NHS
Ayrshire & Arran

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock

MMA Legal Limited
Building B
23 Goodlass Road
Liverpool
Speke
L24 9HJ

Date 17/07/2026
Our Ref LW\205563430
Your Ref 100859
Enquires to Lauren
Telephone 01563 827076

E-mail SubjectAccessRequest@aapct.scot.nhs.uk

Dear Sir/Madam

GENERAL DATA PROTECTION REGULATION (GDPR) SUBJECT ACCESS REQUEST
RE: Brian Fitzpatrick - 41 Alexander MacMillan Way, IRVINE, KA11 4DS

I refer to your recent letter requesting access to your client's medical records under the above Act.

I have now had the approval of the relevant Clinicians to provide you with a copy of the notes and enclose herewith the relevant documents.

I would be grateful if you could email the above address or return the tear-off slip to confirm safe receipt of the documents.

Yours faithfully,

Mr R H Bryden
Head of Health Records Services

Please return to: Legal Desk, Health Records, University Hospital Crosshouse, Kilmarnock Road, Kilmarnock, KA2 0BE

I acknowledge safe receipt of the copies of medical records pertaining to:

Brian Fitzpatrick 205563430

NHS Ayrshire and Arran Hospital Records

Signed: ---------- Date: ----------

Designation: ----------

Crosshouse Hospital A & E
Tel: 01563 577757 /
577758 Fax: 01563 572009

A&E Discharge Letter

To: Y.BRODIE

Re: Brian Fitzpatrick
88 CALEDONIAN ROAD,STEVENSTON,AYRSHIRE,,
KA20 3LF
DOB: 02/05/1956
A & E No: XH-19-019106-1
CHI No.: 0205563430

Attendance Details

ate of Attendance: 06/04/2019 **Time of Attendance:** 21:34:00
resenting Complaint: Chemical Ingestion **Duty Consultant:** T Hopkins
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:5

Diagnosis	Self poisoning with other medicines,,
Treatment	Advice
Investigations	
Discharge formation:	Discharge, Usual place of residence no follow up
Additional Information	Presented after small sip of deodorizer at work by accident. No concerning features. Discharged worsening advice.
Discharged by:	Emily Murphy-Ackroyd,Clinical Fellow

If you have any queries about this patient, please contact one of the staff at the above number

CROSSHOUSE HOSPITAL
EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

A/E No: **XH-19-019106-1**

CHI No: **0205563430**

Date: **06 Apr 2019** Time: **21:34**

Consultant: **Tom Hopkins**

FITZPATRICK

Brian

GP
Dr. Y BRODIE
THREE TOWNS MEDICAL PRACTICE
THE HEALTH CENTRE
20 MAIN STREET
STEVENSTON
KA20 3AA

Incident Date: **06 Apr 2019**
Incident Time: **21:34**

Martial Status:

Sex:

Date of Birth: **02 May 1956** Age: **62 Years**

Address:
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE

KA20 3LF

Next of Kin:
Fitzpatrick
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE
KA20 3LF

Spouse
Home Tel: 01294/686606

Ethnicity Scottish

Religion Roman Catholic

Attendances in last 12mths **1**

Total Attendances Count **4**

Phone Numbers:
Home: 01294/686606
Mobile: 07956563854

Employer/School
Not at School

Accompanied By:
Wife

Special case

Triage Time 21:39 **Triage Nurse** Gillian Russell **Triage Group** Yellow

Resp Rate	02 Sat%	PFR
15	98	

Pulse	BP
95	166 /93

E 4 M 6 V 5

Triage details
Accidently swallowed industerial strength deoderiser, swollowed 1 mouthful, burning sensation to throat.

@ 9pm.

Treatment
NONE

? Lyco-

Clinical Frailty Score:

Special Needs
NONE

Allergies: **No Known Allergy**

BMstix	Alcohol	Temp	Weight
		36.2	

Visual Acuity R L

Pain Score (Triage) 2

Pain Score (Discharge)

Re-assess in 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed.....Witness.....Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

Disch A+E clinic Paed Tr. # eye ENT Max Facial Ward OP Ward IP

*0205563430

A/E No. XH-19-019106-1

Drug	Dose	route	time/frequency	signature	quantity/given by

PVC1	Size/Colour	Location	Initials	PVC2	Size/Colour	Location	Initials

	Device	Flow Rate l/min	%O2 for Venturi	Target SpO2	Prescribed by	Started by	Stopped by
Oxygen							
Changed to							

DOCTOR / ~~ENP~~: E MURPHY CDF. Time: 22:40.

62 ♂ leaving work, had decanted industrial deodorizer liquid (used to eliminate odours — works w. Learning disabilities) into bottle to take home. Unsure of
Accidentally took small sip from bottle while taking tablets.
→ [redacted] foul taste, stopped.
Rinsed mouth / throat with milk afterward.
Now slightly sore throat. No abdo pain.
No vomiting / haematemesis
No tongue / oral swelling / burning / ulceration.

> PMHx – back pain

> SHx – lives w wife.

> Meds — meloxicam. Desloratadine
Amitriptyline Paracetamol / dihydrocodeine
Buscopan.
Omeprazole.

> NKDA.

> O/E – Alert / well.
News 1. HR 95.

Nil seen in oral cavity – no erosion / burns / bleeding.

→ reviewed on Toxbase – nil exact source.

D/W Dr Thom – small volume, non-corrosive substance for surfaces etc.
→ (H) + worsening advice.

E Murphy

Dr Emily Murphy-Ackroyd
GMC No: 7514025

NHS24 CONTACT REPORT

PCM ID:	70373751		
CHI:	0205563430	**Caller :** Self	
Surname:	FITZPATRICK	**Date/Time Call Received:**	06.04.2019 20:52:00
Forename:	BRIAN	**Date/Time Call Completed:**	06.04.2019 20:10:12
DOB:	02.05.1956		
Gender:	M		
Address:	88 Caledonian Road STEVENSTON KA20 3LF	**Current Location:**	88 Caledonian Road STEVENSTON KA20 3LF
Phone Number:	07956563854	**GP:**	RAMESHWER LAL THREE TOWNS MEDICAL PTCE THREE TOWNS MEDICAL PTCE
Phone Ext.:			
Special Directions:			THE HEALTH CENTRE STEVENSTON KA203AB
Temporary Resident:	NO		

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Accident & Emergency (ASAP)
REASON FOR CALL / RELEVANT INFORMATION:
SWALLOWED CLEANING PRODUCT - 5MINS
SWALLOWED CLEANING PRODUCT, DEODERISER, BROUGHT HOME FROM WORK IN OTHER BOTTLE NOT AWARE OF CONTENTS. NOT BEEN SICK BAD TASTE. WASHED MOUTH OUT WITH MILK. TAKING NIGHT TIME MEDS - DIHYDROCODE AND AMITRYPTALINE
OUTCOME:
Patient advised to go to A&E - For Information Only

Confirmed Symptom(s):
#Symptomatic followingingestion

PAST MEDICAL HISTORY:

NOTES:

06:04:2019 20:58:45 TAYLORY FEELS LIKE BACK OF THROAT IS ROUGH WORRIED ABOUT SWALLOWING DOWN FURTHER
PT HAS NOW VOMITED
D/W SCN D MASON WHO CHECKED NO BREATHING DIFFICULTIES. ADVISED A&E ASAP AND NOT TO INDUCE VOMITING.
SCN D MASON ADVISED IF DURING JOURNEY LIPS/TONGUE START SWELLING AND SOB OR WHEEZING THEY SHOULD PULL OVER AND DIAL 999 DIRECT
WIFE ASKED IF PT GAN DRINK D MASON ADVISED NO
PT WILL ATTEND CROSSHOUSE A & E

Support Line Notes:

Crosshouse Hospital A & E
Tel: 01563 577757 /
577758 Fax: 01563 572009

A&E Discharge Letter

To: Y.BRODIE

Re: **Brian Fitzpatrick**
88 CALEDONIAN ROAD,STEVENSTON,AYRSHIRE
KA20 3LF
DOB: 02/05/1956
A & E No: XH-18-024252-1
CHI No.: 0205563430

Attendance Details

ate of Attendance: 10/05/2018 **Time of Attendance:** 15:57:00
resenting Complaint: l mid fin prob **Duty Consultant:** J Stevenson
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:4

Diagnosis	Minor soft tissue injury,Middle finger,Left
Treatment	Garter Strapping
Investigations	
Discharge formation:	Discharge, Usual place of residence follow up arranged, Other Clinic
Additional Information	Reviewed by ortho, left middle finger locking last 2/7. Finger triggering. Splinted and discharged with ortho follow up arranged.
Discharged by:	Dominique Black,FY2

If you have any queries about this patient, please contact one of the staff at the above number

CROSSHOUSE HOSPITAL
EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

(2)

A/E No: **XH-18-024252-1**

CHI No: **0205563430**

Date: **10 May 2018** Time: **15:57**

Consultant: **Mr JAMES STEVENSON**

FITZPATRICK

Brian

GP
Dr. Y BRODIE
THREE TOWNS MEDICAL PRACTICE
THE HEALTH CENTRE
20 MAIN STREET
STEVENSTON
KA20 3AA

Incident Date: **10 May 2018**
Incident Time: **15:57**

Martial Status:

Sex:

Date of Birth: **02 May 1956** Age: **62 Years**

Address:
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE

KA20 3LF

Next of Kin:
Fitzpatrick
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE
KA20 3LF

Spouse
Home Tel: 01294/686606

Ethnicity Scottish

Religion Roman Catholic

Attendances in last 12mths
1

Total Attendances Count
3

Phone Numbers:
Home: 01294/686606
Mobile: 07956563854

Employer/School
Not at School

Accompanied By:
Unaccompanied

Special case

Triage Time 16:07 **Triage Nurse** Marianna Paterson **Triage Group** Yellow

Resp Rate 02 Sat% PFR

Pulse BP

E M V

Triage details
ref for ortho

Allergies: **No.Known Allergy**

Treatment
NONE

Special Needs
NONE

BMstix **Alcohol** **Temp** **Weight**

Visual Acuity
R L

Pain Score (Triage) 3

Pain Score (Discharge)

Re-assess in 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed.....Witness.....Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

Disch A+E clinic Paed Tr. # eye ENT Max Facial Ward OP Ward IP

A/E No. XH-18-024252-1

Drug	Dose	route	time/frequency	signature	quantity/given by

PVC1	Size/Colour	Location	Initials	PVC2	Size/Colour	Location	Initials

	Device	Flow Rate l/min	%O2 for Venturi	Target SpO2	Prescribed by	Started by	Stopped by
Oxygen							
Changed to							

10/5/18 DOCTOR / ENP: Time:

17:00 Surgit - Ortho on Call

(62) P/C Locking of (L) Middle finger 2 days
On & off locking 2/52.
LHD.

P/H → NIL
→ No allergy

Medication → Ruxopan for Diverticulosis.
Amitryptyline

Non Smoker/Non drinker.

S/H → Health & Social care manager.
Stays with wife.

O/E- (L) Hand. triggering - occasional locking.
- Distal N/V (ok).

Adv.
- Splint applied.
- To Review in Clinic MR THOMAS - 15/5/18.

Registration Details - Patient No: 19958

Personal details...		Address details...	
Date of birth	02/05/1956	Post Code	KA20 3LF
Sex	M	House Name Flat No	88
Surname	Fitzpatrick	No and Street	Caledonian Road
Previous Surname		Village	STEVENSTON
Forenames	Brian Michael	Town	Ayrshire
Calling Name	Brian	County	
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	07956563854
Registered GP	Dr GP 3 Towns	Work Tel No	
Usual GP	Dr GP 3 Towns	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	07956563854 Wife Noreen
CHI Number	0205563430		
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	28/09/2015		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
29/09/2015	Plain X-ray thoracic spine degenereativew changes	Mrs. Watson	5255
15/11/2010	Diverticulosis	Mrs. Mitchell	J510
10/11/2010	Other diagnostic ultrasound Abdominal NAD	Mrs. Brotherston	585

Past Problems		Authorised By	Code
29/11/2010	**Unilateral inguinal hernia - simple**	Dr Convery	J3030
01/11/2010	**Rectal bleeding**	Dr Martin	J5730-1
29/11/1990	**Endoscopy carried out** Small hiatus hernia, erosions in duodenum	Mrs. Brotherston	3612
01/01/1982	**Barium meal** chronic peptic fibrosis	Mrs. Brotherston	548-1

Due Diary Entries		Authorised By	Code
26/06/2018	**Medication review**	Dr Murphy	8B314

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
04/12/2015	**Adverse reaction to Tramadol Hydrochloride** itch	Dr Powell	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status

22/12/2010	**Notes summary on computer**
26/06/2017	**Drug therapy Medication review done**
21/10/2010	**Height 160 cm**
21/10/2010	**Weight 68.5 Kg**
21/10/2010	**Body Mass Index 26.76 kg/m2**
21/10/2010	**Blood pressure reading O/E - BP reading**
21/10/2010	**Blood pressure reading 110/80 mm Hg**
09/01/2014	**Smoking Status Never smoked tobacco**

Consultations

10/05/2018	Dr Elizabeth McGee at Three Towns Medical Practice 16884
History	**Dear ortho**, thanks for seeing Brian. He presents with trigger finger of the left middle finger. stuck in that position for 2 days. NV intact no hx of trauma. he is left hand dominant
Examination	NV intact left middle finger and very firmly stuck
Social	Unit manager for a social services centra for adults with learning disability
Comment	needs to be released today - Ortho reg XH kindly agreed to see him today.

11/04/2018 09:04	Dr Rosalynn Morrin at Three Towns Medical Practice 16884
Problem (REVIEW)	**Backache**
History	reattending re back pain. has been seeing work physio - had massage and acupuncture last appt, has exercises to do. feels discomfort medial and lower left scapula and at lumbar spine. no red flags. taking co-dyd and meloxicam and amit. also sertraline. sleep can be disturbed. bloods normal Nov. asking about pain clinic referral
Examination	no bony tenderness spine. tender points muscles medial and below left scapula and bilat paraspinal muscles. small area rough skin left forearm - using emolleint. try steroid. return 3wks if not resolved with steroid
Comment	imp: muscular back pain plan: continue physio input with massage / acupuncture and exercises. continue current analgesia.
Medication	Betamethasone Valerate Cream 0.1 % *30 gram APPLY DAILY AT NIGHT*

21/03/2018 12:50	Dr Princewill Uju at Medication Request
History	sertraline issued

07/03/2018	Dr Lynsey Murdock at Three Towns Medical Practice 16884
Problem (NEW)	**Patient reviewed**
History	mood ok on current sertraline dose. still feels anxious at times and having nightmares at night. ongoing pain in back. seeing physio. also c/o tinnitus - worse at night.

Comment	agreed continue current sertraline. discussed ?propanolol as option in future. Increase amitriptyline to see if helps with pain and sleep. WSG
Medication	Amitriptyline Hydrochloride Tablets 10 mg *112 tablet TAKE 4 AT NIGHT*

17/01/2018 15:39	Dr Anthony Murphy at Three Towns Medical Practice 16884
Problem (REVIEW)	**Patient reviewed**
History	obj and subj improved though remains anxious.
Social	back at work phased return til end of this month then back to full time all being well. driving to and from work - short journeys. managing fine. still awaiting counselling.
Comment	discussed. inc dose of sertraline to 100mg daily. rv in 4 weeks.
Medication	Sertraline Hydrochloride Tablets 100 mg *56 tablet ONE TO BE TAKEN EACH DAY*

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/04/2018	**Betamethasone Valerate Cream 0.1 %** APPLY DAILY AT NIGHT 30 gram	11/04/2018P	Dr GP 3 Towns	ACUTE
07/03/2018	**Amitriptyline Hydrochloride Tablets 10 mg** TAKE 4 AT NIGHT 112 tablet	24/04/2018P	Dr GP 3 Towns	REPEAT
20/11/2017	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 224 tablet	24/04/2018P	Dr GP 3 Towns	REPEAT
20/11/2017	**Meloxicam Tablets 7.5 mg** ONE TO BE TAKEN DAILY 30 TABLET	24/04/2018P	Dr GP 3 Towns	REPEAT
26/06/2017	**Laxido Orange Oral Powder Sachets Sugar Free** THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED 120 sachet	20/12/2017P	Dr GP 3 Towns	REPEAT
15/12/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	22/03/2018P	Dr GP 3 Towns	REPEAT
19/07/2016	**Hyoscine Butylbromide Tablets 10 mg** 2 Tabs qid prn 112 TABLET	24/04/2018P	Dr GP 3 Towns	REPEAT
22/06/2015	**Desloratadine Tablets 5 mg** 1 OD 60 TABLET	19/03/2018P	Dr GP 3 Towns	REPEAT

To R Lal
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

University Hospital Crosshouse
Emergency Department
Crosshouse Hospital, Kilmarnock
KA2 0BE
Tel: 01563 827751 / 827762

DUTY CONSULTANT: DR JAMIE ADAMS

PATIENT DETAILS

Patient name	**Brian Fitzpatrick**
CHI Number	0205563430
DOB	02/05/1956
Address	88 CALEDONIAN ROAD STEVENSTON AYRSHIRE KA20 3LF

ATTENDANCE DETAILS

Attendances prev12mths	0
Total Attendances	5
Arrival Date & Time	02/11/2017 at 13:49
Attendance Number	XH-17-058095-1
Diagnosis	Minor soft tissue injury Back

Drugs:

Treatment	Advice Analgesia
Investigations	
Additional Information	

DISCHARGE DETAILS

Discharge Date & Time	02 Nov 2017 16:2816:28
Left Dept. Date & Time	02 Nov 2017 14:40
Outcome	Discharge, no follow up Usual place of residence 0
Further Referral	
Child Protection	
Adult Protection/Concern	
Clinician Seen	CLAIRE GILROY SPECIALTY DOCTOR

Rm 3

CROSSHOUSE HOSPITAL
EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

A/E No: **XH-17-058095-1**

CHI No: **0205563430**

Date: **02 Nov 2017** Time: **13:49**

Consultant: **Dr Craig McRoberts**

GP
Dr. Y BRODIE
THREE TOWNS MEDICAL PRACTICE
THE HEALTH CENTRE
20 MAIN STREET
STEVENSTON
KA20 3AA

Incident Date: **02 Nov 2017**
Incident Time: **13:49**

Martial Status:

Sex:

FITZPATRICK
Brian

Date of Birth: **02 May 1956** Age: **61 Years**

Address:
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE

KA20 3LF

Phone Numbers:
Home: 01294/686606

Next of Kin:
Fitzpatrick
WEST LODGE
STEVENSTON
AYRSHIRE
KA20 4JX

Spouse

Ethnicity Scottish

Religion Roman Catholic

Attendances in last 12mths
0

Total Attendances Count
2

Employer/School
Not at School

Accompanied By:
Wife

Special case

Triage Time 13:56 **Triage Nurse** Karen Munn **Triage Group** Green

Resp Rate	02 Sat%	PFR
18	99	

Pulse	BP
133	144 /92

E 4 M 6 V 5

Triage details
Restrained driver, stationary in traffic, hit from behind. C/o pain to (L) shoulder and feeling dizzy.

ECG ☑

Treatment

Special Needs
NONE

Re-assess in 15 30 60 minutes

Allergies: **No Known Allergy**

BMstix	Alcohol	Temp	Weight
7.3		36.4	

Visual Acuity R L

Pain Score (Triage) 2

Pain Score (Discharge)

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed.....Witness.....Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

Disch A+E clinic Paed Tr. # eye ENT Max Facial Ward OP Ward IP

*0205563430

A/E No. XH-17-058095-1

Drug	Dose	route	time/frequency	signature	quantity/given by

PVC1	Size/Colour	Location	Initials	PVC2	Size/Colour	Location	Initials

	Device	Flow Rate l/min	%O2 for Venturi	Target SpO2	Prescribed by	Started by	Stopped by
Oxygen							
Changed to							

DOCTOR / ~~ENP~~: C. [illegible] Time: 1615

R ⓒ shoulder pain

Work
- Restrained driver, at traffic lights at stop sign.
- car behind drove round into back of him
- cardiac at fault, did not wear seatbelt
- handbrake turn on. Did not bang head
- damage to bumper only.
- airbag did not go off.
- assessed at ~08:30 today.
- drove to work
- Denies chest pain SOB/ haemoptysis

PMH
Back pain

Medication NKDA
See ECS
Co-codamol Amitriptyline

SHx Lives on own nurse

O/E T-36.4
HR 130
BP 144/92
Sats 99%

(V) Hb 1+11
JVP (-)
cardiac auscultation
respiratory
Pupils, Tongue, upper & lower limbs, (N)

Back tenderness mid-lower thoracic spine

Lumbar: - ST
(B) Normal ROM
- discomfort on reaching end range

[signature]

ID:

2 Nov 2017 15:11

Name:brian fitzpatrick

Sex:Male Birth Date: 2-May-1956 61 Years

cm kg mmHg

Medication:

Symptoms:

History:

1120 Sinus tachycardia [vent. rate >= 100 bpm]

5211 Minimal voltage criteria for LVH, may be normal variant [R amp. (aVL) > 1.1 mV]

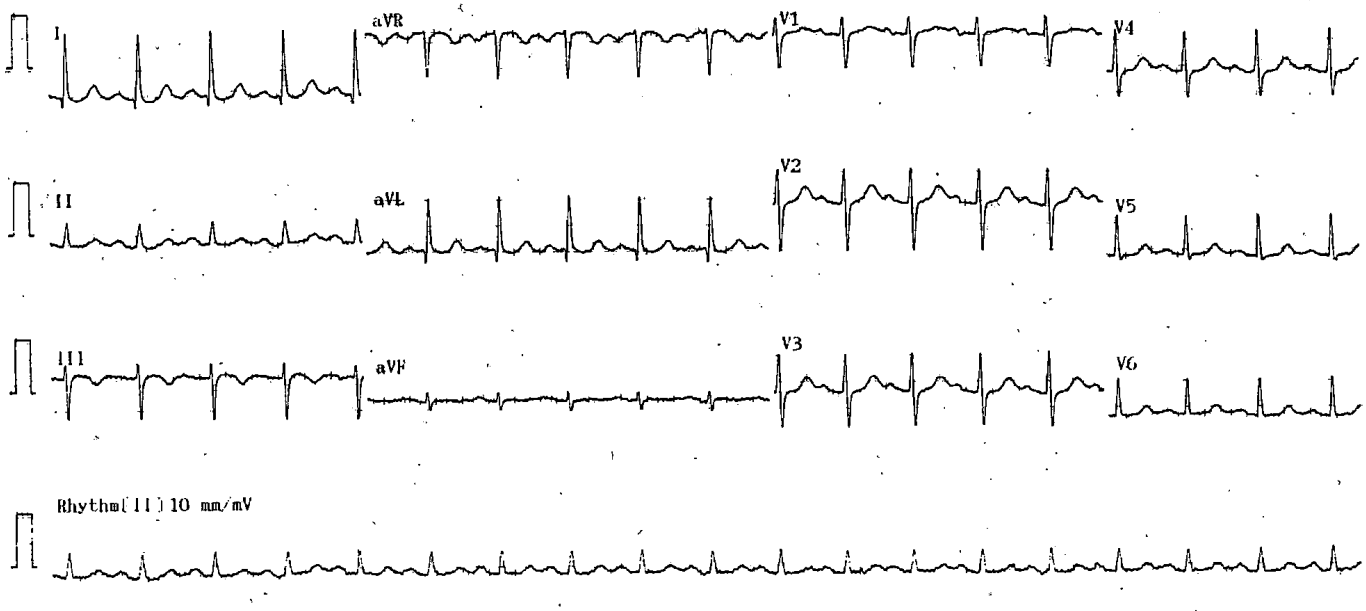
9140 ** abnormal rhythm ECG **

Vent rate	112	bpm
PR int	182	ms
QRS dur	82	ms
QT/QTc int	324/ 442	ms
P/QRS/T axis	12/ -7/ 5	°
RV5/SV1 amp	0.835/ 0.680	mV
RV5+SV1 amp	1.515	mV

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV 10 mm/mV 10 mm/mV



1350K 04-01 03:02 Dept.:

Exam:Crosshouse hospital

ML3515S

To R Lal
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

University Hospital Crosshouse
Emergency Department
Crosshouse Hospital, Kilmarnock
KA2 0BE
Tel: 01563 827751 / 827762

DUTY CONSULTANT: DR LISA BLACK

PATIENT DETAILS

Patient name	**Brian Fitzpatrick**
CHI Number	0205563430
DOB	02/05/1956
Address	88 CALEDONIAN ROAD STEVENSTON AYRSHIRE KA20 3LF

ATTENDANCE DETAILS

Attendances prev12mths	0
Total Attendances	5
Arrival Date & Time	09/02/2015 at 17:51
Attendance Number	XH-15-007923-1
Diagnosis	FB on cornea Cornea Left

Drugs:	Chloramphenicol Ointment
Treatment	Advice Take home drugs
Investigations	
Additional Information	FB sustained while welding yesterday, removed but rust ring remains, will be seen by opthalmology for removal of same

DISCHARGE DETAILS

Discharge Date & Time	09 Feb 2015 18:3618:36
Left Dept. Date & Time	09 Feb 2015 18:35
Outcome	Discharge, follow up arranged Usual place of residence 0 Ayr SHO Opthalmic
Further Referral	
Child Protection	
Adult Protection/Concern	
Clinician Seen	HELEN MAIR ENP

CROSSHOUSE HOSPITAL
EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

A/E No: **XH-15-007923-1**

CHI No: **0205563430**

Date: **09 Feb 2015** Time: **17:51**

Consultant: **Dr Lisa Black**

FITZPATRICK
Brian

GP
Dr. Y BRODIE
THREE TOWNS MEDICAL PRACTICE
THE HEALTH CENTRE
20 MAIN STREET
STEVENSTON
KA20 3AA

Incident Date: **09 Feb 2015**
Incident Time: **17:51**

Martial Status: **Married / civil partner**

Date of Birth: **02 May 1956** Age: **58 Years**

Address:
WEST LODGE
STEVENSTON
AYRSHIRE

KA20 4JX

Sex: **M**

Next of Kin:
Fitzpatrick
WEST LODGE
STEVENSTON
AYRSHIRE
KA20 4JX

Spouse
Home Tel: 01294/467490

Ethnicity

Religion No Religion

Attendances in last 12mths **0**

Total Attendances Count **1**

Phone Numbers:
Home: 01294/467490

Employer/School
Not at School

Accompanied By:
Wife

Special case

Triage Time 18:10 **Triage Nurse** Helen Mair **Triage Group** Green

Resp Rate | 02 Sat% | PFR

Pulse | BP | E M V

Triage details
? FB L eye

Allergies: **No Known Allergy**

Treatment
NONE

BMstix | **Alcohol** | **Temp** | **Weight**

Special Needs
NONE No difference corrected

Visual Acuity R 6/4-1 L 6/5-1

Pain Score (Triage) 10

Pain Score (Discharge)

Re-assess in 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed..... Witness..... Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

0205563430

Disch | A+E clinic | Paed Tr. # | (eye) | ENT | Max Facial | Ward OP | Ward IP

9.40 Suite B.

A/E No. XH-15-007923-1

Drug	Dose	route	time/frequency	signature	quantity/given by
oxybuprocaine 0.4%	1drop	Top	1820	KA N.P	KA STAT.
Fluorescein 1%	1drop	Top	18.20	KA N.P	KA STAT
Chloramphenicol ot	1App	Top	Tds x 5/7	KA N.P	KA 1 tube (L) eye.

PVC1	Size/Colour	Location	Initials	PVC2	Size/Colour	Location	Initials

	Device	Flow Rate l/min	%O2 for Venturi	Target SpO2	Prescribed by	Started by	Stopped by
Oxygen							
Changed to							

DOCTOR / ENP: MRM. Time: 1814

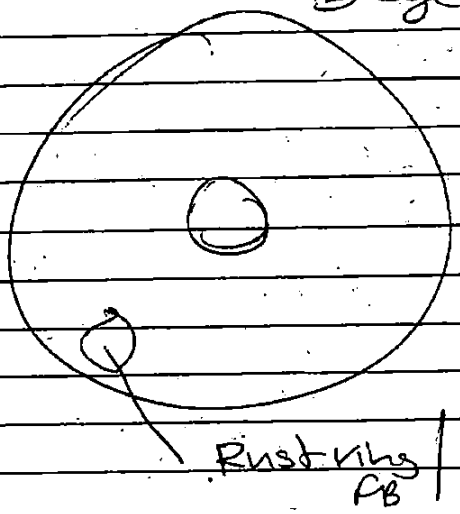
PC: FB (L) eye

HPC: 58yr old supervisor was repairing car yesterday and felt FB so into eye

• Allergies opmit of note • current meds

O/E: (L) eye: rod + watering
VA as documented, PERLA, eye movements (N)
slip lamp exam: large metal FB at 7o'clock on edge of iris removed with q/tip - rust ring remains.
Stained with fluorescein large abrasion under FB.

(L) eye



Imp: Rust ring

Tx: chloramphenicol ot.
Ophthalmology R/V 11/2.
DC

KA
ENP.

MEDICAL IN CONFIDENCE

Admission Form V3

MEDICAL RECORD

HOSPITAL CODE	HOSPITAL NAME	Case Reference Number:
XHI	Crosshouse Hospital	XHI261246

ADM. DETAILS

DATE	TIME	TYPE	REASON	ADM/TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
23/3/2011	07:38:00	11	11	12	Day-Case	14/2/2011	DayCase	

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E
DSU	Other (filler code)	General Surgery Excl Vas	Mr Lon Fon		

PATIENT

TITLE	SURNAME	FORENAME(1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
Mr	Fitzpatrick	Brian		54	2/5/1956	M	M

ADDRESS West Lodge, STEVENSTON, Ayrshire

ALT/PREV.SURNAME

OCCUPATION

CHI No. 0205563430

POSTCODE KA20 4JX TELEPHONE No. 01294 467490

OCCUPATION(HUSBAND/FATHER)

HEALTH BOARD RESIDENCE

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

REF G.P.

NAME Cormac Convery

G.P. CODE 4310684 PRACTICE GP Surgery

CONTRACT No. FH STATUS

ADDRESS Three Towns Medical Practice, 20 Main Street, STEVENSTON,

TEL No. POSTCODE KA20 3AB

REG G.P.

NAME Clifford Martin

G.P. CODE 2615655 PRACTICE GP Surgery

CONTRACT No. FH STATUS

ADDRESS Three Towns Medical Practice, 20 Main Street, STEVENSTON,

TEL No. POSTCODE KA20 3AB

NOK

NAME Noreen Fitzpatrick

RELATIONSHIP Wife

ADDRESS West Lodge, Stevenston

DAY PHONE.No. NIGHT PHONE.No. 01294.467490

MISC

RELIGION RC

VISIT REQ. BY CHAPLAIN YES/NO: No

PENSION BOOK No.

Admission

MAIN DIAGNOSIS — SPECIAL WARNINGS

OTHER CONDITIONS (D.G.2)

OTHER CONDITIONS (D.G.3)

SMR04 SMR50

M.H. STATUS PREVIOUS PSYCH. CARE CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

Requested by:Liz Morgan 23 Mar 2011 07:37

DISCH. DETAILS

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
23/2/11						

DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
HOME				DSU	SURG	Fon

SMR04	TYPE OF CARE PROVIDED		ECT-1st TREATMENT DATE		ECT-NUMBER OF TREATMENTS	

DIAGNOSIS & OPERATIONS

		SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G.2)		
(D.G.2)		
(D.G.3)		
(D.G.4)		
(D.G.5)		
(D.G.6)		

	CODE	DATE
MAIN OPERATIONS		
OTHER OPERATION (O.P.2)		
(O.P.3)		
(O.P.4)		

LOCAL USE NATIONAL USE

MEDICAL IN CONFIDENCE

Admission Form V3

MEDICAL RECORD

HOSPITAL CODE	HOSPITAL NAME	Case Reference Number:
XHI	Crosshouse Hospital	XHI261246

ADM. DETAILS

DATE	TIME	TYPE	REASON	ADM/TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
15/11/2010	13:46:00	11	1K	12	Day-Case	5/11/2010	DayCase	

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E
ES	Other (filler code)	General Medicine	Dr Ali Taha		

PATIENT

TITLE	SURNAME	FORENAME(1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
Mr	Fitzpatrick	Brian		54	2/5/1956	M	M

ADDRESS West Lodge
Stevenston

ALT/PREV.SURNAME

OCCUPATION

CHI No. 0205563430

POSTCODE KA20 4JX TELEPHONE No. 01294 467490

OCCUPATION(HUSBAND/FATHER)

HEALTH BOARD RESIDENCE

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

REF G.P.

NAME Clifford Martin
G.P. CODE 2615655 PRACTICE GP Surgery
CONTRACT No. FH STATUS

ADDRESS Three Towns Medical Practice
20 Main Street,
STEVENSTON,
TEL No. POSTCODE KA20 3AB

REG G.P.

NAME Clifford Martin
G.P. CODE 2615655 PRACTICE GP Surgery
CONTRACT No. FH STATUS

ADDRESS Three Towns Medical Practice
20 Main Street,
STEVENSTON,
TEL No. POSTCODE KA20 3AB

NOK

NAME Noreen Fitzpatrick
RELATIONSHIP Wife

ADDRESS West Lodge
Stevenston

DAY PHONE.No. NIGHT PHONE.No. 01294.467490

MISC

RELIGION RC

VISIT REQ. BY CHAPLAIN YES/NO
No

PENSION BOOK No.

Admission

MAIN DIAGNOSIS — SPECIAL WARNINGS

OTHER CONDITIONS (D.G.2)

OTHER CONDITIONS (D.G.3)

SMR04 SMR50

M.H. STATUS | PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

Requested by: jackie anderson 15 Nov 2010 13:46

DISCH. DETAILS

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
15/11/10						

DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
HOME				ENDO	MED	TAHA

SMR04	TYPE OF CARE PROVIDED		ECT-1st TREATMENT DATE		ECT-NUMBER OF TREATMENTS	

DIAGNOSIS

		SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G.2)		
(D.G.2)		
(D.G.3)		
(D.G.4)		
(D.G.5)		
(D.G.6)		

& OPERATIONS

	CODE	DATE
MAIN OPERATIONS		
OTHER OPERATION (O.P.2)		
(O.P.3)		
(O.P.4)		

LOCAL USE | NATIONAL USE

MEDICAL IN CONFIDENCE

ADMISSION FORM

MEDICAL RECOR

HOSP. CODE	HOSPITAL NAME	PATIENT CATEGORY	UNIT No.
A111H	CROSSHOUSE HOSPITAL	N.H.S.	XHT-261246

ADMISSION DETAILS	DATE	TIME	WARD	TYPE	SOURCE	DATE ON WAITING LIST	CONSULTANT	SPECIALITY
	29/11/90	0900	G	W/L	HOME	02/11/90	B A SUGDEN	SURG

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MAR. STAT.
FITZPATRICK	BRIAN		34	02/05/1956	M	MA

ADDRESS: 4 CASTLEHILL RD, STEVENSTON

ALT/PREV SURNAME:

OCCUPATION: ALARM ENGINEER — CODE:

POST CODE: — TELEPHONE No.:

OCCUPATION (Husband/Father): — CODE:

G.P.

NAME: DR GILBERT SCOLLAY — INITIALS:

ADDRESS: HEALTH CENTRE, MAIN ST, STEVENSTON — POST CODE: KA203AA — TELEPHONE No.:

NEXT OF KIN

NAME: NOREEN FITZPATRICK — RELATIONSHIP: WIFE

ADDRESS: AS ABOVE

DAY TELEPHONE No.: AS ABOVE — NIGHT TELEPHONE No.:

AND / OR

NAME: — RELATIONSHIP:

ADDRESS:

DAY TELEPHONE No.: — NIGHT TELEPHONE No.:

MISC.

RELIGION: R/C

VISIT REQUIRED BY CHAPLAIN YES/NO: NO

TYPE OF PENSION: 1. — 2.

PENSION BOOK No: 1. — 2.

DISCHARGE SUMMARY

DISCHARGE DETAILS	DATE	TIME	TYPE	PATIENT CATEGORY	TYPE OF FACILITY	SPECIALITY	CONSULTANT	CODE
	29.11.90							

DISCHARGED/TRANSFERRED TO:	HOSPITAL	CODE	WARD	SPECIALITY	CONSULTANT	CODE
	Home			Surg	MR SUGDEN	

OPERATIONS

PRINCIPAL DIAGNOSIS	CODE	PRINCIPAL OPERATION	DATE	CODE
hiatus	5533	endoscopy	29/11/90	G459
OTHER CONDITIONS: hernia		OTHER OPERATIONS		
		NATIONAL OPTION		
		LOCAL OPTION		

J KERR 11:57:34 29 NOV 1990

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101039799538M

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT)C5
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	29-Apr-2026
Date submitted	29-Apr-2026

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

41 Alexander Macmillan Way
Irvine
KA11 4DS

Contact number(s)

Voice: 07485247646

REGISTERED GP DETAILS

Name	Dr Andrea Wardell		
GMC code	3615034	GP code	24724
Practice name	Townhead Surgery		
Practice code	80344		

Practice address

6/8 High Street
Irvine

Contact number(s)

Voice: 01294 441441
Facsimile: 01294 312832

REFERRING PRACTITIONER DETAILS

Name	Dr Rachael Ferguson, Locum GP		
GMC code	7597286	GP code	-
Practice name	Townhead Surgery (80344)		
Practice code	80344		

Practice address

6/8 High Street
Irvine
AYRSHIRE
KA12 0AY

Contact number(s)

Voice: 01294 441 441

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below

Comment: Letter dictated 28/04/26 (PS) Brian is a 69 year old gentleman who is previously known to Mr Whymark for a nasal septum perforation. He was last seen about this in 2025. He came in to see me today reporting two complaints. One was of left sided nosebleeds which have been occurring for months. He reports that they always occur on the left side and tend to happen around 2-3 times per week. Sometimes he will wake up with a nosebleed. He has also reported over recent months new onset throbbing headaches which can be in different positions of his head, however reports that he sometimes does get nasal pain that radiates up into the back of his left eye. He denies any vomiting, visual change, or unintentional weight loss. He reports that he has longstanding left sided tinnitus and wears hearing aids which were recently adjusted. On examination today his BP was within acceptable limits at 145/80. On examination I could see his nasal septum perforation. I could not see any evidence of old or active bleeding or any concerning features. Given his headaches I have requested a full set of blood tests and a CT head. Regarding his recurrent unilateral epistaxis I appreciate that his nasal septal perforation may be playing into this, however without further visualization cannot rule out anything underlying. Your review in due course would be hugely appreciated. Many thanks. Dr Rachael Ferguson Locum GP

Examinations and Investigations

Height:	158	-
Weight(kg):	75.6	-
BMI:	30.28	-
Never smoked tobacco:		07-Oct-2025
Teetotaller:		07-Oct-2025

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Haemorrhoids	-	-	Endoscopy Suite Letter, Ayr (04/02/26)	21-Jan-2026	21-Jan-2026
Gastritis unspecified	-	-	Endoscopy Suite Letter, Ayr (04/02/26)	21-Jan-2026	21-Jan-2026
Perforation of nasal septum NOS	-	-	Otolaryngology letter rec'd (28/05/25), X/H	22-May-2025	22-May-2025
Essential hypertension	-	-	New Patient Update Summary	31-Mar-2025	31-Mar-2025
Transient ischaemic attack	-	-	New Patient Update Summary	07-Jan-2023	07-Jan-2023
Diverticulosis	-	-	New Patient Update Summary	15-Nov-2010	15-Nov-2010
Inguinal hernia	-	-	New Patient Update Summary - Left - Surgically repaired	19-Aug-1981	19-Aug-1981

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Diagnostic fibreoptic gastroscopy	-	-	Endoscopy Suite Letter, Ayr (04/02/26)	21-Jan-2026	21-Jan-2026
Diagnostic colonoscopy	-	-	Endoscopy Suite Letter, Ayr (04/02/26)	21-Jan-2026	21-Jan-2026

Carpal tunnel release (Left)	Left	-	New Patient Update Summary	08-Jun-2007	08-Jun-2007
Bilateral vasectomy for contraception	-	-	New Patient Update Summary	13-Jun-1996	13-Jun-1996

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	12-Feb-2026	-	05-Mar-2026
Amlodipine Tablets 5 mg	-	56 tablet	ONE TO BE TAKEN EACH MORNING	-	13-May-2025	-	16-Feb-2026
Atorvastatin Tablets 40 mg	0212000B0AAACAC	56 tablet	ONE TO BE TAKEN AT NIGHT	-	13-May-2025	-	16-Feb-2026
Paracetamol Tablets 500 mg	0407010H0AAAMAM	448 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY	-	13-May-2025	-	16-Feb-2026
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	60 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	16-Feb-2026
Loratadine Tablets 10 mg	0304010D0AAAAAA	60 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	24-Mar-2026
Meloxicam Tablets 15 mg	1001010AAAAABAB	60 TABLET	ONE TO BE TAKEN DAILY	-	13-May-2025	-	24-Mar-2026
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	56 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	13-Apr-2026
Finasteride Tablets 5 mg	0604020C0AAAAAA	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	17-Apr-2026
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	13-May-2025	-	17-Apr-2026
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED. DISSOLVE	-	13-May-2025	-	27-Jan-2026

			IN AT LEAST HALF A GLASS OF WATER.				

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	12-Feb-2026	-	16-Feb-2026
Sertraline Hydrochloride Tablets 50 mg	0403030Q0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY	-	22-Jan-2026	-	17-Apr-2026
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jul-2025	-	17-Apr-2026
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	17-Apr-2026

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Confidential - Clinical Information

Mr M Farah
Consultant Surgeon

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

www.nhsaaa.net

Dr AF Wardell
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref:	MF/LS
Hospital No:	0205563430
Ref Date:	27/03/2026
Date Dictated:	12/03/2026
Date Typed:	27/03/2026
Enquiries to	Tracy Robson
Direct Line:	01292 614488
Ext. Number:	14488
Email:	tracy.robson@aapct.scot.nhs.uk

Dear Dr Wardell,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
41 ALEXANDER MACMILLAN WAY, IRVINE, AYRSHIRE, KA11 4DS

I assessed your patient back in January in the telephone colorectal clinic. The patient reported an increase in stool frequency over the last few months with no red flag symptoms and has also symptoms and signs of iron deficiency anaemia. He was investigated with OGD and colonoscopy. OGD showed non-erosive gastritis. Biopsies from the stomach showed active gastritis with no evidence of H.pylori or metaplasia or dysplasia. Colonoscopy showed diverticular disease of the left colon and some haemorrhoids.

These are reassuring findings and we will be discharging the patient from our clinic back to your care.

Yours sincerely

Authorised on 28/03/2026 12:08:36 by Mr Muhaned Farah.

Mr Muhaned Farah
Locum Consultant General Surgeon
GMC: 6093174

Oncology Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

Confidential - Clinical Information

NHS Ayrshire & Arran

www.nhsaaa.net

Dr AF Wardell
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: MF/NC
Clinic Date: 08/01/2026
Date Dictated: 08/01/2026
Date Typed: 24/01/2026
Enquiries to Tracy Robson
Direct Line: 01292 614488
Ext. Number: 14488
Email: tracy.robson@aapct.scot.nhs.uk

Dear Dr Wardell,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
41 ALEXANDER MACMILLAN WAY, IRVINE, AYRSHIRE, KA11 4DS

Thank you for referring this patient whom I reviewed in the colorectal telephone clinic today. The patient reports intermittent changes in his stool frequency and consistency over time. There are no associated red flag symptoms including low rectal bleeding, no unintentional weight loss, no persistent abdominal pain but he has iron deficiency anemia symptoms of fatigue and shortness of breath. His latest haemoglobin was 125.

His past medical history includes TIA's and hypertension. He is not on any blood thinners.

He has no past surgical history of note and no family history of bowel cancer or inflammatory bowel disease. His qFIT test was negative with a value of less than 7.

I will arrange a bi-directional scope through the 2 week pathway and I will keep you updated on the outcome.

Yours sincerely

Authorised on 14/02/2026 12:51:25 by Mr Muhaned Farah.

Mr Muhaned Farah
Locum Consultant General Surgeon
GMC: 6093174

Bi-directional scope ✓

INVESTING IN VOLUNTEERS

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101038661164G

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

DermatologyA7
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	06-Jan-2026
Date submitted	06-Jan-2026

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

41 Alexander Macmillan Way
Irvine
KA11 4DS

Contact number(s)

Voice: 07485247646

REGISTERED GP DETAILS

Name	Dr Andrea Wardell		
GMC code	3615034	GP code	24724
Practice name	Townhead Surgery		
Practice code	80344		

Practice address

6/8 High Street
Irvine

Contact number(s)

Voice: 01294 441441
Facsimile: 01294 312832

REFERRING PRACTITIONER DETAILS

Name	Dr. Andrea Wardell		
GMC code	3615034	GP code	24724
Practice name	Townhead Surgery (80344)		
Practice code	80344		

Practice address

6/8 High Street
Irvine
AYRSHIRE
KA12 0AY

Contact number(s)

Voice: 01294 441 441

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below

Comment: Letter dictated 05/01/26 (PS) This 69 year old man has had a lesion to his left forearm. It has been there for some time, possibly years. It becomes crusty but it has now also become a bit painful. His previous surgery had given him we think hydrocortisone cream with no effect. On examination he has a flat, scaly, crusty, pink patch of skin with irregular borders and symmetry, measuring approximately 25mm x 30mm. My impression is this is probably Bowen's disease. I have attached a photo and wonder whether you might be able to review him. Many thanks. Esme Gyton ANP

Examinations and Investigations

Height:	158	-
Weight(kg):	75.6	-
BMI:	30.28	-
Never smoked tobacco:	07-Oct-2025	
Teetotaller:	07-Oct-2025	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Perforation of nasal septum NOS	-	-	Otolaryngology letter rec'd (28/05/25), X/H	22-May-2025	22-May-2025
Essential hypertension	-	-	New Patient Update Summary	31-Mar-2025	31-Mar-2025
Transient ischaemic attack	-	-	New Patient Update Summary	07-Jan-2023	07-Jan-2023
Diverticulosis	-	-	New Patient Update Summary	15-Nov-2010	15-Nov-2010
Inguinal hernia	-	-	New Patient Update Summary - Left - Surgically repaired	19-Aug-1981	19-Aug-1981

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Carpal tunnel release (Left)	Left	-	New Patient Update Summary	08-Jun-2007	08-Jun-2007
Bilateral vasectomy for contraception	-	-	New Patient Update Summary	13-Jun-1996	13-Jun-1996

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY	-	30-Jul-2025	-	24-Dec-2025

			WHEN REQUIRED					
Finasteride Tablets 5 mg	0604020C0AAAAAA	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	24-Dec-2025	
Meloxicam Tablets 15 mg	1001010AAAAABAB	60 TABLET	ONE TO BE TAKEN DAILY	-	13-May-2025	-	30-Dec-2025	
Loratadine Tablets 10 mg	0304010D0AAAAAA	60 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	04-Nov-2025	
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	60 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	24-Dec-2025	
Paracetamol Tablets 500 mg	0407010H0AAAMAM	448 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY	-	13-May-2025	-	24-Dec-2025	
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	224 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	13-May-2025	-	24-Dec-2025	
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	56 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	24-Dec-2025	
Atorvastatin Tablets 40 mg	0212000B0AAACAC	56 tablet	ONE TO BE TAKEN AT NIGHT	-	13-May-2025	-	24-Dec-2025	
Amlodipine Tablets 5 mg	-	56 tablet	ONE TO BE TAKEN EACH MORNING	-	13-May-2025	-	24-Dec-2025	
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	24-Dec-2025	

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ferrous Fumarate Tablets 210 mg	-	84 tablet	ONE TO BE TAKEN DAILY	-	03-Nov-2025	84 Days	03-Nov-2025
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	22-Oct-2025	-	22-Oct-2025
Amitriptyline Hydrochloride	0403010B0AAAIAI	112 tablet	TWO TO BE	-	13-May-	-	20-Oct-2025

Tablets 50 mg	TAKEN AT NIGHT	2025

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day	Units per day
? (not known)	? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Confidential - Clinical Information

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 614626

www.nhsaaa.net

NHS Ayrshire & Arran

Brian Fitzpatrick
41 Alexander Macmillan Way
Irvine
Ayrshire
KA11 4DS

Our Ref:	QFIT/CMS/
Hospital No:	
Ref Date:	26/11/2025
Date Dictated:	26/11/2025
Date Typed:	26/11/2025
Enquiries to	Carol - qFIT Coordinator
Direct Line:	01292 614626
Ext. Number:	14626
Email:	carol.mclean-smillie@aapct.scot.nhs.uk

Dear Brian Fitzpatrick,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
41 ALEXANDER MACMILLAN WAY, IRVINE, AYRSHIRE, KA11 4DS

Your doctor has referred you to the hospital for advice and tests to check that the stomach and bowel symptoms that you have been experiencing are not caused by something more serious in your bowel.

Your doctor will already have informed you that you may be asked to complete a very simple test which involves you providing a stool sample which looks for tiny amounts of blood in your bowel motion which cannot be seen with the naked eye. This is known as a QFIT test.

Enclosed along with this letter is:

- The test
- Information / instruction leaflet
- Stamped addressed envelope to return the test for analysis
- **PLEASE RETURN YOUR COMPLETED KIT WITHIN THE ENVELOPE PROVIDED TO YOUR OWN GP SURGERY FOR OUR LAB VAN TO COLLECT.**
- ***Please ensure to write your name, date of birth and date the sample was taken on the picker stick before sending. Please also write the date the sample was taken on the green collection bag.***

It would be appreciated if you would complete the test within 48-72 hours from receipt of this letter, and then drop it off at your Doctors Surgery for collection (as highlighted above). No consultation is required.

INVESTING IN VOLUNTEERS

The result from this test will then determine the next steps we take: this may involve an out-patient clinic appointment, undertaking an examination of your bowel known as a colonoscopy or a scan of the inside of your bowel.

Once the results of your test are available, we will be in touch with you to discuss further management.

Should you have any questions or worries, please do not hesitate to contact the qFIT Coordinator.

Yours sincerely

Authorised on 26/11/2025 11:24:50 by Typist Carol McLean-Smillie, not verified by Consultant Carol McLean-Smillie.

Endoscopy Service

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101038132192R

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Cancer SuspectedC1A1
AA Colorectal UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	URGENT - CANCER IS SUSPECTED
Date of referral	04-Nov-2025
Date submitted	04-Nov-2025

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

41 Alexander Macmillan Way
Irvine
KA11 4DS

Contact number(s)

Voice: 07485247646

REGISTERED GP DETAILS

Name	Dr Andrea Wardell		
GMC code	3615034	GP code	24724
Practice name	Townhead Surgery		
Practice code	80344		

Practice address

6/8 High Street
Irvine

Contact number(s)

Voice: 01294 441441
Facsimile: 01294 312832

REFERRING PRACTITIONER DETAILS

Name	Dr. Andrea Wardell		
GMC code	3615034	GP code	24724
Practice name	Townhead Surgery (80344)		
Practice code	80344		

Practice address

6/8 High Street
Irvine
AYRSHIRE
KA12 0AY

Contact number(s)

Voice: 01294 441 441

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below

Comment: Letter dictated 03/11/25 (PS) I would be grateful if you could see this man with an iron deficiency anaemia. His haemoglobin is 125. He has raised platelets at 452. His MCV is 80. Ferritin is low at 14. Iron studies are low at 7.1. He is a new patient to the practice but I can see from previous records he has been investigated for abdominal pain and change in bowel habit with one episode of PR bleeding, with a qFIT of 24.5 in February 2023. I believe that he was advised to get a repeat qFIT and if it was normal no further investigations to be done. I believe the qFIT returned to normal and he was discharged. Again from looking at his previous records I can see that he has had low iron and ferritin since June 2022 as well. I have started him on some oral iron and would be grateful if he could be reviewed for possible assessment with bidirectional scopes.

Examinations and Investigations

Duration of Symptoms:	----Select-----	-
Previous Colonic Problems:	Yes	-
History of colorectal cancer in 1st degree relative:	----Select-----	-
Height:	158	-
Weight(kg):	75.6	-
BMI:	30.28	-
Never smoked tobacco:		07-Oct-2025
Teetotaller:		07-Oct-2025

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Perforation of nasal septum NOS	-	-	Otolaryngology letter rec'd (28/05/25), X/H	22-May-2025	22-May-2025
Essential hypertension	-	-	New Patient Update Summary	31-Mar-2025	31-Mar-2025
Transient ischaemic attack	-	-	New Patient Update Summary	07-Jan-2023	07-Jan-2023
Diverticulosis	-	-	New Patient Update Summary	15-Nov-2010	15-Nov-2010
Inguinal hernia	-	-	New Patient Update Summary - Left - Surgically repaired	19-Aug-1981	19-Aug-1981

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Carpal tunnel release (Left)	Left	-	New Patient Update Summary	08-Jun-2007	08-Jun-2007
Bilateral vasectomy for contraception	-	-	New Patient Update Summary	13-Jun-1996	13-Jun-1996

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	22-Oct-2025	-	22-Oct-2025
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	60 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	26-Aug-2025
Finasteride Tablets 5 mg	0604020C0AAAAAA	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	04-Sep-2025
Amlodipine Tablets 5 mg	-	56 tablet	ONE TO BE TAKEN EACH MORNING	-	13-May-2025	-	09-Sep-2025
Loratadine Tablets 10 mg	0304010D0AAAAAA	60 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	09-Sep-2025
Meloxicam Tablets 15 mg	1001010AAAAABAB	60 tablet	ONE TO BE TAKEN DAILY	-	13-May-2025	-	30-Sep-2025
Atorvastatin Tablets 40 mg	0212000B0AAACAC	56 tablet	ONE TO BE TAKEN AT NIGHT	-	13-May-2025	-	20-Oct-2025
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 tablet	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	13-May-2025	-	20-Oct-2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	56 capsule	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	28-Oct-2025
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	13-May-2025	-	28-Oct-2025

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ferrous Fumarate Tablets 210 mg	-	84 tablet	ONE TO BE TAKEN DAILY	-	03-Nov-2025	84 Days	03-Nov-2025
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jul-2025	-	30-Sep-2025

Amitriptyline Hydrochloride Tablets 50 mg	0403010B0AAAIAI	112 tablet	TWO TO BE TAKEN AT NIGHT	-	13-May-2025	-	20-Oct-2025
Paracetamol Tablets 500 mg	0407010H0AAAMAM	112 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	13-May-2025	-	20-Oct-2025

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Exercise status: Not Known

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

Confidential - Clinical Information

www.nhsaaa.net

Dr AF Wardell
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: AW/SJG
Hospital No:
Clinic Date: 22/05/2025
Date Dictated: 22/05/2025
Date Typed: 26/05/2025
Enquiries to Mrs Sarah-Jane Galloway
Direct Line: 01563 827326
Ext. Number: 27326
Email: sarah.galloway@aapct.scot.nhs.uk

Dear Dr Wardell,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
41, ALEXANDER MACMILLAN WAY, IRVINE, AYRSHIRE, KA11 4DS

Diagnosis - Nasal septal perforation
Management - Conservative

I discussed Mr Fitzpatrick's nasal condition. He denies any illicit drug use but does admit to using over the counter nasal decongestants aggressively in his nose which may have played a part in his nasal septal perforation. I have discussed with him the management with saline rinses and using Vaseline as a barrier on the nasal mucosa and I have discharged him from follow up.

Yours sincerely

Authorised on 28/05/2025 15:22:29 by Mr Andrew Whymark.

Mr A Whymark
Consultant ENT Surgeon
GMC 4188403

INVESTING IN VOLUNTEERS

Confidential - Clinical Information

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Brian Fitzpatrick
92 Caledonian Road
Stevenston
Ayrshire
KA20 3LF

Our Ref:	SB/CB – Mr A Whymark
Hospital No:	0205563430
Ref Date:	18/12/2024
Date Dictated:	18/12/2024
Date Typed:	19/12/2024
Enquiries to	Mrs Christine Boyd
Direct Line:	01563 827861
Ext. Number:	27861
Email:	christine.boyd@aapct.scot.nhs.uk

Dear Mr Fitzpatrick,

Further to your attendance at the Ear, Nose and Throat Clinic last month, I now have blood results back which I am pleased to say are all normal. This would suggest that there is no underlying disease causing your nasal septal perforation. I hope you find this result reassuring and that you are finding the combination of Vaseline to the nose and salt water washouts regularly to be beneficial.

Yours sincerely

Authorised on 19/12/2024 12:42:31 by Dr Stuart Benzie.

Dr Stuart Benzie
Speciality Doctor in ENT Surgery
GMC 4443849

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

INVESTING IN VOLUNTEERS

Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

Confidential - Clinical Information

NHS Ayrshire & Arran

www.nhsaaa.net

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: SB/ST
Hospital No:
Clinic Date: 19/11/2024
Date Dictated: 19/11/2024
Date Typed: 20/11/2024
Enquiries to Susanne Trainor
Direct Line: 01563 827893
Ext. Number: 27893
Email: susanne.trainor@aapct.scot.nhs.uk

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Diagnosis: Large nasal septal perforation.

Management: Continue Vaseline to both nostrils.
Saline nasal douches commenced.
ANCA screen, ACE and U&Es checked.

Follow up: 6 months.

Thank you for your referral of this 68 year old man who has a long standing history of recurrent nose bleeds. These can be from either nostril. Bleeds are usually associated with removing crusting from the nose. Mr Fitzpatrick feels he is very prone to bilateral nasal crusting. Typically bleeds are of short duration lasting only seconds. His most recent longer nose bleed was over a year ago. Mr Fitzpatrick does experience nasal congestion and discomfort. He has no history of nasal surgery or injury. Mr Fitzpatrick denies previous digital trauma and has not been a cocaine user. He is a non-smoker.

On examination mouth and oropharynx were unremarkable. There was good airflow through both nostrils. Anterior rhinoscopy revealed a large septal perforation with crusting posteriorly and inferiorly and some dried blood. Fibre optic inspection revealed no other abnormalities. The nasopharynx was normal.

Mr Fitzpatrick already uses some Vaseline in his nose and I have encouraged him to continue with this. I have supplied him with a saline douching kit and I have suggested that initially he does this 3 times daily but over time I would expect that he can reduce the frequency. I have checked blood tests today to exclude underlying sarcoidosis or granulomatosis with polyangiitis. An ENT follow up will be arrange for round about 6 months' time.

Yours sincerely

Authorised on 22/11/2024 10:26:33 by Dr Stuart Benzie.

INVESTING IN VOLUNTEERS

Dr Stuart Benzie
Speciality Doctor in ENT Surgery
GMC 4443849

Write or attach label

HI [redacted]
CI CHI: 0205563430
Fitzpatrick, Brian
Su 92 Caledonian Road
Fc Stevenston
KA20 3LF
Ac 02/05/1956
Dr Y Brodie
MRN: 0205563430
Date of Birth

STA 0216

DATE

19/11/24.

HISTORY

Recurrent epistaxis x 3 yrs.
- assoc ± rhinorrhoea and crusting.
- ~30 seconds duration usually.
- most recent significant bleed > 1 yr ago.

Bilateral crusting → obstruction & discomfort

PMH - Bronchitis

DH - Tramadol
- Paracetamol
- Sertraline
- Amitriptyline
- Statin
- Antihistamine

PHx nasal injury/surgery.

NKDA

Non-smoker.

EXAMINATION

General

Mouth and Pharynx

NAD.

Neck

Ears

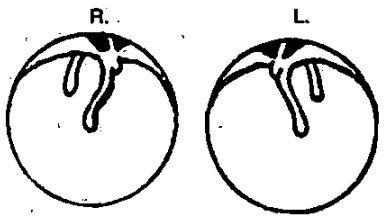
Nose Good airflow (L) & (R)

A/R - Large septal perf ± crusting & dried blood

Flexi - nil else

Post Nasal Space PNS (N)

Larynx



TREATMENT

Saline douches x 3/day
Vaseline
ANCA screen, ACE, U&E
F/U ~ 6/12 - AW

Dr S J Benzie
Speciality Doctor in ENT
4443849, Page ...

OTOLARYNGOLOGY

EC6

-- WASH CYCLE PASSED --

Cantel	RapidAER
Serial No	RAD143
Start	15h 58m
End	16h 17m
Date	18-11-2024
Cycle No	13213
Load Operator	12
Name	david brown
Unload Operator	16
Name	Gordon Barclay

-- Hookup --

Hookup No	301
Serial No	301-028
GS1	

-- Endoscope --

OLYM	ENF-GP2
Serial No	7204202
GS1	E20
Revision	a
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	18-11-2024 at 06h 32m
Suction	Not tested
Biopsy	Not tested
Water	Not tested
Air	Not tested
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 195 mb

-- Conductivity --

Detergent	1343 uS
Disinfectant	1154 uS
Final Rinse	0 uS

-- Temperature --

Detergent	25.3 deg
Disinfectant	26.5 deg
Final Rinse	19.5 deg

-- Chemical Batch/Lot & Serial No --

Detergent	24000335/0000000162
Part B	24000520/B000001739
Part A	24000522/A000001615

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

MSK
Musculoskeletal Service

MSK DISCHARGE REPORT

NHS
Ayrshire
& Arran

Patient Name:	Brian Fitzpatrick
Address:	92 Caledonian Road, Stevenston, Ayrshire, KA20 3LF
CHI:	0205563430
GP:	Dr Y Brodie
Consultant:	
Referrer Source:	M Devlin, Aryshire Medical Group
Referral Date:	03/10/2023
Start Date:	28/02/2024
Discharge Date:	27/03/2024
No. of treatments:	1
Discharge Reason:	DNA
Treatment Outcome:	
Therapist:	Wendy Mortimer
Location:	SALTCOATS HEALTH CENTRE

Dear

Patient did not attend follow up appointment.

Opt in 4 months

Yours sincerely,
Authorised on 27/03/2024 11:24:52 by Wendy Mortimer.
Wendy Mortimer
Locum MSK Physiotherapist
27/03/2024

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010309447230

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

KneeC8A4
AA Knee

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	03-Oct-2023
Date submitted	03-Oct-2023

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

92 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Farah Gilani		
GMC code	6163269	GP code	22021
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	M Devlin		
GMC code	93Y0030	GP code	-
Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: bilateral knee pain/giving way

Comment: Good Morning Mr Fitzpatrick is a pleasant 67 year old man who has consulted with the surgery today concerned about ongoing bilateral knee pains, he is currently on meloxicam and tramadol neither of which seem to resolve the knee pains. An x-ray done of both knees in august was NAD. He states the knee pain can awaken him overnight and the knees can give way when going down steps. He appears to have BL crepitus and a clicking felt on extension. I have agreed referral to yourselves for further assessment/advice. Kind Regards Michelle Devlin ANP

Examinations and Investigations

Height:	160 -	
Weight(kg):	68.5 -	
BMI:	26.76 -	
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Eventration of diaphragm	-	-	Internal referral for opinion	20-Apr-2020	20-Apr-2020
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Diagnostic cystoscopy using flexible instrument	-	-	-	16-Mar-2023	16-Mar-2023
Standard chest X-ray	-	-	-	01-May-2020	01-May-2020
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	112 TABLET	TWO TO BE TAKEN DAILY	-	20-Jun-2023	-	09-Aug-2023
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	60 capsule	ONE TO BE TAKEN EACH DAY	-	14-Jun-2023	-	14-Aug-2023
Amitriptyline Hydrochloride Tablets 50 mg	0403010B0AAAIAI	336 tablet	TWO TO BE TAKEN AT NIGHT	-	05-Jun-2023	-	09-Aug-2023
Desloratadine Tablets 5 mg	-	168 tablet	ONE TO BE TAKEN DAILY	-	05-Jun-2023	-	09-Aug-2023
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	168 tablet	ONE TO BE TAKEN EACH DAY	-	05-Jun-2023	-	09-Aug-2023
Amlodipine Tablets 5 mg	-	168 tablet	ONE TO BE TAKEN EACH MORNING	-	05-Jun-2023	-	09-Aug-2023
Atorvastatin Tablets 40 mg	0212000B0AAACAC	168 tablet	ONE TO BE TAKEN AT NIGHT	-	05-Jun-2023	-	09-Aug-2023
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	168 capsule	ONE TO BE TAKEN EACH DAY- STOP OMEPRAZOLE	-	05-Jun-2023	-	09-Aug-2023
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	1344 tablet	TAKE TWO TABLETS FOUR TIMES A DAY WHEN REQUIRED	-	05-Jun-2023	-	09-Aug-2023
Paracetamol Tablets 500 mg	0407010H0AAAMAM	1344 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	05-Jun-2023	-	09-Aug-2023
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	04-Sep-2023
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED	-	26-Jun-2017	-	20-Jan-2023

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ibuprofen Gel 10 %	-	50 gram	APPLY 3 TIMES DAILY	-	15-Aug-2023	42 Days	15-Aug-2023

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Confidential - Clinical Information

Stroke Unit
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133

www.nhsaaa.net

NHS Ayrshire & Arran

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: NR/HD/
Date Dictated: 14/08/2023
Date Typed: 15/08/2023
Enquiries to Mrs Hazel Dillon
Direct Line: 01563 827734
Ext. Number: 27734
Email: hazel.dillon@aapct.scot.nhs.uk

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I have the result of the 72 hour tape. This showed sinus rhythm with ventricular and supraventricular ectopics, but no evidence of atrial fibrillation.

Thank you.

Yours sincerely

Authorised on 16/08/2023 11:44:05 by Natalie Rennie.

Natalie Rennie
Consultant in Acute Medicine & Stroke Medicine
GMC 6128515

INVESTING IN VOLUNTEERS

Confidential - Clinical Information

General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Strictly Private & Confidential

Mr B Fitzpatrick
92 Caledonian Road
STEVENSTON
Ayrshire
KA20 3LF

Our Ref:	DGW/SR/
Hospital No:	
Ref Date:	20/03/2023
Date Dictated:	20/03/2023
Date Typed:	21/03/2023
Enquiries to	Sharon Rankin
Direct Line:	01563 827868
Ext. Number:	27868
Email:	Sharon.Rankin@aapct.scot.nhs.uk

Dear Mr Fitzpatrick,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I'm now in receipt of your repeat qFIT test which I'm pleased to say has returned to normal. This is obviously good news and very reassuring. As such, I don't think we need to do anything further and I've discharged you back to your GP.

Many thanks.

Yours sincerely

Authorised on 22/03/2023 13:24:05 by David Watt.

Mr David G Watt
Consultant General & Colorectal Surgeon
GMC: 7020223

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

INVESTING IN VOLUNTEERS

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Fax: 01292 614609
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Mrs L Kerr

Dr F Gilani
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	LG/MY
Hospital No:	0205563430
Clinic Date:	16/03/2023
Date Dictated:	16/03/2023
Date Typed:	24/03/2023
Enquiries to	Morag Young
Direct Line:	01292 614354
Ext. Number:	14354
Email:	morag.young@aapct.scot.nhs.uk

Dear Dr Gilani,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Diagnosis: Lower urinary tract symptoms

Procedure: Flexible cystoscopy

Follow up: Tamsulosin 400 ug once daily and discharged

Mr Fitzpatrick was seen in the urology out-patient clinic today following a telephone consultation in November with severe lower urinary tract symptoms. He was not started on any alpha-blockers at that point.

His lower urinary tract symptoms persist so we proceeded with a flexible cystoscopy which has shown a normal urethra, normal bladder mucosa and both UOs were identified. He had a slightly intruding prostate but not overly so. His flow studies show that he definitely has poor pressures and you can see he is using a lot of abdominal muscles to try and empty his bladder. He voided 299 ml and there was 0 ml left in his bladder.

I have given him some Tamsulosin to see if this relaxes the neck of the bladder and the prostate and helps with his flow. He has been discharged from urology.

Yours sincerely

Authorised on 25/03/2023 13:07:13 by Lynne Kerr.

Louise Goodwin
Advanced Nurse Practitioner - Urology

INVESTING IN VOLUNTEERS

Stroke Specialist Nurse Service

NHS Ayrshire & Arran

Patient Details			
Name	Brian Fitzpatrick	**DOB**	1956-05-02 (NaN)
CHI	0205563430		
Address	92 Caledonian Road Stevenston KA20 3LF		

Check this box upon completion ☑

Dear Dr	Brodie
Stroke Consultant	N Rennie

The above patient has been reviewed by a member of the Stroke Specialist Nurse Service. Please find a summary of the review below.

Diagnosis	TIA	**Diagnosis Date**	07/01/2023

Date of Contact	28-Feb-2023	**Consultation**	Telephone	**Visit Number**	1

Reason for Consultation	Nurse Decision

Patient's perception/understanding of diagnosis	good understanding
Family Spoken to	n/a
Progress / Summary	Brian reports no new neurological events. His TIA symptoms-1 episodes of right sided weakness and dysphasia(December) and 2 x dysphasia in January-all resolved with no residual symptoms. He has noticed he has been taking occasional headache since. Could his Lipids be re-checked if LDL >1.8 to increase atorvastatin to 80mg. I will also post out information on reducing same. Brian awaits his 72 hour tape as part of his stroke investigations
Patients Goal	to remain well

Secondary prevention	Yes		Written & Verbal
Self management	Yes		Written & Verbal

Current Medication	Name of Drug	Dose	Comments
Antiplatelet	Clopidogrel	75mg	
Anticoagulant	Please Select...		
Lipid lowering	Atorvastatin	40mg	
Antihypertensives	amlodipine	5mg	
Other medication	a per ECS		aware life long

Individual Risk Factors	
Family history ☑ Other ☑	
Family history Comments	mother and 2x brother have cardiac history
Other Comments	sciatica, chronic neck pain

BP		not recorded telephone call	**Comments**	
Pulse		not recorded telephone call	**Comments**	

Height	m	Weight	kg	BMI		Comments	

Venepuncture requested?	No

Post Stroke Assessment			
	Any issue	Comments/Findings	Information given
Activities of daily living	No	independent	Please Select...
Appetite / diet	No	good	Please Select...
Bladder / bowel	No	no issues	Please Select...
Communication	No		Please Select...
Cognition	No		Please Select...
Driving	Yes	not to drive for 3/12 -DVLA aware	Please Select...
Emotional / Psychological issues	No	bright	Please Select...
Employment	No	retired, gets low rate of mobility on PIP	Please Select...
Falls	No		Please Select...
Family relationships	No	lives with supportive wife	Please Select...
Fatigue	Yes	does have fatigue due to poor sleep pattern-not new	Please Select...
Hobbies / exercise activities	No	walks across the road to park with dog	Please Select...
Housing suitability	No		Please Select...
Mobility	No	independent, can't walk far due to pain	Please Select...
Pain / headaches	Yes	headaches, can come and go-new, does have chronic pain in back	Please Select...
Salt intake	No	doesn't take a lot of salt	Please Select...
Sexual health	No		Please Select...
Sleeping	Yes	poor at times due to sciatica	Please Select...
Spasticity	No		Please Select...
Speech	No	fluent	Please Select...
Swallowing	No		Please Select...
Vision	No	no issue	Please Select...
Weight	No		Please Select...
Other	No		Please Select...

Additional Stroke Information Given				
FAST ☑ TIA information pack ☑				
FAST	Information Given	Written & Verbal	Comments	
TIA information pack	Information Given	Pack posted to patient	Comments	

Referrals to Other Services	
Follow Up	Patient has been discharged from Stroke Specialist Nurse Service.

Please ensure patient is on stroke register for annual stroke.

Name	Kirsty Whyte	Designation	Stroke Specialist Nurse

Check this box upon completion ☑

Confidential - Clinical Information

General Surgical
Department(Colorectal)
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

www.nhsaaa.net

Brian Fitzpatrick
92 Caledonian Road
Stevenston
Ayrshire
KA20 3LF

Our Ref:	SMA/CR/NC
Hospital No:	
Clinic Date:	28/02/2023
Date Dictated:	28/02/2023
Date Typed:	28/02/2023
Enquiries to	Miss N Cooper
Direct Line:	01292 616850
Ext. Number:	16850
Email:	nicole.cooper@aapct.scot.nhs.uk

Dear Brian Fitzpatrick,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Further to your recent consultation your doctor will already have informed you that you may be asked to complete a very simple test which involves you providing a stool sample which looks for tiny amounts of blood in your bowel motion which cannot be seen with the naked eye. This is known as a QFIT test.

Enclosed along with this letter is:

- The test
- Information / instruction leaflet
- Stamped addressed envelope to return the test for analysis.
- **PLEASE RETURN YOUR COMPLETED KIT WITHIN THE ENVELOPE PROVIDED TO YOUR OWN GP SURGERY FOR OUR LAB VAN TO COLLECT.**
- ***Please ensure to write your name, date of birth and date the sample was taken on the picker stick before sending. Please also write the date the sample was taken on the green collection bag.***

It would be appreciated if you would complete the test within 48-72 hours from receipt of this letter, and then drop it off at your Doctors Surgery for collection (as highlighted above). No consultation is required.

The result from this test will then determine the next steps we take: this may involve a further out-patient clinic appointment, undertaking an examination of your bowel known as a colonoscopy or a scan of the inside of your bowel.

Once the results of your test are available, we will be in touch with you to discuss further management.

Should you have any questions or worries, please do not hesitate to contact a member of the endoscopy secretarial team, details above.

Yours sincerely

Authorised on 28/02/2023 10:52:55 by Typist Nicole Cooper, not verified by Consultant.

Mr David G Watt
Consultant General & Colorectal Surgeon
GMC: 7020223

Confidential - Clinical Information

qFIT Telephone Clinic
General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	DGW/SR
Hospital No:	
Clinic Date:	21/02/2023
Date Dictated:	21/02/2023
Date Typed:	22/02/2023
Enquiries to	Sharon Rankin
Direct Line:	01563 827868
Ext. Number:	27868
Email:	Sharon.Rankin@aapct.scot.nhs.uk

Dear Dr Brodie,

BRIAN FITZPATRICK **DOB: 02/05/1956** **CHI No: 0205563430**
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

DIAGNOSIS
Abdominal pain & change in bowel habit towards constipation – now settled.
Anorectal bleeding – solitary episode.
qFIT : 24.5.

PROPOSED TREATMENT
Repeat qFIT (6-8 weeks).

I spoke with Mr Fitzpatrick this morning. He tells me that he had had some cramping abdominal pain recently which he puts down to his known diverticulosis. This appeared to settle with Buscopan. In addition to this, he had had a solitary episode of fresh anorectal bleeding. This was not associated with any constipation or pushing or straining. He did admit, however, that around that time he had been a bit more constipated than normal. However, this has subsequently subsided. Otherwise he feels well in himself, with his bowels now working regularly and no evidence of further bleeding. The bleeding that he did have was fresh in nature and was mainly on wiping. He denies any weight loss and otherwise feels well in himself. He has recently had 3 TIAs, for which he's anti-coagulated.

I've explained to him today that his qFIT stool test has come back mildly elevated at 24.5. At this level, I wouldn't be overly concerned, particularly given that his symptoms have settled. What I've suggested we do is repeat his qFIT in around 8 weeks' time and if this has returned to normal, then I don't think anything further will need to be done. Clearly if this remains elevated or has further increased, then we may need to investigate his large bowel and he's fully aware of this. I'll be in touch once I have the results of his qFIT, otherwise I've arranged nothing further.

Many thanks.

Yours sincerely

Authorised on 27/02/2023 17:18:44 by David Watt.

Mr David G Watt
Consultant General & Colorectal Surgeon
GMC: 7020223

INVESTING IN YOU

Confidential - Clinical Information

General Surgical
Department(Colorectal)
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01292 610555

www.nhsaaa.net

NHS Ayrshire & Arran

Brian Fitzpatrick
92 Caledonian Road
Stevenston
Ayrshire
KA20 3LF

Our Ref:	CMS/QFIT
Hospital No:	
Clinic Date:	25/01/2023
Date Dictated:	25/01/2023
Date Typed:	25/01/2023
Enquiries to	Carol McLean-Smillie - qFIT coordinator
Direct Line:	01292 614626
Ext. Number:	14626
Email:	carol.mclean-smillie@aapct.scot.nhs.uk

Dear Brian Fitzpatrick,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Your doctor has referred you to the hospital for advice and tests to check that the stomach and bowel symptoms that you have been experiencing are not caused by something more serious in your bowel.

Your doctor will already have informed you that you may be asked to complete a very simple test which involves you providing a stool sample which looks for tiny amounts of blood in your bowel motion which cannot be seen with the naked eye. This is known as a QFIT test.

Enclosed along with this letter is:

- The test
- Information / instruction leaflet
- Stamped addressed envelope to return the test for analysis
- **PLEASE RETURN YOUR COMPLETED KIT WITHIN THE ENVELOPE PROVIDED TO YOUR OWN GP SURGERY FOR OUR LAB VAN TO COLLECT.**
- ***Please ensure to write your name, date of birth and date the sample was taken on the picker stick before sending. Please also write the date the sample was taken on the green collection bag.***

It would be appreciated if you would complete the test within 48-72 hours from receipt of this letter, and then drop it off at your Doctors Surgery for collection (as highlighted above). No consultation is required.

The result from this test will then determine the next steps we take: this may involve an out-patient clinic appointment, undertaking an examination of your bowel known as a colonoscopy or a scan of the inside of your bowel.

INVESTING IN VOLUNTEERS

Once the results of your test are available, we will be in touch with you to discuss further management.

Should you have any questions or worries, please do not hesitate to contact a member of the endoscopy secretarial team, details above.

Dr Phil Korsah
Associate Medical Director
for Acute Surgical Services

Mr Siamac Alishahi
Consultant Colorectal Surgeon

Yours sincerely

Authorised on 25/01/2023 09:19:24 by Typist Carol McLean-Smillie, not verified by Consultant.

Mr Christopher Ray
MBChB PhD FRCS
Consultant Surgeon
GMC: 6056845

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101028517437D

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Cancer SuspectedC1A1
AA Colorectal UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	URGENT - CANCER IS SUSPECTED
Date of referral	23-Jan-2023
Date submitted	23-Jan-2023

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

92 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Farah Gilani		
GMC code	6163269	GP code	22021
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr T Joseph		
GMC code	6096507	GP code	-
Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Abdo pain and change in bowel habit

Comment: Many thanks for seeing this 66yr old who has been having a few weeks history of abdominal apin with change to bowel - constipation.No blood in stool. Weight stable. He has a background of diverticulosis. Had a recent TIA. Bloods done showed Hb 140 and ferritin of 14 and plts 430. He has a good iron rich diet. I would be grateful if he could be seen for further investigations. Kind Regards

Examinations and Investigations

Duration of Symptoms:	----Select-----	-
Previous Colonic Problems:	no	-
History of colorectal cancer in 1st degree relative:	----Select-----	-
Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Eventration of diaphragm	-	-	Internal referral for opinion	20-Apr-2020	20-Apr-2020
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Standard chest X-ray	-	-	-	01-May-2020	01-May-2020
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	56 CAPSULE	ONE TO BE TAKEN EACH DAY- STOP OMEPRAZOLE	-	11-Jan-2023	-	20-Jan-2023
Atorvastatin Tablets 40 mg	0212000B0AAACAC	56 tablet	ONE TO BE TAKEN AT NIGHT	-	11-Jan-2023	-	20-Jan-2023
Amlodipine Tablets 5 mg	-	56 tablet	ONE TO BE TAKEN EACH MORNING	-	11-Jan-2023	-	20-Jan-2023
Amitriptyline Hydrochloride Tablets 50 mg	0403010B0AAAIAI	112 TABLET	TWO TO BE TAKEN AT NIGHT	-	25-Mar-2022	-	20-Jan-2023
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	20-Jan-2023
Paracetamol Tablets 500 mg	0407010H0AAAMAM	224 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	20-Jan-2023
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	16-Apr-2019	-	28-Dec-2022
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	112 TABLET	TWO TO BE TAKEN DAILY	-	20-Nov-2017	-	28-Dec-2022
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED	-	26-Jun-2017	-	20-Jan-2023
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	224 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	20-Jan-2023
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	09-Dec-2022

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Clopidogrel Tablets 75 mg	0209000C0AAAAAA	4 tablet	TAKE 4 TABLETS AS A LOADING DOSE- ONE OFF DOSE	-	11-Jan-2023	42 Days	11-Jan-2023
Clopidogrel Tablets 75	0209000C0AAAAAA	21 tablet	ONE TO BE TAKEN EACH	-	11-Jan-	42 Days	11-Jan-2023

mg			DAY AFTER LOADING 300MG DOSE OF CLOPIDOGREL		2023		
Aspirin Dispersible tablets 75 mg	0209000A0AAABAB	21 tablet	NE TO BE TAKEN EACH DAY ALONG WITH 75MG CLOPIDOGREL AFTER LOADING 300MG DOSE OF CLOPIDOGREL	-	11-Jan-2023	42 Days	11-Jan-2023
Clopidogrel Tablets 75 mg	0209000C0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY AFTER COMPLETING 21 DAYS OF CLOPIDOGREL AND ASPIRIN TOGETHER	-	11-Jan-2023	42 Days	11-Jan-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	19-Dec-2022

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Dillon, Hazel

From: Rennie, Natalie (Consultant)
Sent: 11 January 2023 15:33
To: aa.Clinical_Practice_AyrshireMedicalGroup_81012
Cc: Dillon, Hazel
Subject: TIA Patient

Importance: High

Dear Dr,

Your patient Brian Fitzpatrick (0205563430) was referred to the TIA service. A letter with full details will follow but please prescribe:

1. Loading dose Clopidogrel 600mg followed by 21 days of Clopidogrel 75mg/ Aspirin 75mg daily and thereafter only Clopidogrel 75mg.
2. Atorvastatin 40mg
3. Amlodipine 5mg
4. Change PPI to Lansoprazole.

Thank you

Dr Natalie Rennie
Consultant Physician in Acute Medicine and Stroke
University Hospital Crosshouse
Kilmarnock, KA2 0BE
Page: 3550
Secretary Acute: Bernadette Finnie, tel. 01563 826837, ext 26837
Secretary Stroke: Hazel Dillon, tel. 01563 827734, ext 27734

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
Fax: 01563 827369
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

TIA telephone clinic 10.01.23

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: NR/HD
Clinic Date: 10/01/2023
Date Dictated: 11/01/2023
Date Typed: 12/01/2023
Enquiries to Mrs Hazel Dillon
Direct Line: 01563 827734
Ext. Number: 27734
Email: hazel.dillon@aapct.scot.nhs.uk

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

This 66 year-old with a background of sciatica and chronic neck pain, was referred to the TIA clinic. Following discussion with him over the telephone, he describes an event a few weeks ago where he had right sided weakness and dysphasia lasting a few minutes with full recovery. However over the weekend, had another two further episodes of very transient expressive dysphasia lasting again a few minutes and again with full recovery. He described an associated mild headache and some slight blurred vision, but no other symptoms on systemic enquiry.

BP on referral was raised at 164/99, he had bloods checked which revealed an elevated cholesterol, predominantly LDL component, total cholesterol 8.2 with LDL of 5.4. I note his drug history, he has no allergies, has never smoked, does not drink alcohol, is a retired Manager for Social Services and is a driver. He does have a family history with his mother and brother suffering from cardiovascular disease.

He attended for a CT scan of his head which was normal, an ECG which showed sinus tachy and a carotid doppler which showed minor plaque, but no significant stenosis. I've explained to him that these events are in keeping with TIA's. In view of the recurrent events, I have emailed the Practice for him to be prescribed a loading dose of Clopidogrel 600mgs and then 21 days of dual anti-platelet therapy, and thereafter single agent Clopidogrel. We should change him to Lansoprazole and in view of his BP, I've advised starting Amlodipine 5mgs and I would also suggest Atorvastatin 40mgs with monitoring of his LDL cholesterol. If his LDL component does not go below 1.8, we should aim to increase his Atorvastatin to 80mgs.

I have advised him against driving and said that he should inform the DVLA as he cannot drive for the next three months. He will get an out-patient 72 hour tape and will be followed up by the Stroke Nurse Specialist. The only check that has not been done so far is his blood glucose, and I would appreciate if this could be done at the next possible convenience.

If you have any questions or concerns, please do not hesitate to get in touch.

INVESTING IN VOLUNTEERS

Thank you.

Yours sincerely

Authorised on 13/01/2023 12:24:08 by Natalie Rennie.

Natalie Rennie
Consultant in Acute Medicine & Stroke Medicine
GMC 6128515

Stroke Nurse Specialist
28A Lister Street
Crosshouse Hospital
Kilmarnock

CHI: 0205563436
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: A100588116

STA0238

DATE

66 → Sciatica
Neck pain
+ Few wks ago
RSW + Dysphonia:
for mins

VS 16/4/99.

x2 episodes dysphasia
- over weekend
Lasting few mins. Full recovery
Some headaches recently
- eye to back of head sharp
Slightly blurring
~~Double vision~~

Bloods
(U+Es/LFTs/TFTs
Chol & 2
(ESR 5.47 >
CRP 5
no glucose

PMH
Migraine
Aldoxacaus
Seroxat
Omeprazole
Tramadol
Amitriptyline
Paracetamol
Dexamethasone

Resp TA
Plain CXR ☑ 11/1/23 (N)
ECG ☑ - ST.
Colposcopy ☑ - mild dysplasia
Ovarian cysts

NKDA

SN ~~taken~~ visited.
no alcohol
Reduced warfarin
Good control
Bruises

Clopidogrel 600mg
+ Then
asp. + clop. 2/7 75mg
+ then clop. 75
D to Lansoprazole
Ozex amlodipine 5mg
+ Atorvastatin 40mg.

FHx Mother MI 55.
Father
- NBS.

no dumping 3/12
OP 720 ref ☑
SN follow up.
Check Chol

Dr [redacted]
Consultant in Acute Medicine
GMC 6128516

MEDICAL

Page

(PLEASE COMPLETE OTHER SIDE OF FORM FIRST)

NURSE RECEIVING REFERRAL TO COMPLETE ALL SHADED AREAS

Date of referral 9/1/23 Date patient attended GP 9/1/23 Referral received by [illegible]

Name: Brian Fitzpatrick Address: 92 Caledonian Rd Tel No: 07485211646 Gender: M/F KA20 DOB 02/05/56 CHI No.: 3430 3LF	GP: DR Liam Mulligan Address: Stewarton M P Tel No: Ambulance required Yes ☐ No ☐ Source of referral: GP ☐ A&E ☐ Other ☐ (specify)
Date TIA appointment: 10/1/23 Time: : or before (9/1/23) Consultant: (Dr) Ghosh / Ravindrane / Musbahi / Rennie / Huang	

ROSIER SCALE

Has there been loss of consciousness or syncope?			Y(-1) ☐	N (0) ☑
Has there been seizure activity?			Y(-1) ☐	N (0) ☑
Is there a NEW ACUTE onset (or awakening from sleep)?	**Right**	**Left**		
Asymmetric facial weakness	☐	☐	Y (+1) ☐	N (0) ☑
Asymmetric arm weakness	☐	☐	Y (+1) ☐	N (0) ☑
Asymmetric leg weakness	☐	☐	Y (+1) ☐	N (0) ☑
Visual field defect	☐	☐	Y (+1) ☐	N (0) ☑
Speech disturbance			Y (+1) ☑	N (0) ☐
Total Score (-2 to +5)			1	
Provisional diagnosis: - Stroke ☐ TIA ☑ Non-stroke ☐ (specify)				

ASSESSMENT

Swallowing difficulties	Yes ☐	No ☑	BP 164/99	BM
Swallowing assessed	Yes ☐	No ☑	Cholesterol	Glucose

ABCD² Score		**Points**	**Score**
Age	≥ 60 years (66yrs)	1	
Blood pressure	Systolic BP ≥ 140mm Hg *OR* Diastolic BP ≥ 90 mm Hg	1	
Clinical features (choose one)	Unilateral weakness with or without speech impairment **OR**	2	
	Speech impairment without unilateral weakness	1	
Date of onset of symptoms 1/1/23 (+ 8/1/23)	Duration of symptoms > 60 minutes **ADMIT**	2	
	10-59 minutes	1	
	<10 minutes	0	
Diabetes		1	
If ABCD Score ≥ 4 patient should be admitted unless they can be seen at the clinic within 48hrs. Admit Crescenco TIAs (>2 in past 2 weeks), regardless of the ABCD² score.			
ADMIT PATIENTS ON RED PATHWAY AS OVERLEAF	**Total ABCD² score 0-7**	3	

RISK FACTORS Prev. stroke ☐ TIA ☐ Hypertension ☐ IHD ☐ AF ☐ Other cardiac ☐ PVD ☐ Diabetes ☐
Smoking ☐ Alcohol ☐ Hypercholesterolaemia
Past Medical History Sciatica, Neck pain

MEDICATION Use of following drugs	Prior to symptom onset	After symptom onset
ASPIRIN	☐	☐
DIPYRIDAMOLE (Persantin/Asasantin)	☐	☐
CLOPIDOGREL	☐	☐
WARFARIN / NOVEL ORAL ANTICOAGULANT (NOAC) **IF YES ADMIT**	☐	☐
ACE INHIBITOR /ANGIOTENSIN-2 RECEPTOR ANTAGONIST	☐	☐
DIURETIC	☐	☐
OTHER ANTIHYPERTENSIVES	☐	☐
STATIN/LIPID LOWERING AGENT	☐	☐
NONE	☐	☐

Other medications: Not on any Antihypertensive — Home Monitor Normal
Other relevant information: 1 Sertraline / Omeprazole / Tramadol

Is the patient a driver?	Yes ☑	No ☐
If yes, has the patient been advised not to drive until seen at the clinic?	Yes ☑	No ☐
Has referrer been asked to give the patient TIA clinic patient information?	Yes ☐	No ☐
Has patient been discussed with a Stroke Consultant prior to appointment?	Yes ☐	No ☑
Is the patient ambulant and able to transfer to a chair independently?	Yes ☑	No ☐
(If no, discuss with Consultant prior to giving appointment)		

TIA Clinic Referral

Please note that from 13th October 2020 until further notice referrals to the TIA Clinic from Optometrists have been suspended due to Covid-19. If an Optometrist should phone to make a referral please advise them that the service has been suspended and that the patient should be referred to their GP who will be responsible for making the referral to the TIA Clinic.

Date of referral __/__/__ Date patient attended GP 9/1/23 Referral received by [illegible]

Complete Respiratory Screening questions below first

COVID 19 Screening Questions	YES	NO
Have you had a confirmed diagnosis of COVID-19 in the last 10 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.		✓
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell? •Any other symptoms of a respiratory virus? Examples of respiratory symptoms below may indicate a respiratory virus; ☐ Rhinorrhea (Runny nose) ☐ Congestion in the nasal sinuses or lungs ☐ Sore throat ☐ Sneezing ☐ Coughing The following can also be symptoms of a respiratory virus/infection but may also be related to a non-respiratory cause ☐ Breathlessness ☐ Wheezing or chest tightness ☐ Myalgia (Muscle aches) ☐ Fatigue (Tiredness) ☐ Dyspnoea (Shortness of breath)		✓ ✓

If the service user answers **'Yes' to any of the screening questions** above:

- Implement droplet transmission based precautions
- Admit to Ward 3F single room. If no bed in Ward 3F then the patient can be isolated in a single room in another ward.

If the service user has any other suspected / confirmed infection, manage with appropriate transmission based precautions as per the National Infection Prevention and Control Manual and NHS Ayrshire and Arran local policies.

– Over weekend 2 periods – Dysphasia. on Sat and Sund 2–3 mins each time – Mild headache, tingly side of head (R) side

Bloods done ☑

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Fax: 01292 614354
www.nhsaaa.net

Confidential - Clinical Information

Consultant – Mr R Meddings

Mr Brian Fitzpatrick
88 Caledonian Road
Stevenston
Ayrshire
KA20 3LF

Our Ref:	RNM/FH
Hospital No:	**0205563430**
Clinic Date:	17/11/2022
Date Dictated:	17/11/2022
Date Typed:	17/11/2022
Enquiries to	Mrs Frances Hogg
Direct Line:	01292 614481
Ext. Number:	14481
Email:	Frances.Hogg@aapct.scot.nhs.uk

Dear Mr Fitzpatrick

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
92 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I tried to get hold of you on the telephone for a telephone review but it just went to the answering machine on your mobile number. I note you were referred because of difficulty with the waterworks. Your blood test for your prostate was normal and your kidney function test was normal. When we did the study to look at how well you pass water, it was really quite impaired, you didn't empty your bladder properly. So, on that basis, we do need to do an examination of the bladder, the prostate and the urethra (the tubing between the bladder and the outside world) with a telescope.

I will put you on the waiting list to have that done and we can do an assessment on the day. This will is done in our outpatient department and we will send you the literature. If you don't wish to go ahead with this then please let us know but I think we need to make sure there is no obstructive problem causing your symptoms.

I am happy to receive a contact, sorry I couldn't get you on the phone.

Yours sincerely

Authorised on 28/11/2022 11:45:46 by Robert Meddings.

R Meddings
Consultant Urological Surgeon
GMC: 2833268

Dr L Hunter
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

OPWL√

192496.qxp_Layout 1 11/08/2016 11:11 Page 1

CHI: 0205563430
Fitzpatrick, Brian
H: 92 Caledonian Road
C: Stevenston
S: KA20 3LF
F: 02/05/1956
I: Dr Y Brodie
A: MRN: 0205563430

Date of Birth

STA1060

UROLOGICAL

DATE

07956563854

for URS

12/12/16

(66)

UTI

bsw

PM 0.6

0.4

pm

UTI (N) 2/61

2/52

WBC

PUK 2 chronic

flow slow

Write or attach label

HCR [redacted]
CHI [redacted] CHI: 0205563430
Surn [redacted] Fitzpatrick, Brian
Fore [redacted] 92 Caledonian Road
Addr [redacted] Stevenston
..... KA20 3LF
Date of [redacted] 02/05/1956
Dr Y Brodie
MRN: 0205563430

DATE

26/7/22

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

02/5/56 FITZPATRICK

Multistix® 8 SG
Test date 07-26-2070
Time 2:21PM
Operator
Test number 1108
Color Not Entered
Clarity Not Entered

GLU Negative
KET Negative
SG 1.015
BLO Negative
pH 7.0
PRO Negative
NIT Negative
LEU Negative

① Pre-void - 371 mls.

Post-void - 248mls

* No print out from Flow machine. Patient drinking more water & will try again.

Dr Stewart.

2nd Scan & Flow

Pre-void — 499mls.

Post-void — 249 mls.

Patient comfortable & fit to leave clinic.

Dr. Stewart.

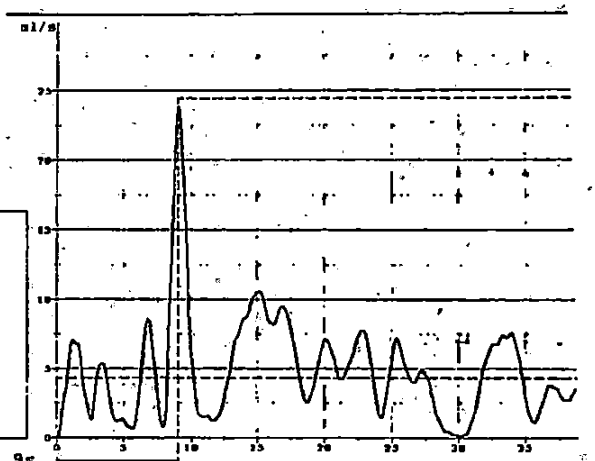
UROLOGICAL

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Micturet:
Family na:
First nam:
Age:
Date: 26/0[illegible]/22
Time: 1:52 PM Dr. Stewart.

Comments

Pre-void - 499 mls
Post-void - 249 mls.



SmartFlow

Time to maximum flow= 8.9s
Flow time= 50.6s
Voiding time= 50.7s

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

TE SYMPTOM SCORE (I-PSS)

RICK

	Not At All	Less Than 1 Time In 5	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	YOUR SCORE
1. Incomplete Emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	(5)	
2. Frequency Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	(4)	5	
3. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	(5)	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	(5)	
5. Weak Stream Over the last month, how often have you had a weak urinary stream?	0	1	2	3	(4)	5	
6. Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	(4)	5	

	None	Once	Twice	3 times	4 times	5 or more	YOUR SCORE
7. Nocturia Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	(4)	5	
Total I-PSS Score							

Quality of Life due to Urinary Symptoms	Delighted	Pleased	Mostly satisfied	Mixed	Mostly unhappy	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	(5)	6

The I-PSS is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Although there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively classified as follows: 0 - 7 = mildly symptomatic; 8 - 19 = moderately symptomatic; 20 - 35 = severely symptomatic.

The International Consensus Committee (ICC) recommends the use of only a single question to assess the patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms on quality of life, it may serve as a valuable starting point for doctor-patient conversation.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101026627723H

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT)C5
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	16-Jun-2022
Date submitted	16-Jun-2022

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

92 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Farah Gilani		
GMC code	6163269	GP code	22021
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Lisa Hunter		
GMC code	98B0018	GP code	-
Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Recurring Epistaxis

Comment: This 66 year old gentleman has been troubled with daily nose bleeds for the last 2 years. No precipitating injury to his nose or head prior to this. The nose bleeds occur daily and can last from a few seconds to, at most, 5-6 minutes with bleeding saturating tissues. He has had several courses of treatment with Naseptin but this has made no difference. His blood pressure is stable and he does not take any anticoagulant medication. He is on Meloxicam for arthritic pain but is protected with PPI. He is now anaemic with Hb of 122 and low iron (which we are currently correcting). I would appreciate your assessment and any advice that could address his ongoing nose bleeds. Many thanks,

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:	09-Jan-2014	
Never smoked tobacco:	21-Oct-2010	
Never smoked tobacco:	18-Oct-2010	
Alcohol consumption, 0 units/week:	18-Oct-2010	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Urinary frequency	-	-	-	02-Jun-2022	02-Jun-2022
Eventration of diaphragm	-	-	Internal referral for opinion	20-Apr-2020	20-Apr-2020
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Standard chest X-ray	-	-	-	01-May-2020	01-May-2020
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990

Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982	

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride Tablets 50 mg	0403010B0AAAIAI	56 tablet	TWO TO BE TAKEN AT NIGHT	-	25-Mar-2022	-	06-Jun-2022
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	06-Jun-2022
Paracetamol Tablets 500 mg	0407010H0AAAMAM	224 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	06-Jun-2022
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	16-Apr-2019	-	10-May-2022
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	60 TABLET	TWO TO BE TAKEN DAILY	-	20-Nov-2017	-	26-May-2022
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED	-	26-Jun-2017	-	05-Jul-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	26-May-2022
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	26-May-2022
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	13-Jun-2022

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed

							Date
Ferrous Fumarate Tablets 322 mg	0901011F0AAALAL	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	15-Jun-2022	28 Days	15-Jun-2022
Mupirocin Nasal ointment 2 %	1202030R0AAAAAA	3 GRAM	APPLY TWO TO THREE TIMES A DAY TO INNER SURFACE OF EACH NOSTRIL	-	25-Mar-2022	42 Days	25-Mar-2022
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	84 TABLET	TAKE UP TO THREE TABLETS AT NIGHT	-	29-Aug-2019	-	21-Mar-2022

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101026627723H

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT)C5
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	16-Jun-2022
Date submitted	16-Jun-2022

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

92 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Farah Gilani		
GMC code	6163269	GP code	22021
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

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Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
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Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

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Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Urinary frequency	-	-	-	02-Jun-2022	02-Jun-2022
Eventration of diaphragm	-	-	Internal referral for opinion	20-Apr-2020	20-Apr-2020
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
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Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
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Current medication (Active Repeat medication issued within the last 12 months)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
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Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	60 TABLET	TWO TO BE TAKEN DAILY	-	20-Nov-2017	-	26-May-2022
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED	-	26-Jun-2017	-	05-Jul-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	26-May-2022
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	26-May-2022
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	13-Jun-2022

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed

							Date
Ferrous Fumarate Tablets 322 mg	0901011F0AAALAL	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	15-Jun-2022	28 Days	15-Jun-2022
Mupirocin Nasal ointment 2 %	1202030R0AAAAAA	3 GRAM	APPLY TWO TO THREE TIMES A DAY TO INNER SURFACE OF EACH NOSTRIL	-	25-Mar-2022	42 Days	25-Mar-2022
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	84 TABLET	TAKE UP TO THREE TABLETS AT NIGHT	-	29-Aug-2019	-	21-Mar-2022

Clinical warnings

Smoking status	Alcohol consumption
Number per day	Units per day
? (not known)	? (not known)

Lifestyle risks

Exercise status: Not Known

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101026556481H

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

UrologyCB
AA Urology

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	09-Jun-2022
Date submitted	09-Jun-2022

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

92 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Farah Gilani		
GMC code	6163269	GP code	22021
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Lisa Hunter		
GMC code	98B0018	GP code	-
Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Urinary frequency, urgency, hesitancy with no infective cause

Comment: This 66 year old gentleman has had issues with urinary frequency and nocturia for years which he has simply coped with himself. Over the last few months he has noticed a worsening of these symptoms alongside sudden urgency, dribbling and erratic urinary flow. He has not history of weight loss, new back pain etc. On examination; urinalysis was normal with no sign of microscopic haematuria or infection. There are no palpable abdominal masses and no renal angle tenderness. DRE found a smooth, hard prostate which was not overly large or tender. PSA is 0.6. His bloods have highlighted an anaemia (likely iron deficient) which we are currently managing. I would appreciate your assessment of this gentleman and any ongoing investigations that may be beneficial. Many thanks,

Examinations and Investigations

Duration of Symptoms:	> 4 Weeks	-
Bladder outflow obstruction:	Yes	-
Continence:	Yes	-
Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Urinary frequency	-	-	-	02-Jun-2022	02-Jun-2022
Eventration of diaphragm	-	-	Internal referral for opinion	20-Apr-2020	20-Apr-2020
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Standard chest X-ray	-	-	-	01-May-2020	01-May-2020
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015

Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride Tablets 50 mg	0403010B0AAAIAI	56 tablet	TWO TO BE TAKEN AT NIGHT	-	25-Mar-2022	-	06-Jun-2022
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	224 capsule	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	06-Jun-2022
Paracetamol Tablets 500 mg	0407010H0AAAMAM	224 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	30-Jan-2020	-	06-Jun-2022
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	16-Apr-2019	-	10-May-2022
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	60 TABLET	TWO TO BE TAKEN DAILY	-	20-Nov-2017	-	26-May-2022
Laxido Orange Oral Powder Sachets Sugar Free	-	120 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED	-	26-Jun-2017	-	05-Jul-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	26-May-2022
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	26-May-2022
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	19-Apr-2022

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mupirocin Nasal ointment 2 %	1202030R0AAAAAA	3 GRAM	APPLY TWO TO THREE TIMES A DAY TO INNER SURFACE OF EACH NOSTRIL	-	25-Mar-2022	42 Days	25-Mar-2022
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	84 TABLET	TAKE UP TO THREE TABLETS AT NIGHT	-	29-Aug-2019	-	21-Mar-2022

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Confidential - Clinical Information

General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Strictly Private & Confidential
Mr B Fitzpatrick
88 Caledonian Road
STEVENSTON
Ayrshire
KA20 3LF

Our Ref:	DGW/SR
Hospital No:	
Clinic Date:	04/09/2020
Date Dictated:	04/09/2020
Date Typed:	04/09/2020
Enquiries to	Sharon Rankin
Direct Line:	01563 827868
Ext. Number:	27868
Email:	Sharon.Rankin@aapct.scot.nhs.uk

Dear Mr Fitzpatrick,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Many thanks for taking the time to speak to me on the telephone today. You'll be aware that this was with regards to a referral sent by your General Practitioner in December regarding some rectal bleeding. First of all, apologies for the length of time it's taken to speak to you with regards to this. Unfortunately due to the coronavirus pandemic, we've been unable to deal with routine referrals until relatively recently. We discussed the reason for your referral which was because of some rectal bleeding that you had been having. This was not associated with any change in your bowel per se and you certainly did not believe that you had been constipated at that time. We discussed the fact that you're known to have diverticulosis and regularly take Buscopan for this as well as Movicol to ensure your bowels are working without straining or pushing. I was pleased to hear that the bleeding settled down relatively quickly and you've not had any further problems. Your bowels remain normal. I was also pleased to hear that you had intentionally lost over a stone in weight which is excellent news.

We discussed all-in-all, I don't think that there's anything overly concerning going on and the fact that the bleeding has settled down is very reassuring. We agreed that we wouldn't arrange any further investigations at this point in time and that I've discharged you back to your GP's care. Clearly, if this is an ongoing issue or recurs, if you speak to your GP, then we can certainly arrange to speak to you again and order any investigations, as felt necessary.

Many thanks.

Yours sincerely

Authorised on 07/09/2020 13:35:59 by David Watt.

Mr David G Watt
Consultant General & Colorectal Surgeon
GMC: 7020223

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

INVESTING IN VOLUNTEERS

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Phone: 01563 825009

www.nhsaaa.net

NHS Ayrshire & Arran

Mr Colin McMahon
Extended Scope Physiotherapy Practitioner
University Hospital Crosshouse
KILMARNOCK
KA2 0BE

Our Ref:	PH/JK/
Hospital No:	
Ref Date:	20/04/2020
Date Dictated:	20/04/2020
Date Typed:	20/04/2020
Enquiries to	Jacqueline King
Direct Line:	01563 825009
Ext. Number:	25009
Email:	jacqueline.king@aapct.scot.nhs.uk

Dear Mr McMahon,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Diagnoses: 1 Diaphragmatic eventration

Thank you very much for your referral about this gentleman on the basis of an MRI. This has shown a fat signal, smooth outlined area in the left lower part of the chest which according to 2 Radiology Consultants looks to be abdominal fat (secondary to a small diaphragmatic eventration).

Neither of the Radiology Consultants would advise further investigation of this and therefore I have passed this back to yourself. I have included the patient so that they are aware this is a benign and incidental finding and doesn't require further input from the Respiratory Team.

Yours sincerely

Authorised on 20/04/2020 14:29:48 by Philip Hodkinson.

Dr. Philip Hodkinson
Consultant Respiratory Physician
GMC: 4532387

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

INVESTING IN VOLUNTEERS

Brian Fitzpatrick
88 Caledonian Road
Stevenston
Ayrshire
KA20 3LF

MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
01292 665005
Clinical_Musculoskeletal_A&A@aapct.scot.nhs.uk

MSK Musculoskeletal Service

NHS Ayrshire & Arran

Confidential - Clinical Information

Medicine Respiratory
Ayr Hospital
AYR

Our Ref:	CMcM/KTB
Hospital No:	**0205563430**
Date Dictated:	30/03/2020
Date Typed:	01/04/2020
Enquiries to	MSK Service
Direct Line:	01292 665005

URGENT REFERRAL

Dear Consultant Physician,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I would be very grateful for your help with this 63 year old gentleman. I have been seeing him recently within my Musculoskeletal service regarding full spinal pain. He has also complained of reduced mobility, reduced hand dexterity and paraesthesia affecting his left hand and both feet.

MRI has confirmed degenerative change within the spine but no obvious cord or nerve root impingement. I have asked his GP to consider a Neurology referral if they feel it to be appropriate.

From a respiratory perspective, on MRI of the whole spine an oval structure was seen in the left costal phrenic angle T9-T10 level. It was felt that this could be retroperitoneal fat extending superiorly but CT scan of the chest was suggested to exclude other pathology, if clinically indicated.

I discussed this finding with one of my Orthopaedic Consultant colleagues, who suggested an urgent referral to your specialty.

Thank you for your help in this matter. Please note the patient has been made aware to expect a contact from you.

Yours sincerely

Authorised on 14/04/2020 09:27:45 by Colin McMahon.

INVESTING IN VOLUNTEERS

Colin McMahon
Extended Scope Physiotherapist
PH45975

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
01292 665005
Clinical_Musculoskeletal_A&A@aapct.scot.nhs.uk

MSK Musculoskeletal Service

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	CMcM/KTB
Hospital No:	**0205563430**
Clinic Date:	21/01/2020
Date Dictated:	30/03/2020
Date Typed:	01/04/2020
Enquiries to	MSK Service
Direct Line:	01292 655005

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I saw this patient within my clinic at Ayrshire Central Hospital on 7th January this year; please refer to that clinic letter.

I had arranged a whole spinal MRI scan to assess for cord compression myelopathy in the cervical spine or stenosis or nerve root impingement elsewhere within the spine. I received the scan results today and these only showed degeneration change within the spine. There is no compression of the cord or significant nerve root compression in the cervical or thoracic region. At L4/5 he had a small disc bulge with no compression of the cauda equina or nerve roots at this level or in the rest of the lumbar spine. There was no cord signal abnormality.

Because of the COVID-19 situation, I was not able to arrange a face to face review for this patient for this issue. I therefore telephoned him and asked if he would wish to have a telephone review. He consented to this and demographic details were checked.

I explained to him that from an MSK/Orthopaedic point of view, apart from degenerative change, his scan did not show any obvious cord or nerve root compression. He continues to have paraesthesia affecting his feet and left hand. I said to the patient that I would let his GP know of this situation regarding the paraesthesia, in case a Neurology referral would be indicated. I would be grateful if you could organise this, if you feel it to be appropriate.

Continued..../

INVESTING IN VOLUNTEERS

On top of that, there was also an oval structure of high signal intensity in the left costal phrenic angle T9-T10 level. The radiologist felt that this could be retroperitoneal fat which was extending superiorly. As this examination was tailored for the spine and to exclude any other abnormalities, a CT of the chest would be helpful if clinically indicated.

I discussed this feature with one of my Orthopaedic Consultant colleagues, who suggested that I complete an urgent referral to the Respiratory Physicians. This has duly been completed. I informed the patient of this finding and plan.

Yours sincerely

Authorised on 14/04/2020 09:26:40 by Colin McMahon.

Colin McMahon
Extended Scope Physiotherapist
PH45975

MSK
Musculoskeletal Service

MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
01292 665005
Clinical_Musculoskeletal_A&A@aapct.scot.nhs.uk

NHS
Ayrshire
& Arran

Confidential - Clinical Information

Dr Y Brodie
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	CMcM/KTB
Hospital No:	**0205563430**
Clinic Date:	07/01/2020
Date Dictated:	07/01/2020
Date Typed:	19/01/2020
Enquiries to	MSK services
Direct Line:	01292 665005

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

I was asked to see this pleasant 63 year old gentleman in my clinic. He had been referred to me by Chris Clark, Physiotherapist.

The patient complains of full spinal pain with ongoing pain and paraesthesia affecting his left hand and both lower limbs. He feels as though his legs go like jelly, and affects his gait. He denies previous surgery to his spine. His low back pain is the main issue when put in order.

Physiotherapy has previously provided no benefit. Interestingly, he remarks that 5 years ago, he was able to do Metafit exercise. He has gone from that to relatively poor fitness in that space of time. His past medical history is significant for diverticular issues and he comments as to some recent bleeding from his back passage for which his GP knows about. He is known to have degeneration within the thoracic spinal area from an x-ray taken in 2015. He has some anxiety issues after a car accident a few years back.

He had problems with hiatus hernia in the past. He is a non-smoker. He has had a left sided carpal tunnel decompressive surgery which was unsuccessful. He has had bilateral trigger finger surgeries, which were both in the longer term, unsuccessful.

He is on Sertraline, Amitriptyline, Meloxicam, Omeprazole and Tramadol. His sleep is disturbed due to spinal pain. His gait varies and tends to be better in the middle of the day. He cannot stand still or walk too far because of symptoms. He reports no saddle anaesthesia and no unexplained weight loss.

Continued..../

INVESTING IN VOLUNTEERS

His bladder and bowel function appear to be normal. He does report a touch of urinary frequency.

On examination today, this gentleman may have had a slightly wide based gait. Neck movements were intact with no obvious referred symptoms during these movements. I did wonder as to a slight splaying of his toes of the right foot and possible increased tone around both ankles. Hip movements were normal. I wondered about a positive Hoffman's test on the right hand.

Diagnostically this man is known to have degeneration within his thoracic spine. I suspect that this will be the case in the cervical and lumbar areas also. I have agreed with the patient that I will arrange a whole spinal MRI scan to assess for cervical spine cord compression/myelopathy and or stenosis/nerve root impingement within the spine.

I plan to review him back in the clinic once the tests results are known. He has been given cauda equina syndrome warnings and I look forward to reviewing him in due course.

Yours sincerely

Authorised on 20/01/2020 08:44:04 by Colin McMahon.

Colin McMahon
Extended Scope Physiotherapist
PH45975

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010203345960

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	27-Dec-2019
Date submitted	27-Dec-2019

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

88 Caledonian Road
Stevenston
KA20 3LF

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Usman Habib Rehman		
GMC code	6075011	GP code	22195
Practice name	Ayrshire Medical Group		
Practice code	81012		

Practice address

Three Towns Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr A Czerniewski		
GMC code	7178266	GP code	-
Practice name	Ayrshire Medical Group (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: pr bleeding

Comment: Dear Surgeon, 63 year old Brian painlessly passed copious bright red blood in toilet during motion this motion - both toilet pan and on wiping was red. Nil recent bowel habit changes, nil wt loss. He has had prb episode earlier this year too. h/o diverticulosis but nil new pains, some occasional discomfort. mum had bowel cancer, he tells me his last fobt negative. abdomen exam = non specific tenderness, mainly epigastric, nil mass or peritonism. bs+ PR = empty rectum nil blood on glove. I've prescribed him anusol suppositories. Brian - whose daughter works as a practice nurse - is keen to consider scope for reassurance and I would appreciate if this could be arranged. Many thanks for your consideration. Regards, Dr. A. Czerniewski, Locum GP

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:	09-Jan-2014	
Never smoked tobacco:	21-Oct-2010	
Never smoked tobacco:	18-Oct-2010	
Alcohol consumption, 0 units/week:	18-Oct-2010	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
PRB - Rectal bleeding	-	-	-	24-Dec-2019	24-Dec-2019
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mometasone Furoate Nasal spray 50 micrograms/dose	1202010U0AAAAAA	1 bottle	TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY	-	30-Sep-2019	-	20-Dec-2019

Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	84 TABLET	TAKE UP TO THREE TABLETS AT NIGHT	-	29-Aug-2019	-	10-Dec-2019
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	16-Apr-2019	-	09-Dec-2019
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	60 TABLET	TWO TO BE TAKEN DAILY	-	20-Nov-2017	-	20-Dec-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	10-Dec-2019
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	20-Dec-2019
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	20-Dec-2019

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Anusol Suppositories	0107010D0BBACAE	12 SUPPOSITORY	Insert 1 suppository night, morning and after defaecation, for up to 7 days.	-	24-Dec-2019	42 Days	24-Dec-2019
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	100 CAPSULE	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	10-Dec-2019	52 Days	20-Dec-2019
Paracetamol Tablets 500 mg	0407010H0AAAMAM	100 TABLET	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	10-Dec-2019	52 Days	20-Dec-2019
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	100 CAPSULE	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED	-	27-Nov-2019	12 Days	27-Nov-2019
Paracetamol Tablets 500 mg	0407010H0AAAMAM	100 TABLET	ONE OR TWO TO BE TAKEN FOUR	-	27-Nov-2019	12 Days	27-Nov-2019

			TIMES A DAY WHEN REQUIRED				
Naseptin Cream	1202030S0BBAAAA	15 gram	APPLY TWICE DAILY SPARINGLY	-	21-Nov-2019	42 Days	21-Nov-2019
Mometasone Furoate Nasal spray 50 micrograms/dose	1202010U0AAAAAA	1 bottle	USE ONE SPRAY IN EACH NOSTRIL TWICE A DAY	-	30-Sep-2019	42 Days	30-Sep-2019
Naseptin Cream	1202030S0BBAAAA	15 gram	APPLY TWICE DAILY SPARINGLY	-	30-Sep-2019	42 Days	30-Sep-2019
Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg	-	224 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	20-Nov-2017	-	05-Nov-2019

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day	Units per day
? (not known)	? (not known)

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101018815625E

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Multiple/Other JointR5A3
AA Multiple - Other Joint

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**	worsening back pain
Date of referral	30-May-2019	
Date submitted	30-May-2019	

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

88
Caledonian Road
STEVENSTON
Ayrshire
KA20 3LF

Contact number(s)

Voice: 07956563854

REGISTERED GP DETAILS

Name	Dr Rameshwer Lal		
GMC code	6148077	GP code	22144
Practice name	Three Towns Medical Practice (16884)		
Practice code	81012		

Practice address

Three Towns Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr Y Brodie		
GMC code	6128615	GP code	21989
Practice name	Three Towns Medical Practice (81012)		
Practice code	81012		

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Back pain

Comment: Urgent back pathway referral - Dear Team, I wonder if this 63 year old gentleman would benefit from an MRI. I am concerned about his back pain. HE has had back pain in the past but over the past year he has had constant progressively worsening back pain from T12 to L5. The pain wakes him at night and he cant sleep with it. HE cant stand still for long period due to the pain. HE feels his legs can feel weak and 'jelly like' if he stand still for too long. It is eased by movement but can be very severe if he walks for any distance. He denies weight loss. HE has no cauda equina symptoms. His symptoms are significantly impacting his life. He has constant progressively worsneing back pain with sever night pain. He had an xray 4 years ago which showed some disc thinning and OA. He is taking amitriptyline for pain at the moment. He is the father of our ANP in the practice. His bloods are ok with ESR of 19 and slightly high protein.

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:	09-Jan-2014	
Never smoked tobacco:	21-Oct-2010	
Never smoked tobacco:	18-Oct-2010	
Alcohol consumption, 0 units/week:	18-Oct-2010	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Discharge from physiotherapy service	-	-	-	08-Aug-2018	08-Aug-2018
Release of trigger finger	-	-	-	18-Jun-2018	18-Jun-2018
Plain X-ray thoracic spine	-	-	degenereativew changes	29-Sep-2015	29-Sep-2015
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline Hydrochloride	0403030Q0AAABAB	56 tablet	ONE TO BE TAKEN	-	16-Apr-	-	16-Apr-2019

Tablets 100 mg			EACH DAY		2019		
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	112 TABLET	TAKE UP TO 75MG AT NIGHT IF REQURIED	-	07-Mar-2018	-	23-May-2019
Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg	-	224 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	20-Nov-2017	-	23-May-2019
Meloxicam Tablets 7.5 mg	1001010AAAAAAAA	30 TABLET	ONE TO BE TAKEN DAILY	-	20-Nov-2017	-	23-May-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-Dec-2016	-	01-May-2019
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	112 TABLET	2 Tabs qid prn	-	19-Jul-2016	-	01-May-2019
Desloratadine Tablets 5 mg	-	60 TABLET	1 OD	-	22-Jun-2015	-	01-May-2019

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine Tablets 30 mg	0407020G0AAACAC	60 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	17-May-2019	8 Days	17-May-2019

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Allergies

Description	Comment	Recorded Date
Adverse reaction to Tramadol Hydrochloride	itch	04-Dec-2015

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

MSK
Musculoskeletal Service

MSK DISCHARGE REPORT

NHS
Ayrshire & Arran

Patient Name:	Brian Fitzpatrick
Address:	88 Caledonian Road, Stevenston, Ayrshire, KA20 3LF
CHI:	0205563430
GP:	Dr Brodie
Consultant:	Mr Bruce Thomas
Referrer Source:	Mr Bruce Thomas
Referral Date:	30.7.18
Start Date:	08/08/2018
Discharge Date:	8.8.18
No. of treatments:	1
Discharge Reason:	Treatment complete
Treatment Outcome:	Improved
Therapist:	Catherine Cree
Location:	OCCUPATIONAL THERAPY DEPT, OUTPATIENT AREA,PURPLE ZONE, CROSSHOUSE HOSPITAL

Dear Mr Thomas

Diagnosis: Bilateral middle finger trigger release - June 2018

Mr Fitzpatrick attended hand therapy and participated in a graded exercise programme along with scar management.

He is now managing a fully functional fist with both middle fingers. Therapist encouraged deep scar massage to both scars on palms. By end of therapy session he was managing more comfortable mobilisation.

Patient is happy to be discharged today from hand therapy.

Actions for GP/Follow up recommendations: Nil

Yours sincerely,
Authorised on 08/08/2018 15:53:51 by Catherine Cree.
Catherine Cree
08/08/2018

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Confidential - Clinical Information

Department of Trauma and Orthopaedics
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827883
01563 827976
www.nhsaaa.net

NHS Ayrshire & Arran

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	BT/MM
Hospital No:	
Clinic Date:	30/07/2018
Date Dictated:	30/07/2018
Date Typed:	28/08/2018
Enquiries to	01563 827883
Direct Line:	01563 827883
Ext. Number:	27883
Email:	

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

This gentleman is 6 weeks following bilateral middle trigger finger releases He suggested his right one is still mildly clicky as is certainly stuck down in the morning. He's not had any OT as yet and hence he's been referred for this. If his symptoms continue then he may require further exploration.

Yours sincerely

This document has NOT been verified

Bruce M Thomas FRCS Ed (Tr & Orth)
Consultant Orthopaedic Surgeon
GMC 4445834

Orthopaedic

INVESTING IN VOLUNTEERS

STA 0611

NHS
Ayrshire & Arran

Confidential - Clinical Information

Department of Trauma and Orthopaedics
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827883
01563 827976
www.nhsaaa.net

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref:	EO/MM
Hospital No:	
Date Dictated:	18/06/2018
Date Typed:	04/07/2018
Enquiries to	01563 827883
Direct Line	01563 827883
Ext. Number	27883
Email	

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

Admitted: 18.06.18
Discharged: 18.06.18
Operation: Bilateral middle finger trigger finger release

Mr Fitzpatrick recently attended day surgery and underwent bilateral middle finger trigger finger release under local anaesthetic, without complications. He is to have his sutures removed at his by his local practice nurse in approximately one week's time. He will be reviewed at Mr Thomas's out-patient clinic in approximately 6 weeks' time.

Yours sincerely

This document has NOT been verified

Emmett O'Flaherty
ST8 in Orthopaedics
GMC 6166076

Orthopaedic

INVESTING IN VOLUNTEERS

STA0849

029711

NHS AYRSHIRE & ARRAN

Crosshouse Hospital Discharge

G.P.

* PLEASE PRINT HEAVILY USING BALL POINT PEN

V

CHI: 0205563430
HCR No: .....
CHI No: .....
Surname: .....
Forename: .....
Address: .....
.....
Date of Birth .....

Fitzpatrick, Brian
88 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Ward: DSU
Consultant: Mr Thomas
Date of Admission: 18/6/18
Date of Discharge: 18/6/18
(or date of death)
Clinic Appointment:

Services Arranged: ☐ Home help ___ times week ☐ Meals on wheels ☐ District Nurse ☐ Other
Discharged to: ☐ Home ☐ Stay with relatives ☐ Other hospital ☐ Nursing home ☐ Other ☐ Died

Discharge Diagnosis (if admitted due to an injury, include place of accident & site of injury)	If multiple Day Case admission, list dates of admission
1	
2	
3	
4	
5	

Operations / Procedures
1 Rt Carpal Tunnel Surgical release
2
3
4

Discharge Medication (7 days supply will be dispensed unless otherwise stated by doctor)

For Pharmacy use

Drug Name and formulation	Dose	Frequency	Route	Duration (cont/stop)	Quantity and strength	Notes
				pharmacy date	dispensed by	checked by

Additional Information (e.g. awaiting histology or other results, patients progress)

Sutures GP at 7 days
RV Mr Thomas clinic 6/12

A finished consultant episode letter will follow.

Signature _____

PRINT NAME _____ Date 18/06/2018

N.B. DISCHARGE MEDICATION IS FOR INFORMATION ONLY. FAXED COPY HAS NOT BEEN CHECKED BY DOCTOR. ON RECEIPT OF HARD COPY, FAXED COPY CAN BE DESTROYED.

Ward Clerkess: _____ / Dictated: _____ / Typed: _____ / Signed: _____ / Mailed: _____

Department of Trauma and Orthopaedics
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 827883
01563 827976
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: BT/MM
Hospital No:
Clinic Date: 04/06/2018
Date Dictated: 04/06/2018
Date Typed: 14/06/2018
Enquiries to 01563 827883
Direct Line: 01563 827883
Ext. Number: 27883
Email:

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

This gentleman returned today following his steroid injection to his left middle finger. Unfortunately his finger continues to be incarcerated and he's starting to get some symptoms on the right middle. Following discussion he's for urgent trigger finger release to prevent contractures and has been listed for this today. Hopefully we'll get him done in the next 2 weeks. He's aware of the risk of scar formation and neurovascular injury.

Yours sincerely

This document has NOT been verified

Bruce M Thomas FRCS Ed (Tr & Orth)
Consultant Orthopaedic Surgeon
GMC 4445834

Orthopaedic

INVESTING IN VOLUNTEERS

Department of Trauma and Orthopaedics
University Hospital Crosshouse
Kilmarnock Road
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KA2 0BE
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www.nhsaaa.net

NHS
Ayrshire & Arran

Confidential - Clinical Information

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: BT/MM
Hospital No:
Clinic Date: 15/05/2018
Date Dictated: 15/05/2018
Date Typed: 25/05/2018
Enquiries to 01563 827883
Direct Line: 01563 827883
Ext. Number: 27883
Email:

Dear Dr Brodie,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
88 CALEDONIAN ROAD, STEVENSTON, AYRSHIRE, KA20 3LF

This gentleman attended today having been seen in A/E at the weekend. He had an incarcerated trigger finger to the left middle. It'd been clicking on an off and he attended with it stuck down. It was straightened in A/E and he was given a splint. Today he's tender round about his A1 pulley. He has clinical triggering. I discussed his condition with him and have injected it today with Depo-Medrone. We'll see him in 3 months.

Yours sincerely

This document has NOT been verified

Bruce M Thomas FRCS Ed (Tr & Orth)
Consultant Orthopaedic Surgeon
GMC 4445834

Orthopaedic

INVESTING IN VOLUNTEERS

MSK
Musculoskeletal Service

MSK DISCHARGE REPORT

NHS
Ayrshire
& Arran

Patient Name:	Brian Fitzpatrick
Address:	88 Caledonian Road, Stevenston, Ayrshire, KA20 3LF
CHI:	0205563430
GP:	Dr Y Brodie
Consultant:	
Referrer Source:	Dr A Omoke
Referral Date:	28/09/2015
Start Date:	16/02/2016
Discharge Date:	30/03/2016
No. of treatments:	2
Discharge Reason:	Discharged patient DNA
Treatment Outcome:	No Change
Therapist:	Morten Eng
Location:	ACH MSK

Dear Dr Brodie

Diagnosis: Mechanical LBP

The above patient was reviewed in our clinic and provided with an exercise programme and advice. The patient failed to attend the review appointment 2 weeks ago, and is now discharged from our service.

Actions for GP/Follow up recommendations: Nil

Yours sincerely,
Authorised on 30/03/2016 10:35:10 by Morten Eng.
Morten Eng
30/03/2016

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010100366l9Q

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Spinal R5A1
AA Back Pain

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	28-Sep-2015
Date submitted	28-Sep-2015

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

88
Caledonian Road
STEVENSTON
Ayrshire
KA20 3LF

Contact number(s)

Voice: 07956563854

REGISTERED GP DETAILS

Name	Dr Cormac Convery
GMC code	4310684
GP code	21199
Practice name	Three Towns Medical Practice (16884)
Practice code	80895

Practice address

Three Towns Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr A Omoke
GMC code	6095095
GP code	-
Practice name	Three Towns Medical Practice (80895)
Practice code	80895

Practice address

The Health Centre
20 Main Street
Stevenston
KA20 3AA

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: back pain

Comment: I was wondering if you could see this pleasant 59 year old gentleman who has had persistent low back pain for quite a while. He has been to the chiropractor and taking analgesia all to no avail. There is no history of trauma or injury and he wishes seen and assessed by yourselves. I have today arranged an x-ray of the thoraco-lumbar spine and would be grateful for your kind review. Thank you.

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Sciatica	-	-	-	20-Aug-2015	20-Aug-2015
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990
Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Desloratadine Tablets 5 mg	-	28 tablet	1 OD	-	22-Jun-2015	-	22-Jun-2015

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride Tablets 25 mg	0403010B0AAAHAH	56 tablet	ONE TO BE TAKEN AT NIGHT	-	23-Sep-2015	56 Days	23-Sep-2015

Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	10-Sep-2015	55 Days	23-Sep-2015
Naproxen Tablets 500 mg	1001010P0AAAEAE	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	24-Aug-2015	28 Days	24-Aug-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	24-Aug-2015	28 Days	24-Aug-2015
Co-Codamol 30/500 Tablets	0407010F0AAAHAH	100 TABLET	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	20-Aug-2015	12 Days	20-Aug-2015
Piroxicam Gel 0.5 %	1003020R0AAAAAA	60 GRAM	APPLY THREE TIMES A DAY	-	20-Aug-2015	76 Days	23-Sep-2015
Lactulose Solution 3.1-3.7 g/5 ml	0106040G0AAAAAA	500 ml	10 ml Twice daily	-	17-Aug-2015	42 Days	17-Aug-2015
Movicol Oral powder (lemon and lime) 13.8 grams/sachet	0106040M0BBAAAA	30 SACHET	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	17-Aug-2015	42 Days	17-Aug-2015

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Ophthalmology Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 288952
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

MR SRINIVASAN CASUALTY CLINIC

Dr Lisa Black
A&E Consultant
University Hospital Crosshouse
Kilmarnock
KA2 0BE

Our Ref: RK/CH
Hospital No:
Clinic Date: 11/02/2015
Date Dictated: 11/02/2015
Date Typed: 12/02/2015
Enquiries to Catriona Hughes
Direct Line: 01292 614843
Ext. Number: 14843
Email: catriona.hughes@aapct.scot.nhs.uk

Dear Dr Black,

BRIAN FITZPATRICK DOB: 02/05/1956 CHI No: 0205563430
WEST LODGE, STEVENSTON, AYRSHIRE, KA20 4JX

Diagnosis: Left Eye Corneal Rust Ring

Visual Acuity: 0.14 improving to 0.1 with pinhole Right Eye
-0.02 Left Eye

Treatment: Removal of the foreign body under topical anaesthesia
Ointment Chloramphenicol stat and 3 times a day to left eye for one week

Review: Nil

Yours sincerely

Authorised on 13/02/2015 09:20:42 by Dr. Rajalakshmi Krishnapriya.

Dr. Rajalakshmi Krishnapriya
Associate Specialist in Ophthalmology

Dr Y Brodie
Three Towns Medical Practice
The Health Centre
20 Main Street
Stevenston
KA20 3AA

INVESTING IN VOLUNTEERS

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101007495261H

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

AudiologyC5A
AA Audiology

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	02-Jul-2014
Date submitted	02-Jul-2014

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
Kerelaw School
STEVENSTON
Ayrshire
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr H G McCallum		
GMC code	2556606	GP code	23825
Practice name	Three Towns Medical Practice (16884)		
Practice code	80895		

Practice address

Three Towns Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Practice address

Name	Dr. Cormac Convery		
GMC code	4310684	GP code	21199
Practice name	Three Towns Medical Practice (80895)		
Practice code	80895		

The Health Centre
20 Main Street
Stevenston
KA20 3AA

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: hearing loss

Comment: I would be grateful if you could advise regarding this chap's hearing. He is aware there has been a gradual deterioration in his hearing. He used to work with alarm installations and was exposed to a lot of industrial noise. On examination, his ears look perfectly fine and there is no wax in his external canal. I would be grateful for your assessment and advice. Yours sincerely

Examinations and Investigations

Criteria Selection:	Patient > 50, Symmetrical Slow Onset, Seen by GP	-
Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:		09-Jan-2014
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Seborrhoeic wart	-	-	-	16-Jun-2014	16-Jun-2014
Unilateral inguinal hernia - simple	-	-	-	29-Nov-2010	29-Nov-2010
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Other diagnostic ultrasound	-	-	Abdominal NAD	10-Nov-2010	10-Nov-2010
Endoscopy carried out	-	-	Small hiatus hernia, erosions in duodenum	29-Nov-1990	29-Nov-1990

Barium meal	-	-	chronic peptic fibrosis	01-Jan-1982	01-Jan-1982

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

No current medications recorded

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

No recent medications recorded

Clinical warnings

Smoking status	Alcohol consumption
Number per day	Units per day
? (not known)	? (not known)

Lifestyle risks

Exercise status: Not Known

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Crosshouse Hospital
Kilmarnock
KA2 0BE
Tel: 01563 521133
Fax: 01563 577979

NHS
Ayrshire
& Arran

Dr C MARTIN
Three Towns Medical Practice
The Health Centre
20 Main Street
STEVENSTON
KA20 3AA

31.3.2011

Dear Dr MARTIN,

Re. **Mr Brian Fitzpatrick** 02/05/56 261246
West Lodge
STEVENSTON
CHI: 0205563430

Your patient was admitted under the care of Mr Fon on 23/03/11 and discharged home on 23/03/11.

The principal diagnosis was:
Reducible hernia - Inguinal (right)

The main operation/treatment was:
Inguinal hernia repair - Incorporation of synthetic mesh (right) on 23/03/11
There was no other treatment.

There were no complications.

Drugs on discharge: As listed in the immediate discharge letter.

No outpatient follow-up has been arranged.

This patient was admitted for laparoscopic right inguinal hernia repair. This was done by TEPP. Post operatively he recovered well and was allowed home with no further follow up.

Yours sincerely,

LJF/JML
CROSSHOUSE HOSPITAL, KILMARNOCK

MR LJ FON
Consultant Surgeon

STA0849

NHS AYRSHIRE & ARRAN

Crosshouse Hospital Discharge

212825

* PLEASE PRINT HEAVILY USING BALL POINT PEN

G.P.

Write or attach label

HCR No: XHI261246
CHI No: ..
Surname: FITZPATRICK
Forename BRIAN
Address:.. WEST LODGE
STEVENSTON
KA20 4JX
Date of Bir 02/05/1956
Dr. C MARTIN
THREE TOWNS MEDICAL PRACTICE
20 MAIN STREET,
CHI 0205563430

Ward: DSU
Consultant: FON
Date of Admission: 23/3/11
Date of Discharge:
(or date of death)
Clinic Appointment: NFU.

Services Arranged: ☒ Home help ___ times week ☐ Meals on wheels ☐ District Nurse ☐ Other
Discharged to: ☐ Home ☐ Stay with relatives ☐ Other hospital ☐ Nursing home ☐ Other ☐ Died

Discharge Diagnosis (if admitted due to an injury, include place of accident & site of injury)	If multiple Day Case admission, list dates of admission
1	
2	
3	
4	
5	

Operations / Procedures
1 Laparoscopic Hernia repair (RIH)
2
3
4

Discharge Medication (7 days supply will be dispensed unless otherwise stated by doctor)

For Pharmacy use

Drug Name and formulation	Dose	Frequency	Route	Duration (cont/stop)	Quantity and strength	Notes
				pharmacy date	dispensed by	checked by

Additional Information (e.g. awaiting histology or other results, patients progress)

30 x Co-codamol 30/500mg tablets + 24 Ibuprofen 400mg tablets given as prescrib

A finished consultant episode letter will follow. 19/4/11 By DR M'Garrity.

Signature _____

PRINT NAME _____ Date / 20

N.B. DISCHARGE MEDICATION IS FOR INFORMATION ONLY. FAXED COPY HAS NOT BEEN CHECKED BY DOCTOR. ON RECEIPT OF HARD COPY, FAXED COPY CAN BE DESTROYED.

Ward Clerkess: _____ / Dictated: _____ / Typed: _____ / Signed: _____ / Mailed: _____

PATIENT SERVICES

Department of General Surgery
Mr E Leung, Consultant Colorectal Surgeon
Direct Line: ☎ **01563 826978**
Fax No: 🖷 **01563 825171**
Secretary: Mrs Julie Samson
Email: Julie.Samson@aapct.scot.nhs.uk

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133

www.show.scot.nhs.uk/aaaht

Our ref: EL/JS/261246
CHI No: 0205563430

Dictated: 14.02.2011
Typed: 18.02.2011

SURGICAL CLINIC

Dr C Convery
Three Towns Medical Practice
20 Main Street
STEVENSTON
KA20 3AA

Dear Dr Convery

BRIAN FITZPATRICK WEST LODGE STEVENSTON KA20 4JX
DOB: 02.05.1956

I saw this 53 year old man in the clinic today who presented with an 8 week history of right groin swelling which is giving him intermittent episodes of discomfort and pain. Often he has to manually reduce the swelling. He has no associated GI, GU or respiratory symptoms. He recently had a colonoscopy in November 2010 which showed only diverticular disease.

General examination was unremarkable. Abdominal examination confirmed an easily reducible right inguinal hernia. He already had a left inguinal hernia repair done which showed no obvious recurrence. Genital examination was unremarkable.

I had a long discussion with the patient today regarding treatment options. He is quite happy to go ahead with laparoscopic repair of his right inguinal hernia as a day case.

Yours sincerely

Mr E Leung MD FRCS
CONSULTANT SURGEON
COLORECTAL & GENERAL SURGERY

[redacted]

Surgical

[redacted]

INVESTING IN VOLUNTEERS

Date Received: Wed 01/12/10
CHI: 0205563430 **Hospital Number: 261246**

Permanent Flags

- ☐ URG - URGENT
- ☐ ROUT - ROUTINE
- ☐ UROLOGY - UROLOGY
- ☐ CO/RECTAL - COLORECTAL
- ☐ PAED - PAEDIATRICS
- ☐ VV'S - V VEINS
- ☐ UGI TEAM - UPPER GI TEAM
- ☐ BREAST (G) - BREAST (GEN SURGERY)

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010013263227

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	01-Dec-2010
Date submitted	01-Dec-2010

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
Kerelaw School
STEVENSTON
Ayrshire
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Practice address

Name	Dr H G McCallum		Stevenston Medical Practice Main Street STEVENSTON
GMC code	2556606	GP code 23825	
Practice name	Stevenston Medical Practice (16884)		
Practice code	80895		
			Contact number(s)
			Voice: 01294 464141 Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr. Cormac Convery		**Practice address**
GMC code	4310684	GP code 21199	20 Main Street Stevenston KA20 3AA
Practice name	The Health Centre (80895)		
Practice code	80895		
			Contact number(s)
			Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: rt inguinal hernia

Comment: I would be grateful if you could see this chap who presents with a right sided direct inguinal hernia. He has previously had a left sided hernia repair some 28 years ago without difficulty. He keeps good health and has lost a good deal of weight recently. He has recently been diagnosed with diverticular disease but is otherwise quite healthy. Clinically, there is an obvious albeit fairly small right sided direct hernia.

I would be grateful for your further advice.

Yours sincerely

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:	21-Oct-2010 00:00	
Never smoked tobacco:	18-Oct-2010 00:00	
Alcohol consumption, 0 units/week:	18-Oct-2010 00:00	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	56 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Nov-2010	19 Days	01-Nov-2010

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ?. (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010013263227

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	01-Dec-2010
Date submitted	01-Dec-2010

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
Kerelaw School
STEVENSTON
Ayrshire
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr H G McCallum
GMC code	2556606 GP code 23825
Practice name	Stevenston Medical Practice (16884)
Practice code	80895

Practice address

Stevenston Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr. Cormac Convery
GMC code	4310684 GP code 21199
Practice name	The Health Centre (80895)
Practice code	80895

Practice address

20 Main Street
Stevenston
KA20 3AA

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: rt inguinal hernia

Comment: I would be grateful if you could see this chap who presents with a right sided direct inguinal hernia. He has previously had a left sided hernia repair some 28 years ago without difficulty. He keeps good health and has lost a good deal of weight recently. He has recently been diagnosed with diverticular disease but is otherwise quite healthy. Clinically, there is an obvious albeit fairly small right sided direct hernia. I would be grateful for your further advice. Yours sincerely

Examinations and Investigations

Height:	160 -	
Weight(kg):	68.5 -	
BMI:	26.76 -	
Never smoked tobacco:		21-Oct-2010
Never smoked tobacco:		18-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Diverticulosis	-	-	-	15-Nov-2010	15-Nov-2010
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	56 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Nov-2010	19 Days	01-Nov-2010

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Exercise status: Not Known

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

NHS Ayrshire & Arran
Hospital Services

Gastroenterology & Hepatology Service
Crosshouse Hospital
Kilmarnock
KA2 OBE

Date: 19.01.11
Dictated: 11.01.11
Our Ref: SR/MR/261246
CHI: 0205563430
Enquiries to: Ms Margaret Rowan
Extension: 25127
Direct line: 01563 825127
Fax: 01563 827972
E-mail: amir.shah@aaaht.scot.nhs.uk

Dr Martin
Three Towns Group Practice
20 Main Street
STEVENSTON
KA20 3AB

Dear Dr Martin

BRIAN FITZPATRICK DOB: 02.05.56
WEST LODGE, KERELAW SCHOOL, STEVENSTON

Diagnosis: **Weight loss**
PR bleeding

Thank you for referring this fifty-four gentleman to Dr Shah's outpatient clinic where I saw him today for weight loss with bright red blood PR. In the clinic today he weighed 54 kgs. He did not look undernourished. He is currently living with his wife and works as a service manager. He has never smoked but occasionally consumes alcohol. He previously took Zantac for some bowel problems. He also denied any significant past medical illnesses. Regarding his weight loss he told me that he has intentionally trying to lose weight since the end of 2009. He denied any protracted episodes of bowel disturbance including diarrhoea or passing mucous or blood PR. He also denied any low grade pyrexia, night sweats or chronic cough.

Today in the clinic his general physical and systemic examination was unremarkable. He had a colonoscopy investigation done since the receipt of his referral letter on 15th November 2010 which could only confirm mild diverticular disease. I note that you have previously arranged an abdominal and liver ultrasound scan for this gentleman which was done on 15th November 2010 which was also reported normal.

Bloods from 27th October 2010 including full blood count, ESR, bone profile, liver function, thyroid function and U & E's were all reported normal. This gentleman was advised to continue taking a high fibre diet in the wake of his diverticular disease, which was diagnosed on his colonoscopy examination. Dr Shah was happy for him to be discharged from this clinic.

Yours sincerely

Sultan Rome MRCPI. DTM & H
Speciality Doctor in Gastroenterology

Awarded for excellence

MEDICAL

261246

Hospital use only	Clinic	Day Date	Time	Hospital No.
	DR SHAH			

Unique Care Pathway Number: 101001202746Y

Transport required?

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Dr Shah (Consultant)
GastroenterologyA9
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	02-Nov-2010
Date submitted	02-Nov-2010

suspected neoplasm

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
Kerelaw School
STEVENSTON
Ayrshire
KA20 4JX

Contact number(s)

Voice: 467490

ENDOSCOPY SUITE
CROSSH OSPITAL
5 NOV 2010
URGE
SCO
ROUTINE

REGISTERED GP DETAILS

Name	Dr H G McCallum		
C code	2556606	GP code	23825
Practice name	Stevenston Medical Practice (16884)		
Practice code	80895		

Practice address

Stevenston Medical Practice
Main Street
STEVENSTON

Contact number(s)

Voice: 01294 464141
Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name	Dr. Clifford Martin		
GMC code	2615655	GP code	23761
Practice name	The Health Centre (80895)		
Practice code	80895		

Practice address

20 Main Street
Stevenston
KA20 3AA

Contact number(s)

Voice: 01294 464141

DATE
4 NOV 2010
REFERRAL
TO CONSULTANT

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
02 NOV 2010
URGENT
ROUTINE

Colonoscopy clr asap
4/11

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Fresh PR bleeding

Comment: I would be most grateful for your urgent assessment of this 54 year old gentleman who presented to my colleague Dr Huntly McCallum one week ago complaining of dramatic weight loss of approximately 4 stone since February this year, intermittent upper abdominal pain particularly in the right side, and change of bowel habit.
I note that my colleague has referred him for ultrasound of his liver and gallbladder.
However Mr Fitzpatrick consulted me today complaining of bright red bleeding PR on two occasions over the weekend. For this reason I would be grateful if he could be seen with a view to urgent endoscopy. He has no significant past medical history of note and there has not been any routine medication.
Kind Regards

Examinations and Investigations

Height:	160	-
Weight(kg):	68.5	-
BMI:	26.76	-
Never smoked tobacco:	21-Oct-2010 00:00	
Alcohol consumption, 0 units/week:	18-Oct-2010 00:00	

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	56 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Nov-2010	19 Days	01-Nov-2010

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101001202746Y

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

DrShah (Consultant)
GastroenterologyA9
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**	suspected neoplasm
Date of referral	02-Nov-2010	
Date submitted	02-Nov-2010	

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
Kerelaw School
STEVENSTON
Ayrshire
KA20 4JX

Contact number(s)

Voice: 467490

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Main Street
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Voice: 01294 464141

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Presenting complaint

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Examinations and Investigations

Height:	160 -	
Weight(kg):	68.5 -	
BMI:	26.76 -	
Never smoked tobacco:		21-Oct-2010
Alcohol consumption, 0 units/week:		18-Oct-2010

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Rectal bleeding	-	-	-	01-Nov-2010	01-Nov-2010

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	56 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	01-Nov-2010	19 Days	01-Nov-2010

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Exercise status: Not Known

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

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

To R Lal
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

University Hospital Crosshouse
Emergency Department
Crosshouse Hospital, Kilmarnock
KA2 0BE
Tel: 01563 827751 / 827762

DUTY CONSULTANT: 0

PATIENT DETAILS

Patient name	**Brian Fitzpatrick**
CHI Number	0205563430
DOB	02/05/1956
Address	88 CALEDONIAN ROAD STEVENSTON AYRSHIRE KA20 3LF

ATTENDANCE DETAILS

Attendances prev12mths	0
Total Attendances	5
Arrival Date & Time	26/08/2007 at 10:20
Attendance Number	XH-07-042170-1
Diagnosis	possible fracture Ribs Left

Drugs:

Treatment	Take home drugs
Investigations	
Additional Information	Sustained injury left anterior chest wall 3/7 ago.No evidence of pneumothorax. Possible # ribs. Given tylex and advice

DISCHARGE DETAILS

Discharge Date & Time	26 Aug 2007 11:5011:50
Left Dept. Date & Time	
Outcome	GP 0 0
Further Referral	
Child Protection	

Adult Protection/Concern

Clinician Seen	LAURA O'CONNOR FOUNDATION YEAR 2 DR

Crosshouse Hospital

NHS Ayrshire & Arran

OCCUPATIONAL THERAPY DEPARTMENT
HAND THERAPY/ OUT-PATIENT SERVICES

NAME:	Brian Fitzpatrick	**UNIT NO:**	261246
ADDRESS:	West Lodge, Stevenston	**CONSULTANT:**	Mr MacLeod
		G.P.:	Dr Das
D.O.B.:	2.5.56	**CHI NO:**	0205563430

REASON FOR REFERRAL: Left carpal tunnel decompression

TREATMENT UNDERTAKEN:

Wound Management	√	Splinting	
Oedema Management	√	Desensitisation Techniques	
Graded Exercise Programme	√	Functional Retraining/Practice	
Graded Remedial Activities		Home Exercise Programme	√
Heat Treatment (H20)	√	Arthritis Management Programme	
Scar Management	√	Activities of Daily Living	

DISCHARGE SUMMARY:

Mr Fitzpatrick was referred to occupational therapy via the extended role hand therapy clinic on 20 June 2007.

Mr Fitzpatrick attended one session at hand therapy where he participated in wound, oedema and a graded exercise programme. Silicone gel was issued to aid scar healing. Patient has excellent range of movement and recovery from surgery has been successful. Patient happy to be discharged today with advice on scar management and home exercise.

Catherine Gallacher

SIGNED: OCCUPATIONAL THERAPIST **Catherine Gallacher**
CONTACT NUMBER: 01563 577126
DATE: 22 June 2007
cc. Mr MacLeod
cc. Dr Das

File please

Occupational Therapy
Crosshouse Hospital
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS
Ayrshire & Arran

EXTENDED ROLE HAND THERAPY CLINIC

Dr A Das
Health Centre
Main Street
Stevenston

Date	20 June 2007
Your Ref	
Our Ref	GC/MS/261246
Enquiries to	Gillian Cowan
Extension	2126
Direct line	01563 577126
Fax	01563 577131
E-mail	gillian.cowan@aaaht.scot.nhs.uk
Date of Clinic:	Wednesday 20 June 2007
Date Typed:	Wednesday 20 June 2007

CHI: 0205563430
UNIT NO: 261246

Dear Dr Das

RE: Brian Fitzpatrick, West Lodge, Stevenston KA20 4JX

Mr Fitzpatrick was reviewed today twelve days following a Left Carpal Tunnel Decompression. The wound area has almost fully healed and sutures have been removed. Pre-operative symptoms are also settling. General advice has been given and follow-up care arranged in the Hand Therapy Department.

Yours sincerely

Gillian Cowan

Gillian Cowan
Senior Occupational Therapist

cc: Mr MacLeod, Consultant Orthopaedic Surgeon, Crosshouse

STA 5000

PATIENT SERVICES

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 577976
www.show.scot.nhs.uk/aaaht

Tel: 01563 577896
Fax: 01563 577976
Secretary: linda.hay@aaaht.scot.nhs.uk

AR/LH/261246
CHI: 0205563430

DEPARTMENT OF ORTHOPAEDICS - Mr C MacLeod

Dictated 08.06.07
Typed 13.06.07

Dr K Ghosh
Stevenston Health Centre
Main Street
STEVENSTON

Dear Dr Ghosh

BRIAN FITZPATRICK, WEST LODGE, STEVENSTON DOB - 02.05.1956

Date of admission	**08.06.07**
Date of discharge	**08.06.07**
Procedure	**Left carpal tunnel decompression**

This patient had the above procedure carried out under local anaesthetic.

The wound check and suture removal will be in a week's time at the Hand Therapy Clinic.

Yours sincerely

Arun Rajniashokan
Locum SHO III in Orthopaedics

Awarded for excellence

JMcC/60685

Orthopaedic

)

)

STA0849

NHS AYRSHIRE & ARRAN

Crosshouse Hospital Discharge

74216

G.P.

* PLEASE PRINT HEAVILY USING BALL POINT PEN

Patient

Surnai
First N
Addre

XH 261246
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX

DOB: 02/05/1956
Unit I
(or date

DR.A DAS
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

Ward:
Consultant:

Date of Admission:
Date of Discharge:
(or date of death)
Clinic Appointment:

Services Arranged: ☐ Home help ___ times week ☐ Meals on wheels ☐ District Nurse ☐ Other

Discharged to: ☐ Home ☐ Stay with relatives ☐ Other hospital ☐ Nursing home ☐ Other ☐ Died

Discharge Diagnosis (if admitted due to an injury, include place of accident & site of injury)	If multiple Day Case admission, list dates of admission
1	
2	
3	
4	
5	

Operations / Procedures
1
2
3
4

Discharge Medication (7 days supply will be dispensed unless otherwise stated by doctor)

For Pharmacy use

Drug Name and formulation	Dose	Frequency	Route	Duration (cont/stop)	Quantity and strength	Notes
				pharmacy date	dispensed by	checked by

Additional Information (e.g. awaiting histology or other results, patients progress)

A finished consultant episode letter will follow.

Signature _____

PRINT NAME _____ Date / / 20

N.B. DISCHARGE MEDICATION IS FOR INFORMATION ONLY. FAXED COPY HAS NOT BEEN CHECKED BY DOCTOR. ON RECEIPT OF HARD COPY, FAXED COPY CAN BE DESTROYED.

Ward Clerkess: _____ / Dictated: _____ / Typed: _____ / Signed: _____ / Mailed: _____

BOOKING FORM

NHS Ayrshire & Arran

CHI 0205563430
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956 Pract 80701
Case Ref 261246

Short notice: Yes ☐ No ☐

Daytime Contact No: 01294 467490

Consultant: MACLEOD

Date of Listing: 24.5.07

Procedure: LEFT CARPAL TUNNEL DECOMPRESSION

Anaesthetic type: LA ☑ GA ☐

Priority: Urgent ☐ Soon ☐ Routine ☑

Waiting List Type: DC ☑ 23 hr ☐ IP ☐

Same Day Admission: ☐

Listing Consultant to operate ☐ Any Crosshouse Consultant/Staff Grade ☑

Specialty specific questions/information:

Name of secretary adding to WL: [illegible] Date: 29/31/5/07

Form to be filed in patient's casenotes after adding details to computer system

PATIENT SERVICES

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 577976
www.show.scot.nhs.uk/aaaht

Tel: 01563 577896
Fax: 01563 577976
Secretary: linda.hay@aaaht.scot.nhs.uk

CM/LH/261246
CHI: 0205563430

DEPARTMENT OF ORTHOPAEDICS – Mr C MacLeod

Orthopaedic Clinic 24.05.07
Typed 30.05.07

Dr K Ghosh
Stevenston Health Centre
Main Street
STEVENSTON

Dear Dr Ghosh

BRIAN FITZPATRICK, WEST LODGE, STEVENSTON DOB – 02.05.1956

Thank you for asking me to see Mr Fitzpatrick who has been troubled over the last few months by significant sensory disturbance and pain affecting his left hand and forearm. This is aggravated by a variety of activities including writing, driving and using tools to do DIY around the house. He is also being woken regularly at night despite using the splint although he admits that he tends to wear this during the day rather than at night.

Examination today shows no evidence of wasting but there is subjective sensory disturbance affecting the thumb, index and middle fingers particularly. He has a positive Phalen's test on the left side with compression over the carpal tunnel also bringing on his symptoms.

I have explained to him that I feel this is a carpal tunnel syndrome causing his problems and given the limited response to the splints that decompression would be indicated for this. He is aware of the associated risks particularly related to the scar and ongoing symptoms. I normally do these under local anaesthetic and he is happy to have his name added to the waiting list for this.

Yours sincerely

C MacLeod FRCS Ed (Tr & Orth)
Consultant Orthopaedic Surgeon

Awarded for excellence

JMcC/60685

Orthopaedic

already in TKT

Hospital use only	Clinic	Day Date	Time	Hospital No.
	MACLEOD	24/5/07	9.40	261246

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8 AA General Referral PMH High	**Consultant / receiving practitioner and/or specialty clinic**
Crosshouse Hospital	**Hospital and hospital address**
	Hospital unit no. -
	Email address -
Urgency of referral Soon	Increased pain in hand

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian M
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
STEVENSTON
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr Das		
GMC code	1269400	GP code	A22373
Practice name	Stevenston Health Centre		
Practice code	A80701		

Practice address

Main Street
STEVENSTON
Ayrshire
KA20 3AA

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

REFERRING PRACTITIONER DETAILS

Name	Dr. Julie Pennycook		
GMC code	3440539	GP code	22047
Practice name	STEVENSTON HEALTH CENTRE (80701)		
Practice code	80701		

Practice address

MAIN STREET
STEVENSTON
AYRSHIRE

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
03 MAY 2007
URG
SOC
RC

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Increased pain in left hand.

Date of onset: 30-Apr-2007

Comment: This gentleman was referred to you recently regarding his left hand, he has been told that there is a 22 week waiting list.
He now has pain which is becoming intolerable and is interfering with his daily life as he is left handed.
I would be grateful if he could be seen sooner.
Thanking you.

Examinations and Investigations

Never smoked tobacco:	19-Mar-2007 00:00
Never smoked tobacco:	02-Mar-2007 00:00
Alcohol intake within recommended sensible limits:	19-Mar-2007 00:00
Enjoys light exercise:	19-Mar-2007 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Diclofenac Sodium	10.01.01.0	Ec TABS 50MG	1 Tab	3 times daily	30-Apr-2007	-
Orlistat	04.05.01.0	CAPS 120MG	1 Cap	Twice daily	11-Apr-2007	-

Clinical warnings Smoking status Alcohol consumption

Additional relevant information

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic SurgeryC8
AA General Referral PMH High

Crosshouse Hospital

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	*Soon*	Increased pain in hand
Date of referral	02-May-2007	
Date submitted	02-May-2007	

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian M
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
STEVENSTON
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr Das		
GMC code	1269400	GP code	A22373
Practice name	Stevenston Health Centre		
Practice code	A80701		

Practice address

Main Street
STEVENSTON
Ayrshire
KA20 3AA

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

REFERRING PRACTITIONER DETAILS

Name	Dr. Julie Pennycook

Practice address

MAIN STREET

GMC code	3440539	GP code	22047
Practice name	STEVENSTON HEALTH CENTRE (80701)		
Practice code	80701		

STEVENSTON
AYRSHIRE

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Increased pain in left hand.

Date of onset: 30-Apr-2007

Comment: This gentleman was referred to you recently regarding his left hand, he has been told that there is a 22 week waiting list. He now has pain which is becoming intolerable and is interfering with his daily life as he is left handed. I would be grateful if he could be seen sooner. Thanking you.

Examinations and Investigations

Never smoked tobacco:	19-Mar-2007
Never smoked tobacco:	02-Mar-2007
Alcohol intake within recommended sensible limits:	19-Mar-2007
Enjoys light exercise:	19-Mar-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Diclofenac Sodium	10.01.01.0	Ec TABS 50MG	1 Tab	3 times daily	30-Apr-2007	-	-
Orlistat	04.05.01.0	CAPS 120MG	1 Cap	Twice daily	11-Apr-2007	-	-

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

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

MACLEOD

C.o.A

Hospital use only	Clinic	Day Date	Time	Hospital No. 261246

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
AA Gen Ref - PMH Med & High

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

Crosshouse Hospital

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

Hospital unit no. -

Email address -

icy of referral Routine

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian M
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
STEVENSTON
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr Das		
GMC code	1269400	GP code	A22373
e name	Stevenston Health Centre		
Practice code	A8070		

Practice address

Main Street
STEVENSTON
Ayrshire
KA20 3AA

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

REFERRING PRACTITIONER DETAILS

Name	Dr. Kiron Ghosh		
GMC code	3234547	GP code	24414
Practice name	STEVENSTON HEALTH CENTRE (80701)		
Practice code	80701		

Practice address

MAIN STREET
STEVENSTON
AYRSHIRE

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
25 APR 2007
URGENT
SOON
ROUTINE

LRT - 3

12 APR 07

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: x

Comment: Hand Clinic
I shall appreciate if you could kindlysee this 50 year-old left-handed man who is experiencing pins and needles in the left hand. He has been working with a hammer and drill. His main job is a service manager in the social services.
Clinically, there is nil of note. Please exclude carpal tunnel syndrome.
I would be grateful if you could see him and advise at your clinic. Thanking you.

Examinations and Investigations

Never smoked tobacco:	19-Mar-2007 00:00
Never smoked tobacco:	02-Mar-2007 00:00
Alcohol intake within recommended sensible limits:	19-Mar-2007 00:00
Enjoys light exercise:	19-Mar-2007 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures

Description	Laterality	Modifier	Date performed
Second tetanus vaccination	-	-	-

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Orlistat	04.05.01.0	CAPS 120MG	1 Cap	Twice daily	11-Apr-2007	-

Clinical warnings Smoking status Alcohol consumption

Additional relevant information

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

CHI:0205563430

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic SurgeryC8
AA Gen Ref - PMH Med & High

Crosshouse Hospital

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	11-Apr-2007
Date submitted	12-Apr-2007

PATIENT DETAILS

Surname	Fitzpatrick
Forename(s)	Brian M
Title	-
Sex	Male
Date of birth	02-May-1956
CHI no.	0205563430

Patient's address

West Lodge
STEVENSTON
KA20 4JX

Contact number(s)

Voice: 467490

REGISTERED GP DETAILS

Name	Dr Das		
GMC code	1269400	GP code	A22373
Practice name	Stevenston Health Centre		
Practice code	A8070		

Practice address

Main Street
STEVENSTON
Ayrshire
KA20 3AA

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

REFERRING PRACTITIONER DETAILS

Name	Dr. Kiron Ghosh

Practice address

MAIN STREET

GMC code	3234547	GP code	24414
Practice name	STEVENSTON HEALTH CENTRE (80701)		
Practice code	80701		

STEVENSTON
AYRSHIRE

Contact number(s)

Voice: 01294 464413
Facsimile: 01294 604234

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: x

Comment: Hand Clinic I shall appreciate if you could kindlysee this 50 year-old left-handed man who is experiencing pins and needles in the left hand. He has been working with a hammer and drill. His main job is a service manager in the social services. Clinically, there is nil of note. Please exclude carpal tunnel syndrome. I would be grateful if you could see him and advise at your clinic. Thanking you.

Examinations and Investigations

Never smoked tobacco:	19-Mar-2007
Never smoked tobacco:	02-Mar-2007
Alcohol intake within recommended sensible limits:	19-Mar-2007
Enjoys light exercise:	19-Mar-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Second tetanus vaccination	-	-	-	-	-

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Orlistat	04.05.01.0	CAPS 120MG	1 Cap	Twice daily	11-Apr-2007	-	-

Clinical warnings Smoking status Alcohol consumption

Additional relevant information

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

JHD/CR/261246

☎ [01563] 577861 (Direct Line)
DEPARTMENT OF OTOLARYNGOLOGY
MR J H DEMPSTER

5th April 2001
Adult ENT Clinic 23/3/01

Dr A K Das
The Health Centre
Main Street
STEVENSTON

Dear Dr Das

BRIAN FITZPATRICK, 6A HARBOUR STREET, IRVINE (2/5/56)

This man did not attend for assessment of his headaches. I will not send for him again routinely.

Yours sincerely

J H DEMPSTER
CONSULTANT ENT SURGEON

Otolaryngology

ENT Clinic

Hospital use only	Clinic MR DEMSPTER	Day Date Friday 23/3/01	Time 9-15am	Hospital No. 261246	GP112(c)

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital: CROSSHOUSE Date: 30.10.00

0 2 0 5 5 6 3 4 3 0

Please arrange for this patient to attend the E.N.T. clinic of DEMSPTER

Patient's Surname: FITZPATRICK Maiden Surname:

First Names: BRIAN M Single / Married / Widowed / Other:

Address: 6A HARBOUR STREET, IRVINE Date of Birth: 2.5.56

Patient's Occupation:

Postal Code: Contact telephone number: 01294 204337

Has the patient attended hospital before? YES ☐ NO ☐ If YES, please state:

Name of hospital: CROSSHOUSE

Year of attendance: 1996 Hospital No.: 261246

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

Can patient attend at short notice? YES ☐ NO ☐

If YES, minimum notice required: days

Name, address and telephone Number of MEDICAL / DENTAL PRACTITIONER

Dr DAS
The Health Centre,
Main Street,
STEVENSTON
Ayrshire.
KA20 3AB
Tel: 01294 464413

WHEN REPLYING PLEASE QUOTE REFERENCE NO: 80701

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

Dear Mr Demspter,

I shall appreciate if you could see this patient of mine who has been complaining of persistent headache for about six weeks duration. Initially I thought he had sinusitis and I have given him a course of Vibramycin with little benefit. He had seen his local Optician in April of this year.

His blood pressure was normal 130/80. In view of this I shall appreciate if you could see and advise.

Thank you very much for your help.

Yours sincerely

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

Relevant X-rays available from:-

X-ray No. (if known)

Signature.....

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
10 NOV 2000
URG
SOON
ROUTINE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

CHI No.

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital ..... Date .....

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

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

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

Address ..... Date of Birth .....

..... Patient's Occupation .....

Postal Code ..... Contact telephone number .....

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

Name of Hospital .....

Year of attendance ..... Hospital No. .....

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

.....

.....

Can patient attend at short notice? YES / NO

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

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Please use rubber stamp

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

Diagnosis / provisional diagnosis: .....

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

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

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

..... Signature .....

GAG/SJS/261246

DIRECT LINE 01563 577326

DEPARTMENT OF OTOLARYNGOLOGY

Dict. 20/12/96
Typed 23/12/96

Dr A Das
The Health Centre
Main Street
STEVENSTON

Dear Dr Das

RE: BRIAN FITZPATRICK 4 CASTLEHILL ROAD STEVENSTON D.O.B. 02/05/56

Thanks for your re-reference. This patient has been troubled with intermittent nasal obstruction, catarrh and facial pain. He had a nasal injury during his childhood which has left him with a large septal perforation. It is inactive at present. From time to time he is likely to develop some crusting around the margins and bleeding. I have fully discussed this with him. I have advised him at present to use Vaseline. Sinus x-rays are clear. I have reassured and discharged him back under your care.

Yours sincerely

G A GAIKWAD MB DORL MS DLO RCS
STAFF GRADE IN ENT

Otolaryngology

Hospital use Only | Clinic DR Gaskell | Day Date FRID 20/12/96 | Time 10.00 | Hospital No. 261246 | GP112

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

Appointment Category: Routine ☒ Soon ☐ Urgent ☐

Hospital CROSSHOUSE Date 20.11.96 | CHI No.

Please arrange for this patient to attend the E.N.T. clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname FITZPATRICK Maiden Surname

First Names BRIAN M Single/Married/Widowed/Other

Address 4 CASTLEHILL ROAD Date of Birth 2.5.56

STEVENSTON Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital AYR/CROSSHOUSE

Year of attendance 1996 Hospital No.

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DR A.K. DAS
HEALTH CENTRE
MAIN STREET
STEVENSTON

Please use rubber stamp

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

Dear Doctor

I shall be most grateful if you could kindly see this patient who has history of repeated sinusitis ~~in the form of~~ blocked nose and headache. He was given several antibiotics on different occassions.

Apparently he was seen in the ENT Clinic in June 1991 when he had large anterior septal perforation with marked crusting around it. He was given some Vaseline and was discharged from the Clinic.

I shall be most grateful if you could see and advise.

Yours sincerely

DR G SCOLLAY

Routine

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
25 NOV 1996

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

355-2104

Produced on behalf of The Scottish Office by HMSO Scotland, 8391996, 4/96

(23)

Hospital use Only	Clinic ORTHO MR/XRAY	Day SAT Date 27·1·96	Time 8·50	Hospital No. 261246	GP112

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

Appointment Category: Routine [✓] Soon [ ] Urgent [ ]

CHI No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital CROSS HOUSE Date 13/12/95

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

Patient's Surname FITZPATRICK Maiden Surname

First Names BRIAN Single/Married/Widowed/Other

Address 4 CASTLEHILL RD Date of Birth 2-5-56

STEVENSTON Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital

Year of Attendance Hospital No.

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DRS. SCOLLAY, DAS,
HEALTH CENTRE
STEVENSTON
TEL: 464413

Please use rubber stamp

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

This 39yo man has chronic mid/low back pain and attends an osteopath.
XR reveals slight reduction in L4/5 disc space - ?relevance.
NSAID (Enflex) has given little relief.
I would appreciate your opinion.
Kind regards
GJWhite (locum).

(39)
4/12
no funk haw
- Wakes [illegible]
- Pushes [illegible]
- Offers [illegible]
not moving [illegible]
- No [illegible]
- [illegible]
- [illegible]
- [illegible]
no [illegible]
Plastic [illegible]
R&L
Top OK.
12½ - 5·3,

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

MEDICAL RECORDS
CROSSHOUSE HOSPITAL
19 DEC 1995

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

Signature

RKS/JH/261246

AYRSHIRE CENTRAL CLINIC - 20.6.91

27th June, 1991.

Dr. McAnulty,
The Health Centre,
Stevenston.

Dear Dr. McAnulty,

RE: BRIAN FITZPATRICK, 4 CASTLEHILL ROAD, STEVENSTON, (2.5.56)

This patient who had a septal perforation due to chronic trauma, was seen for review. Following the regular use of ointment, the crusting has now subsided and the edges of the perforation are clean and healthy. Blood tests were satisfactory.

I have advised him to continue with his regular application of Vaseline to control any crusting, and he has been discharged from further follow-up.

Yours sincerely,

R. K. SOOD, F.R.C.S,
CONSULTANT E.N.T. SURGEON.

EMS/JH/261246

AYRSHIRE CENTRAL CLINIC - 4.4.91

8th April, 1991.

Dr. McAnulty,
The Health Centre,
Stevenston.

Dear Dr. McAnulty,

RE: BRIAN FITZPATRICK, 4 CASTLEHILL ROAD, STEVENSTON, (2.5.56)

Thank you for referring this patient who has suffered from a blocked nose for many years. He has also developed frontal headaches and postnasal catarrh.

On examination, he has a large anterior septal perforation with marked crusting around it. His throat was clear and I was unable to gain a clear view of his postnasal space.

I have checked his full blood count, E.S.R., V.D.R.L. and arranged for sinus x-rays to be carried out. In the meantime, I have given him some Naseptin cream to apply twice daily and he will be seen for review in six weeks' time.

Yours sincerely,

E. M. SHANKS, F.R.C.S,
CLINICAL ASSISTANT.

Hospital use Only	Clinic ACH ENT MR. SOOD	Day Date Thurs 4/4/91	Time 9.30	Hospital No. 261246	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital CROSSHOUSE Date 5.2.91

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname FITZPATRICK
First Names BRIAN
Address 4 CASTLEHILL ROAD
STEVENSTON
Postal Code KA204DU Contact telephone number.

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 2.5.56
Patient's Occupation

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital CROSSHOUSE
Year of Attendance 1990 Hospital No 261246

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

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. K. McAnulty
Stevenston Health Centre
Tel: 64413

Please use rubber stamp

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

Dear Mr. Sood,

Thank you for seeing this man so soon.

This gentleman is having some problems with sinuses in the shape of blocked nose and discharge back in November, 1990. At that time I examined his nose and could not see any abnormality, however in view of his history I gave him a Dexarhina Spray and I also advised Menthol inhalations. I saw him on the fourth February when he was complaining of some pains in the left side of his nose. There was no history of any discharge or bleeding from the nose.

On examination there would appear to be an area of possible necrosis of the septum apparent on both sides of the septum and I would be grateful for your further assessment of him. He has also had problems with hiatus hernia and reflux and is at present on Zantac 150mg twice a day.

He does have previous history of sinus problems and has been seen by my partners in the past, certainly as far back as 1988.

Yours sincerely,

K. McAnulty

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

HMSO Dd8267264MD 9/90 C55 CCN13161

BAS/ACR/261246

5 February 1991
Dict. 25.01.91

Dr G Scollay
Health Centre
STEVENSTON

Dear Dr Scollay

BRIAN FITZPATRICK, 4 CASTLEHILL ROAD, STEVENSTON. (02.05.56.)

I reviewed Mr Fitzpatrick his symptoms due to hiatus hernia have improved quite considerably since we last saw him, possibly due to significant weight lossand better diet free habits. I think he should saay on maintenance Zantac which he is tending to stop but I don't think that thereis anything further required.

I have not planned any further review.

Kind regards

Yours Since..e.y

Brian A Sugden
Consultant Surgeon

SL/JML/261246

DIC 29.11.90
TYP 6.12.90

Dr G Scollay
Health Centre
STEVENSTON

Dear Dr Scollay

BRIAN FITZPATRICK 4 CASTLEHILL ROAD STEVENSTON 2.5.56

Further to your recent referral letter we simply arranged for this patient to attend directly for endoscopy today. At endoscopy he has a small hiatus hernia. The fundus and body of the stomach are normal as is the pylorus but some superficial erosions were present in his duodenum.

He should continue on his present medication and we will review him at the clinic in 2 months' time.

Yours sincerely

S Lewis
SURGICAL SHO

Cont 10/1/16 + calls
Smoothly.
Feels much better
Cont 2 more

Hospital use Only	Clinic SOP G Mr Snaydon	Day Date 29/11	Time	Hospital No. 261246	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital ..CROSSHOUSE.. Date ..24.10.90

Please arrange for this patient to attend the ..GENERAL SURGEONS.. clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ..FITZPATRICK.. Maiden Surname .....
First Names ..BRIAN.. Single/Married/Widowed/Other
Address ..4 CASTLEHILL ROAD.. Date of Birth ..2.5.56..
..STEVENSTON.. Patient's Occupation .....
Postal Code ..... Contact telephone number .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital ..KILMARNOCK INFIRMARY..
Year of Attendance ..1981.. Hospital No ..261246..

If the patient's name and/or address has/have changed since then please give details:
..12 HAMILTON CRESCENT..
..STEVENSTON..

Can patient attend at short notice? YES/NO

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

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR G SCOLLAY
HEALTH CENTRE
MAIN STREET
STEVENSTON

Please use rubber stamp

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

This man has had a long history of dyspepsia. He had a Barium Meal in 1982 where the picture was one of consistent with chronic peptic fibrosis. It was suggest that if the symptoms continued he should be referred for endoscopy. He has been on Zantac for some time but it is not really helping too much.

I would be grateful if he could be seen.

Diagnosis/provisional diagnosis: Endoscopy

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

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

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

Signature .....

HMSO Dd8177736MD 11/89 M10.5.CCN13161

261246. PDL/MCW.

23rd. September1981.

Dr. Morton,
Glebe St. Surgery,
Stevenston.

Dear Dr. Morton,

re: Fitzpatrick, 12 Hamilton Crescent, Stevenston.

I reviewed this lad to-day. As you know, he had a scrotal hernia and I feel sure this is just thickened covering of the cord and it will gradually subside. I have reassured him.

Yours sincerely,

Peter D. Livingstone, F.R.C.S.

261246. AW/MCW.

19th. August 1981.

Dr. Morton,
Glebe St. Surgery,
Stevenston.

Dear Dr. Morton,

re: Brian FITZPATRICK, 12 Hamilton Crescent, Stevenston.

Thank you for referring Brian whom I saw at the Surgical Outpatient Clinic to-day. He gives a one month history of a left groin swelling.

On examination I found him to have a left inguinal hernia and have placed his name on the Waiting List to have it repaired.

Yours sincerely,

A. White,
Surgical Registrar.

Hospital use Only	Clinic SOP	Day Date Wed 19/8	Time 4.00	Hospital No. N.T. 0.9 261246	GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital KILMARNOCK Date 22.7.81

Please arrange for this patient to attend the SURGEONS clinic of Dr/M .....

Patient's Surname FITZPARICK ✓ Maiden Surname .....

First Names BRIAN Single/Married/Widowed/Other

Address 12 HAMILTON CRES., Date of Birth 2.5.56

STEVENSTON. Patient's Occupation .....

Postal Code ..... Telephone Number .....

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

Name of Hospital .....

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

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

.....

.....

.....

.....

.....

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. N. Morton,
14 Glebe St.,
STEVENSTON.

Please use rubber stamp

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

This patient has left Inguinal Hernia which has just appeared apparently over the past couple of weeks. It has given him occasions of pain and I would think he may be one for fairly urgent operative repair.

LD FOL

Diagnosis/provisional diagnosis: .....

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

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

Signature I. M. Morton

AL 53-2064 PP3 5/78

CROSSHOUSE HOSPITAL
EMERGENCY DEPARTMENT

NHS Ayrshire & Arran

(2)

A/E No: **XH-18-024252-1**

CHI No: **0205563430**

Date: **10 May 2018** Time: **15:57**

Consultant: **Mr JAMES STEVENSON**

FITZPATRICK
Brian

GP
Dr. Y BRODIE
THREE TOWNS MEDICAL PRACTICE
THE HEALTH CENTRE
20 MAIN STREET
STEVENSTON
KA20 3AA

Incident Date: **10 May 2018**
Incident Time: **15:57**

Martial Status:

Date of Birth: **02 May 1956** Age: **62 Years**

Sex:

Address:
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE

KA20 3LF

Ethnicity Scottish

Religion Roman Catholic

Next of Kin:
Fitzpatrick
88 CALEDONIAN ROAD
STEVENSTON
AYRSHIRE
KA20 3LF

Spouse
Home Tel: 01294/686606

Attendances in last 12mths **1**

Total Attendances Count **3**

Phone Numbers:
Home: 01294/686606
Mobile: 07956563854

Employer/School
Not at School

Accompanied By:
Unaccompanied

Special case

Triage Time 16:07 **Triage Nurse** Marianna Paterson **Triage Group** Yellow

Resp Rate 02 Sat% PFR

Pulse BP

E M V

Triage details
ref for ortho

Allergies: **No Known Allergy**

Treatment
NONE

BMstix **Alcohol** **Temp** **Weight**

Special Needs
NONE

Visual Acuity
R L

Pain Score (Triage) 3

Pain Score (Discharge)

Re-assess in 15 30 60 minutes

Against Medical advice I decline the treatment offered. I know this may affect my recovery.

Signed..... Witness..... Witness.....

I give consent for details of my injury to be given to the Police.

Signed.....

0205563430

Disch A+E clinic Paed Tr. # eye ENT Max Facial Ward OP Ward IP

Drug	Dose	route	time/frequency	signature	quantity/given by

PVC1	Size/Colour	Location	Initials	PVC2	Size/Colour	Location	Initials

	Device	Flow Rate l/min	%O2 for Venturi	Target SpO2	Prescribed by	Started by	Stopped by
Oxygen							
Changed to							

DOCTOR / ENP: Time:

1700 Surgical - Ortho on Call

(62) P/C Locking of (L) Middle finger 2 days.
On & off locking 2/52.
LHD.

P/H → NIL
→ No allergy

Medication → Ruxopam for Diverticulosis.
Amitriptyline

Non Smoker/Non drinker.

S/H → Health & Social care manager.
Stays with wife.

O/E - (L) Hand. triggering - occasional locking.
- Distal N/V (ok).

Adv.
- Splint applied.
- To Review in Clinic MR THOMAS - 15/5/18.

Registration Details - Patient No: 19958

Personal details...		Address details...	
Date of birth	02/05/1956	Post Code	KA20 3LF
Sex	M	House Name Flat No	88
Surname	Fitzpatrick	No and Street	Caledonian Road
Previous Surname		Village	STEVENSTON
Forenames	Brian Michael	Town	Ayrshire
Calling Name	Brian	County	
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	07956563854
Registered GP	Dr GP 3 Towns	Work Tel No	
Usual GP	Dr GP 3 Towns	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	07956563854 Wife Noreen
CHI Number	0205563430		
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	28/09/2015		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
29/09/2015	Plain X-ray thoracic spine degenereativew changes	Mrs. Watson	5255
15/11/2010	Diverticulosis	Mrs. Mitchell	J510
10/11/2010	Other diagnostic ultrasound Abdominal NAD	Mrs. Brotherston	585

Past Problems		Authorised By	Code
29/11/2010	**Unilateral inguinal hernia - simple**	Dr Convery	J3030
01/11/2010	**Rectal bleeding**	Dr Martin	J5730-1
29/11/1990	**Endoscopy carried out** Small hiatus hernia, erosions in duodenum	Mrs. Brotherston	3612
01/01/1982	**Barium meal** chronic peptic fibrosis	Mrs. Brotherston	548-1

Due Diary Entries		Authorised By	Code
26/06/2018	**Medication review**	Dr Murphy	8B314

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
04/12/2015	Adverse reaction to Tramadol Hydrochloride itch	Dr Powell	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status		
22/12/2010		Notes summary on computer
26/06/2017		Drug therapy Medication review done
21/10/2010		Height 160 cm
21/10/2010		Weight 68.5 Kg
21/10/2010		Body Mass Index 26.76 kg/m2
21/10/2010		Blood pressure reading O/E - BP reading
21/10/2010		Blood pressure reading 110/80 mm Hg
09/01/2014		Smoking Status Never smoked tobacco

Consultations

10/05/2018 — Dr Elizabeth McGee at Three Towns Medical Practice 16884

History	**Dear ortho,** thanks for seeing Brian. He presents with trigger finger of the left middle finger. stuck in that position for 2 days. NV intact no hx of trauma. he is left hand dominant
Examination	NV intact left middle finger and very firmly stuck
Social	Unit manager for a social services centra for adults with learning disability
Comment	needs to be released today - Ortho reg XH kindly agreed to see him today.

11/04/2018 09:04 — Dr Rosalynn Morrin at Three Towns Medical Practice 16884

Problem (REVIEW)	**Backache**
History	reattending re back pain. has been seeing work physio - had massage and acupuncture last appt, has exercises to do. feels discomfort medial and lower left scapula and at lumbar spine. no red flags. taking co-dyd and meloxicam and amit. also sertraline. sleep can be disturbed. bloods normal Nov. asking about pain clinic referral
Examination	no bony tenderness spine. tender points muscles medial and below left scapula and bilat paraspinal muscles. small area rough skin left forearm - using emolleint. try steroid. return 3wks if not resolved with steroid
Comment	imp: muscular back pain plan: continue physio input with massage / acupuncture and exercises. continue current analgesia.
Medication	Betamethasone Valerate Cream 0.1 % *30 gram APPLY DAILY AT NIGHT*

21/03/2018 12:50 — Dr Princewill Uju at Medication Request

History	sertraline issued

07/03/2018 — Dr Lynsey Murdock at Three Towns Medical Practice 16884

Problem (NEW)	**Patient reviewed**
History	mood ok on current sertraline dose. still feels anxious at times and having nightmares at night. ongoing pain in back. seeing physio. also c/o tinnitus - worse at night.

Comment	agreed continue current sertraline. discussed ?propanolol as option in future. increase amitriptyline to see if helps with pain and sleep. WSG
Medication	Amitriptyline Hydrochloride Tablets 10 mg *112 tablet TAKE 4 AT NIGHT*

17/01/2018 15:39	Dr Anthony Murphy at Three Towns Medical Practice 16884
Problem (REVIEW)	**Patient reviewed**
History	obj and subj improved though remains anxious.
Social	back at work phased return til end of this month then back to full time all being well. driving to and from work - short journeys. managing fine. still awaiting counselling.
Comment	discussed. inc dose of sertraline to 100mg daily. rv in 4 weeks.
Medication	Sertraline Hydrochloride Tablets 100 mg *56 tablet ONE TO BE TAKEN EACH DAY*

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/04/2018	**Betamethasone Valerate Cream 0.1 %** APPLY DAILY AT NIGHT 30 gram	11/04/2018P	Dr GP 3 Towns	ACUTE
07/03/2018	**Amitriptyline Hydrochloride Tablets 10 mg** TAKE 4 AT NIGHT 112 tablet	24/04/2018P	Dr GP 3 Towns	REPEAT
20/11/2017	**Paracetamol And Dihydrocodeine Tablets 500 mg + 30 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 224 tablet	24/04/2018P	Dr GP 3 Towns	REPEAT
20/11/2017	**Meloxicam Tablets 7.5 mg** ONE TO BE TAKEN DAILY 30 TABLET	24/04/2018P	Dr GP 3 Towns	REPEAT
26/06/2017	**Laxido Orange Oral Powder Sachets Sugar Free** THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY IF REQUIRED 120 sachet	20/12/2017P	Dr GP 3 Towns	REPEAT
15/12/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	22/03/2018P	Dr GP 3 Towns	REPEAT
19/07/2016	**Hyoscine Butylbromide Tablets 10 mg** 2 Tabs qid pm 112 TABLET	24/04/2018P	Dr GP 3 Towns	REPEAT
22/06/2015	**Desloratadine Tablets 5 mg** 1 OD 60 TABLET	19/03/2018P	Dr GP 3 Towns	REPEAT

Write or attach label

HCP No.

CHI

Surname CHI 0205563430
For FITZPATRICK BRIAN
Addr WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956 Pract 80701
Date Case Ref 261246

STA0238

DATE

11.1.11

Wt:- 69.2kg

54yr.

Lives with wife

Social- Service Manager.

Smoking - never.

Alcohol - Occasionally.

Medical- Eczema previously

Past Hx. nil else.

P/C . weight loss - admitted it was intentional.

feels tired but otherwise

Denies Diarrhoea.

Previously bleeding PR

Colonoscopy - Diverticulosis

Biopsy.

denies any chronic cough

night sweats etc.

O/E. Anic Cyanosis Clubbing

Abd - Soft

no Visible Peristalsis

CNS - S_1 S_2.

Resp - Clear.

MEDICAL

JMcC/73760

DATE

Discussed with Dr Shah

pt Discharged. on Rosuv.
+ Advised to Stop fish oil
diet

BP
360

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

STA0213 | Ward/Dept

DATE

MR MACKAY'S ORTHOPAEDIC CLINIC

27.1.96 IM/MM Brian Fitzpatrick 261246

39 year old man with a 4 month history of pain developing in the mid and upper lumbar regions. Previous back problems. He tells me symptoms were of gradual onset but then he describes in detail an episode at work when he was working with adults with learning disabilities. It seems he was pulled forwards when this occurred. He was off work for several weeks and is now back at the same job. With some back discomfort. No sciatica. No leg pain. Has had no physiotherapy. He has taken Ponstan and used Emflex without any benfit. Has attended an osteopath on 3 occasions without benfit. Otherwise well.

$12^1/_2$ stones. 5 foot 3. Somewhat overweight for his height. Quite a full range of movement of his back. Tender in the upper lumbar regions right and left. No scoliosis. No low back tenderness. Fingertips to mid-tibia. SLR 80° each side. No neurological deficit. X-rays of back normal apart from the possibility of a spondylolysis at L5 which is not related to this incident. This would appear to have been a soft tissue injury and I have advised him regarding the use of a different anti-inflammatory drug until this resolves. In the absence of nerve root tension signs I have advised against any further investigations.

CC Dr Das, Health Centre, Stevenston.

ORTHOPÆDIC

DATE

MEDICAL IN CONFIDENCE

Admission Form V3

MEDICAL RECORD

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
XHI	Crosshouse Hospital	XHI261246

ADM. DETAILS

DATE	TIME	TYPE	REASON	ADM/TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
8/6/2007	12:32:00	11	11	12	Day-Case	24/5/2007	DayCase	

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E
DSU	Other (filler code)	Orthopaedics	Mr Calum MacLeod		

PATIENT

TITLE	SURNAME	FORENAME(1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
Mr	Fitzpatrick	Brian		51	2/5/1956	M	M

ADDRESS West Lodge
Stevenston

ALT/PREV.SURNAME

OCCUPATION

C.H.I. NUMBER 0205563430

POSTCODE KA20 4JX TELEPHONE No.

OCCUPATION(HUSBAND/FATHER)

HEALTH BOARD RESIDENCE

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

REF G.P.

NAME Arun Das
G.P. CODE 1269400 PRACTICE GP Practice
CONTRACT No. FH STATUS

ADDRESS Stevenston Health Centre, Main Street, Stevenston,
TEL No. 01294 464413 POSTCODE KA20 3BB

REG G.P.

NAME Arun Das
G.P. CODE 1269400 PRACTICE GP Practice
CONTRACT No. FH STATUS

ADDRESS Stevenston Health Centre, Main Street, Stevenston,
TEL No. 01294 464413 POSTCODE KA20 3BB

NAME Noreen Fitzpatrick
RELATIONSHIP Wife

ADDRESS

DAY PHONE.No. NIGHT PHONE.No. 01294.467490

MISC

RELIGION RC

VISIT REQ. BY CHAPLAIN YES/NO: No

PENSION BOOK No.

Admission

MAIN DIAGNOSIS	SPECIAL WARNINGS
OTHER CONDITIONS (D.G.2)	
OTHER CONDITIONS (D.G.3)	

SMR04 SMR50

M.H. STATUS	PREVIOUS PSYCH. CARE	CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

Requested by: jackie anderson 08 Jun 2007 12:31

DISCH. DETAILS

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
8/6/07						

DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
Home						

SMR04	TYPE OF CARE PROVIDED		ECT-1st TREATMENT DATE		ECT-NUMBER OF TREATMENTS	

DIAGNOSIS AND

MAIN DIAGNOSIS	SPECIAL WARNINGS
OTHER CONDITIONS (D.G.2)	
(D.G.2)	
(D.G.3)	
(D.G.4)	
(D.G.5)	
(D.G.6)	

CONSENT FOR PROCEDURE

STA1058

AH 261246
S FITZPATRICK BRIAN
WEST LODGE
F STEVENSTON
KA20 4JX
A DR.A DAS 02/05/1956
STEVENSTON HEALTH CENTRE
STEVENSTON
Ward CHI 0205563430

I .....of .....

.....hereby consent to

* undergo / the submission of my — * child / ward .....

the procedure of ....left carpal tunnel decompression.....

the nature and purpose of which have been explained to me by Risk: Injection - persistent numbness - scar sensitivity - Recurrent symptoms

Dr./Mr.* ....A Ramachandran.....

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned procedure and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner. (Not applicable to section 1 (2) patients.)

Date ....8/6/07.....Signed .....
(Patient/Parent/Guardian)*

I confirm that I have explained the nature and purpose of this procedure to the patient/parent/guardian.*

Date ..8/6/07.....Signed .....
(Medical/Dental Practitioner)*

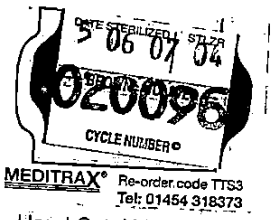
*DELETE AS APPROPRIATE

Note: This form is not to be used for any procedure where there is a specific consent form with explanations.

Any deletions, insertions or amendments to the form are to be made before the explanation is given and the form submitted for signature.

CONSENT FOR PROCEDURE

JMcC/54724



Hand Set X House 16

Orthopaedic

ACHU01405413

NHS Ayrshire & Arran

THEATRE COMPLEXES

PERI-OPERATIVE CARE PLAN

XH 261246

Sur FITZPATRICK BRIAN
For WEST LODGE
STEVENSTON
Adc KA20 4JX 02/05/1956
DR.A DAS
STEVENSTON HEALTH CENTRE
War STEVENSTON
CHI 0205563430

Name BRIAN FITZPATRICK Hospital Number 261246

Ward DSU Date 08.06.07 Theatre 9

Proposed Operation LEFT CARPAL TUNNEL DECOMPRESSION - LA

Pre-Medication

Time Given .....

Fasted from: Time 1000.

Paediatrics

Last feed / drink .....

Weight .....

Last Immunisation .....

Identified Allergies: Specify N/K

	WARD			THEATRE		
	YES	NO	N/A	YES	NO	N/A
Identification Bracelet	✓			✓		
Consent Form signed		✓		✓		
AWI Consent if applicable			✓			✓
Operation Site marked		✓		✓		
Dentures removed		✓			✓	
Caps/Crowns/Loose teeth: Specify Plate		✓		✓	✓	
Nail Polish/Jewellery/Make-up: Removed	✓			✓		
Rings taped/Body Piercing			✓			✓
Pad or Tampon			✓			✓
Catheter in situ			✓			✓
Pre-op Shower	✓			✓		
Skin Prep/Shaved: If required		✓			✓	
Paper Pants	✓			✓		
ient's Stickies included	✓			✓		
B.H.C.G.			✓			✓
Urinalysis			✓			✓
Case Notes I/C Drug Kardex		✓		✓		
X Rays/C.T. Scans		✓			✓	
Lab results		✓			✓	
Haemoglobin.....		✓			✓	
Blood X matched		✓			✓	
E.C.G. if applicable		✓			✓	
Pillows extra: Number.....		✓			✓	
Hearing Aid		✓			✓	
Inhalers		✓			✓	
Other: Specify.....			✓			

Any other relevant information: (e.g. high risk or changes to general health) .....

.....

Ward Nurse *(signature)* .....

Rec-Recovery Nurse *(signature)* .....

Anaesthetic Nurse *(signature)* .....

ANAESTHETIC CARE GIVEN

Pulse 80 Temp BP 124/85 SPo2 98

G.A.		Rapid Sequence	
L.M.A.	Size		
ET Tube	Size		
Face Mask			
Throat Pack			
Throat Pack removed			
N.G. Tube			
Antibiotics Given			

Spinal	
Epidural	
Combined Spinal/Epidural	
Local Infiltration	✓
Nerve Block	
Eyes Taped	Gel

Infusion Device

P.C.A	
T I V A	
Baxter Colleague	
Alaris	
Other	
INVASIVE MONITORING	
IBP	CVP

Patient Positioning

Supine	✓
Prone	
Lithotomy	
Trendelenberg	
Rev-Trendelenberg	
Jack Knife	
Right lateral	
Left lateral	
Traction table	
Lloyd Davis	

RIGHT ARM	
On board	
At side	
Across chest	✓
Other	
LEFT ARM	
On board	✓
At side	
Across chest	
Other	

Diathermy Application

Bi-polar	
Mono-polar Diathermy site	
Thigh	
Buttock	
Abdomen	
Chest	
Other	
Diathermy Pad applied correctly and checked	

TOURNIQUET

Arm right		Arm left	
Leg right		Leg left	✓ 250
Digit right		Digit left	
Time on right		Time on left	
Total Tourniquet time			

PERI-OPERATIVE CARE

Operation Site confirmed by Scrub Nurse / Consent Form ✓ Site Verification Form complete

Patient protection safety

Arm supports		Sand bag	
Pelvic support i.e. padding		Shoulder vac pac (beanbag)	
Lateral support i.e. padding		Shoulder/arm traction	
Padding bony prominences		Bair Hugger	
Heel rest		Thermo-hat	
Head ring		Fluid warmer	
Prone head ring		Core temp probe	
Stirrups		Gel mattress	
Pillows	✓	Other: State	

Evaluation pre and post-operative

Pre op		Post op
	Pressure area checked	
	Diathermy site checked	
	Tourniquet site checked	

DVT Prophylaxis

Dextran 70	
Fragmin (LMWH)	
Ted stockings	
Pre-op aspirin/Clopidogrel	
Flowtron leggings.	

Time on			Time off		
Limb + machine function checks	1 hr	2 hr	3 hr	4 hr	5 hr

Skin Prep solution used: Chlorhexidine

Given by (Name): A. Cable

Specimens taken:

Yes ☐ No ☐ Bacteriology ☐ Pathology ☐

Other Hospital ☐ Bone bank ☐ State total (in box) ☐ (except bone bank)

Signature nurse receiving specimen from scrub

Blood loss measured: Yes ☐ No ☐ Total ☐

Patient catheterised in theatre: Nurse ☐ Doctor ☐ Catheter size ☐ mls in balloon ☐

Skin closure	Wound drainage
ETHILON	
Dressing	**Local anaesthetic infiltration**
	Marcaine 0.5% [illegible] 1:90

Identified problem	Nursing intervention	Outcome

DAY SURGERY ESCORT DETAILS

Name NORGEN – WIFE Address .....

01294 467490 – 07944891991. Telephone No.....

Time into recovery ..... Oxygen Therapy .....

Conscious state ..... Hudson Mask .....

Time conscious ..... Nasal Cannula .....

Operation site ..... Time transfer .....

Nurse Signature .....

ROGRESSIVE RECOVERY

Seen by Surgeon YES / NO Anaesthetist YES / NO

Wound Check: Time 16.00 Comments Sats 98% P75 115/73 bandage clean 8 days

DISCHARGE DETAILS

Post-op Phone Call	Yes ☐	No ☑	Post-op instructions given/understood	Yes ☑	No ☐
Observation stable	Yes ☑	No ☐	GP letter given	Yes ☑	No ☐
Tolerating oral fluids	Yes ☑	No ☐	Follow up appointment given	Yes ☑	No ☐
Venflon removed	Yes ☐	No ☑ MA	Community call arranged	Yes ☐	No ☑
Wound site satisfactory	Yes ☑	No ☐	Discharge medication given	Yes ☑	No ☐
Passed Urine	Yes ☐	No ☐			

Tylex x2

Date of Discharge 8/6/07

Time of Discharge 11.50 Nurse's Signature [signature]

Date: 8 · 6 · 07 | Theatre: 09

XH 261246
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956
DR.A DAS
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

PATIENT Sex M ✓ F

PROCEDURE

Speciality: ORTHO SURG | Surgery Class:
OPCS 4 Code:

CASE FORM

Consultant: MR MAC LEOD | Admit Type: 2
Ward: DSU | Admit Date: 8/6/07.
Custom | Op Type: 1
Procedure

Delays
Actual Procedure
Left carpal tunnel surgery

Post-op directions: High elevation / neurovascular obs / PODs
Hand therapy clinic f/u on referral for SR + wound check

Follow-up instructions

Sign: ..... Date: 8/6/07

ADMISSION TYPE
1. 23 hour
2. Day Surgery
3. Elective In Patient
4. Emergency In Patient

SURGERY CLASS
1. Minor
2. Intermediate
3. Major
4. Supercomplex

OPERATION TYPE
1. Elective in hrs.
2. Elective out hrs.
3. Emergency in hrs.
4. Emergency out hrs.
5. Emergency Weekend/PH's
6. Elective Weekend/PH's

REASON FOR DELAY
1. Patient not ready
2. Lack nursing staff on ward
3. Patient not in specified ward

ANAESTHETIC TYPE
1. General
2. Epidural
3. General Epidural
4. Local anaesthetic
5. No anaesthetic
6. Sedation
7. Spinal
8. Spinal Sedation
9. Nerve Block

CASE FORM

Counts and Dressings

1st Check: Y CURRIE
Final Check: CURRIE / WATKINS
Tray out Check: WATKINS

TIMES

Sent for	Patient available	Anaesthetic begin
Pt. in theatre 1510	Surgery starts 1518	Surgery stops 1532
Pt. out theatre	Clean up starts	Recovery in
Clean up stop	Recovery out	DS Disc. 1650

STAFF

MEDICAL	NURSING		
Actual Surgeon MR RAJNIKANT	Anaesthetic Nurse	Circulating Nurse	S FLEMING
1st Assistant	Scrub Nurse Y CURRIE	Circulating Nurse	K WATKINS
2nd Assistant	Scrub Nurse	Circulating Nurse	C CARLAW
Anaesthetist 1	Scrub Nurse	Circulating Nurse	A CURRIE
Anaesthetist 2	ODP	Other	C O'BRIEN
	ODP		

ANAESTHETIC

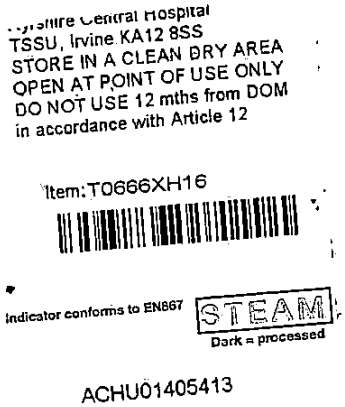
Type: 4 | ASA | Controlled Drugs

PACU

Recovered by 1. ..... 2. A Carlaw
Released to ..... Home

RELEASED TO
1. Ward
2. I.T.U.
3. H.D.U.
4. D.S.U.
5. 23 hour
6. Other

T.s.s.u instrument stickies



AR/LH

STA 0215

WRITE, IMPRINT OR ATTACH LABEL

Surname ..... HCR No. .....

Forenames BRIAN FITZPATRICK ..... Sex .....

Address 261246 ..... D.O.B. .....

.....

Ward or Dept. .....

DATE

SURGEON

Mr Rajniashokan
08.06.07

ASSISTANT

ANAESTHETIST

OPERATION PERFORMED

LEFT CARPAL TUNNEL DECOMPRESSION - LA

DESCRIPTION OF PROCEDURE

Under local anaesthetic tourniquet applied at 250 mmHg for 12 minutes a left carpal tunnel decompression was done in the standard fashion. The nerve was found to be congested and adequate release achieved. Haemostasis secured and the wound sutured with 4/0 Ethilon. Inadine, blue swabs, wool and crepe dressing applied.

Post Op Instructions

- High elevation
- Neurovascular observations
- Hand Therapy Clinic one week for wound check and suture removal

OPERATION

DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD

Signature .....

WRITE IMPRINT OR ATTACH LABEL

XH 261246

FITZPATRICK BRIAN
6(A) HARBOUR STREET
IRVINE
KA12 8PY
02/05/1956

DR.G SCOLLAY
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

STA 0216

DATE
23/3/01

HISTORY
DNA
NKA

EXAMINATION

General

Nose

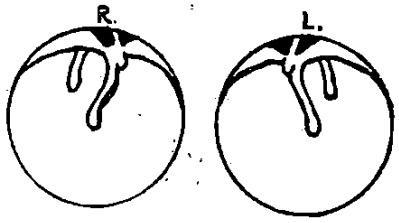
Mouth and Pharynx

Post Nasal Space

Neck

Larynx

Ears



TREATMENT

AUDIOLOGY ADDITIONAL

DATE

SCOTLAND — IN-PATIENT and DAY CASE RECORDS SUMMARY SHEET

SMR1 — Medical — In Confidence

HOSPITAL
TIME OF ADMISSION/TRANSFER WARD
HOURS

PREVIOUSLY ATTENDED THIS HOSPITAL YES/NO
IF YES STATE YEAR

ADDRESS
TEL. No. POSTCODE

NEXT OF KIN (RELATIONSHIP)
NAME
ADDRESS
TEL. No. POSTCODE

FAMILY DOCTOR
ADDRESS
TEL. No. POSTCODE

PROVISIONAL DIAGNOSIS ON ADMISSION

0. 1913551 CT 1 FORM SERIAL (2-8) 1-8
1. HOSPITAL CODE A106H 9-13
2. CASE REFERENCE No. 261246 14-23
3. SURNAME MR/MRS/MISS FITZPATRICK 24-35
4. FORENAME BRIAN 36
5. SECOND INITIAL 37
6. MAIDEN NAME 38-49
AGE 25 7. DATE OF BIRTH 02051956 50-57
8. SEX 1 58 9. MARITAL STATE 2 59
10. POSTCODE KA204JB 60-67
11. OCCUPATION Steelman 67-69
12. HUSBAND'S/ PARENT'S OCCUPATION 70-72

CT 2 DUP. 2-8
13. ADMITTED/TRANSFERRED FROM 1 9
14. TYPE OF ADMISSION 1 10
15. DATE PLACED ON WAITING LIST F90881 11-16
16. DATE ADMITTED 130981 17-22
17. DISCHARGED: TIME ..... hrs. DATE 190981 23-28
18. DISCHARGE CODE 1 29
19. CATEGORY OF PATIENT 3 30
20. TYPE OF FACILITY 1 31
21. HOSPITAL DIVISION OR UNIT ON DISCHARGE 01 32-35
22. CONSULTANT 231991 36-41

TO BE COMPLETED BY DOCTOR ON DISCHARGE OF PATIENT

23. MAIN CONDITION (1) L-1-H — 550.9 42-47
24. OTHER CONDITIONS (2) 48-53
5. (3) 54-59
6. (4) 60-65
7. (5) 66-71
8. (6) 72-77

CT 3 DUP. 2-8
29. PRINCIPAL OPERATION (1) Repair — 411.9 9-12
30. OTHER OPERATION (2) 13-16
31. DATE OF PRINCIPAL OPERATION DATE 140981 17-22

32. NATIONAL USE 23-34
33. LOCAL USE 35-46

FB-53-2570-10/80

SCOTLAND—Hospital In-Patient Records Summary Sheet

SMR1

For Hospital Use Only

KII

SURG Ward 7

Time of Admission/Transfer 9.50 am/pm

Previously attended this hospital YES YES/NO

If yes as outpatient state year _____ Clinic _____

If yes as inpatient state year _____ Ward _____

Address 12 HAMILTON CRES

STEVENSTON.

Postcode KA20 4SR Tel. No 67923

Religion RC

Next of Kin (relationship) WIFE.

Name IRENE FITZPATRICK

Address SIA

Postcode _____ Tel. No AIA.

Family Doctor DR DAS.

Address STEVENSTON.

Postcode _____ Tel. No _____

Provisional Diagnosis on Admission _____

Card 1

Hospital Code AI3 1

Hospital Case Reference Number 261266 7-

Surname FITZPATRICK 13-

Mr/Mrs/Miss

First Names BRIAN. 25

26

Birth Surname _____ 27-

Age 25 Date of Birth 02/05/66 39-

Postcode KA20 4SR 45-

Sex 1 = Male 2 = Female 8 = Other or Not Known 1 52

Marital State (1 = Single 2 = Married 3 = Widowed 8 = Other 9 = Not Known) 2 53

Occupation STOREMAN. 54

Husband's/Parent's Occupation _____ 57

Date placed on waiting list 11/08/81 60

Admitted/Transferred from _____ 1 66

Type of admission _____ 1 67

Admitted 13/01/81 68-73

Discharged _____ 74

Discharge Code _____ 80

Card 2 2 1

DUPLICATE 2-

NHS Number 13

Type of bed on Discharge 1 = Amenity Bed 2 = Pay Bed 3 = NHS 29

Hospital Division or Unit on Discharge 30

Specify _____

TO BE COMPLETED BY DOCTOR ON DISCHARGE OF PATIENT

Principal Diagnosis (1) L1H 5509 31

Other Diagnosis (2) _____ 32

(3) _____ 41

(4) _____ 42

External Cause of Injury ("E" codes) _____ E 50

Date of Principal Operation DATE 51

Principal Operation (1) L19 61

Other Operation (2) _____ 62

Histology of Tumour 1 Verified 2 Verification pending 3 Verification not requested 71

Tumour Type _____ 72

Consultant's Name _____ Consultant's Number 73

Full instructions for completing this form are contained in the SMR1 manual

Key to coded items

Admitted/Transferred from

1. Home
2. Other Hospital
3. Other Unit in This Hospital
8. Other

Type of Admission

1. Waiting list
2. Booked case
3. Transfer
4. Emergency– Self Inflicted Injury or Poisoning
5. Emergency – Road Traffic Accident
6. Emergency – Home Accident
7. Emergency – Other Injury
8. Emergency – Other

Discharge Code

0 = 'irregular' – eg Self Discharge
1 = Home
2 = Convalescent Hospital or Home
3 = Other hospital
4 = Local Authority Care
5 = Transfer to other specialty in same hospital
6 = Died (P.M.)
7 = Died (No P.M.)
8 = Other

AYRSHIRE AND ARRAN HEALTH BOARD

ANAESTHETIC RECORD

Name FITZPATRICK BRIAN261246
Age 12, HAMILTON CRES WARD
Hosp. STEVENSTON DEPT
Ward 2.5.56 M/
Unit No. DR. MORTON, STEVENSTON K.I.

Proposed Procedure Lap | Elective / Emergency | WT | BP

Pre-operative Assessment
Fit

Recent Drug Therapy

Dentition | Allergies

X-ray E.C.G.

Lab. Results

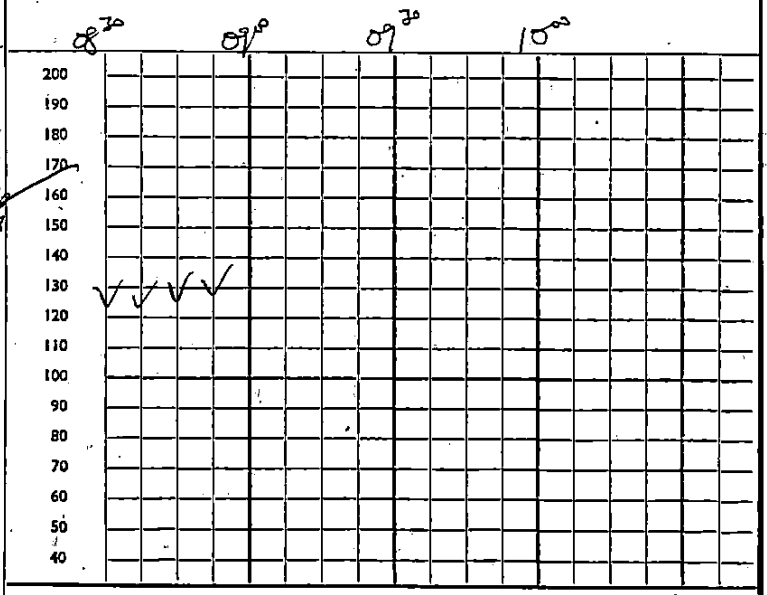
X. Matched Units

Night Sedation Date

Premedication Date 14/9/81 Time 7.30

Morphine 10 mg
Atropine 0.6 mg

DRUGS GIVEN IN THEATRE
STP 400
ACL 15
N2O & Relaxant
Atropine
Neostigmine



Anaesthetic Technique

Site of Injections
(L)/R Hand A/c Fossa Other
Site of Infusions
L/R Hand A/c Fossa Other
Oral/Nasal Airway
Cuffed/~~Uncuffed~~ Oro/~~Naso~~ Tracheal Tube
Tube Size 9.5 Type RR
Throat Pack
Ventilation ~~Spontaneous~~/I.P.P.V.
Ventilator Type AV1
Local Analgesic
Spinal/Epidural/Catheter
Other Diamorphine

Fluids/Notes

Procedure Performed
As above

Position on Table

Drains

Post-Op. Instructions

Sedation As per Kardex
Oxygen
Other Routine postop care please

Surgeon
Livingston
Anaesthetist

AYRSHIRE AND ARRAN HEALTH BOARD

KILMARNOCK INFIRMARY

CONSENT FOR OPERATION

I ..... FITZPATRICK BRIAN261246
12, HAMILTON CRES WARD
STEVENSTON DEPT
2.5.56 M/
..... DR. MORTON, STEVENSTON K.I. ..... hereby consent to

*{ undergo / the submission of my } self *{ child ..... / ward }

the operation of repair D 14

the nature and purpose of which have been explained to me by

Dr./~~Mr.~~* GUTHRIE

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner. (Not applicable to Section 1(2) patients.)

Date 13/9 Signed Brian Fitzpatrick
(Patient/Parent/Guardian)*

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date 13/9 Signed E Guthrie
(Medical/Dental Practitioner)*

*DELETE AS APPROPRIATE.

Any deletions, insertions or amendments to the form are to be made before the explanation is given and the form submitted for signature.

12 Hamilton Crescent
Stevenston

KILMARNOCK INFIRMARY

Dr Morton Stevenston

DATE 14.9.81

OPERATION PERFORMED: Repair Left Inguinal Hernia.

Surgeon: Mr Livingstone.
Anaesthetist: Dr Miller.

INCISION EMPLOYED: Left inguinal.

FINDINGS: Long, large, wide-necked oblique sac, extremely adherent. This contained omentum. This was returned to the abdomen. The sac was dissected up to the neck, opened, transfixed, ligated and excess removed. The internal ring which was wide was then repaired with Ethalon sutures and the cremaster re[illegible] behind the cord. This was felt to be adequate. Catgut to external oblique, superficial stitches, clips to the skin.

DESCRIPTION OF PROCEDURE

DRAINS..... PACKS.....

SPECIAL INSTRUCTIONS TO WARD

Signature.....

OPERATION

(-)

(-)

KILMARNOCK INFIRMARY

FITZPATRICK BRIAN261246
12. HAMILTON CRES WARD
STEVENSTON DEPT
2.5.56 M/
DR. MORTON. STEVENSTON K.I.

SURGICAL O.P.

DATE	
19/8/81	25 year old male 1 month history of L) groin swelling + down to testicle. Painful - effort. Occupation: heavy lifting. R/V L/H. c ~~direct~~ inguinal component. For Repair - ? on WL. Adm
22/9/81	Referred back with thickening testicle. Due to swelling of ~~testicle~~ cord. Reassured. See 6/52
3-4-81	PTR

DATE

25.1.91

KILMARNOCK INFIRMARY

FITZPATRICK BRIAN261246
12. HAMILTON CRES WARD
STEVENSTON DEPT
2.5.56 M/
DR. MORTON, STEVENSTON K.I.

DATE
13/9

Last admission for repair ① 14.

HPC. Fast increased swelling ① given 4/12 ago
which has been increasing in size. One episode
of acute pain last week.

PMH ○ TB ○ RF ○ asthma ○ epilepsy ○ cholecystectomy
Nil else of note

FH/SH married - 2 family
Stevenson

Non smoker Alcohol: occas.

DRUGS: nil ALLERGIES: Nil known

S/E. RS ○ blocked nose ○ cough ○ sputum ○ breathless

CVS ○ exertional dyspnoea ○ ankle swelling
○ angina ○ MI ○ claudication
○ oedema

GI ○ nausea ○ weight loss ○ dysphagia
○ dyspepsia ○ fatty intolerance
○ nausea + vomiting ○ abdominal pain
Bowels ✓

SURGICAL

DATE

CVS - °free °dyspnea °haematuria

- CNS
- Loco } WAD
- Endo

%e General: fit looking man
°anaemic °cyanosed °jaundiced
CVS P: 80 reg
JVP ↑? BP 120/70
HS I II pwe
°oed Rough pulses in ~~in~~

RS Chest exp R=L
Trachea central
PN normal RS non vesc
Dorenty dull a.

GIS Soft non tender °LNNS
HO: ○ LH
BS normal

CNS P: ERNA
Pewo/Fine/Coarse/Sens - grossly intact.

Plan: Consent ✓

AYRSHIRE AND ARRAN HEALTH BOARD

STA01-37

WRITE, IMPRINT OR ATTACH LABEL

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

Date	Procedure	Referred by:	Indications (Details of Previous Gastric surgery)
25/4	Planned ☒ Emergency ☐		

Recent Barium Meal	Drug History	Medications during the examination
		Drugs / Dose / Time / Route: 10 mg diazepam

Signature

Type of Instrument	Passage	View
	Easy ☒ Difficult (Reason) ☐	Good ☒ Poor ☐ (Reason)

Report:

Oesophagus — Smears lacking hernia

Cardia

Stomach — Empty / Contents

Fundus

Body — N

Antrum

G.E. Stoma/Pyloroplasty

Pylorus

Duodenum — superficial erosions

Signature

ENDOSCOPY

Biopsy | Cytology | Photography

Disposal: In-Patient Admission ☐ Home ☒

Treatment

Out-Patient Follow-up Appointment
Not needed ☐ Needed in 2 ~~weeks~~/months

Repeat Endoscopy
Not needed ☐ Needed in ..... weeks/months

AYRSHIRE AND ARRAN
HEALTH BOARD

CONSENT FOR EXAMINATION

STA1059

WRITE, IMPRINT OR ATTACH PATIENT LABEL

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

Ward or Dept: .....

I BRIAN FITZPATRICK of .....

4 CASTLEHILL RD STEVENSTON hereby consent to

* undergo / the submission of my — * child / ward .....

the examination of .....

the nature and purpose of which have been explained to me by

Dr./Mr.* .....

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned examination and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner. (Not applicable to Section 1 (2) patients.)

Date 29.11.90 Signed Brian Fitzpatrick .....
(Patient/Parent/Guardian)*

I confirm that I have explained the nature and purpose of this examination to the patient/parent/guardian.*

Date ..... Signed .....
(Medical/Dental Practitioner)*

*DELETE AS APPROPRIATE

Note: This form is not to be used for any examination where there is a specific consent form with explanations.

Any deletions, insertions or amendments to the form are to be made before the explanation is given and the form submitted for signature.

CONSENT FOR EXAMINATION

CONFIDENTIAL Form STA0186

AYRSHIRE AND ARRAN HEALTH BOARD

THEATRE CHECK SHEET

PART I Name, number and ward to be completed by the Medical Secretary when a patient is sent for. The form is then inserted in the Case Sheet. The form then goes to theatre with the Theatre List and the date is filled in and the appropriate theatre indicated.

The sheet will be taken to the ward when the patient is to be collected for operation.

Patient's Name BRIAN FITZPATRICK Date of Birth 2.5.56 Hospital Number 261246

From Ward G1 Date 29.11.90 To Theatre

Proposed Operation

PART II To be completed by the Ward Sister/Charge Nurse or her deputy and to accompany the patient to theatre, where it should be counter-signed in reception.

CHECKED: Identity Bracelet Checked Pre-Medication ✓

Consent Form(s) Not Signed Removal of Dentures, etc.

X-Rays ✓ Case Record present.

Nursing Notes present.

No known allergies

Theatre Blood X Matched Check

Signed K. Macfarlane.

Ward G1

Theatre S. Sm✓

PART III Operation

Drainage/Packs

Post-Op Directions Nil by mouth until 1.30p

Date

Time

Signature of Surgeon

CONFIDENTIAL

KILMARNOCK INFIRMARY

THEATRE CHECK SHEET

PART I Name, number and ward to be completed by the Medical Secretary when a patient is sent for. The form is then inserted in the Case Sheet. The form then goes to theatre with the Theatre List and the date is filled in and the appropriate theatre indicated.

The sheet will be taken to the ward when the patient is to be collected for operation.

Patient's Name FITZPATRICK Brian Date of Birth 2.5.56 Hospital Number 261246

From Ward 7 Date 14/9/81 To Theatre A

Proposed Operation Left Inguinal Hernia Repair

PART II To be completed by the Ward Sister/Charge Nurse or her deputy and to accompany the patient to theatre, where it should be counter-signed in reception.

CHECKED: Identity Bracelet Checked ✓ Pre-Medication Given ✓

Consent Form signed ✓ Removal of Dentures, etc. none ✓

X-Rays N/A Case Sheet ✓

Drug Nursing Kardex ✓

Theatre Blood X Matched Check

Signed E Bryant

Ward 7

Theatre RNI Callander THA

PART III Operation Repair L I H

Drainage/Packs

Post-Op Directions Chris Aston

Date

Time

Signature of Surgeon

AYRSHIRE AND ARRAN HEALTH BOARD

STA 0216

WRITE, IMPRINT OR ATTACH LABEL

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

DATE 4.4.91

HISTORY GP referral non-Smoker

PC/ Blocked nose - for years
Frontal headache - getting worse
Catarrh - post nasal

PMH Hiatus hernia Drugs Zantac.

EXAMINATION

General ✓

Nose large septal perforation crusting ++

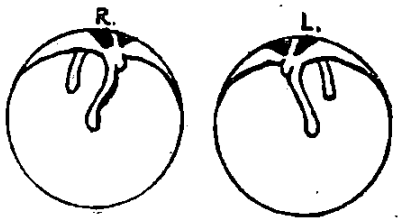
Mouth and Pharynx ✓

Post Nasal Space Poor view

Neck

Larynx

Ears



TREATMENT Check FBC ESR
VDRL
Sinus X-ray

Naseptin bd. 6/52.

OTOLARYNGOLOGY

DATE

16.5.91 DNA. FA 20/6/91

20/6/91

works in v. dusty conditions.
Trauma to nose when younger crusting for years

O/E. ATE septal perforation well-healed
no crusting.

Tests OK

Probably traumatic in origin
Continue vaseline

ZMD

20/12/96

NEW LETTER

C/O Intermittent Nasal Obstruction
" facial pains
Catarrh
+/O Nasal frying childhood
O/E Well
Nose Large Septal inactive Perfn
- Dry ++
PNL Eos -
Throat -
R. Nasopharynx -
Mx sinuses clear

NHS Ayrshire & Arran

Endoscopy Suite

Ayr Hospital

Patient Care Pathway

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell

Time Seen 0955

Date 21/11/26
Procedure OGD + COLONOSCOPY
Consultant MR FARAH
Endoscopist L BENTLEY
Previous Endoscopy ☑ Yes ☐ No

Patient Preferred Name BRIAN
Age 69
Throat Spray ☑
Sedation ☑
Entonox ☐

NOK/ Contact Name NOREEN
Relationship WIFE
Telephone Number 07955628564
Phoned Yes ☑ No ☐ 11.45

Does Patient have an Escort Yes ☐ No ☐ Waiting ☐ Returning ☐
Time Returning PHONE WHEN READY
Type of Transport Car ☐ Ambulance ☐ Taxi ☐ Other ☐

Responsible Adult to take Home Yes ☑ No ☐ not required ☐
Responsible Adult at Home Yes ☑ No ☐ Who? WIFE

Warfarin Yes ☐ No ☑ INR ☐ Date / Time
Anticoagulant Medication* Yes ☐ No ☑ Type
Clopidogrel* Yes ☐ No ☑ *Date last taken
Aspirin* Yes ☐ No ☑
Pacemaker Yes ☐ No ☑
ICD Yes ☐ No ☑ Cardiology to be contacted
Diabetes Yes ☐ No ☑ Type BM

Emotional factors, anxieties, communication needs, additional comments:

B/L HEARING AIDS

Verbal consent given to display name on white board Yes ☑ No ☐

Medical/ Surgical History

Weight _____ stable Yes ☑ No ☐

Pregnant	Yes ☐ No ☐ N/A ☑	Glaucoma	Yes ☐ No ☑
Liver Disease	Yes ☐ No ☑	CVA	Yes ☑ No ☐ 3 TIA's
Hypertension	Yes ☐ No ☑	Epilepsy	Yes ☐ No ☑
Anaemia (or other blood problems)	Yes ☑ No ☐	Arthritis	Yes ☑ No ☐ BACK FINGERS
Heart Disease	Yes ☐ No ☑	MRSA/ CDIFF	Yes ☐ No ☑
Respiratory Problems	Yes ☐ No ☑		
Surgery	Yes ☑ No ☐		

Others (specify): RT INGUINAL HERNIA REPAIR

Reasons for attending Endoscopy: IDA, FLUCTUATING CHANGE IN BOWEL HABIT

Current Medications:

1. TRAMADOL
2. PARACETAMOL
3. AMYTRIPTYLINE
4. SETRILINE
5. FERROUS SULPHATE LAST TAKEN TUESDAY AM
6. OMEPRAZOLE
7. BUSCOPAM
8. ANTI INFLAMATORY
9. PT UNSURE OF MEDS
10. TAMSULOSIN
11. ~~ATRVASTT~~
12. ATROVASTATIN
    MALOXICAM.

Allergies: Yes ☐ No ☑ **Latex** Yes ☐ No ☑

1. _____
2. _____
3. _____
4. _____

Pre- Procedure Checklist

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell

Name Band Yes ☑ No ☐
Casenotes Yes ☑ No ☐
CJD Questionnaire Yes ☑ No ☐
Consent Yes ☑ No ☐
Fasted Food Yes ☑ No ☐
Fasted Fluids Yes ☑ No ☐

Mobility Independent ☑ Minimal Help ☐ Dependent ☐
Piercings Yes ☐ No ☑
Jewellery removed and retained by patient Yes ☑ No ☐ Other RING INSITU, WATCH IN BAG
Jewellery taped Yes ☐ No ☑
Metal Implants Yes ☐ No ☑ Where? _____

Bowel Prep **Picolax** ☐ **Enema** ☐ **Kleenprep** ☐ **Moviprep** ☐ **Other** ☐ PLENVU X2

Lower GI Procedures Modesty Pants offered Yes ☐ No ☐ Accepted ☐ Declined ☐ NA

Pre-procedure Observations: O2 sat 98% / P 122 / BP 140/91 MANUAL-84 T 35.9

Patient's understanding of Procedure Full ☑ Partial ☐ Comment FULLY UNDERSTANDS

Explanation given **Yes** ☐ **Declined** ☑

IV Cannula Yes ☑ No ☐ N/A ☐ Site R Arm by WHOM SJ

Nurse Signature _____ Time 10-00 Date 21/1/26

Patient Requiring ERCP

Bloods Checked (including coagulation screen) Yes ☐ No ☐

FBC ☐ Amylase ☐ U&E ☐ LFTs ☐ Temperature _____

LMP if applicable (see X-ray form) ☐

Nurse Signature _____ Time _____ Date _____

Preparation for Procedure

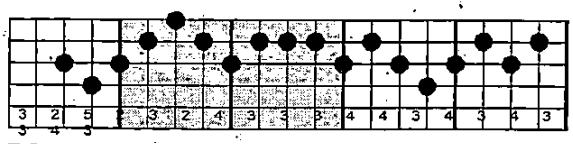
PAUSE

Patient ID	☑	Consent	☑
Procedure	☑	Fasted	☑
Medications	☑	Bowel Prep	☑
Anticoagulants	☑	Glaucoma	☑
Past Medical History	☑	Metal Implants	☑
Clinical Indications	☑	Pre-Procedure Observations	☑
Allergies	☑	Scope No/ Validation	☑

Denture removed Yes ☐ No ☐ N/A ☐ Loose Teeth Yes ☐ No ☐ N/A ☐

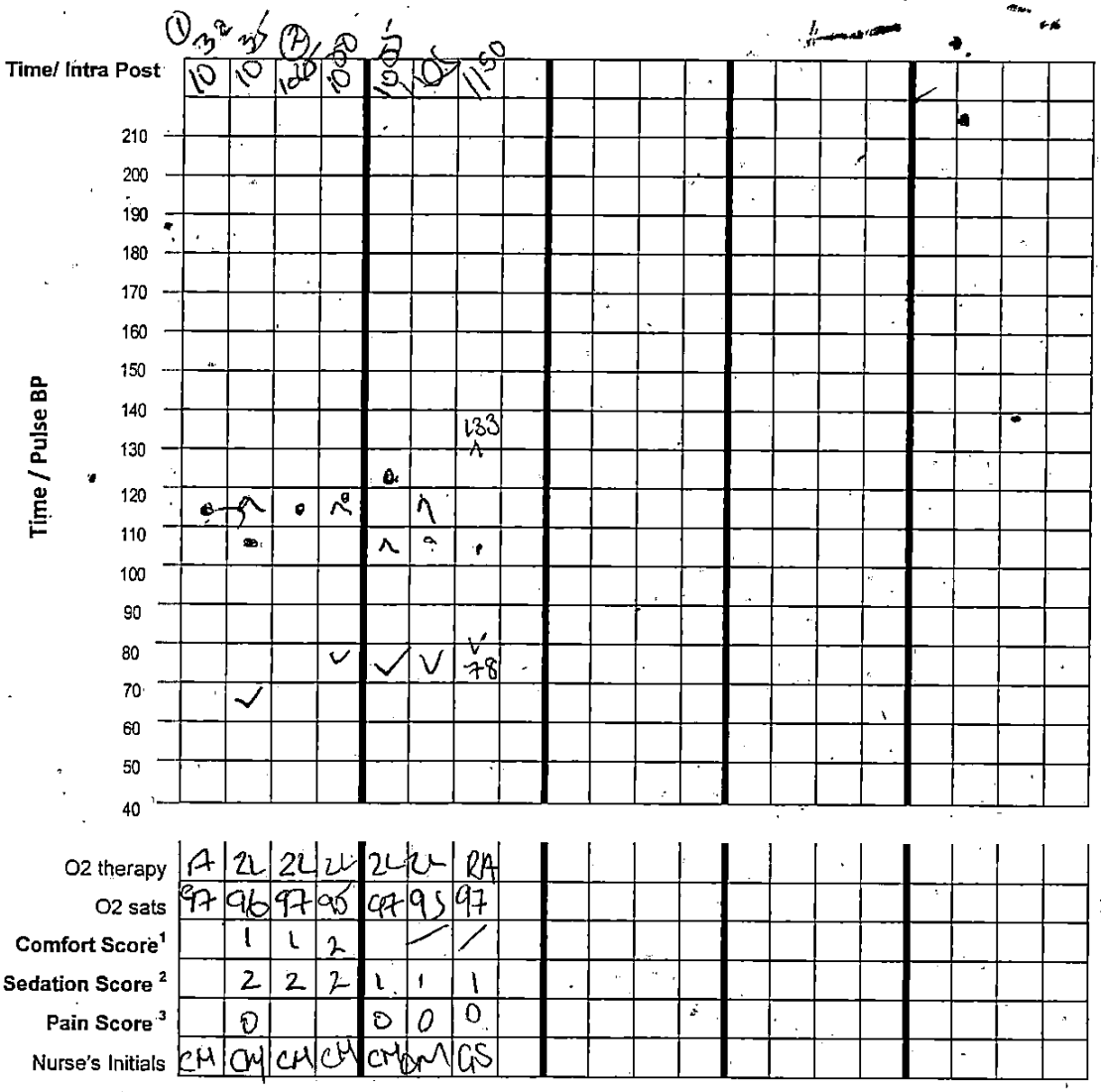
Hearing Aid removed Yes ☐ No ☐ N/A ☐ Glasses removed Yes ☐ No ☐ N/A ☐

Medication	Dose	Route	Time	Prescribed by	Given by
Midazolam	3MG	IV	1030		
Diazemuls					
Pethidine					
Fentanyl	50mcg	IV	1030		
Buscopan					
Lignocaine Throat Spray	2 sprays	oral	1030		
Lignocaine 1%					
Entonox					
Saline 0.9%					
Final Flush Saline 0.9%	3mls	IV	1030		
Oxygen	2L	nasal	1030	HBN 23004.	
Phosphate Enema					
Gentamicin					



OBSERVATION CHART

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell



[1]Comfort Score – during procedure

1 no discomfort resting comfortably throughout
2 one or two episodes of mild discomfort, well tolerated
3 >two episodes of discomfort, adequately tolerated
4 significant discomfort, experienced several times during procedure
5 extreme discomfort frequently during procedure

[2]Sedation Score

1 None (patient alert)
2 Mild (occasionally drowsy, easy to rouse)
3 Moderate (frequently drowsy, easy to rouse)
4 Severe, Somnolent (difficult to rouse)
5 Normal sleep (easily roused)

[3]Pain Score

0 no pain
1 mild pain
2 moderate pain
3 severe pain

Endoscopy Procedure performed (1) OGD (2) Colonoscopy

Nurses present CM - KAF

Specimens Taken:

Biopsies ☑ Polyps Retrieved ☐ Polyps to be Retrieved ☐ Aspirate ☐

Biopsies site Gastric.

H Pylori Test ☐ Photograph ☐ Brush ☐

Other

Diathermy plate ☐ Pad Site ____ Skin intact Yes ☐ No ☐

Time Procedure Commenced (1) 10.30 (2) 1040 Completed (1) 1035 (2) 1055.

Review Discharge: 15mins ☐ 30mins ☐ 1hour ☑ 2hours ☐ Rev by Doctor ☐

Diet Instructions: Normal Diet ☐ Soft Diet ☐ Fluids only ☐ Nil by Mouth ☐ Until 1135.

Nursing Notes:

(1) Tolerated procedure well.
Atrophic gastritis

Bx taken
Await histology

(2) Tolerated procedure well
Diverticular.
Haemorrhoids -.
Continually tachycardic throughout both tests. Pulse regular.

Colorectal Nurse to be contacted: Yes ☐ No ☑

11:35 - patient feeling crampy & unable to pass wind. Peppermint water given. Cardiac monitored throughout Extended recovery. Will continue to monitor. GS.

Follow up:

MR Farrah.

Nurse signature: C Hallett. Time: 1035 Date: 21/1/26.

1150 - Passed wind. No complaints of pain. Patient states regularly tachycardic & feels well. GS.

Patient Discharge

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Irvine
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02/05/1956
Dr AF Wardell

Alert & orientated	Yes ☑	No ☐	Dentures returned	Yes ☐	No ☐ N/A ☑
Diet/ Fluids tolerated	Yes ☑	No ☐	Glasses returned	Yes ☐	No ☐ N/A ☑
Flatus passed	Yes ☑	No ☐ N/A ☐	Clothing returned	Yes ☑	No ☐ N/A ☐
Cannula removed GS	Yes ☑	No ☐ N/A ☐	Valuables returned	Yes ☑	No ☐ N/A ☐
Pacemaker assessment	Yes ☐	No ☐ N/A ☑	Transport arranged	Yes ☑	No ☐ N/A ☐
ICD turned on	Yes ☐	No ☐ N/A ☑			

Discharge advice

and letter given Yes ☑ No ☐

Pain Score 0 ☐ 1 ☑ 2 ☐ 3 ☐

Sedation Score 1 ☑ 2 ☐

Patient Education leaflet Yes ☑ No ☐ If yes (specify) DIVERTICULAR.

Clinic Appointment _____ to be made for _____

Arranged Yes ☐ No ☐

To be re-scoped Yes ☐ No ☐ details _____

Other follow-up AWAIT HISTOLOGY.

Discharged/ Home (circle as required) Time 12:30.

Alone/ accompanied (by whom) WIFE

By Ambulance Yes ☐ No ☐ Relatives informed Yes ☐ No ☐

Transfer to Ward Yes ☐ No ☐

Spoken to by HUSBAND.

Additional comments: Feels fit for home. Cares provided & findings explained. Discharge advice given written & verbal. Home as planned. Wife present on discharge at patients request. No complaints on discharge.

Nurse Signature _____ Date 21/04/26.

Decontamination Checklist

- Steritrax Sticker Yes ☑ No ☐
- Validation Check Yes ☑ No ☐
- Traceability Check Yes ☑ No ☐
- '3 hour Rule' Check Yes ☐ No ☐

21/01/2026 12:51 LOT 0074
2265575
GASTROSCOPE 575
(25)
(01)00000000(7003)2601211251
(10)00741(240)0F0C0117FD

Endoscopy Nurse Signatures:

Nurse 1 K T

Nurse 2 C Mollett

Decontamination Checklist

- Steritrax Sticker Yes ☑ No ☐
- Validation Check Yes ☑ No ☐
- Traceability Check Yes ☑ No ☐
- '3 hour Rule' Check Yes ☑ No ☐

21/01/2026 11:26 LOT 00998
2053843
COLONOSCOPE 843
(2)
(01)00000000(7003)2601211126
(10)00998(240)0F0C0018E6
(b).

Endoscopy Nurse Signatures:

Nurse 1

Nurse 2 C Mollett

CHI: 0205563430 Name: Brian Fitzpatrick Gender: Male DOB: 02/05/1956 Age: 69 Yrs Phone: 07485247646

Combined OGD / Colonoscopy OP — Start Date: 08/01/2026 @ 10:39

Order Details

Combined OGD / Colonoscopy OP

Change Item

Test Visit No	
Status	In Progress
Receiving Location	Ayr Endoscopy Outpatient
Priority	Urgent Suspected Cancer
Start Date/Time	08/01/2026
Start Time	10:39
Requested By	Mr Muhaned Farah
ext1	
Patient Location when Ordered	Virtual Waiting Area

Questions and Answers

Please see athena for Bowel Prep Guidelines

Please see athena for Bridging Guidelines

Scanned Documents

Annotate

Images

.nr5467 mr5467

Clinical Questions and Answers

f the DayList to be booked on (please state in Other box if specific consultant) : **Pooled List**

Clinical Indications: What clinical questions should this exam answer? (Please detail reason for this procedure and when this procedure should be completed) **IDA**

Fluctuating change in bowel habits

Is the patient fit for Outpatient Bowel Prep? (If No, please state why?) **Yes**

Specify Preparation (Care with Picolax in Chronic Renal Disease, Heart Failure & Electrolyte Imbalance) **Moviprep x2 Sachets**

Relevant past medical history / Significant Major / Co-Morbidities / Respiratory or Neuromuscular Disorder **TIAS, HTN**

Is the patient Diabetic? **No**

Does this patient have a pacemaker? **No**

Is this patient on Anticoagulants, if so please state the following mandatory requirements: Which drug? Indication? If drug can be stopped and if this patient will require 'Bridging' **No**

Is this patient on Anti-platelets, if so please state the following mandatory requirements: Which drug? Indication? If drug can be stopped and if this patient will require 'Bridging' **No**

Is the patient on Iron Therapy? **No**

What is the patient's Renal Function?

What is the date of the patient's last eGFR?

Does this patient have allergies?

Other Comments? (e.g. Translator Required? Which Language?)

Is this a repeat procedure?

Processing Notes

Responsible Clinician Mr Muhaned Farah

User ad5789

Audit Trail

Update

Alert Messages Alert Messages

Ayr Hospital Endoscopy Suite

NHS Ayrshire & Arran

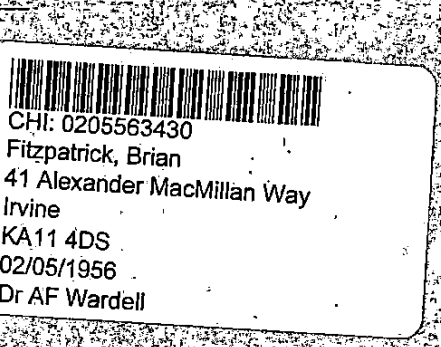
Nurse endoscopy consent form

Patient's Surname FITZPATRICK

Forename BRIAN

Date of Birth 2.5.56

Address 41 ALEXANDER MACMILLAN WAY
IRVINE KA11 4DS



1. Please read this consent form and the information leaflet very carefully and fill in your details above.
2. If there is anything that you don't understand about the endoscopy, or if you want more information, please do not sign the form yet. You will be able to discuss any worries or questions with the endoscopy staff before the procedure.
3. If you understand all the information you have been given, then please sign below.

I agree to have an endoscopy of the oesophagus, stomach and duodenum.

I understand:

- that I can choose to have the throat spray or sedative injection
- that the endoscopy will be done by a trained nurse endoscopist from the Endoscopy Suite
- that I can ask the trained nurse endoscopist any questions and seek further information and having signed the consent form, I can still refuse the test
- that any procedure in addition to the endoscopy will only be carried out if it is necessary and in my interests and can be justified for medical reasons
- these specimens may be used not only to help in diagnosing my condition but also anonymously to audit our performance and to assist with medical research

Signed Brian Fitzpatrick Date 21.1.26

Please bring this form with you to the Endoscopy Suite

Pink DRS 929

Ayr Hospital Endoscopy Suite

NHS
Ayrshire & Arran

Nurse endoscopy consent form

Patient's Surname FITZPATRICK

Forename BRIAN

Date of Birth _____

Address _____

_____

Addressograph here

1. Please read this consent form and the information leaflet very carefully and fill in your details above.
2. If there is anything that you don't understand about the endoscopy, or if you want more information, please do not sign the form yet. You will be able to discuss any worries or questions with the endoscopy staff before the procedure.
3. If you understand all the information you have been given, then please sign below.

I agree to have an endoscopy of the oesophagus, stomach and duodenum.

I understand:

- that I can choose to have the throat spray or sedative injection
- that the endoscopy will be done by a trained nurse endoscopist from the Endoscopy Suite
- that I can ask the trained nurse endoscopist any questions and seek further information and having signed the consent form, I can still refuse the test
- that any procedure in addition to the endoscopy will only be carried out if it is necessary and in my interests and can be justified for medical reasons
- these specimens may be used not only to help in diagnosing my condition but also anonymously to audit our performance and to assist with medical research

Signed _____ Date _____

Please bring this form with you to the Endoscopy Suite

NHS Ayrshire & Arran

Ayr Hospital Endoscopy Suite

NHS Ayrshire & Arran

CONSENT FORM

FOR A LOWER GASTRO-INTESTINAL ENDOSCOPY

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell

Patients Surname FITZPATRICK

Forename BRIAN

Date of Birth 2·5·56

Address 41 ALEXANDER MACMILLAN WAY

IRVINE KA11 4DS

1. Please read this consent form and the information leaflet very carefully and fill in your details above.

2. If there is anything that you don't understand about the endoscopy, or if you want more information, please do not sign the form yet. You will be able to discuss any worries or questions with the endoscopy staff before the procedure.

3. If you understand all the information you have been given, then please sign below.

I agree to have an endoscopy of the lower bowel, either flexible sigmoidoscopy or colonoscopy.

I understand:

- that sedation may be used to assist in full examination of the bowel if colonoscopy
- that the endoscopy will be performed by a trained endoscopist
- that I can ask the endoscopist any questions that I may have concerning the procedure. Having signed the consent form I can still refuse the test.
- that any procedure in addition to the endoscopy, for example biopsies for histology will only be carried out if it is necessary, in my interests and can be justified for medical reasons
- these specimens may be used not only to help in diagnosing my condition but also anonymously to audit our performance and to assist with medical research.

Signed Brian Fitzpatrick Date 21·1·26

Please bring this form with you to the Endoscopy Suite

DRS 1022
Green

NHS Ayrshire & Arran

Risk Screening Questionnaire For TSE, CJD and vCJD involving low and medium risk tissue.

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell
Date of Birth: .....

Planned Procedure:	OGD + COLONOSCOPY

Questions 1 – 2 to be completed for all patients	Yes	No
1. Have you ever been notified that you are at risk of CJD or vCJD for public health purposes?		✓

2. What is the tissue risk of the procedure? (see table overleaf)

High ☐ Medium ☐ Low ☑

If tissue risk is high, please use Risk Screening Questionnaire For TSE, CJD and vCJD involving high risk tissue.

If the patient answers yes question 1, please take additional precautions for any instruments which have been or may come in contact with tissue of high or medium level infectivity.

If the patient answers no to question 1, there is no need to take any additional precautions

For further information, please contact Infection Control

Patient Risk (Q1)	Tissue Risk (Q2)		
	Low	Medium	High
Low	No Restrictions	No Restrictions	No Restrictions
High	No Restrictions	Single use instruments or Quarantine until advice sought from Infection Control	Single use instruments or Quarantine until advice sought from Infection Control

Name: EPHTON	Designation: SN
Signature:	Date: 21/1/26

The vCJD questionnaire is to be used for all patients undergoing surgical or endoscopic procedures.

Table 1:- Examples of tissues with high and medium level infectivity

High	Medium
Brain Spinal cord Dura mater – implanted dura mater grafts prior to 1992 Cranial Nerves (specifically the entire optic nerve; only the intracranial components of the other cranial nerves) Cranial nerve ganglia Posterior eye (posterior hyaloid face, retina, retinal pigment epithelium, choroids, subretinal fluid, optic nerve) Pituitary gland	Spinal ganglia Anterior eye and cornea Olfactory epithelium Tonsil Appendix Spleen Thymus Fixed lymphoid tissue

Table 2:- Human TSE Diseases

Idiopathic Diseases	Sporadic CJD Sporadic Fatal Insomnia
Familial Diseases	Familial CJD, Gerstmann-Sträussler-Scheinker (GSS) Disease and Fatal Familial Insomnia
Acquired Diseases	Human agents: Kuru and iatrogenic CJD Bovine agent: Variant CJD

Notes on questions

	Question to Patient	Note to clinician
1	Have you ever been notified that you are at risk of CJD for public health purposes? If yes please specify	The CJD Incidents Panel has identified a number of individuals who are potentially at risk of CJD or vCJD for Public Health Purposes. If patient answers **NO**, surgery can proceed using normal infection control procedures. If patient answers **YES**, special infection control precautions should be taken. Contact infection control for further advice. If the patient is **unable to respond**, surgery can proceed using normal infection control procedures unless the procedure is likely to lead to contact with **high risk** tissue.

Patients response	**Action**
No to questions 1	Surgery / can proceed using normal infection control procedures.
Yes to questions 1	Further investigation into the nature of the patient's CJD risk should be undertaken by medical staff. The patient's CJD risk should be confirmed or rejected. Confirmation or rejection of CJD risk should be recorded in the patient's medical notes for future reference. If the patient is found to be at risk of CJD of vCJD following investigation, or the risk status is unknown at the time of the procedure, special infection control precautions should be taken. Contact infection control team for advice. If the patient is found to be at risk of CJD or vCJD they should be referred to their GP, who will need to inform them that they are at risk of CJD or vCJD and provide them with further information and advice. This is available from the CJD Incidents Panel: http://www.hpa.org.uk/infections/topics_az/cjd/information_documents.htm
Unable to respond to questions 1	Surgery or endoscopy should proceed using normal infection prevention and control procedures **unless** the procedure is likely to lead to contact with high risk tissue. If this is the case, please refer to the additional recommendations for high risk procedures. Contact infection control team for further advice.

CHI: 0205563430
Fitzpatrick, Brian
41 Alexander MacMillan Way
Irvine
KA11 4DS
02/05/1956
Dr AF Wardell

Name of Clinician: L Bentley

Date of Clinic: 21/1/26

(A) CS - Discharged - No treatment required [ ]
(B) CS - Discharged - treatment completed [ ]
(C) CS - Treatment commenced today [ ]
(D) CS - Treatment to be prescribed by GP [ ]
(E) CS - Decision to start active monitoring/watchful waiting [ ]
(F) CS - This was a return appointment - treatment already started [ ]
(G) CS - DNA - No further appointment [ ]
(H) CS - Patient Declined Treatment [ ]
(I) CS - Patient fitted with medical device today [ ]
(J) CT - To be placed on IP/DC or OP waiting list for procedure [ ]
(K) CT - Refer for investigations [ ]
(L) CT - Refer for treatment to Nurse/AHP [ ]
CT - Refer to another clinician for investigation/treatment - retain responsibility [ ]
(N) CT - Refer to another clinician - Transfer Care [ ]
(O) CT - Patient considering options [ ]
(P) CT - Diagnostic procedure carried out today [X]
(Q) CT - DNA - Further appointment [ ]
(R) CT - Treatment not yet started [ ]

Clinical Outcome
1 week Review Appt [ ]
4 week Review Appt [ ]
6 week Review Appt [ ]
8 week Review Appt [ ]
2 Month Review Appt [ ]
3 Month Review Appt [ ]
4 Month Review Appt [ ]
6 Month Review Appt [ ]
9 Month Review Appt [ ]
12 Month Review Appt [ ]
Colo Cons - Review Appt [ ]
Girvan Community Hosp [ ]

Please Tick Box with Corresponding Number for Procedure and Site
(e.g use same column for both procedure and site: Procedure 1 with Site 1) **Procedure No.**
If performing a transnasal endoscopy, please add Y76.6 to show that this was performed through the nose

Upper GI	Code	1	2
Endoscopy	G45.9	X	
Transnasal endoscopy, add Y76.6 after main procedure - only for approach through the nose	**Y76.6**		
Endoscopy and biopsy or CLO **(add site of biopsy)**	G45.1	X	
EMR upper G.I tract **(add site code)**	G42.1		
[illegible]o snare of lesion of upper G.I tract **(add site code)**	G43.1		
[illegible] laser destruction lesion upper G.I tract **(add site code)**	G43.2		
Hot Biopsy of lesion of upper G.I tract **(add site code)**	G43.3		
Gluing of varices **(add site code)**	G43.4		
Argon destruction of lesion of upper G.I. tract **(add site code)**	G43.5		
Endo injection therapy to lesion G.I tract **(add site code)**	G43.6		
Endo rubber band ligation upper G.I varices **(add site code)**	G43.7		
Endo stent insertion into upper G.I **(add site code)**	G44.1		
Endo removal of FB from upper G.I tract **(add site code)**	G44.2		
Endoscopic Peg insertion	G44.5		
Endo pressure balloon dilation/ lower oesophageal sphincter	G44.6		
Endoscopic removal of gastrostomy tube	G44.7		
Botox OG-Sphincter add injection code Y38.8 **(in line below)**	G44.8 + Y38.8		
Inj of therapeutic substance (Y38.8)			
Attention/Removal Gastrostomy tube	G34.5		
Add after REMOVAL Gastrostomy tube only	Y03.7		
Other Specified operation on Oesophagus (Cytospnge)	G21.8 + Y21.8		

Creation of Jejunostomy	G60.1 + Y76.3		

Colonoscopy	Code	1	2
Colonscopy	H22.9	X	
Endo examination of colon and biopsy **(add site code)**	H22.1		
Endo laser destruction of lesion of colon **(add site code)**	H20.3		
Argon destruction of lesion of colon **(add site code)**	H20.4		
Endo snare resection of lesion of colon **(add site code)**	H20.1		
Polypectomy of colon **(add site code)**	H20.6		
Endoscopic dilation of colon **(add site code)**	H21.1		
Endo coagulation of blood vessel of colon **(add site code)**	H21.2		
Endo removal of foreign body from colon **(add site code)**	H21.3		
Endo insertion of expanding stent into colon **(add site code)**	H21.4		
EMR of colon **(add site code)**	H20.5		
Endoscopic injection of adrenaline colon	H22.8 + Y38.8		

Sigmoidoscopy	Code	1	2
Sigmoidoscopy	H25.9		
Sigmoidoscopy and biopsy **(add site code)**	H25.1		
Sigmoidoscopy and Argon **(add site code)**	H23.4		
Sigmoidoscopy and EMR **(add site code)**	H23.5		
Sigmoidoscopy and polypectomy **(add site code)**	H23.6		
Sigmoidoscopy and dilation **(add site code)**	H24.1		
Sigmoidoscopy and any coagulation therapy **(add site code)**	H24.2		
Sigmoidoscopy and insertion of flatus tube	H24.3		
Sigmoidoscopy and insertion of stent **(add site code)**	H24.4		
Endo injection of adrenaline to sigmoid colon	H25.8 + Y38.8		
Sigmoidoscopy and hot biopsy **(add site code)**	H23.2		
Sigmoidoscopy and use of snare **(add site code)**	H23.1		
Rigid Sigmoidoscopy	H28.8		
Rigid Siggy and biopsy of sigmoid colon **(add site code)**	H28.1		
Injection of sclerosing substance into Haemorrhoid	H52.3		
Rubber band ligation of Haemorrhoid	H52.4		
Proctoscopy	H62.6		
Endo examination of colonic pouch + **biopsy of colonic pouch using Colonoscope**	H68.1		
Endoscopic examination of colonic pouch using Colonoscope	H68.2		

Site	Code	1	2	Site	Code	1	2
OESOPHAGUS	Z27.1			ASCENDING COLON	Z28.3		
STOMACH	Z27.2	X		TRANSVERSE COLON	Z28.4		
PYLORUS	Z27.3			DESCENDING COLON	Z28.5		
DUODENUM	Z27.4			SIGMOID COLON	Z28.6		
EJUNUM	Z27.5			*2+ BIOPSIES - LARGE INTESTINE	Z28.8		
LEUM	Z27.6			RANDOM COLON	Z28.9		
*2+ BIOPSIES - UPPER DIGESTIVE TRACT	Z27.8			RECTUM	Z29.1		
CAECUM	Z28.2			RECTOSIGMOID	Z29.4		
HEPATIC FLEXURE	O30.1			*2 + BIOPSIES - SPEC PART OF BOWEL	Z29.8		
SPLENIC FLEXURE	O30.2						

NHS Ayrshire and Arran

Ayr Hospital

GASTROSCOPY REPORT

Name:	**Brian FITZPATRICK (M)**	Address:	**41 Alexander MacMillan Way**
Date of birth:	**02/05/1956**		**Irvine**
CHI No:	**0205563430**		**Ayrshire**
Case note no.:	**0205563430**		**KA11 4DS**

GP:	**AF Wardell**	Procedure date:	**21st January 2026 (09:54)**
	Townhead Surgery	Priority:	**Urgent**
	6/8 High Street	Status:	**Outpatient/NHS**
	Irvine	Hospital:	**Ayr Hospital**
	Ayrshire	Referring Cons:	**Mr Farah**
	KA12 0AY		

Indications
Anaemia.
Potentially damaging drug: Meloxicalm.
No allergy.
Current medication:
Lanzoprazole 30 mg oral
Clinically important comments: Consent confirmed and agreed prior to procedure.

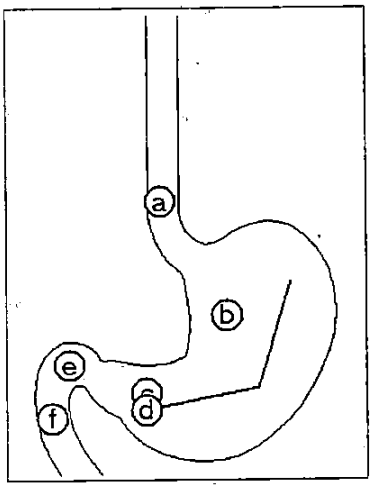
Consultant/Endoscopist
Louise Bentley
Nurses: Kerryanne Ferguson
Christine Moffat

Instruments
GIF-HQ290-2265575
Disposable forceps

Premedication
Fentanyl (IV) 50 ug
Midazolam (IV) 3 mg
Oxygen (Nasal) 2 ml
Xylocaine (Spray) 200 mg

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 38cm from the incisors.

Site d: An area extending from the antrum to the upper body
Gastritis: erythematous/exudative with no bleeding and atrophic with no bleeding.
Specimens: 2x biopsy.



a: *Lower oesophagus (photographed)*
b: *Upper body (photographed)*
c: *Antrum (photographed)*
d: *An area extending from the antrum to the upper body*
e: *Bulb (photographed)*
f: *Second part (photographed)*

Diagnosis
OESOPHAGUS. Normal.
STOMACH. Non-erosive gastritis.
DUODENUM. Normal.

Medication
Continue medication Lanzoprazole 30 mg oral.

Advice/comments
Atrophic gastritis, biopsies taken to check for H.Pylori, GP please prescribe erradication therapy if positive result. Further procedure today - colonoscopy.

Follow up
Awaiting pathology results. Return to the Referring Surgeon.

Louise Bentley
Nurse Endoscopist
c.c. Mr Farah (General Surgery)
Fitzpatrick, Brian

Colonoscopy report

Performed	21-Jan-2026 10:41	Order Number	
Ordering Provider		Status	Final

UGI G1 Final

NHS Ayrshire and Arran
Ayr Hospital
COLONOSCOPY REPORT

Name:	**Brian FITZPATRICK (M)**
Date of birth:	**02/05/1956**
NHS No:	**0205563430**
Case Note No:	**0205563430**
GP:	**AF Wardell** **Townhead Surgery** **6/8 High Street** **Irvine** **Ayrshire** **KA12 0AY**
Address:	**41 Alexander MacMillan Way** **Irvine** **Ayrshire** **KA11 4DS**

Procedure date:	**21st January 2026**
Attachments:	**(10:41)**
Report_Anatomical_Diagram	**Urgent**
Anal margin_1	**Outpatient/NHS**
Caecum_1	**Ayr Hospital**
Terminal ileum_1	**Ward - Not specified**
An area extending from the rectosigmoid junction to the distal descending_1	**Mr Farah**
Caecum_2	
Priority:	
Status:	
Hospital:	
Ward:	
Referring Cons:	

Indications
Anaemia and QFIT<7.
No allergy.
Clinically important comments: Consent for procedure confirmed with patient prior to examination.

Consultant/Endoscopist
Louise Bentley
Nurses: Kerryanne Ferguson
Christine Moffat

Instrument
CF-HQ290L-2053843

Premedication
Oxygen (Nasal) 2 ml

Report
Bowel preparation with plenvu was good. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by the ileocecal valve, the appendicular orifice and ileal intubation. The scope was retroflexed in the rectum.

Site c: An area extending from the rectosigmoid junction to the distal descending
Diverticula: a few localised.
Site d: Anal margin
Perianal lesions: haemorrhoids.

Diagram site legend
a: Terminal ileum (photographed)
b: Caecum (photographed)
c: An area extending from the rectosigmoid junction to the distal descending (photographed)
d: Anal margin (photographed)

Diagnoses
diverticulosis and haemorrhoids.

Advice/Comments
Haemorrhoids and sigmoid diverticulosis, information leaflet given to pateint.

Follow up

Return to the Referring Surgeon.

Access History

Louise Bentley
Nurse Endoscopist
c.c. Mr Farah (General Surgery)
Fitzpatrick, Brian

Produced by Unisoft's GI Reporting Tool

Compiled on 21/01/2026 at 10:58

Gastroscopy report

Performed 21-Jan-2026 09:54 Order Number
Ordering Provider Status Final

UGI G1 Final

NHS Ayrshire and Arran
Ayr Hospital
GASTROSCOPY REPORT

Name: **Brian FITZPATRICK (M)**
Date of birth: **02/05/1956**
NHS No: **0205563430**
Case Note No: **0205563430**

Address: **41 Alexander MacMillan Way**
Irvine
Ayrshire
KA11 4DS

GP: **AF Wardell**
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Procedure date: **21st January 2026**
Attachments: **(09:54)**
Report_Anatomical_Diagram **Urgent**
Upper body_1 **Outpatient/NHS**
Antrum_1 **Ayr Hospital**
Lower oesophagus_1 **Ward - Not specified**
Bulb_1 **Mr Farah**
Second part_1
Second part_2
Lower oesophagus_2
Antrum_2
Upper body_2
Upper body_3
Antrum_3
Lower oesophagus_3
Antrum_4
Upper body_4

Priority:
Status:
Hospital:
Ward:
Referring Cons:

Indications
Anaemia.
Potentially damaging drug: Meloxicalm.
No allergy.
Current medication:
Lanzoprazole 30 mg oral
Clinically important comments: Consent confirmed and agreed prior to procedure.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 38cm from the incisors.

Site d: An area extending from the antrum to the upper body
Gastritis: erythematous/exudative with no bleeding and atrophic with no bleeding.Specimens: 2x biopsy.

Diagnoses
OESOPHAGUS. Normal.
STOMACH. Non-erosive gastritis.

Consultant/Endoscopist
Louise Bentley
Nurses: Kerryanne Ferguson
Christine Moffat

Instrument
GIF-HQ290-2265575
Disposable forceps

Premedication
Fentanyl (IV) 50 ug
Midazolam (IV) 3 mg
Oxygen (Nasal) 2 ml
Xylocaine (Spray) 200 mg

Diagram site legend
a: Lower oesophagus (photographed)
b: Upper body (photographed)
c: Antrum (photographed)
d: An area extending from the antrum to the upper body
e: Bulb (photographed)

DUODENUM. Normal.

f: Second part (photographed)

Medication

Continue medication Lanzoprazole 30 mg oral.

Advice/Comments

Atrophic gastritis, biopsies taken to check for H.Pylori, GP please prescribe erradication therapy if positive result. Further procedure today - colonoscopy.

Access History

Follow up

Awaiting pathology results. Return to the Referring Surgeon.

Louise Bentley
Nurse Endoscopist
c.c. Mr Farah (General Surgery)
Fitzpatrick, Brian

HISTOLOGY

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Responsible Doctor	Mr Muhaned Farah	**Observation Date**	21-Jan-2026 09:54
Hospital	Ayr Hosp Endoscopy Unit	**Modified**	21-Jan-2026 09:54
Document Status	Final		

Reporting Pathologist 1 Final

Dr M Alorjani

Authorised by: Final

17/02/2026 18:31 Mohammed Alorjani

Histology Report Final

CLINICAL HISTORY

Indications. Anaemia

Clinical diagnoses - oesophagus - normal. Stomach - non-erosive gastritis. Duodenum - normal.

MACROSCOPY

2 GASTRIC BIOPSIES FROM (d) - AN AREA EXTENDING FROM THE ANTRUM TO THE UPPER BODY: Four light brown fragments, the largest 4 x 1 x 1mm in a CSC.

MICROSCOPY

SPECIMEN - GASTRIC BIOPSY

MUCOSAL TYPE: Antral

INFLAMMATION: Active chronic

H. pylori: Not seen on H/E and IHC.

INTESTINAL METAPLASIA: Not seen

ATROPHY: None

OTHER: No evidence of dysplasia or malignancy

CONCLUSION: Gastritis - no aetiological features seen

NHS
Ayrshire
& Arran

Consent for Operation

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

PROCEDURE: .....

FLEXIBLE CYSTOSCOPY

.....

PURPOSE OF PROCEDURE: BLADDER EXAMINATION

SIDE OF PROCEDURE: LEFT / RIGHT / BOTH NOT APPLICABLE

A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☐ Blood transfusion ☑ Other procedure (please state)

.....

BIOPSY, DIATHERMY

.....

.....

NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.

I have provided an information leaflet to explain the benefits and risks of, and alternatives to the proposed treatment.

Yes ☐ Leaflet title: ..... Leaflet version no.: .....

No ☐ It is the health professional's responsibility to document the benefits, risks and alternatives explained to the patient.

RISKS:

Mild burning or bleeding on passing urine for a short period after the procedure

Infection in your urine requiring antibiotics

☑ In my view, this patient has capacity at this time to consent to this procedure.

Where the clinician has doubts about capacity, please refer to the consent policy for guidance on Adults with Incapacity, and section 47 certificate of incapacity.

Consultant or other responsible health professional

It is the responsibility of the doctor undertaking the procedure to personally seek patient consent. In the unusual event that this is not practical, the responsibility can be delegated to another professional, but that individual must be suitably trained and qualified, have sufficient knowledge of the proposed investigation or treatment, understand the risks involved and act in accordance with the Board's consent policy.

As the health professional explaining this procedure, please confirm:

☑ I am fully familiar with the procedure, its risks, benefits and alternatives.

Signed (health professional): ..... Date: 16/3/23

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

NHS
Ayrshire
& Arran

Consent for Operation

Write or attach label
CHI No:
Surname:
Forename:
Address:

Date of Birth: Sex:

B. Consent of patient, parent or guardian

I understand the information given to me, including the risks, benefits and alternatives to this operation. The information has been discussed with me, and my questions have been answered in a way I could understand. I accept that the doctor has told me:

- ☑ my expected outcome and the risks of having the operation.
- ☑ the benefit this operation may bring to me, but also that this cannot be guaranteed even though performed with professional care.
- ☑ other relevant treatment options and their associated risks.
- ☑ that an appropriately qualified doctor, undergoing further training, may perform the operation.
- ☑ that I have the right to change my mind at any time before the operation, including after I have signed this form.

If an emergency occurs, I may require other procedures, but these will only be carried out to save my life or to prevent serious harm to my health. I have listed below any procedures that **I do not wish to be carried out without further discussion:**

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.

I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.

Signed (patient/parent/guardian): X Brian Fitzpatrick Date: 26/3/23

Name of patient/parent/guardian (PRINT): B Fitzpatrick

Relationship to patient: .....

C. Confirmation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Consultant or other responsible health professional

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

Patient

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

NHS Ayrshire & Arran

Bruce Day Surgery Suite

University Hospital Ayr
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax
www.show.scot.nhs.uk/aaaht

NHS Ayrshire & Arran

Attended:
CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Kerr

Dear Dr.

The above patient attended the Day Surgery Unit on 16/3/23

A Summary of the admission is set out below

DIAGNOSIS: LUTS

PROCEDURE: Flexible Cystoscopy

The procedure was carried out under GA/LA.

The patient has been discharged home and the following arrangements have been made for follow-up.

FOLLOW-UP: Tamsulosin 400mcgs
one 1hr after daily
Rx given

A more detailed discharge letter will/will not follow.

Yours sincerely,

Yoochn.
AMP.

Awarded for Excellence

Chairman Dr Martin Cheyne
Chief Executive Mr John Burns, CBE

(1)

NHS Ayrshire & Arran

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Procedure flexible cystoscopy

Consultant Ms Kerr

Date 16/3/23

Date of Birth

PMH
LUTS
eventration of diaphragm
rectal bleeding
Pulse
TIA's.

meds
amitriptyline
amlodipine
atorvastatin
desloratadine
hyoscine
clopidogrel
lansoprazole
meloxicam
sertraline
tramadol
laxido.

X-rays Available	☑	
Casenotes	☑	
Prescription request	☐	
Baseline Obs	☐	BP
Identity Bracelet	☑	
Valuables	☐	
Consent	☐	

Allergies? adverse reaction to tramadol.

MEDICATION PRIOR TO THEATRE (IF REQUIRED)

Date	Drug	Dose	Method	Time	Prescribed by	Given by

urine- trace blood

DIAGNOSTIC ROOM

Procedure Flexible cystoscopy Instillagel

LA infiltration YES ☑ NO ☐

Surgeon L Goodwin

Comments Flow, Scan i Spk to

Review Appointment

Signature May Murphy

Named / Associate Nurse / Practitioner

tamsulosin prescription ☑

RECOVERY STAGE

Flow Study	☑
Bladder Scan	☑
Tea/Coffee	☑
Observe Pain Level	☑

Review Appointment discharged.

DISCHARGE CRITERIA

Voiding Urine	Yes ☑	No ☐
Post-op Advice/Leaflets Given	Yes ☑	No ☐

Signed Sandra Reid

Named / Associate Nurse / Practitioner

16/03/2023 11:36 LOT 0023
7144300
CYSTOSCOPE 300
(01)00000000(7003)230316113 6
(10)00231(240)0F0C01193A

UROLOGY

STA4094

JA4C62162

Write or attach label

HCR No: .....

CHI No: .....

Surname: .....Sex: .....

Forename: .....

Address: .....

.....

Date of Birth: .....

CUBESCAN

AYR HOSPITAL

BALLOCHMYLE SUITE

16-03-2023 09:57

Tag: G Fitzpatrick M

Measured Volume

0ml

S/N: 2210LA0090

Micturiometry

Family name: Fitzpatrick

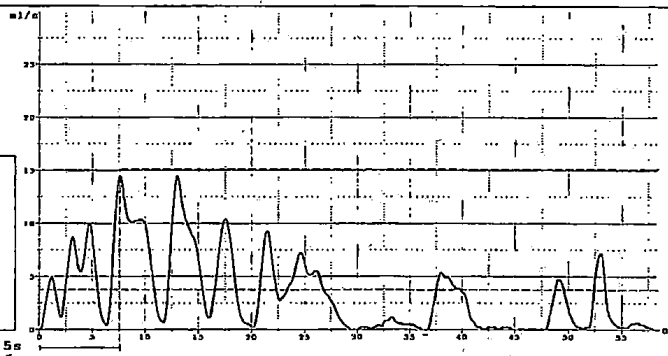
First name:

Age: ☐F. ☐M.

Date: 16/03/23

Time: 10:05 AM

Comments



Maximum flow= 14.5ml/s

Average flow= 3.8ml/s

Total voided volume= 199ml

Volume at maximum flow= 48ml

SmartFlow

Time to maximum flow= 7.5s

Flow time= 52.6s

Voiding time= 58.0s

ALBYN MEDICAL

UROLOGY

NHS Ayrshire & Arran

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

DATE 16/3/23

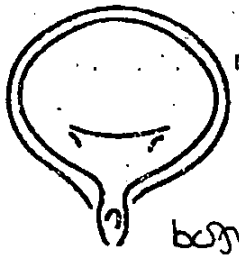
SURGEON AMP Lgoodall

ANAESTHETIST LA

ASSISTANT

OPERATION PERFORMED flexible cystoscopy

DESCRIPTION OF PROCEDURE LMA
cleaned
draped.



normal bladder mucosa
bon volume
non occlusive grade
normal ureters

DRAINS ..... PACKS .....

SPECIAL INSTRUCTIONS TO WARD
flow studies

Signature AMP Lgoodall

OPERATION

DRS 5964

(01)0000000(7003)2303161136
(10)00231(240)0F0C01193A
LOT 0023
IN 14/03/2023 12:09
OUT 16/03/2023 08:36
18/03/2023 11:36

CYSTOSCOPE 300

7144300

ENDOSCOPY SUITE

16/03/2023 11:36 LOT 00231

7144300

CYSTOSCOPE 300

(01)0000000(7003)2303161136
(10)00231(240)0F0C01193A
(b)

CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Flexible Cystoscopy

Mölnlycke Health Care

7 332582 746513

2025-09-28
REP 97013930-02
LOT 22487254
0040

Scope No 4S/300

Clean & Ready for use ✓ EXP 1136
USED 0950

Nurse Signature

May Murphy

Endoscopist Signature

192496.qxp_Layout 1 11/08/2016 11:11 Page 1

HCR
CHI N
Sumar
Foren
Addre
Date of
CHI: 0205563430
Fitzpatrick, Brian
92 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

STA1060

DATE
16/3/23

Siemens
Clinitek Status®

Serial Number:

Patient: BRIAN 268458
FITZPATRICK

Multistix® 8 SG
Test date 03-16-2023
Time 12:42PM
Operator
Test number 7506
Color Not Entered
Clarity Not Entered

GLU Negative
KET Negative
SG 1.025
BLO Trace-Intact
pH 6.5
PRO Negative
NIT Negative
LEU Negative

UROLOGICAL

NHS
Ayrshire
& Arran

Consent for Operation

CHI: 0205563430
Fitzpatrick, Brian
88 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

PROCEDURE: A. Pulley Rotator Interval Release

.....

.....

PURPOSE OF PROCEDURE: Improve Function

SIDE OF PROCEDURE: LEFT / RIGHT / BOTH / NOT APPLICABLE

A. Statement of health professional

I confirm I am a health professional with an **appropriate knowledge of the proposed procedure** as specified in the Board's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) ☑ the proposed approach

b) ☑ the intended benefits of the procedure

c) ☑ the possible risks of the procedure (including those specific to the patient).

d) ☑ the benefits and risks of any alternative treatments (including no treatment) and any particular concerns of the patient.

e) any additional procedures that might become necessary during surgery. Commonly this would include:

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

.....

NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.

I have provided an information leaflet to explain the benefits and risks of and alternatives to the proposed treatment.

Yes ☐ Leaflet title: ..... Leaflet version no.: .....

No ☐ It is the health professional's responsibility to document the benefits, risks and alternatives explained to the patient.

Scan / Infection / Immune Systems / Nerve or Artery Injury
Tendons, by Scar / CRPS.

☑ In my view, this patient has capacity at this time to consent to this procedure.

Where the clinician has doubts about capacity, please refer to the consent policy for guidance on Adults with Incapacity, and section 47 certificate of incapacity.

Consultant or other responsible health professional

It is the responsibility of the doctor undertaking the procedure to personally seek patient consent. In the unusual event that this is not practical, the responsibility can be delegated to another professional, but that individual must be suitably trained and qualified, have sufficient knowledge of the proposed investigation or treatment, understand the risks involved and act in accordance with the Board's consent policy.

As the health professional explaining this procedure, please confirm:

☑ I am fully familiar with the procedure, its risks, benefits and alternatives.

Signed (health professional): ..... Date: 18/6/18

Name (PRINT): ..... Time (24 hr): 08:55

Designation: Consultant GMC/GDC/NMC number: 4446584

NHS
Ayrshire
& Arran

Consent for Operation

CHI: 0205563430
Fitzpatrick, Brian
88 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430
Sex:

B. Consent of patient, parent or guardian

I understand the information given to me, including the risks, benefits and alternatives to this operation. The information has been discussed with me, and my questions have been answered in a way I could understand. I accept that the doctor has told me:

☑ my expected outcome and the risks of having the operation.

☑ the benefit this operation may bring to me, but also that this cannot be guaranteed even though performed with professional care.

☑ other relevant treatment options and their associated risks.

☑ that an appropriately qualified doctor, undergoing further training, may perform the operation.

☑ that I have the right to change my mind at any time before the operation, including after I have signed this form.

If an emergency occurs, I may require other procedures, but these will only be carried out to save my life or to prevent serious harm to my health. I have listed below any procedures that **I do not wish to be carried out without further discussion:**

☐ Blood transfusion ☐ Other procedure (please state)

.....

.....

NB. If blood transfusion is declined, please also complete a refusal of blood transfusion form.

I understand the benefits, risks and alternatives that have been explained to me, and I agree to the operation.

Signed (patient/parent/guardian): ..... Date: 8/6/18

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

C. Confirmation of consent (for use on day before or day of surgery)

Confirmation of consent is only mandatory, when the original consent was signed by the patient >84 days before the date of the operation.

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Consultant or other responsible health professional

Signed (health professional): ..... Date: .....

Name (PRINT): ..... Time (24 hr): .....

Designation: ..... GMC/GDC/NMC number: .....

Patient

Signed (patient/parent/guardian): ..... Date: .....

Name of patient/parent/guardian (PRINT): .....

Relationship to patient: .....

Perioperative Care Plan

NHS Ayrshire & Arran

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....

CHI: 0205563430
Fitzpatrick, Brian
88 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

Affix patient data label

LA

Surgeon: Thomas Anaesthetist: .....
Ward: DSU
Planned Operation: right middle finger trigger release
Date: 18/6/18
Theatre: 9

Ward/DSU Preoperative:

Has MRSA screen been undertaken
Status: ☐ Pos ☐ Neg ☑ Unknown

Any known allergies/anaphylaxis ☐ Y ☑ N

Please give details NKA

Has VTE prophylaxis assessment been carried out? ☐ Y ☑ N

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes ☐ Y ☑ N

Please give details .....

Weight (kgs)..... **Urinalysis** .....

Known diabetic ☐ Y ☑ N Glucose reading.....

PREGNANCY SCREENING:

LMP known ..... **Pregnancy possible** ☐ Y ☑ N

Pregnancy test ☐ Y ☐ N ☐ Pos ☐ Neg

BASELINE OBS: SAO2 98 Pulse 107 BP 135/72 Resps 16 Temp 36

PRE OPERATIVE CHECKS

Fasted From: Breakfast ✓ **Paediatrics:** Last feed / drink .....

Last immunisation.....

CHECKS	WARD			PRE-OP/DSU			ANAESTHETICS		
	Y	N	N/A	Y	N	N/A	Y	N	N/A
Identity Bracelet	✓						✓		
Consent Form Signed	✓ TW						✓		
AWI Consent Signed			✓						✓
Operation Site marked clearly		✓					✓		
CASE NOTES/NURSING NOTES	✓						✓		
Patient Labels	✓								
Imaging		✓						✓	
Lab Results / Hb		✓						✓	
ECG		✓						✓	
Group and Save / Cross Matched		✓						✓	
Jewellery / Body Piercings: Removed/Taped		✓						✓	
Nail Polish Acrylic		✓							✓
Underwear Removed if applicable Own Cotton.		✓						✓	
Tampon Removed			✓						✓
Glasses/Contact lenses		✓						✓	
Hearing Aid X 2 Both EARS	✓						✓		
Hair Grips/Bobbles		✓						✓	
Dentures Removed Top Plate.	✓						✓		
Caps/Crowns/ Loose Teeth/Bridge		✓						✓	
Inhalers		✓						✓	
GTN Spray		✓						✓	
Any metalwork - please specify		✓						✓	
Pacemaker / ICD		✓						✓	
Normal Medication/Premed given								✓	
Does patient require fit note? Y N							✓		

Sertraline, Amitriptyline, Diclofenac.

Any other relevant information..... Dihydrocodeine @ 7am.

Ward Nurse ..... T. Gilman ..... PRINT. ..... T. Gilman

Recovery Nurse..... PRINT. .....

Anaesthetic Nurse..... M. Wilson ..... PRINT. ..... M. WILSON

NHS Ayrshire & Arran WHO Surgical Safety Checklist

Before induction of anaesthesia..... Before skin incision ..... Before patient leaves operating theatre

Sign In

Has the patient confirmed with anaesthetist and anaesthetic nurse:
His/her identity, site, procedure and consent?

☑ Yes ☐ No *If no state reason:* .....

Is the surgical site marked?

☑ Yes ☐ No ☐ Not applicable

Is the anaesthetic machine & medication check complete?

☑ Yes N/A

Does the patient have any known allergies/anaphylaxis?

☐ Yes ☑ No

If yes give details .....

Difficult airway / aspiration risk?

☐ Yes ☐ No

If yes, is equipment and assistance available

N/A head.....

☐ **Risk of >500ml blood loss (7ml/kg in children)**

☐ Yes ☐ No

☐ *If yes, adequate IV access and fluids planned*

☐ G&S ☐ Xmatch ☐ NA

Comments / concerns:

.....

.....

.....

.....

Time Out

☑ Was this patient included in huddle before start of Operating list?
☑ If necessary have team members introduced themselves?
☑ Is it clear who is the nurse in charge?

All theatre team **'stop and listen' while the following is confirmed**

- ☐ **Correct patient identity**
- ☐ **Correct side**
- ☐ **Correct site marked**
- ☐ **Procedure**

☐ Any imaging/PACS displayed
☐ Any metalwork, implants
☐ Position correct and all devices including diathermy pad secure
☑ Necessary equipment available
☐ VTE prophylaxis given, stockings, compression.
☐ Warming devices if applicable
☑ Pressure areas

SPSP Surgical Site infection bundle - Intra-op

☐ **Antibiotics prescribed?**
☐ **Given within 60mins prior to skin incision?**
☐ **2% chlorhexidine gluconate in 70% isopropyl alcohol used for skin prep?**

If not please state what used & reason

☐ **Patient temperature is maintained at >36c intraop**
☐ **If diabetic is glycaemic control <11mmol/l intraop**

Comments / concerns:

.....

Sign Out

Whole team **'stop and listen'** while scrub nurse confirms:

☑ Confirm actual procedure undertaken & is recorded
☑ Instruments, swabs, sharps are correct
☐ Specimen check *(pause)* has been carried out and is correct
☐ Has VTE prophylaxis been prescribed/given?

☐ **Has it been necessary to leave any X-ray detectable swabs in situ?**
If so how many ☐

Scrub nurse *sign* .....

Surgeon *sign* .....

Have any patient safety issues/problems arisen?
Please state.....
.....

Has SBAR been completed? ☐ DATIX ☐

Any key concerns/actions for transfer to **Recovery**

.....
.....
.....
.....
.....
.....
.....
.....

Temperature..... Glucose.....

Comments / concerns:
Anything to feedback to theatre staff for debrief?

.....
.....

INTRAOPERATIVE CARE
Anaesthetic Care

Airway Management	
ET Tube	
LMA / iGel	
RSI	
Bougie / Adjuncts	
Alternative Blade	
Fibrescope	
Throat Pack	
Eye Protection	

Controlled Drugs

Antibiotics

Regional Techniques	
Spinal	
Epidural	
CSE	
Block	
Sedation	
Local	CHLOROCAINE 50/50 LIGNOCAINE
Stop moment	
Warming	
Bair Hugger	
Fluid Warmer	
Warm Blanket	

Devices	
Alaris TCI	
Guardrails	
Bodyguard	
PCAM	
Sonosite	
CVP Line	
Arterial Line	
Colleague	
Cardiac Output	

Positioning		Positioning	
Supine	✓	Jackknife	
Prone		Lateral R or L	
Lloyd Davis		Deckchair	
Lithotomy		Headring	
Traction Table		Sand-bag	
Trendelenberg		Vac Pac / Hug-u-Vac	
Reverse Trendelenberg		Vacuum 15min check	
Arm Position Right	ARM TABLE	Arm Position Left	ARM TABLE

Pressure Area Care			
Heels		Sacrum	
Elbows		Shoulders	
		Head	padded
Comments			

Electrosurgery	
Monopolar	
Bipolar	✓
Smoke evacuator	
Pad applied - location	

Tourniquet	
Location	(R) ARM = 250mmHg (L) ARM = 250mmHg.
Total time on	(R) ARM 9 minutes (L) ARM minutes

Skin Prep	
Iodine	
Chlorhexidine Aqueous	
Chlorhexidine 0.5%	
Chlorhexidine 2%	✓
Other	

Wound Management	
Closure	4/0 Ethilon
Dressing	Opsite Biosorb Nest a Clip
Packs	
Drain (state suction open/closed)	
Catheter	
Skin check	

Specimens	No	Sign
Bacteriology		
Pathology		
Other		

Scrub Nurse Checks	Signature
Nurse 1	F. Bell
Final swabs/sharps	G. Secker
Final instruments	
Nurse 2	
Final swabs/sharps	
Final instruments	

Post Op Instructions
Actual Procedure
Bilateral mid to fore trigger release.
Post Op Directions
Follow up Instructions
Suture out GP practice nurse 1/52
RW NW Thomas clinic 6/52
Signature / GMC Number

POST ANAESTHETIC CARE UNIT

ACTIVITY	COMMENTS AND ACTION TAKEN	TIME	INITIAL
Airway Self-maintained ☐ Jaw thrust/Chin lift ☐ Guedel ☐ LMA ☐ ETT ☐ Nasopharyngeal ☐ Tracheostomy ☐	Time Conscious.....		
Breathing **Oxygen Therapy L/min**..... **%humidified**..... Face mask ☐ Nasal ☐ Tracheostomy ☐ SAO2.....Respiratory Rate.....	Time O2 discontinued.....SAO2 Air.....		
Circulation NIBP ☐ SAO2 ☐ Pulse from: ECG SAO2 Probe ☐ ECG ☐ Arterial Line ☐ Site..... Central Line ☐ CXR performed @.....hrs CXR reviewed by medical staff Yes ☐ No ☐			
Circulation Wound dressing ..... Wound drains No ..... Location ..... Bleeding from further sites Yes ☐ No ☐ (e.g. vaginal/rectal/nasal) Pressure areas inspected Yes ☐ No ☐ N/A ☐	Total Drainage on discharge.....mls		
Hydration IV Access ☐ Sub Cut Cannula ☐ Further IV fluids prescribed Yes ☐ N/A ☐ Transfusion required ☐ Catheter in situ Y/N Free drainage ☐ Hourly Volumes ☐ Has passed Urine Y/N Volume.....mls			
Disability AVPU Score ☐ CSM Monitored ☐ Diabetic ☐ GKI in progress ☐ Blood glucose..... Neurological Obs required ☐ Eye observations required ☐			
Temperature Admission Recovery Temperature ..... Warm Blanket ☐ Bair Hugger ☐ Fluid Warmer ☐ Other.....	.....		
Pain Management Intravenous Analgesia ☐ Local ☐ Spinal ☐ Epidural ☐ Spinal/Epidural ☐ Intrathecal Opiates ☐ PCA ☐ Regional Block ☐ IV Paracetamol ☐ Non Steroidal ☐ **Analgesia Required in recovery** ☐ Analgesia effective Yes ☐ No ☐	**Analgesia administered in recovery**		
Management of Nausea and Vomiting Dexamethasone ☐ Cyclizine ☐ Ondansetron ☐ Other..... **Antiemetic Required in recovery** ☐ Antiemetic effective Yes ☐ No ☐	**Anti-emetics administered in recovery**		

Notes / Comments
Note / Comments

NHS Ayrshire & Arran

Post operative Care Plan

Day Surgery Unit

Commenced:	DSU
Signature:	
Time: 12[10]	**Date:** 18/6/18

	Planned Nursing Interventions	Discontinued Date/Time	Init's
✓	Observations as per patients clinical requirements or as indicated by MEWS when used		
	Commence on continuous monitoring	✓	
	Record vital signs:		
✓	½ hourly x 1		
	hourly		
	2 hourly		
	4 hourly		
	twice daily		
	daily		
	Gradually return to normal oral diet and fluids (unless contraindicated)	18/6/18 1250	
	Commence oral fluids as instructed Specify (time/amount):		
	Maintain safe effective intravenous access as per protocol using protocol using cannula monitoring chart		
	Give intravenous fluids as prescribed / per protocol		
	Monitor input and output on fluid balance chart		
	Insert urinary catheter (if not already in situ) and commence on urinary catheter care plan		
	Commence on prescribed O_2, titrate to clinical requirements and record on oxygen prescription chart.		
	Ensure all prescribed medications are given as per medical instruction and / or clinical condition, monitor effect		
	Assess and monitor pain, commence appropriate pain care plan if indicated		
	Document location of wound(s). Care of wound(s) as per nurse/medical decision and clinical requirements, commence and refer to wound care plan, if indicated		
	Document location and type of drain, record amount and nature of aspirate in fluid balance chart, drain care as instructed		
✓	Report any deviation from the normal to medical staff and act on their instructions		
	Continue use of anti-embolic stockings until otherwise instructed		

Notes / Comments

18/6/18	Note / Comments
12[25] - Observations charted - NEWS 1. Heart rate 105. No complaints of pain or nausea. STD SaCeero / Kaelee	

DAY SURGERY DISCHARGE AND ESCORT DETAILS

Escort/Relative Name ..... Address .....

Naveen 07956563854 Telephone No: .....

Responsible adult to stay with you 24 hours Post Op Yes ☐ No ☐

Telephone call to Relative / Transport Yes ☐ No ☐

DISCHARGE DETAILS

Observations stable	Yes ☑	No ☐	Post-op Instructions	Yes ☑	No ☐
Tolerating oral fluids	Yes ☑	No ☐	GP letter given	Yes ☐	No ☑
Venflon removed N/A	Yes ☐	No ☑	Follow up appointment given	Yes ☐	No ☑
Wound site satisfactory	Yes ☑	No ☐	Community call arranged	Yes ☐	No ☑
Passed Urine N/A	Yes ☐	No ☑	Discharge medication given	Yes ☐	No ☑

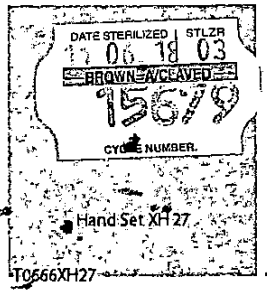
Date of discharge 18/6/18 Time of Discharge 1250

Nurses Signature SN

NURSING CARE - CONTINUATION

Traceability Stickers

Traceability Stickers



6H 1-4
Orthopaedic
ACHU03144683

NHS Ayrshire & Arran

CHI No: 0205563430
Patient Name: Brian Fitzpatrick
Address: 88 Caledonian Road, Stevenston, Ayrshire, KA20 3LF
DOB:02/05/1956 Sex: Male

DATE	SURGEON	ANAESTHETIST
18.6.18	Mr O'Flaherty	
	ASSISTANT	

OPERATION PERFORMED

Bilateral middle finger trigger finger release under local anaesthetic

DESCRIPTION OF PROCEDURE

The patient was positioned supine on the operating table with additional hand table side supports. Approximately 5 mls of 1% local anaesthetic were infiltrated to the A1 pulley of bilateral middle fingers. Tourniquets were inflated sequentially to 250 mm Hg. 1 cm oblique skin incisions were made over the A1 pulleys of the right and left middle fingers. The A1 pulley was identified and divided longitudinally. The tendons were seen to glide freely at the end of the procedure with no obvious evidence of triggering. The wounds were irrigated with saline and closed with 3-0 Ethilon sutures. OpSite dressings were applied to the wounds. Additional blue swabs, wool and crepe bandages were also applied.

Post-Op Instructions

The patient should attend his GP practice nurse in approximately one week's time for suture removal. He will be reviewed in Mr Thomas's out-patient clinic in approximately 6 weeks' time.

DRAINS PACKS
SPECIAL INSTRUCTIONS TO WARD

This document has NOT been verified

Signature: Emmett O'Flaherty
ST8 in Orthopaedics
GMC 6166076

CONSENT FOR OPERATION

STA1057

Write or attach label

CHI 0205563430
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956 Pract 80895
Case Ref 261246

I .....of .....

..... hereby consent to

* undergo / the submission of my — * child / ward .....

the operation of RIGHT ~~left~~ laparoscopic inguinal hernia

the nature and purpose of which have been explained to me by

Dr./Mr.* FON

I also consent to such further of alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner. (Not applicable to section 1 (2) patients.)

Date 28/8/14 Signed .....
(Patient/Parent/Guardian)

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date 28/8/14 Signed .....
(Medical/Dental Practitioner)*

*DELETE AS APPROPRIATE

Note: This form is not to be used for any operation where there is a specific consent form with explanations.

Any deletions, insertions or amendments to the form are to be made before the explanation is given and the form submitted for signature.

CONSENT FOR OPERATION

JMcC/74329

Anaesthetic Record

Proposed procedure: LAPAROSCOPIC (R) INGUINAL HERNIA REPAIR

Elective	✓
Scheduled Urgent	
Urgent	
Emergency	

Write or attach label

HC XHI261246
CH FITZPATRICK BRIAN
Su WEST LODGE
Fo STEVENSTON
Ad KA20 4JX 02/05/1956
Dr C MARTIN
THREE TOWNS MEDICAL PRACTICE
20 MAIN STREET,
De CHI 0205563430

Consent form signed	(Y) / N	SASM Consultant:	
Incapacity form	Y / N		
Fasted	(Y) / N	Informed	Y / N

Preoperative Assessment: Assessor: MCGARRITY Date: 23/3/11 Location: DSU ASA Grade: 1

History

Previous GA (L) IH repair - 28 yrs ago.

FH

CVS

Exercise Tolerance: Good

Resp.

Reflux: NIL

Smoking

Alcohol & Recreational Drugs: occ drink

Recent Medication

Ibuprofen.

NSAIDs. 8/7.

Allergies NIL KNOWN.

Examination

Mouth opening

Teeth MPI from C8/52

HR 75

BP 119/75

SpO_2 100%

Weight 69.3kg

Height

BMI

Hb	
WCC	
Plats	
Urea	
Creat.	
Na	
K	
ECG	SR
CXR	
OTHER:	

Discussed:

Fasting	☐	Failure	☐
Premed	☐	Hypotension	☐
		Headache	☐
Induction	☑	Numbness	☐
		Urine Retention	☐
Analgesia	☑ TAP c US	Nerve Damage	☐
Suppositories	☐	L.A. Toxicity	☐
Monitoring:	☑	Patient agrees	Y / N
		Handout	Y / N
Other		Other	

Regional Block: Complications discussed pre-operatively

Preoperative Instructions

Fasting: Time
As Protocol ☐
Light breakfast
Fluids - allow:
still juices / water till:

Usual Medicines: Unless otherwise instructed give all medicines except insulin, oral hypoglycaemics and anticoagulants.

Give all except:

Give only:

Premedication drugs: Date Time
Ranitidine 150mg PO 0845

Signed:

Given at / by

Operation done:

Date	Location	Start time	Surgeon(s)
23/3/11	T2.	End time	FON

Anaesthetic Assistant	Anaesthetist(s) MCGARRITY.
DAVID.	Grade CONS GMC No. 4630962

Remarks Uneventful ☐ Significant events / Critical incidents Hazard warnings

Effect of premed

ANAESTHETIC RECORD

Monitoring				Checks			Ventilation	Access	Induction
ECG	✓	Boots	✓	Anaesthetic Machine			Circuit	Site of Cannula / Size	IV ✓ Gas ..... Pre O_2 RSI .....
NIBP	✓	Fluid Warmer	✓	Anaes room	✓	Theatre ✓	Circle ✓	(R) HAND 18G	Face Mask Anaesthetic
SpO_2	✓	Warm Air	✓	Position:			Bain ✓	(L) HAND 20G	Airway: Oral ..... Nasal .....
$ETCO_2$	✓	Padded Mat					T Piece	....	LMA: Size: ..... Type .....
F_iO_2	✓	TED Stocks	✓	Pressure Care		✓	HME Filter	A Line Site	ETT: Size 8.5 Cuff ✓
NMT	✓	Tourniquet Press. Time		Eye Care		✓	Ventilation		Type .....
ET Agent	✓			Throat Pack	In	Out	Pressure Cont	CVP Site	Laryngoscopy grade 2
Temp.	✓			Thromboprophylaxis			Volume Cont		Notes:
Urine Cath.				Antibiotic	Dose	Time	Spont. Resp.	Insertion Notes:	
CVP				Gentamicin	210mg	1047	Press Sup.		
IBP							Manual IPPV.		

Drugs	Time	1130	1100	1130	1200	1230
FENTANYL mg		75				
PROPOFOL mg		200				
VECURONIUM mg		8				
DEXAMETHASONE mg		7				
CYCLIZINE mg		<50>				
PARACETAMOL g		<1>				
DICLOFENAC mg		75in (1)				
OXYTOCIN mg			3	+2	+2	
Neo/Glyco					2-10/1	

TEMP			35.9				36.3		
SpO_2			98	99	98	98	98	98	100 80 100 100
$ETCO_2$			3.7	5.5	6.1	6.1	6.1	6.2	RESPS 12 14 13 12
ET Agent			4.9	5.8	6.5	7	7	6.9	SPO 3 2 1 1
F_iO_2			.51	.48	.45	.42	.42	.42	MIN / / 0.1 0.1
PEAK/PEEP			16/4	24/5	25/5	26/5	27/5	30/5	MANUAL / / 0 0
									2.1 4.4 4.4
Fluids		(1)				(2)			
Blood Loss									
Urine Output									

Halo ☐ Others ☐

Regional & Local Anaesthetic Techniques

Spinal	☐
Epidural	☐
N. Block	TAP - Bilateral
Wound Infiltration	☐
Full Aseptic	☐
Entry Site:	
Needle Used:	
Catheter: Y / N	

Notes

Post induction
Ondansetron to skin.
U/S guided.
2x 8cm PNS needles.
unsophisticated.
TOTAL → 60ml x 0.25% L-BUPIVACAINE.

Notes & Events

200
190
180
170
160
150
140

Drug	Strength	Quantity Supplied	Frequency	Date	Recovery Use	Doctor's Signature
Paracetamol Tablets	500 mg	16 Tablets	1-2 tablets 3-4 times daily			
Paracetamol Soluble	500 mg	24 Tablets	1-2 tablets 3-4 times daily			
Cocodamol Tablets	30 mg/ 500 mg	30 Tablets	1-2 tablets 3-4 times daily	23/3/11	NO	UG
Diclofenac Dispersible	50 mg	21 Tablets	1 tablet 3 times daily			
Ibuprofen Tablets	400 mg	24 Tablets	1 tablet 3 times daily	23/3/11	NO	UG

SC8039/A

	Fluid In	Vol.
1	Hartmanns	500
2	Hartmanns	500

Events	Time

Blood Loss	

Postoperative Instructions:

Reviewed by

Routine monitoring & care

O_2 6 l/min till awake or.....hrs — UNTIL WIDE AWAKE

Humidified O_2 % as required to maintain O_2 Sat > 95%

OXYNORM ~~Morphine~~ 1mg/ml IV up to 10mg as required for pain in recovery (YES) Signed LG

Paracetamol 1g IV in recorvery if required for pain YES Signed.....

Ondansetron 4mg IV in recovery if required for nausea (YES) Signed LG

Cyclizine 50mg IV in recovery if required for nausea YES Signed.....

IV fluids as charted ☐ Special instructions

Drug therapy as charted ✓ OXYNORM 10mg PO PRN IN DSU REVIEW 4 MAX 2HRS.

Sign off completed chart

Time	Recovery Notes	Drugs
12-17	Recovery: Pt quickly conscious after arrival, O_2 4l via face mask, colour satisfactory. IVI running C.S.L. into (R) hand. 3 x wound dressings to umbilicus and below, slight spot staining only. Pt disorientated and difficult to assess so far. Obs as charted.	
12.25	Pt more awake only c/o (R) shoulder pain, op site not uncomfortable (M.LYNCH)	
12.41	Pt more awake and able to follow to small drinks of water (M.LYNCH)	
12.43	Pt allowed to DSU. (M.LYNCH)	
13.15	Observations satisfactory and charted. All 3 laps sites have slight staining. IV fluids complete and disconnected. Bleeding and dust + fluids. S/A LIEBSTHENSTON	

NHS Ayrshire & Arran

OPERATIVE CARE PLAN

XHI261246
Sur FITZPATRICK BRIAN
For WEST LODGE
STEVENSTON
Add KA20 4JX 02/05/1956
Dr. C MARTIN
War THREE TOWNS MEDICAL PRACTICE
20 MAIN STREET,
CHI 0205563430

Ward DSU Date 23/3/11 Theatre 2

Proposed Operation Laparoscopic repair R I/H

Pre-Medication Time Given

Fasted from: Time Sip water 6.30am

Paediatrics Last feed / drink

Last Immunisation

GKI Yes ☐ No ☐ Glucose Reading ☐ Patient Weight Kg 69.3kg

Identified Allergies: Specify None known

CHECK 1 Pre op

Surgical site marking and patient verification

- ☐ Check patient identity
- ☐ Check reliable documentation/results
- ☐ Images to ascertain intended surgical site
- ☐ Intended site marked with an arrow using indelible pen
- ☐ Decision not to mark – state reason below

.....

Signature confirming surgical check complete

In the event of this section being incomplete – Reception Nurse to communicate with Theatre to establish action to be taken.

Operating Surgeon

Signature .....

Print .....

CHECK 2 - 3 Surgical site marking and patient verification	Ward/DSU			R/Recovery			Anaesthetic		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Identification Bracelet	✓						✓		
Consent Form signed		✓					✓		
AWI Consent if applicable			✓					✓	
Operation Site marked clearly		✓						✓	
Bone bank consent form (Ortho only)			✓						✓
Dentures removed	✓						✓		
Caps/Crowns/Loose teeth: Specify		✓						✓	
Nail Polish/Jewellery/Make-up: Removed	✓						✓		
Rings taped/Body Piercing			✓					✓	
Pad or Tampon			✓					✓	
Catheter in situ			✓					✓	
Pre-op Shower	✓						✓	✓	
Skin Prep/Clipped: If required		✓						✓	
Paper Pants	✓						✓		
Patient's Label included	✓						✓		
Hearing Aid		✓						✓	
Inhalers	✓	✓						✓	
Pillows extra: Number 3	✓								
B.H.C.G. (Pregnancy Test)			✓						✓
Urinalysis NAD	✓						✓		

Case Notes							✓		
X Rays/Images		✓							
Pathology/Lab results									
Haemoglobin									
Blood X matched									
E.C.G. if applicable	✓								
Other: Specify									
Normothermia: Pre-Warm				Pre-op Temp			36.8		

Any other relevant information: (e.g. high risk or changes to general health) .....

.....

Ward Nurse *(signature)* ..... Print L. GRAY 27248

Rec-Recovery Nurse *(signature)* Nimbley (RGN) Print T. NIMBLEY 27254

Anaesthetic Nurse *(signature)* ..... Print .....

ANAESTHETIC CARE GIVEN

Pulse 75 BP 119/75 SPo2 100%

Antibiotic: ..... Time Given: .....

G.A.		Rapid Sequence	
L.M.A.		Size	
ET Tube		Size	
Face Mask			
Throat Pack			
Throat Pack removed			
N.G. Tube			

Spinal	
Epidural	
Combined Spinal/Epidural	
Local Anaesthetic	
Nerve Block	
Eye Protection: Yes ☐ No ☐	

Infusion Device

P.C.A	
T.I.V.A	
Baxter Colleague	
Alaris	
Bodyguard	
INVASIVE MONITORING	
IBP	
Cardiac Output	
CVP	

Patient Positioning

Supine		**RIGHT ARM**	
Prone		On board	
Lithotomy		At side	
Trendelenburg		Across chest	
Rev-Trendelenburg		Other	
Jack Knife		**LEFT ARM**	
Right lateral		On board	
Left lateral		At side	
Traction Table		Across chest	
Lloyd Davis		Other	
Deck Chair			

Diathermy Application

Bi-polar	
Mono-polar Diathermy site	
Site	
Diathermy Pad applied correctly and checked	

TOURNIQUET

Arm right		Arm left	
Leg right		Leg left	
Digit right		Digit left	
Time on right		Time on left	
Total Tourniquet time right		**Total Tourniquet time left**	

PERI-OPERATIVE CARE

Patient protection safety

Arm supports		Sand bag	
Pelvic support i.e. padding		Shoulder vac pac (beanbag)	
Lateral support i.e. padding		Bair Hugger	
Padding bony prominences		Fluid warmer	
Heel rest		Core temp probe	
Head ring		OR Pad	
Prone head ring		Other: State.....	
Stirrups			
Pillows			

Evaluation pre and post-operative

Pre op		Post op
	Pressure area checked	
	Diathermy site checked	
	Tourniquet site checked	

DVT Prophylaxis

Fragmin						
Ted stockings						
Pre-op aspirin/Clopidogrel						
Flowtron leggings						
Time on			**Time off**			
Limb + machine function checks	1 hr	2 hr	3 hr	4 hr	5 hr	

Skin Prep solution used .....

Given by (Name) .....

Specimens taken:

Yes ☐ No ☐ Bacteriology ☐ Pathology ☐

Other Hospital ☐ Bone bank ☐ State total (in box) ☐ (except bone bank)

Signature nurse receiving specimens from scrub person .....

Blood loss measured Yes ☐ No ☐ Total ☐

Patient Catheterised in Theatre Nurse ☐ Doctor ☐ Catheter size ☐ mls in balloon ☐

Skin closure	Wound drainage
Dressing	Local anaesthetic infiltration

Identified problem	Nursing intervention	Outcome

Check 4

Surgical site marking and patient verification **Theatre:** Surgical, Anaesthetic and Theatre team prior to commencement of surgery **should pause for verbal briefing to confirm the following** ☐ **Correct patient** ☐ **Consent form correct and signed by patient and clinician** ☐ **Proposed operation** ☐ **Operation site marked** ☐ **Availability of required image studies plus pathology results**	**Signature of Operating Surgeon or Senior Member of Theatre Team to confirm check completed** **Sign.** **Print** **Time** **Date**	**Surgeon only to complete and sign if discrepancy has been identified** **Nature of discrepancy** **Decision taken** **Sign.** **Print** When there is a discrepancy, a senior member of staff will follow the adverse incident policy.

DAY SURGERY ESCORT DETAILS

Name wife will collect (by car). Address

Telephone No. 07956563854
01294 464490.

Time into recovery	**Conscious state**
Time conscious	**Operation site**
Oxygen Therapy	**Hudson Mask**
	Nasal Cannula
Time transfer	**Nurse Signature**

PROGRESSIVE RECOVERY

Seen by Surgeon YES / NO Anaesthetist YES / NO S/N L

Wound Check: Time 13.10 Comments Slight Staining to lapsites x3
13.40 No new staining noted

DISCHARGE DETAILS

Post-op Phone Call	Yes ☐	No ☑		Post-op instructions	Yes ☑	No ☐	
Observations stable	Yes ☑	No ☐		GP letter given	Yes ☑	No ☐	
Tolerating oral fluids	Yes ☑	No ☐		Follow up appointment given	Yes ☐	No ☑	YC
Venflon removed	Yes ☑	No ☐	x2 YC	Community call arranged	Yes ☐	No ☑	
Wound site satisfactory	Yes ☑	No ☐		Discharge medication given	Yes ☑	No ☐	
Passed Urine	Yes ☑	No ☐					

Date of Discharge 23.3.11 Time of Discharge 1530

Nurse's Signature F Tonge SN

Date: Theatre:

XHI261246
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX 02/05/1956
Dr. C MARTIN
THREE TOWNS MEDICAL PRACTICE
20 MAIN STREET,
CHI 0205563430

PATIENT Sex M F

PROCEDURE

Speciality | Surgery Class

OPCS 4 Code

CASE FORM

Consultant | Admit Type

Ward | Admit Date

Custom Op Type:

Procedure

Delays

Actual Procedure

Laparoscopic R IH mesh repair (TEPP)

Post-op directions

E+D mobilise

Home PU

Follow-up instructions

Sign: Date: 8/05/11

CASE FORM

Counts and Dressings

Scrub Nurse Check	Sign	Initial
Final Check	Sign	Initial
Tray out Check	Sign	Initial

ADMISSION TYPE
1. 23 hour
2. Day Surgery
3. Elective In Patient
4. Emergency In Patient

SURGERY CLASS
1. Minor
2. Intermediate
3. Major
4. Supercomplex

OPERATION TYPE
1. Elective in hrs.
2. Elective out hrs.
3. Emergency in hrs.
4. Emergency out hrs.
5. Emergency Weekend/PH's
6. Elective Weekend/PH's

REASON FOR DELAY
1. Patient not ready
2. Lack nursing staff on ward
3. Patient not in specified ward

ANAESTHETIC TYPE
1. General
2. Epidural
3. General Epidural
4. Local anaesthetic
5. No anaesthetic
6. Sedation
7. Spinal
8. Spinal Sedation
9. Nerve Block

TIMES

Sent for		Patient available		Anaesthetic begin	10.35
Pt. in theatre	10.50	Surgery starts	10.55	Surgery stops	12.10
Pt. out theatre		Clean up starts	12.20	Recovery in	12.17
Clean up stop		Recovery out	12.43	DS Disc.	15.30

STAFF

	MEDICAL	NURSING			
Actual Surgeon	Mr Fan	Anaesthetic Nurse	[illegible]	Circulating Nurse	[illegible]
1st Assistant	Miss Cornwell	Scrub Nurse	Callie's	Circulating Nurse	[illegible]
2nd Assistant		Scrub Nurse		Circulating Nurse	[illegible]
Anaesthetist 1	[illegible]	Scrub Nurse		Circulating Nurse	
Anaesthetist 2		ODP		ODP	
Aux	[illegible]	Aux		Other	

ANAESTHETIC

Type 1/9 ASA I Controlled Drugs fentanyl / oxycodone

PACU

Recovered by 1. [illegible] (M.LYNCH) 2. [illegible]

Released to HOME

RELEASED TO
1. Ward
2. I.T.U.
3. H.D.U.
4. D.S.U.
5. 23 hour
6. Other

Brian Fitzpatrick 261246 23.3.11
West Lodge, Stevenston
Chi: 0205563430 Dr Martin

STA0215

Write or attach label
HCR No: .....
CHI No: .....
Surname: .....
Forename: ..... Sex: .....
Address: .....
.....
Date of Birth ..... c10 .....

DATE

SURGEON

Mr L J Fon

ANAESTHETIST

Dr L McGarrity

ASSISTANT

Ms K Carswell

OPERATION PERFORMED

LAPAROSCOPIC RIGHT INGUINAL HERNIA MESH REPAIR (TEPP)

DESCRIPTION OF PROCEDURE

Under general the patient was placed in the supine position. Betadine lavage to abdomen and genitalia and draped in the usual fashion. A 10 mm subumbilical incision was made and a port inserted into the extra peritoneal space. This area was insufflated with 15 ml of mercury CO2 insufflation. 2 further 5 mm ports were inserted in the suprapubic region. An indirect inguinal hernia was noted. The vas and vessels were dissected free from this hernia however we were unable to fully reduce the hernial sac and as such the sac was ligated and a Vypro II mesh was tacked using absorbable tacks to the fasica overlying the pubic tubercle. It laid flat and the space deflated with gas under direct vision.

The rectus sheath fascia was closed with 2/0 PDS suture and 2/0 Vicryl Rapide subcuticular to skin and 1 ml of 0.5% Bupivacaine was instilled around the region. A block inserted pre operatively. Mepore dressing.

Post operatively the patient can eat and drink, mobilise and home once passes urine. No follow up required.

KC/JML

DRAINS ..... PACKS.....

SPECIAL INSTRUCTIONS TO WARD

Signature .....

JMcC/74602

NHS Ayrshire & Arran

Endoscopy Unit

Write or attach label

HC XH 261246
CH FITZPATRICK BRIAN
St WEST LODGE
STEVENSTON
Fc KA20 4JX
Ac 02/05/1956 RD
S DR.A DAS
STEVENSTON HEALTH CENTRE
Da STEVENSTON
CHI 0205563430

CONSENT FORM
COLONOSCOPY

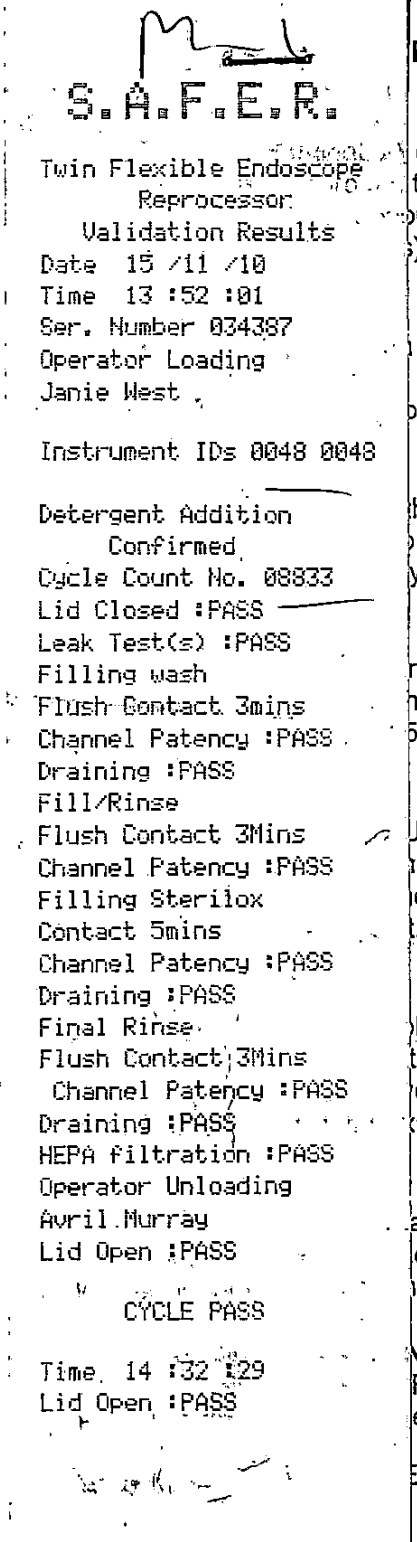
1. Please read this consent form and the information sheet overleaf very carefully, and fill in your details above.
2. If there is anything you don't understand about the colonoscopy, or if you want more information, please do not sign the consent form yet. You will be able to discuss any worries or questions with the Endoscopy staff.
3. If you have read all the information you have been given, and have no further questions, then please sign below.

I agree to have a **COLONOSCOPY OF THE LARGE BOWEL**

I understand

- that the colonoscopy will be carried out by a trained endoscopist, or a trainee endoscopist under the supervision of a trained endoscopist.
- that I can ask the endoscopist any questions and seek further information. Having signed the consent form, I can still refuse the test.
- that any procedure in addition to colonoscopy will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
- that sedation may be used for the examination.

Signature Brian Fitzpatrick **Date** 15.11.10



S.A.F.E.R.

Twin Flexible Endoscope
Reprocessor
Validation Results
Date 15 /11 /10
Time 13 :52 :01
Ser. Number 034387
Operator Loading
Janie West

Instrument IDs 0048 0048

Detergent Addition
Confirmed
Cycle Count No. 08833
Lid Closed :PASS
Leak Test(s) :PASS
Filling wash
Flush Contact 3mins
Channel Patency :PASS
Draining :PASS
Fill/Rinse
Flush Contact 3Mins
Channel Patency :PASS
Filling Sterilox
Contact 5mins
Channel Patency :PASS
Draining :PASS
Final Rinse
Flush Contact 3Mins
Channel Patency :PASS
Draining :PASS
HEPA filtration :PASS
Operator Unloading
Avril Murray
Lid Open :PASS

CYCLE PASS

Time 14 :32 :29
Lid Open :PASS

RMATION ABOUT COLONOSCOPY

of the lining of the large bowel (colon). A thin fl
the back passage and around the colon. Through tl
rmalities and samples can be taken painlessly for a
) can be removed.

must be completely free of waste material. You
examination and instructions to remain on clear flu
f water. Avoid taking iron tablets for 2 days before t

he test and answer any questions. Please tell them
ns or any allergies or bad reactions to drugs. You
glasses, dentures and contact lenses. You will
side and an injection will be given to make you sle
telescope through the back passage and adva it
ng and pressure from the inflated air. This is norm
hange your position during the examination, and will
5-60 minutes.

Unit until you have recovered and the effects of any
this normally takes 1-2 hours and you **must** a
e Endoscopy Unit and drive you home. You will not
. We suggest you rest quietly at home under adult s

lication, such as reactions to medication, perforatio
tions are very rare (less than one in 1000 examir
en an operation. The risks are slightly higher when
ample to remove polyps.

ation leaflet carefully you should fill in your de c
on you have been given, and have no further ques
g your consent for the examination.

N FOR DIABETIC PATIENTS

ROSSHOUSE HOSPITAL DIABETIC CLINIC shou
e Hospital, Tel 01563-577590.

ENERAL PRACTITIONER DIABETIC CLINIC should

S?

Please contact the Endoscopy Secretary, Tel 01563-521133 if you have any qu
examination. Should you have any problems after the examination when you go
contact your GP.

NHS Ayrshire & Arran, General Hospitals Division

COLONOSCOPY REPORT

Name: **Brian FITZPATRICK, 02/05/1956 (M)**
CHI No: **0205563430**
Case note no.: **261246**

Address: West Lodge
Stevenston
Ayrshire
KA20 4JX

Procedure date
15th November 2010

GP: Dr CJ Martin
Stevenston Health Centre
Main Street
Stevenston
Ayrshire

Status: Outpatient/NHS
Hospital: Crosshouse Hospital

Referring Cons: Dr A Shah
(Consultant Physician, Crosshouse)

Consultant/Endoscopist
Dr A S Taha
Nurses: S/N E Jardine
S/N D Murray

Instrument
48 XH Q260-DL- 2911135

Premedication
Hyosine (IV) 20 mg
Midazolam (IV) 4 mg
Pethidine (IV) 50 mg

Indications
Fresh rectal bleeding.

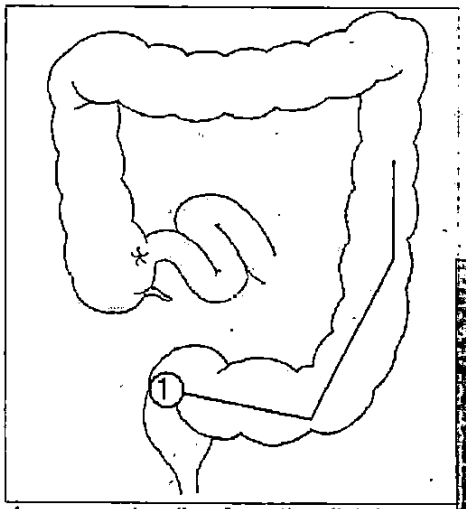
Report
Bowel preparation with two sachets of Picolax was good.

The colonoscope was inserted via the anus to the caecum, which was indentified by the ileocecal valve, transillumination and the tri-radiate caecal fold.
Diverticula: several with moderate narrowing/tortuosity of the diverticular segment at (1).
The rest of the examination to the limit of insertion was normal.

Diagnosis
Diverticulosis.

Follow up
Return to the referring doctor.

Dr A S Taha
Consultant Physician



1: *An area extending from the distal sigmoid to the proximal descending*

ENDOSCOPY SUITE

STA0137

Whymark
ENT

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Hairmyres - 01355 585000

Patient ID Number	*Patient Name*	*Date of Birth*	*Sex*	*Lab Number*
CHI No: 0205563430	**FITZPATRICK Brian**	**02/05/1956**	**M**	**4117676652**
NHSL No:				

Requesting clinician
NOT KNOWN

Requesting Location
Crosshouse Hosp Biochemistry

copy to Address

Clinical History

Results relate to blood unless otherwise specified

Biochemistry (Routine)

ACE	37	U/L	20	- 70

Comments: ACE inhibitors and corticosteroid therapy can reduce ACE activity. ACE activity may be low in hypothyroidism, starvation, covid-19 and other ARDS, cystic fibrosis and other lung disease.

24B715437

Dr S J Benzie
Speciality Doctor in ENT
4443849, Page ....
SSJ 18/11/24
- File copy
- letter done

Specimen Collected	*Specimen Receipt*	*Report Printed*	*Authorised*	*page 1/1*
21/11/24 12H43M	21/11/24 12H43M	26/11/24 07H29M	Auto	

[IMM1 Run: 606]

SOUTH GLASGOW HOSPITALS
IMMUNOLOGY REPORT
(Tel 0141 347 8872/0141 354 9337)

Surname	FITZPATRICK	Location:	Biochemistry
Forename:	Brian		Crosshouse Hospital
DOB/Age:	02.05.56 Sex: Male		Kilmarnock
CHI/Unit No:	0205563430		Ayrshire & Arran H.B.
Address:		Requestor:	I Cochrane
Diagnosis:		Ext Labno:	24b765919
Details:			

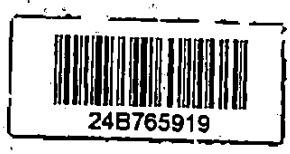
Whymark ENT

Lab No: B,24.3683719.Y
Collected: 19.11.24 Received: 21.11.24 15:27
Authorised: 22.11.24 Authorised by: Nadia Shahid IMM

MYELOPEROXIDASE (MPO) / PROTEINASE 3 (PR3) ANTIBODIES (sensitive)

MPO Ab (s)	0.3	IU/ml	(<3.5)
PR3 Ab (s)	<0.2	IU/ml	(<2.0)

Comments:



Dr S J Benzie
Speciality Doctor in E
4443849, Page ....

SJB 18/12/24
- File plane
- letter done

Date reported: 22.11.24

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Monklands - 01236 748748

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0205563430	FITZPATRICK Brian	02/05/1956	M	3039167414
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
David Watt	qFIT-Ayr	

Clinical History

Results relate to blood unless otherwise specified

Special Biochemistry

Faecal haemoglobin FIT	<7.0	ugHb/g	0.0 - 9.9

20-MAR-2023

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
07/03/23 11H33M	14/03/23 11H33M	15/03/23 15H41M	Auto	

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories
Monklands - 01236 748748

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 0205563430	FITZPATRICK Brian	02/05/1956	M	3019153215
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
NOT KNOWN	qFIT-Ayr	

Clinical History

Results relate to blood unless otherwise specified

Special Biochemistry					
Faecal haemoglobin FIT	H	24.5	ugHb/g	0.0 -	9.9

08 FEB 2023

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 1/1
31/01/23 14H33M	02/02/23 14H33M	02/02/23 15H48M	Auto	

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Fitzpatrick
Forename	Brian
CHI	0205563430
Date of birth	1956-05-02
Sex	Male
Address	92 CALEDONIAN ROAD STEVENSTON AYRSHIRE KA203LF

Specimen Details

Specimen Processed Date	11-11-2021 12:25
Test Start Date	10-11-2021 14:11
Test End Date	10-11-2021 14:12
GP Practice	81012
Specimen Number	AAN00366962
Administration Method	health_care_professional

End of Report

Report Date: 11/11/2021

AYRSHIRE & ARRAN HEALTH BOARD

STA0246

MICROBIOLOGY

14 13 12 11 10 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE 9 8 7 6 5 4 3 2 1

AYRSHIRE AND ARRAN HEALTH BOARD
LABORATORY REQUEST - REPORT

UB

904562 LAB. NO.

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

Physician/Surgeon
MR SOOD

Hospital/Postal Address
CROSSHOUSE

LAB/14

REPORT

E9 APR 19

V D R L Slide Test	NEGATIVE
T P H A	NEGATIVE

✓ FU

BACTERIOLOGY | Date Taken 4/4/91 | Time Taken a.m. p.m. | Specimen VB | VDRL

Please write clearly using ballpoint pen

AML Q06 2

CT Head

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	04-May-2026 14:17	**Order Number**	AA15170232301
Ordering Provider	Ferguson (Loc Townhead)	**Status**	Final

General

Final

: Patient Name: Brian, Fitzpatrick
: Patient Address: 41 Alexander MacMillan Way, KA11 4DS
: DOB: 02/05/1956
: Patient ID: 0205563430
: Accession Number: AA15170232301
: Referring Cons: Rachael Ferguson (Loc Townhead)
: Referring Dept: GP
: Visit Type: GP
: Site: University Hospital Crosshouse

: 51702323 04/05/2026 CT Head

: Clinical Indications
: 69 year old male with new onset headaches last few months, worsening in nature. throbbing pain, can be various locations throughout head. no visual change/weight loss/vomiting. wears glasses eye tests UTD. ?cause ?ensure no SOL/structural cause

: Report
: Non-enhanced acquisition through the brain. Comparison made with the previous CT examination of 11/01/2023.

: Unremarkable brain parenchyma with no space-occupying lesion or other focal abnormality. The ventricular system is of normal size and configuration. The basal cisterns are patent and the craniocervical junction is within normal limits.

: No significant bony abnormality. Secretions/mucosal thickening within the left sphenoid sinus.

: Conclusion: No cause identified for patient's symptoms.

: Maguire, J (Cons Radiologist 7072439)

: Reported by: Dr John Maguire (Radiologist)
Reported By: John Maguire
Released By: John Maguire

XR Knee both

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	22-Aug-2023 09:45	**Order Number**	AA15074278501
Ordering Provider	Pitt (GP Locum)	**Status**	Final

General

Final

: Patient Name: Brian, Fitzpatrick
: Patient Address: 92 Caledonian Road, KA203LF
: DOB: 02/05/1956
: Patient ID: 0205563430
: Accession Number: AA15074278501
: Referring Cons: Andrew Pitt (AyrMed Locum)
: Referring Dept: GP
: Site: Ayrshire Central Hospital (Irvine)

: 50742785 22/08/2023 XR Knee both
: _

: Clinical Indications
: Recently patient been complaining of worsening pain to both knees, on meloxicam and tramadol for chronic back pain which is not helping the knees, pain wakening him up at 1am, knees can give way when going down steps.O/E bilateral crepitis,no swelling - clickong sound heard on extension. OA?

: Report

: Both knees:

: Comparison is made with image dated 14/12/2009.

: No significant bone or joint abnormality is identified.

: Murrells, V(Rep.Radiographer RA34400)

: Reported by: Vicki Murrells (Reporting Radiographer)
Reported By:Vicki Murrells
Released By:Vicki Murrells

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	11-Jan-2023 13:57	**Order Number**	AA15051441001
Ordering Provider	Dr Natalie Rennie	**Status**	Final

General

Final

: Patient Name: Brian, Fitzpatrick
: Patient Address: 92 Caledonian Road, KA20 3LF
: DOB: 02/05/1956
: Patient ID: 0205563430
: Accession Number: AA15051441001
: Referring Cons: Natalie Rennie (Cons)
: Referring Dept: XH Ward 3E (OP)
: Site: University Hospital Crosshouse

: 50514410 11/01/2023 CT Head
: _

: Clinical Indications
: TIA referral with 2 episodes of word finding difficulties. BP raised.

: CTB ?Bleed ?Ischaemia
: ECG ?sr ?af
: C Doppler ?ICA stenosis

: Report Unenhanced examination.

: The brain parenchyma appears normal.

: No haemorrhage, infarct or space occupying lesion is evident.

: The ventricular system and basal cisterns appear patent.

: Unremarkable skull bones.

: Sarker, B (Cons Radiologist 6128563)

: Reported by: Dr Bappa Sarkar (Radiologist)
Reported By:Bappa Sarkar
Released By:Bappa Sarkar

General

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	01-May-2020 12:55	**Order Number**	AAA3832486801
Ordering Provider	Turbet	**Status**	Final

General Final

:
: 01 May 2020, 12:55:00
: 01 May 2020, 13:00:00
:
: RADIOLOGY REPORT
: CHI NUMBER: 0205563430 Examination Number: 38324868 Examination Date: 01/05/2020
: Name: Fitzpatrick, Brian DOB: 02/05/1956
: Address: 88 Caledonian Road, , Stevenston, KA203LF -- CC: -
: Referring Department / Location: Poddar.Ravi (Loc GP)
: Ayrshire Medical Group
: The Health Centre
: 20 Main Street
: Stevenston
: KA20 3AB
: Referring Consultant: GP Requestor Clinical Specialty: General Practice
: Date Dictated: 05/05/2020 Typed by: None
: Examination: XR Chest
:
: Clinical Indication
:
: exertional sob for 2months. hs normal. chest clear cxr to exclude pulm oedema/ccf
:
:
: Report:
: PA erect projection. No previous chest radiograph for comparison.
: Cardiomediastinal contours are within normal limits. Lungs appear clear. No pleural fluid.
:
:
: Dictating Radiologist / Clinical Specialist Monaghan.Ashley (Radiology Reg)
:
: Signed by: Monaghan.Ashley (Radiology Reg)
: Verified by: Turbet, Catriona (Cons Rad)
Reported By: Catriona (Cons Rad) Turbet
Released By: Catriona (Cons Rad) Turbet
Released On: 07/05/2020 10:35

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	17-Mar-2020 11:06	**Order Number**	AA13826826601
Ordering Provider	Mr C McMahon	**Status**	Final

MR Final

:
: 17 March 2020, 11:06:00
: 19 March 2020, 10:05:00
: RADIOLOGY REPORT
: CHI NUMBER: 0205563430 Examination Number: 38268266 Examination Date: 17/03/2020
: Name: Fitzpatrick, Brian DOB: 02/05/1956
: Address: 88 Caledonian Road, Stevenston, Ayrshire, KA20 3LF -- CC: -
: Referring Department / Location: Orthopaedic Out Patients
: Crosshouse Hospital
: Crosshouse
: Kilmarnock
: Ayrshire
: KA2 0BE
: Referring Consultant: Colin McMahon (ES Physio) Clinical Specialty: Physiotherapists
: Examination performed, reported and typed at Golden Jubilee National Hospital
: Copied by Lynsey Kerr
: Examination: MRI Spine Whole
:
: Clinical Indication
:
: 63 years. Retired 3 weeks ago. 5 years ago very fit. Now full spinal pain and reduced mobility and hand dexterity. Left hand pareasthesia and previous failed carpal tunnel decompression surgery. Legs go like "jelly". Possible increased tone both feet and upgoing right plantar response. MRI full spine please. ? cord myelopathy. ? nerve root impingment cervical and or lumbar spine
:
: Report:
:
: MRI Spine Whole
:
: There are degenerative changes within the spine.
:
: There is no compression of the cord or significant nerve root compression in the cervical or
: thoracic regions.
:
: There is slight anterior offset of L4 on L5. At L4/L5 there is a small disc/pseudo disc bulge.
: There is no compression of cauda equina or the nerve roots at this level or in the rest of the
: lumbar spine.
:
: There is no abnormality within the cord.
:
: There is an oval structure of high signal intensity on the T2-weighted scan at the left
: costophrenic angle (T9-T10). This could be retroperitoneal fat which is extending superiorly.
:
: This examination was tailored for the spine and to exclude any other abnormality a CT chest
: would be helpful, if clinically indicated.
:
:

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	17-Mar-2020 11:06	**Order Number**	AA13826826601
Ordering Provider	Mr C McMahon	**Status**	Final

:
: Verified by:
: Celestine Santosh
: (Consultant Neuroradiologist)
: GMC3597912
: Reported Created: 18/03/2020 20:36:46
:
: Golden Jubilee National Hospital
: Name:Fitzpatrick, Brian Date of Birth: 02/05/1956
: CHI Number:0205563430
:
: Dictating Radiologist / Clinical Specialist Con Radiologist GJNH
:
: Verified by: Davidson, Laura (Admin)
Reported By: Con Radiologist GJNH
Released By: Laura (Admin) Davidson
Released On: 19/03/2020 15:44

General

Patient ID	0205563430:OHCP	**Patient Name**	FITZPATRICK, Brian
Sex	Male	**Date Of Birth**	02-May-1956
Performed	29-Sep-2015 09:19	**Order Number**	AA13366112101
Ordering Provider	Dr D Rawlings (Consultant)	**Status**	Final

General Final

:
: 29 September 2015, 09:19:00
: 29 September 2015, 09:38:00
:
: RADIOLOGY REPORT
: CHI NUMBER: 0205563430 Examination Number: 33661121 Examination Date: 29/09/2015
: Name: Fitzpatrick, Brian DOB: 02/05/1956
: Address: West Lodge, Stevenston, Ayrshire, KA20 4JX -- CC: -
: Referring Department / Location: CONVERY CORMAC
: THREE TOWNS MEDICAL PRACTICE
: 20 MAIN STREET
: STEVENSTON
: AYRSHIRE
: KA20 3AB
: Referring Consultant: GP Requestor
: Date Dictated: 29/09/2015 Typed by: None
: Examination: XR Thoracolumbar Spine
:
: Clinical Indication
:
: Lower back pain persisting. Bony tenderness
:
:
: Report:
: Thoracic spine.
: Normal alignment.
: No evidence of vertebral collapse.
: Pedicles remain intact.
:
: Lumbar spine
: There is a transitional lumbosacral vertebra. Alignment otherwise preserved.
: Prominent degenerative changes at what is presumed to represent T12-L1 with disc narrowing and prominent anterior osteophytosis.
: No evidence of vertebral collapse and no sinister features.
: Normal SI joints
:
:
: Dictating Radiologist / Clinical Specialist Dr D Rawlings (Consultant)
:
: Verified by: Dr D Rawlings (Consultant)
Reported By: Dr D Rawlings (Consultant)
Released By: Dr D Rawlings (Consultant)
Released On: 01/10/2015 14:03

AYRSHIRE & ARRAN HEALTH BOARD

STA0169

RADIOLOGY

14 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

13 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

12 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

11 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

10 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

9 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

8 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

7 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

6 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

5 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

4 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

3 PEEL AWAY STRIP & PLACE TOP EDGE OF REPORT ALONG LINE ABOVE

X-RAY REPORT

93/085222 CROSSHOUSE HOSPITAL
FITZPATRICK BRIAN 02 MAY 1956 M ENT
4 CASTLEHILL RD 261246 ENT
STEVENSTON R96/78045PHRAL Mr. Sood R.K.

PARANASAL SINUSES (20 DEC 1996) Radiological Department

BRIAN FITZPATRICK Date 4.4.97 X-Ray No 1771/91

No abnormality demonstrated.

CASTLEHILL ROAD STEVENSTON Unit No. 261215 Ward or Clinic ENT

HR SOOD Examination SINUSES

REPORT JS:AK 5.4.97 X-Ray No. 1771/91.

Noted
file
Please

[illegible] AIR CLEAR
BUT THERE IS A LITTLE SOFT
TISSUE OPACITY IN THE NASAL
CAVITY.

Dr.G.McLAUCHLAN/ECOM Typed - 20 DEC 96 Xray-93/085222
Examined : [illegible] A&E-
20 DEC 1996 10:19 RADIOL 11:10 20 DEC 96 11:50

DEPARTMENT OF RADIOLOGY

DEPARTMENT OF RADIOLOGY

AYRSHIRE CENTRAL HOSPITAL, IRVINE

Films from Radiological Department

Patient's Name BRIAN FITZPATRICK Date 4.4.91 X-Ray No. 1771/91

Address 4 CASTLEHILL ROAD STEVENSTON Unit No. 261246 Ward or Clinic ENT

Referred by MR SOOD Examination SINUSES

REPORT JS.AK 5.4.91 X-Ray No. 1771/91

THE SINUSES ARE CLEAR
BUT THERE IS A LITTLE SOFT
TISSUE SWELLING IN THE NASAL
CAVITIES

J SMITH
CONSULTANT RADIOLOGIST

File
24>

NHS Ayrshire & Arran

NHS Ayrshire and Arran
Clinical Physiology Dept
Crosshouse Hospital: 01563 827200
Ayr Hospital: 01292 617297

0205563430
Fitzpatrick, Brian
02/05/1956
Printed 08/08/2023 13:56:844

Patient Details

Name	Fitzpatrick, Brian	Rec. start	31/07/2023 14:45:10
ID	0205563430	Length	71:32:40 valid: 69:56:41
Age	67 Date of birth: 02/05/1956	Recorder	AR[p] (8933/1.0 / 3.0)
Gender	male	Ref.Doc.	Dr Rennie

Reason f. rec ?pAF (OP)

General

Beats	353023
V beats	1717 (0.49%)
Normal beats	351306 (99.51%)
Paced beats	0 (0.00%)
BBB	0 (0.00%)
Junctional	0 (0.00%)
A Fib	0
A Flutter	0
Artefacts%	2.24%

Heart rate and HRV

Min. HR / maxRR	56 bpm @ d2 10:40:59 / 6323.1 ms
Max. HR / minRR	148 bpm @ d2 20:29:44 / 169.6 ms
Min. SinHR /maxNN	40.3 bpm / 6323.1 ms
Avg HR	84 bpm
Avg HR Day	86 bpm
Avg HR Night	79 bpm
Beats in Tachy	0 (110 bpm) 0%
Beats in Brady	0 (45 bpm) 0%
Longest R-R	— sec @ —
Longest QTc	— sec / QTc: — msec @ —

Ventricular Events

V ectopic beats	1621
Couplets	Mono: 0 Poly: 0
Triplets	0
Isolated V	0
Bigeminy	19
Trigeminy	7
VT	0
Longest VT	
Non-sustained VT	0
Salvo	0
Idioventricular Rhythm	0

Supraventricular Events

R-R>2secs	0
SV Couplet	2
SV Triplet	3
PSVT	0
Irreg. Rhythm	0
SVES	592 (0.17%)
Non-SVES	350701 (99.83%)

Diagnosis

71hrs 32min poor quality recording

Sinus rhythm (56-148bpm)
Frequent VE's including bi/trigeminy
Rare SVE's including pairs and triplets

Diary returned: Patient reported back pain, feeling dizzy and 'pain was bad'. Symptoms correlate with sinus rhythm

Reported by L Porter on 8/823

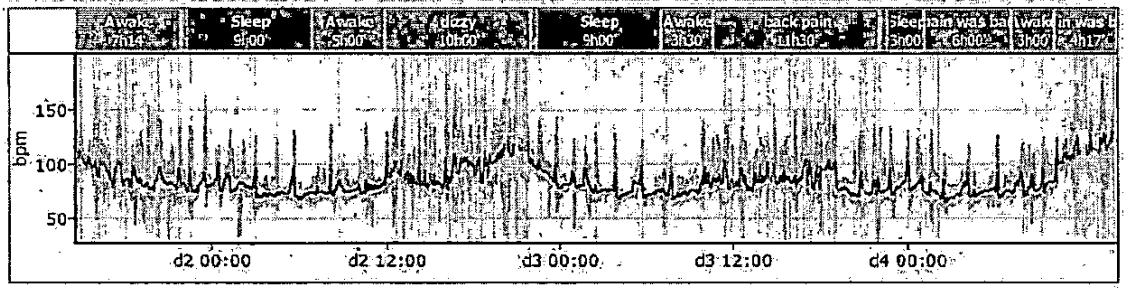
10/8/23

NHS Ayrshire & Arran

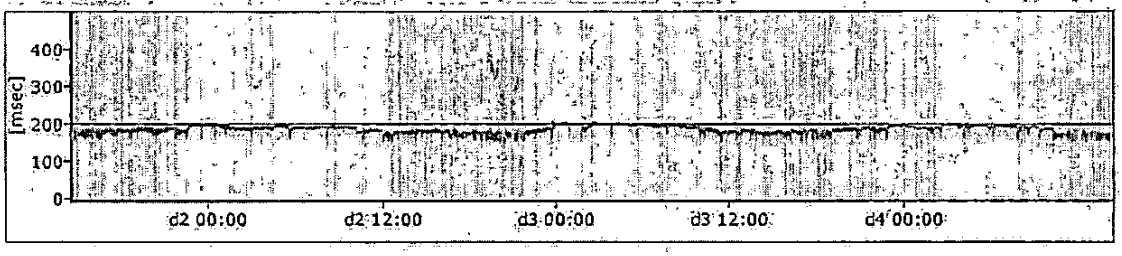
ID: 0205563430
Name: Fitzpatrick,Brian

Heart Rate Trend

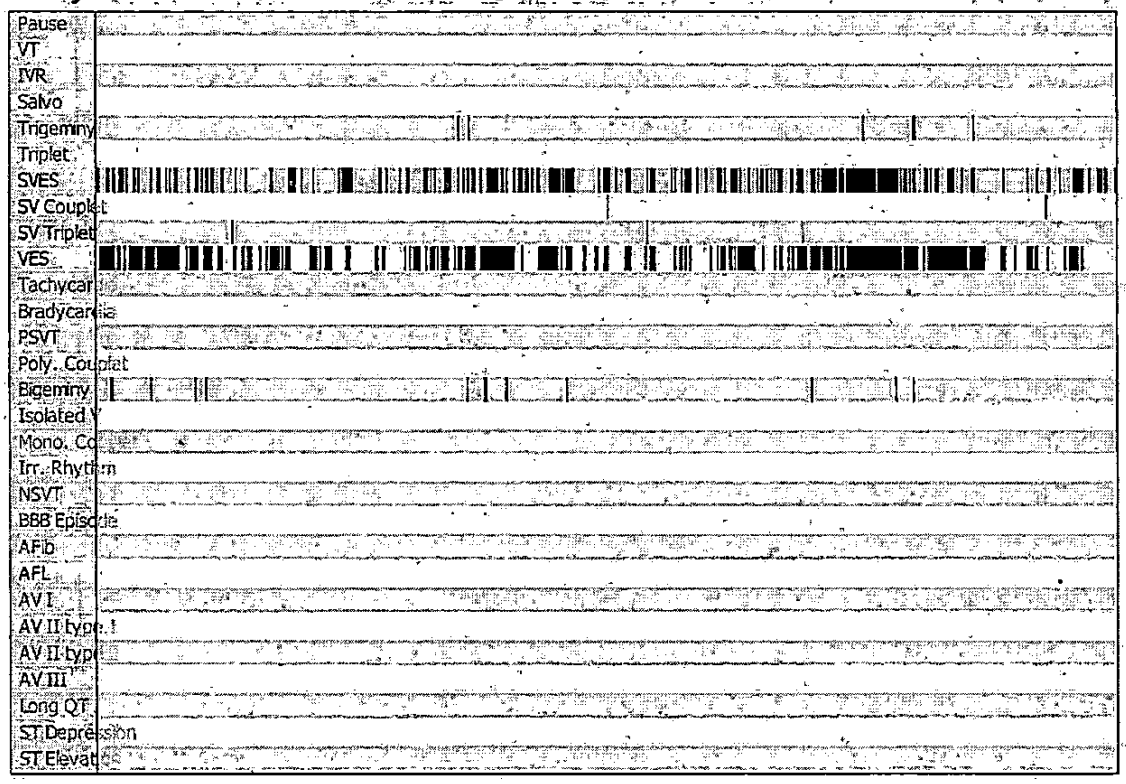
max HR: 148bpm @ d2 20:29:44



PR Trend



Arrhythmia Trend

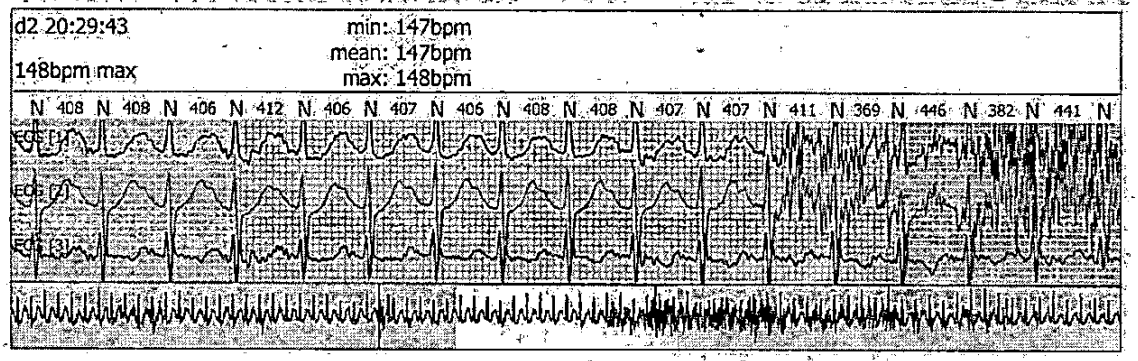


NHS Ayrshire & Arran

ID: 0205563430
Name: Fitzpatrick,Brian

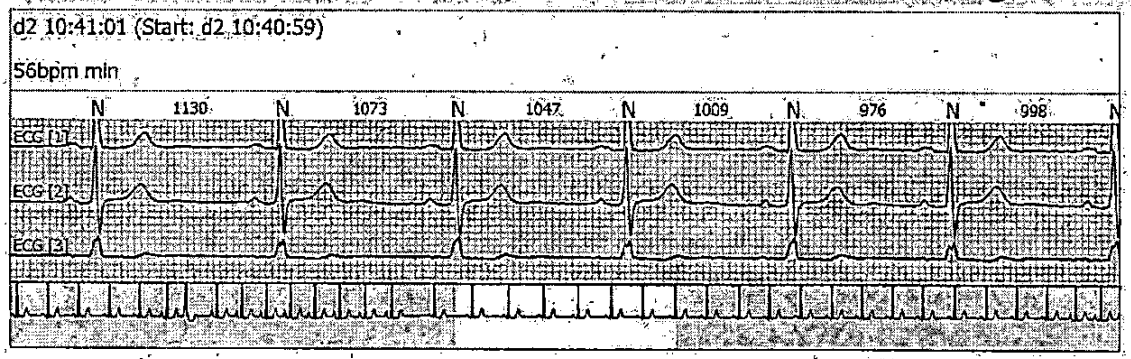
Maximum Heart Rate [25 mm/sec 10 mm/mV]

max HR: 148bpm @ d2 20:29:44



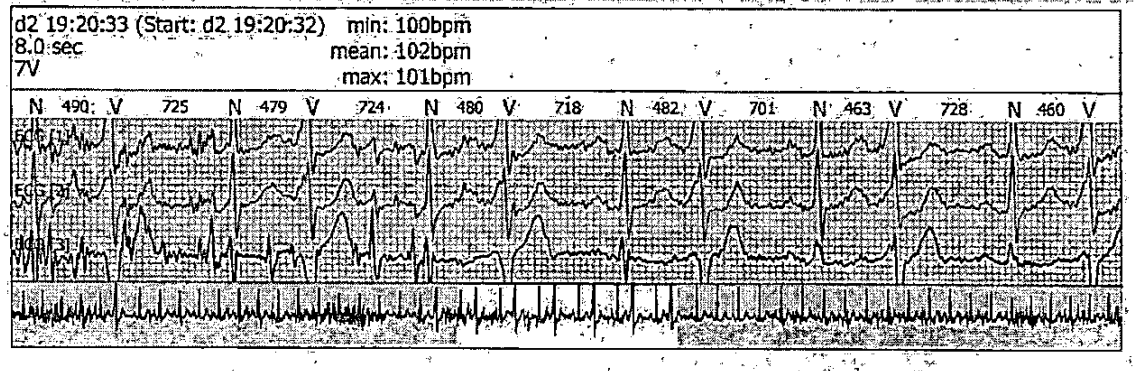
Minimum Heart Rate [25 mm/sec 10 mm/mV]

min HR: 56bpm @ d2 10:40:59



Bigeminy [25 mm/sec 10 mm/mV]

Quantity: 19

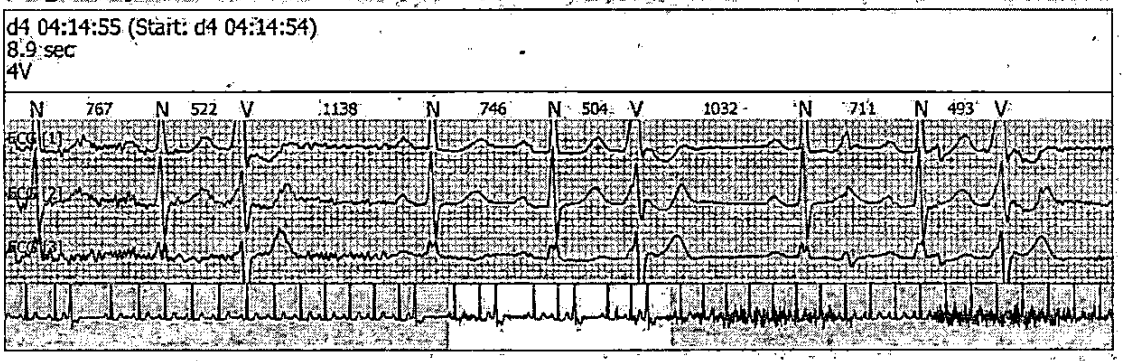


NHS Ayrshire & Arran

ID: 0205563430
Name: Fitzpatrick,Brian

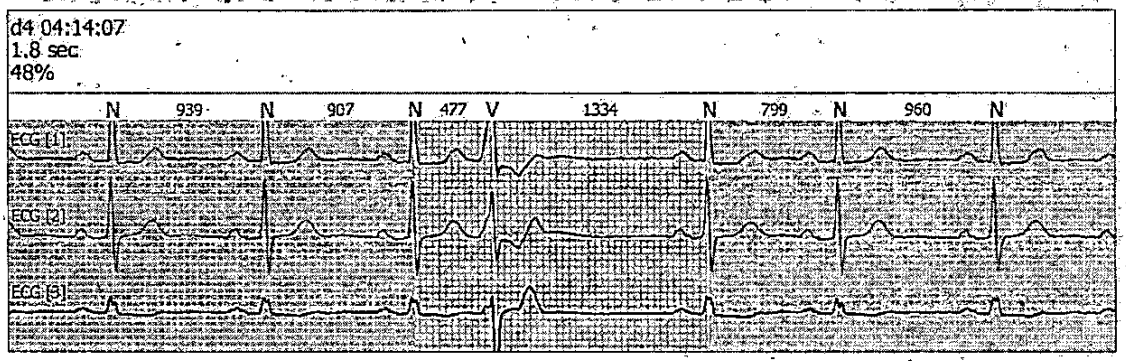
Trigeminy [25 mm/sec 10 mm/mV]

Quantity: 7



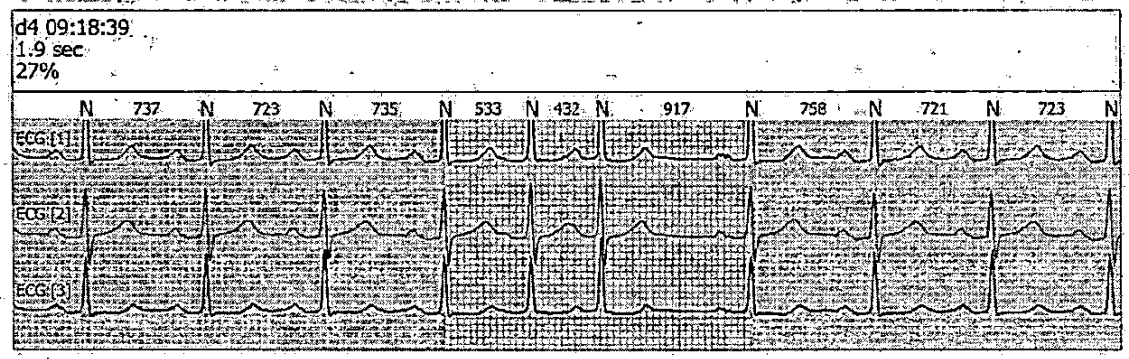
Ventricular Ectopic Beat [25 mm/sec 10 mm/mV]

Quantity (15%): 1621

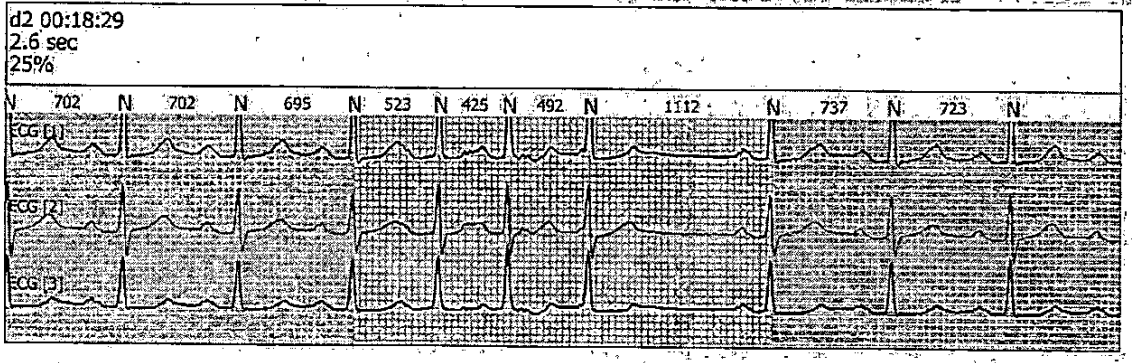


SV Couplet [25 mm/sec 10 mm/mV]

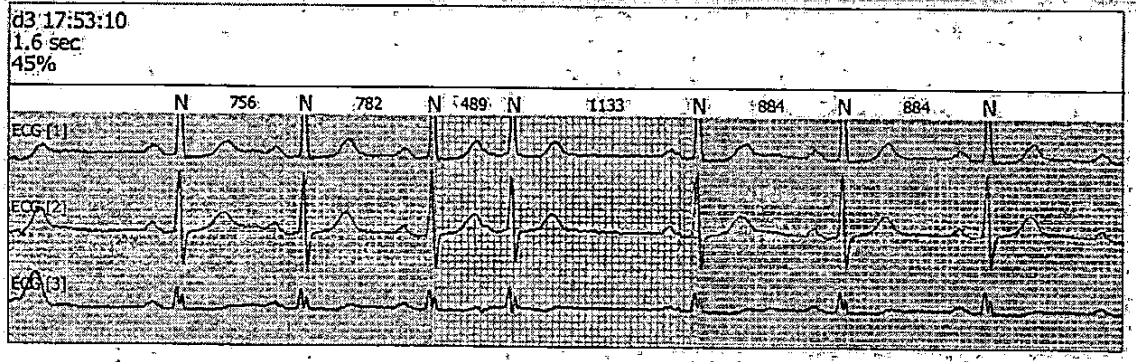
Quantity: 2



SV Triplet [25 mm/sec 10 mm/mV] Quantity: 3



Supraventricular Ectopic Beat [25 mm/sec 10 mm/mV] Quantity (25%): 592

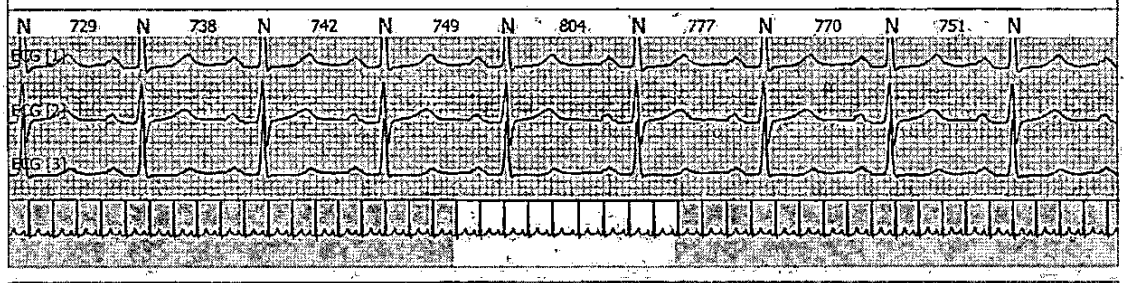


NHS Ayrshire & Arran

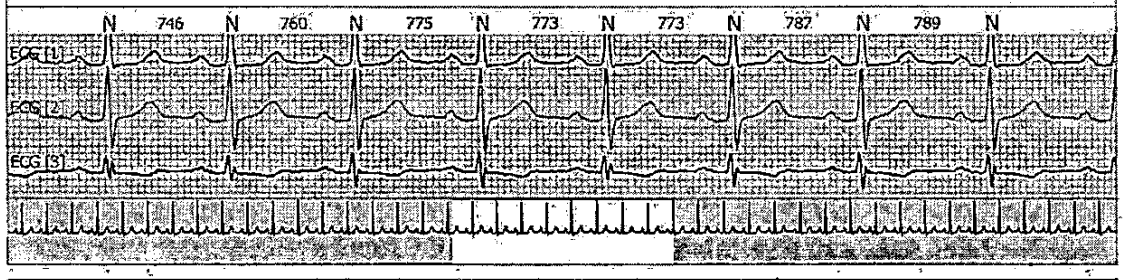
ID: 0205563430
Name: Fitzpatrick,Brian

Patient/User Events [25 mm/sec, 10 mm/mV] Quantity: 4

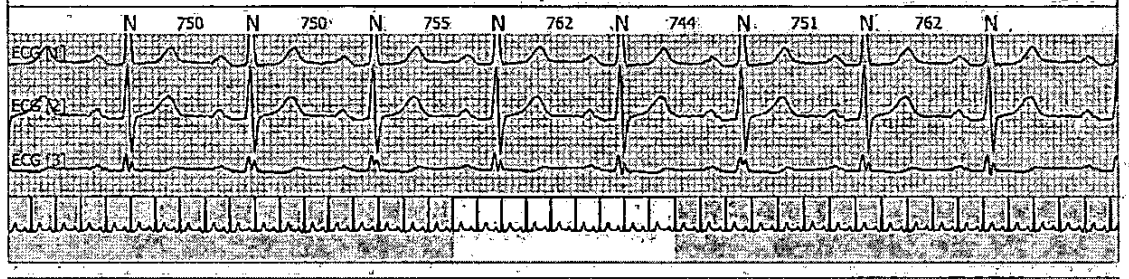
d2 12:00:11 (Start: d2 12:00) dizzy
30.0 sec



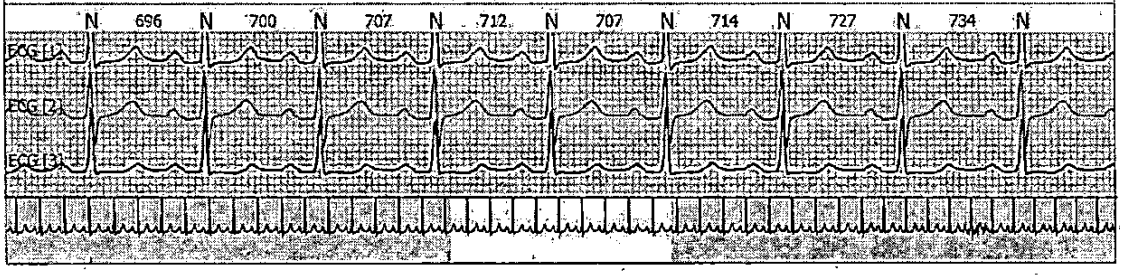
d3 10:30:11 (Start: d3 10:30) back pain
30.0 sec.



d4 01:00:11 (Start: d4 01:00) pain was bad
30.0 sec



d4 10:00:11 (Start: d4 10:00) pain was bad
30.0 sec



NHS Ayrshire & Arran

ID: 0205563430
Name: Fitzpatrick,Brian

Ventricular Events

Time	Min HR	Mean HR	Max HR	Bigeminy	Trigeminy	VES
Entire rec.	56	84	148	19	7	1621
Night	56	79	130	6	2	507
Day	40	86	148	13	5	1114
d1 14:45	97	108	125			
d1 15:00	86	100	115	2		28
d1 16:00	81	95	129			5
d1 17:00	71	89	110			33
d1 18:00	73	86	111	1		28
d1 19:00	71	81	109			34
d1 20:00	72	86	117			27
d1 21:00	68	82	112	1		35
d1 22:00	61	79	106	1		24
d1 23:00	73	83	130			15
d2 00:00	73	84	115			11
d2 01:00	<56>	81	107			8
d2 02:00	66	80	108			5
d2 03:00	61	72	103			44
d2 04:00	63	72	89			10
d2 05:00	62	78	110			17
d2 06:00	61	72	87			22
d2 07:00	64	74	97			10
d2 08:00	64	78	112			16
d2 09:00	67	75	94			
d2 10:00	56	77	122			5
d2 11:00	59	80	99			
d2 12:00	79	95	128			2
d2 13:00	75	89	113			20
d2 14:00	72	84	123			14
d2 15:00	66	83	113			14
d2 16:00	70	90	144	2	2	35
d2 17:00	83	101	127	3		40
d2 18:00	78	96	125	1		57
d2 19:00	82	102	118	2		58
d2 20:00	72	115	148			2
d2 21:00	93	112	132			8
d2 22:00	88	97	119			85
d2 23:00	61	88	119	1		34
d3 00:00	60	82	118			11
d3 01:00	75	83	115			6
d3 02:00	70	77	105			7
d3 03:00	67	77	111			4
d3 04:00	65	72	87			4
d3 05:00	63	80	114			20
d3 06:00	66	73	86			
d3 07:00	64	75	106			9
d3 08:00	64	72	89			3
d3 09:00	64	77	114			2
d3 10:00	73	85	104			9
d3 11:00	68	85	121			19
d3 12:00	72	84	110			20
d3 13:00	72	82	116			1
d3 14:00	73	89	121			5
d3 15:00	77	86	121			18
d3 16:00	62	87	126	1		20
d3 17:00	67	87	120			35
d3 18:00	60	97	120			10
d3 19:00	72	79	131			28

NHS Ayrshire & Arran

ID: 0205563430
Name: Fitzpatrick,Brian

Time	Min HR	Mean HR	Max HR	Bigeminy	Trigeminy	VES
d3 20:00	65	75	108		1	60
d3 21:00	<40>	75	106			90
d3 22:00	62	78	113	1		100
d3 23:00	60	79	92			52
d4 00:00	65	82	126	3	2	28
d4 01:00	61	75	110			70
d4 02:00	59	70	107			80
d4 03:00	65	74	92			43
d4 04:00	63	76	117		2	60
d4 05:00	69	75	91			
d4 06:00	65	75	113			9
d4 07:00	66	81	117			4
d4 08:00	64	77	100			15
d4 09:00	60	81	125			2
d4 10:00	80	98	124			1
d4 11:00	93	110	148			30
d4 12:00	97	115	137			
d4 13:00	90	118	143			
d4 14:00	117	125	145			

Supraventricular Events

max HR: 148bpm @ d2 20:29:44

Time	Min HR	Mean HR	Max HR	SVES	SV Couplet	SV Triplet	N SVES	total N	total V	User	Validity [%]	Total beats
Entire rec.	56	84	148	592	2	3	350702	351306	1717	4	98	353023
Night	56	79	130	201	1	2	99325	99533	538		100	100071
Day	40	86	148	391	1	1	251377	251773	1179	4	97	252952
d1 14:45	97	108	125	7			1309	1316			82	1316
d1 15:00	86	100	115	5			5759	5764	34		96	5798
d1 16:00	81	95	129	7			5647	5654	5		99	5659
d1 17:00	71	89	110	4			5197	5201	33		98	5234
d1 18:00	73	86	111	1			5131	5132	31		100	5163
d1 19:00	71	81	109	5			4733	4738	34		99	4772
d1 20:00	72	86	117	6			5059	5065	27		99	5092
d1 21:00	68	82	112	4			4867	4871	38		100	4909
d1 22:00	61	79	106	25			4673	4698	28		100	4726
d1 23:00	73	83	130	5			4946	4951	15		100	4966
d2 00:00	73	84	115	3		1	5026	5032	11		100	5043
d2 01:00	<56>	81	107	1			4850	4851	8		100	4859
d2 02:00	66	80	108	1			4819	4820	5		100	4825
d2 03:00	61	72	103	3			4266	4269	44		100	4313
d2 04:00	63	72	89	5			4302	4307	10		100	4317
d2 05:00	62	78	110	2			4628	4630	17		100	4647
d2 06:00	61	72	87				4266	4266	22		100	4288
d2 07:00	64	74	97	2			4423	4425	10		100	4435
d2 08:00	64	78	112	10			4641	4651	16		100	4667
d2 09:00	67	75	94				4515	4515			100	4515
d2 10:00	56	77	122	5			4640	4645	5		100	4650
d2 11:00	59	80	99	2			4802	4804			100	4804
d2 12:00	79	95	128	5			5677	5682	2		100	5684
d2 13:00	75	89	113	8			5250	5258	20		99	5278
d2 14:00	72	84	123	2			4976	4978	14		99	4992
d2 15:00	66	83	113	6			4916	4922	14		99	4936
d2 16:00	70	90	144	11			5259	5270	48		98	5318
d2 17:00	83	101	127	7			5857	5864	53		98	5917
d2 18:00	78	96	125	14			5456	5470	61		97	5531
d2 19:00	82	102	118	7			6010	6017	68		100	6085
d2 20:00	72	115	148	19			5604	5623	2		85	5625
d2 21:00	93	112	132	6			4411	4417	8		66	4425
d2 22:00	88	97	119	20			5708	5728	85		100	5813
d2 23:00	61	88	119	24			5248	5272	38		100	5310
d3 00:00	60	82	118	7			4908	4915	11		100	4926
d3 01:00	75	83	115				4944	4944	6		100	4950
d3 02:00	70	77	105	20	1		4584	4606	7		100	4613
d3 03:00	67	77	111	9			4619	4628	4		100	4632
d3 04:00	65	72	87	13			4273	4286	4		100	4290

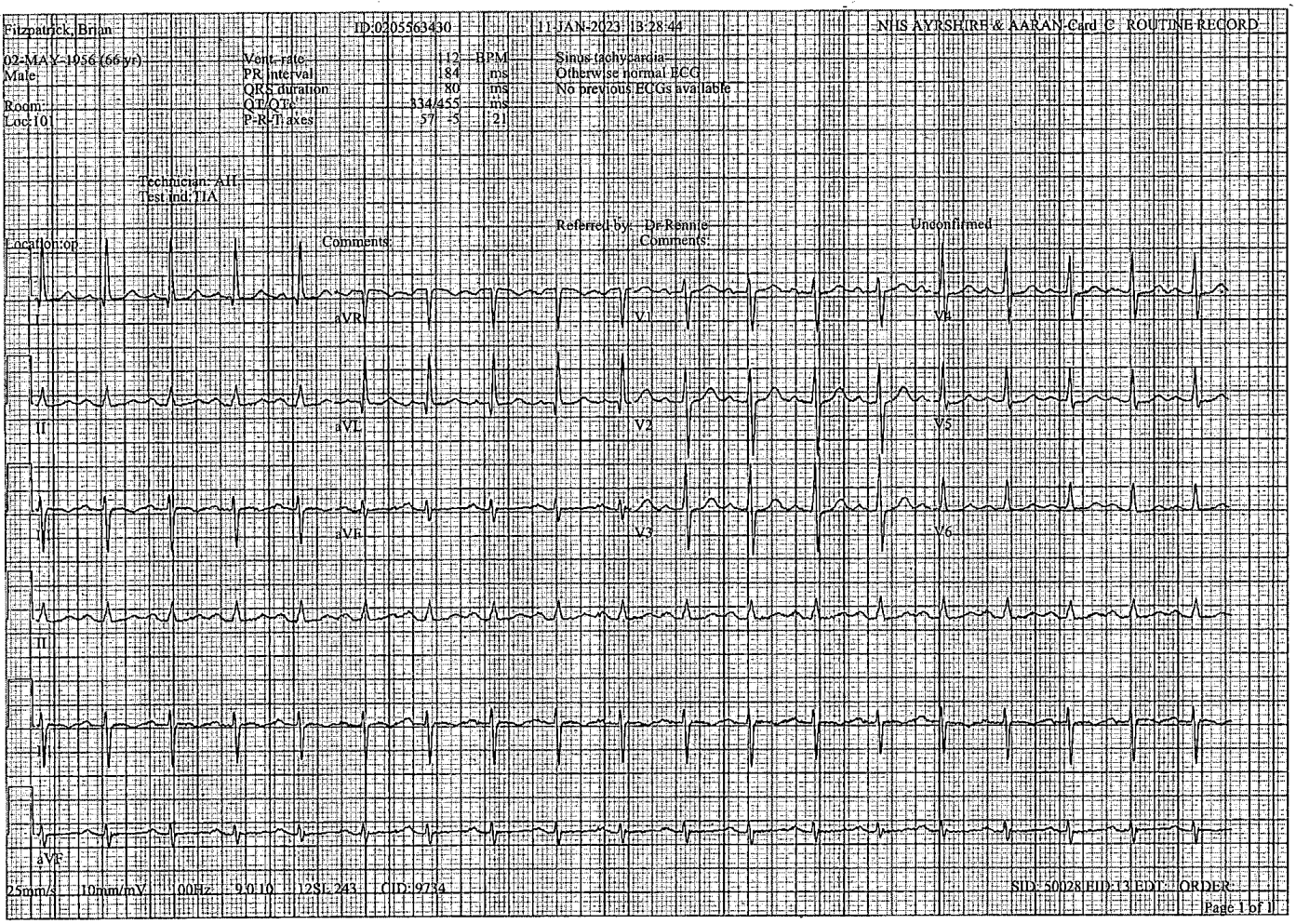
NHS Ayrshire & Arran

ID: 0205563430
Name: Fitzpatrick,Brian

Time	Min HR	Mean HR	Max HR	SVES	SV Couplet	SV Triplet	N - SVES	total N	total V	User	Validity [%]	Total beats
d3 05:00	63	80	114	4		1	4762	4768	20		100	4788
d3 06:00	66	73	86				4391	4391			100	4391
d3 07:00	64	75	106	4			4484	4488	9		100	4497
d3 08:00	64	72	89	7			4298	4305	3		100	4308
d3 09:00	64	77	114	1			4642	4643	2		100	4645
d3 10:00	73	85	104	4			5091	5095	9		100	5104
d3 11:00	68	85	121	23			5068	5091	19		99	5110
d3 12:00	72	84	110	2			5023	5025	20		100	5045
d3 13:00	72	82	116	9			4943	4952	1		100	4953
d3 14:00	73	89	121	6			5245	5251	5		99	5256
d3 15:00	77	86	121	8			5147	5155	18		100	5173
d3 16:00	62	87	126	13		1	5157	5173	23		100	5196
d3 17:00	67	87	120	14			5102	5116	35		99	5151
d3 18:00	60	97	120	17			5628	5645	10		98	5655
d3 19:00	72	79	131	38			4658	4696	28		100	4724
d3 20:00	65	75	108	33			4390	4423	63		100	4486
d3 21:00	<40>	75	106	21			4356	4377	90		99	4467
d3 22:00	62	78	113	44			4559	4603	104		100	4707
d3 23:00	60	79	92	9			4696	4705	52		100	4757
d4 00:00	65	82	126	6			4857	4863	47		100	4910
d4 01:00	61	75	110	4			4417	4421	70		100	4491
d4 02:00	59	70	107	6			4137	4143	80		100	4223
d4 03:00	65	74	92	1			4368	4369	43		100	4412
d4 04:00	63	76	117	3			4435	4438	67		100	4505
d4 05:00	69	75	91				4511	4511			100	4511
d4 06:00	65	75	113	2			4463	4465	9		100	4474
d4 07:00	66	81	117	2			4849	4851	4		100	4855
d4 08:00	64	77	100	1			4612	4613	15		100	4628
d4 09:00	60	81	125	3	1		4837	4842	2		100	4844
d4 10:00	80	98	124	1			5657	5658	1		96	5659
d4 11:00	93	110	148	10			6315	6325	30		97	6355
d4 12:00	97	115	137	4			3414	3418			50	3418
d4 13:00	90	118	143	8			5776	5784			82	5784
d4 14:00	117	125	145	3			2215	2218			99	2218

Patient Diary

Time	Event	Condition	Comment
d1 14:45:10			Awake
d1 22:00	zZz		Sleep: d1 22:30
d2 07:00			Awake
d2 12:00			dizzy
d2 22:00	zZz		Sleep: d2 22:30
d3 07:00			Awake
d3 10:30			back pain
d3 22:00	zZz		Sleep: d3 22:30
d4 01:00			pain was bad
d4 07:00			Awake
d4 10:00			pain was bad


Fitzpatrick, Brian
ID:0205563430
11-JAN-2023 13:28:44
NHS AYRSHIRE & AARAN Card C ROUTINE RECORD
02-MAY-1956 (66 yr)
Male
Room:
Loc:10
Vent. rate 112 BPM
PR interval 84 ms
QRS duration 80 ms
QT/QTc 334/455 ms
P-R-T axes 57 5 21
Sinus tachycardia
Otherwise normal ECG
No previous ECGs available
Technician: AH
Test ind: TIA
Location:op
Comments:
Referred by: Dr Rennie
Comments:
Unconfirmed
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/s 10mm/mV 00Hz 9.0 10 12SL 243 CID: 9734
SID: 50028 EID: 13 EDT ORDER:
Page 1 of 1

Vascular report: Carotid

NHS Ayrshire & Arran

Name **Fitzpatrick, Brian**
Patient Id **0205563430**
Birthdate **02/05/1956**
Gender **Male**
BSA

Date **11/01/2023**
Tape
Sonographer **Laraine Hodge**
Referring Dr. **Dr Rennie**
Physician

2D

DICA

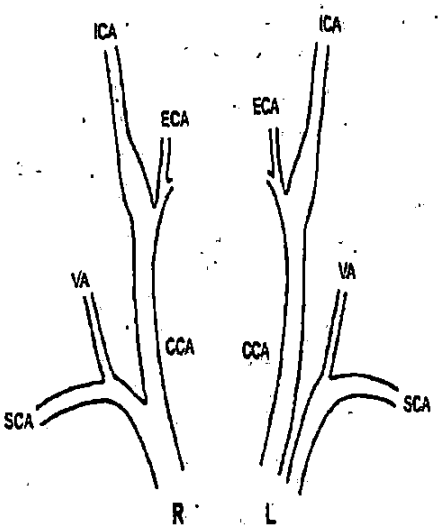
MICA

PICA

Rt Prox ICA PS	50.83 cm/s
Rt Prox ICA ED	18.20 cm/s

CCA

Rt Mid CCA PS	67.22 cm/s
Rt Mid CCA ED	14.93 cm/s



DICA

MICA

PICA

Lt Prox ICA PS	68.04 cm/s
Lt Prox ICA ED	27.84 cm/s

CCA

Lt Mid CCA PS	103.84 cm/s
Lt Mid CCA ED	40.00 cm/s

Report:

Right- Carotid bifurcation is clear. Doppler signals are within normal limits in CCA, ICA and ECA with no significant stenosis. Normal vertebral and subclavian flow.

Left- Minor smooth plaque along CCA. Carotid bifurcation is clear. Doppler signals are within normal limits in CCA, ICA and ECA with no significant stenosis. Normal vertebral and subclavian flow.

Summary:

No significant stenosis

Print Date: 11/01/2023

Date

.....
(physician)

FITZPATRICK, BRIAN ID: 0205563430 14-Feb-2011 9:58:38 CROSSHOUSE HOSPITAL

2-May-1956
Male Caucasian

Vent. rate 70 bpm
PR interval 178 ms
QRS duration 80 ms
QT/QTc 380/402 ms
P-R-T axes 54 12 -17

Normal sinus rhythm
Normal ECG

History: Unknown
Technician: PAU
Test ind:

Referred by: LEUNG

Unconfirmed

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

NEWS
National Early Warning Score

CHI: 0205563430
Fitzpatrick, Brian
88 Caledonian Road
Stevenston
KA20 3LF
02/05/1956
Dr Y Brodie
MRN: 0205563430

NHS Ayrshire & Arran

	Date	Ward
Admitted	18/6/18	DSU
Transferred		
Transferred		

Special Instructions - to be completed by Medical Team

A total NEWS score of _____ due to _____ or individual parameter range of _____
is acceptable for this patient because _____

_____

Please escalate if _____

_____

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

A total NEWS score of _____ due to _____ or individual parameter range of _____
is acceptable for this patient because _____

_____

Please escalate if _____

_____

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

See NEWS Actions Reference Tool for local escalation policy

News score	Frequency of monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations
Aggregate 1-4	Minimum 4 hourly	• Inform trained nurse • Trained Nurse assessment - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate
Aggregate 5 or more or any single red score	Increase frequency to a minimum of 1 hourly	• Trained Nurse assessment • Inform medical team caring for the patient and dual response • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately • Inform medical team caring for the patient - this should be at least senior medical staff level. If unable to attend promptly, escalate to consultant or Emergency Response Team. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. • Consider referral to high dependency or ITU.

Ward:		D																			Ward:
Date:		8/6/18																			Date:
Time:		12																			Time:
Resp. Rate Mark: •	35																				35
	30																				30
	25																				25
	20																				20
	16	•																			16
	12																				12
	8																				8
SpO_2 (enter value)	≥ 96	98																			≥ 96
	94 - 95																				94 - 95
	92 - 93																				92 - 93
	≤ 91																				≤ 91
Any sup'l O_2	enter value %																				%
	Room air	•																			Room air
Temp. Mark: x	39°																				39°
	38.5°																				38.5°
	38°																				38°
	37.5°																				37.5°
	37°																				37°
	36.5°	x																			36.5°
	36°																				36°
	35.5°																				35.5°
	35°																				35°
Pulse Mark •	170																				170
	160																				160
	150																				150
	140																				140
	130																				130
	120	•																			120
	110																				110
	100	•																			100
	90																				90
	80																				80
	70																				70
	60																				60
	50																				50
	40																				40
	30																				30
	230																				230
	220																				220
	210																				210
	200																				200
	190																				190
	180																				180
Blood Pressure Mark: ^ v	170																				170
	160																				160
	150																				150
	140	^																			140
NEWS SCORE using Systolic BP	130																				130
	120																				120
	110																				110
	100	v																			100
	90																				90
	80																				80
	70																				70
	60																				60
	50																				50
Conscious Level Mark: •	Alert	•																			Alert
	Verbal																				Verbal
	Pain																				Pain
	Unresponsive																				Unresponsive
Total NEWS (with all obs)		1																			Total NEWS
BM																					BM
Pain		O																			Pain
Nausea		O																			Nausea
Obs due																					Obs due
Initials		MG																			Initials

NEV

NHS
Ayrshire & Arran

PRE-OPERATIVE ASSESSMENT

Previous MRSA Y ☐ N ☑ MRSA Positive Y ☐ N ☐

Planned operation: LAPAROSCOPIC RIGHT INGUINAL HERNIA REPAIR

Consultant: E. LEUNG

Anaesthetist:

Date of Admission: Time:

Date of Surgery: am / pm list

Surgically suitable for:-

Day Surgery ☑ 23 Hour ☐ Same day admission ☑ In Patient ☐ CPET ☐

CHI 0205563430
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956 Pract 80701
Case Ref 261246

Date: 14/2/11

TEL 01294 467490
MOB 077 86 884 811

No dates to avoid
24 hrs notice - ok

Clinical Team Signatures

ALL STAFF COMPLETING THE DOCUMENTATION **MUST** COMPLETE THIS SECTION BELOW.

NAME (BLOCK CAPITALS)	JOB TITLE	WARD, PAGE No or BASE	SIGNATURE	INITIALS

Problem identification

To be completed at end of assessment and thereafter

Problem	Action Taken	Sign	Date	Outcome	Sign	Date

Stage 1: Pre-operative Assessment Form

Write or attach label

HCR No: .....

CHI No: .....

Surname: .....

Forename: ..... Sex: .....

Address: .....

.....

Date of Birth .....

Age: 54 years

Prefers to be known as: .....

Patient's Telephone Numbers

Home: 01294 467490

Work: .....

Mobile: 07786 854811 Occupation Service Manager Social Services North Ayrshire Council

Observations at Stage 1 pre-operative assessment

BP: /	HR: Reg/Irreg	Temp:	Resps:	SaO2: %
Height: m 5'3"	Weight: kg 10st 4lb	BMI: 25.3 *If <19 refer to dietitian*	Urinalysis: BOA	

Contact Details:

To be given information on condition? Yes ☑ No ☐

Name Noreen Fitzpatrick

Relationship Wife

Address 51A

.....

.....

Home 01294 467490

Work .....

Mobile ~~07944891~~ 07945653854

Contactable Day ☑ Night ☑

Aware of admission Y ☑ N ☐

Living Arrangements

Who do you live with?

Alone ☐ With adult(s) ☑

With dependents?

Children ☐ Adult requiring care ☐

Do you have special living conditions?

Residential home ☐ Nursing home ☐

Homecare services ☐

Do you have any of the following?

Glasses/contacts ☑ For reading Hearing aid ☐

Prosthesis ☐

Day surgery patients only

Will you have a responsible adult (aged 18 or over) to take you home by car or taxi? Y ☑ N ☐

(public transport is not acceptable)

Will you have a responsible adult (aged 18 or over) to stay with you for 24 hours post-op? Y ☑ N ☐

Do you have access to a telephone? Y ☑ N ☐

Do you live within a 1 hour car journey of the hospital? Y ☑ N ☐

Patient's Signature ..... **Date** 16/3/11

	Yes	No	Details
Have you had any operations or admissions to hospital? Please give details	✓		Left Inguinal hernia repair 28 yrs ago Diverticular Disease - colonoscopy Left carpal tunnel decompression LA 2007
Have you or your family had any serious anaesthetic problems in the past? Please give details		✓	

What exercise are you able to do?

Can you:-	Yes	No
Walk indoors around the house?	✓	
Do light housework like dusting or washing dishes?	✓	
Walk 100-200 yards on level ground slowly?	✓	
Walk on level ground at a brisk pace?	✓	
Climb 2 flights of stairs without stopping?	✓	
Do moderate excercise like play tennis or dancing?	✓	

If NO to any of the above, are you limited by:-

Arthritis?		
Breathlessness?		
Angina or chest pain?		
Nerve or muscle disorder (e.g. multiple sclerosis, muscular dystrophy)		
Other reason:- please state (e.g. amputation)		

Have you ever suffered from any of the following? (If YES, please give details)

	Yes	No	Details
High blood pressure		✓	
Angina or chest pain		✓	
Heart attack		✓	
Heart murmur		✓	
Heart failure or fluid in your lungs		✓	
Palpitations or an irregular heart beat		✓	
Breathlessness at rest		✓	
Blackouts (if yes, what were you doing at the time?)		✓	
Stroke or TIA (mini-stroke)		✓	
Disease of the nerves or muscles (e.g. Parkinson's Disease, multiple Sclerosis)		✓	
Epilepsy, convulsions or fits		✓	
Asthma requiring regular treatment / inhalers		✓	
Chronic bronchitis or emphysema (COPD)		✓	

Write or attach label

HCR No: .....

CHI No: .....

Surname: .....

Forename: ..... Sex: .....

Address: .....

.....

Date of Birth .....

	Yes	No	Details
Any other respiratory illness		✓	
Sleep apnoea (obstructed breathing while sleeping)		✓	
Ankylosing spondylitis		✓	
Neck or jaw restrictions		✓	
Thyroid disorder		✓	
Diabetes - diet or tablet controlled		✓	
- or do you inject insulin to control this			
Chronic kidney disease		✓	
Anaemia or other blood disorder in the last year		✓	
Severe bleeding or bruising problems		✓	
Blood clots in the lungs or legs		✓	
Jaundice or other liver disease		✓	
Skin disorders		✓	
Heartburn, hiatus hernia or peptic ulcer	✓		Not on medications No problems - since lost weight
How many pillows do you sleep with? 3 - for comfort only			
Any other serious illness		✓	
Smoking status Smoker ☐ No. per day ☐ Non smoker ☑ Ex smoker ☐ Date stopped ☐			
How many units of alcohol per week?			Alcohol screening 1
Do you have any questions for the nurse / anaesthetist?			

Please list all the medication you take including over the counter, herbal and recreational medicines

Medication Name	Dose	Frequency	Reasons for Medication
Buscopan	10 mg	T.I.D	Diverticulosis.
No Herbals.			

Do you have any allergies?

Allergies None.	Nature of problem
Latex ☐ Nuts ☐ Fruits ☐	
Elastoplast ☐ Metals ☐	
Medication Name	
NKA	

Investigations

Investigation	Requested (Date)	Reviewed by	Date reviewed	Repeated (Date)	Reviewed by	Date reviewed
FBC						
Group & Save						
X Match						
Urea & Electrolytes						
LFT						
Blood Glucose						
HbA1C						
TFT						
INR						
Coag						
CXR						
PEFR		1 2 3			1 2 3	
Spirometry						
ECG	14/2/11					
ECHO						
Urinalysis						
MSSU/CSU						
Pregnancy Test						
Sputum						
MRSA						
MRSA						
Audio/Tymps						
Photography						
Other						

Alcohol Screening Pre-operative Assessment Form

(to be completed by nursing staff)

Write or attach label

HCR No: .....

CHI No: .....

Surname: .....

Forename: ..... Sex: .....

Address: .....

.....

Date of Birth .....

To be completed by pre-op assessment team with patient

Questions	0	1	2	3	4	
A. How often do you have a drink Containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	1
B. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 or 8	10 or more	0
C. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
D. How often during the last year have you failed to do what was normally expected of you because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	0
E. Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the past year		Yes during the past year	0
1. Alcohol screening score **Only record if score is 5 or above**					**Score**	1

7

Only continue if score is 5 or above

2. Was this discussed with patient? Yes ☐ No ☐ Don't know ☐

3. Was patient offered referral to alcohol liaison services? Yes ☐ No ☐ Don't know ☐

4. Did patient accept offer of referral? Yes ☐ No ☐ Don't know ☐

If patient refused please indicate why?

a. Don't feel I have a problem

b. I am already receiving treatment/help at present

If patient indicates they are receiving help please use following line to give their comment on the help/support used .....

c. I don't feel this is a priority for me at present

d. Yes, I drink but I don't want to change anything

e. There is nothing that can be done to help me

f. Other. Please specify.....

5. Was patient given a Self Help Pack? Yes ☐ No ☐ Patient refused ☐

NHS Ayrshire & Arran

Risk Screening Questionnaire for TSE, CJD and vCJD involving low and medium risk tissue.

Questions 1-2 to be completed for all patients	Yes	No
1. Have you ever been notified that you are at risk of CJD for public health purposes		✓
2. What is the tissue risk of the procedure? **High** ☐ **Medium** ☐ **Low** ☑ If the tissue risk is high, please use Risk Screening Questionnaire for TSE, CJD and vCJD involving high risk tissue.		

If the patient answers yes question 1, please take additional precautions for any instruments which have been or may come in contact with tissue of high or medium level infectivity.

If the patient answers no to question 1, there is no need to take any additional precautions.

For further information, please contact Infection Control.

Patient Risk (Q1)	Tissue Risk (Q2)		
	Low	**Medium**	**High**
Low	No restrictions	No restrictions	No restrictions
High	No restrictions	Single use instruments or Quarantine until advice sought from Infection Control	Single use instruments or Quarantine until advice sought from Infection Control

Risk Screening Guidance Notes for TSE; CJD and vCJD

The vCJD questionnaire is to be used for all patients undergoing surgical or endoscopic procedures.

Table 1:- Examples of tissues with high and medium level infectivity

High	Medium
Brain Spinal Cord Dura Mater Cranial Nerves (specifically the entire optic nerve; only the intracranial components of the other Cranial Nerves) Cranial Nerve Ganglia Posterior Eye (Posterior Hyaloid Face, Retina, Retinal Pigment Epithelium, Choroids, Subretinal Fluid, Optic Nerve) Pituitary Gland	Spinal Ganglia Anterior Eye and Cornea Olfactory Epithelium Tonsil Appendix Spleen Thymus Fixed Lymphoid Tissue

Table 2 - Human TSE Diseases

Idiopathic Diseases	Sporadic CJD Sporadic Fatal Insomnia
Familial Diseases	Familial CJD, Gerstmann-Sträussler-Scheinker (GSS) Disease and Fatal Familial Insomnia
Acquired Diseases	Human agents: Kuru and iatrogenic CJD Bovine agent: Variant CJD

Notes on Questions

	Questions to Patient	Note to Children
1	Have you ever been notified that you are at risk of CJD for public health purposes? If yes please specify	The CJD Incidents Panel has identified a number of individuals who are potentially at risk of CJD or vCJD for Public Health Purposes. If patient answers **NO**, surgery can proceed using normal infection control procedures. If patient answers **YES**, special infection control precautions should be taken. Contact infection control for further advice. If the patient is unable to respond, surgery can proceed using normal infection control procedures unless the procedure is likely to lead to contact with high risk tissue.

Patient's response	Action
No to questions 1	Surgery / can proceed using normal infection control procedures.
Yes to Questions 1	Further investigation into the nature of the patient's CJD risk should be undertaken by medical staff. The patient's CJD risk should be confirmed or rejected. Confirmation or rejection of CJD risk should be recorded in the patient's medical notes for future reference. If the patient is found to be at risk of CJD of vCJD following investigation, or the risk status is unknown at the time of the procedure, special infection control precautions should be taken. Contact infection control team for advice. If the patient is found to be at risk of CJD or vCJD they should be referred to their GP, who will need to inform them that they are at risk of CJD or vCJD and provide them with further information and advice. This is available from the CJD Incidents Panel: http://www.hpa.org.uk/infections/topics_az/cjd/information_documents.htm
Unable to answer questions 1	A family member, someone close to the patient or in the case of a child, someone with parental responsibility should be asked the CJD questions prior to surgery / . If the family member or someone close to the patient is not able to provide a definitive answer to the CJD risk questions, the surgery should proceed but ALL INSTRUMENTS SHOULD BE QUARANTINED FOLLOWING THE PROCEDURE. The patient's GP should be contacted after the surgery, and enquiries made as to whether the patients is at risk of CJD / vCJD according to the CJD questions. If the GP is uncertain about any of the questions, the instruments should be kept in quarantine. Contact infection control team for further advice.

Write or attach label
HCR No: .....
CHI No: .....
Surname: .....
Forename: ..... Sex: .....
Address: .....
.....
Date of Birth .....

Date	Time	Notes / other relevant information	Inits
16/2/11		Telephone assessment.	
		Written information posted out	SM

Information given: Posted out.

Written ☑ GA ☐ Pain ☐ Anaesthetic overview ☑ Spinal ☐

Epidural ☐ Procedure specific ☐ (state).....

Other ☐ (state).....

Verbal ☐ Visiting times ☐ No smoking policy ☐ Info given re smoking cessation Y ☐ N ☐

Fasting ☐ Other ☐ (state).....

Advise patient to have minimal belongings in ward/DSU due to difficulty with storage

Surplus tissue authorisation Discussed Y ☐ N ☐ Online form completed Y ☐ N ☐

Outcome of Stage 1 assessment (pre-op staff to complete)

TCI ☑ Telephone assessment ☐ Appoint to POA ☐

Patient accepted as anaesthetically suitable for:- (pre-op staff to complete)

Day Case ☑ 23 Hour ☐ Same day admission ☐ In patient ☐

Stage 1	Name: S. Miller	Sign: S Miller
Assessment Nurse	Designation: S/N	Date 16/2/11

Stage 2: Pre-operative Assessment

Have any changes been made to medication since Stage 1 Pre-op? Yes ☐ No ☐

Have there been any changes to health/social circumstances since Stage 1 Pre-op Yes ☐ No ☐

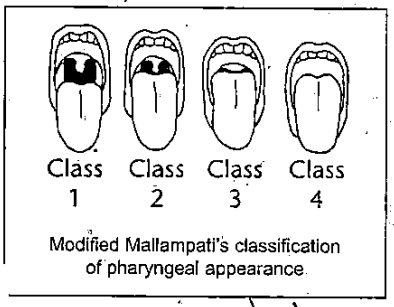
Observations at Stage 2 pre-operative assessment

BP: /	HR: Reg/Irreg	Temp:	Resps:	SaO2: %
Height: m	Weight: kg	BMI: *If <19 refer to dietitian*	Urinalysis:	

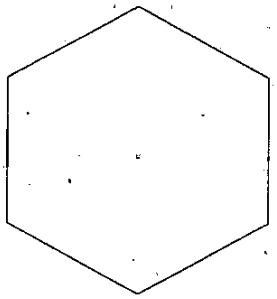
Clinical Examination

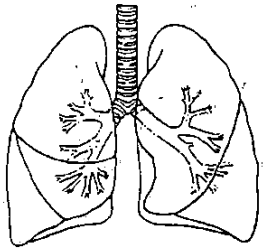
Cardiovascular	Respiratory
Heart rate/regularity	Chest expansion
JVP	Percussion
Carotid Bruits	Breath sounds
Heart sounds/Murmurs	Trachea
Peripheral Oedema	Finger clubbing

Surgical Examinations



Modified Mallampati's classification of pharyngeal appearance





Telephone assessment

Neck Movement

Full range of movement ☑
Difficult ☐
Mouth open Good ☑ Poor ☐

Dentition

Own teeth ☑ Loose teeth ☐
Dentures ☐ Full ☐ Partial ☐
Upper ☐ Lower ☐

Body Piercings

State sites..None.....

.....

Advise to remove prior to surgery ☐

Caps / Crowns / Bridge / Braces

State site...Upper front Bridge.....

Date	Notes / other relevant information	Initials

Write or attach label
HCR No: .....
CHI No: .....
Surname: .....
Forename: ..... Sex: .....
Address: .....
.....
Date of Birth .....

Date	Notes / other relevant information	Initials

Outcome of Stage 2 Assessment

TCI ☐

Postponed ☐ Reason.....

Cancelled ☐ Reason.....

Refer Anaesthetist ☐

Day Surgery ☐

23hr ☐

Same Day Admission ☐

In Patient ☐

Anaesthetic referral

Reason for referral:.....

Referred by:..... Date.....

Outcome:.....

Anaesthetist's Name:..... Signature:.....

GMC No..... Date.....

Stage 2	Name:	Sign:
Assessment Nurse	Designation:	Date

Pre-operative assessment outcomes

Clinic date

Pre-op date 16/2/11 Time

Admission date TBA Time

Consultant Mr Leung

Procedure Lap. R. Ing. Hernia repair.

Maxillofacial grade (circle) 1 2 3

H XH 261246
C FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
S KA20 4JX
02/05/1956
F DR A DAS
STEVENSTON HEALTH CENTRE
A STEVENSTON
CHI 0205563480
Date of Birth:

Outcome		Additional comments				Signature	Date
OK TCI (to come in)	Y ☑ N ☐	DSU	23 hr	SDA	IP	S. Mulr	16/2/11
Suitable for Carrick Glen	Y ☐ N ☐						
Short notice availability time required		24 hrs	48 hrs	Other (state)			
Hospital transport required for admission	Yes ☐	To be arranged by secretary or GP					
Holidays / dates to avoid							
Medication							
Operation cancelled by surgeon / anaesthetist, remove from waiting list	Y ☐	Reason:					
Operation cancelled by patient, remove from waiting list	Y ☐	Reason:					
Notes reviewed by anaesthetist	Y ☐	Name of anaes: Outcome:					
Patient reviewed by anaesthetist	Y ☐	Name of anaes: Outcome:					

Information for theatres

Allergies:

Elastoplast	Y ☐	Iodine	Y ☐
Latex	Y ☐	Eggs	Y ☐
Nickel / Cobalt	Y ☐	Shellfish	Y ☐
Medication	Y ☐ State:		

Diabetic – first on list please	Y ☐	Insulin ☐ Non-insulin ☐			
Malignant hyperpyrexia (confirmed or at risk)	Y ☐				
Porphyria	Y ☐				
Infections: (delete as appropriate) MRSA / ESBL / TB / HIV / Hepatitis Other -	Y ☐				
BMI if >35					
Beta Blockers	Y ☐				
Other relevant info					

NHS Ayrshire & Arran

Adult Peripheral Intravenous Cannula Monitoring and Recording Sheet

All peripheral IV cannula should be resited every 72 hours.
Refer to Infection Control manual for further information.
All new cannula insertions must be recorded on the table below.

H
C CHI 0205563430
S FITZPATRICK BRIAN
F WEST LODGE
A STEVENSTON
KA20 4JX
02/05/1956 Pract 80895
D Case Ref 261246

Cannula Code	Cannula Size / Colour	Cannula Location	Date Inserted	Date Due Removed	Comments	Signature/ Designation
A	Pink	(L) Hand	23/3/11	26/3/11	Inserted by Anaesthetist	SN Staff
B	Green	(R) Hand	23/3/11	26/3/11	Inserted by Anaesthetist	SN Staff
C						
D						
E						
F						

All patients with peripherally inserted intravascular cannula must have the insertion site CHECKED AT LEAST DAILY for signs of infection/phlebitis and this observation documented. Heparin flushes must NOT be administered routinely and only when prescribed.

Cannulas should be flushed as per Patient Group Direction for the administration of flushes. Summary guide and frequency of flush administration:

- All sodium chloride 0.9% flushes must be administered by aseptic technique and recorded on either drug prescription chart or on electronic prescribing system by the administering staff nurse trained in IV administration.
- Pre, between & post IV medication administration as determined by prescribed IV medication.
- Every 8 hours to maintain patency, where no continuous infusion is in place or the patient is not receiving IV medication at least 8 hourly.

In exceptional circumstances it may be necessary for a cannula to remain in situ for longer than 72 hours. In this instance the rationale for this must be recorded in the patient's care plan and care and maintenance of the cannula and site is of the highest standard.

Check the patient's cannula site against the 5 criteria and tick the appropriate yes/no box. You must date, time and sign on each occasion that a cannula is checked.

Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence of inflammation and/or extravasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs?	5 Hand hygiene before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	**Cannula removed** ☐	

Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence inflammation and/or extra vasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs?*	5 Hand hy[illegible] before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	**Cannula removed** ☐	
Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence of inflammation and/or extra vasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs? *	5 Hand hygiene before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	**Cannula removed** ☐	
Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence of inflammation and/or extra vasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs? *	5 Hand hygiene before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	**Cannula removed** ☐	
Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence of inflammation and/or extra vasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs? *	5 Hand hygiene before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	Cannula removed ☐	
Cannula Code	Date	Time	1 Has the cannula been used in the past 24 hours?	2 Absence of inflammation and/or extra vasation?	3 The cannula dressing is intact?	4 The cannula has been inserted for <72 hrs? *	5 Hand hygiene before and after all procedures?	If answer is NO to any of the 5 criteria the cannula must be removed. **What has been done?**	Sign and print name and designation
			Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	**Cannula left in situ** ☐	
			No ☐	No ☐	No ☐	No ☐	No ☐	Cannula removed ☐	

STA4117

NHS Ayrshire & Arran

MEWS CHART

(Day Surgery / Short Stay)

XHI261246
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
Dr. C MARTIN
THREE TOWNS MEDICAL PRACTICE
20 MAIN STREET
CHI 0205563430
Date of Birth 02/05/1956

DATE	23-3-11	23-3-11	23-3-11
TIME (24 hour clock)	1310	1340	1440
Temperature (°C)			
BLOOD PRESSURE			
HEART RATE			
Respiratory Rate	14	14	
O_2 Saturation	A 100	A 100	A 2. 100.

Temperature (°C): 40, 39, 38, 37, 36, 35

BLOOD PRESSURE — Record this way / Record this way: 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30

HEART RATE

MEWS SCORE for EACH of the INDIVIDUAL OBSERVATIONS			
Temperature (°C)	0	0	0
BP (Systolic)	1	0	0
Heart Rate	0	0	0
Respiratory Rate	0	0	0
SpO_2	0	0	0
Urine Output	—	—	—
CNS	—	—	0
MEWS SCORE - TOTALS			

Record the total MEWS scores for each set of observations this way

3

Sedation Score –	0	0	0
Pain Score (On Movement)	0	0	0
Nausea Score	0	0	0
Initials	LW	LW	YC

STA5316

JMcC/92077

RECORD of ACTIONS to MEWS TRIGGER SCORES

(to be completed anytime a MEWS score of 3 or more is observed)

DATE	TIME (24hr)	MEWS SCORE	ACTION (Nursing or Medical)	PERSON CONTACTED (Grade)	OUTCOME (eg phone advice, review, treatment etc)	PRINT NAME

NHS Ayrshire & Arran

XH 261246
FITZPATRICK BRIAN
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KA20 4JX
DR.A DAS 02/05/1956
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

Endoscopy Unit - Crosshouse Hospital

Patient Care Pathway

Proposed Procedure ..... colonoscopy ..... Patient Preferred Name .....

Date of Admission ..... 15/11/10 ..... Pre Admission .....

Consultant ..... Pre Admission Nurse .....

Previous Endoscopy Yes / (No) Religion .....

Contact Name ..... Noreen ..... Relationship ..... wife .....

Telephone number ..... 07956563854 ..... (Phoned) Yes / No

Does patient have an escort (Yes) / No Waiting / (Returning)

Time returning/phoning ..... to phone .....

Type of transport home (Car) Amb Taxi Other .....

Responsible adult to take home? (Yes) / No / Not required

Responsible adult at home? (Yes) / No Who? ..... wife .....

Warfarin	Yes / (No)	INR	Date/time .....
Plavix/Aspirin	Yes / (No)	.....	
Prosthetic Heart valve	Yes / (No)	.....	
Pacemaker	Yes / (No)	.....	
ICD	Yes / (No)	Cardiology Informed	Yes / No
Latex Allergy	Yes / (No)	.....	
Diabetes	~~Type I / Type II~~	BM	Date/time .....

Notes

MEDICAL/SURGICAL HISTORY

weight ..... kg

Pregnant	Yes / ~~No~~	LMP	Glaucoma	Yes (No)	.....
Liver Disease	Yes (No)	.....	CVA	Yes (No)	.....
Hypertension	Yes / (No)	.....	Epilepsy	Yes (No)	.....
Anaemia	Yes (No)	.....	Arthritis	Yes (No)	.....
(or other blood problems)					
Heart Disease	Yes / (No)				
Respiratory Problems	Yes (No)				
Surgery	Yes / No				

Others (specify) .....

Reasons for attending Endoscopy ..... weightloss / abdo pain / pv bleeding

---

CURRENT MEDICATIONS

1. Hyoscine 2. ..... 9. ..... 10. .....
3. ..... 4. ..... 11. ..... 12. .....
5. ..... 6. ..... *ALLERGIES*
7. ..... 8. ..... NKA.

PRE-PROCEDURE CHECKLIST

Fasted	(Yes) / No	Casenotes	(Yes) / No	CJD questionnaire	Yes (No)
Consent	(Yes) / No	Xrays	Yes / (No)	Slip, Trip assessment	Yes / No / Not (Required)
Name Band	(Yes) / No	Piercings	Yes / (No)		

Jewellery Removed and retained by patient Yes / No / Other..... Covered with tape

Metal Implants Yes / (No) where?.....

Bowel Prep (Picolax) x 2 Enema Kleenprep Senna Movicol Other

Observations - **PRE-ADMISSION ONLY** 02 sat..... P ..... BP .....

Patients understanding of procedure Full (Partial) Comment .....

Explanation given (Yes) / Declined Previous Patient Yes / (No) Fasted Fluids Yes / (No)

Emotional factors/anxieties/comments

Nurse Signature ..... Designation SIN Date 15/11/10

INTRA-OPERATIVE

Write or attach label
HCR No:
CHI No:
Surname:
Forename: Sex:
Address:
Date of Birth

PREPARATION FOR PROCEDURE

Dentures removed Yes / No (n/a) Loose teeth Yes / No (n/a)

Hearing aid removed Yes / No (n/a) Glasses removed Yes / No (n/a)

IV Cannula (Yes) / No n/a Site Rt - C. fossa By Whom

Medication	Dose	Route	Time	Prescribed by	Given by
Midazolam	4ugs.	I.V.	15.15	MD	MD
Hyoscine	20ugs.	I.V.	15.15		
Pethidine	50ugs	I.V.	15.15		
Lignocaine throat spray					
Lignocaine 2%					
Oxygen	4Ltr.	Hudson mask.	15.10.		
Saline 0.9%					

ENDOSCOPY PROCEDURE PERFORMED Colonoscopy

Specimens taken

Biopsies ..... Polyps ..... Retrieved / To be retrieved

.... Aspirate

H Pylori test (Clo) Photograph Brush

Other .....

Diathermy plate Yes / No Pad site ..... Skin intact Yes / No

Time procedure commenced 15.15 completed 15.30.

Review discharge 15mins 30mins (1 hour) Rev by doctor

Diet instructions Normal diet Soft diet Fluids only Nil by mouth until .....

Endoscopists follow on instructions .....

.....

Nurse Signature ..... Designation S/N Date 15/11/10

OBSERVATION CHART

	Admission pre-op		Intra-procedure				Recovery				
Time/pulse BP	1200		1510	1525			1535	1545		1625	
210											
200											
190											
180											
170											
160											
150	144										
140			135								
130				135							
120				121							
110								100	104	104	
100	92		96				91				
90											
80											
70	P64						76	66	62	68	
60											
50											
40							P116	P100	P96	P93	
02 therapy	99%		4Lm	4Lm			4L	4Lmin	RA	On Air	
02 sats			97%	98%			99%	98%	98%	96%	
comfort score			0	0			0	—	0	—	
sedation score			0	1			0	1	0	0	
pain score			0	0			0	0	0	0	

COMFORT SCORE - during procedure

0 No discomfort - resting comfortably throughout
1 one or two episodes of mild discomfort, well tolerated
2 > two episodes of discomfort, adequately tolerated
3 significant discomfort, experienced several times during procedure
4 extreme discomfort frequently during procedure

SEDATION SCORE

0 None (patient alert)
1 Mild (occasionally drowsy, easy to rouse)
2 Moderate (frequently drowsy, easy to rouse)
3 Severe, Somnolent (difficult to rouse)
S Normal Sleep (easily roused)

PAIN SCORE - post procedure

0 No pain at rest; No pain on movement
1 No pain at rest; slight pain on movement
2 Intermittent pain at rest; slight pain on movement
3 Intermittent pain at rest; moderate pain movement
4 Continuous pain at rest; severe pain on movement

Instrument stickers

PATIENT DISCHARGE

Write or attach label

HCI XH 261246.
CHI No.
FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956
DR A DAS
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

Time due to leave department .....

Alert and orientated	(Yes) / No	Dentures returned	Yes / (No)
Diet/Fluids tolerated	(Yes) / No	Glasses returned	Yes / (No)
Flatus passed	(Yes) / No	Property returned	(Yes) / No
Cannula removed	(Yes) / No BC	Transport arranged	(Yes) / No
Pacemaker assessment	Yes / (Not Required)	Pain Score	(0) 1 2 3
ICD turned on	Yes / (Not Required)	Sedation Score	(0) 1 2 3
Discharge advice discussed in private?	(Yes) / No	Patient assessed as ready for discharge?	(Yes) / No
Discharge letter given?	(Yes) / No	Patient feels ready for discharge?	(Yes) / No

Comments.....

Spoken to by ..... S/N M. BAIRD .....

Patient education none required / yes (specify)

.....

.....

Clinic appointment:- has one for ..... to be made for .....

To be rescoped Yes / No details.....

Other follow-up.....

DISCHARGED (HOME) (circle as required)

Alone / (Accompanied) (by whom) ..... WIFE @ 16-35 .....

By Ambulance Yes / No

Transfer to Ward Yes / No	Which ward.....	
Personal effects transferred	Dentures	Yes / No
	Glasses	Yes / No
	Clothing	Yes / No
	Valuables	Yes / No
	Other.....	

Additional comments .....

.....

.....

Nurse Signature ..... Designation ..... S/NURSE Date 15/11/10

Nurse Specialist Referral?

Specify .....

Blue oesophageal referral form completed (sent to audit office) Yes / No

Red Colorectal Form completed Sent and filed as per local policy Yes / No

Additional comments .....

.....

.....

.....

.....

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.....

.....

Other comments .....

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.....

.....

Print name	designation	initials	signature	date
1.				
2.				

Nurse Signature .....Designation .....Date.....

XH 261246

FITZPATRICK BRIAN
WEST LODGE
STEVENSTON
KA20 4JX
02/05/1956

DR A DAS
STEVENSTON HEALTH CENTRE
STEVENSTON
CHI 0205563430

GASTROINTESTINAL ENDOSCOPY PATIENT QUESTIONNAIRE

Please complete and bring when you attend.

1 Have you had past serious illnesses and/or operations? YES/~~NO~~

Year	Hospital	Name of Condition	Treatment
1982	KILMARNOCK	HERNIA	OPERATION

2 Do you have, or have had, any of the following:-

Diabetes or sugar in the urine?	~~YES/NO~~
High blood pressure?	~~YES/NO~~
Heart disease or rheumatic fever?	~~YES/NO~~
Bronchitis, asthma or other lung problems?	~~YES/NO~~
Convulsions or fits?	~~YES/NO~~
Prolonged mental upset or faints?	~~YES/NO~~
Arthritis or prolonged muscle disease?	~~YES/NO~~
Severe or prolonged trouble with your bowels or urine?	~~YES/NO~~
Anaemia or other blood problems?	~~YES/NO~~
Allergies or reactions to medicines, tablets, strapping or applications	~~YES/NO~~

NONE

3 Does any illness run in your family? YES/~~NO~~
Please give details.
HEART PROBLEMS

Have any of your family had anaesthetic problems?	~~YES~~/NO
Do any of your family bleed or bruise excessively?	~~YES~~/NO

4 Are you taking any pills or medicines, or having injections now or in the last 2 months? ~~YES~~/NO
Give the names if you can (do not worry about spelling)

If in doubt bring them with you.

5 Do you have serious problems with your sight, hearing, or use of limbs ~~YES~~/NO

6 For women only - Do you think you are pregnant? YES/NO

7 For children only - Has there been any serious problem in physical or mental development? YES/NO

FAN12 86

AYRSHIRE AND ARRAN HEALTH BOARD

NURSING NOTES

Surname ..... Hosp. No. .....

FITZPATRICK BRIAN 261246
4 CASTLEHILL RD WARD/DEPT
STEVENSTON 02/05/1956
DR SCOLLAY M/NK C/H
MAIN ST A2080

Ward/Dept. C7

DATE	
28/11/90	Arranged admission for Endoscopy B.P. 110/60. Pulse 78. Drugs: Zantac Allergies: None known Fasted & prepared for theatre.
9.45 AM	In recovery following Endoscopy. B.P. 100/70 P. 100. Diazemuls 10mgs I.V in theatre Throat sprayed : nil orally until 1.30pm. Surgical appointment for 2/12. Allow home later today KM

DATE

NURSING NOTES

Date | Resp | Pulse | TEMPERATURES (CENTIGRADE) 35.8 36 36.9 37 38 39 40 40.5

13/9/81
Arranged admission for Theatre.
Theatre informed for D/A & a.
Temazepam 10 mg at 10.00 p.m.
T. Glynn

14.9.81 Settled and slept well. Prepared for theatre. Pre-med IM Morphine 10 mg & Atrop 0.6 mg at 7.30 a.m.
C.H. Boyd

9.10 am In Recovery room, Cyanosed on admission, size 3 airway inserted & O2 6 litres/min given via Hudson mask. Dressing, Elevoid & dry.
9.20 am Awake, respirations now satisfactory, O2 discontinued, Complaining of pain. Cyclimorph 10 mg I.M. given
9.45 Settled & Comfortable observations stable, allows back to ward.
Satisfactory area relocated to ward
Cyclimorph effect 4 hrs 3/m @ 3.30 p.m.
D. Wallace

15.9.81 I.M. Cyclimorph 10 mg at 10.55 p
Good post-operative night.
Satisfactory
H.P.U

Panadol Tabs 2 at 8.30 am
Up to wash - wound leaflet covered out — Satisfactory

Panadol 2 tabs at 2.30 p.m. & 6 p.m.
Well. Good effect. Relieved.

16.9.81 Temazepam 10 mg & Panadol Tabs 2 at 10.50 p
Slept well.

Transferred to T-House. Panadol Tab 2 at 10.55 a.m. Wound clean and dry leg to knee covered Clips to skin
m/Water
2
I. Gemmell.

BP 120/70
BP 118/90
BP 120/90

TEMPERATURES

	Date	Resp	Pulse
A.M.		20	96
P.M.		20	94
A.M.		20	92
P.M.		24	116
A.M.			
P.M.			108
A.M.			
P.M.			
A.M.		20	94
P.M.		20	96
A.M.			
P.M.			
A.M.		20	88
P.M.		20	88

INSTRUCTIONS - TO NURSE

Bed No. | Pink | Blue | FITZPATRICK Brian | Stripe | Age 25 | Black | Red No. | Religion | Green | Unit 26/246 | Consultant | Yellow | Purple | Orange | Red

NURSING NOTES	Date	Resp	Pulse	TEMPERATURES (CENTIGRADE) 35.8 36 36.9 37 38 39 40 40.5	Bowel
17/9 Slept well. M Leyland Mist. expectorating Sp. ↓ head ↓ dos comfort. Encouraged at (3) 9 AM 1 12 5 PM Fairly good day allowed. J Liddon TEMAZEPAM 10mg at 10.15pm	A.M.				
18/9 Slept well. M Leyland	P.M.	20	88		0
Good day. Wound satisfactory M. Kinloch	A.M.				
19/9/81 Slept well. J. Liddon	P.M.	20	64		1/1
	A.M.				
	P.M.			Discharged Home	
	A.M.				
	P.M.				
	A.M.				
	P.M.				
	A.M.				
	P.M.				
	A.M.				
	P.M.				

FITZP[illegible]ICK BRIAN261246
12 HAMILTON CRES WARD
STEVENSTON DEPT
2.5.56 M/
DR.MORTON, STEVENSTON K.I.

DRUG RECORDING SHEET

DATE	am 2	am 4	am 6	am 8	am 10	n'n 12	pm 2	pm 4	pm 6	pm 8	pm 10	m't 12
18/9/18											S	
Initials											BS	
14/9								O			O	
Initials								EP			MW	
15/9							A		A		AS	
Initials											MW	
16/9									A		A	
Initials												
17/9/18									A		AS	
Initials												
18/9									A			
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												

DRUG RECORDING SHEET

DATE	am 2	am 4	am 6	am 8	am 10	n'n 12	pm 2	pm 4	pm 6	pm 8	pm 10	m't 12
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												
Initials												

OTHER DRUGS — REGULAR PRESCRIPTION TIMES OF ADMINISTRATION — Other Times

DATE	DRUG (Block Letters) Approved Names	Dose	am 2	am 4	am 6	am 8	am 10	n'n 12	pm 2	pm 4	pm 6	pm 8	pm 10	m't 12			Meth. of Admin.	Dr's Signature	Discontinued Date	Discontinued Initials
A 15/9	PARACETAMOL	1T		4	—	6	hrly	∞	reqd	for	pain						O	[illegible]		
B																				
C																				
D																				
E																				
F																				
G																				
H																				
I																				
J																				
K																				
L																				
M																				
N																				

PARENTERAL DRUGS — REGULAR PRESCRIPTION

O 14/9/91	CYCLIMORPH	10mg	4	—	6	Hourly	as	required	hostage								IM	[illegible]		
P																				
Q																				
R																				

2 am 4 am 6 am 8 am 10 am 12 n'n 2 pm 4 pm 6 pm 8 pm 10 pm 12 m't

7	FITZPATRICK	Bruce	25		26/2/46	→

NIGHT SEDATION ONLY Approved Names

DATE	DRUG (Block Letters)	Dose	10 pm	Other Times	Meth	Dr's Signature	Discont'd
S 12/9	TEMAZEPAM	10mg	✓		O	E Gwilliam	
T							
U							
V							

OTHER DRUGS — ONCE ONLY PRESCRIPTION

DATE	DRUG (Block Letters)	Dose	Time	Method	Dr's Signature	Nurse's Initials

PARENTERAL DRUGS — ONCE ONLY PRESCRIPTION

NAME	DIAGNOSIS	OPERATIONS	AGE	UNIT No.
FITZPATRICK Brian	L-1-H.	14.9.81 Repr. L IH c clips	25	261246

DATE	TREATMENT	DOCTOR'S SIGNATURE	DATE DISCONTINUED	DOCTOR'S SIGNATURE
13/9/81	Theatre Monday.			
15-9-81	T. House Wednesday.			
16-9-81	Torrance House Wound clean and dry but inflamed Clips to stay			
19-9-81	Clips removed. Discharged home			

Drugs: None
Allergies: None Known
P.M.H. None.

(S skin)