORT *****

Requestor	PATERSON-BROWN
Requesting Location	
Report Identifier	UNI227965-0906701473
Sample Date	16/08/2017 11:15:00

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Creatinine	72	64 - 111	umol/L	
Sodium	137	135 - 145	mmol/L	
Potassium	4.2	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments
for hospital.

Report Information
Requestor Briscoe, Dr Catherine L
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB942182T
Sample Date 26/09/2017 12:26:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	139	135 - 180	g/L	
Red cell count	4.49	4.5 - 6.5	10 ¹² /L	R
Haematocrit	0.412	0.40 - 0.54	ratio	
Mean cell volume	92	78 - 98	fL	
Mean Cell Hb	31.0	27.0 - 32.0	pg	
White cell count	11.8	4.0 - 11.0	10 ⁹ /L	R
Neutrophil Count	7.84	2.0 - 7.5	10 ⁹ /L	R
Lymphocyte Count	2.86	1.5 - 4.0	10 ⁹ /L	
Monocyte Count	0.94	0.2 - 0.8	10 ⁹ /L	R
Eosinophil Count	0.10	0.04 - 0.4	10 ⁹ /L	
Basophil Count	0.05	0.01 - 0.1	10 ⁹ /L	
Platelet count	304	150 - 400	10 ⁹ /L	
Mean cell Hb conc.	337	310 - 360	g/L	

Requestor Comments

for hospital.

Report Information

Requestor Briscoe, Dr Catherine L

Requesting Location (GSFER8) 8 Ferniehill Road

Report Identifier HR301434B

Sample Date 26/09/2017 12:26:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam, oxazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Report Information
Requestor Charge, Doctor In
Requesting Location (SEEDAC) SEELDC (Gracemount Medical)
Report Identifier HB500998N
Sample Date 08/05/2018 14:15:00

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	1.6	0.2 - 4.5	mU/L	
Free T4	13	9 - 21	pmol/L	

Requestor Comments
Query Hyperthyroid
Weight loss.

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	6	3 - 21	umol/L	
ALT	11	10 - 50	U/L	
Alk.Phos	70	40 - 125	U/L	
GGT	13	10 - 55	U/L	

Requestor Comments
Query Hyperthyroid
Weight loss.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Creatinine	66	64 - 111	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.1	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Requestor Comments
Query Hyperthyroid
Weight loss.

Blood haematinic levels				
Description	Value	Range	Unit	Normalcy Notes
Ferritin	128	20 - 300	ug/L	

Requestor Comments
Query Hyperthyroid
Weight loss.

Report Information
Requestor Afzal, Dr Azhar
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB927768Y
Sample Date 14/05/2018 10:55:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	133	135 - 180	g/L	R
Red cell count	4.25	4.5 - 6.5	10 ¹² /L	R
Haematocrit	0.393	0.40 - 0.54	ratio	R
Mean cell volume	93	78 - 98	fL	
Mean Cell Hb	31.3	27.0 - 32.0	pg	
White cell count	11.7	4.0 - 11.0	10 ⁹ /L	R
Neutrophil Count	8.00	2.0 - 7.5	10 ⁹ /L	R
Lymphocyte Count	2.66	1.5 - 4.0	10 ⁹ /L	
Monocyte Count	0.81	0.2 - 0.8	10 ⁹ /L	R
Eosinophil Count	0.22	0.04 - 0.4	10 ⁹ /L	
Basophil Count	0.04	0.01 - 0.1	10 ⁹ /L	
Platelet count	282	150 - 400	10 ⁹ /L	
Mean cell Hb conc.	338	310 - 360	g/L	

Requestor Comments

Weight loss.

Report Information

Requestor Afzal, Dr Azhar

Requesting Location (GSFER8) 8 Ferniehill Road

Report Identifier HR333222P

Sample Date 14/05/2018 10:55:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam, oxazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Report Information
Requestor Known, Cons Not
Requesting Location (SEEDAC) SEELDC (Gracemount Medical)
Report Identifier HB540536H
Sample Date 30/10/2018 02:30:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam, oxazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
rhoda paul 0131 469 5093

Requestor Comments
methadone prescribed

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB583095S
Sample Date 20/05/2019 12:59:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
rhoda paul 0131 469 5093

Requestor Comments
prescribed methadone

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB597136F
Sample Date 23/07/2019 14:39:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
rpaul 01314695093

Requestor Comments
ort.....

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB648654L
Sample Date 03/03/2020 15:10:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
adrian perry ballenden house

Requestor Comments
opiate dependent

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB681488H
Sample Date 29/10/2020 13:08:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments

Andrew Bain

Requestor Comments

ORT.....

Report Information

Requestor given, Not

Requesting Location (REHCONOP) OPD Contact Appointment, REH

Report Identifier HB697460G

Sample Date 28/01/2021 09:15:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
prescribed methadone

Report Information
Requestor Known, Cons Not
Requesting Location (MDSLX) MDS Failure -No Location
Report Identifier HB999979B
Sample Date 15/04/2021 14:00:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments
A Bain 07977246818

Requestor Comments
Methadone Script

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB779594A
Sample Date 06/05/2022 14:56:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	137	130 - 180	g/L	
Red cell count	4.29	4.5 - 6.5	10 ¹² /L	R
Haematocrit	0.388	0.40 - 0.52	ratio	R
Mean cell volume	90	78 - 98	fL	
Mean Cell Hb	31.9	27.0 - 32.0	pg	
White cell count	19.5	4.0 - 11.0	10 ⁹ /L	R
Neutrophil Count	17.36	2.0 - 7.5	10 ⁹ /L	R
Lymphocyte Count	0.78	1.5 - 4.5	10 ⁹ /L	A
Monocyte Count	1.37	0.2 - 0.8	10 ⁹ /L	R
Eosinophil Count	0.00	0.04 - 0.4	10 ⁹ /L	R
Basophil Count	0.00	0.01 - 0.1	10 ⁹ /L	R
Metamyelocytes	0.00		10 ⁹ /L	
Myelocytes	0.00		10 ⁹ /L	
Promyelocytes	0.00		10 ⁹ /L	
Blast Cells	0.00		10 ⁹ /L	
Platelet count	270	150 - 400	10 ⁹ /L	
Atyp. Immature Cells	0.00		x10 ⁹ /l	
Mean cell Hb conc.	353	310 - 360	g/L	
Nucleated RBC count			10 ⁹ /L	

Set Comments

RBC's anisocytic normochromic
Neutrophilia
Wbc neutrophil toxic granulation+

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier HR054653D
Sample Date 29/06/2022 14:20:00

Bone Group				
Description	Value	Range	Unit	Normalcy Notes
Calcium	2.34	2.2 - 2.6	mmol/L	
Adjustd Calcium	2.40	2.2 - 2.6	mmol/L	
Albumin	35	36 - 47	g/L	R

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	18	3 - 21	umol/L	
ALT	12	10 - 50	U/L	
Alk.Phos	67	40 - 125	U/L	

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Serum amylase level				
Description	Value	Range	Unit	Normalcy Notes
Amylase	51	3 - 100	U/L	

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.4	2.5 - 6.6	mmol/L	
Creatinine	56	64 - 111	umol/L	R
Sodium	133	135 - 145	mmol/L	R
Potassium	3.4	3.6 - 5	mmol/L	R
TCO2	25	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	53	0 - 5	mg/L	R

Sample Comments

anderson 23511

Requestor Comments

abdo pain

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier HB110287V
Sample Date 29/06/2022 14:20:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	140	130 - 180	g/L	
Red cell count	4.38	4.5 - 6.5	10 ¹² /L	R
Haematocrit	0.400	0.40 - 0.52	ratio	
Mean cell volume	91	78 - 98	fL	
Mean Cell Hb	32.0	27.0 - 32.0	pg	
White cell count	28.1	4.0 - 11.0	10 ⁹ /L	A
Neutrophil Count	24.04	2.0 - 7.5	10 ⁹ /L	A
Lymphocyte Count	1.37	1.5 - 4.5	10 ⁹ /L	R
Monocyte Count	2.68	0.2 - 0.8	10 ⁹ /L	A
Eosinophil Count		0.04 - 0.4	10 ⁹ /L	R
Basophil Count	0.04	0.01 - 0.1	10 ⁹ /L	
Platelet count	281	150 - 400	10 ⁹ /L	
Mean cell Hb conc.	350	310 - 360	g/L	
Nucleated RBC count			10 ⁹ /L	
Set Comments RBC's essentially normochromic normocytic Neutrophilia Wbc neutrophil toxic granulation+ Neutrophil cytoplasmic vacuolation. Note monocytosis				

Sample Comments

c moceivei

Requestor Comments

unwell .

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier HR055215M
Sample Date 30/06/2022 16:23:00

Bone Group				
Description	Value	Range	Unit	Normalcy Notes
Calcium	2.41	2.2 - 2.6	mmol/L	R
Adjustd Calcium	2.47	2.2 - 2.6	mmol/L	
Albumin	35	36 - 47	g/L	

Sample Comments

c moceivei

Requestor Comments

unwell .

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	15	3 - 21	umol/L	R
ALT	26	10 - 50	U/L	
Alk.Phos	84	40 - 125	U/L	

Sample Comments

c moceivei

Requestor Comments

unwell .

Serum amylase level				
Description	Value	Range	Unit	Normalcy Notes
Amylase	42	3 - 100	U/L	

Sample Comments

c moceivei

Requestor Comments

unwell .

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	6.4	2.5 - 6.6	mmol/L	R
Creatinine	57	64 - 111	umol/L	
Sodium	135	135 - 145	mmol/L	
Potassium	HAEM			
TCO2	26	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

c moceivei

Requestor Comments

unwell .

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	293	0 - 5	mg/L	R

Sample Comments

c moceivei

Requestor Comments

unwell .

Report Information

Requestor given, Not
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier HB110870Q
Sample Date 30/06/2022 16:23:00

Serum gentamicin level				
Description	Value	Range	Unit	Normalcy Notes
Gentamicin	1.0		mg/L	(BGEN)
Test Comments				
(BGEN)	Adult standard dosing of gentamicin:			
(BGEN)	- Patients with creatinine clearance ≥ 21 ml/min			
(BGEN)	check level 6 to 14 hours post dose.			
(BGEN)	- Patients with creatinine clearance < 21 ml/min check			
(BGEN)	level at 24 hours post dose.			
(BGEN)	Plot results on the gentamicin monitoring chart and			
(BGEN)	adjust interval or withhold dose accordingly			
(BGEN)				
(BGEN)	Synergistic gentamicin in adults in combination with			
(BGEN)	other antibiotics.			
(BGEN)	Different dosing regimens and target levels are used			
(BGEN)	Review the antimicrobial companion:			
(BGEN)	https://www.antimicrobialcompanion.scot/nhs-lothian/			
(BGEN)				
(BGEN)	Patients on other regimens refer to local protocols			

Sample Comments

21358. .

Requestor Comments

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Report Information

Requestor given, Not
 Requesting Location (RIESOIP) RIE,Surgical Observ.Inpatients
 Report Identifier HB111241A
 Sample Date 01/07/2022 09:57:00

Blood Transfusion - Immunohaematology Report**Status: Final - Results stored and verified**

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Negative
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O NEGATIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320086224130

Sample Date 01/07/2022 12:53:00

Blood Transfusion - Immunohaematology Report**Status: Final - Results stored and verified**

Automated Antibody Screen	Negative
Patient Blood Group	ABO : O
Rhesus of patient	Rh D : Negative
Antibody status	Antibody Status : NAD (No Antibodies Detected)
Patient Blood Group	O NEGATIVE

Report Information

Requestor

Requesting Location

Report Identifier 10320086224228

Sample Date 01/07/2022 12:56:00

Serum gentamicin level				
Description	Value	Range	Unit	Normalcy Notes
Gentamicin	0.8		mg/L	(BGEN)
Test Comments				
(BGEN)	Adult standard dosing of gentamicin:			
(BGEN)	- Patients with creatinine clearance ≥ 21 ml/min			
(BGEN)	check level 6 to 14 hours post dose.			
(BGEN)	- Patients with creatinine clearance < 21 ml/min check			
(BGEN)	level at 24 hours post dose.			
(BGEN)	Plot results on the gentamicin monitoring chart and			
(BGEN)	adjust interval or withhold dose accordingly			
(BGEN)				
(BGEN)	Synergistic gentamicin in adults in combination with			
(BGEN)	other antibiotics.			
(BGEN)	Different dosing regimens and target levels are used			
(BGEN)	Review the antimicrobial companion:			
(BGEN)	https://www.antimicrobialcompanion.scot/nhs-lothian/			
(BGEN)				
(BGEN)	Patients on other regimens refer to local protocols			

Sample Comments

21068. .

Requestor Comments

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Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	9	3 - 21	umol/L	
ALT	107	10 - 50	U/L	R
Alk.Phos	205	40 - 125	U/L	R

Sample Comments

21068. .

Requestor Comments

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Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	4.5	2.5 - 6.6	mmol/L	
Creatinine	60	64 - 111	umol/L	R
Sodium	138	135 - 145	mmol/L	
Potassium	3.4	3.6 - 5	mmol/L	RD
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

21068. .

Requestor Comments

.....

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	123	0 - 5	mg/L	R

Sample Comments

21068. .

Requestor Comments

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Report Information

Requestor given, Not

Requesting Location (RIE106) RIE Ward 106

Report Identifier HB285028X

Sample Date 02/07/2022 10:52:00

Report**Clinical Summary**

Thick walled calculus cholecystitis. Laparoscopic cholecystectomy (subtotal) - soft liver.

Provisional diagnosis: cholecystitis.

Specimen

Gallbladder.

Macroscopy

The specimen pot contains multiple green gallstones. The specimen consists of two unorientated pieces of gallbladder. The first measures 75 x 38 x 15 mm. The second measures 45 x 30 x 15 mm. The serosal surface of both pieces is macroscopically similar with focal areas of haemorrhage and fibrinoid exudate. The mucosa surface of both pieces is macroscopically similar which is brown and denuded. No masses or lesions are seen. The maximum gallbladder wall thickness of piece 1 is 10 mm. The maximum wall thickness of piece 2 is 10 mm. The cystic duct has not been marked. The cystic duct cannot be identified. Three representative samples of tissue taken. Tissue remains.

Specimen trimmed by: Dr S Dhillon.

Microscopy

Histological examination reveals a thickened gallbladder wall containing oedema, haemorrhage, and fibroblastic proliferation. The epithelium is acutely inflamed and largely necrotic. Where present it shows reactive features, with no dysplasia or malignancy identified. The appearances are those of acute cholecystitis.

Gallbladder - Acute cholecystitis

Test Comments

(RPT) Pathologists :

(RPT) Independent Reporting

(RPT) Dr Katherine E Quiohilag

Sample Comments

Suffix Gall Bladder

Report Information

Requestor Healey, Dr Andrew James

Requesting Location (RIE106) RIE Ward 106

Report Identifier UB012882S/22

Sample Date 03/07/2022 10:25:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	11	3 - 21	umol/L	
ALT	99	10 - 50	U/L	R
Alk.Phos	237	40 - 125	U/L	R

Sample Comments

21068. .

Requestor Comments

routine.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.1	2.5 - 6.6	mmol/L	
Creatinine	56	64 - 111	umol/L	R
Sodium	142	135 - 145	mmol/L	
Potassium	4.1	3.6 - 5	mmol/L	
TCO2	29	22 - 30	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments

21068. .

Requestor Comments

routine.

Serum gentamicin level				
Description	Value	Range	Unit	Normalcy Notes
Gentamicin	<0.6		mg/L	(BGEN)
Test Comments (BGEN) Adult standard dosing of gentamicin: (BGEN) - Patients with creatinine clearance ≥ 21 ml/min (BGEN) check level 6 to 14 hours post dose. (BGEN) - Patients with creatinine clearance < 21 ml/min check (BGEN) level at 24 hours post dose. (BGEN) Plot results on the gentamicin monitoring chart and (BGEN) adjust interval or withhold dose accordingly (BGEN) (BGEN) Synergistic gentamicin in adults in combination with (BGEN) other antibiotics. (BGEN) Different dosing regimens and target levels are used (BGEN) Review the antimicrobial companion: (BGEN) https://www.antimicrobialcompanion.scot/nhs-lothian/ (BGEN) (BGEN) Patients on other regimens refer to local protocols				

Sample Comments

21068. .

Requestor Comments

routine.

Report Information

Requestor given, Not

Requesting Location (RIE106) RIE Ward 106

Report Identifier HB112702B

Sample Date 03/07/2022 12:51:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	115	130 - 180	g/L	A
Red cell count	3.63	4.5 - 6.5	10 ¹² /L	R
Haematocrit	0.333	0.40 - 0.52	ratio	R
Mean cell volume	92	78 - 98	fL	
Mean Cell Hb	31.7	27.0 - 32.0	pg	
White cell count	13.3	4.0 - 11.0	10 ⁹ /L	R
Neutrophil Count	10.59	2.0 - 7.5	10 ⁹ /L	R
Lymphocyte Count	1.56	1.5 - 4.5	10 ⁹ /L	
Monocyte Count	1.07	0.2 - 0.8	10 ⁹ /L	R
Eosinophil Count	0.06	0.04 - 0.4	10 ⁹ /L	
Basophil Count	0.04	0.01 - 0.1	10 ⁹ /L	
Platelet count	316	150 - 400	10 ⁹ /L	
Mean cell Hb conc.	345	310 - 360	g/L	
Nucleated RBC count			10 ⁹ /L	

Sample Comments
21068. .

Requestor Comments
routine.

Report Information
Requestor given, Not
Requesting Location (RIE106) RIE Ward 106
Report Identifier HR057010V
Sample Date 03/07/2022 12:51:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	11	3 - 21	umol/L	
ALT	74	10 - 50	U/L	R
Alk.Phos	226	40 - 125	U/L	R

Sample Comments
21068. .

Requestor Comments
.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.6	2.5 - 6.6	mmol/L	
Creatinine	55	64 - 111	umol/L	R
Sodium	136	135 - 145	mmol/L	
Potassium	3.9	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Sample Comments
21068. .

Requestor Comments
.

Serum gentamicin level				
Description	Value	Range	Unit	Normalcy Notes
Gentamicin	1.3		mg/L	(BGEN)
Test Comments (BGEN) Adult standard dosing of gentamicin: (BGEN) - Patients with creatinine clearance >=21ml/min (BGEN) check level 6 to 14 hours post dose. (BGEN) - Patients with creatinine clearance < 21ml/min check (BGEN) level at 24 hours post dose. (BGEN) Plot results on the gentamicin monitoring chart and (BGEN) adjust interval or withhold dose accordingly (BGEN) (BGEN) Synergistic gentamicin in adults in combination with (BGEN) other antibiotics. (BGEN) Different dosing regimens and target levels are used (BGEN) Review the antimicrobial companion: (BGEN) https://www.antimicrobialcompanion.scot/nhs-lothian/ (BGEN) (BGEN) Patients on other regimens refer to local protocols				

Sample Comments
21068. .

Requestor Comments
.

Report Information
Requestor given, Not
Requesting Location (RIE106) RIE Ward 106
Report Identifier HB285278P
Sample Date 04/07/2022 09:31:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	113	130 - 180	g/L	A
Red cell count	3.51	4.5 - 6.5	10^12/L	R
Haematocrit	0.327	0.40 - 0.52	ratio	R
Mean cell volume	93	78 - 98	fL	
Mean Cell Hb	32.2	27.0 - 32.0	pg	R
White cell count	10.0	4.0 - 11.0	10^9/L	
Neutrophil Count	7.33	2.0 - 7.5	10^9/L	
Lymphocyte Count	1.47	1.5 - 4.5	10^9/L	R
Monocyte Count	1.04	0.2 - 0.8	10^9/L	R
Eosinophil Count	0.15	0.04 - 0.4	10^9/L	
Basophil Count	0.05	0.01 - 0.1	10^9/L	
Platelet count	305	150 - 400	10^9/L	
Mean cell Hb conc.	346	310 - 360	g/L	
Nucleated RBC count			10^9/L	

Sample Comments
21068. .

Requestor Comments
.

Report Information
Requestor given, Not
Requesting Location (RIE106) RIE Ward 106
Report Identifier HR212486B
Sample Date 04/07/2022 09:31:00

SARS-CoV-2 secondary assay

SARS-CoV-2 virus PCR

Negative

(ZWUPC2)

Set Comments

For specific Infection Prevention and Control advice for SARS-CoV-2 ('COVID-19 virus') infection, please refer to the following NHSL intranet web link:

<http://intranet.lothian.scot.nhs.uk/COVID-19/PatientManagement/Pages/default.aspx>

Test Comments

(ZWUPC2) -----

Sample Comments

21061. .

Requestor Comments

Tap chole

Report Information

Requestor given, Not

Requesting Location (RIE106) RIE Ward 106

Report Identifier MI421463X

Sample Date 05/07/2022 11:46:00

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	3	3 - 21	umol/L	
ALT	70	10 - 50	U/L	R
Alk.Phos	199	40 - 125	U/L	R
GGT	208	10 - 55	U/L	R

Requestor Comments
post lap cho;le.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.1	2.5 - 6.6	mmol/L	
Creatinine	88	64 - 111	umol/L	
Sodium	138	135 - 145	mmol/L	
Potassium	4.6	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments
post lap cho;le.

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	13	0 - 5	mg/L	R

Requestor Comments
post lap cho;le.

Report Information
Requestor Warwick, Dr SA
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier QB420702J
Sample Date 15/07/2022 12:07:00

Full blood count - FBC				
Description	Value	Range	Unit	Normalcy Notes
Haemoglobin	129	130 - 180	g/L	R
Red cell count	4.16	4.5 - 6.5	10^12/L	R
Haematocrit	0.392	0.40 - 0.52	ratio	R
Mean cell volume	94	78 - 98	fL	
Mean Cell Hb	31.0	27.0 - 32.0	pg	
White cell count	7.4	4.0 - 11.0	10^9/L	
Neutrophil Count	3.85	2.0 - 7.5	10^9/L	
Lymphocyte Count	2.46	1.5 - 4.5	10^9/L	
Monocyte Count	0.98	0.2 - 0.8	10^9/L	R
Eosinophil Count	0.04	0.04 - 0.4	10^9/L	
Basophil Count	0.03	0.01 - 0.1	10^9/L	
Platelet count	525	150 - 400	10^9/L	A
Mean cell Hb conc.	329	310 - 360	g/L	
Nucleated RBC count	0.0		10^9/L	

Requestor Comments
post lap chole.

Report Information
Requestor Warwick, Dr SA
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier QB420837M
Sample Date 15/07/2022 12:07:00

HbA1c level				
Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	36	20 - 41	mmol/mol	(BHBAIF)
Test Comments (BHBAIF) HbA1c is NOT increased.				

Requestor Comments

HbA1c for diagnosis
anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Report Information

Requestor 3), Dr Collette Dayer (GPST)
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier QB708620S
 Sample Date 03/08/2022 12:08:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	129	130 - 180	g/L	R	(HHBG)
Red cell count	4.12	4.5 - 6.5	10 ¹² /L	R	
Haematocrit	0.388	0.40 - 0.52	ratio	R	
Mean cell volume	94	78 - 98	fL		
Mean Cell Hb	31.3	27.0 - 32.0	pg		
White cell count	9.4	4.0 - 11.0	10 ⁹ /L		
Neutrophil Count	5.77	2.0 - 7.5	10 ⁹ /L		
Lymphocyte Count	2.58	1.5 - 4.5	10 ⁹ /L		
Monocyte Count	0.92	0.2 - 0.8	10 ⁹ /L	R	
Eosinophil Count	0.12	0.04 - 0.4	10 ⁹ /L		
Basophil Count	0.05	0.01 - 0.1	10 ⁹ /L		
Platelet count	283	150 - 400	10 ⁹ /L		
Reticulocyte Count	58	25 - 85	10 ⁹ /L		
Mean cell Hb conc.	332	310 - 360	g/L		
Nucleated RBC count	0.0		10 ⁹ /L		
Set Comments					
Occasional Wbc neutrophil left shift+					
Test Comments					
(HHBG) Dr. requested blood film.					

Requestor Comments

anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Report Information

Requestor 3), Dr Collette Dayer (GPST

Requesting Location (GSFER8) 8 Ferniehill Road

Report Identifier QB708604Q

Sample Date 03/08/2022 12:08:00

Blood haematinic levels				
Description	Value	Range	Unit	Normalcy Notes
Ferritin	263	20 - 300	ug/L	
Vitamin B12	558	180 - 2000	ng/L	
Serum Folate	5.3	2.8 - 20	ug/L	

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	0.84	0.23 - 5.6	mU/L	
Free T4	17	9 - 28	pmol/L	

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	3.9	2.5 - 6.6	mmol/L	
Creatinine	68	64 - 111	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.0	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60		ml/min	

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	9	3 - 21	umol/L	
ALT	40	10 - 50	U/L	
Alk.Phos	120	40 - 125	U/L	
GGT	125	10 - 55	U/L	R

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Serum lipids				
Description	Value	Range	Unit	Normalcy Notes
Cholesterol	5.4		mmol/L	A

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Serum C reactive protein level				
Description	Value	Range	Unit	Normalcy Notes
C-Reactive Prot	11	0 - 5	mg/L	R

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Serum Protein EPH / IGs				
Description	Value	Range	Unit	Normalcy Notes
IgA	3.98	0.8 - 4.5	g/L	
IgG	8.65	6 - 15	g/L	
IgM	1.25	0.35 - 2.9	g/L	

Requestor Comments
 Patient is not known to have a thyroid condition.
 anaemia/deranged LFTs/raised plts - to monitor/further Ix.

Report Information
 Requestor 3), Dr Collette Dayer (GPST)
 Requesting Location (GSFER8) 8 Ferniehill Road
 Report Identifier QB708125L
 Sample Date 03/08/2022 12:08:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Negative	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments

Adele Burns

Requestor Comments

Opiate substitute

Report Information

Requestor given, Not

Requesting Location (REHCONOP) OPD Contact Appointment, REH

Report Identifier HB817066J

Sample Date 14/12/2022 15:24:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments

Adele Burns

Requestor Comments

On opiate replacement

Report Information

Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB828130W
Sample Date 23/02/2023 14:46:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	(BOBENZ)
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Negative	
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	

Sample Comments

Adele Burns

Requestor Comments

On ORT..

Report Information

Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB839240K
Sample Date 05/05/2023 12:38:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07703888130

Requestor Comments
On ORT..

Report Information
Requestor given, Not
Requesting Location (GSPITOPD) Spittal Street OPD, Edinburgh
Report Identifier HB501940R
Sample Date 05/02/2024 14:03:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Requestor Comments
Rx methadone, pregabalin, diazepam. taking cannabis.

Report Information
Requestor REG), Dr Kirsty Jane Nixon (GP
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB517243C
Sample Date 17/04/2024 21:23:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Negative	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07703888130

Requestor Comments
on ORT..

Report Information
Requestor given, Not
Requesting Location (GSPITOPD) Spittal Street OPD, Edinburgh
Report Identifier HB534111Z
Sample Date 08/07/2024 14:50:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Requestor Comments
on pregabalin v occ cocaine use + diazepam + methadone.

Report Information
Requestor 1), Dr Chantal Llano (GPST
Requesting Location (GSFER8) 8 Ferniehill Road
Report Identifier HB535679N
Sample Date 11/07/2024 15:01:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Negative	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Negative	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07703888130

Requestor Comments
On ORT..

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB549073D
Sample Date 17/09/2024 15:38:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07703888130

Requestor Comments
On ORT..

Report Information
Requestor given, Not
Requesting Location (REHCONOP) OPD Contact Appointment, REH
Report Identifier HB563821S
Sample Date 27/11/2024 16:51:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Positive	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07824375235

Requestor Comments
On ORT..

Report Information
Requestor given, Not
Requesting Location (GSPITOPD) Spittal Street OPD, Edinburgh
Report Identifier HB588570F
Sample Date 01/04/2025 14:55:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Negative	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Borderline threshold level	
Oral FI Buprenorphine	Negative	
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 07703888130

Requestor Comments
On ORT..

Report Information
Requestor given, Not
Requesting Location (GSPITOPD) Spittal Street OPD, Edinburgh
Report Identifier HB618734K
Sample Date 30/07/2025 14:47:00

Oral Fluid Drugs of Abuse		
Oral FI Amphetamine	Negative	
Oral FI Cocaine	Positive	
Oral FI Methadone	Negative	
Oral FI Opiates	Negative	
Oral FI Benzos	Positive	(BOBENZ)
Oral FI Gabapentin	Positive	
Oral FI Buprenorphine	Negative	(BOFBUP)
Oral FI Pregabalin	Positive	(BOPGAB)
Set Comments		
Note toxicology results should not be used for medicolegal purposes.		
Test Comments		
(BOBENZ)	Benzo group includes: diazepam, temazepam,	
(BOBENZ)	nitrazepam, nordiazepam (diaz/chlordiazepoxide metab.)	
(BOFBUP)	Oral Fluid Buprenorphine: Negative	
(BOPGAB)	Oral Fluid Pregabalin: Positive	

Sample Comments
Dr Stewart 0703888130

Requestor Comments
Prescribed diazepam

Report Information
Requestor given, Not
Requesting Location (GSPITOPD) Spittal Street OPD, Edinburgh
Report Identifier HB652007R
Sample Date 18/03/2026 15:22:00