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

NHS
Greater Glasgow and Clyde

MMA LEGAL LIMITED
STOK
43-59 PRINCES STREET
STCOKPORT
SK11RY

Date: 18th May 2026
Your Ref: 100064
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: SHEILA MCLEAN **D.O.B: 01/03/1969**

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

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL, NEW VICTORIA INFIRMARY, GARTNAVEL GENERAL HOSPITAL, WESTERN INFIRMARY AND ROYAL HOSPITAL FOR CHILDREN
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

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

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

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

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports

- Complaints files
- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☑		

Including:

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

ORTHOPAEDIC DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel: 0141 211 1853 (Ms Alison Gallacher)
Secretary Fax 0141 211 2466
Appointments Office: 0141 232 9499
Email: alison.gallacher.wg@ggc.scot.nhs.uk

MR H SHARMA ORTHOPAEDIC CLINIC - 10/11/2011

Typed: 18/11/2011

HS/LM

Dr Judith Marshall
Dr Nugent
Partners
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW

Dear Dr Marshall

Ms Sheila McLean DOB 01/03/1969 ~ CHI: 0103696261 ~ Hospital Number: 50740276M
11a Jedworth Avenue Glasgow G15 7QB

Diagnosis: Right L5/S1 disc prolapse with right S1 neural compression
Management Plan: Right L5/S1 microdiscectomy

Many thanks for your referral for Sheila McLean to be reviewed at spinal clinic. She is a 42 year old lady who attended with her eldest son. She presented with a chronic history of low back pain, mechanical in nature, without any red flags in association with right leg pain in S1 nerve root distribution. She describes fluctuating right leg pain predominantly controlled with regular painkillers and goes up to the posterior mid calf. She does have pins and needles involving her lateral border of her foot and sole. She has had back pain for many years and leg pain for 2 to 3 years. She has received physiotherapy in the past with some help. She is on Gabapentin, Diclofenac Sodium, Dihydrocodeine and Paracetamol tablets. She has no leg pain on her left side and normal bladder/bowel functions.

Past Medical History

Ms McLean works as a cleaner in city centre for the last 2 years. She lives in a house with 3 children of 16, 18 and 19 years of age. She is a chronic smoker for 30 years and she says she has now cut down smoking to 10 to 12 cigarettes per day. She drinks alcohol occasionally. She is otherwise in good health.

Examination

On examination she has normal gait, normal ability to stand on tiptoes, on heels and on either leg independently without any problem. Lumbar spine examination showed full range of flexion. Bilateral straight leg raise was normal with no root tension signs. Distal circulation and hip examination was ok. Objective sensory, motor and reflex examination was normal.

MRI

MRI scan of lumbar spine was reviewed. This showed no sinister pathologies. There was presence of disc degeneration at L4/5 and L5/S1 level with moderate size disc prolapse at right L5/S1 level with compression of right S1 nerve root.

Impression and Plan

I discussed with Ms McLean about her MRI findings. I have explained to her that her back pain is from her ongoing age related degeneration in her lumbar spine along with mechanical back pain. She understands that her leg pain is 2 to 3 years down the line and unlikely to be cured by nature. I have discussed with her the possible options in the form of leaving it alone or giving injection for short term relief versus surgical decompression. She is quite keen to go for operation. I have explained to her the possible benefits in the form of 60 to 70% improvement in her right leg pain but persistence of back pain. She understands the possible risks and complications including nerve injury, cauda equina syndrome, dural tear, infection and recurrence of sciatica. She appreciates the increased risk of infection rate and deep vein thrombosis in chronic smokers. I have reiterated the importance of smoking cessation today. I have put her name on the waiting list for right L5/S1 microdiscectomy.

Outcome Measures

Leg Pain - 5/10 Back Pain - 3/10 ODI - 16%

Yours sincerely

Mr Himanshu Sharma
BSC, MBBS, MS(Orth), MCh(Orth), FRCS(Tr & Orth)
Locum Orthopaedic Spinal Surgeon

50740276M

Patient Details

Surname	MCLEAN
Forename	SHEILA
CHI	0103696261
GP Details	LYON, SUSAN DRUMCHAPEL HEALTH CENTRE, 80/90 KINFAUNS DRIVE, GLASGOW
Age	
Hospital CRNs	50740276M

Referral Details

Date Received	30/08/2011 10:04:05
ReferralID	7198306
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE 30/08/2011 10:18:54

ROUTINE 30/08/2011 13:01:47 MRI prior to appointment

Redirection Information Specialty	Hospital	Reason	Redirected Date	Redirected By
Trauma & Orthopaedic - Spine	Western Infirmary/Gartnavel General	Record Creation	30/08/2011 10:18	Gillian McLean

1x3 1+3

Gaba + Diclo + Para + DHC ✓ ✓

(physio ✓ last year

Tracking/Vetting Details

Cancer Code	
Date Vetted	30/08/2011 13:01:47
Vetting Status	Vetted
Outcome	Straight to Test
Vetted By	Himanshu Sharma
Tests	
Clinics	
Consultant	
Site	Western Infirmary/Gartnavel General
Instructions	
HRCompleted	False

– 42/F

– LBP – chr.

– Rt leg pain 7 S1, Post mid calf (2½ yrs) PIN

Pain-killers, ↑ treatment,

– BPB

(Sm 10-12/d

(T 30 yrs

(Alc – occasional

Cleaner – City centre

(my – 19, 18, 16 yrs house)

– options

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

Trauma & Orthopaedic - Spine
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

— **Hospital and hospital address**

Hospital location code.
G516H
Email address
-

Urgency of referral	ROUTINE	**Date sent**	30-Aug-2011
Date of referral	30-Aug-2011		

PATIENT DETAILS

Surname	Mclean
Forename(s)	Shella
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient\'s address

11A Jedworth Ave
GLASGOW
G15 7QB

Contact number(s)

Voice: 07544103124

101002465735I

Unique Care Pathway Number: 101002465735I

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Dr Nugent and Partners (18829)		
Practice code	40436		

Practice address

80-90 Kinfauns Drive
Drumchapel
Glasgow

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. Judith Marshall		
GMC code	6102347	GP code	03191
Practice name	Dr Nugent & Partners (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Contact number(s)

Voice: 0141 211 6100

** Please address any correspondence to Dr Angela Martin **

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sciatica

Comment: I wonder if you would see this lady who has longstanding symptoms of sciatica. This has bothered her for years with low back ache and radiation down her right leg. She has a patch of numbness in the S2 area of her right leg. Despite this she actually has quite good range of movement in her lumbar spine and straight leg raise. She remains on co-codamol, gabapentin and diclofenac and these have been fairly longstanding prescriptions. She feels she is unable to do without them. She has seen physiotherapy in the past but this only provided some benefit.
I wonder whther she warrants and MRI scan to assess whther anything further can be done.
many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
H/O: tubal ligation	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	07-Dec-1983	07-Dec-1983
Gastroenteritis	24-Mar-1970	24-Mar-1970

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol And Dihydrocodeine Tablets 500 mg 30 mg	100	100 TABS	1 or 2 Tabs 4 times daily	-	26-May-2011	22-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 inhaler	TWO PUFFS TO BE INHALED WHEN REQUIRED	-	30-Aug-2011	30-Aug-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	26-Jul-2011	22-Aug-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	26-Jul-2011	22-Aug-2011
Amoxicillin Capsules 500 mg	21	21 CAPS	1 Cap tds	-	24-Mar-2011	24-Mar-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	24-Mar-2011	24-Mar-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	05-Apr-2011	05-Apr-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	05-Apr-2011	05-Apr-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	05-May-2011	05-May-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	18-May-2011	18-May-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	26-May-2011	26-May-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	26-May-2011	26-May-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	priority=2	18-May-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	24-Mar-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Current smoker:	Disease: SPICE Basic Health Values, priority=2	15-Oct-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Stopped drinking alcohol:		23-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Correspondence recipient:Dr Angela Martin

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

Name: ***MS SHEILA MCLEAN*** Date Of Birth: ***01/03/1969***

CRN: ***50740276M*** Change CHI No: ***0103696261*** Sex: ***F***

Address: ***11A JEDWORTH AVENUE GLASGOW G15 7QB***

Existing appointment list for selected patient - Current

History | Exit | Help

	CRN	Clinic	Consultant	Coding	*Date*	Time	Status	CNA's	Type	Validation Status	C Hi
◉	50740276M	W-RESP GP SPIRO	(RESP) TECH-RESP-CARTER	AC	20/01/2012	09:30	Booked	0	NEW ROUTINE		C De

History | Exit | Help

Home | Patient Register | MRT | OPWL | PFB | CLINIC RECEPT | UPDATE APPT | RE-BOOK CANC | BOOK FOLLOW UP | TODAYS CLINICS | IPWL | ADM | PATIENT EXPLORER | CHANGE HOSP | REF SEARCH | REF LIST | Log Out

GENERAL SURGICAL UNIT
Western Infirmary, Dumbarton Road, GLASGOW, G11 6NT
Tel: 0141-211-1750 Fax: 0141-211-1711

DISCHARGE SUMMARY

Consultant in charge: Mr Vladyslav Shumeyko

Patient:	**Sheila McLean**	**Age:**	**Hosp.no. 50740276M**
Address:	**11a Jedworth Avenue Glasgow G15 7QB**	**Date of birth:**	**01/03/1969**
		CHI number	**0103696261**
Admitted:	**11 Sep 2009**	**Discharged:**	**11 Sep 2009**
Diagnosis:		**Procedures:**	

Our Ref: VS/CB

Dictated: 29 September 2009
Typed: 06 October 2009

Dr S Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

This lady was admitted as an emergency on 11th September with a right axilla abscess, which was aspirated on the ward. She was given a course of antibiotics and the abscess was reduced in size and continued to discharge. She was allowed to go home later the same day to continue on her antibiotics. We have not made any further arrangements to see her on this occasion and would be grateful if you could review her in your surgery to see if she continues to improve. We would be happy to see her again if there is a clinical need.

Yours sincerely

Mr Vladyslav Shumeyko
Consultant Surgeon

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 12/09/2009 12:30
Printed: 12/09/2009 12:30

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone : 0141 - 211 - 2000

Admitted: 11/09/2009 Discharged: 11/09/2009
Discharged to: Home
Ward: L10W
Consultant: DR SHUMEYKO, General Surgery
Hospital No: 50740276M Date of birth: 01/03/1969
CHI: 0103696261

REGISTERED GP

Dr SUSAN LYON
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

SHEILA MCLEAN
11A JEDWORTH AVENUE
GLASGOW
G15 7QB

DIAGNOSES	ICD10	PROCEDURES	OPCS4
1. Abscess, 11/09/2009	L020		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Augmentin	Tab	Oral	625mg	X		X		X		30	30

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic | Consultant | Date
No arrangements made

Outpatient Investigations | Date
No arrangements made

Community Care | Date | Reason
No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

This lady presented with a 10cm R axillary abscess. She was very distressed but was much better once the abscess was aspirated on the ward. A small volume of haemopurulent fluid was aspirated. The abscess has reduced in size and is now discharging slowly. The wound was dressed and she has been sent home with dressings and 10 day course of augmentin. We have advised her to consult yourself if the abscess does not settle accordingly by next Friday. If a problem arises in the meantime, we are happy to see her again.

Thank you

Signed: _____ Designation: _____

Contact: Katrina Knight Pager Number:

ppendix 1

FORMATION REGARDING PATIENTS WHO WISH TO SMOKE

ATIENT NAME: Sheila McLean D.O.B. 1/3/69

ave been advised by the nursing staff that NHS Greater Glasgow and yde, including this hospital operates a No-Smoking Policy. This will be ed within my nursing notes.

is means that smoking is not permitted within the hospital or hospital ounds. There are no exceptions to this.

m aware that if I leave the ward and grounds of the hospital to smoke at I will have to accept full responsibility for any adverse outcome.

he Organisation and its Clinical staff will only be responsible for my re within the ward or department.

pport to stop smoking will be available to me if I wish to utilise this rvice.

ATIENT SIGNATURE Sheila McLean

URSES NAME C. Mathieson

URSES SIGNATURE C. Mathieson

ATE 11/9/09

24/03/1970 None High Gastroenteritis

Last Encounter

Locum 1 Date: 11/09/2009

right axilllary abscess. Has had one before and had it lance with out anaesthetic, the most painful thing she's ever had done. very distressed by it. plan refer surgical

Last 4 Clinical Notes

Date	Clinical Notes
11/09/2009	right axilllary abscess. Has had one before and had it lance with out anaesthetic, the most painful thing she's ever had done. very distressed by it. plan refer surgical
30/09/2008	Cawston
10/09/2008	Palmar plantar dermatitis.Some itchy blistering on hands but more marked on sole R foot-quite large raw area-weepy but not obviously infected.Rx fucibet & e45.Advice R/v prn.No obvuious precipitant.
17/07/2007	Cawston- recurring back problems has had physio in past no leg symptoms yet but afraid going to develop, no CNS/sphincter symptoms, analgesia given SEs discussed and open access physio recommended

Dear Doctor

Thanks for seeing this 40yr old women who presents with a Right axillary abscess.
She is very distressed having had one lanced in hospital before without any anaesthetic. She described it as the most painful thing she has had done & is very distressed about attending hospital again.
I'd be grateful if it could be I+D under anaesthetic
Thanks. Yours sincerely
Dr F. Mason - GP Locum

Registration

Miss Sheila Mclean
11 A Jedworth Ave
GLASGOW
G15 7QB
Telephone: 07544103124

Service Code: Permanent
DoB: 01/03/1969
Age: 40

Contact: ?
ContactRelship: ?
Email: ?
CHI Number: 0103696261
NHS Number: S644/8/69/262
Dispensing: No
Occupation:
Marital Status: Unknown
Registered GP: Dr SC Lyon
Repeat Consultation: 04/06/1999
Acute Consultation: 11/09/2009

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
03/05/2003	None	High	Notes summary on computer	
05/12/1995	None	High	H/O: tubal ligation	
04/12/1995	None	High	Delivery by elective caesarean section	
27/09/1993	None	High	Delivery by elective caesarean section	
12/11/1992	None	High	Delivery by emergency caesarean section	
07/10/1986	None	High	Delivery by emergency caesarean section	
07/12/1983	None	High	Anal fissure and fistula	
24/11/1982	None	High	[D]Abdominal pain	
24/03/1970	None	High	Gastroenteritis	
16/02/1997	None	Medium	gems TREATMENT CENTRE	
25/01/1991	None	Medium	Smear Letter Sent	
	None	Medium	Screening due	Unknown Location

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
03/05/2003	None	High	Notes summary on computer	
05/12/1995	None	High	H/O: tubal ligation	
04/12/1995	None	High	Delivery by elective caesarean section	
27/09/1993	None	High	Delivery by elective caesarean section	
12/11/1992	None	High	Delivery by emergency caesarean section	
07/10/1986	None	High	Delivery by emergency caesarean section	
07/12/1983	None	High	Anal fissure and fistula	
24/11/1982	None	High	[D]Abdominal pain	

North Glasgow University Hospitals
Division

Department of Dermatology
G9, Third Floor
Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

DIRECT LINE: 0141 211 2226

NHS
Greater
Glasgow

Dear Practice Nurse

50740276M
MCLEAN F
SHEILA 01/03/1969
11a Jedworth Avenue

GLASGOW G15 7QB
CHI-0103696261

Your patient ....., has undergone skin surgery in our department today ..... For their convenience, I would be grateful if you could arrange to remove the sutures on .....

Please do not hesitate to contact me on the above number if there are any post-operative problems.

Your patient will / will not be seen again at our clinic.

Yours faithfully

..... (Please print name underneath)

NUMBER OF CUTICULAR SUTURES:

POSITIVE ABOUT DISABLED PEOPLE

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Secretary: 0141 211 2540
Fax: 0141 211 6263

DEPARTMENT OF DERMATOLOGY

MV/AMN/50740276M

Dictated: 13.02.06
Typed: 04.03.06

Dr J McAtear
Drumchapel Health Centre
80/90 Kinfauns Drive
DRUMCHAPEL
G15 7TS

Dear Dr McAtear,

Sheila McLean, 11A Jedworth Avenue, Glasgow, G15 7QB
DOB: 01.03.69 Hospital No. 50740276M

DIAGNOSIS: ? Milia cyst

A lesion was curetted from this lady's upper right eyelid with a clinical diagnosis of a milia cyst. Histology shows small fragments of keratinous debris insufficient for a proper diagnosis.

Yours sincerely

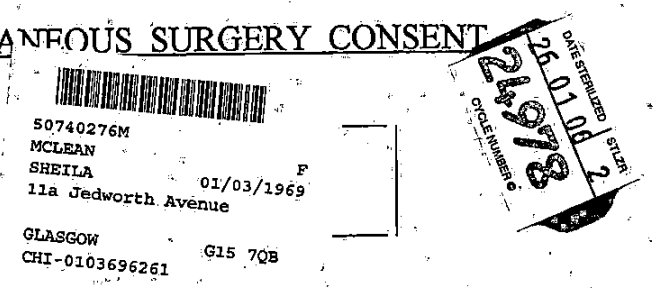
MANEESHA VATVE
SPECIALIST REGISTRAR in DERMATOLOGY

Department of Dermatology
G9, Third Floor
Western Infirmary
GLASGOW
G11 6NT

Direct Line: 0141 211 2455

Date: 30.1.06

CUTANEOUS SURGERY CONSENT



NAME
DATE OF BIRTH
HOSPITAL NUMBER

I ..... consent to undergo / submit my child / ward

..... to the operation of

C+C Right eyelid

The reason for undergoing this procedure and the details of this operation have been fully explained to me by Dr McMonagle

I consent to the use of local injectable anaesthetic. I understand that the procedure will inevitably result in some degree of scarring. Whilst every care and attention will be paid by the operating doctor, complications can on rare occasions occur and these are listed overleaf and have been explained to me by the doctor. I further understand that any information resulting from this biopsy maybe used in a confidential manner for clinical research and investigation.

SIGNED Sheila McLean (PATIENT) SIGNED ..... (DOCTOR)

OPERATION NOTE

PROCEDURE
LOCAL ANAESTHETIC

C+C (R) eyelid

- ☐ LIGNOCAINE 0.5% + ADRENALINE
- ☐ LIGNOCAINE 1% + ADRENALINE
- ☐ LIGNOCAINE 2% + ADRENALINE
- ☐ MARCAIN 0.25% + ADRENALINE
- ☐ LIGNOCAINE 0.5%
- ☐ LIGNOCAINE 1%
- ☐ LIGNOCAINE 2%

ANATOMICAL SITE OF BIOPSY:

- ☐ HISTOLOGY
- ☐ I.F.
- ☐ OTHER

HAEMOSTASIS:

- ☐ CHEMICAL
- ☐ HYFRECATOR
- ☐ LIGATURES

SUTURES: Subcuticular ☐ TYPE: ..... NUMBER .....
Cuticular ☐ TYPE: ..... NUMBER: .....

Removal of Sutures: 0 Signed: ..... Follow Up Appointment: .....

Consultants:

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dr Paula Beattie MRCP
Dr David Burden MD FRCP
Dr Felicity A Campbell FRCP MRCGP DRCOG
Dr Robert M Herd MSc MD FRCP
Dr Pamela McHenry MD MRCP
Dr David Tillman PhD FRCP

Tel: 0141 211 6259
Fax: 0141 211 6263

DEPARTMENT OF DERMATOLOGY
Dr Herd's Clinic

MV/LH/ 50740276M
CHI: 0103696261

Dictated: 28/11/2005
Typed: 04/12/2005

Dr J McAtear
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr McAtear

Re: Sheila McLean Dob: 01/03/1969
11A Jedworth Avenue Glasgow G15 7QB

DIAGNOSIS: Milia Cyst – Right, Lower Eyelid

MANAGEMENT: Curettage and cautery booked for 30th January 2006

FOLLOW UP: Nil

Thank you for referring this lady with a yellowish cyst under her right, lower eyelid, which has slowly increased in size.

Clinically, this is a milia cyst and it will be removed as above.

We will confirm the histology when it is available.

Yours sincerely

Maneesha Vatve
SpR in Dermatology

wfl

5074027GM

Hospital use only	Clinic	Day	Time	Hospital No.
	Dr Hood	Date 28/11/05	10.15	

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Dermatology A7
G General Referral

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

Western Infirmary/Gartnavel General

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

Hospital unit no.

Email address

Urgency of referral Routine

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261

Patient's address

11 A Jedworth Ave
GLASGOW
G15 7QB

Contact number(s)

Voice: 0797 949 0723

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	G06084
Practice name	Drumchapel Health Centre		
Practice code	40436		

Practice address

80 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100

REFERRING PRACTITIONER DETAILS

Name	Dr J McAtear		
GMC code	3298581	GP code	G0
Practice name	-		
Practice code	40436		

Practice address

Contact number(s)

-

6/52

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Enlarging Whitehead

Comment: For recent months Mrs McLean has had an enlarging whitehead on her right lower eyelid. It is now within her field of vision and she requests removal of it. I would be grateful for your help with this matter.

Thank you.

Dr J McAtear

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
Delivery by elective caesarean section	-	-	-	04-Dec-1995
Delivery by elective caesarean section	-	-	-	27-Sep-1993
Delivery by emergency caesarean section	-	-	-	12-Nov-1992
Delivery by emergency caesarean section	-	-	-	07-Oct-1986
Anal fissure and fistula	-	-	-	07-Dec-1983
Gastroenteritis	-	-	-	24-Mar-1970

Past procedures

Description	Laterality	Modifier	Date performed
Screening due	-	Unknown Location	-

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day 0 (current smoker)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Preferred gender of consultant:No preference

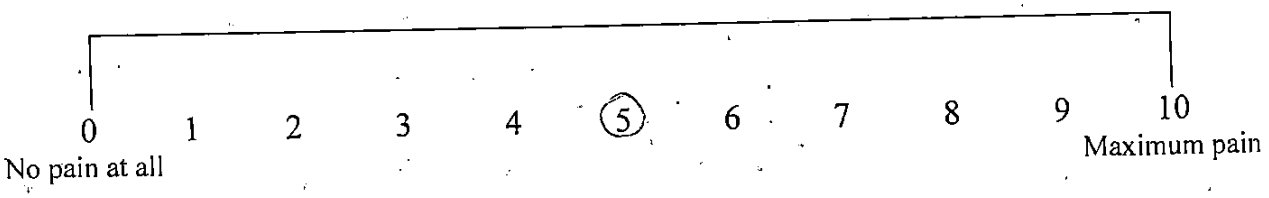
Signature of referring doctor (or other professional) **Date**

50740276M F
MCLEAN 01/03/1969
SHEILA
11a Jedworth Avenue
GLASGOW G15 7QB
CHI-0103696261

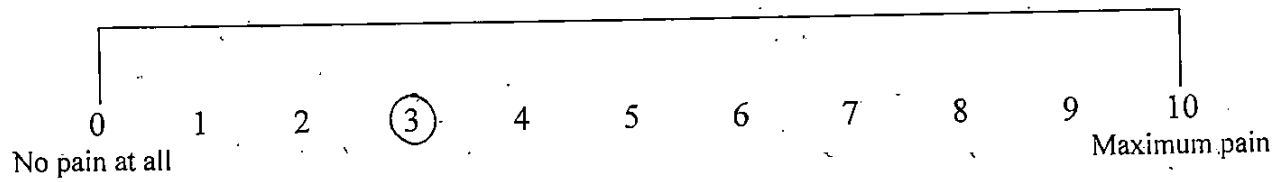
Visual Analogue Scale for Pain

[Please circle at the point that you feel best answers the question]

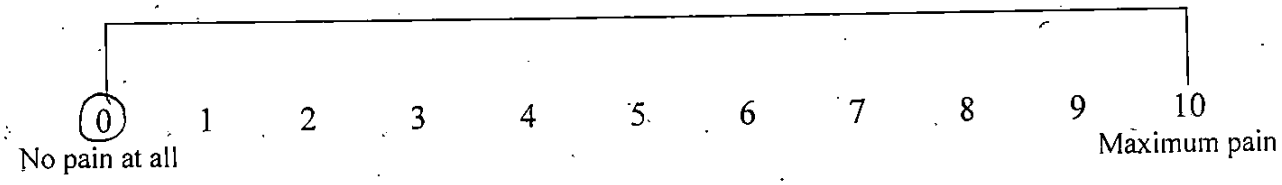
1. Please mark on the line below how much pain you have had from your **leg**, on average, over the past week.



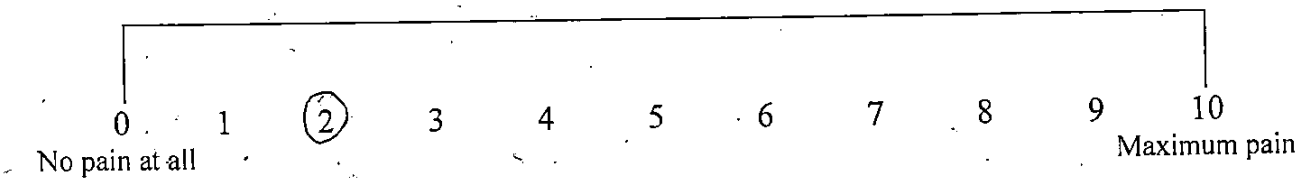
2. Please mark on the line below how much pain you have had from your **back**, on average, over the past week.



3. Please mark on the line below how much pain you have had from your **Arm**, on average, over the past week.



4. Please mark on the line below how much pain you have had from your **Neck**, on average, over the past week.



50740276M
MCLEAN F
SHEILA 01/03/1969
11a Jedworth Avenue

GLASGOW G15 7QB
CHI-0103696261

WESTRY DISABILITY INDEX FOR LOW BACK PAIN

This section has been designed to give the doctor information as to how your back pain has affected your ability to manage in every-day life. Please answer every section and mark in each section only **ONE** statement which applies to you. We realise you may consider that two of the statements in any one section relate to you but please just tick the statement which most closely describes your problem. [**IT IS IMPORTANT TO ANSWER EACH SECTION**]

SECTION 1 - PAIN INTENSITY

[ ] I have no pain at the moment.
[✓] The pain is very mild at the moment.
[ ] The pain is moderate at the moment.
[ ] The pain is fairly severe at the moment
[ ] The pain is very severe at the moment.
[ ] The pain is the worst imaginable at the moment.

SECTION 2-PERSONAL CARE (Washing, dressing etc.)

[✓] I can look after myself normally without causing extra pain.
[ ] I can look after myself normally but it is very painful.
[ ] It is painful to look after myself and I am slow and reful.
[ ] I need some help but manage most of my personal care.
[ ] I need help every day in most aspects of self care.
[ ] I do get dressed; wash with difficulty; and stay in bed.

SECTION 3 – LIFTING

[ ] I can lift heavy weights without extra pain.
[✓] I can lift heavy weights but it gives extra pain.
[ ] Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned e.g. on a table.
[ ] Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
[ ] I can lift only very light weights.
[ ] I cannot lift or carry anything at all.

ECTION 4 – WALKING

[ ]Pain does not prevent me walking any distance
[✓]Pain prevents me walking more than 1 mile.
[ ] Pain prevents me walking more than a quarter of a mile.
[ ] Pain prevents me walking more than 100 yards.
[ ] I can only walk if I use a stick or crutches.
[ ] I am in bed most of the time and have to crawl to the toilet.

SECTION 5 – SITTING

[✓] I can sit in any chair as long as I like.
[ ] I can sit in my favourite chair as long as I like.
[ ] Pain prevents me from sitting more than 1 hour.
[ ] Pain prevents me from sitting more than half an hour.
[ ] Pain prevents me from sitting more than 10 minutes.
[ ] Pain prevents me from sitting at all.

SECTION 6 – STANDING

[ ] I can stand as long as I want without extra pain.
[✓] I can stand as long as I want, but it gives me extra pain.
[ ] Pain prevents me from standing for more than 1 hour.
[ ] Pain prevents me from standing for more than half an hour.
[ ] Pain prevents me from standing for more than 10 minutes.
[ ] Pain prevents me from standing at all.

SECTION 7 – SLEEP

[ ] My sleep is never disturbed by pain
[✓] My sleep is occasionally disturbed by pain
[ ] Because of pain I have less than 6 hours sleep.
[ ] Because of pain I have less than 4 hours sleep.
[ ] Because of pain I have less than 2 hours sleep.
[ ] Pain prevents me from sleeping at all.

SECTION 8 - SEX LIFE

[ ] My sex life is normal and causes no extra pain.
[✓] My sex life is normal but causes some extra pain.
[ ] My sex life is nearly normal but is very painful.
[ ] My sex life is severely restricted by pain.
[ ] My sex life is nearly absent because of pain.
[ ] Pain prevents any sex life at all.

SECTION 9 - SOCIAL LIFE

[ ] My social life is normal and causes me no extra pain.
[✓] My social life is normal but increases the degree of pain.
[ ] Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g.. sport, etc
[ ] Pain has restricted my social life and I do not go out as often.
[ ] Pain has restricted my social life to my home.
[ ] I have no social life because of pain.

SECTION 10 – TRAVELLING

[ ] I can travel anywhere without pain.
[✓] I can travel anywhere but it gives extra pain.
[ ] Pain is bad but I manage journeys over 2 hours.
[ ] Pain restricts me to journeys of less than 1 hour.
[ ] Pain restricts me to short necessary journeys under 30 minutes.
[ ] Pain prevents me travelling except to receive treatment.

16

Back

CRIS: 5982540 Patient Details Address GP

Hospital No **50740276M**

Chi No. **0103696261**

Surname **MCLEAN**

Forenames **SHEILA**

DoB **01/03/1969** **Female**

11A JEDWORTH AVENUE
GLASGOW
G15 7QB

Film Location **Not traced since creation**

Search Enquire Result Log off

Attended	Ward	Referrer
21/09/2011 @ 0936	**G516HOPORTH**	**Dr Himanshu Sharma**

Verified Report

Clinical History :
Chronic back pain and CT, with pain radiating down right leg. Patch of numbness in the S2 distribution on this leg. Little benefit from physiotherapy and analgesia.

Reported	Typed	Verified
By: Dr Rhona Stevens	By: Dr Rhona Stevens	By: Dr Rhona Stevens
On: 03/10/2011	On: 03/10/2011	On 03/10/2011
At:	At: 0936	At: 1249

Verified Report

MRI Spine lumbar and sacral :
Sagittal T1 and T2 weighted images plus axial T1 and T2 weighted images through the three lowest mobile disc spaces.

Normal lumbar segmentation is assumed. Normal marrow signal throughout. The conus lies at a physiological level.

At L3/L4, appearances are unremarkable.
At L4/L5, there is a mild posterior left lateral disc bulge. This is seen within the inferior aspect of the left intervertebral foramen but the epidural fat surrounding L4 remains intact.
At L5/S1, there is a small posterior central disc protrusion. The L5 nerve roots are unremarkable in the intervertebral foramina. There is some effacement of the epidural fat surrounding the right S1 nerve root which appears minimally displaced posteriorly.
In summary, there is a mild central disc protrusion at L5/S1 which appears to slightly displace the right S1 nerve root posteriorly.

Reported	Typed	Verified
By: Dr Rhona Stevens	By: Dr Rhona Stevens	By: Dr Rhona Stevens
On: 03/10/2011	On: 03/10/2011	On 03/10/2011
At:	At: 0936	At: 1249

Back Log off

North Glasgow University Hospitals Division

MV

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,06.0001700 CHI No.

Name:MCLEAN SHEILA DOB/Age:01.03.69
Post code:G15 7QB

Hosp.No(orPath.Comp.Ref.ZP): 50740276M

Consultant:DR. HERD Location:Dermathopathology, WIG

CURETTAGE OF LESION RIGHT EYELID

Clinical History

Milia cyst.

Gross

This is a piece of tissue measuring 3x1x1mm.

Microscopy

Sections show only a small fragment of keratinous debris which is insufficient for histological diagnosis.

J Bell
F Duthie

EM

Date collected 30.01.06
Date received 30.01.06
Date reported 06.02.06

Accident and Emergency Department
Western Infirmary

NHS
Greater Glasgow and Clyde
Western Infirmary
Glasgow G11 6NT
Tel: 0141 211 2409/2304
Fax: 0141 211 2559

50740276M

A&E No. 09043016

4

Surname	MCLEAN	**Forename**	SHEILA	**Title:** MS
Address:	11A JEDWORTH AVENUE	**Postcode**	G15 7QB	**CHI No:**0103696261
	GLASGOW	**Telephone:**	07544103124	
Date of Birth:	01.03.69	**Sex:**	F	**Age:** 40 yrs

GP Name:	LYON SUSAN		
Address:	DRUMCHAPEL HEALTH ... 80/90 KINFAUNS DRIVE GLASGOW	**Postcode**	G15 7TS
		Telephone:	0141 211 6100

Next of Kin	DANIEL		
Relationship:	BROTHER		
Address:		**Postcode**	
		Telephone:	07597265341
Primary Carer:			

Date of Attendance: 11.09.09 11:38
Date of Incident:
Presenting Complaint: WOUND 36.2

Triage GP REF AXILLIARY ABSCESS **Tetanus Cover:**

Allergies:

P= 100 **BP=** 106/72 **RR=** 16 **Sat=** 99 **BM=** **Temp=**

PF= **GCS=** E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

Patient's name _____ Age _____ Date of Birth _____

NURSING DOCUMENTATION - EMERGENCY DEPARTMENT

Date _____ Time _____ Triage Nurse _____ PC _____

_____

_____

_____ Triage category 1 2 3 4 5

Relatives present: Relatives informed:

INITIAL VITAL SIGNS

at:(Time) _____
HR: _____
BP: _____
RR: _____
SaO_2: _____
Temp: _____
G.C.S: _____
Signed _____

INITIAL MANAGEMENT

Nurse _____

Oxygen started _____ %: Signed _____ ECG: Signed _____

Signed _____

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

TIME	hrs									1
EYES OPEN	spontaneously 4									eye closed by swelling =C
	to speech 3									
	to pain 2									
	none 1									
RESPONSIVENESS — BEST VERBAL RESPONSE	orientated 5									Endotracheal tube or Tracheostomy= E
	confused 4									
	inappropriate words 3									Dysphasa=D
	incomprehensible sounds 2									
	none 1									
BEST MOTOR RESPONSE	obey commands 6									Record the best arm response
	localises pain 5									
	normal flexion to pain 4									Paralysed =P
	abnormal flexion to pain 3									
	extention to pain 2									
	none 1									
	COMA SCORE 15									
PUPILS — RIGHT	size (mm)									2 += Reacts - =No Recaction C= Eye closed SL= sluggish pupil
	Reaction									
LEFT	size (mm)									
	Reaction									
LIMB MOVEMENT — ARMS	Normal power									3 Record right (R) and left (L) seperatly if there is a difference between the two sides Fractured limb = #
	Mild weakness									
	Severe weakness									
	Extention									
	No response									
LEGS	Normal power									
	Mild weakness									
	Severe weakness									
	Extention									
	No response									
PUPIL SCALE (mm) 1 2 3 4 5 6 7	230									4 40
	220									39
	210									38
BLOOD PRESSURE mm Hg	200									37 Temp C°
	190									36
	180									35
	170									34
	160									33
	150									32
	140									31
	130									30
	120									
	110									
	100									
	90									
PULSE RATE	80									
	70									
	60									
	50									
	40									
	30									
	RESPIRATORY RATE									5
	SaO_2									
	NURSE INITIALS									6

BLOOD GLUCOSE BM STIX	Time				
	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	pH L. eye		R. eye		

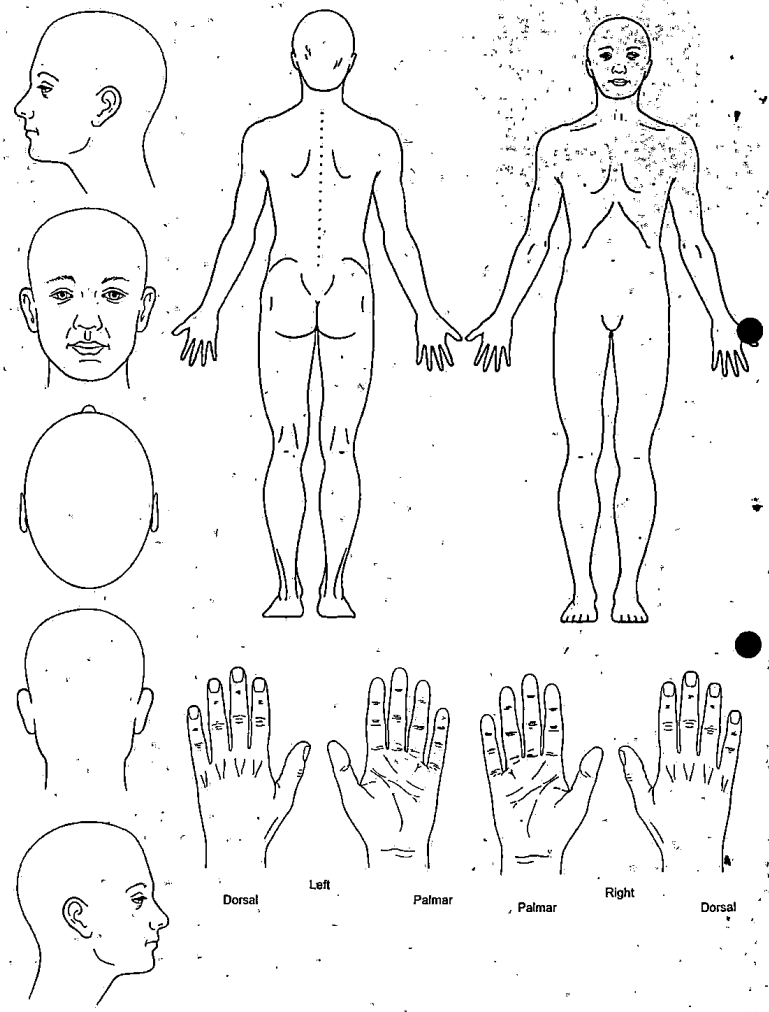
Signed: _____

URINALYSIS

Urobilinogen µmol/L	Normal 3 16	33	66	131			
Protein gm/L	Neg	Trace	0.30 +	1 ++	3 +++	>20 ++++	
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
Blood	Neg	Non Haem	Haem Trace	Small +	Mod ++	Large +++	
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Ketones mmol/L	Neg	Trace 0.5	Small 1.5	Mod 4	Large 8	Large 16	
Bilirubin	Neg	Small +	Mod ++	Large +++			
Glucose mmol/L	Neg	5.5 Trace	14 +	28 ++	55 +++	111 ++++	
Nitrites	Neg			Positive			
Leucocytes	Neg	Trace	Small +	Mod ++	Large +++		
BHCG	+ ve		- ve				

Signed: _____

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds



Left Dorsal Palmar Right Palmar Dorsal

Signed _____

CLINICAL NOTES - EMERGENCY MEDICINE

Consultant _____ Seen by _____

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time): _____

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

CLINICAL NOTES - EMERGENCY MEDICINE

Date

UNITARY MEDICAL RECORD and EXAMINATION

Consultant: SALIMEYHO Seen by: N.GRAHAM

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER *(Please circle)* At (time) ______

Date	HISTORY
	Presenting Complaint:
	(R) AXILLARY ABSCESS
	History of Presenting Complaint:
	(c) BEEN PRESENT FOR 1 WEEK, DRAINING
	+ ONCE OCCURRED 6 YRS AGO IN SAME LOCATION
	LANCED WITH NO ANAESTHETIC – DRAIN TTT
	AGO, NO HEAD.
	No TMP
	NO DIARRHOEA.
	Ø VOMIT.
	Ø WEIGHT LOSS.
	Ø APPETITE LOSS.

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Past Medical History:

C-SECTIONS 6x
SCIATICA

- Diabetes X
- Obesity X
- Hypertension X
- MI
- CABG X
- Rheumatic Fever X
- TB X

Allergies

NKDA

Drug History:

NO MEDS

Family and Social History:

3 KIDS.
UNEMPLOYED
SMOKE 10/DAY. 22 YRS
DRINKS 2x WEEKLY. 6x TONIGHTS PER SITTING

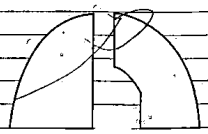
EXAMINATION

Vital Signs: BP 106/72 P 100 RR 16 T 36.8 General Appearance: PT ANXIOUS + TEARFUL

O_2 Sat 99

Cardiovascular 1+1+0
NO SIGN OF ANEMIA

Respiratory CHEST CLEAR
MARK CENT



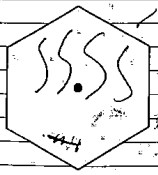
MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Abdominal PAIN NOT HERE

ABDO SCAR ASNT

SCAR

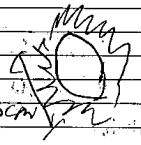


Central / Peripheral Nervous System GCS 15

EO MR VR

NOT TESTED

Other



3CM

GLUTEAL A
ACUTE TENDER SWELLING
- 3cm IN DIAMETER

INVESTIGATIONS DONE Time

U & E's	✓	GLUC		LFT's	✓	Para/Sal		Troponin		D - Dimer	
FBC		COAG		Blood Cultures		MSU		ABG			

ECG

CXR NOT DONE

Other

DIFFERENTIAL DIAGNOSIS

ANAL ABSCESS

MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

PLAN

REVIEW RE: SURGICAL DRAINAGE
Pt NOT RE
CHASE BLOODS

Name M. C——— Sign N. SRAUKI Grade FY1

Date 11/9/09 Time 13.20

SENIOR REVIEW

SURGICAL ONCALL

11/9/09 (40) CP ref with (R) axillary abscess.

4/7 h/o of painful abscess in (R) axilla / lanced in A+E
Worsening + ↑ in size. V. painful
Recurrence — had abscess at same site 5yrs ago
Systemically well, apyrexial, no rigors, no fevers

Smokes cannabis + cigarettes. Denies any IVDU

PMHx Sciatica DHx NKDA

O/E Red hot 5cm abscess on surface with fluctuant surrounding tissue deeper in (R) axilla.
Exquisitely tender to touch

Last Ate/drank 11:15am

(P) NBM
Senior r/v ?ASx ?I+D.

M. Ma[illegible]
M. MACLURE
GPST1

Name Sign Grade Date Time

Date

CONSULTANT REVIEW

1600 Abscess drained small amount of fluid
Sent to micro for C+S.
Now discharging freely.

(P) Dress wound
(H) on augmentin
GP to review in 1/52

K Knight FY1

Name Sign Date Time

Results

Biochemistry		Haematology	Other
Na	Paracetamol	Hb	CXR
K	Salicylate	MCV	
CL		WCC	
Ur	D - Dimer	NEUT	
Cr		Platelets	
Gluc			
Ca^{2+}	ABG	INR	
Troponin		APTT	
Amylase	O_2	PT	
Bil	CO_2		
AST	H^+		
ALT	BI		
ALP	BE		
γGT			
ALB	COHb		
CRP			

DRUGS PRESCRIBED

Date given	Drug *(BLOCK CAPITALS)*	Dose	Method of Administration	Time of Administration	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

North Glasgow University Hospitals Division

NHS Greater Glasgow

OUT-PATIENT HISTORY

NAME:	50740276M MCLEAN F SHEILA 01/03/1969 11a Jedworth Avenue	...al No.
PHYS./ SURG.	GLASGOW G15 7QB CHI-0103696261	

DATE	
28/11/05	DR HERD
	Yellowish cyst under (R) lower eyelid
	↑ size slowly
	O/E. milia cyst
	(P) c/c 30/1/06
	[signature]

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: MCLEAN SHEILA F Unit number: 50740276M CHI number: CHI-0103696261 DOB: 01/03/1969 11A JEDWORTH AVENUE GLASGOW G15 7QB *Apply addressograph label.*	Ward: Law Discharge destination: Home **Estimated Discharge Date** (1) 11/9/09 **Estimated Discharge Date** (2) / / Final date of discharge : 11/9/09

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		DM	
Relative/carer informed		✓	DM	
Others informed: Care Home		✓	DM	
Transport arranged				
Own transport (preferred option)	✓		DM	
Ambulance-1 man/ 2 man am/pm		✓	DM	
Other: Flight, Air ambulance etc.		✓	DM	
Discharge medication				
Discharge prescription completed	✓	DM		
Compliance aids e.g. Dossette Box (involve pharmacist)	✓	✓	DM	
Medication received	✓		DM	
Medication explained to patient and/or relative/carer	✓		DM	
Own medication returned to patient		✓	DM	
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓	DM	
Informed of discharge				
Social work/ Other agencies/Home help		✓	DM	
Physiotherapist		✓	DM	
Occupational Therapist		✓	DM	
Dietician		✓	DM	
Speech and Language Therapist		✓	DM	
Clinical Nurse specialist e.g. Care Home Liaison		✓	DM	
Liaison/ District Nurse/Practice Nurse		✓	DM	
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓	DM	
Patients clothing available for day of discharge		✓	DM	
Valuables e.g. cashier		✓	DM	
Intravenous cannula removed		✓	DM	
Equipment ordered (inc. walking aids) in place for discharge		✓	DM	
Part 2 Discharge letter - Required		✓	DM	
- Completed		✓	DM	
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow		✓		
If unknown at time of discharge state reason		✓		
Additional information / leaflets / factsheets				
Time of Discharge: 1800				
Nurse's signature: O'Neill	Designation: S/N		Date: 11/9/09	

FORM NUMBER 0005752

VI MEDICAL ILLUSTRATION • DISCHARGE • 12410/14.01.08

Patient Profile

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Ward: 4CW **Date:** 11/9/9 **Time:** 12[10] (24hr clock)

Please print clearly in BLOCK CAPITALS

Title: Miss
Name:
Preferred name:
Address:

50740276M
MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE

GLASGOW G15 7QB
CHI-0103696261

DOB: 01/3/69 Age: 40
Hosp. No: 50740276M
Occupation: Unemployed
Religion: C of S
S.O.S. ☐ date: ☐☐/☐☐/☐☐
Interpreter required: ☐
(specify:)
Lives alone ☐

Consultant: Mr Shumeyko
Named Nurse ①: J. Hill
Admitting Nurse: G. Brookmyre
Named Nurse ②:
Relatives seen by Doctor ☐

1 NOK/Friend/Contact: David McLean
Address: Flat
Linden Flats
☎Day: 07595 265341.
☎Night:
Relationship: Brother
2 NOK/Friend/Contact: none given
Address:

☎Day:
☎Night:
Relationship:
NOK informed of admission ☑
NOK informed by: by sister
GP: Dr Lyon
Address: Drumchapel HC
☎: 211 6000

REASON FOR ADMISSION

(R) axillary abscess

Patient's perception of illness: fully mobile

Diagnosis:

Operation/Treatment:

Relevant PMH: (R) axillary abscess,

MEDICATION

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

OBSERVATIONS ON ADMISSION

Temperature	36.8 °C
Pulse	87 bpm
BP	113/80
Resp	16/SpO2 98%
Pain Score	1
Urinalysis	neg
Waterlow Score	
Height	5'2½" m
Weight	78.5 kg
Body Mass Index	
Blood sugar (if appropriate)	N/A mmols
Allergies	Yes ☐ No ☑

details:

PERSONAL BELONGINGS

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

00553.

FRA: 4
MUST:

DISCHARGE PLANNING

Boarding 1st 2nd 3rd	Signature	Time	Comments/Information
Informed: ward ☐ ☐ ☐ patient ☐ ☐ ☐ relatives ☐ ☐ ☐			
Date patient boarded: 1st: ☐☐/☐☐/☐☐ 2nd: ☐☐/☐☐/☐☐ 3rd: ☐☐/☐☐/☐☐			
Internal Transfers			
Transfer destination:			
Planned transfer date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Arranged with receiving area ☐			
Patient informed ☐			
NOK/Contact informed ☐			
Transport: stretcher ☐			
2 hand seat ☐			
chair ☐			
Escort ☐			
C notes ☐			
X-rays ☐			
Nursing notes & Drug Form ☐			
Property/Valuables listed ☐			
Catering ☐			
Dietitian ☐			
Physiotherapy ☐			
Occupational Therapist ☐			
Speech and Language Therapist ☐			
Discharge Checklist			
Planned discharge date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Date discussed with patient: ☐☐/☐☐/☐☐			
Date discussed with NOK/Contact: ☐☐/☐☐/☐☐			
T port: own ☐ ambulance ☐			
Ambulance ordered on: ☐☐/☐☐/☐☐ • type: _____ • order no.: _____			
District nurse ☐ /Liaison nurse ☐			
Home help: ☐			
Social work dept. ☐			
Discharge prescription ☐			
Discharge dressings ☐			
Patient information ☐			
Valuables/Cashier ☐			
Physiotherapy ☐			
Speech and Language Therapist ☐			
Out patient appointment ☐☐/☐☐/☐☐			
Other:			

50740276M
MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

Ward: LAW. Date: 11/9/19. Case Record No.:

ACTIVITIES OF DAILY LIVING

SLEEP

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

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

Stairs: Internal ☐ External ☐
Comments:

SMOKING

- Non-smoker ☐
- Smoker: 10. per day ☑
- Ex-smoker ☐
- Aware of hospital policy ☐

HYGIENE

- Bath ☐ Shower ☑
- Requires assistance ☐ Stand up wash ☐
- Skin assessment: patient states intact
- Other:

ELIMINATION

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

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

NUTRITION

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

SLEEP

- Hours/night Good sleeper. ☐
- Medication ☐
- details:

BREATHING

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

MENTAL STATE

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

50740276M
MCLEAN F
SHEILA 01/03/1969
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GLASGOW G15 7QB
CHI-0103696261

Ward: LOW Date: 11/9/9. Case Record No.:

CARE PLAN

		BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
11/9/9.		Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
11/9/9		**2.NUTRITION**		
		Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
11/9/9		**3.ELIMINATION**		
		Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter Size: Batch No:		
		Type of Material: H_2O in Balloon:		
		Type of Stoma Appliance:		
		4.MOBILITY		
11/9/9		Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5.OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
11/9/9.		TPR 3 x 4 daily.		
		BP		
		Pain Score		
		Fluid Balance		

50740276M F
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SHEILA
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Ward: LIAW Date: 11/9/9 Case Record No.:

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

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
11/9/9.	12[10]	11.	GP referral via A+E with	
			(R) axillary abscess	
		2.	NBM	
		3.	WSU	
		5.	Obs. stable	
		11.	Await medical review	[signature]
11/9/09	1935.	6	Abcess aspirated on ward.	
			D/C'd home with 10 days	
			~~[illegible]~~ Augmentin. & some	
			dressings.	
		11	Advised to return to A+E	
			if no improvement or if	
			abcess becomes worse.	[signature]

00630

EVALUATION OF CARE

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE

CARE PLAN

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

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

Signature of nurse: **Date:** ☐☐/☐☐/☐☐

SENSES

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

Other: _____

MOBILITY (Pre admission)

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

RELATIVE PARTICIPATION ☐

ALCOHOL INTAKE

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

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

PROFILE COMPLETED BY:

(Please print name in block capitals)
G. BROOKMYRE

Signature: _____

Designation: SN

Countersigned (if applicable):

OTHER RELEVANT INFORMATION

Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: ____________ Date: ____________

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Sign your full name clearly against each prescription entry.
4. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes.
5. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
6. The following metric unit abbreviations must be used –

Milligram = mg Gram = g
Millilitre = ml Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

7. The route of administration can be abbreviated using the following -

O = oral
IM = intramuscular
SC = subcutaneous
NG = nasogastric
PV = per vagina
NJ = nasojejunostomy
TOP = topical
NEB = nebulised
IV = intravenous
ID = intradermal
SL = sublingual
PR = per rectum
PEG = percutaneous endoscopic gastrostomy
RIG = radiologically inserted gastrostomy
PEJ = percutaneous endoscopic jejunostomy
ETT = endotracheal
INHAL = inhaled

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

PRESCRIPTION FORM

Hospital Name: ....

PATIENT DETAILS

50740276M
MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI 0103696261

Height:

Weight:

Surface area:

Date of writing discharge prescription: ___/___/___

Ward:

of Admission: ___/___/___

ultant Name:

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

DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: ___/___/___

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐
Oral ☐
Topical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

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

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

A DRUG: CLEXANE

DOSE: 20mg | ROUTE: SC | DATE: 11/9/9

SIGNATURE OF PRESCRIBER:

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

B DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

C DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

D DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

F DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

G DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

H DRUG

DOSE | ROUTE | DATE

SIGNATURE OF PRESCRIBER

STOPPED DATE:
STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

J DRUG: PARACETAMOL
DOSE: 1g | ROUTE: O | DATE: 11/9/9[illegible]
STOPPED DATE:
SIGNATURE OF PRESCRIBER: [illegible signature]
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

K DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

L DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

M DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

P DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

R DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

S DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
SIGNATURE OF PRESCRIBER
STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR PRESCRIBERS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

T DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

V DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

W DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

X DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

Y DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

AA DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

BB DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

CC DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM	DRUG: Paracetamol	STOPPED DATE:
DOSE: 1g	ROUTE: O	INDICATION: PRN
SIGNATURE OF PRESCRIBER:	MAX.FREQUENCY: 6	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:

DATE	
TIME	
DOSE	
GIVEN BY	

NN	DRUG: Dihydrocodeine	STOPPED DATE:
DOSE: 30-60mg	ROUTE: O	INDICATION: Pain
SIGNATURE OF PRESCRIBER:	MAX.FREQUENCY: 6	DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

DATE	
TIME	
DOSE	
GIVEN BY	

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

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

IN.PAT FORM 6A

NHS Greater Glasgow and Clyde

North Glasgow Hospitals

24 Hour Fluid Balance Chart

50740276M
MCLEAN F
SHEILA [redacted]1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

Name: Case Record No: Ward: LOW Date: 11/9/19

TIME HRS (Please delete 1 column)		INPUT (mls) IPN	PLASMA	IV (1) /	TYPE	IV (2)	IV (3) Drugs	Hourly Total	IN Cumulative Total	OUTPUT (mls) URINE	URINE Cumulative Total	Gastric Aspirate / Vomit	Drain 1		Hourly Total	OUT Cumulative Total
08	24															
09	01															
10	02															
11	03															
12	04															
13	05															
14	06															
15	06															
16	07															
17	08															
18	09															
19	10															
20	11															
21	12															
22	13															
23	14															
24	15															
01	16															
02	17															
03	18															
04	19															
05	20															
06	22															
07	23															
TOTALS								TOTAL IN MLS			BALANCE			TOTAL OUT MLS		

00561

GUIDELINES FOR RECORDING INTRAVENOUS INFUSIONS ON 24 HOUR FLUID BALANCE CHART

ALL INTRAVENOUS INFUSIONS TO BE RECORDED ON COMPLETION OF INFUSION.

TYPE OF PARENTAL FLUID TO BE RECORDED IN APPROPRIATE COLUMNS:-

BLOOD/COLLOID/PLASMA	• *RECORD ANY BLOOD OR BLOOD PRODUCTS, e.g.* ♦ **UNITS OF PACKED BLOOD CELLS** ♦ **FROZEN PLASMA** ♦ **GELOFUSINE**
IV (1)	• *PLEASE RECORD TYPE OF INTRAVENOUS FLUID AND AMOUNT, e.g.* ♦ **SODIUM CHLORIDE 0.9%** ♦ **GLUCOSE 5%** ♦ **RINGER LACTATE**
IV (2)	• *FOR USE IF MORE THAN ONE INTRAVENOUS INFUSION IN PROGRESS, e.g. CVP LINE*
IV (3)	*FOR RECORDING INTRAVENOUS DRUGS SUCH AS ANTIBIOTICS. CROSS REFERENCE BY USING THE CODED LETTER OF THE PATIENT'S MEDICATION PRESCRIPTION SHEET, e.g.* **A. 100mls** • *RECORDING INTRAVENOUS PRESCRIPTIONS GIVEN BY SYRINGE DRIVER /INFUSION PUMP, e.g. HEPARIN, INSULIN, DOPAMINE.* • *ADDITIONAL COLUMN FOR USE IF MORE THAN TWO INFUSIONS IN PROGRESS AT ANY ONE TIME*

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Assessment Documentation Form

50740276M
MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

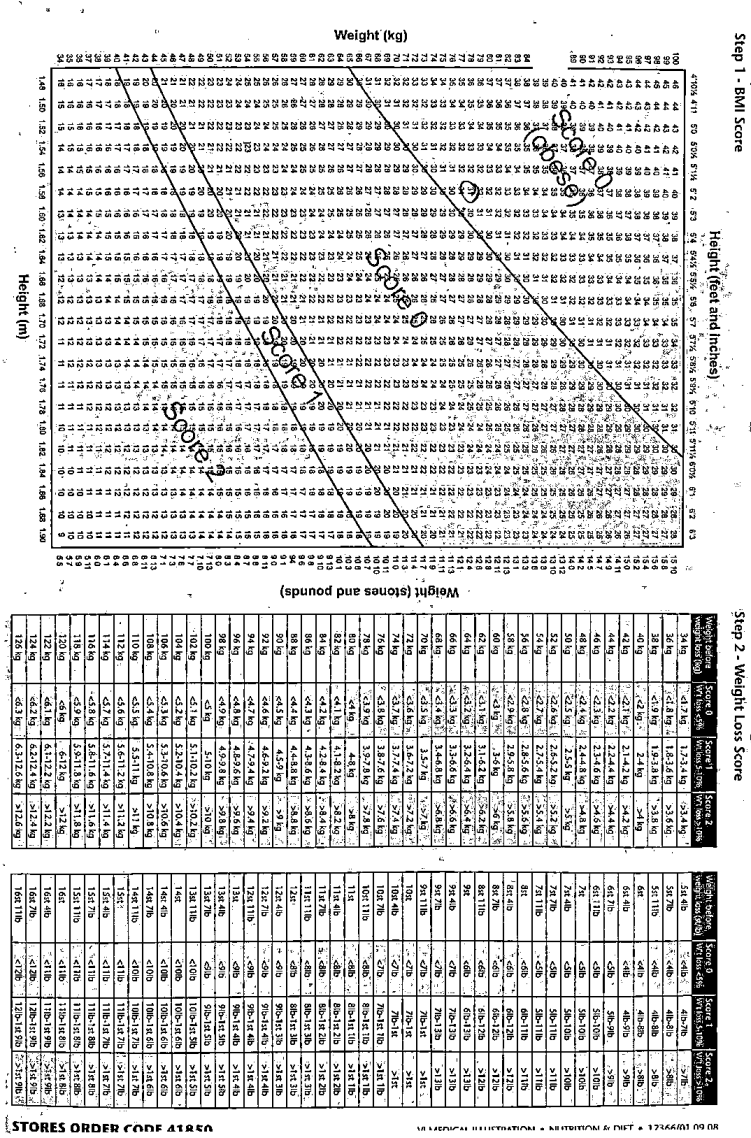
Patient Name:

Case Record Num

Ward: 2W

Waterlow Risk Assessment		Initials														
		Date	11/9/19													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body weight for height:	Average 0 Above average 1 Obese 2 Below average 3		1										1			
Continence:	Completely catheterised 0 Occasionally incontinent 1 Cath. Incontinence of faeces 2 Doubly incontinent 3		0													
Skin type-visual risk areas:	Healthy 0 Tissue paper/dry 1 Oedematous clammy (temp↑) 1 Discoloured 2 Broken spot 3		0													
Mobility:	Fully 0 Restless/fidgety 1 Apathetic 2 Restricted 3 Inert/traction 4 Chairbound 5		0													
Age/Sex:	Male/Female ½ 14-49 1 50-64 2 65-74 3 75-80 4 80+ 5		2 1													
Appetite:	Average 0 Poor 1 NG Tube/fluids only 2 nbm – Anorexic 3		0													
Special risks – tissue malnutrition:	eg Terminal cachexia 8 Cardiac failure 5 Peripheral vascular disease 5 Anaemia 2 Smoking 1		1													
Neurological deficit:	Motor-sensory paraplegia 4-6 eg diabetes, MS, CVA		/													
Major surgery/trauma:	Orthopaedic Below waist, Spinal 5 On table > 2 hours 5		/													
Medication:	Cytotoxics, High dose steroids 4 Anti-inflammatory		/													
TOTAL SCORE			5													

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



Nutrition Profile

NHS Greater Glasgow and Clyde

Name:	Date of admission: 11/9/19
Address: 50740276M MCLEAN SHEILA F 01/03/1969 11A JEDWORTH AVENUE GLASGOW G15 7QB CHI-0103696261	Time: 12.5
DoB:	HOSPITAL: WIG
CHI number:	Ward: 10W
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5'2½ cm/ft — Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 78.5 kg/stones — Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☐ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

NBM.

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☐

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental?** Yes ☐ No ☐

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☐

Please state:

Profile completed by: Name (PRINT): G BROOKMYRE Signature: Date: 11/9/19

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

[redacted]

Date	11/9/9									
Initials	[illegible]									
Height (see page 1) 5'2½" Weight	78.5kg									
Oedema or ascites present Y/N	N									
BMI	31									
'MUST'										
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) .... 0 18.5 - 20 .... 1 <18.5 2										
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% .... 0 5-10% .... 1 >10% 2										
Step 3: Acute Disease Effect Score If patient is acutely ill <u>and</u> there has been or is likely to be no or virtually no food intake for > 5 days.......Score 2 Not applicable..........Score 0										
Step 4: Overall Risk of Malnutrition Total:										

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute ....Weekly Hospital Rehabilitation..........Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian and document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or assistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Review date	Name (PRINT) Signature/Designation

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevin), antidepressants.

BLOOD PRESSURE TABLETS include Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SLEEPING TABLETS include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane).

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid.

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

Cat. No. 41328 VI MEDICAL ILLUSTRATION • DME • 10469

Acute Services Divi

Hospital / Department WIGTOWN

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: ..... 50740276M MCLEAN SHEILA F 01/03/1969

Ward: ..... 11A JEDWORTH AVENUE GLASGOW G15 7QB

CHI number: ..... CHI-0103696261 .....Unit/Hospital number .....

Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Mobile and 'at risk' patients should have risk assessment and care plan reviewed monthly.

Cannard Falls Risk Assessment

(Must be completed within 24 hours)

11/9/19

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						DATE	DATE	DATE	DATE	DATE	DATE	DATE
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	60-70 1	71-80 2	81+ 3			0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		0						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed bound 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		4						
				ACTION(S) TAKEN Enter action code(s)		1						
SCORE 2 - 8 = LOW 9 - 12 = MEDIUM 13+ = HIGH RISK				NURSE SIGNATURE		[signature]						

** If you are in any doubt about whether a person's medicine belongs to one of the types listed ask the person or carer or please phone the number on the medicine container and ask the community or hospital pharmacist.

* Please see back page for clarification

Falls Assessment Care Plan

Please tick all applicable nursing interventions

11/9/19

	NURSING INTERVENTIONS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Action code	**LOW, MODERATE AND HIGH RISK**							
1	Prevention and general safety precautions discussed with patient and family.	✓						
	MODERATE AND HIGH RISK							
2	Move to more observable area of ward to optimise supervision.							
3	Refer to Physiotherapist.							
4	Refer to Occupational Therapist.							
5	Patient requires footwear or podiatry referral. (Date referred:)							
6	Commence continence assessment							
7	Monitor lying and standing BP and pulse.							
8	Request medication review.							
9	Select suitable seating (refer to policy).							
10	Non-slip mat on chair/floor following advice of OT.							
11	Bed rails/bumpers to be used (refer to policy).							
12	Falls map in use for seven days.							
13	Bed/chair monitor in use.							
14	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
15	Patient to be nursed on mattress on the floor (refer to policy.)							
16	Patient requires one to one nursing care.							
17	Other interventions.							
	HIGH RISK ONLY (Score of 13 or over)							
18	Provide hip protectors to patients being discharged to care homes/longterm NHS facilities							
	SIGNATURE	[signature]						

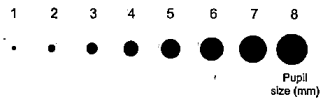
Review Cannard score weekly / monthly as per policy.

Enter action code(s) selected in action taken section on Falls Risk Assessment.

Neurological Observation Chart

DATE																						
Time																						
COMA SCALE	E Eyes open	Spontaneously	4																			Eyes closed by dwelling = C
		To speech	3																			
		To pain	2																			
		None	1																			
	V Best verbal response	Orientated	5																			Endotracheal tube or tracheostomy = T
		Confused	4																			
		Inappropriate words	3																			
		Incomprehensible sounds	2																			
		None	1																			
	M Best motor response	Obeys	6																			Usually record the best arm response
		Localises	5																			
		Flexion - withdrawal	4																			
		Flexion - abnormal	3																			
		Extension to pain	2																			
		None	1																			
	TOTAL SCORE																					
PUPILS	R	Size																				= reacts —no reaction c. eyes closed
		Reaction																				
	L	Size																				
		Reaction																				
LIMB MOVEMENT	ARMS	Normal power																				Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																				
		Severe weakness																				
		Spastic flexion																				
		Extension																				
		No response																				
	LEGS	Normal power																				
		Mild weakness																				
		Severe weakness																				
		Extension																				
		No response																				

Glasgow Coma Scale



DATE																						
Time																						
COMA SCALE	E Eyes open	Spontaneously	4																			Eyes closed by dwelling = C
		To speech	3																			
		To pain	2																			
		None	1																			
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		Severe weakness																				
		Spastic flexion																				
		Extension																				
		No response																				
	LEGS	Normal power																				
		Mild weakness																				
		Severe weakness																				
		Extension																				
		No response																				

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name
Address 50740276M MCLEAN SHEILA F 01/03/1969 11A JEDWORTH AVENUE GLASGOW G15 7QB CHI-0103696261
Hospital No.
DOB

Admitted Date 11/9/9 Ward LAW
Transferred Date _____ Ward _____
Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient requires scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

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

Nausea Score
0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

DATE	1/9/9
Time	12 10
BP ^ v and Pulse • 240	
230	
220	
210	
200	
190	
180	
170	X
160	
150	
140	
130	
120	
110	^
100	
90	
80	v
70	
60	
50	
40	
Resp. Rate	16
Inspiration O_2%	[illegible]
SpO_2%	98
Pain Score	1
Sedation Score	0
Nausea Score	0
Blood Glucose	

TEMP X: 40°C, 39°C, 38°C, 37°C, 36°C, 35°C

MEWS		
	Resp. Rate	0
	Pulse	
	Systolic BP	
	GCS / AVPU	
	Urine Output	
	Temp.	
	SpO_2%	
	TOTAL	0

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS /	≤8	9-13	14	15 /			
AVPU			New agitation or confusion	Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE	
Time	
BP ^ v and Pulse • 240	
230	
220	
210	
200	
190	
180	
170	
160	
150	
140	
130	
120	
110	
100	
90	
80	
70	
60	
50	
40	
Resp. Rate	
Inspiration O_2%	
SpO_2%	
Pain Score	
Sedation Score	
Nausea Score	
Blood Glucose	

TEMP X: 40°C, 39°C, 38°C, 37°C, 36°C, 35°C

MEWS		
	Resp. Rate	
	Pulse	
	Systolic BP	
	GCS / AVPU	
	Urine Output	
	Temp.	
	SpO_2%	
	TOTAL	

Calling Criteria

Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will di[illegible] patient care and contact the appropriate medical staff when necessary.

refer GP awaiting PFT's

Orthopaedic Assessment Clinic Checklist

NHS Greater Glasgow and Clyde

Name:
Address:

50740276M
MCLEAN
SHEILA

Hospital No: CHI-0103696261
DOB:

Booked in at Admission desk: Yes ☐ No ☐

Consultant MR. SHARMA

Date 13.1.12

	YES	NO	COMMENTS	SIGNATURE
Nursing Doc. Completed	✓			
Med. Clerk-in completed	✓			
Consent signed		✓		
Pregnancy test		—	patient states she is not pregnant	
Drug Kardex completed		✓		
X-Ray available PACS		—	No X Rays available on PACS 9/1	
X-ray:date sent	✓		CXR 13/1/12	
ECG	✓			
Bloods sent	✓			
Blood results file - haematology	✓		+ COAG	
- biochemistry	✓		+ LFT's	
Bacteriology	✓		MRSA	

COMMENTS AND ACTIONS TAKEN ON ABNORMAL RESULTS	SIGNATURE
13/1/12 MRSA - Dose Prod Permeum -ve	

North Glasgow Biochemistry & Immunology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50740276M	MCLEAN SHEILA	01.03.69	F	GGH 2B ORTHO PR

Specimen N,12.7058992.M Type Specimen
Collected 13.01.12 09:00 A.Diag

......U&E.....		T Prot	72
Sodium	140	Alb	40
Potassium	4.2	Globulin	32
Chloride	107		
Urea	3.8		
Creat	55		
eGFR	>60		
......LFTs.....			
Bili	7		
AST	16		
ALT	13		
G-GT	28		
A Phos	70		

Quit \ Earlier req \ Later req \ ED \ LD
Back \ PHoned comment <B> ..

North Glasgow Biochemistry & Immunology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50740276M	MCLEAN SHEILA	01.03.69	F	GGH 2B ORTHO PR

Specimen N,12.7058992.M Type Specimen
Collected 13.01.12 09:00 A.Diag

.....FBC.....		Eosins	0.13
WBC	7.63	Basos	0.02
RBC	4.50	.....CSR.....	
Hb	137	PT	11
Hct	0.413	APTT	36
MCV	91.8	INR	1.0
MCH	30.4	TCT	13.1
MCHC	332	APTT Ratio	1.18
RDW	12.7		
Plts	383		
Neuts	4.41		
Lymphs	2.77		
Monos	0.30		

Quit \ Earlier req \ Later req \ ED \ LD
Back \ PHoned comment <B> ..

West Hospitals Haematology ** LIVE **
Patient enquiry ---- Express results

Reg	Name	D.o.B.	Sex	Loc.
50740276M	MCLEAN SHEILA	01.03.69	F	2B orthopaedic

Specimen H,12.6506214.M Type Blood
Collected 13.01.12 09:00 A.Diag

Name : MCLEAN SHEILA Sex: Female DOB:01.03.69 Coll:13.01.12
Addr : 11A JEDWORTH AVENUE Hos No:50740276M Rec:13.01.12
Source: GGH 2B Ortho Assessment Cons/GP:Mr.H.Sharma CHI:010369626
Spec : Nose
Lab No: M,12.0311671.C Therapy:
Status: Authorised Date if Reported: 14.01.12

CLINICAL:

FINAL REPORT

COMMENT: METHICILLIN RESISTANT STAPH.AUREUS NOT ISOLATED

Earlier \ Later specimen - append S for same type, D for same discipline
Quit \ PHoned comment \ frame: + > ..

50740276M F
MCLEAN
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

Test date 13-01-2012
Time 11:52
Operator
Test number 9006
Color Yellow
Clarity Clear

GLU Negative
*BIL 1+
*KET 1+
SG >=1.030
*BLO Trace-intact
pH 5.5
*PRO 1+
URO 0.2 E.U./dL
NIT Negative
LEU Negative

le North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Date: Time: (24hr clock)

76M F
01/03/1969
DWORTH AVENUE
G15 7QB
03696261

Code:
0759 4121379
69 Age: 42yo
ADER
9S
date: □□/□□/□□
(specify:)
Lives alone ☒

1 NOK/Friend/Contact: GRAHAM
Address: DALGLIE COURT
S/A CLYDEBANK
Day: 07783525776
Night:
Relationship: SON
2 NOK/Friend/Contact: STEPHANIE
Address:
S/A
Day: 07531475808
Night:
Relationship: DAUGHTER
NOK informed of admission ☑
NOK informed by: PATIENT
GP:
Address:

Dr. J MARSHALL
DR NUGENT & PARTNERS
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
0141 211 6100

MEDICATION
With patient
Stored & receipt given □
No medication required □
Taken home □
details:

PERSONAL BELONGINGS
Clothing listed □
Valuables listed □
Valuables in ward □
Valuables in hospital safe □

00553

Please print clearly in BLOCK CAPITALS

Consultant: MR. SHARMA
Named Nurse ①:
Admitting Nurse: E Boyd
Named Nurse ②:
Relatives seen by Doctor □

REASON FOR ADMISSION
MICRODISCECTOMY

Patient's perception of illness:

Diagnosis:

Operation/Treatment:

Relevant PMH: BRONCHITIS
C-SECTION x 4

OBSERVATIONS ON ADMISSION

Temperature	36 °C
Pulse	84 bpm
BP	140/84
Resp	92%
Pain Score	
Urinalysis	~~BILIRUBIN~~ BLOOD KETONES PROTEIN
Waterlow Score	
Height	1.62 m
Weight	77.4 kg
Body Mass Index	29.5
Blood sugar (if appropriate)	mmols
Allergies	Yes □ No ☑

details:
NONE KNOWN

DISCHARGE PLANNING

Boarding 1st 2nd 3rd	Signature	Time	Comments/Information
Informed: ward ☐ ☐ ☐ patient ☐ ☐ ☐ relatives ☐ ☐ ☐			
Date patient boarded: 1st: ☐☐/☐☐/☐☐ 2nd: ☐☐/☐☐/☐☐ 3rd: ☐☐/☐☐/☐☐			
Internal Transfers			
Transfer destination:			
Planned transfer date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Arranged with receiving area ☐			
Patient informed ☐			
NOK/Contact informed ☐			
Transport: stretcher ☐			
2 hand seat ☐			
chair ☐			
Escort ☐			
Case notes ☐			
X-rays ☐			
Nursing notes & Drug Form ☐			
Property/Valuables listed ☐			
Catering ☐			
Dietitian ☐			
Physiotherapy ☐			
Occupational Therapist ☐			
Speech and Language Therapist ☐			
Discharge Checklist			
Planned discharge date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Date discussed with patient: ☐☐/☐☐/☐☐			
Date discussed with NOK/Contact: ☐☐/☐☐/☐☐			
Transport: own ☑	SBoyle		Patient will arrange transport
ambulance ☐			
Ambulance ordered on: ☐☐/☐☐/☐☐ • type: _____ • order no.: _____			
District nurse ☐ /Liaison nurse ☐			
Home help: ☐			
Social work dept. ☐			
Discharge prescription ☐			
Discharge dressings ☐			
Patient information ☐			
Valuables/Cashier ☐			
Physiotherapy ☐			
Speech and Language Therapist ☐			
Out patient appointment ☐☐/☐☐/☐☐			
Other:			

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SHEILA 01/03/1969
11A JEDWORTH AVENUE

GLASGOW G15 7QB
CHI-0103696261

Ward: Date: Case Record No.:

ACTIVITIES OF DAILY LIVING

ES/

- [x] Lives with family
- [ ] Lives alone
- [ ] Nursing home
- [ ] Residential care
- [ ] Elderly/disabled partner
- [ ] Family support (specify below)

- [ ] District Nurse (____ days/week)
- [ ] (cancelled)
- [ ] Home help(____ days/week)
- [ ] (cancelled)
- [ ] Other services (specify below)

Stairs: Internal [x] External [x]
Comments: 1 STEP
BEDROOM + TOILET DOWNSTAIRS
BATHROOM UPSTAIRS

SMOKING

- [ ] Non-smoker
- [x] Smoker: 5 - 6 per day
- [ ] Ex-smoker
- [x] Aware of hospital policy

HYGIENE

Bath [x] Shower [x] OVER BATH
Requires assistance [ ] Stand up wash [ ]
Skin assessment:
Other:

ELIMINATION

- [x] Bowels regular
- [ ] Constipated
- [ ] Diarrhoea/Loose stools
- [ ] Uses aperient

Has stoma:
- [ ] Colostomy
- [ ] Urostomy
- [ ] Ileostomy

appliances used:

- [ ] Frequency of micturition
- [ ] Incontinent: urine/faeces
- [ ] day/night
- [ ] stress
- [x] No urinary symptoms

Comments:

NUTRITION

- [x] Normal menu (includes vegetarian)
- [ ] Vegan [ ] Child's menu
- [ ] Halal [ ] Kosher

Refer to Dietician if any below ticked:
- [ ] Inability to eat/swallow (refer to speech and language therapist)
- [ ] Any recent weight changes
- [ ] Medically related nutrition problems (e.g. diabetes)

Other (specify):

SLEEP

- [ ] Hours/night
- [ ] Medication

details:

BREATHING

- [ ] 1. No symptoms
- [ ] 2. Breathless with moderate exercise
- [ ] 3. Breathless with minimal exertion
- [ ] 4. Breathless at rest
- [x] 5. Uses inhalers

Comments:

MENTAL STATE

- [x] Alert/Orientated
- [ ] Confused: day/night
- [ ] Anxious/Distressed
- [ ] Unconscious

Other (specify):

00549

SENSES

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

Other: _____

MOBILITY (Preadmission)

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

RELATIVE PARTICIPATION

ALCOHOL INTAKE

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

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

PROFILE COMPLETED BY:

(Please print name in block capitals)

ELIZABETH BOYLE

Signature: Elizabeth Boyle

Designation: STAFF NURSE

Countersigned (if applicable):

OTHER RELEVANT INFORMATION

GABAPENTIN 300mgs X 1 T.I.D

PARACETAMOL/DIHYDROCODEINE X 2 Q.I.D

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Ward: Date: Case Record No.:

CARE PLAN EVALUATION

[1. Personal Care an]d Hygiene	5. Observations	9. Sleep
2. Nutrition	6. Technical Care	10. Special Needs
3. Elimination	7. Wound Care	11. Other Relevant Information
4. Mobility	8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
13/1/12			**MRSA Screening:** **A: Clinical Risk Assessment (CRA)- for patients >23 hours** — YES / NO 1. Has the patient ever had a previous positive MRSA result? — NO ✓ 2. Has the patient been admitted from a care home/institutional setting or another hospital? — NO ✓ 3. Does the patient have a wound/ulcer or invasive device which was present prior to admission? — NO ✓ If 'Yes' to any question **or** if the patient is within (or admitted to) a High Impact Speciality* complete section B **['Not known' = 'No']** ***Orthopaedics** (circled) **/ Vascular / Renal / Critical Care** [please circle] **B: MRSA Lab Test:** Nose ✓ Perineum ✓ Other (s) THROAT Date: 13/1/12 Ward: 27 Patient refused: ☐	
			Attended assessment clinic as arranged. Case-sheet available. No X rays available on PACS 7/11 Swabs taken from nose, throat and perineum for MRSA. Risks and complications discussed Information Booklets given Patient states she is not pregnant.	S. Ebyle
13/1/12			chest exam: Bilateral inspiratory and expiratory wheeze. Cough at present. Takes salbutamol inhaler. Awaiting PFT'S at Principal Surgery. Surgery cancelled at present until PFT'S done and reported. Also has some fresh rectal bleeding from haemorrhoids and previous fistula. Have advised her to inform her GP of this. Patient to attending GP this week regarding these issues. Patient will contact us when PFT'S done.	[signature]
16/1/12			MRSA -ve	S/N Ebyle

00630

DEPARTMENT OF ORTHOPAEDIC SURGERY
ORTHOPAEDIC MEDICAL CLERK-IN

NHS Greater Glasgow and Clyde

50740276M
MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

DATE: 13-1-12

ARRANGED ADMISSON FOR: L5/S1 Microdiscectomy

PAST MEDICAL HISTORY: ?Bronchitis (awaiting pulmonary function tests at GP c - scans
previous ? alcohol
anal fissures 1983
previous du ? Helicobacter
Axillary Abscess 2005

MI ✗	ANGINA ✗	BP 140/84
CHOLESTEROL ✗	CVA ✗	DM ✗
RhF ✗	TB ✗	ASTHMA ✗
COPD ? bronchitis	EPILEPSY ✗	DU ✓
JAUNDICE ✗	DVT ✗	PTE ✗

DRUG HISTORY:
Salbutamol easi breather
Gabapentin 300mgs x TID
Paracetamol / Dihydrocodeine x2 QID

ALLERGIES: Nil known

FAMILY HISTORY:
Dad - ??
Mum - CVA

S/H: LIVES WITH: at home with 3 adult children

EMPLOYMENT: cleaner

ALCOHOL: Nil

SMOKER: 5-6 day

SYSTEMIC ENQUIRY:

Resp.
SOB ✓ Sometimes in the morning
Cough ✓ in the morning
Spit ✓ clear
Haemoptysis o
Fever o
Sore Throat o
Wheeze ✓ in the morning
Taking inhalers at present awaiting PFT's

CVS:
Othop PND o
Chest Pain o
Palpitations o
Ankle Oedema o

GI:
Dyspepsia o
Abdo Pain o
Bowels Regular yes
Blood or Mucous PR everyday / Haemorroids
N & V 9
Appetite Good
Weight Constant

GU:
Dysuria o
Haematuria o
Frequency o
Hesitancy o

Neuro:
FFF o
Headaches o
Numbness & Weakness (R) Leg Numb
Dysarthria o
Diplopia o
M/S NECK MOVEMENTS Good Range

ON EXAMINATION:
Blood Pressure 140/84
Heart Rate 84
Jaundice o
Anaemia o
Cyanosis o
Clubbing o
Lymph. o
OED o

RESP:
Trachea Central
Air Entry Good L=R
Percussion Resonant
Breath Sounds Bilateral Wheeze inspiratory + expiratory
awaiting PFT's

CVS:
JVP ← →
APEX Undisplaced
HS 1+2 + 0
PP present
CALVES SNT

GI:
ASNT
• Masses
• Bruit
LKKS
• organomegaly
4 C section

REBOUND/GUARDING o
BS present

ROUTINE BLOODS
FBC/COAG/ESR ✓
U&E'S/ PROFILE/GLUCOSE

NEURO: Grossly Intact
X-MATCH - UNITS not formally tested
G&S

ECG Normal Sinus Rhythm
X-RAY [illegible]

MIS 243808

NHS Greater Glasgow and Clyde

Alcohol Screening & Assessment Tool

NHS Greater Glasgow and Clyde

Please Attach Patient Label

CH

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MCLEAN F
SHEILA 01/03/1969
11A JEDWORTH AVENUE
GLASGOW G15 7QB
CHI-0103696261

Na

Ad

Postcode

Drink / Type	Units
Wine 12% (175 ml glass)	2.1 Units
Wine 12% (750ml bottle)	9.0 Units
Beer/Lager 4.5% (440ml can/bottle)	2.0 Units
Beer/Lager 4.5% (500ml can/bottle)	2.2 Units
Spirtis 40% (25ml measure)	1.0 Units
Spirits 40% (1/4 bottle 175ml)	7.0 Units
Spirits 40% (700 ml bottle)	28.0 Units
Cider 4% (300ml glass)	1.2 Units
Cider 4% (1 litre bottle)	4.0 Units
Strong/White Cider 8% (300ml glass)	2.4 Units
Strong/White Cider 8% (1 litre bottle)	8.0 Units
Alcopops 5% (275ml bottle)	1.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Fast Alcohol Screening Tool - FAST:

1. **MEN: How often do you have EIGHT or more drinks on one occasion?**
   WOMEN: How often do you have SIX or more drinks on one occasion?

   Note : 1 drink = 1 unit of alcohol (refer to table above)

   Never ☐0 Less than monthly ☐1 Monthly ☑2 Weekly ☐3 Daily or almost daily ☐4

2. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

   Never ☐0 Less than monthly ☑1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

3. **How often during the last year have you failed to do what was normally expected of you because of drinking?**

   Never ☑0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

4. **In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

   No ☑0 Yes, on one occasion ☐2 Yes, on more than one occasion ☐4

Total ☐

Score of 3 or more: FAST Positive

FAST Positive?

Yes ☐ No ☐

FAST 0-2:	**Negative: No action required**
FAST 3-8:	**Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet and referral to GP for follow up/BI**
FAST 9-16:	**Probable Dependent Drinking: Advice as above, offer information leaflet and consider referral to specialist alcohol support service.**

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GLASGOW G15 7QB
CHI-0103696261

Ward: Date: Case Record No.:

CARE PLAN

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

CARE PLAN

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

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

Signature of nurse: **Date:** ☐☐/☐☐/☐☐

MCLEAN, SHEILA ID: 0103696261 13-Jan-2012 9:56:14 GARTNAVEL GEN HOSP GLASGOW 01412113058

Female

Vent. rate	68	bpm
PR interval	130	ms
QRS duration	76	ms
QT/QTc	380/404	ms
P-R-T axes	64 92	64

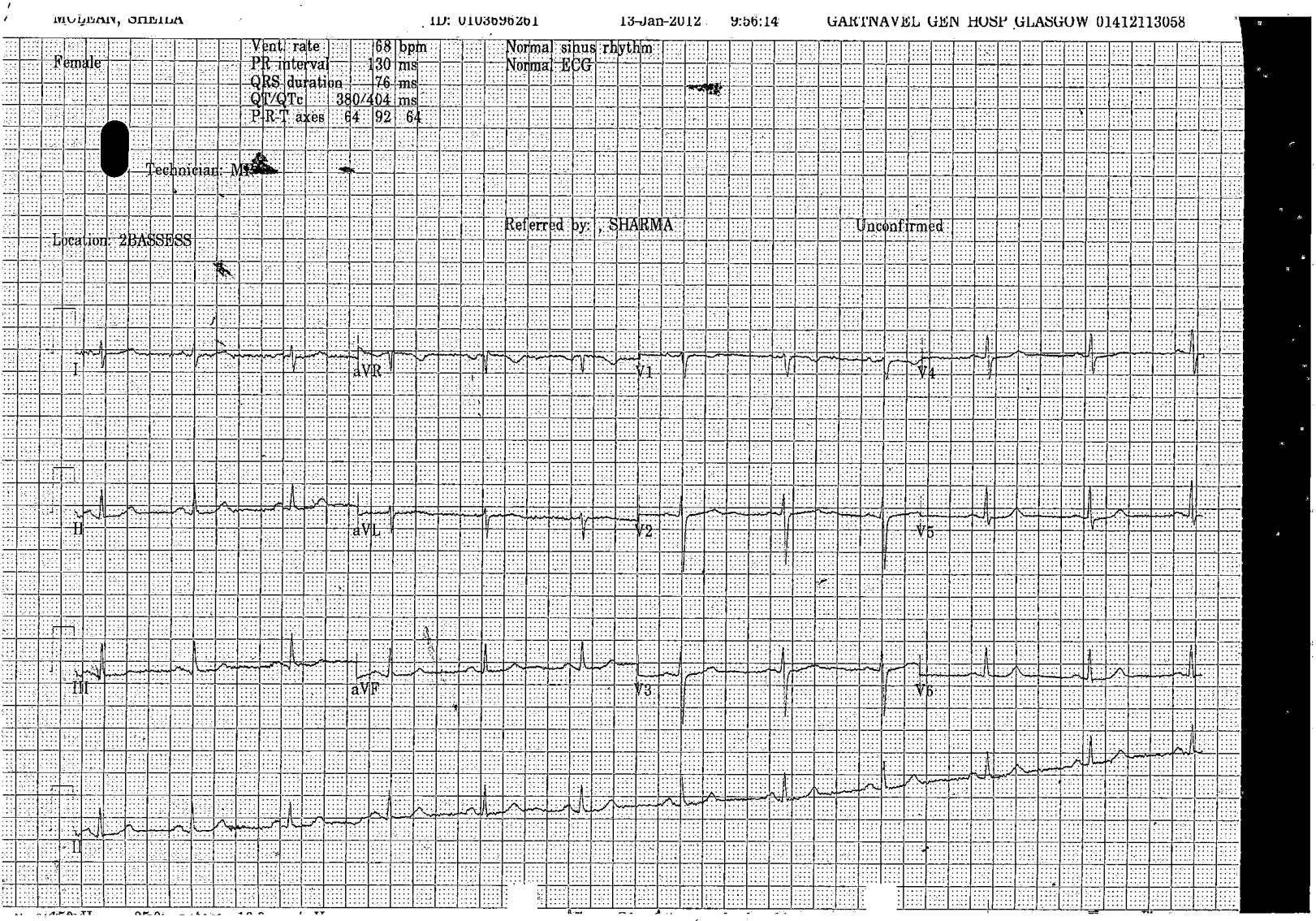
Normal sinus rhythm
Normal ECG

Technician: M

Location: 2BASSESS

Referred by: , SHARMA

Unconfirmed



ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☑		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☑		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☑	MATERNITY	☐
YAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☑		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☑		
WESTERN INFIRMARY RECORDS	☑		

Including:

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

My Admission Record

NHS Greater Glasgow and Clyde

Name:
Addr: 0103696261
MCLEAN F
Sheila, A 01/03/1969
DoB: Flat 2-1
17 Merryton Avenue
CHI: Glasgow, Lanarkshire
Affix G15 7P

Hospital: QEUH Ward: SIAU
Date of Admission: 6/12/24 Time: 0015
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 55 Telephone Number: 07523769194
Consultant: Mr Glen.

Communication

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

Preferred first contact	Preferred second contact
Name: Stephanie Relationship: Daughter Address: Telephone: 07517349248 Is this person aware of your admission? Yes ☐ No ☐ Can we share information with this person? Yes ☐ No ☐	Name: Relationship: Address: Telephone: Is this person aware of your admission? Yes ☐ No ☐ Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

(R) Buttock Abscess.

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

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

No known allergies ☑

Relevant past medical history

Haemorroidectomy

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

Power of Attorney / Guardianship / Adult with Incapacity

Name:
Addr
0103696261
MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PR
F
01/03/1969
DoB:
CHI:
Affix

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☑

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

Carbapenemase-producing enterobacteriaceae (CPE)

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

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

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

MRSA Screening

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

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

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

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

If **YES inform the IPCT** ☐

Name: _____
Addre
0103696261
MCLEAN F
Sheila, A 01/03/1969
DoB: _ Flat 2-1
CHI: _ 17 Merryton Avenue
Affix p Glasgow, Lanarkshire
G15 7PR

Lifestyle

Smoking

Are you a: smoker ☑ ex- smoker ☐ when did you stop? 20 per day

Never smoked ☐

Do you use eCigarettes? Yes ☐ No ☐

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

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: _____

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

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

Drugs

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

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

_____

_____

Alcohol

Do you drink alcohol? Yes ☑ No ☐

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

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

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

Name (Please PRINT): J. Fairweather Signature: J. Fairweather

Designation: S/N Date: 6.12.24.

My Assessment Record

Name: _____

Address _____

0103696261

MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PR

DoB: 01/03/1969 F

CHI: _____

Affix p:

1. Breathing and Circulation

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

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

2. Communication

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

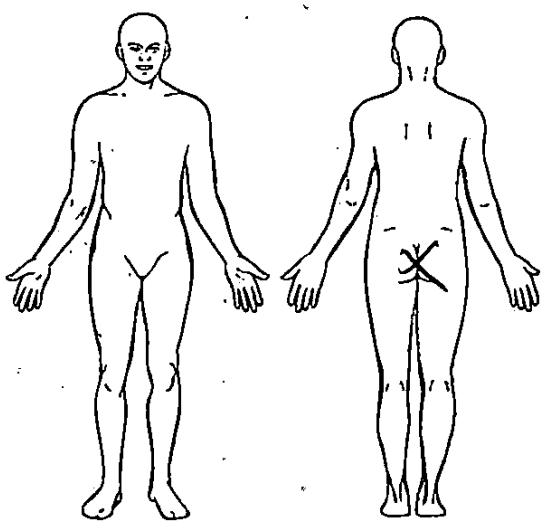
Name:
Addı
0103696261
MCLEAN
Sheila, A
F
01/03/1969
DoB:
CHI:
Affix
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7P

3. Senses

Vision	**Yes** ✓	**No** ✓	Assessment of the patient's vision
Do you have any problems with your vision?	✓		
Do you wear glasses?	✓		Distance ☐ Reading ☐ Both ☐
Do you have your glasses with you?	✓		
Do you wear contact lenses?		✓	
Do you have your lenses with you?			
Do you wear a prosthesis?			
Hearing	**Yes** ✓	**No** ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			
Pain	**Yes** ✓	**No** ✓	Assessment of the patient's pain
Do you have pain?	✓		

Can you describe where and what the pain is like?

Mark current pain on body chart



Have you had treatment / intervention for the pain?

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

Can you describe any chronic pain that you have?

What makes the pain better?

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4. Cognitive Status THINK DELIRIUM

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

N.B. Think Delirium

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

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

and follow the guidance

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

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

none

What do you like to eat and drink?

varied diet

What do you not like to eat and drink?

nothing

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

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

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Assessment of the patient's hydration and nutrition needs

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

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

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

6. Elimination

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

Assessment of the patient's elimination needs

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓
Haematuria		
Incontinent		

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

What products do you normally use for this continence issue?

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

Date urinary catheter last changed ___/___/___

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

Bowels

When did your bowels last move?

How often in a day/week do you have a bowel movement? Per day [ ] Per week [ ]

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

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

What products do you normally use for this continence issue?

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

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

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

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

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

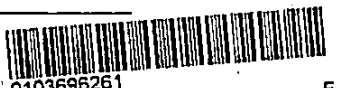
Pressure ulcer identified on admission: Yes ☐ No ☑

Pressure Ulcer Grade: _____

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

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

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

Name: _____
Addres: 
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8. Mobility

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

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

9. Maintaining a Safe Environment

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

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

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

10. Sleep and Rest

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

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11. Social Circumstances

Do you:

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

Other please specify_____ ☐

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

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ Referred ☐

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

12. Emotional and Spiritual Care

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

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

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

Healthcare Chaplain informed Yes ☐ N/A ☑

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13. Person Centred Care

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

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

Informal Support

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

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

Name: .....

Contact Details: .....

.....

.....

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

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

Yes ☐ No ☐

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

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Required Support

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

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

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

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

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

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

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Risk Assessments/Other Documentation

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

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
6.12.24	Admitted to SIAU	
	via GP referral with	
	history of (R) Buttock	
	Abscess. Alert and	
	oriented to time	
	and place independently	
	mobile	

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
6.12.24	Plan - admit	
	NBM.	
	I+D	
	IV Co-amoxiclav.	
6/12/24 0945	Admitted to ward 4B	
	Presenting with (R) buttock	
	abscess for I&D	
	Consented ☒ Checklisted ☒	[illegible]
	Anaesthetic	[illegible]
6/12/24 18:50	Patient transferred to	
	ward 110 post op. Alert +	
	orientated to ward. Observations	
	as per NEWS chart. Currently	
	= 0 Tolerating normal diet	
	+ fluids. Not yet passed	
	urine. Medications as per	
	kepma. Skin intact -	
	4hrly active care carried	
	out as charted. Wound	
	dressing intact. Mobilising	
	independently. Bedside charts	
	updated. Will further issues	[illegible]

Name:	Address:	0103696261 MCLEAN Sheila, A Flat 2-1 17 Merryton Avenue Glasgow, Lanarkshire G15 7PR	F	DoB: 01/03/1969	CHI:	Affix pa

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
7/12/24	A - No abnml Results	
01:26	B - Ref Sell Clinic Rv'd,	
	C - No complex Communic	
	D - Nil Acute Deterioration	[signature]
7/12/24.	A - NEWS 0. settled.	
16:00	B - charts reviewed.	
	C - Medicines administered. Seen	
	on WR - bloods improved.	
	For discharge home. Oral	
	abx to continue. not needed.	
	No flu. Wound redressed.	
	D - Nil	[signature] RN

NHSGGC Bedrail Risk Assessment

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Patient Name: 0103696261 MCLEAN Sheila, A Flat 2-1 17 Merryton Avenue Glasgow, Lanarkshire G15 7PR F 01/03/1969

CHI Number:

	Use guidance on the reverse of this document when completing this Risk Assessment	DATE	6.12.24		6/12/24		6/12/24		
		TIME	0015		1007		18:40		
		WARD	SIAU		9B		110		
		HOSPITAL	QEUH		QEUH		QEUH		
	SECTION ONE – GENERAL	Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓		✓		✓		
2	Has the patient requested the use of bedrails?		✓		✓		✓		
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?		✓		✓		✓		
4	Is the patient stressed, delirious or restless?		✓		✓		✓		
5	Is the patient small in stature?		✓		✓		✓		
6	Does the patient have an unusually large or small head that might present an entrapment issue?		✓		✓		✓		
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		✓		✓		✓		
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?	✓		✓		✓			
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition	✓		✓		✓			
10	Has the use of bedrails been discussed with relatives/carers?		✓		✓		✓		
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		✓		✓		✓		
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?		✓		✓		✓		
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?		✓		✓		✓		
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	[illegible]		[illegible]		CCotton			
16	Bedrails checked by:			[illegible]		CCotton			
17	Date			6/12/24		6/12/24			

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

A. Alternatives to bed rails:-

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

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

Is patient:-

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

C. Safe use and application of bedrails:-

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

D. Record keeping:-

All of the following should be recorded:-

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

Bedrail risk assessments should be made as follows:-

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

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Care Plan

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Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
6·12·24	Independent		6·12·24		
				10. Sleep and Rest	
			6·12·24	no issues	
	8. Mobility				
6·12·24	Independent			12. Privacy, dignity and sexuality	
			6·12·24	Respect at all time.	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

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Care Plan

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

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
6·12·24	observations as		6·12·24	lives with her	
	indicated by			daughter	
	news score				
				5. Hydration and Nutrition	
			6·12·24	normal diet and	
				fluids	
	2, 3. Communication and senses			fasting for theatre.	
6·12·24	Communicates				
	her needs freely				
				6. Elimination	
	4. Cognitive status		6·12·24	no issues	
6·12·24	Alert + orientated				
	to time and				
	place.				

Care Rounds Checklist

Date: 6.12.24

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

1. Signed J.Fairweather Name J.Fairweather Designation S/N
2. Signed [illegible] Name H McNAY Designation CN
3. Signed C.Cotton Name C.COTTON Designation SN

Attach A [patient label]
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Ward: 9B

NHS Greater Glasgow and Clyde

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

NO thanks!

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

		Times	[illegible]	0945	[illegible]	18 40	[illegible]													
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	[illegible]	N	N													
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	[illegible]	N	N													
S	3	**SKIN INSPECTION** Pressure areas checked:	I	N	[illegible]	Y	Y													
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT	INT	[illegible]	INT	M													
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	[illegible]	Y	Y													
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	I		B	I													
		Chair Assist to walk or stand (W/ST)	W	I		/	W													
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I		I	I													
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	Y	N	[illegible]	[illegible]	N													
		Drink taken?	N	SIPS		N	Y													
		Food, snack, or supplement taken?	N	N		N	Y													
		Has oral hygiene been carried out as per care plan?	I	NT	[illegible]	I	I													
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y		Y	Y													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT		NT	[illegible]													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA		NA	[illegible]													
		Care provider / role	[illegible]	[illegible] CW		[illegible]	[illegible]													

Care Rounds Variance Sheet

Attach A

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Ward:

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Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GCC0098

Care Rounds Checklist

Date: 7/12/26

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

1. Signed [signature] Name [illegible] Designation [illegible]
2. Signed [signature] Name [illegible] Designation SN
3. Signed ______ Name ______ Designation ______

Attach Add[ressograph]
0103696261
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Ward: [illegible]

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Greater Glasgow and Clyde

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

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

		Times	0600	0800	0830	1000	1338												
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N												
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	NT												
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	Y	NT	N												
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	IM	IM	IM	/	Int												
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	B	B	|	|												
		Chair Assist to walk or stand (W/ST)	/	/	/	|	|												
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	|	|												
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N												
		Drink taken?	|	Y	|	Y	Y												
		Food, snack, or supplement taken?	|	Y	|	Y	Y												
		Has oral hygiene been carried out as per care plan?	|	|	|	|	|												
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y												
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NA	NA	NA	NT	NT												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	ND	ND	NA	NA	WA												
		Care provider / role	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] / SN												

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS
Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • CGC0098

0103696261
MCLEAN F
Sheila, A 01/03/1969
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7P

FALLS RISK ASSESSMENT

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

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS
TO BE UNDERTAKEN FOR ALL PATIENTS

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

	Ward: SIAU Date: 6.12.24 Time: 00.10	Ward: 7B Date: 6/12/24 Time: 12.00	Ward: 110 Date: 18:40 Time: 6/12/24	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	✓	✓	✓		
2. Check walking aid (if required) is in reach and in use.	NA	NA	NA		
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓	✓	✓		
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓	✓	✓		
5. If glasses are worn, check they are available and in use.	✓	✓	✓		
6. If hearing aid/s are worn, check they are working and in use.	NA	NA	NA		

RISK ASSESSMENT

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

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

Highlight risk of fall at the ward safety brief.

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FALLS INTERVEN...ON CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

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

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

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

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Glasgow, Lanarkshire G15 7P

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date _____ Time _____ of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	167 cm	☐	☑	
Admission Weight	79 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

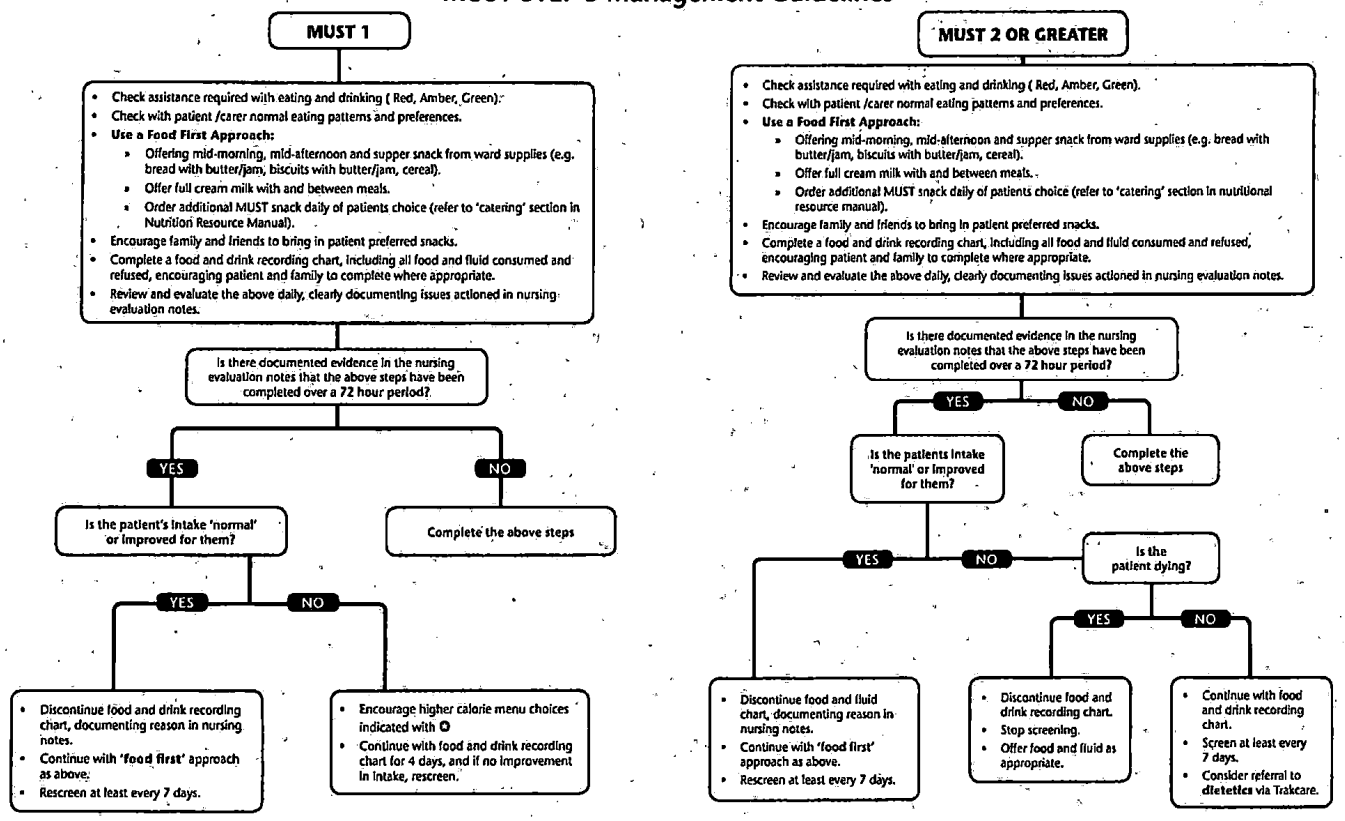
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☐

Date	6/12/24							
Time	0015							
Ward	S1A0							
Oedema/ Ascities present Y/N	N							
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes	ST							
Weight (kgs)	79.							
BMI	28							
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	0							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0							
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0							
Step 4 Overall Risk of Malnutrition TOTAL	0							
Rescreen on								
Signature								

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

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

MUST STEP 5 Management Guidelines



DISCHARGE

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

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

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Per[illegible] nt) Moving and Handling Assessment Form

0103696261

Person's Name:	MCLEAN Sheila, A Flat 2-1 17 Merryton Avenue Glasgow, Lanarkshire	F 01/03/1969 G15 7PR	Named Nurse:		Person is totally independent (tick here and go to date box)	✱

1. Gener s with comprehension, behaviour, co-operation (specify):

Weight	Height
Kg	cm
BMI	

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

Risk of Falls: Yes ☐ No ☐

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	✱ Where a slash or cross exists add slashes to make a star
Date Assessed:	6.12.24	6/12/24	6/12/24
Assessor's signature:	J. Fawcett	[illegible]	ecotton
Proposed Review date:	13.12.24	13/12/24	13/12/24

Continuation Sheet

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

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
Kg	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
BMI		
Risk of Falls: Yes	No	

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

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

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0103696261 MCLEAN Sheila, A F Flat 2-1 01/03/1969 17 Merryton Avenue Glasgow, Lanarkshire G15 7PR	Hospital: QECU Ward: SIAU	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1	**Pressure Damage** N	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

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

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

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

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

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
6/12/24	00:15	N	N	N	N	N	N	4 hrly	JP
6/12/24	10:00	N	N	N	N	N	N	4 hrly	RMN
10 6/12/24	18:40	N	N	N	N	N	N	4 hrly	Cotton
7/12/24	02:30	N	N	N	N	N	N	4 hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
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/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

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

Prevention of Pressure Ulcer In...vention Plan

NHS Greater Glasgow and Clyde

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Glasgow, Lanarkshire
G15 7PR
F
01/03/1969

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

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

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan: 6/12/24	Check: • Pressure areas 4 hourly. • Skin under medical devices 4 hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition 4 hourly in bed and chair. • Overnight patient / carer has agreed to repositioning 4 hourly • Specify any manual handling equipment used:	• Skin care to be carried out 4 hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☑ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☑	ecotton Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:

Write or affix label	Peripheral Venous Cannula (PVC) Insertion & maintenance	Modified Visual Infusion Phlebitis (VIP) Score		
N A 0103698261 CI MCLEAN Sheila, A F 01/03/1969 D(Flat 2-1 Hc 17 Merryton Avenue Glasgow, Lanarkshire G15 7P	Please complete insertion details for each PVC inserted Care & maintenance to be undertaken & documentation completed twice each day.	PVC site appears healthy	0	No phlebitis: Continue care and maintenance
		Either slight pain or redness near site	1	Possible first signs: Observe PVC site
		Two or more: pain / redness / swelling	2	Early stage of phlebitis: Remove and resite PVC
		All: pain / redness / hardening of surrounding area	3	Phlebitis/thrombophlebitis: Remove and resite PVC Seek further advice
		As above and including: palpable venous cord	4	
		As above and including: pyrexia	5	

NHS Greater Glasgow and Clyde

Insertion details:	Where inserted:	Insertion site:	Side:	Size of cannula:	Inserted by:
Date: 6/12/24 (Day 1) Time: ____:____	☐ ED ☐ Theatre ☐ ITU/HDU ☐ Ward ____ IN SIAU. ☐ Unknown	☐ Hand ☐ Arm Other ____	☑ Left ☐ Right	☐ 26G Purple ☐ 24G Yellow ☐ 18G Green ☐ 23G Blue ☐ 16G Grey ☐ 20G Pink ☐ 14G Orange	Print: IN SIAU. Signature: ____ Designation: ____

Clinical indication:	☑ Diagnostics	☐ Resuscitation	☐ IV medications	☐ Fluids	☐ Transfusion

Insertion criteria:	Hand hygiene performed	Skin decontamination (2% chlorhexidine in 70% isopropyl alcohol)	Sterile transparent semi-permeable dressing affixed	PVC explained to patient/carer
	☐ Yes ☐ No IN SIAU	☐ Yes ☐ No IN SIAU	☐ Yes ☐ No IN SIAU	☐ Yes ☐ No IN SIAU.

DRIFT PVCs are associated with an increased risk of phlebitis, thrombosis, infection and S.aureus bacteraemia.

Justify the need for your patient to have a PVC using the DRIFT mnemonic.
- ✓ Diagnostics - Does the patient need the PVC for a diagnostic procedure e.g. CT scan
- ✓ Resuscitation - Is the patient at risk of cardiac or respiratory arrest?
- ✓ Intravenous (IV) - Does the patient require intravenous (IV) medication? Could these be switched to another route?
- ✓ Fluids - Does the patient require IV fluids? Could this be switched or oral fluids?
- ✓ Transfusion - Does the patient require a transfusion of blood products?

Signs of local or systemic infection

Local infection
- Erythema / inflammation
- Exudate
- Hot to touch
- Pain/tenderness

Systemic infection
- Hypotension
- Tachycardia
- Pyrexia

Adult IVOST Guideline:

Always refer to full IV route to Oral route Switch Therapy (IVOST) guidelines

IV → Oral Antibiotic Switch Therapy (IVOST) Guideline

Review need for IV antibiotics daily

Can antibiotic therapy be stopped? (eg: alternative diagnosis)?

If ongoing antibiotics required - document patient progress/IVOST plan within 72 hours

↓

Switch to oral when:

a CLINICAL IMPROVEMENT in signs of infection eg: temperature ≤37.9°C, reduction in the NEWS score, improving SEPSIS

a ORAL ROUTE is available reliably (eating/drinking no concerns regarding absorption)

a UNCOMPLICATED INFECTION i.e. specialist advice not required prior to IVOST: Infection requiring specialist advice includes CNS infection, Cystic fibrosis, S. aureas bacteraemia (minimum 14 days IV), Endocarditis, Vascular graft or bone/joint infection, Undrainable deep abscess.

DO NOT use CRP in isolation to assess IVOST suitability as does not reflect severity of illness

Record the stop date on HEPMA

↓

If IVOST criteria met → Switch to oral

Review MICROBIOLOGY results and NARROW THE SPECTRUM based on cultures

IF not responsive MICROBIOLOGY switch to oral as outlined below

Paediatric IVOST Guideline:

Name:	0103696261
Address:	MCLEAN F
CHI:	Sheila, A 01/03/1969
DOB:	Flat 2-1
Hospital &	17 Merryton Avenue
	Glasgow, Lanarkshire
	G15 7PR

PVCs should be removed as soon as no longer clinically indicated.

NHS Greater Glasgow and Clyde

Maintenance – to be completed twice daily (Observe for signs and symptoms of local or systemic infection)

Date	Need for PVC reviewed today?		Any sign of PVC site infection?		Is the dressing intact?		Before / after PVC procedures; hand hygiene performed?		PVC patent?		What has been done?		Sign: Print: Designation:
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	
Day 1 Insertion Date 6/12/24	☑ Yes ☐ No	☑ Yes ☐ No	VIP 0	VIP 0	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Left in situ ☐ Redressed ☐ Removed	☑ Left in situ ☐ Redressed ☐ Removed	Day [signature] Night
Day 2 7/12/24	☑ Yes ☐ No	☐ Yes ☐ No	VIP 0	VIP ____	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☑ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day [signature] Night
Day 3	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 4	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 5	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 6	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 7	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Removed	Day Night

PVCs should be removed on day 7. Reassess ongoing needs and vessel health for most appropriate vascular access device. Date removed __/__/__

Reason for removal	☐ Site infection	☐ Infiltration	☐ Extravasation	☐ End of treatment	Other:

Pati
0103696261
MCLEAN F
Sheila, A 01/03/1969
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7P

Adult Wound Assessment and Management Chart

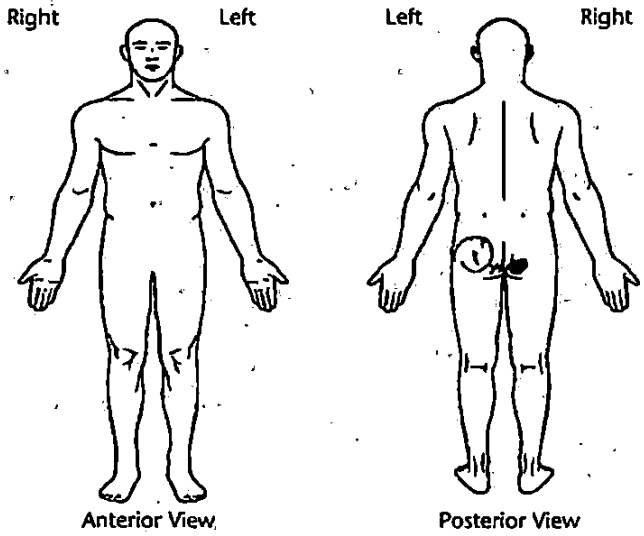
NHS Greater Glasgow and Clyde

Hospital/Healthcentre: QEUH

Ward/Department: 112

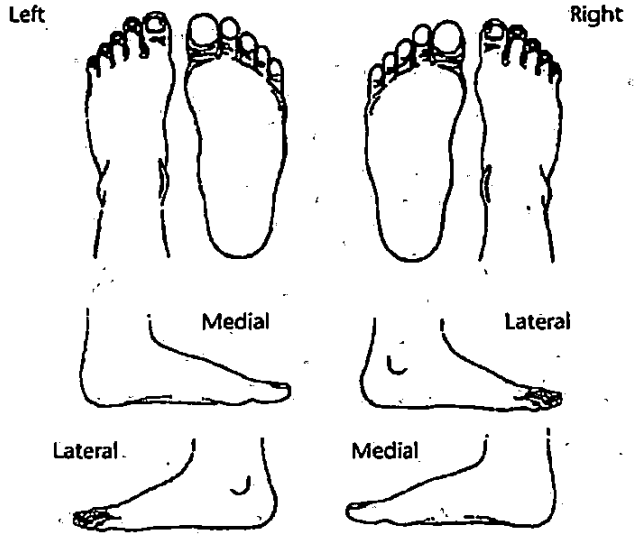
Factors present that could delay healing:			
Anaemia		Medication	
Anti-coagulants		Oedema	
Chemotherapy		Poor Nutrition	
Diabetes		Radiotherapy	
Incontinence		Respiratory/Circulatory Disease	
Immobility		Steroids	
Inotropes		Wound Infection	
Allergies & Sensitivities (please state):		Other (please state):	

Body Diagram



Mark location with 'x' and number each wound

Feet Diagram



Mark location with 'x' and number each wound

Type of Wound

Wound Number on body chart	Type of Wound	Duration
1	Surgical - I+D (R)	personal choice 6/12

Assessor Details

Name: [illegible]

Signature:

Designation: Charge Nurse

Date: 7/12/24 Time: 14:10

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Adult Wound Assessment and Management Chart

Patient ID label

Formal Wound Assessment (see guideline notes before completion)

It is mandatory to complete the formal wound assessment for every wound requiring treatment / intervention:

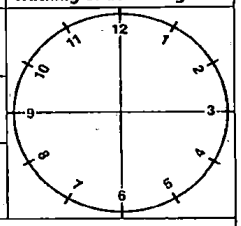
- At least every 7 days
- If treatment is being changed
- If there is any significant change in the wound

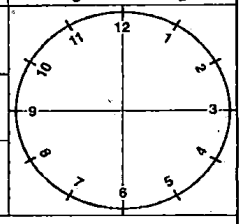
Wound number	D							
Date of Assessment	7/12/24							
Time of Assessment	14.10.							
Pre-dressing analgesia required	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Wound Dimensions (enter size)								
Length/Width/Depth(cm)	L: 1.5cm W: 6.5cm D: 2cm	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:
Is wound: Tracking Undermining	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Photography obtained	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Tissue Type on Wound Bed (percentage total must = 100%)								
Necrotic (black)	%	%	%	%	%	%	%	%
Sloughy (yellow/green)	%	%	%	%	%	%	%	%
Granulating (red)	%	%	%	%	%	%	%	%
Epithelialiasing (pink)	%	%	%	%	%	%	%	%
Hypergranulating (red)	%	%	%	%	%	%	%	%
Blister	%	%	%	%	%	%	%	%
Haematoma	%	%	%	%	%	%	%	%
Bone/tendon visible	%	%	%	%	%	%	%	%
Other e.g. metal work _____	%	%	%	%	%	%	%	%
Wound Exudate Levels/Type (tick all that apply)								
None								
Low								
Medium	✓							
High								
Serous (straw)								
Haemoserous (red/straw)								
Purulent (green/brown)								
Skin Surrounding Wound (tick relevant boxes)								
Healthy/intact	✓							
Dry/scaly								
Erythema (red)								
Excoriated (red)								
Fragile								
Macerated (white)								
Oedematous								
Signs of Infection - two or more of these signs may indicate possible infection								
Friable granulation tissue								
Heat								
Increasing exudate								
Increasing odour/malodour								
Increasing pain								
Deteriorating wound bed								
Treatment Objectives (tick relevant boxes)								
Absorption	✓							
Hydration								
Debridement								
Palliative/Conservative								
Protection/promote healing	✓							
Reduce bacterial load	✓							
ASSESSOR INITIAL/DESIGNATION	✓ N.							

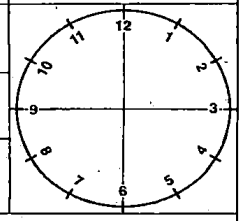
Adult Wound Assessment and Management Chart

Patient ID label

This Treatment Plan and Evaluation of Care refers to Wound Number: _____
To be completed on inital assessment, thereafter, complete when the dressing type and/or regimen is altered following changes identified at the wound assessment.
For advice: Please contact relevant speciality.

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)	Activheal ribbon Kliniderm Super Absorber film Island dressing	Absorption + protection. **Frequency of dressing change** 48 hr **Has care plan been discussed with patient/carer?** YES / NO Comments:	
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3			
Secondary Dressing (if applicable)			
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** JBo **Designation:** CW **Date:** 7/12/22	

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)		**Frequency of dressing change**	
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3		**Has care plan been discussed with patient/carer?** YES / NO Comments:	
Secondary Dressing (if applicable)			
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** _____ **Designation:** _____ **Date:** _____	

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)		**Frequency of dressing change**	
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3		**Has care plan been discussed with patient/carer?** YES / NO Comments:	
Secondary Dressing (if applicable)			
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** _____ **Designation:** _____ **Date:** _____	

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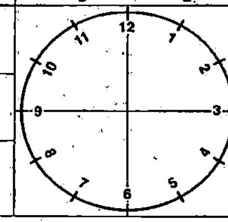
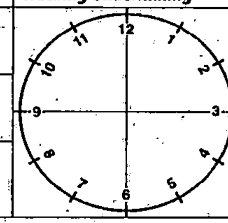
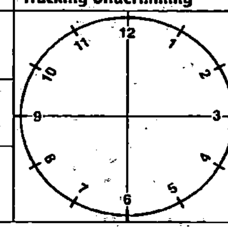
Adult Wound Assessment and ...anagement Chart

Patient ID label

This Treatment Plan and Evaluation of Care refers to Wound Number: ____________
To be completed on inital assessment, thereafter, complete when the dressing type and/or regimen is altered following changes identified at the wound assessment.
For advice: Please contact relevant speciality.

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)			
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3		**Frequency of dressing change**	
Secondary Dressing (if applicable)		**Has care plan been discussed with patient/carer?** YES / NO Comments:	
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** ____________ **Designation:** ____________ **Date:** ________	

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)			
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3		**Frequency of dressing change**	
Secondary Dressing (if applicable)		**Has care plan been discussed with patient/carer?** YES / NO Comments:	
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** ____________ **Designation:** ____________ **Date:** ________	

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities	Tracking Undermining
Cleansing Method (if applicable)			
Primary Dressing please state: • Dressing • Size • Number of dressings used i.e. fibre dressing, 2.5cmx40cm, x3		**Frequency of dressing change**	
Secondary Dressing (if applicable)		**Has care plan been discussed with patient/carer?** YES / NO Comments:	
Retention Dressing (e.g. Bandage, Tape)			
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		**Treatment Plan completed by:** ____________ **Designation:** ____________ **Date:** ________	

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Wound dressing change log

To be completed at EVERY dressing change

Patient ID label

Date	Time	Wound Number	Number of sheets/ribbons removed from wound	If dressing change is unplanned please state the reason e.g. swab taken, dressing adhering or dressing saturated	Additional Comments e.g. swab obtained, reason or investigation requested, wound photographed,	Sign, Print , Designation

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Wound dressing change log

To be completed at EVERY dressing change

Patient ID label

Date	Time	Wound Number	Number of sheets/ribbons removed from wound	If dressing change is unplanned please state the reason e.g. swab taken, dressing adhering or dressing saturated	Additional Comments e.g. swab obtained, reason or investigation requested, wound photographed,	Sign, Print , Designation

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Patient ID label

Adult Wound Assessment and Management Chart

NHS Greater Glasgow and Clyde

Wound Assessment Chart Guidelines

PLEASE READ GUIDELINE PRIOR TO COMPLETING FORM

Completion of the wound assessment chart assists in the holistic assessment and management of patients requiring ongoing treatment of their wound(s), enhances communication and helps improve continuity of care. It is mandatory to complete wound chart for all wounds requiring ongoing intervention.

Page 1 - to be completed on initial assessment

- Record ward/department and the site (hospital or health centre)
- Attach patient label
- Identify all factors present which could delay wound healing
- Record any known allergies or sensitivities including those to dressing products
- Identify the location of each wound on body diagram. Number each wound (maximum of 2 per wound chart)
- Record wound type and duration of wound to corresponding number - these factors will influence wound management plan
- Assessor's details- print name and sign, record designation and date assessment completed

Page 2 - wound assessment information must be completed for every wound on the initial assessment, when changes noted in the condition of the wound or surrounding area or at least once every 7 days

- Record wound number, date and time of assessment
- Ensure effective pain control identify if analgesia required prior to dressing change
- Wound dimensions – measure wound in cm/mm. Use disposable tape measure e.g. in wound dressing packs or measuring scales on some wound dressing product packaging. DO NOT USE multiple use measuring tools
  - » Length is from head to toe
  - » Width is from right to left
  - » Depth of wound should be measured
- Record if tracking or undermining is present to help identify full extent of wound and possibility of sinus/fistula
- Record direction of undermining/ tracking on clock face diagram in treatment plan (pages 3&4)
- Record if photographic record is obtained-NB. Patient consent is required and photographs can only be taken by authorised camera users and stored within a secure system as per policy link below http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/Medical%20Illustration%20Services/Pages/OtherLinks.aspx
- Identify tissue types on wound bed in %
- The type of tissues present will help identify stage of healing and treatment objectives.
- Record % of each tissue type to obtain 100%, will identify if treatment objectives being achieved.
- Wound Exudate - identify exudate levels and record type of exudate

Descriptor	Description
None	Wound tissues dry
Low	Wound tissues wet, moisture evenly distributed in wound <25% of dressing soiled
Medium	Wound tissues saturated, drainage may or may not be evenly distributed in wound, 25%-75% of dressing soiled
High	Wound tissues bathed in fluid, drainage freely expressed, may or not be evenly distributed in the wound, >75% of dressing soiled
Serous	Clear, light colour, Thin, watery
Haemoserous	Light red to pink, Thin, watery
Purulent / Pus	Yellow, tan to green, Thick, opaque

- Monitor for signs of infection and obtain wound swab if infection suspected
- Record the skin condition around the wound

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Patient ID label

Adult Wound Assessment and Management Chart

NHS Greater Glasgow and Clyde

- Treatment objectives - determine treatment objectives to guide dressing choice and plan care
- Record assessors details in line with requirement for record keeping

Page 3 - treatment plan and evaluation of care

- To be completed on inital assessment, thereafter, complete when the dressing type and/ or regimen is altered following changes identified at the wound assessment. Keep the bit that says For advice please contact relevant speciality.
- Complete information in the dressing choice section as indicated for
  - Method of cleansing if require (refer to wound cleansing guidelines)
  - Primary dressing including size and number of dressing pieces used.
- **When inserting dressing product into a cavity wound, ensure end of every dressing piece is left above skin surface and number of pieces of dressing used recorded on application/removal to ensure there is no risk of dressing products being retained in wound**
- Secondary dressing used if applicable
- Any retention dressing required such as bandages
- Record if any product is to be applied to surrounding skin e.g. for protection
- Record frequency for each dressing change
- Rationale for treatment plan – record objective of treatment to allow effectiveness and appropriateness of treatment to be evaluated
- Draw line to indicate direction of tracking undermining on clock face diagram with 12 o'clock referring to head, 3 o'clock to patient's left side, add corresponding dimension
- Record whether wound care has been discussed with the patient to ensure care is patient centred
- Record assessors details
- If change in care plan discontinue previous care plan by one score through, initial and date

Page 4 - wound dressing change log

- Complete at EVERY dressing change
- Record date and time
- Record number for corresponding wound as noted on the wound assessment chart
- Record the number of dressing pieces removed from the wound, refer to number of pieces applied from previous dressing application (as per treatment plan) to ensure no dressing products are retained within the wound
- Record reason for any unplanned wound dressing changes
- Provide additional comments as required such as when wound photographed, investigations requested or feedback from patient.
- Sign your record of care and print name and designation
- Record if wound swab obtained for culture and sensitivity

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Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: MCLEAN Sheila, A Flat 2-1 17 Merryton Avenue Glasgow, Lanarkshire G15 7PR	Ward: 9B
CHI number: 0103696261 F 01/03/1969	Discharge destination: Home.
	Estimated Discharge Date (1) 7/12/24.
	Estimated Discharge Date (2) / /
	Final date of discharge : / /

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		AM	
Relative/carer informed	✓			
Relative/carer involved in discharge planning discussions		✓		
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓		AM	
Ambulance: 1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Immediate Discharge Letter completed	✓		AM	
Compliance aids e.g. Dossette Box (involve pharmacist)		✓		
Medication received		✓		
Medication explained to patient and/or relative/carer		✓		
Own medication returned to patient		✓		
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓		
Informed of discharge				
Social work/ Other agencies		✓	AM	
Homecare		✓		
Homecare request form completed?		✓		
Discharge lounge handover completed?		✓		
Physiotherapist		✓		
Occupational Therapist		✓		
Dietitian		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓	AM	
Patients clothing available for day of discharge		✓		
Valuables e.g. cashier		✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required		✓		
- Completed				
Outpatient clinic appointment				
Arranged		✓	AM	
To follow		✓		
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				

Time of Discharge: 14:00		
Nurse's signature: AMcLean	Designation: SN	Date: 7/12/24.

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0103696261
MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PR

F
01/03/1969

	Date	Ward	Time
Admitted	6/12/14	9B	0545
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Patient on home oxygen Y ☐ N ☐
If yes, add details of oxygen therapy

Document all actions and interventions

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

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

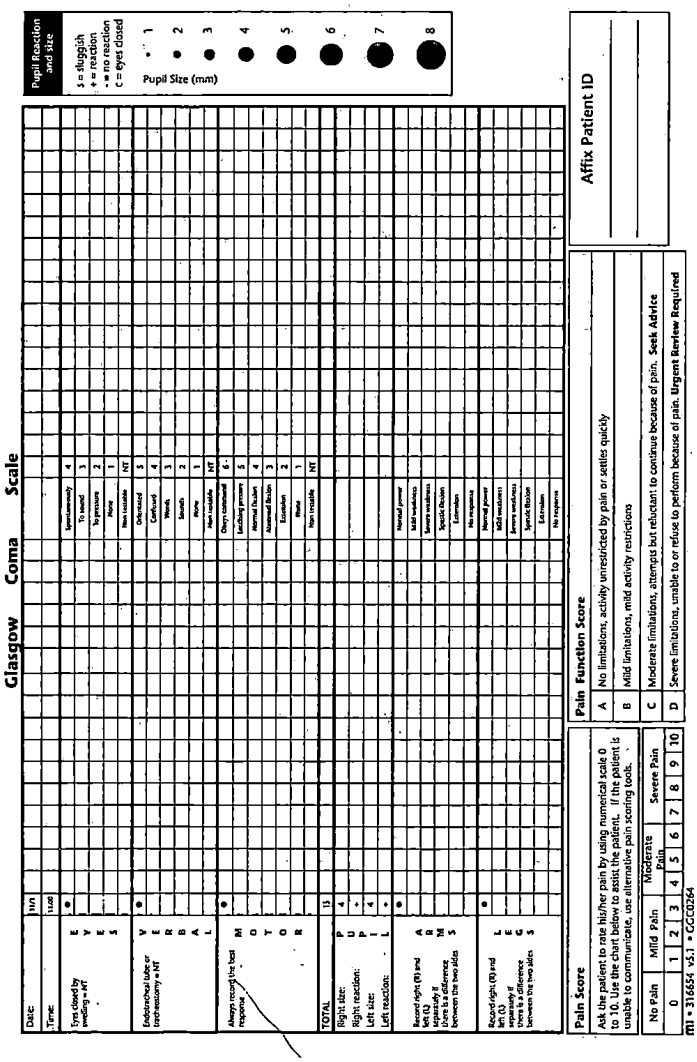
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



NEWS 2 Key | 1 | 2 | 3 |

96 110

Date	1/11	5/		6/12			6/12		7/12		
Time	11.00	16	19/20	21/05	00	15/50	18	18/40	00	13/38	

Section	Example	Range	Score
A + B Respirations Breaths/min		≥25	3
		21-24	2
	●	12-20	0
		9-11	1
		≤8	3
A + B SpO2 Scale 1 Oxygen saturation (%)	97	≥96	0
		94-95	1
		92-93	2
		≤91	3
SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in hypercapnic respiratory failure		≥97 on O2	3
		95-96% on O2	2
		93-94% on O2	1
		≥93 on air	0
		88-92	0
Only use scale 2 under direction of qualified clinician		86-87	1
		84-85	2
		≤83	3
Air or oxygen?	A	Air (A) or O2 device*	0
		O2 L/min 2	2
C Blood Pressure mmHg (Score uses systolic BP only)		≥220	3
		201-219	0
		181-200	0
		161-180	0
		141-160	0
		121-140	0
		111-120	0
		101-110	1
		91-100	2
		81-90	3
		71-80	3
		61-70	3
		51-60	3
		≤50	3
C Pulse Beats / min		≥131	3
		121-130	2
		111-120	2
		101-110	1
		91-100	1
		81-90	0
	●	71-80	0
		61-70	0
		51-60	0
		41-50	1
		31-40	3
		≤30	3
D Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	●	A Alert	0
		C New Confusion	3
		V Verbal	3
		P Pressure	3
		U Unresponsive	3
E Temperature		≥39	2
		38.1-39.0	1
		37.1-38.0	0
	●	36.1-37.0	0
		35.1-36.0	1
		≤35.0	3

Handwritten SpO2 entries: 96, 98, 97, 97, 99, 94, 96, 97, 97

Handwritten BP entries: 131/85, 141/101, 139/90, 121/89

Handwritten pulse entries: 96, 85, 89

Handwritten temperature entries: 36, 35, 35

NEWS Total	0	1	0	0	0	0	3	1	0	0
Blood glucose	7.0	NA	NA	NA			/		/	
Pain / function score	0A	0/10	0/10	0/10	0/10	0A	N	0A	0/N	0/A
Time Pt last passed urine	10.20	[illegible]	NR	05	Pu	R	/	NR	N	PU
Fluid balance chart indicated Y/N	N		N	N	N	N	N	N	N	N
GCS indicated Y/N	N		N	N	N	N	N	N	N	N
Time NEWS due	23.00	20	1400	00	u	4°		4°	N	12
Escalation of care Y/N	N	Y	N		N	N	N	N	N	N
Initials	AB	[illegible]	[illegible]		[illegible]	SS	N	CL	[illegible]	[illegible]

Affix Patient ID

Abbreviations for recording oxygen device

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

Affix Patient ID

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

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

Think ACE

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

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

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 0103696261

Queen Elizabeth University Hospital

Total Att: 5

12 Mth Att: 0

Title: MS

MCLEAN **Sheila A**

DOB **01/03/1969** Age: **54y** Sex: **Female**

Flat 2-1
17 Merryton Avenue
Glasgow
Lanarkshire
G15 7PR
07523769194

Next of kin: **SAME?, DANIEL**
Relationship: **Brother**
07597265341

GP: **SC Lyon**
0141 211 6100

Attendance Date: **31/05/2023** Arrival Time: **14:00**

Registration Time: **14:00** Date of Incident: **30/05/2023**

Major Incident Desc:

Reason for Attendance: **ankle inj**

Nursing Assessment

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

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

Presenting Complaint: **Ankle**

Observation Date: **31/05/2023 15:23** Nurse name: **ENP Julie Cameron1**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"inversion injury to right ankle 1/7, swollen and tender lat mal. weightbearing."**

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

0103698261 01/03/1969
MCLEAN
Sheila A

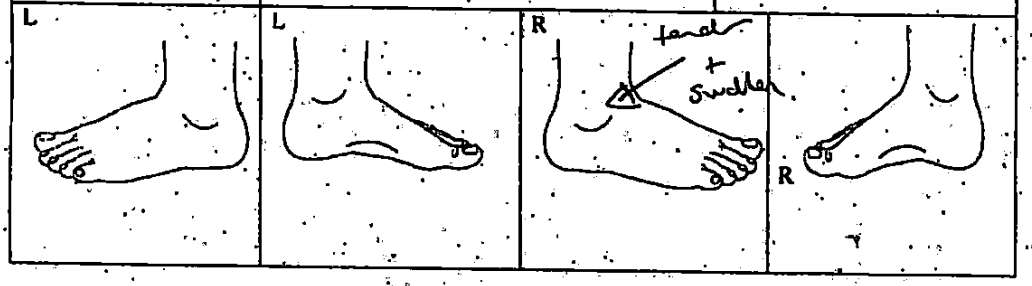
Date: 31/5/23 Time: 1530 Dr/ENP: J CAMERON

Ankle Injury Proforma

HPC: (Right) / Left Slipped on gravel path last night walking dog. Inversion injury to (R) ankle, swollen, tender lat Mal

PMH: Chronic back pain, Angina, Arthritis PDH: Pregabalin, Ibuprofen, clonidine, Bisoprolol, Aspirin, GTN, Atorvastatin, Dihydrocodeine. Allergies: NKDA.

Look	Feel	Move
No wounds. Some swelling No redness.	Neurovascular Intact Yes ☐ No ☑ Tender: Pedal pulse felt. Head of Fibula Yes ☐ No ☑ Lateral Malleolus Yes ☑ No ☐ Medial Malleolus Yes ☐ No ☑ Heel Yes ☐ No ☑ Navicular Yes ☐ No ☑ Base 5th MT Yes ☐ No ☑ ATFL Pain Yes ☐ No ☑ Other Tenderness:	Weightbearing: Yes ☑ No ☐ Plantar Flexion: ✓ Dorsiflexion: ✓ Inversion: ✓ Eversion: ✓ Full ROM.



Achilles feels intact?	Yes ☑ No ☐
Simmonds test normal?	Yes ☐ No ☑
Anterior Drawer test normal?	Yes ☑ No ☐ N/A ☐

Xrays taken: (R) Ankle - NBI

Impression: sprain of ankle.

Plan: Discharged with advice on Rest, ice, Elevation & Analgesia. walking stick to help with Mobilising. Discharged.

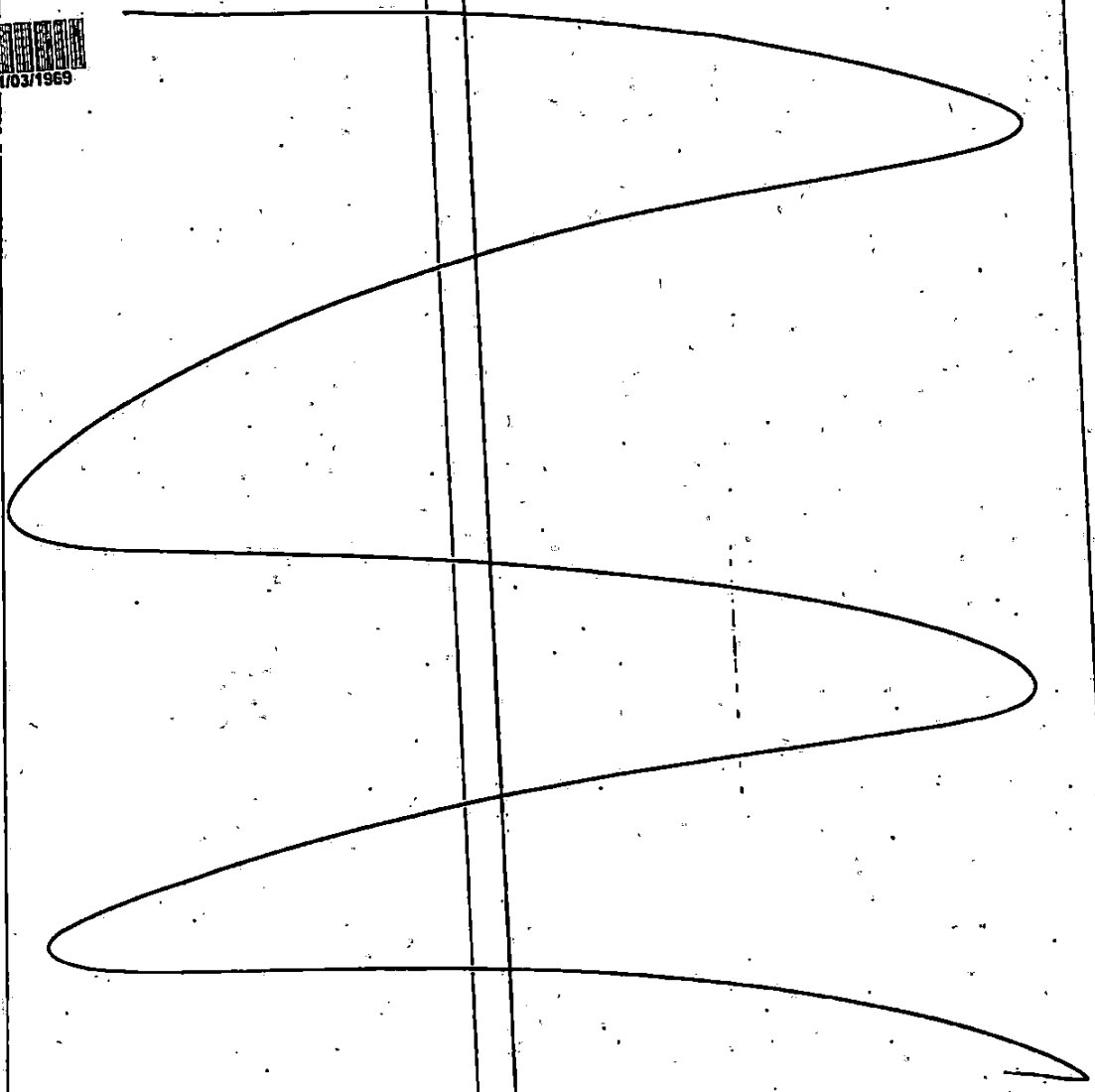
Tick if addition notes / drugs prescribed in notes ☐

Signed: J CAMERON (ENP)

Date	CLINICAL NOTES
	Seen by (Dr) Time seen

Date	CLINICAL NOTES

0103696261 01/03/1969
MCLEAN
Sheila A



Discharge Codes (Please CIRCLE)					Discharge date	31/5/23
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		Discharge time	1700
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.		

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

Follow up	Arranged	Not arranged	To be arranged

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

Discharge Prescription Packs

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

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 0103696261

Total Att: 5

12 Mth Att: 0

Title: **MS**

MCLEAN **Sheila A**

DOB **01/03/1969** Age: **54y** Sex: **Female**

Flat 2-1
17 Merryton Avenue
Glasgow
Lanarkshire
G15 7PR
07523769194

Next of kin: **SAME?, DANIEL**
Relationship: **Brother**
07597265341

GP: **SC Lyon**
0141 211 6100

Attendance Date: **31/05/2023** Arrival Time: **14:00**

Registration Time: **14:00** Date of Incident: **30/05/2023**

Major Incident Desc:

Reason for Attendance: **ankle inj**

Nursing Assessment

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

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

Presenting Complaint: **Ankle**

Observation Date: **31/05/2023 15:23** Nurse name: **ENP Julie Cameron1**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"inversion injury to right ankle 1/7, swollen and tender lat mal. weightbearing. "**

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

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

0103696261 01/03/1969
MCLEAN
Shella A

Date: 31/5/23 Time: 1530 Dr/ENP: J CAMERON

Ankle Injury Proforma

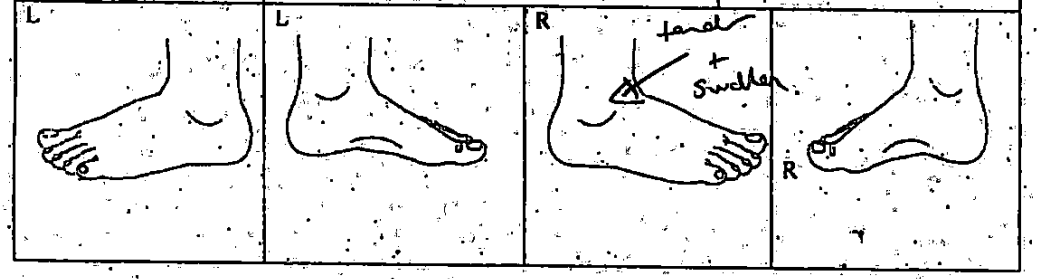
HPC: (Right) / Left Slipped on gravel path last night, walking dog. Inversion injury to (R) ankle, swollen, tender lat Mal

PMH: Chronic back Pain
Angina
Arthritis

PDH: Pregabalin
Ibuprofen
clonidine
Bisoprolol
Aspirin
GTN
Atorvastatin
Dihydrocodeine.

Allergies: NKDA.

Look	Feel	Move
No wounds. Some swelling No redness.	Neurovascular Intact Yes ☒ No ☐ Tender: Pedal pulse felt. Head of Fibula Yes ☐ No ☒ Lateral Malleolus Yes ☒ No ☐ Medial Malleolus Yes ☐ No ☒ Heel Yes ☐ No ☒ Navicular Yes ☐ No ☒ Base 5th MT Yes ☐ No ☒ ATFL Pain Yes ☐ No ☒ Other Tenderness:	Weightbearing: Yes ☒ No ☐ Plantar Flexion: ✓ Dorsiflexion: ✓ Inversion: ✓ Eversion: ✓ Full ROM.



Achilles feels intact?	Yes ☒ No ☐
Simmonds test normal?	Yes ☒ No ☐
Anterior Drawer test normal?	Yes ☒ No ☐ N/A ☐

Xrays taken: (R) Ankle - NBI

Impression: sprain of ankle.

Plan: Discharged with advice on Rest, ice, Elevation & Analgesia. Walking stick to help with Mobilising. Discharged.

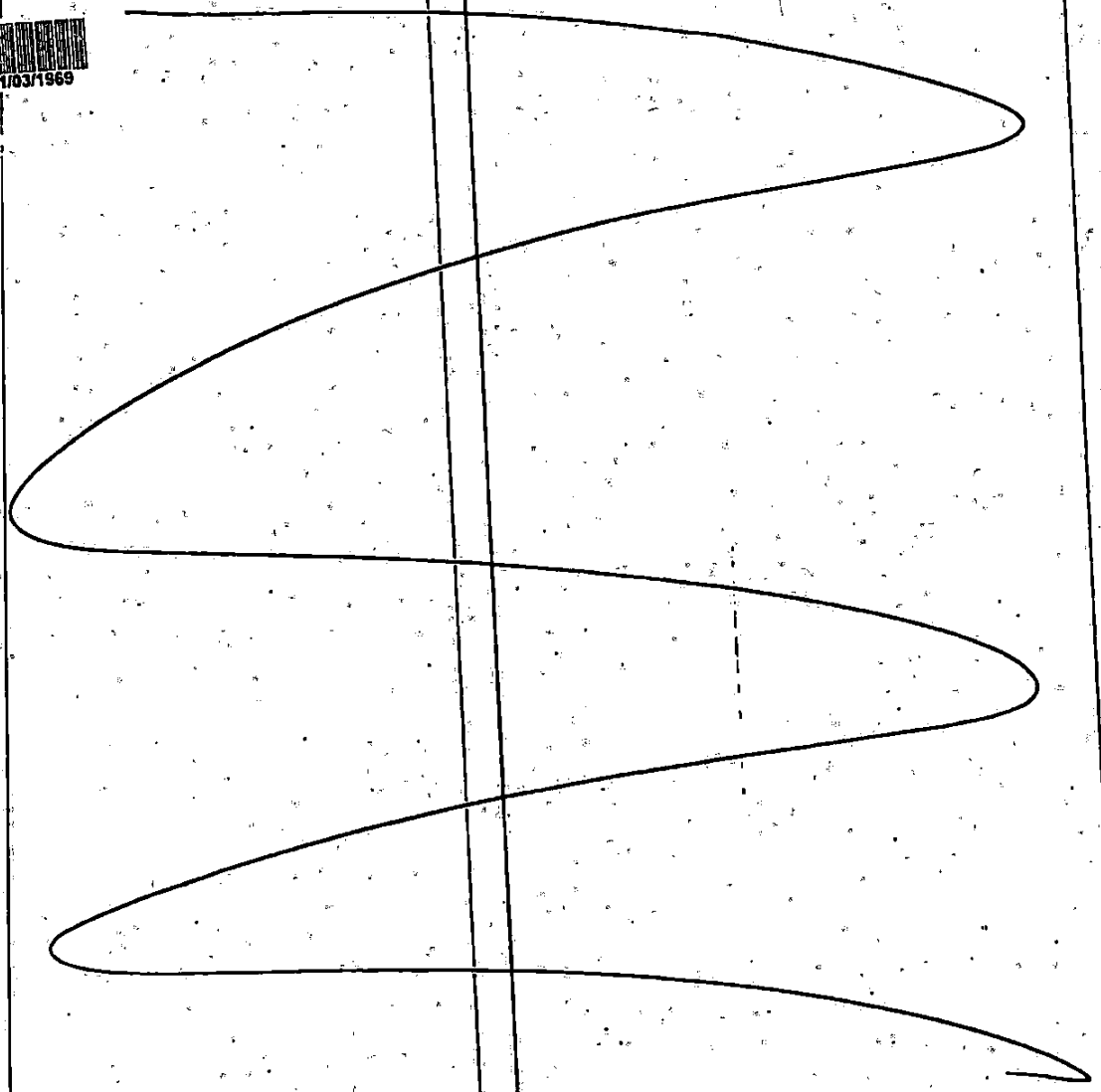
Tick if addition notes / drugs prescribed in notes ☐

Signed: J CAMERON (ENP)

Date	CLINICAL NOTES
	Seen by (Dr) Time seen

Date	CLINICAL NOTES

0103696261 01/03/1969
MCLEAN
Sheila A



Discharge Codes (Please CIRCLE)					Discharge date	31/5/23
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		Discharge time	1700
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.		

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

Follow up	Arranged	Not arranged	To be arranged

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

Discharge Prescription Packs

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

22.

Western Infirmary

CHI: 0103696261

Total Att: **4**

12 Mth Att: **0**

Title: **MS**

MCLEAN

Sheila

DOB: **01/03/1969** Age: **45y** Sex: **Female**

11A JEDWORTH AVENUE
Glasgow
Lanarkshire
G15 7QB
07544103124

Next of kin: **SAME?, DANIEL**
Relationship: **Brother**
07597265341

GP: **SC Lyon**
0141 211 6100

Attendance Date: **06/11/2014** Arrival Time: **09:53**

Registration Time: **09:53** Date of Incident: **06/11/2014**

Major Incident Desc:

Reason for Attendance: **boil under arm**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **06/11/2014 10:09** Nurse name: **Nurse Nicola Hunter**

Temp	**35.6**	C
HR	**79**	bpm
BP	**127/74**	mmHg
MAP	**91.67**	mmHg
RR	**16**	bpm
SpO2	**100**	%
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **?boil under right arm? symptoms for 2 wk. has been given antibiotics by gp but pain got worse this am. sent home from work.**

0103696261 01/03/1969 MCLEAN Sheila
0103696261 01/03/1969 MCLEAN Sheila
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0103696261 01/03/1969 MCLEAN Sheila
0103696261 01/03/1969 MCLEAN Sheila

PC abscess (R) arm pit

2/52

Rx c antibiotics no better

OE

2x1cm abscess

I+D 1% lignocaine
incised
pus ++

Disch
GP review.

8/

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address
0103696261
MCLEAN
Sheila F
01/03/1969

CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

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

See NEWS Actions Reference Tool for local escalation policy

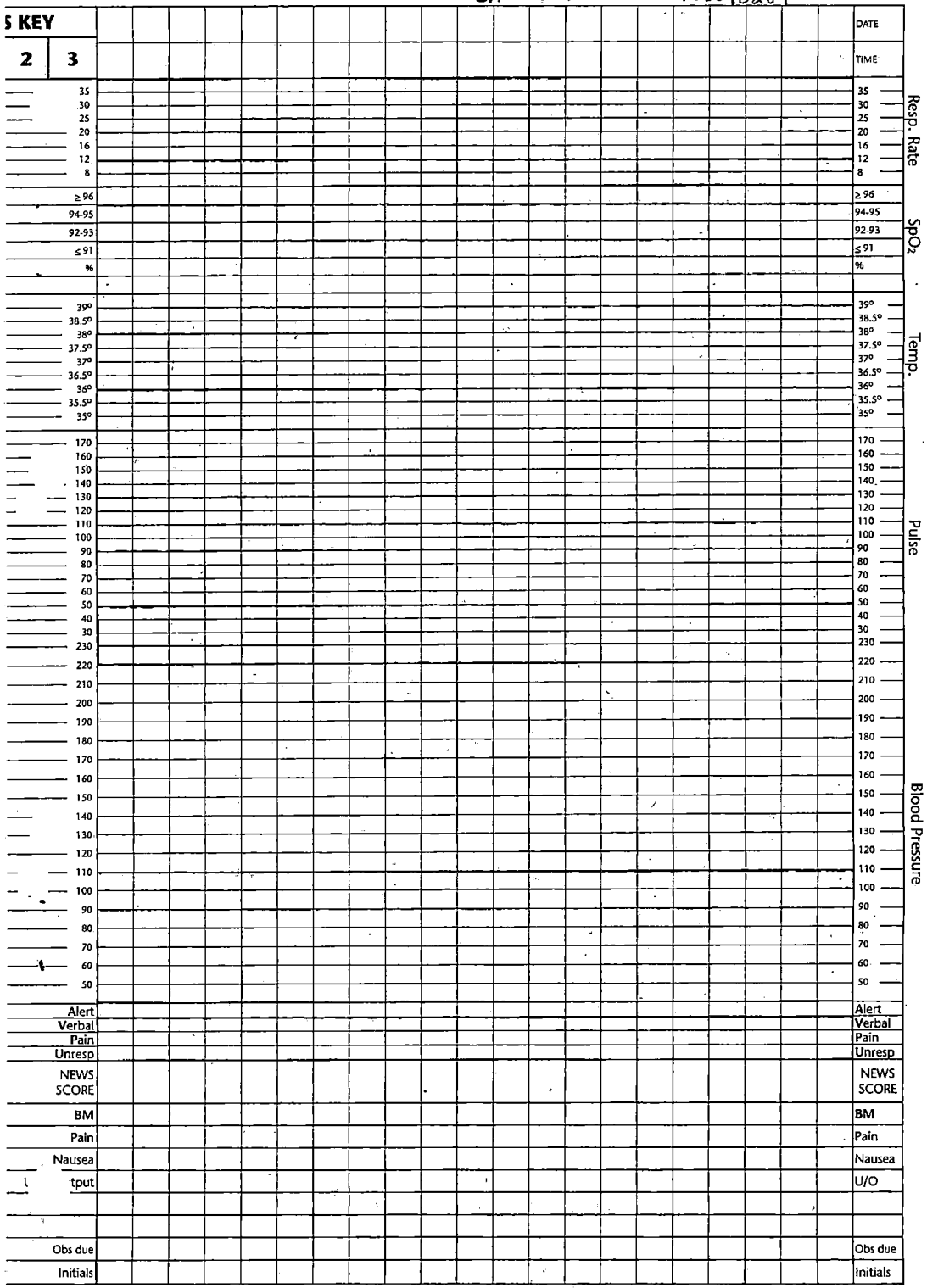
NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • 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. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

DATE:		6/1																	DATE
TIME:		10¹⁰																	TIME
Resp. Rate Mark: •	35																		35
	30																		30
	25																		25
	20																		20
	16																		16
	12																		12
	8																		8
SpO₂ (Enter Value)	≥ 96	100																	≥ 96
	94-95																		94-95
	92-93																		92-93
	≤ 91																		≤ 91
Any Sup'l O₂	%																		%
Room air																			
Temp. Mark: X	39°																		39°
	38.5°																		38.5°
	38°																		38°
	37.5°																		37.5°
	37°																		37°
	36.5°																		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
Blood Pressure Mark: ◇ NEWS SCORE using Systolic BP	230																		230
	220																		220
	210																		210
	200																		200
	190																		190
	180																		180
	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
Conscious Level Mark: •	Alert																		Alert
	Verbal																		Verbal
	Pain																		Pain
	Unresp																		Unresp
Total NEWS (with all obs)		1.																	NEWS SCORE
	BM																		BM
	Pain																		Pain
	Nausea																		Nausea
	Urine output																		U/O
	Obs due																		Obs due
	Initials	[illegible]																	Initials

NEW

0	1

SHEILA MCLEAN 0103696261

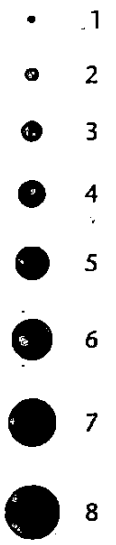


Neurological Observations

Date:					
Time:					
COMA SCALE	E – Eyes open	Spontaneously	4		Eyes closed by dwelling = C
		To speech	3		
		To pain	2		
		None	1		
	V – Best Verbal response	Orientated	5		Endotracheal tube or tracheostomy = T
		Confused	4		
		Inappropriate words	3		
		Incomprehensible sounds	2		
		None	1		
	M – Best motor response	Obeys	6		Usually record the best arm response
		Localises	5		
		Flexion - withdrawal	4		
		Flexion - abnormal	3		
		Extension to pain	2		
		None	1		
TOTAL SCORE					
PUPILS	R	Size			+ reacts – no reaction c. eyes closed
		Reaction			
	L	Size			
		Reaction			
LIMB MOVEMENT	ARMS	Normal power			Recordright (R) andleft (L) separatelyif there is a difference between the two sides
		Mild weakness			
		Severe weakness			
		Spastic flexion			
		Extension			
		No response			
	LEGS	Normal power			
		Mild weakness			
		Severe weakness			
		Spastic flexion			
		Extension			
		No response			

Glasgow Coma Scale

Pupil size (mm)



Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

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

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Dedsigned by Medical Illustration Services • 231261

NHS Greater Glasgow & Clyde

Patient's Property and Valuables Accepted for Safekeeping 43726 82680

Hospital: QEUH Ward: 9B Date of Admission: 6/12/24

Patient's full name: Sheila McLean

Flat 2-1, 17 Merryton Ave, G15 7PR.

0103696261
MCLEAN
Sheila, A 01/03/196
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PI

	Amount
Total	

2. Bank/Building Society Books, Credit/Debit Cards etc

Name of Bank/Building Society	Cheque book, Card, Pay in book	Comments

3. Pension Books etc

Type of Pension	Book No	Comments

4. Other Property/Valuables/Jewellery/Watches/Phones/Keys etc (specify)

Black charger
Black smart phone / purple back.
White metal bangle.
White metal necklace with 2 x heart pendants/earrings
pair of glasses
Set of keys - black fob.

5. Clothing

Pyjamas			Shirt			Other items
Nightdress			Jumper			
Dressing Gown			Trousers			
Slippers	L	R	Shoes	L	R	
Vest			Boots	L	R	
Pants			Coat			
Socks			Jacket			
Bra			Towel			
Slip			Electric Razor			
Tights			Toilet Bag & Contents			
Skirt						
Blouse						

I agree that the property and valuables noted above represent a true list of property and valuables handed over by me for safe keeping and that any other property and valuables retained by me are held on my own responsibility.

Signature of patient or staff member [redacted] SCN Status RMN

Signature of officer receiving items listed above:

[redacted] Status Staff Nurse Date 6/12/2024

92627 GGC0077

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 0103696261

Total Att: 6

12 Mth Att: 0

Title: MS

MCLEAN

Sheila A

DOB 01/03/1969 Age: 55y Sex: Female

Flat 2-1
17 Merryton Avenue
Glasgow
Lanarkshire
G15 7PR
07523769194

Next of kin: SAME?, DANIEL
Relationship: Brother
07597265341

GP: SC Lyon
0141 211 6100

Attendance Date: 05/12/2024 Arrival Time: 16:04

Registration Time: 16:04 Date of Incident: 05/12/2024

Major Incident Desc:

Reason for Attendance: Surgical IAU BUTTOCK ABSCESS

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score: 8

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

Presenting Complaint:

Observation Date: 05/12/2024 16:19

Temp	36.1	C
HR	96	bpm
BP	131/85	mmHg
MAP	100.33	mmHg
RR	15	bpm
SpO2	96	%
Oxygen		%

Nurse name: Nurse Rebecca Nixon

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

Pt:
0103696261
MCLEAN F
Sheila, A 01/03/1965
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PF

Date	Emergency Department Notes
	Ambulance Proforma reviewed Yes / No Seen by (Doctor) A. CLARK Time seen 1800

03/12/11

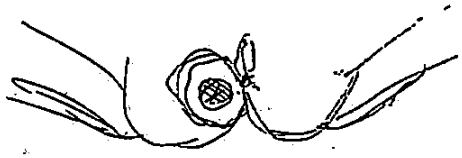
55 ♀
RIGHT
~~Right~~ buttock abscess

Presents 10 days
Reports fever + lethargy
Some nausea + ↓ appetite.
Says started self-discharging on OS/A but has not felt any better.
Bowels opening but less than normal 2° ↓ appetite + pain
No urinary Sx

Last ate ~12 pm
Drank water since

O/E:

R L



Right buttock abscess
? perianal
~4 cm away from anus
obvious central punctum
+/- pus freely draining
Large surrounding area induration + erythema

DAx
Aspirin GTN
Bisoprolol Statin
Ibuprofen OAC

PMHx NKDA
IHD
Prolapsed disc @ L5/S1
Smoker

Obs
HR 96
BP 131/85
Sats 96% (A)
RR 14
Temp 36.1°C

Pat.
0103696261
MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
F
01/03/1969
G15 7PR

Date	Emergency Department Notes	
	Seen by (Doctor) A. CLARK	Time seen

D/W Dr. Bose (SpR)

Admit for I&D under GA.

Given proximity to anus + CRP + and acute pain and induration => will need GA for EUA and I&D.

BLOODS

U+Es (N)
eGFR >60
CRP 192
LFTs (N)
Amylase 32
WCC 13·1

Differential Diagnosis/Problem List

Peri-anal / buttock abscess

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

Done/ completed	Immediate Managment Plan
✓	Bloods
	Analgesia
	A&E
	Admit
	Consent
	FFM

Signature: Designation: CT1 Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

Patient ID label

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

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	
History of presenting complaint	

Past Medical History / Review of portal

Systemic Enquiry

Patient ID label

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

Other (please specify)

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

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

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

Patient ID label

Social History \ Family History

Smoking History

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

Alcohol History

_____ Units/week FAST score if excess _____

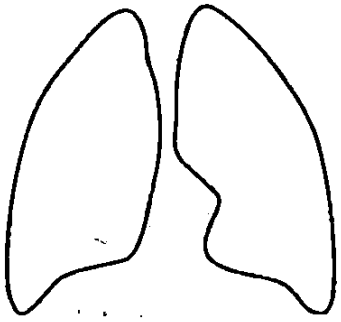
Recreational Drugs **Driving Status**

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

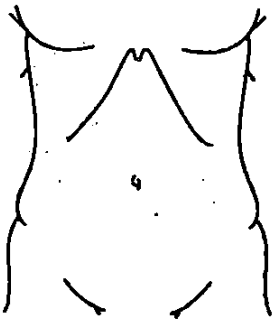
General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor

Patient ID label

Neurological system

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

AMT 4 = age, DOB, place, year

AMT score ____ /4

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

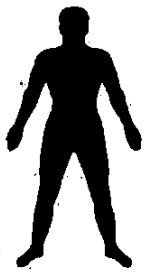
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

Patient ID label

Key Results

CXR ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:

Patient ID label

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

06/12/24 W/R HLEN.

08:40 1st postop period check
Cavity drained but surrounding erythema [illegible]
Obs stable
WCC/CRP ↑. on Abx

Plan: GA I&D

[signature] StR

7/12/24 WR: [illegible] LATS.

Post I&D Ischiorectal abscess. NEWS - 0.
Bloods improving. CRP 95 (192).
No pain. WCC 14.

Plan.
1. Dressing today - To take out the pack. + put on normal dressing.
2. Home today
3. Stop ABx.
4. Daily dressing c̄ GP.

[signature]

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

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

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

☐ No ☐ Yes

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

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

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

Patient ID label

Results

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

Patient ID label

Post Take Ward Round IAU/ARU

Consultant: _____ Date: _____ Time: _____

Summary

Temp:

Pulse:

BP:

SpO_2:

FiO2:

RR:

Diagnosis:

Plan:

Recommended Destination: _____

Suitable to board if required ☐ Yes ☐ No

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet	
Date: Time	

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet

Date: Time:

Patient

0103696261 F
MCLEAN 01/03/196
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire G15 7PF

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

Date Given	Drug (Block Capitals)	Dose	Method of administration	Time of administration	Signature	Given by
05/12/24	CO-AMOXICLAV	1200mg	IV	1910		NS
06/12/24	CO-AMOXICLAV	1200mg	IV	0600		

Discharge prescription packs

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

DISCHARGE CODES: Please Circle

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

Time Ready to Depart

Discharge Time

Ward No. (If admitted)

Transfer to Hospital

Consultant (if admitted)

Outpatient clinic specialty

Admission or specialty clinic consultant

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

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 31/05/2023

Consultant: Dr Michael Gillespie2

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **McLean Sheila A** DOB: **01/03/1969** CHI: **0103696261**
Flat 2-1
Glasgow G15 7PR

Attended on: **31/05/2023 at 14:00 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
ankle inj

Nursing Assessment:
inversion injury to right ankle 1/7, swollen and tender lat mal. weightbearing.

Investigations in ED:
1. XR Ankle Rt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Ankle		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:
inversion injury to right ankle. tender swollen lat mal. xray shows NBI seen. treat as sprain. discharged with walking stick and soft tissue injury advice sprain.

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

Yours sincerely,
Julie Cameron1
Nurse

Copies to:
1. SC Lyon (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/11/2014

Consultant: Dr Samantha Perry

SC Lyon
Garscadden Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **McLean Sheila** DOB: **01/03/1969** CHI: **0103696261**
11A JEDWORTH AVENUE
Glasgow G15 7QB

Attended on: **06/11/2014 at 09:53 hrs.** Departed on: **06/11/2014 at 11:11 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
boil under arm

Nursing Assessment:
?boil under right arm? symptoms for 2 wk. has been given antibiotics by gp but pain got worse this am. sent home from work.

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Abscess of limb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Samantha Perry
Consultant (non admitting)

Copies to:

1. SC Lyon (GP)

School Address:

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy
Drumchapel Health Centre
Contact Tel: 0141 211 6147
Enquiries to:

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 08/02/2022
Reference:
Dictated Date: 08/02/2022
Transcribed Date: 08/02/2022

Dear Dr Lyon,

Sheila A McLean; D.O.B: 01/03/1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

GP Action Required: No action required.

Presenting Condition: Low back and bilateral leg pain.

Physiotherapy Comments:

Sheila returned to physiotherapy with worsening low back and bilateral radicular symptoms, she has no bladder or bowel changes. She feels her left leg pain has worsened since her last appointment with her right leg neurological symptoms unchanged.

Objectively Sheila has full lumbar flexion, 1/4 lumbar extension with left leg symptoms. On neurological testing Sheila has no myotomal deficit and decreased S1 dermatome right side only. Her straight leg raise is restricted to 40 degrees on her left with no restriction on her right along with an absent achillies reflex left side only.

Sheila has attempted physiotherapy exercises consisting of lower limb strengthening and lumbar flexion exercises over a 4 month period with no improvement in symptoms. I have signposted her towards mindfulness information in the mean time. Physiotherapy is unlikely to benefit Sheila further at present as she awaits orthopaedic opinion.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Worse.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Physiotherapist Matthew Montgomery

Physiotherapist Band 6

Electronically Signed: ,

cc.

Clinical letter - GP: result

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: cardiology
Contact Tel: 451 6129
Enquiries to: 451 6129
Letter Date: 21/01/2021
Reference: dm/cm
Dictated Date: 20/01/2021
Transcribed Date: 20/01/2021

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon,

Sheila A McLean; D.O.B: 01/03/1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Diagnoses; possible angina

GTN syncope

Mrs Mclean was on the list for CT coronary angiography but has let us know that she would rather not undergo the test. I have therefore left things at that for the moment and left her on her current therapy but would be happy to review if there were ongoing issues.

Yours sincerely,

Dr David L Murdoch

Consultant Cardiologist

Electronically Signed: ,

cc.

Clinical letter - GP: RESULT

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: CARDIOLOGY
Contact Tel: 451 6129
Enquiries to: 451 6129
Letter Date: 14/04/2020
Reference: DM/CM
Dictated Date: 14/04/2020
Transcribed Date: 14/04/2020

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon,

Sheila A McLean; D.O.B: 01/03/1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Unfortunately this lady's troponin level was collected in the wrong bottle so we don't have a troponin result from last week. However her symptoms were slightly atypical and her ECG was normal so I think it would be reasonable to leave things at that unless she is having recurring symptoms then I would be happy to discuss again.

Yours sincerely,

Dr David L Murdoch

Consultant Cardiologist

Electronically Signed:

cc.

Clinical letter - GP: Discharge Summary

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Msk Physiotherapy
Contact Tel: 211 6147
Enquiries to:

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 28/03/2019
Reference:
Dictated Date: 28/03/2019
Transcribed Date:

Dear Dr Lyon,

Sheila A McLean; D.O.B: 01/03/1969; CHI: 0103696261
FLAT 2-1, 17 MERRYTON AVE, Glasgow, Lanarkshire, G15 7PR

GP Action Required: nil

Presenting Condition: right sided low back and right posterior thigh pain

Physiotherapy Comments: 20 years of low back pain and numbness etc. Worse past 2 months, 3-4 weeks of left thoracic pain. Complex history / picture, no red flags of note. Severe low mood noted and patient directed to pscyh services and is now attending regularly I believe. She missed her last physio appointment on 13/2/19 and has not contacted since, therefore discharged.

Onset of symptoms - 20 years chronic pains

Mechanism of onset - insidious / but related to abuse /trauma?

Diagnosis - complex chronic presnetation

Treatment - CFT approach; education, advice, exercises

Further Info -

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Improved.

Patient failed to attend 13/2/19 and no contact since.

This patient has now been discharged from our care.

Yours sincerely

Claire MacKelvie

Clinical Physiotherapy Specialist

Greater Glasgow and Clyde Back Pain Service

0141 211 3021

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Orthopaedics
Contact Tel:
Enquiries to:
Letter Date: 08/11/2018
Reference:
Dictated Date:
Transcribed Date:

Dear Dr SC Lyon ,

Sheila A McLean; D.O.B: 01/03/1969; CHI: 0103696261
FLAT 2-1, 17 MERRYTON AVE, Glasgow, Lanarkshire, G15 7PR

Trauma & Orthopaedic - Spine

West Glasgow ACH - Yorkhill

Dalnair Street

Glasgow G3 8SJ

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons:

The wait to be seen in the spinal surgery clinic is in excess of 60 weeks. I have reviewed the prior MRI scan. Current symptoms are not in a Left S1 distribution (site of previous minor disc prolapse). Instead they appear to be principally mechanical in nature. We, therefore, recommend a referral to the Glasgow Back Pain Service where they will be seen, assessed and investigated (as appropriate) in a more timely fashion.

http://www.nhsggc.org.uk/your-health/health-services/greater-glasgow-back-pain-service

Yours sincerely

Mr Alex Augustithis

User ID Alex Augustithis

SCGC Opwl Rem Ref Hosp Req V1

Electronically Signed: Mr Alex Augustithis, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	27/04/2023
Reference:	CMD/VK
Dictated Date:	27/04/2023
Transcribed Date:	19/05/2023

Dear Dr. SC Lyon,

Sheila A McLean; D.O.B: 01 Mar 1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Attendance: Specialty - Orthopaedics ; Clinic - WIPHSPOR7-PHYSIO C MCDONALD SPINE THURS AM
Date and Time of Appointment - 27/04/2023 11:00

Clinical Comments:
Diagnosis – Suspected left S1 and possibly left L5 nerve compression secondary to degenerate L5/ S1 disc and protrusion.

Outcome – Listed for left S1 nerve root block injection +/- sequential left L5 nerve root block injection.

The above 54 year old lady was seen in a spinal clinic today following initial GP referral back in September 2021 with right sciatic leg pain. This lady was contacted through the spinal vetting clinic in September last and lumbar MRI scan was requested prior to her further clinic review today.

Sheila informed that she previously was troubled with right radicular leg pain for many years but this is subsequently settled although it has left numbness affecting the whole of her right leg from buttock to toe but no right radicular leg pain. She is however troubled with severe left leg pain which radiates from left buttock down posterior thigh as far as knee level. She has intermittent episodes of left posterior calf pain. She reports her left leg pain has been ongoing for around 2.5 years and is increasing with intensity. She previously worked as a cleaner but has been on sick leave for several due to her sciatic leg pain. She reports no issues with altered bladder control and normal saddle sensation but has had loose bowel for the past 2 to 3 months. Her pain control is a combination of Paracetamol, Dihydrocodeine and Pregabalin. She is also noted to be on Aspirin, Sertraline, Atorvastatin, Bisoprolol and uses a DNT spray. Her medical history includes ischemic heart disease and long standing low back pain and sciatica.

On examination I observed normal alignment in gait pattern. Both hips were cleared with good pain free range of movement. Lower limb neuro examination was relatively unremarkable with no motor or sensory deficit and negative straight leg raise. Knee and ankle reflexes were present bilaterally and plantar were down going.

This lady's lumbar spine MRI scan 27/11/22 reported multilevel disc degenerative disease with bilateral S1 nerve root impingement at L5/S1 level. Having reviewed her scans she has a degenerate L5/S1 disc with loss of disc height and note end plate degenerate changes at L5 and S1 vertebral bodies. At this level she does not appear to have a significant foraminal stenosis although there may indeed be some L5 nerve involvement also.

I do suspect this lady's left radicular leg pain is predominantly S1 and in order to confirm this nerve involvement, I discussed the option of nerve root block injections with her in clinic today. Having had this discussion she is aggregable to this procedure and has been added to the spinal waiting list for a left S1 nerve root block injection +/- sequential left L5 nerve root block. This lady will be reviewed back in orthopaedics following these injections and a decision will be made at that time as to whether she is a candidate for spinal surgery.

Yours sincerely,

Caroline McDonald

Advanced Physiotherapy Practitioner (Orthopaedics)

Electronically Signed: Physiotherapist Caroline McDonald1, Physiotherapist

cc.

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 451 5880**
Spinal Secretaries: **0141 201 0752 / 53**

Virtual Spinal Clinic

Clinic Date: 01/09/2022
Typed: 01/09/2022

Dr Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

Ms Sheila A McLean ~ DOB: 01/03/1969 ~ CHI: 0103696261;
Flat 2-1 17 Merryton Avenue Glasgow Lanarkshire G15 7PR

Your patient was recently reviewed at the Virtual Spinal Clinic at Queen Elizabeth University Hospital, Glasgow. The following details were recorded:

Clinician:	Mr Stephen Bain
Patient contacted	Phone
Spinal Site:	Bilateral Lumbar
Suspected Diagnosis:	Stenosis
Imaging Requested:	MRI Lumbar/Sacral Spine
Red Flag Signs Present:	No.
Cauda Equina Advice Given:	Cauda Equina advice was given.
Outcome:	Imaging Required - Follow up according to result
Additional Information:	As follows: I note previous reviews within spinal service and MRI of lumbar spine in 2011 for comparison purposes. Longstanding right radicular leg pain which has actually settled over the years, although has residual constant numbness in that leg. 2 years ago developed left radicular leg pain, for the first time, which has not improved since onset. No localising features to left leg pain. No CES features and feels otherwise systemically well currently. MRI of lumbar spine requested to assess for interval progression from 2011, ? left sided nerve root compression/stenosis now.

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

NHS
Greater Glasgow and Clyde

The patient will receive a separate letter regarding their consultation, (where appropriate).

Yours Sincerely,

Mr Stephen Bain
Spinal Advanced Physiotherapy Practitioner

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15.7TS

Main Switchboard:	0141 211 2000
Department:	Trauma & Orthopaedics
Contact Tel:	0141 201 0751
Enquiries to:	Emma.Lindsay@ggc.scot.nhs.uk
Letter Date:	28/01/2021
Reference:	JJ/CS
Dictated Date:	28/01/2021
Transcribed Date:	01/02/2021

Dear Dr. SC Lyon,

Sheila A McLean; D.O.B: 01 Mar 1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Attendance: Specialty - Orthopaedics ; Clinic - WIAAUOR8-MR AUGUSTITHIS ORTHO THUR PM
Date and Time of Appointment - 28/01/2021 14:15

Clinical Comments:
Diagnosis: Lumbar back pain with chronic right S1 radiculopathy (improving)

Plan: No indication for scanning continue with conservative management

It was a pleasure to talk to Sheila today. She had a background of being a Cleaner who in 2011 had an MRI scan which showed a L5/S1 disc with resulting compression of the nerve root on the right hand side. She has been on painkillers for a significant amount of time but "a life change around Christmas time" which has seen her remarkably cut down on her painkillers and she is now trying to give up cigarettes. She had a past medical history including angina and is currently awaiting an angio. She is now smoking 5 cigarettes per day whereas before she was on 20 – 30.

She tells me that this improvement in outlook has seen the associated mechanical lower lumbar back pain improve remarkably and the sharp radiating pain she used to get in a S1 distribution has regressed to just being a dull ache that is intermittent. She can get a good night's sleep and she can work in her job. She does not note any weakness or any red flag symptoms and I cannot actually think of an indication to MRI scan her given that she has done all the hard work herself.

I have congratulated her on this and I have offered her a worsening statement that if anything were to change or deteriorate we would happily see her and scan her.

She is happy with this plan and she has been discharged today.

Kind regards

James Jefferies

ST6 Orthopaedics

Electronically Signed: Dr James Jefferies, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Cardiology
Contact Tel: 0141 0141 451 6129
Enquiries to: Carol.McNeill@ggc.scot.nhs.uk
Letter Date: 01/04/2020
Reference: DM/AEM
Dictated Date: 01/04/2020
Transcribed Date: 01/04/2020

Dear Dr. SC Lyon,

Sheila A McLean; D.O.B: 01 Mar 1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Attendance: Specialty - Cardiology; Clinic - VICCCA5-CARDIOLOGY HOT CLINIC WED AM
Date and Time of Appointment - 01/04/2020 10:40

Clinical Comments:
Diagnosis:

Possible angina

GTN syncope

I saw this 51 year old lady at the cardiology Hot Clinic via earlier telephone conversation. She describes an episode of chest discomfort at rest accompanied by GI discomfort and then syncope. She had taken several puffs of her GTN spray to the syncopal episode and I think this is probably the explanation. She does have symptoms which sound like exertional angina but I note her exercise tolerance test showed a good exercise capacity. Resting ECG today did not show any ischaemic change and I have checked her troponin. I have reassured her on the basis of the history and the tests so far and asked her to continue with her current medical therapy but to be cautious with the use of GTN spray. I think it would be reasonable to proceed to a CT coronary angiography when this is possible and I have put in a request for this.

Yours sincerely,

Dr David Murdoch

Consultant Cardiologist

Electronically Signed: Dr David Murdoch, Consultant

cc. Dr John Byrne
Consultant Cardiologist
QEUH

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	cardiology
Contact Tel:	451 6122
Enquiries to:	
Letter Date:	03/03/2020
Reference:	ps/cm
Dictated Date:	04/03/2020
Transcribed Date:	05/03/2020

Dear Dr. SC Lyon,

Sheila A McLean; D.O.B: 01 Mar 1969; CHI: 0103696261
Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR

Attendance: Specialty - Cardiology; Clinic - WIPSCA3-CARD DR P SONECKI TUESDAY AM
Date and Time of Appointment - 03/03/2020 08:45

Clinical Comments:
I reviewed this nice lady in the cardiac clinic today. I was very happy to hear that after titrating the dose of the beta blocker she feels very well and she denies any symptoms. It is a very reassuring response. Looking at the results of her exercise treadmill test there was definitely ST depression up to 1.5mm on the inferior wall with normalisation in recovery. In view of the result of that test and good response to the bisoprolol I think that her symptoms are consistent with angina and we should treat her as a proper stable coronary artery disease so I would suggest to add aspirin and statin to her current treatment. I don't think that any other medications are needed at this moment but if she becomes symptomatic again I would add isosorbide mononitrate 50mg in the first instance and if she has ongoing symptoms please do not hesitate to refer her to us and we may consider an angiogram as a next step. I have not organised routine follow up in the cardiac clinic.

Yours sincerely,

Dr Piotr Sonecki

Consultant Cardiologist

Electronically Signed: ,

cc.

Department of Orthopaedic Surgery

NHS
Greater Glasgow and Clyde

West Glasgow ACH – Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Secretary Tel: 0141 201 0753 (Sharyn MacGregor)
Secretary Fax 0141 201 0765
Appointments Office: 0141 201 0757/0758
Email: sharyn.macgregor@ggc.scot.nhs.uk

MR REECE'S BACK CLINIC – 02/02/2016

Dictated: 02/02/2016
Typed: 12/02/2016

RAD/AL

Dr D Ritchie
Consultant Radiologist
West Glasgow Ambulatory Care Hospital
Dalnair Street
Glasgow
G3 8SJ

Dear Dr Ritchie

Ms Sheila A McLean DOB 01/03/1969 ~ CHI: 0103696261
7 York Street Clydebank Dunbartonshire G81 2PH

I would appreciate it very much if you could perform a right S1 nerve root block for this girl as she has severe symptoms in her right leg and it has been long-standing now for about 5 years. I would appreciate a nerve root block for her and we will review her with the results of this.

Yours sincerely

R A DAWOUD
Clinical Assistant in Orthopaedics

Department of Orthopaedic Surgery

NHS
Greater Glasgow and Clyde

West Glasgow ACH – Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Secretary Tel: 0141 201 0753 (Sharyn MacGregor)
Secretary Fax 0141 201 0765
Appointments Office: 0141 201 0757/0758
Email: sharyn.macgregor@ggc.scot.nhs.uk

MR REECE'S BACK CLINIC – 02/02/2016

Dictated: 02/02/2016
Typed: 12/02/2016

RAD/AL

Dr Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

Ms Sheila A McLean DOB 01/03/1969 ~ CHI: 0103696261
7 York Street Clydebank Dunbartonshire G81 2PH

Thank you for referring this girl who has had a long-standing problem for about 7 or 8 years with severe lower back pain radiating to her right leg. It has been gradually getting worse. Apparently she was offered surgery about 5 years ago but she declined that because of a fear of surgery. However, her symptoms are getting worse with mainly pain in her right buttock, right leg and lower back. She also describes pain affecting her upper back and between her shoulder blades and the neck region as well. It gets worse on standing and sitting for long periods. She has good control of the bladder and bowel and her health otherwise is quite good.

Clinical examination basically shows very stiff lower lumbar movements and no neurological deficits in the lower limbs. I could not elicit reflexes in her lower legs.

This girl is still complaining bitterly of pain mainly in her right buttock and leg. She had an MRI scan performed 5 years ago which confirmed a small disc bulge at L5/S1 which is probably impinging on the right S1 nerve root. She had another MRI scan in September last year which basically showed the same changes, but also the degenerative changes have increased with still the same amount of compression more or less. I have explained to this girl that surgery now might not have as good a result as she had before, and it would also only help her leg pain and probably not her back pain and there is no 100% guarantee of easing her leg pain as it is now long-standing. I have organised for her a nerve root block for the right S1 nerve root, hoping that will give us an idea of whether the pain is mainly related to this or not and also hopefully to get her a good long period of pain relief.

Yours sincerely

R A DAWOUD
Clinical Assistant in Orthopaedics

ORTHOPAEDIC DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel:	0141 211 1853 (Ms Alison Gallacher)
Secretary Fax	0141 211 2466
Appointments Office:	0141 232 9499
Email:	alison.gallacher.wg@ggc.scot.nhs.uk

MR H SHARMA ORTHOPAEDIC CLINIC - 10/11/2011

Typed: 18/11/2011

HS/LM

Dr Judith Marshall
Dr Nugent
Partners
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW

Dear Dr Marshall

Ms Sheila McLean DOB 01/03/1969 ~ CHI: 0103696261 ~ Hospital Number: 50740276M
11a Jedworth Avenue Glasgow G15 7QB

Diagnosis: Right L5/S1 disc prolapse with right S1 neural compression
Management Plan: Right L5/S1 microdiscectomy

Many thanks for your referral for Sheila McLean to be reviewed at spinal clinic. She is a 42 year old lady who attended with her eldest son. She presented with a chronic history of low back pain, mechanical in nature, without any red flags in association with right leg pain in S1 nerve root distribution. She describes fluctuating right leg pain predominantly controlled with regular painkillers and goes up to the posterior mid calf. She does have pins and needles involving her lateral border of her foot and sole. She has had back pain for many years and leg pain for 2 to 3 years. She has received physiotherapy in the past with some help. She is on Gabapentin, Diclofenac Sodium, Dihydrocodeine and Paracetamol tablets. She has no leg pain on her left side and normal bladder/bowel functions.

Past Medical History

Ms McLean works as a cleaner in city centre for the last 2 years. She lives in a house with 3 children of 16, 18 and 19 years of age. She is a chronic smoker for 30 years and she says she has now cut down smoking to 10 to 12 cigarettes per day. She drinks alcohol occasionally. She is otherwise in good health.

Examination

On examination she has normal gait, normal ability to stand on tiptoes, on heels and on either leg independently without any problem. Lumbar spine examination showed full range of flexion. Bilateral straight leg raise was normal with no root tension signs. Distal circulation and hip examination was ok. Objective sensory, motor and reflex examination was normal.

MRI

MRI scan of lumbar spine was reviewed. This showed no sinister pathologies. There was presence of disc degeneration at L4/5 and L5/S1 level with moderate size disc prolapse at right L5/S1 level with compression of right S1 nerve root.

Impression and Plan

I discussed with Ms McLean about her MRI findings. I have explained to her that her back pain is from her ongoing age related degeneration in her lumbar spine along with mechanical back pain. She understands that her leg pain is 2 to 3 years down the line and unlikely to be cured by nature. I have discussed with her the possible options in the form of leaving it alone or giving injection for short term relief versus surgical decompression. She is quite keen to go for operation. I have explained to her the possible benefits in the form of 60 to 70% improvement in her right leg pain but persistence of back pain. She understands the possible risks and complications including nerve injury, cauda equina syndrome, dural tear, infection and recurrence of sciatica. She appreciates the increased risk of infection rate and deep vein thrombosis in chronic smokers. I have reiterated the importance of smoking cessation today. I have put her name on the waiting list for right L5/S1 microdiscectomy.

Outcome Measures

Leg Pain - 5/10 Back Pain - 3/10 ODI - 16%

Yours sincerely

Mr Himanshu Sharma
BSC, MBBS, MS(Orth), MCh(Orth), FRCS(Tr & Orth)
Locum Orthopaedic Spinal Surgeon

GENERAL SURGICAL UNIT
Western Infirmary, Dumbarton Road, GLASGOW, G11 6NT
Tel: 0141-211-1750 Fax: 0141-211-1711

DISCHARGE SUMMARY

Consultant in charge: Mr Vladyslav Shumeyko

Patient:	**Sheila McLean**	**Age:**	**Hosp.no. 50740276M**
Address:	**11a Jedworth Avenue** **Glasgow G15 7QB**	**Date of birth:**	**01/03/1969**
		CHI number	**0103696261**
Admitted:	**11 Sep 2009**	**Discharged:**	**11 Sep 2009**
Diagnosis:		**Procedures:**	

Our Ref: VS/CB

Dictated: 29 September 2009
Typed: 06 October 2009

Dr S Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

This lady was admitted as an emergency on 11th September with a right axilla abscess, which was aspirated on the ward. She was given a course of antibiotics and the abscess was reduced in size and continued to discharge. She was allowed to go home later the same day to continue on her antibiotics. We have not made any further arrangements to see her on this occasion and would be grateful if you could review her in your surgery to see if she continues to improve. We would be happy to see her again if there is a clinical need.

Yours sincerely

Mr Vladyslav Shumeyko
Consultant Surgeon

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

SUSAN LYONGarscadden Burn Medical Practice,Drumchapel Health Centre,80/90 Kinfauns Drive, Glasgow, G15 7TS

Main Switchboard:
Date of Completion: 07-Dec-2024

Dear SUSAN LYON,

Name	CHI	DoB	Address
Sheila McLean	**0103696261**	**01-Mar-1969**	**Flat 2-1, 17 Merryton Avenue, Glasgow, Lanarkshire, G15 7PR**

Admitted	Type	Discharged	Destination
06-Dec-2024 09:21	IP	07-Dec-2024	

Specialty	Consultant	Ward	Telephone
General Surgery	Glen	QEUH Ward 11D Vascular/General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:

Last Discharge Review: Ronan Marshall (Ronan Marshall - FY1) on 07 Dec 2024 13:15

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily					Added
Paracetamol 500mg tablets	oral	2 tablets four times daily					Added

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

Dispensing Comments
There is no data to display.

Withheld Medication:

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

Stopped Medication:

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

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

Clinical Comments:

Dear Doctor

Sheila McLean was admitted on 05/12/2024 for surgical incision and drainage of buttock abscess. She is now fit for discharge home. She currently has adequate pain relief with her regular medications. Her wound is clean and dressed. Her inflammatory markers are normalising and she no longer needs antibiotics.

Actions
- Please can Ms McLean have a dressing change at GP on Monday 07/12/2024. We have asked her to get in contact with the practice for this.

Many thanks for your ongoing care,

Ward 11D

	QEUH
Discharge Comments:	
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Ronan MARSHALL

Prescription Review
Checked by: Adeola MORRISON (staff nurse)
Discharged by: Adeola MORRISON (staff nurse)

NHS
Greater Glasgow and Clyde

ORTHOPAEDIC DEPARTMENT
West Glasgow Ambulatory Care Hospital
Dalnair Street
Glasgow
G3 8SJ

Appointments Tel: 0141 201 0763/0764
Fax Machine 0141 201 0765

Typed: 01/09/2022

EXTENDED VETTING SPINAL CLINIC – 01/09/2022

Our Ref:

Ms Sheila A McLean
Flat 2-1
17 Merryton Avenue
Glasgow
Lanarkshire
G15 7PR

Dear Ms McLean,

CHI: 0103696261

Your general practitioner (GP) has referred you to the spinal clinic. Currently, the waiting list to be reviewed at our clinic is extremely long. Therefore in order to help speed up your care I have requested an MRI scan of your spine. This is based on the information provided by your GP and following our conversation on the telephone today. You should receive an appointment to attend for your scan in the coming weeks. You will either be contacted by telephone/ letter or an appointment will be arranged at the spinal clinic thereafter.

Yours sincerely

Mr Stephen Bain

Spinal Advanced Physiotherapy Practitioner

cc. Dr Lyon

Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive

NHS
Greater Glasgow and Clyde

Glasgow
G15 7TS

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

West - Drumchapel Health Centre
GGC MSK Physiotherapy

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

Physiotherapy MSK GG&C
SCI Gateway Virtual Location Code
NHS GG&C

Hospital and **hospital address**
Hospital location code.
G049G
Email address

Urgency of referral Urgent
Date of referral 20-Dec-2021 **Date sent** 20-Dec-2021

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07523769194

101025150577G

Unique Care Pathway Number: 101025150577G

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Shona Mackinnon		
GMC code	7561439	GP code	99999
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Sciatica

Comment: This 52 year old lady has left-sided sciatica. She has previously had R-sided sciatica which completely resolved, and she subsequently developed left-sided symptoms. She missed her most recent physio appointment, and tells me she requires a re-referral.

O/E: Patient comfortable and clinically well
Obs: RR 16 sats 98% HR 78 BP 130/96 T 36.6
GCS 15/15
CNS: II - XII NAD
ULN:
L-ULN: Normal tone, no wrist clonus, no tremour noted. Power 5/5 MRC, biceps and brachoradialis reflexes NAD, normal coordination (finger-nose), no dysdiadochokinesis, normal sensation to crude touch
R-ULN: Normal tone, no wrist clonus, no tremour noted. Power 5/5 MRC, biceps and brachoradialis NAD, normal coordination (finger-nose), no dysdiadochokinesis, normal sensation to crude touch.
LLN:
L-LLN: Normal tone, no ankle clonus. Power 4-5/5 MRC - ?limited very slightly due to pain. Normal sensation to crude touch in all dermatomes. Straight leg raise positive, shooting pain down L-leg to behind knee.
R-LLN: Normal tone, no ankle clonus. Power 5/5 MRC. States has longstanding paraesthesia in R-outer leg since had sciatica but definitely no acute changes, this is consistent with examination by Dr Martin in Sep 2021. Definitely no pain at all down right leg. Straight leg raise negative - no radiculopathy when leg raised to 90 degrees.
Gait: slightly antalgic, using crutch. Plantars downgoing bilaterally.
Calves: SNT
Nil peripheral oedema
PR offered given hx of R-sided sciatica which fully resolved and now has left sided sciatia. Pt declined, states she has had a PR done before (from notes this was done in September which was normal, after which she was d/w ortho and referred to spinal clinic and physio) and that there are no acute changes to her symptoms at all since then, no recent trauma. Discussed cauda equina in detail - knows all about cauda equina sx and denies all these.

Your review would be greatly appreciated.

Kind regards,

Dr Shona Mackinnon
GPST1

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Menopausal flushing	-	18-Mar-2021	18-Mar-2021
Constipation	-	10-Sep-2020	10-Sep-2020
Ischaemic heart disease	-	31-Mar-2020	31-Mar-2020
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	No obstruction	19-Feb-2020	19-Feb-2020
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: Angina (Mother)	27-Dec-2019
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	20-Dec-2021
Atorvastatin Tablets 40 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	20-Dec-2021
Bisoprolol Fumarate Tablets 2.5 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Jan-2020	20-Dec-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	27-Dec-2019	20-Dec-2021
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	25-Nov-2021
Paracetamol Tablets 500 mg	224	224 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	25-Nov-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Gel 5 %	100	100 Gram (s)	APPLY TO AFFECTED AREA UP TO THREE TIMES A DAY	-	04-Nov-2021	04-Nov-2021
Elleste Duet 2 Mg Tablets	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Sep-2021	20-Dec-2021
Pregabalin Capsules 150 mg	56	56 capsule	ONE TO BE TAKEN TWICE DAILY	-	15-Sep-2021	20-Dec-2021
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	06-Sep-2021	06-Sep-2021
Pregabalin Capsules 75 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	02-Sep-2021	02-Sep-2021
Capsaicin Cream 0.075 %	45	45 gram	APPLY THREE TIMES DAILY TO AFFECTED AREA. WASH HANDS THOROUGHLY AFTER APPLICATION	-	02-Sep-2021	06-Sep-2021
Ibuprofen Gel 5 %	50	50 GRAM(S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	23-Aug-2021	21-Oct-2021
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	10-Aug-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jun-2020	131	88
23-Jan-2020	126	86

06-Jan-2020	123	83
19-Nov-2018	123	85
13-Nov-2018	129	80

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2020	160	75	29.3
05-Dec-2019	-	73	-
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		06-Jan-2020
Cigarette smoker, 15 cigarettes/day:		06-Jan-2020
Current smoker:		06-Jan-2020
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Alcohol consumption, 0 units/week:		06-Jan-2020
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		06-Jan-2020
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

West - Drumchapel Health Centre GGC MSK Physiotherapy	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	——	**Hospital** and **hospital address** Hospital location code. G049G Email address -

Urgency of referral Urgent
Date of referral 06-Sep-2021 **Date sent** 06-Sep-2021

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07523769194

101024288133N Unique Care Pathway Number: 101024288133N

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Sciatica

Comment: This lady has a longstanding hisotry of Sciatica affecting the L5/S1 nerve root previoulsy diagnosed on MRI in 2011. She was actually discharged from Ortho in january of this year as things were stable. She has longstanding numbniess down her right leg that she has had for years and is unchanged but no pain in her right leg. Since February of this year she has had pain down her left leg to her foot but no numbness. There at no pont has been bladder or bowel upset.
Today she was SLR +ve on the left, power slightly reduced at the knee due to pain. She felt her sensation was normal down her left leg, reduced on herright but normal sensation at her buttocks/anus and normal anal tone. I spoke with one of the Ortho doctors who advised urgent referral to the spinal clinic which I have done but i wodered if she could be contacted by yourselves in the meantime as she has not had physio recently for this. i have gone over CES warning signs and given her written information on this and she knows when to present to A+E.
Thank you
Dr Angela martin

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

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

Description	Comment	Date of onset	Date recorded
Menopausal flushing	-	18-Mar-2021	18-Mar-2021
Constipation	-	10-Sep-2020	10-Sep-2020
Ischaemic heart disease	-	31-Mar-2020	31-Mar-2020
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	No obstruction	19-Feb-2020	19-Feb-2020
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: Angina (Mother)	27-Dec-2019
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	10-Aug-2021
Atorvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	10-Aug-2021
Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Jan-2020	10-Aug-2021
	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE	-	27-Dec-2019	

Glyceryl Trinitrate Pump spray 400 micrograms/dose			TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH			10-Aug-2021
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	10-Aug-2021
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	06-Sep-2021
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	06-Sep-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	06-Sep-2021	06-Sep-2021
Pregabalin Capsules 75 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	02-Sep-2021	02-Sep-2021
Capsaicin Cream 0.075 %	45	45 gram	APPLY THREE TIMES DAILY TO AFFECTED AREA. WASH HANDS THOROUGHLY AFTER APPLICATION	-	02-Sep-2021	06-Sep-2021
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	23-Aug-2021	06-Sep-2021
Elleste Duet 1 Mg Tablets	84	84 TABLET	TAKE DAILY AS DIRECTED	-	11-Jun-2021	11-Jun-2021
Sertraline Hydrochloride Tablets 50 mg	14	14 tablet	ONE TO BE TAKEN EACH DAY	-	06-Apr-2021	06-Apr-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jun-2020	131	88
23-Jan-2020	126	86
06-Jan-2020	123	83
19-Nov-2018	123	85
13-Nov-2018	129	80

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2020	160	75	29.3
05-Dec-2019	-	73	-
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		06-Jan-2020
Cigarette smoker, 15 cigarettes/day:		06-Jan-2020
Current smoker:		06-Jan-2020
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Alcohol consumption, 0 units/week:		06-Jan-2020
Alcohol consumption, 0 units/week:		20-Aug-2018

Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		06-Jan-2020
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Has patient attended Physiotherapy for the same problem within the last 12 months?:No
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent
Date of referral 06-Sep-2021 **Date sent** 06-Sep-2021

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07523769194

101024288063M Unique Care Pathway Number: 101024288063M

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sciatica

Comment: I wonder if you could urgently see this lady who has a long history of chronic low back pain with R sided radiculopathy in L5/S1 area. She was actually discharged from Orthopaedics in February of this year as things were stable. Unfortunately literally the next month she developed left sided leg pain and she has had this since. She feels this is no worse at the moment but is quite sore.
At no point has she ever had bowel or bladder upset. She feels her sensation is normal in the saddle area. The only thing she mentioned was sometimes feeling she had to strain at stool as though she had to pass "a rock" but this is not new
Essentially she has longstanding numbness down her right leg that she feels is unchanged for years but NO PAIN in the right leg. She could SLR easily on this side. SLR was reduced to 45 degress on the left side due to pain but her sensation felt normal and her power although reduced a little at her knee felt fine at her foot and ankle. She had normal sensation around her back passage and anus and normal anal tone, she did indeed have a little hard stool in her rectum.
She is on a neuopathic agent and other analgesia. I am doing an urgent physio referral but I wonder if she could be seen urgently at clinic and considered for MRI given she now has symptoms down her left leg (allbeit since February)

Thank you
Dr Angela Martin

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

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

Description	Comment	Date of onset	Date recorded
Menopausal flushing	-	18-Mar-2021	18-Mar-2021
Constipation	-	10-Sep-2020	10-Sep-2020
Ischaemic heart disease	-	31-Mar-2020	31-Mar-2020
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Déc-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	No obstruction	19-Feb-2020	19-Feb-2020
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: Angina (Mother)	27-Dec-2019
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	10-Aug-2021
Atorvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	10-Aug-2021

Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Jan-2020	10-Aug-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	27-Dec-2019	10-Aug-2021
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	10-Aug-2021
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	06-Sep-2021
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	06-Sep-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	06-Sep-2021	06-Sep-2021
Pregabalin Capsules 75 mg	56	56 capsule	1 CAPSULE TWICE DAILY	-	02-Sep-2021	02-Sep-2021
Capsaicin Cream 0.075 %	45	45 gram	APPLY THREE TIMES DAILY TO AFFECTED AREA. WASH HANDS THOROUGHLY AFTER APPLICATION	-	02-Sep-2021	06-Sep-2021
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	23-Aug-2021	06-Sep-2021
Elleste Duet 1 Mg Tablets	84	84 TABLET	TAKE DAILY AS DIRECTED	-	11-Jun-2021	11-Jun-2021
Sertraline Hydrochloride Tablets 50 mg	14	14 tablet	ONE TO BE TAKEN EACH DAY	-	06-Apr-2021	06-Apr-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jun-2020	131	88
23-Jan-2020	126	86
06-Jan-2020	123	83
19-Nov-2018	123	85
13-Nov-2018	129	80

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2020	160	75	29.3
05-Dec-2019	-	73	-
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		06-Jan-2020
Cigarette smoker, 15 cigarettes/day:		06-Jan-2020
Current smoker:		06-Jan-2020

Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Alcohol consumption, 0 units/week:		06-Jan-2020
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		06-Jan-2020
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 15-Sep-2020 **Date sent** 15-Sep-2020

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07523769194

101021679325J Unique Care Pathway Number: 101021679325J

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104
E-mail: GP-UHB.gp40436clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Peter Cawston		
GMC code	4025508	GP code	07820
Practice name	Garscadden Burn Medical Practice (40436)		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Practice code	40436

Contact number(s)

Voice: 0141 211 6100
Facsimile: 0141 211 6104

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Known L1/S1 prolapse requests review- previously offered surgery

Comment: Dear colleagues,
This lady consulted me recently with opioid side effects due to painkillers that she has been taking for about ten years. She was seen in 2011 and told that she had an L1/S1 prolapse with nerve root impingement and was offered a microdiscectomy at the time which she declined. She tells me that she still lives with daily pain and relies on painkillers to be able to function. She has asked if she could be reassessed as she would consider the surgical route if it was still an option for her. Thank you kind regards Peter Cawston

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Constipation	-	10-Sep-2020	10-Sep-2020
Ischaemic heart disease	-	31-Mar-2020	31-Mar-2020
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	No obstruction	19-Feb-2020	19-Feb-2020
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: Angina (Mother)	27-Dec-2019
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	26-Aug-2020
Atorvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Mar-2020	26-Aug-2020
Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Jan-2020	26-Aug-2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	27-Dec-2019	26-Aug-2020
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	22-Jun-2020

Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	26-Aug-2020
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	26-Aug-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naloxegol Oxalate Tablets 25 mg	30	30 tablet	ONE TO BE TAKEN EACH MORNING AT LEAST 30 MINUTES BEFORE BREAKFTAST	-	10-Sep-2020	10-Sep-2020
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	1 Tab Daily	-	04-Sep-2020	04-Sep-2020
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	1 Tab Daily	-	05-Aug-2020	05-Aug-2020
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	23-Jun-2020	23-Jun-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	22-Jun-2020	22-Jun-2020
Laxido Orange Oral Powder Sachets Sugar Free	30	30 sachet	1 SACHET MORNING AND NIGHT IF NEEDED	-	22-Jun-2020	22-Jun-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jun-2020	131	88
23-Jan-2020	126	86
06-Jan-2020	123	83
19-Nov-2018	123	85
13-Nov-2018	129	80

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2020	160	75	29.3
05-Dec-2019	-	73	-
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		06-Jan-2020
Cigarette smoker, 15 cigarettes/day:		06-Jan-2020
Current smoker:		06-Jan-2020
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Alcohol consumption, 0 units/week:		06-Jan-2020
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		06-Jan-2020
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Cardiology - 07012020 Discharge letter 748729

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent uncontrolled chest pains
Date of referral 23-Jan-2020 **Date sent** 23-Jan-2020

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	

Patient's address
Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)
Voice: 07523769194

101020517310B | Unique Care Pathway Number: 101020517310B

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address
Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)
Voice: 041 211 6100
Facsimile: 0141 211 6104
E-mail: GP-UHB.gp40436clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Jennifer McAtear		
GMC code	4015264	GP code	05975
Practice name	Garscadden Burn Medical Practice (40436)		

Practice address
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Practice code	40436

Contact number(s)

Voice: 0141 211 6100
Facsimile: 0141 211 6104

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: angina-like chest pains

Comment: Mrs McLean was seen at the RACP clinic 070120 and her tests were inconclusive. A copy of their report is enclosed. She commenced bioprolol 1.25mg, but her chest pains continue to occur both on rest and walking, but not consistently so. GTN relieves her discomfort after a minute or so. She sweats with the pain and sometimes has nausea too. There is no breathlessness. Mrs McLean is frightened by the pain because she has a FHx of IHD and stroke in <50. She is a smoker, but plans to stop on her birthday 010320.
We have doubled her bisoprolol to 2.5mg and I would be grateful if you would see her at your clinic. Thank you.

Yours sincerely,

Dr JM McAtear

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Comment	Date of onset	Date recorded
Angina pectoris	-	13-Jan-2020	13-Jan-2020
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: Angina (Mother)	27-Dec-2019
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	27-Dec-2019
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	27-Dec-2019
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	27-Dec-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	23-Jan-2020	23-Jan-2020

Bisoprolol Fumarate Tablets 1.25 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	13-Jan-2020	13-Jan-2020
Ibuprofen Gel 5 %	50	50 GRAM (S)	APPLY TO THE RIGHT ELBOW UP TO THREE TIMES A DAY	-	13-Jan-2020	13-Jan-2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	27-Dec-2019	23-Jan-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	27-Dec-2019	27-Dec-2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	05-Dec-2019	05-Dec-2019
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	05-Dec-2019	05-Dec-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Jan-2020	126	86
06-Jan-2020	123	83
19-Nov-2018	123	85
13-Nov-2018	129	80
20-Aug-2018	124	79

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2020	160	75	29.3
05-Dec-2019	-	73	-
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		06-Jan-2020
Cigarette smoker, 15 cigarettes/day:		06-Jan-2020
Current smoker:		06-Jan-2020
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Alcohol consumption, 0 units/week:		06-Jan-2020
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		06-Jan-2020
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances
Ethnic Origin: (White) Scottish

Cardiology - 07012020_Discharge letter_748729

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry GGC Direct Access Spirometry	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	—	**Hospital** and **hospital address** Hospital location code. G035G Email address -

Urgency of referral Routine
Date of referral 05-Dec-2019 **Date sent** 05-Dec-2019

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07594030862

1010201959791

Unique Care Pathway Number: 1010201959791

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. John Daly		
GMC code	7042319	GP code	06866
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: Thanks for seeing this woman for spirometry. She is a current smoker with morning SOB and cough. She gets symptomatic benefit from salbutamol.

Yours sincerely,

Dr John Daly

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	22-Nov-2019
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	22-Nov-2019
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	22-Nov-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	05-Dec-2019	05-Dec-2019
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	05-Dec-2019	05-Dec-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
19-Nov-2018	123	85
13-Nov-2018	129	80
20-Aug-2018	124	79
18-May-2011	108	80
31-Aug-2010	147	89

Body Measurements

Date Recorded	Height	Weight	BMI
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-
15-Nov-2013	-	75	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Weight (kg):	73	-
Height (m):	160	-
BMI (Weight / Height):	29.3	-
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Current smoker:		20-Aug-2018
Current smoker:		03-Nov-2014
Thinking about stopping smoking:		08-Feb-2012
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		20-Aug-2018

Investigations

Description/Question	Result/Comment	Date
Persistent Cough:	NO	-
Change in MRC grade in known COPD:	NO	-
Breathlessness:	YES	-
Regular sputum:	YES	-
Known COPD:	NO	-
Known asthma:	NO	-
Previous Spirometry:	NO	-
Known current MRSA in sputum:	NO	-
Possible tubercle – if yes, do not refer till clear:	NO	-
Pneumothorax or chest trauma in last three months. If yes, do not refer till after three months from event:	NO	-
Recent chest infection/COPD exacerbation:	NO	-
Recent Eye surgery:	NO	-
Smoking history:	Current smoker	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Short acting b-agonist:YES

Long acting b-agonist:NO

Long acting anti-cholinergic:NO

Long acting combined inhaled steroid/long acting b-agonist:NO
Inhaled steroid:NO
Oral steroid:NO
Preferred site:Western Infirmary
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Physiotherapy - 08112018 GP Letter_658031

Additional Support Needs:
No known ASN requirements

REFERRAL TO

West - Drumchapel Health Centre GGC MSK Physiotherapy	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	—	**Hospital** and **hospital address** Hospital location code. G049G Email address -

Urgency of referral Routine
Date of referral 12-Nov-2018 **Date sent** 12-Nov-2018

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 07594030862

1010173968226

Unique Care Pathway Number: 1010173968226

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. Laura Davidson		
GMC code	7266455	GP code	99999
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: FAO back pain clinic.

Comment: I would be grateful if you would please be able to review this 49 year old patient, who I believe has already self referred to your service.
She has had recurring lower back pains for years and was previously due to get a L5/S1 miscrodisectomy in 2011 but was to scared to go through with this. She regrets this as says her back pain is a constant issue. It is usually right sided pain which can radiate down her right thigh. She has no recent injury adn no associated red flags. She takes DHC, gabapentin and paracetamol.
On examination she had lower lumbar spinal tenderness and right SI joint tenderness. Her thoracic movements were globally reduced and SLR was negative on left and right.
I did write to orthopaedics to see if they would consider seeing her again, mainly due to the previous discussion of surgical options. However they have advised that a referral to yourselves would be more appropriate. I have attached this letter to this referral.
I would be grateful if she could be seen at your earliest convenience.
Many thanks for your ongoing care,
Dr L Davidson
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	168	168 CAPSULE	2 Cap 3 times daily	-	29-Dec-2015	30-Oct-2018
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	30-Oct-2018
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	30-Oct-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fusidic Acid Cream 2 %	15	15 GRAM	APPLY THREE TIMES DAILY	-	13-Sep-2018	13-Sep-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
20-Aug-2018	124	79
18-May-2011	108	80
31-Aug-2010	147	89
26-Jul-2010	111	82
15-Oct-2009	133	91

Body Measurements

Date Recorded	Height	Weight	BMI
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-
15-Nov-2013	-	75	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Current smoker:		20-Aug-2018
Current smoker:		03-Nov-2014
Thinking about stopping smoking:		08-Feb-2012
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Physiotherapy - 08112018_GP Letter_658031

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address

Urgency of referral Routine
Date of referral 01-Nov-2018 **Date sent** 01-Nov-2018

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

Flat 2-1
17 Merryton Ave
Glasgow G15
G15 7PR

Contact number(s)

Voice: 079084782016

101017314946C

Unique Care Pathway Number: 101017314946C

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. Laura Davidson		
GMC code	7266455	GP code	99999
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: right lower back pain, L5/S1 central disc protrusion

Comment: This 49 year old patient has a longstanding history of lower back pain. She takes regular paracetamol, gabapentin and paracetamol with only some effect at times.
The pain is mainly of her right lower back and can radiate into her thigh. There is no recent history of injury.
On examination she was tender over her lower lumbar spine and there was also right SI joint tenderness. Her thoracic spine movements were globally reduced.
She works as a cleaner in debenhams which she currently feels unable to do due to a worsening flare of this pain.
She has had a previous MRI scan which showed a small posterior central disc protrusion at L5/S1 and in 2011 she was reviewed by orthopaedics and her name was put on the waiting list for right L5/S1 microdiscectomy. However she cancelled this due to fear of surgery.
From portal it looks like she was reviewed again in 2016 and was due to have a nerve root block and be followed up after this but it doesn't look like this was done. She moved away from Glasgow for a period of time and I am unsure if this coincided with any appointments.
The patient is really struggling with her pain and would really like to be seen to discuss any avalable management options. I would be grateful if she could please be offered an appointment.
Many thanks for your ongoing care,
Dr L Davidson
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Low back pain	-	10-Nov-2015	10-Nov-2015
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
Sciatica	-	01-Jan-2003	01-Jan-2003
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

Family conditions (All priorities)

Description	Date of Onset
FH: CVA (Mother)	20-Aug-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	168	168 CAPSULE	1 Cap 3 times daily	-	29-Dec-2015	30-Oct-2018
Dihydrocodeine Tablets 30 mg	224	224 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	30-Oct-2018
Paracetamol Tablets 500 mg	448	448 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	30-Oct-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Fusidic Acid Cream 2 %	15	15 GRAM	APPLY THREE TIMES DAILY	-	13-Sep-2018	13-Sep-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
20-Aug-2018	124	79
18-May-2011	108	80
31-Aug-2010	147	89
26-Jul-2010	111	82
15-Oct-2009	133	91

Body Measurements

Date Recorded	Height	Weight	BMI
31-Oct-2018	-	76	-
20-Aug-2018	160	75	29.3
06-Dec-2013	-	80	-
15-Nov-2013	-	75	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		20-Aug-2018
Cigarette smoker, 15 cigarettes/day:		20-Aug-2018
Current smoker:		20-Aug-2018
Current smoker:		03-Nov-2014
Thinking about stopping smoking:		08-Feb-2012
Alcohol consumption, 0 units/week:		20-Aug-2018
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005
Aerobic exercise 0 times/week:		20-Aug-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 21092015_Result_450786

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral Routine
Date of referral 11-Nov-2015 **Date sent** 11-Nov-2015

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	

Patient's address

C-O McLean
7 York Street
GLASGOW
G81 2PH

Contact number(s)

Voice: 07543235294

1010103044371 Unique Care Pathway Number: 1010103044371

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Long standing back pain

Comment: This patient had issues with long standing history sciatica back in 2010 and 2011 for which she had been seen by yourselves in the clinic over 4 years ago today 10 th November 2011 and the diagnosis was made of right L5 and S1 disc prolapse with right S1 nerve compression and at that stage she was offered microdiscectomy for which she was too scared for surgery at that stage. From her notes I understand she moved over to Perth and she has been settling with analgesia from the past few months from her records by the GP in Perth she was not keen to have surgical intervention. Miss McLean works as a cleaner and at the moment she is struggling because of the back pain.
I have attached a most recent MRI report that was done on the 21st of September 2015 in Perth for your review and also with respect to her pain ,she is now requesting surgical intervention. I have given a repeat prescription of the gabapentin, dihydrocodeine and paracetamol. I have also told her she will be seen for assessment again in your clinic. She's aware to see us if her symptoms worsen and to continue on current medication.

Yours sincerely

Dr Hope Anigboro - Locum GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Lumbar disc prolapse with radiculopathy	Compression at S1	24-Nov-2011	24-Nov-2011
H/O: tubal ligation	-	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	-	07-Dec-1983	07-Dec-1983
Gastroenteritis	-	24-Mar-1970	24-Mar-1970

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of cervical spine	Moderate central disc protusion at L5/S1,	21-Sep-2011	21-Sep-2011

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	100	100 tablet	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	10-Nov-2015	10-Nov-2015
Gabapentin Capsules 300 mg	84	84 capsule	1 Cap 3 times daily	-	19-Oct-2015	10-Nov-2015
Paracetamol Tablets 500 mg	100	100 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Oct-2015	10-Nov-2015
Dihydrocodeine Tablets 30 mg	100	100 tablet	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY	-	19-Oct-2015	19-Oct-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
18-May-2011	108	80

31-Aug-2010	147	89
26-Jul-2010	111	82
15-Oct-2009	133	91
15-Oct-2009	133	91

Body Measurements

Date Recorded	Height	Weight	BMI
06-Dec-2013	-	80	-
15-Nov-2013	-	75	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		03-Nov-2014
Thinking about stopping smoking:		08-Feb-2012
Cigarette smoker, 10 cigarettes/day:		08-Feb-2012
Current smoker:		08-Feb-2012
Current smoker:	priority=2	18-May-2011
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values; priority=2	09-Nov-2005

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) Scottish

Trauma and Orthopaedic Surgery -
21092015_Result_450786

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 30-Aug-2011 **Date sent** 30-Aug-2011

PATIENT DETAILS

Surname	Mclean
Forename(s)	Sheila
Title	Miss
Sex	Female
Date of birth	01-Mar-1969
CHI no.	0103696261
Area of Residence	-

Patient's address

11A Jedworth Ave
GLASGOW
G15 7QB

Contact number(s)

Voice: 07544103124

101002465735I | Unique Care Pathway Number: 101002465735I

REGISTERED GP DETAILS

Name	Dr SC Lyon		
GMC code	3298581	GP code	06084
Practice name	Dr Nugent and Partners (18829)		
Practice code	40436		

Practice address

80-90 Kinfauns Drive
Drumchapel
Glasgow

Contact number(s)

Voice: 041 211 6100
Facsimile: 0141 211 6104

REFERRING GP DETAILS

Name	Dr. Judith Marshall		
GMC code	6102347	GP code	03191
Practice name	Dr Nugent & Partners (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Contact number(s)

Voice: 0141 211 6100

** Please address any correspondence to Dr Angela Martin **

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sciatica

Comment: I wonder if you would see this lady who has longstanding symptoms of sciatica. This has bothered her for years with low back ache and radiation down her right leg. She has a patch of numbness in the S2 area of her right leg. Despite this she actually has quite good range of movement in her lumbar spine and straight leg raise. She remains on co-codamol, gabapentin and diclofenac and these have been fairly longstanding prescriptions. She feels she is unable to do without them. She has seen physiotherapy in the past but this only provided some benefit.
I wonder whther she warrants and MRI scan to assess whther anything further can be done.
many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
H/O: tubal ligation	05-Dec-1995	05-Dec-1995
Anal fissure and fistula	07-Dec-1983	07-Dec-1983
Gastroenteritis	24-Mar-1970	24-Mar-1970

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol And Dihydrocodeine Tablets 500 mg 30 mg	100	100 TABS	1 or 2 Tabs 4 times daily	-	26-May-2011	22-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 inhaler	TWO PUFFS TO BE INHALED WHEN REQUIRED	-	30-Aug-2011	30-Aug-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	26-Jul-2011	22-Aug-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	26-Jul-2011	22-Aug-2011
Amoxicillin Capsules 500 mg	21	21 CAPS	1 Cap tds	-	24-Mar-2011	24-Mar-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	24-Mar-2011	24-Mar-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	05-Apr-2011	05-Apr-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	05-Apr-2011	05-Apr-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	05-May-2011	05-May-2011
Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose	1	1 INHAL	2 Puffs qds	-	18-May-2011	18-May-2011
Diclofenac Sodium E/c tablets 50 mg	84	84 TABS	1 Tab tds after food	-	26-May-2011	26-May-2011
Gabapentin Capsules 300 mg	84	84 CAPS	1 Cap 3 times daily	-	26-May-2011	26-May-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	priority=2	18-May-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	24-Mar-2011
Current smoker:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Current smoker:	Disease: SPICE Basic Health Values, priority=2	15-Oct-2009
Stopped drinking alcohol:	Disease: SPICE Basic Health Values, priority=2	25-Jun-2010
Alcohol intake within recommended sensible limits:	priority=2	23-Jun-2010
Alcohol intake above recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	09-Nov-2005

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Correspondence recipient:Dr Angela Martin

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

Operation note:

NHS
Greater Glasgow and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department:
Contact Tel:
Enquiries to:
Letter Date: 06/12/2024
Reference:
Dictated Date: 06/12/2024
Transcribed Date:

06/12/24 Queen Elizabeth University Hospital
S Ilangovan/ A Breslin/ J McGovern Department:
McAleer
EUA Anorectum and I+D of ischiorectal abscess

Indication- Painful perianal swelling. Patient reports significant discharge overnight. Patient consented for theatre and informed of risks. CRP 192.

Findings- Ischiorectal abscess. Moderate sized cavity. Had discharged mainly prior to theatre.

Procedure- GA. IV Abx. Lithotomy. Prepped and draped. DRE revealed no masses. Eisenhammer showed no evidence of fistula. Curvilinear incision over area discharging. Moderate sized cavity extending around 8cm superiorly and laterally. Surrounding indurated tissue. Minimal pus. Curettage to cavity. Saline washout. Haemostasis. Cavity loosely packed with Urgoclean. Blue swab and Mefix dressing applied.

Post-op- Return to ward. E+D. Continue IV Abx. CT scan if inflammatory markers continue to rise.

NHS Greater Glasgow and Clyde

Intraoperative Accountable Items Count Record

Date 6/12/24

ADDRESSOGRAPH LABEL
0103696261
MCLEAN F
Sheila, A 01/03/1969
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PR

WARD

HOSPITAL QEUH

THEATRE 17

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	Pescodero, C	Penwotts [signature]
PRE - OP INSTRUMENT COUNT	Pescodero, C	Penwotts [signature]
FINAL SWAB COUNT	Pescodero, C	C. Shannon [signature]
FINAL INSTRUMENT COUNT	Pescodero	C. Shannon [signature]
FINAL DISPATCH COUNT	Pescodero	C. Shannon [signature]

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - [signature]

SCRUB PRACTITIONER 2 (Sign) - .... N/A ☐

OPERATION : EUA of ano-rectum + incision & drainage of perianal abscess

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of b Practitioner iments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	10	Tapes				
Abdominal packs		Sloops/Slings				
Sutures		Bulldogs				
Blades	1	Shods				
IV n---ls		Ports				
Syri	1	Tibbs Cannula				
Discard-a-pad		Staple Gun Inserts				
iermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐ ☐	
Reels		Pen & Ruler		Throat pack OUT	☐ ☐	
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect ....

Datix is Completed ☐

Datix Incident Number..

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS ....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Acute Services Division

NHS Greater Glasgow and Clyde

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17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PF
Affix patient data label

Perioperative Care Plan

Hospital:	Qeuh	Consultant:	Mr Allen.
Ward:	9B	Date:	6/12/24.

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: 167 Weight: 79

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☑	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		

Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☐	Yes ☐	Comments
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☑ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☑ Other Positive ☐ Negative ☐ Results pending ☐ N/A ☑		Comments
PUDRA Yes ☐ N/A ☑ Patient Refused ☐		Comments
PVC care plan in place Yes ☑ No ☐ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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2

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
MAR document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Prescription Chart Hepmu.	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐ NOAD
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Biometry	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
Signed by Surgeon and Patient Dated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies) If 'Yes' specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Fasted from – specify time (24 hr clock) N/A ☐	Food: 12MN. Fluid: Sips.	Food: 00:00 Fluid: STS	Food: [illegible] Fluid: STS
Blood Glucose Score – if relevant	Time: Score: N/A ☑	Time: Score: N/A ☑	Time: Score: N/A ☑
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
EXTERNAL PROSTHESIS N/A ☑ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☑

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Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed ☐ N/A ☐ If 'Yes' state where stored	Yes ☐ No ☑ N/A ☐ Partial plates - Top + Bottom — with patient	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Loose teeth, caps and crowns and veneers State site and type	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☑ No ☐	Yes ☑ No ☐ left in room	Yes ☑ No ☐
Make-up/ Nail polish removed N/A ☐	Yes ☑ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☐ If 'yes' state where stored If unable to remove, please tape and state location	Yes ☑ No ☐	Yes ☑ No ☒ patient already removed before admission	Yes ☑ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☑ Not Known ☐ Yes ☐ N/A ☑	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☒ No ☑	Type: GTN, not with patient	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☐ No ☑	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required: NU	
Pre-Medication given N/A ☑	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐		Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time: 10[illegible]	Print: A. Philips Sign: Time: 14:15	Print: Sign: Time:: 15[illegible]

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Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: See anaesthetic	BP:	Temp: Chart	SpO_2:	Resps:

Stop Before You Block — This section NOT applicable ☑

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☑ ice/4	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify: TAPED

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☑
		Warm Fluids	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist		Other – specify: Bair Hug	Yes ☑ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☒

Anaesthetic Practitioner Comments

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G15 7P

Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☐	Sliding sheet ☑	Roll board ☐	
		Hover Mattress ☐	Other:		

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☑ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☑ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☑	Heel gel pads ☐	At side ☐ / At side ☑
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☑	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☐ / J-board ☑
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☑ / Gel/ Foam pads ☐
Position 2 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐ / At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☐ / J-board ☐
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☐ / Gel/ Foam pads ☐
Position 3 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐ / At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☐ / J-board ☐
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☐ / Gel/ Foam pads ☐

Pressure Area care Chart

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F
01/03/1969

Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome Legs in Lloyd Davis or Lithotomy Position:	This Section NOT Applicable ☐ Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.				
Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	Right	HEELS N/A ☐ Left	Right	LEGS N/A ☐ Left	Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
15 17	NA	Patient		Positioned				⊙ Indg	NA	[illegible]	[signature]

Nar 0103696261
Add MCLEAN Sheila, A 01/03/196
DoB
CHI
patient data label

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis — Contraindicated ☐ — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☑ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☑ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☑ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☑
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — This section NOT applicable ☑

Name: ....
Address: ....
....
DoB: ....
CHI number: ....
Affix patient data label

Theatre continued

Skin Preparation — This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
Perineum	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☑ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______

Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______

Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______

Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☑

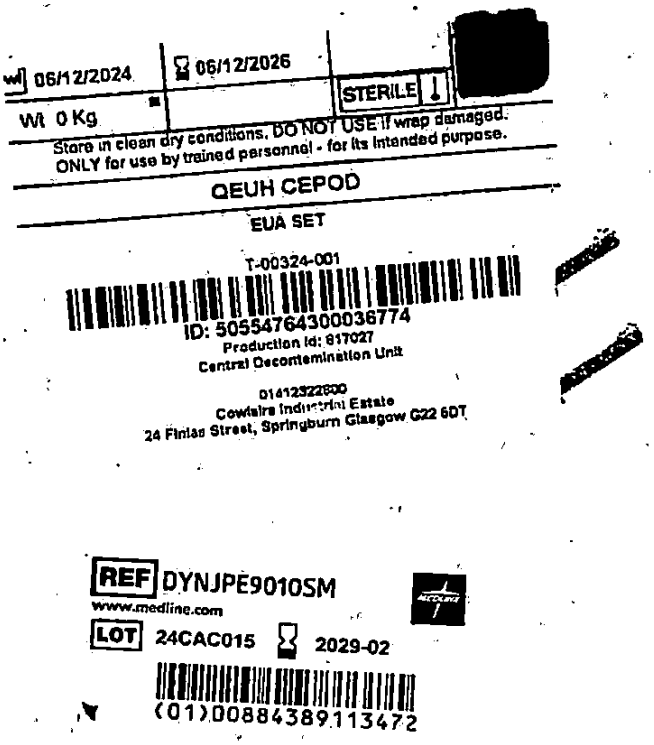
Site	Drug	Quantity

Drains — This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

0103696261
MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PF
F
01/03/196[illegible]

Traceability Stickers



Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

N 0103696261
MCLEAN
9 Sheila, A 01/03/196

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☑ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1	Perianal	Type: Absorbable ☐ Non Absorbable ☐ Other........................	active Keel glue swab nflup	
2		Type: Absorbable ☐ Non Absorbable ☐ Other........................		
3		Type: Absorbable ☐ Non Absorbable ☐ Other........................		
4		Type: Absorbable ☐ Non Absorbable ☐ Other........................		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

EUA of ano - rectum + Incision + drainage of perianal abscess

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: Anaesthetist To: S/N McDevitt

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery

This section NOT applicable ☑

Safe Positioning IN THEATRE

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	Actions taken (continue in events section on page 16)

0103696261
MCLEAN F
Sheila, A 01/03/1969

Post-operative Observations

Time	1540	1550	1600	1610	1620	1630	1640	1650	1700	1710	1730	1745						
210																		
200																		
190																		
180																		
170																		
160																		
150										^	^							
140																		
130		126	^	^	^	^	^	^	^			^						
120		^																
110	109																	
100	^																	
90																		
80		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
70		✓	✓		✓	✓	✓	✓		✓								
60	✓	55																
50	66																	
40																		
30																		
Airway type	4	1	1	1	1	1	1	1	1	1	1	1						
O_2 Therapy	2L	4L	4L	4L	4L	4L	4L	4L	2L	2L	2L	2L						
SpO_2	98	97	97	97	97	96	98	98	97	97	97	96						
Resp. Rate	16	15	15	16	16	16	15	15	16	16	16	16						
CVP																		
Temp.		35.8																
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0						
P.O.N.V.	0	0	0	0	0	1	1	0	1	1	0	0						
Sedation Score	1	0	0	0	0	0	0	0	0	0	0	0						
BM Score																		
PV staining																		
Hourly Urine Vol.																		
Total Urine Vol.																		
Wound Score	3	3	3	0	0	0	0	0	0	0								
Circulation +ve/-ve																		
Sensation +ve/-ve																		
Movement +ve/-ve																		
Pedal Pulse – R / L																		
Drain 1																		
Staff initials	MM	MM	MM	MM	MM	MM	PM	MM	MM	MM	M	N						

0103696261
MCLEAN F
Sheila, A 01/03/1969
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7P

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol.							
Total Urine Vol.							
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

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

Events

Event	Action	Outcome
17[00]/ -pt received into recovery with 1 gel in situ ↳ extubation uneventful. – observations stable as charted – CSL running – wound redressed in recovery as saturated, now dry + intact – c/o nausea + vomiting ↳ Ondansetron 4mg → cyclizine 50mg given		to good effect HMcDevitt SN

Events

Event	Action	Outcome

0103696261
MCLEAN
Sheila, A F
Flat 2-1 01/03/1969
17, Merryton Avenue
Glasgow, Lanarkshire
G15 7PR

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

11D.

0103696261 F
MCLEAN 01/03/1969
Sheila, A

Use this page to document further patient information if required.

SBAR RECOVERY HANDOVER

SITUATION

0103696261
MCLEAN F 01/03/1969
Sheila, A

AGE: 55
SURGERY: ItD Ischiorectal abscess (R)

ANAESTHETIC TYPE: ☑ GA ☐ SPINAL ☐ INTRATHECAL ☐ REGIONAL ☐ SED ☐ LA

BACKGROUND: smoker, IHD, sciatica, OA. (See MAR)
Relevant PMH:

Allergies ☐ Yes ☑ No If yes, state:
DNA CPR ☐ Yes ☑ No Infection control risk: ☐ Yes ☑ No

ASSESSMENT:
NEWS: 3, O2, 94%
Vascular Access: (L) arm - green
IV Fluids/Infusions: CSL
Drugs administered in Recovery:
Ondansetron 4mg
Cyclizine 50mg
Urinary Catheter: N/A
Dressings/Drains: dry + intact (redressed in recovery).
Specific Observations related to Surgery:
Skin Inspection: ☐ Yes ☐ No ☑ N/A

E-ED
4J Absd.

RECOMMENDATION:
Post op Instructions
see op note.

Verbal Handover given by: to:
HMcDevitt 11D.

ms • 330711

Operation note:

NHS
Greater Glasgow and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department:
Contact Tel:
Enquiries to:
Letter Date: 06/12/2024
Reference:
Dictated Date: 06/12/2024
Transcribed Date:

06/12/24
S Ilangovan/ A Breslin/ J McGovern
Dr McAleer
EUA Anorectum and I+D of ischiorectal abscess

Queen Elizabeth University Hospital
Department:

Indication- Painful perianal swelling. Patient reports significant discharge overnight. Patient consented for theatre and informed of risks. CRP 192.

Findings- Ischiorectal abscess. Moderate sized cavity. Had discharged mainly prior to theatre.

Procedure- GA. IV Abx. Lithotomy. Prepped and draped. DRE revealed no masses. Eisenhammer showed no evidence of fistula. Curvilinear incision over area discharging. Moderate sized cavity extending around 8cm superiorly and laterally. Surrounding indurated tissue. Minimal pus. Curettage to cavity. Saline washout. Haemostasis. Cavity loosely packed with Urgoclean. Blue swab and Mefix dressing applied.

Post-op- Return to ward. E+D. Continue IV Abx. CT scan if inflammatory markers continue to rise.

Inpatient prescription & administration record for Sheila A McLean (0103696261)

Admission: 06/12/2024 => 07/12/2024

01:00
10/12/24

Patient Demographics

MCLEAN Sheila A (0103696261)
DOB: 01/03/1969
Flat 2-1, 17 Merryton Avenue,
Glasgow,
Lanarksh,
G15 7PR

Admitted: 06/12/2024 09:21
Discharged: 07/12/2024 14:12

Transfer history

Admission	2024-12-06 09:21:00	Q9B QEUH 9B
Transfer	2024-12-06 16:44:00	Q11D QEUH 11D

Responsible Consultant history

Paul Glen 06/12/24 09:21

Allergy

Admission Allergy Check performed by: Katy McAleer
Current recorded allergy (reaction): No Known Drug Allergies

Co-amoxiclav 1000/200 Intravenous Injection

☒ 06/12/24 22:00 1,200 mg THREE times daily - 7am;12pm;10pm (Intravenous Slow Bolus Injection) — Katy McAleer

06/12/24	22:00	06/12/2024	22:11	Titan Thaikadan/ Kristine Bodniece	
07/12/24	07:00	07/12/2024	06:25	Titan Thaikadan/ Kristine Bodniece	
07/12/24	12:00	07/12/2024	13:08	Adeola Morrison/ Sarmila Sapkota	

☒ 06/12/24 15:33 1,200 mg (Intravenous Slow Bolus Injection) — Katy McAleer

06/12/24	15:33	06/12/2024	15:33	Katy McAleer	

Diclofenac 75 mg in 3mL Injection

☒ 06/12/24 15:33 75 mg (Intravenous Bolus Injection) — Katy McAleer

06/12/24	15:33	06/12/2024	15:33	Katy McAleer	

Dihydrocodeine 30 mg Tablets

☒ 06/12/24 17:00 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Katy McAleer

06/12/24	17:00			Titan Thaikadan	Refused by Patient
06/12/24	22:00	06/12/2024	22:01	Titan Thaikadan	
07/12/24	07:00	07/12/2024	08:18	Adeola Morrison	
07/12/24	12:00	07/12/2024	12:30	Adeola Morrison	

Paracetamol 500 mg Tablets

☒ 06/12/24 22:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) — Katy McAleer

06/12/24	22:00	06/12/2024	22:01	Titan Thaikadan
07/12/24	07:00	07/12/2024	08:18	Adeola Morrison
07/12/24	12:00	07/12/2024	12:30	Adeola Morrison

PARACETAMOL - IN RECOVERY ONLY 1000 mg in 100mL IV Infusion

☒ 06/12/24 15:30 1,000 mg (Intravenous Intermittent Infusion) — Katy McAleer

06/12/24	15:30	06/12/2024	15:30	Katy McAleer

ALFENTANIL/MORPHINE RECOVERY MIX as required

☒ 06/12/24 15:30 2 mL every 5 MINUTES (Intravenous Slow Bolus Injection) RECOVERY / ICU USE ONLY FOR PAIN for 1 day(s) — Katy McAleer

Cyclizine 50 mg in 1 mL Injection as required

☒ 06/12/24 16:56 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Katy McAleer

Hannah McDevitt Alternative administered

☒ 06/12/24 16:56 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* — Katy McAleer

50.00 06/12/2024 17:00 Hannah McDevitt/ W

Cyclizine 50 mg Tablets as required

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

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

Cyclizine 50 mg Tablets as required *(Continued)*

☒ 06/12/24 16:56 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Katy McAleer

Hannah McDevitt Alternative administered

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 06/12/24 15:30 5 mg every TWO HOURS (Oral) FOR PAIN Katy McAleer

Ondansetron 4 mg in 2mL Injection as required

☒ 06/12/24 15:30 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA AND VOMITING for 1 day(s) Katy McAleer

4.00 06/12/2024 16:32 Hannah McDevitt/ W

PROCHLORPERAZINE 3 mg Buccal Tablets as required

☒ 06/12/24 15:30 3 mg every 12 hours (Buccal) FOR NAUSEA AND VOMITING for 1 day(s) Katy McAleer

Patient level notes

added by **Francis Quinn** on 06/12/2024 at 15:31

Title: Recovery Protocol Information

IV Paracetamol STAT dose - If you have given a STAT dose of IV paracetamol please select **'Retrospective STAT order'** in the **'Order Entry'** tab and enter the time administered.

Morphine Oral Solution - Enter dose appropriate for patient in **'Order Entry'** tab.

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

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

HEPMA MAP v1.0

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family

Patient's first name

Date of birth

CHI number

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

0103696261
MCLEAN
Sheila, A
Flat 2-1
17 Merryton Avenue
Glasgow, Lanarkshire
G15 7PR
F
01/03/1969

Gender Male ☐ Female ☑

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

EUA
INCISION AND DRAINAGE PERIANAL ABSCESS RIGHT
+/- PROCEED

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

PAIN
BLEEDING
INFECTION
RECURRENCE
DAMAGE TO SPHINCTERS
RISK OF GENERAL ANAESTHETIC
DVT / PE / MI

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) ANNA CLARK CDF

Date 05 / 12 / 2024

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

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

I understand

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

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

I agree

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

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature Sheela McLean	Date 08/12/2024
Name (print) SHEILA MCLEAN	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

CARDIAC OP WGACH
--
--

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: McLean, Sheila
Patient ID: 0103696261
Height: in
Weight: lb

DOB: 01-Mar-1969
Age: 50 yr
Gender: Female
Race: --

Study Date: 07-Jan-2020
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: Dr Connolly
Technician: S Johnston

Medications:
--

Medical History:
C/P

Reason for Exercise Test:

Suspected Angina

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	STANDING	06:48	1.0	0.0	72	112/75	
Exercise	STAGE 1	03:00	1.7	10.0	102	109/48	
	STAGE 2	03:00	2.5	12.0	110	128/48	
	STAGE 3	03:00	3.3	14.0	125	115/50	
	STAGE 4	00:01	3.4	14.1	125		
Recovery		03:39	0.0	0.0	74		

The patient exercised according to the BRUCE for 09:01 min:s, achieving a work level of Max. METS: 10.1. The resting heart rate of 64 bpm rose to a maximal heart rate of 126 bpm. This value represents 74 % of the maximal, age-predicted heart rate. The resting blood pressure of 112/75 mmHg , rose to a maximum blood pressure of 128/48 mmHg. The exercise test was stopped due to Fatigue, Good time..

Interpretation

Summary: Chest Pain: none.
Arrhythmias: none.
ST Changes: Slight INF ST changes..

Conclusions

Direct Access Spirometry Report

Outreach Spirometry Service
Outreach Spirometry Service

Pre vs. Post Report

Patient Information

Name: Mclean, Sheila	**ID: 0103696261**	Birthdate: 01/03/1969
Height at test (cm): 161.0	Sex: Female	Smoking history (pk-yrs):
Weight at test (kg): 75.0	Age at test: 50	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: MRC 2. Smoker 40years G157PR.
Diagnosis:

Interpreted by:

Interpretation

No airflow obstruction present. Results do not support a diagnosis of COPD. G Sneddon

Site: KoKo688936
Physician: Outreach
Technician: Yvonne Kilbride

Effort protocol: ATS/ERS 2005
Bronchodilator:

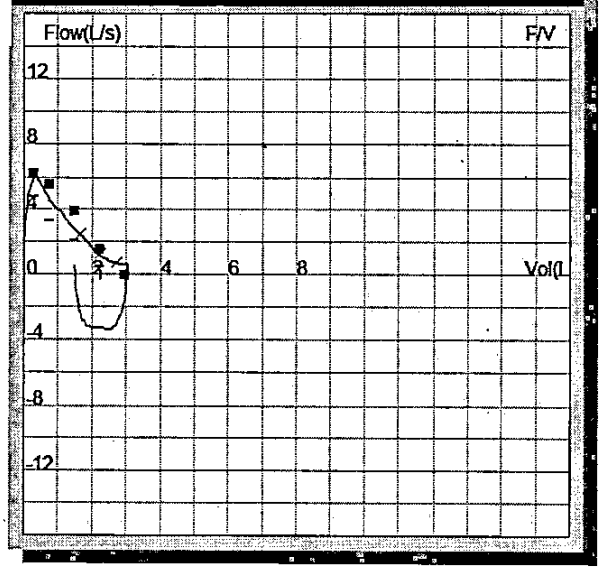
Test date/time: 19/02/20 16:02:48
Pre-BD Number of efforts performed: 5
Post-BD Number of efforts performed:

Results

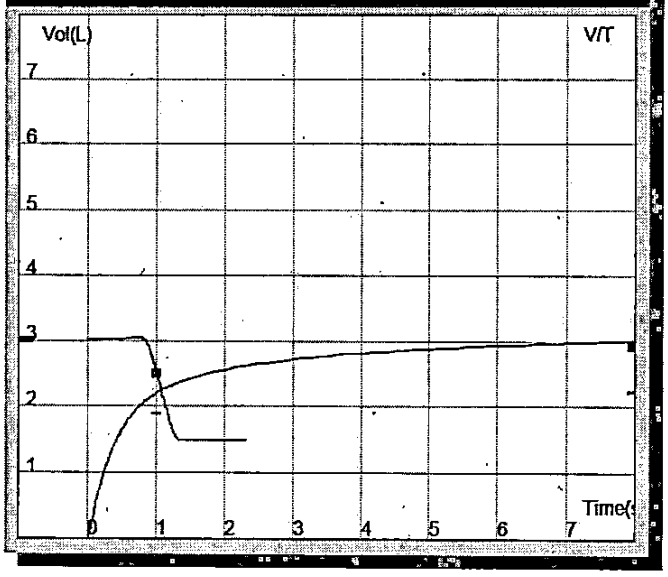
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	2.94	3.04	103%	—	—	—
FEV1 (L)	2.51	2.22	88%	—	—	—
FEV1/FVC	0.80	0.73		—		—
FEF25-75% (L/s)	3.24	1.60	49%	—	—	—
PEFR (L/s)	6.25	5.36	86%	—	—	—
Vext %	—	1.36	—	—	—	—

Comments: MRC 2. Smoker 40years G157PR.

FVC Flow vs. Volume



FVC Volume vs. Time



Mobile image intensifier lumbar spine

Performed	11-Sep-2024 08:53	Received	12-Sep-2024 09:13
Reported	12-Sep-2024 09:11	Order Number	G306H41369158
Status	Final	Source System	MiSys

Mobile image intensifier lumbar spine Final
Sheila A McLean
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Pelvis

Performed	26-Feb-2026 10:46	Received	07-Mar-2026 14:35
Reported	07-Mar-2026 14:33	Order Number	G504H43258977
Status	Final	Source System	MiSys

XR Pelvis Final
Sheila A McLean
Clinical History : ?
Right hip and left knee pains. Is there evidence of osteoarthritis? Dr J Daly

Right hip and left knee pains. Is there evidence of osteoarthritis? Dr J Daly

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XR Pelvis : Satisfactory appearance of both hip joints, bony pelvis and sacroiliac joints. Degenerative changes at L5/S1.

XR Knee Lt : Weight-bearing views.

Findings: Moderate reduction in the medial joint space. Satisfactory bony appearances and alignment otherwise. No joint effusion.

Report Date : 07/03/2026
Reporting Radiographer: Amanda Jones
HCPC : RA31716
Medica Reporting Ltd
If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Amanda Jones (MEDICA)
Verified by: Amanda Jones (MEDICA)

XR Knee Lt

Performed	26-Feb-2026 10:46	Received	07-Mar-2026 14:35
Reported	07-Mar-2026 14:33	Order Number	G504H43258978
Status	Final	Source System	MiSys

XR Pelvis Final
Sheila A McLean
Clinical History : ?
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Reported by: Amanda Jones (MEDICA)
Verified by: Amanda Jones (MEDICA)

Fluoroscopy lumbar spine

Performed	14-Aug-2024 08:46	Received	14-Aug-2024 16:41
Reported	14-Aug-2024 16:39	Order Number	G306H41267522
Status	Final	Source System	MiSys

Fluoroscopy lumbar spine Final
Sheila A McLean
Auto reported

Not performed as patient not prepared for examination.

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Ankle Rt

Performed	31-May-2023 15:27	Received	02-Jun-2023 18:55
Reported	02-Jun-2023 18:53	Order Number	G405H39724687
Status	Final	Source System	MiSys

XR Ankle Rt Final
Sheila A McLean
Clinical History :

inversion injury to right ankle 1/7, tender at lat mal

XR Ankle Rt :

Comparison made to previous right foot x-ray performed on 28/12/2008.

No acute bony injury is demonstrated. Ankle effusion noted.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Lucas O'Donnell (SpR) and Freya Johnson
Verified by: Freya Johnson

XR Knee Lt

Performed	18-Nov-2021 13:43	Received	22-Nov-2021 07:16
Reported	22-Nov-2021 07:14	Order Number	G405H37775251
Status	Final	Source System	MiSys

XR Hand Lt Final
Sheila A McLean
Clinical History :

recent left knee pain, been a bit swollen at time. pain worse after walking, no stiffness of knee. also recently both her thumbs and L index finger and R middle and index finger have been sore. O/E - no obvious effusion of left knee, pointing to anterior patella as sore areas, crepitus felt. hands - no synovitis, no focal MCP tenderness. tender at base of both thumbs. for XRs please ?underlying OA at these joints

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XR Hand Lt :
There are early/minor degenerative changes affecting the thumbs CMC joint, index and little finger D I.P. joints.
There is no significant erosive change.

XR Hand Rt :
There are early/minor degenerative changes affecting the thumbs CMC joint, I.P. joint plus the index finger D I.P. joint.
There is no significant erosive change.

XR Knee Lt :
There is minor degenerative change preferentially affecting the medial joint compartment

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Hand Rt

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XR Hand Lt

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XR Knee Lt :
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Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Elbow Rt

Performed	16-Jan-2020 11:25	Received	19-Jan-2020 08:17
Reported	19-Jan-2020 08:15	Order Number	G504H35920009
Status	Final	Source System	MiSys

XR Elbow Rt Final
Sheila A McLean
Clinical History :

a few month history of increasing pain in right elbow. no hx of trauma. worse on twisting movements. ?oa

XR Elbow Rt :
No significant bone or joint abnormality identified.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Chest

Performed	09-Dec-2019 12:13	Received	11-Dec-2019 14:16
Reported	11-Dec-2019 14:14	Order Number	G504H35797309
Status	Final	Source System	MiSys

XR Chest Final
Sheila A McLean
Clinical History :

cough 5/52- focal right basal creps and wheeze. smoker. likely new COPD. Request by Dr John Daly, Gp, 7042319

XR Chest :
Lungs and mediastinum clear. No change compared to 7 years ago.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

XR Chest

Performed	18-Jan-2012 12:11	Received	18-Jan-2012 14:49
Reported	18-Jan-2012 14:27	Order Number	G504H26552983
Status	Final	Source System	MiSys

XR Chest Final
Sheila McLean
Clinical History :
Pre-op. Bronchitis.

XR Chest :
Normal heart size and mediastinal contours. The lungs are clear.

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