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

NHS
Greater Glasgow and Clyde

MMA Legal

43-59 Princes Street

Stockport

SK1 1RY

Date: 12th May 2026

Your Ref: 100164

Our Ref: LAT/ACCESS/ES

Enquiries to: Emily Svensson

Direct Line: 0141 211 3020

Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: MARY WATSON **D.O.B: 06/03/1954**

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/ GARTNAVEL GENERAL HOSPITAL/ WEST AMBULATORY CARE HOSPITAL/ WESTERN INFIRMARY

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

ELECTRONIC PATIENT RECORDS

(1)

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

Including:

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

My Admission Record

NHS Greater Glasgow and Clyde

Name: [redacted]
Address: 0603548323
WATSON
Mary F
08/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
DoB:
CHI:
G15 8AX
Affix patient ID label

Hospital: QEUH Ward: 11A
Date of Admission: 5/7/21 Time: 1605
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 67 Telephone Number:
Consultant:

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS
0141 211 6100

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: Shirley Relationship: daughter Address: Telephone: 07944695084 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

Left ischaemic foot

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

CVA
Angina
Cholecystectomy
? MI 2000
Radical Hysterectomy for Cervical cancer 30yrs ago
Breast Cancer 20yrs ago
Hyperactive underactive thyroid

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

Power of Attorney / Guardianship / Adult with incapacity

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

Name: _____

Address _____

0603546323

WATSON F

Mary 06/03/1954

28 KENDOON AVENUE

Glasgow, Lanarkshire

G15 8AX

DoB: __

CHI: __

Affix pa...

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** ☐

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Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? April 2021

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): G McLellan Signature:

Designation: BSN Date: 5/7/21

My Assessment Record

Nam
Addr
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DoB Glasgow, Lanarkshire
CHI
Affi G15 8AX

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: _____		✓	

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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?

pain in foot to knee
Rest pain

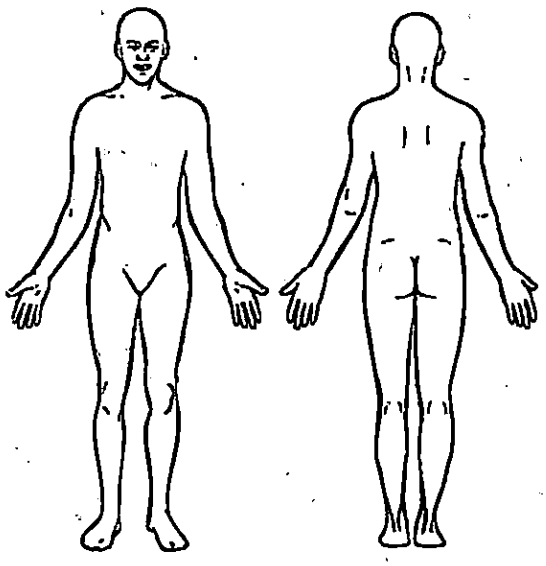
Have you had treatment / intervention for the pain?

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?

Mark current pain on body chart



Name: 0603548323
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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?

no

What do you like to eat and drink?

eat most things
small portions

What do you not like to eat and drink?

alcohol, no tea

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

no sensation when passing urine - goes regular during the day - wear pads (since radical hysterectomy)

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

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

What products do you normally use for this continence issue?

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

Date urinary catheter last changed ___/___/___

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

Bowels

When did your bowels last move? 4/7/21

How often in a day/week do you have a bowel movement? Per day ☐ Per week 2-3

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			uses enema to make bowels move - due to radical hysterectomy
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?			

Name
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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?	✓		Top only
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 ✓	Name: _____ Address: _____ _____ _____ DoB: _____ CHI: _____ Affix patient ID label
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**			

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?	✓		due to pain in foot.
Do you do or use anything to help you sleep?		✓	

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Glasgow, Lanarkshire
G15 8AX
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Affix patient ID label

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?		

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?

Daughter

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

Name: .....

Contact Details: .....

.....

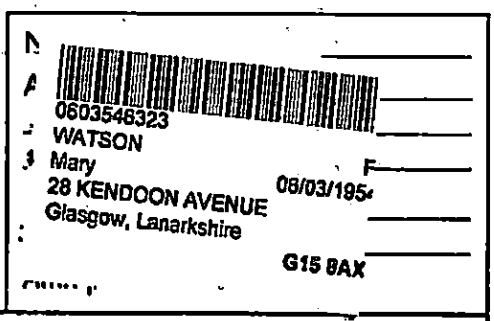
.....

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 ☐



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 ___/___/___

Name: _
Address
0603548323
WATSON
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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)	✓				5/7/21
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan		✓			
Bristol Stool Chart		✓			
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				5/7/21
Adult Wound Assessment and Management Chart		✓			
Moving and Handling Assessment	✓				5/7/21
Falls Risk Assessment	✓				5/7/21
Bedrail Risk Assessment	✓				5/7/21

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
5/7/21 1650	Admitted to ward - for surgery	
	tomorrow. Please fast from	
	12midnight	
	Consent obtained.	
6/7/21.	Observations as documented.	
04:30.	Medication as per kemma.	
	Independent with toileting.	

Name: _____
Address _____
0603546323
WATSON
Mary
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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
	Fasted from midnight for theatre later this morning.	
	Checklist started.	(Signature)
1730	Returned from theatre following (L) femoral endarterectomy, iliac stent & angioplasty. Puncture site to (R) groin also. Stayed in recovery for extended spell due to post op nausea & vomiting - anti emetics given as per Hospira. Initially had haematoma @ (R) groin site - had bleed in recovery from same (approx 400mls) - same now settled, pressure dressing with dressings @ both groins dry & intact. Both feet warm to touch, pale in colour, sensation & movement true. Cap refill good < 3secs, pulses not expected. IV fluids with from theatre - continue if nausea persists.	(Signature)
7/7/21 @03:15	Patient was feeling unsettled at the start of the shift due to discomfort of the	

Name: __
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0603546323
WATSON F
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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
7/7/21 @3:15	catheter & feeling warm. Catheter leaked due to it being kinked, not leaking anymore. NEWS=2 due to O_2 therapy, medications given Re hepna. Vascular OBS completed throughout the night as per charted, not to expect pulses. The two wands are dry & intact. Patient had IVF running, cannula fell out due to patient moving. Patient appears more comfortable & asleep at present.	LISA GILMOUR (STN)
07/07/21 16:00	Observations as charted. News 0 Independent with elimination needs. Catheter removed today. PJ D. Small amounts of diet taken. Complaining of nausea. Anti emetics given. Home tomorrow. Analgesia given as charted	CLAW

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

Mary Watson
0603546323.
QEUH. 11A.

Date & Time		Signature, Print Name & Designation
8/7/21.	Observations as documented.	
01:45	Slightly tachy, soon settled	
	Resting / PRN analgesia.	
	Medication given as per	
	kepma.	
	Tolerating diet and fluids.	
	Furniture walking around	
	room at present.	
	Passing urine since	
	catheter removed.	
	Turning independently	
	within bed.	
	Aiming home later today.	S Cameron RGN
8/7/21	Home today. BP remains low	
1240	Candesartan withheld. Patient to	
	withhold for one week then get	
	GP to review. District nurses	
	arranged to visit 10/7/21 for	
	wound check. Pt not to require	
	any medicines. Own returned	
	collected by daughter. Left ward	
	without TTA's or part 2. —	L Berson RB

83949 GGC0072

0603546323
WATSON
Mary
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX
08/03/195

Care Plan

NHS Greater Glasgow and Clyde

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

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
5/7/21	Breathless on exertion				
	Patient has angina				
				5. Hydration and Nutrition	
			5/7/21	Free fluids + diet	
				Fast from 6/7/21	
	2, 3. Communication and senses				
5/7/21	Alert - communicates well				
				6. Elimination	
	4. Cognitive status		5/7/21	uses pads and an enema to help bowels move	
5/7/21	Alert and orientated				

0603546323
WATSON
Mary F
28 KENDOON AVENUE 08/03/195
Glasgow, Lanarkshire
G15 8AX

Care Plan

NHS
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
5/7/21 L	Attends to own		5/7/21 L	Maintains own	
				10. Sleep and Rest	
			5/7/21 L	Poor sleeper due to pain	
	8. Mobility				
5/7/21 L	Small distances only due to pain in leg			12. Privacy, dignity and sexuality	
			5/7/21 L	maintains own	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	
			Review 6/7/21		LG
			7/7/21 - SH		
			8/7/21 - SH		

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Care Rounds Checklist

Date: 7/7/21

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

1. Signed _____ Name SKennon Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Att: 0603546323
: WATSON F
4 Mary 08/03/195
28 KENDOON AVENUE
War : Glasgow, Lanarkshire
G15 8AX

NHS 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	02:30	04:00	06:15	08:15	13:45	17:56	20:00	21:45
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	Y	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	Y	Y	Y	Y	NT	NT
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT	INT	INT	INT		INT	—	—
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	SR	B	B	B	SR	B	B	B
		Chair Assist to walk or stand (W/ST)		W		—			W	W
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	C	C	C	C	N	N	C	NK
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N	N
		Drink taken?	Y	Y	Y	Y	I	I	Y	Y
		Food, snack, or supplement taken?	I	NT	I	Y	I	I	Y	NK
		Has oral hygiene been carried out as per care plan?	I	I	I	I	I	I	I	I
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	NT	NT	Y	Y	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	Y	NA	NA	NA
		Care provider / role								

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 6-7-21

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 _____ Name LISA GILMOUR Designation STN
2. Signed _____ Name UNCLEAR Designation CN
3. Signed _____ Name _____ Designation _____

Attach Address

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Ward: 11A

NHS 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	01:00	3:00	6:30		7:30	10:00	22:30												
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N		N	N	N												
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N		N	N	N												
S	3	**SKIN INSPECTION** Pressure areas checked:	NT	Y	Y	T	NT	NT	Y												
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	—	INT	INT	H			INT												
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	1	1	E	Y	N	N												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B			L	B		B												
		Chair Assist to walk or stand (W/ST)	I			A															
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	T	C	C	C												
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	Y	Y		N	N	N												
		Drink taken?	W	N	N	R	N	Y	Y												
		Food, snack, or supplement taken?	NT	N	N		N	N	Y												
		Has oral hygiene been carried out as per care plan?	I	N	N	E	N	Y	I												
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y		Y	Y	Y												
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT		N	N	N												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA		N	N	N												
		Care provider / role																			

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
6.7.21	1730	8	Patient returned from theatre	[illegible]
6.7.21	1800	8	Patient observed declining skin checks nauseated at present	[illegible]
				[illegible]

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Care Rounds Checklist

Date: 5/7/21

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 _____ Name _____ Designation SSW
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach label

0503546323
WATSON F
Mary 08/03/195
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Ward: 11a

NHS 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	16:30	19:45	23:30																
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N																
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		Y	N	N																
S	3	**SKIN INSPECTION** Pressure areas checked:				N																
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I	I																	
K	4	**KEEP MOVING** Has the patient moved or walked?		I	I	I																
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – 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																
		Drink taken?		Y	Y	I																
		Food, snack, or supplement taken?		N	N	I																
		Has oral hygiene been carried out as per care plan?		I	I	I																
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y	Y																
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	N	NT																
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NK	N	NK																
			Care provider / role																			

Care Rounds Variance Sheet

Atta: 0803546323
WATSON F
Mary 08/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
War G15 8AX

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
5/7/21	1630	5	Patient has issues with both urine and feaces due to having a Radical Hysterectomy 3 yrs ago - uses pads and has to use enema to go to the toilet.	Marie SN

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Care Rounds Checklist

Date: 8/7/21

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 _____ Name LISA GILMOUR Designation STN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

Attach

0803548323
WATSON
Mary
F
08/03/195

Ward:

NHS Greater Glasgow and Clyde

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

NO THANKS

			Times	20	04 10	08 20																
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N																
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		Y	N	N																
S	3	**SKIN INSPECTION** Pressure areas checked:		I	I	Y																
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		INT	INT	INT																
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y																
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	B	B																
		Chair Assist to walk or stand (W/ST)		I	I																	
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																
		Drink taken?		Y	I	I																
		Food, snack, or supplement taken?		N	I	I																
		Has oral hygiene been carried out as per care plan?		I	I	I																
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y	Y																
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	N	N																
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA																
		Care provider / role		LG	GW	GW																

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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0603548323
WATSON [redacted] F
Mary 06/03/195
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

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: 11A Date: 5/7/21 Time: 16:30	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	✓				
2. Check walking aid (if required) is in reach and in use.	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				

RISK ASSESSMENT

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

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

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

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

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

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

Fluid Balance Chart

0603546323
WATSON F
Mary 08/03/1954

Hospital: QEUH
Ward: POST-OP
Date: 6.7.21

Reason for Fluid Balance Chart: Surgery
Is patient fluid restricted? Yes ☐ No ☐
If yes how many mls in 24 hours? /

Fluid balance from previous 24hrs
+/-

Does patient require thickened fluids?
Yes ☐ No ☐ Stage

NHS Greater Glasgow and Clyde

Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type circle how many daily 1 2 3
2. Type circle how many daily 1 2 3
Signature: L MacCallum Designation: ODP

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total INPUT	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume									
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00							CSL	500	500mls								
10:00																	
11:00							CSL	1000	1500mls								
12:00																	
13:00																	
14:00							CSL	500	2000mls								
15:00							CSL	500	2500mls								
16:00																	
17:00										1240ml						1240mls	
18:00																	
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

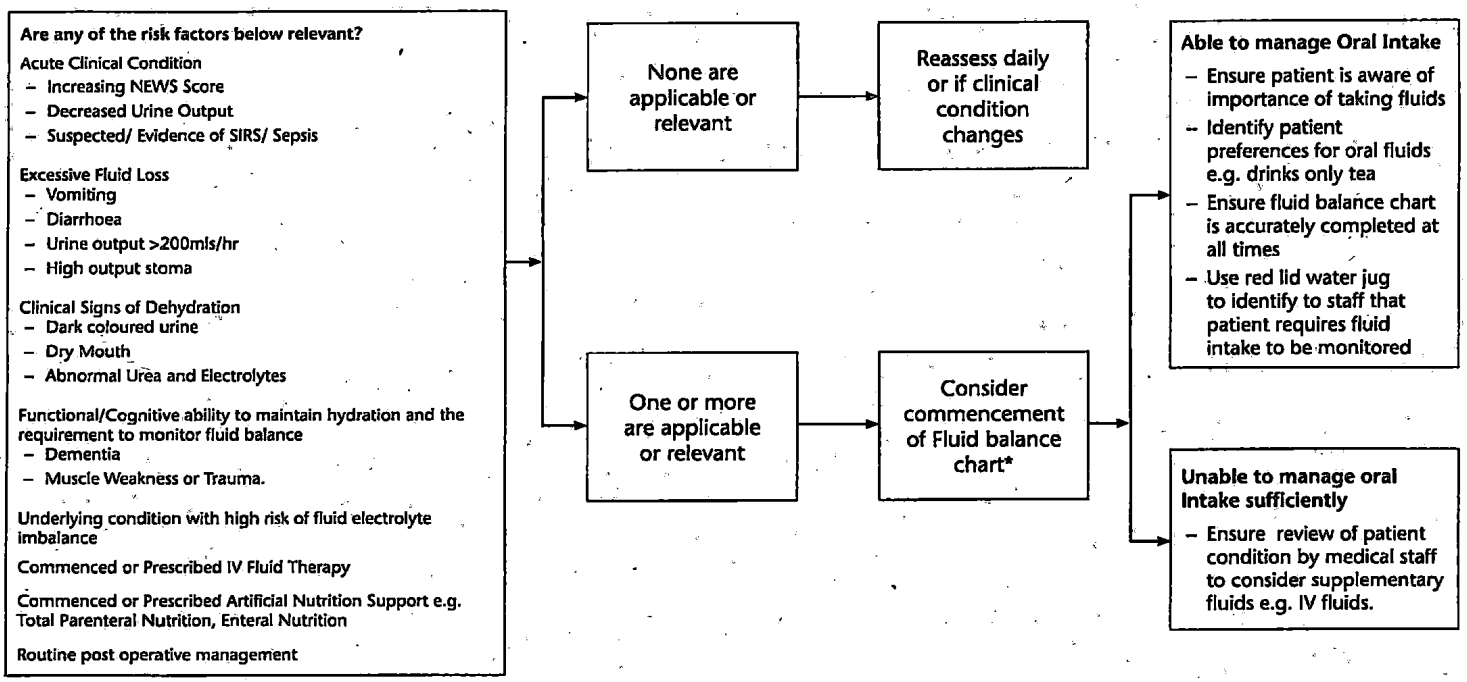
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

720665

Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.



Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

MIS • EDU • 237971-2

0603546323 F
WATSON 06/03/195
Mary
28 KENDOON AVENUE
Glasgow, Lanarkshire G15 8AX

Adult Urethral Urinary Catheter(UUC)

Insertion & Maintenance Care Plan

BRILLANT AquaFlate REF A310112 (IPN053452)
All-Silicone Long-Term (up to 12 weeks use) Standard, 2-way Foley
LOT KME20M1903
2025-11-28
SIZE Ch. 12 O. D. 4.0mm/10ml
Teleflex Medical, IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland

NHS Greater Glasgow and Clyde

Insertion – Complete all sections				
Date and time inserted 6/7/21 09.34	Urethral Urinary Catheter inserted Hospital QEUH ED ☐ Theatre ☑ ITU/HDU ☐ Ward ____	Gauge 12	10 mls in balloon	Inserted by (Print name & designation [if known]) J GARDNER NIR.
Clinical indication for urethral urinary catheterisation OPERATIVE	Long term urethral urinary catheter ☐ (> 28 days)	Short term urethral urinary catheter ☐ (≤ 28 days)		
Patient had urethral urinary catheter inserted in the community/out with NHS GGC Yes ☐ No ☑	Date UUC Inserted (if known) ____			

Insertion Criteria		Comments
Alternatives to urethral urinary catheterisation considered	Yes ☑ No ☐	
Hand hygiene is performed immediately before urethral urinary catheter insertion	Yes ☑ No ☐	
Aseptic technique performed at insertion	Yes ☑ No ☐	
Urethral Urinary catheter of smallest gauge used and balloon filled to recommended level	Yes ☑ No ☐	
Urethral meatus cleaned with sterile saline and sterile lubricant used	Yes ☑ No ☐	
Aseptic technique maintained when connecting urethral urinary catheter to closed drainage system	Yes ☑ No ☐	

DAILY MAINTENANCE: FOR ALL PATIENTS WITH A URETHRAL URINARY CATHETER:

- Staff must wear gloves and apron and perform hand hygiene before and after urinary catheter procedures
- The drainage bag must be emptied when clinically indicated using a clean disposable container for each patient. Please refer to Insertion and maintenance of adult indwelling urethral urinary catheter SOP.

Maintenance – To be completed daily (observe for signs and symptoms of infection)

Please regard Day 1 as day of insertion or the day patient is admitted to hospital with Urethral Urinary Catheter.	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out? (soap and water)	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
Day 1 7/7/21	11A	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	[signature]
Day 2 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 3 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

Date removed: ____ Time removed: ____ Reason for Urethral Urinary Catheter removal: ____ Removed by: ____

CHI Number: _____

Maintenance To be completed daily (observe for signs and symptoms of infection)						
	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out?	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
Day 4 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 5 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 6 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 7 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 8 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 9 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 10 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 11 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 12 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 13 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 14 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 15 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 16 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 17 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 18 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 19 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 20 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 21 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 22 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 23 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 24 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 25 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 26 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 27 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 28 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

0603546323
WATSON
Mary F
28 KENDOON AVENUE 06/03/195
Glasgow, Lanarkshire
G15 8AX

Adult Peripheral Vascular Cannula Insertion and Maintenance Care Plan

CHI: _____
Address: _____
Hospital: _____

NHS Greater Glasgow and Clyde

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

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

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

PVC inserted: Day 0	Date: 5/7/21 Hospital: QEUH Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☑ 11A Unknown ☐ _____
Insertion site:	R Hand ☑ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☑ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: _____

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? (Diagnostics, Resuscitation/ Chest Pain, IV Drugs, Fluids, Transfusion)	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night 05/7/21	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	LG (STN)
Day 2 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day 6/7/21	Yes ☐ No ☑ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	e
Day 3 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

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

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

*Date PVC Removed: 8/7/21

*Reason For Removal: _____ WOX REQUIRED

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

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Glasgow, Lanarkshire
G15 8AX

patient) Moving and Handling Assessment Form

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

1. General Information

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			
	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 Aleni)			

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:	5/7/21	7/7/21	
Assessor's signature:		SK	
Proposed Review date:	6/7/21	14/7/21	

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 Aleni)			

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:			

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WATSON F
Mary 06/03/195

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 5/7/21 Time 1640 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	4ft 11 cm	☑	☐	
Admission Weight	90.3 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

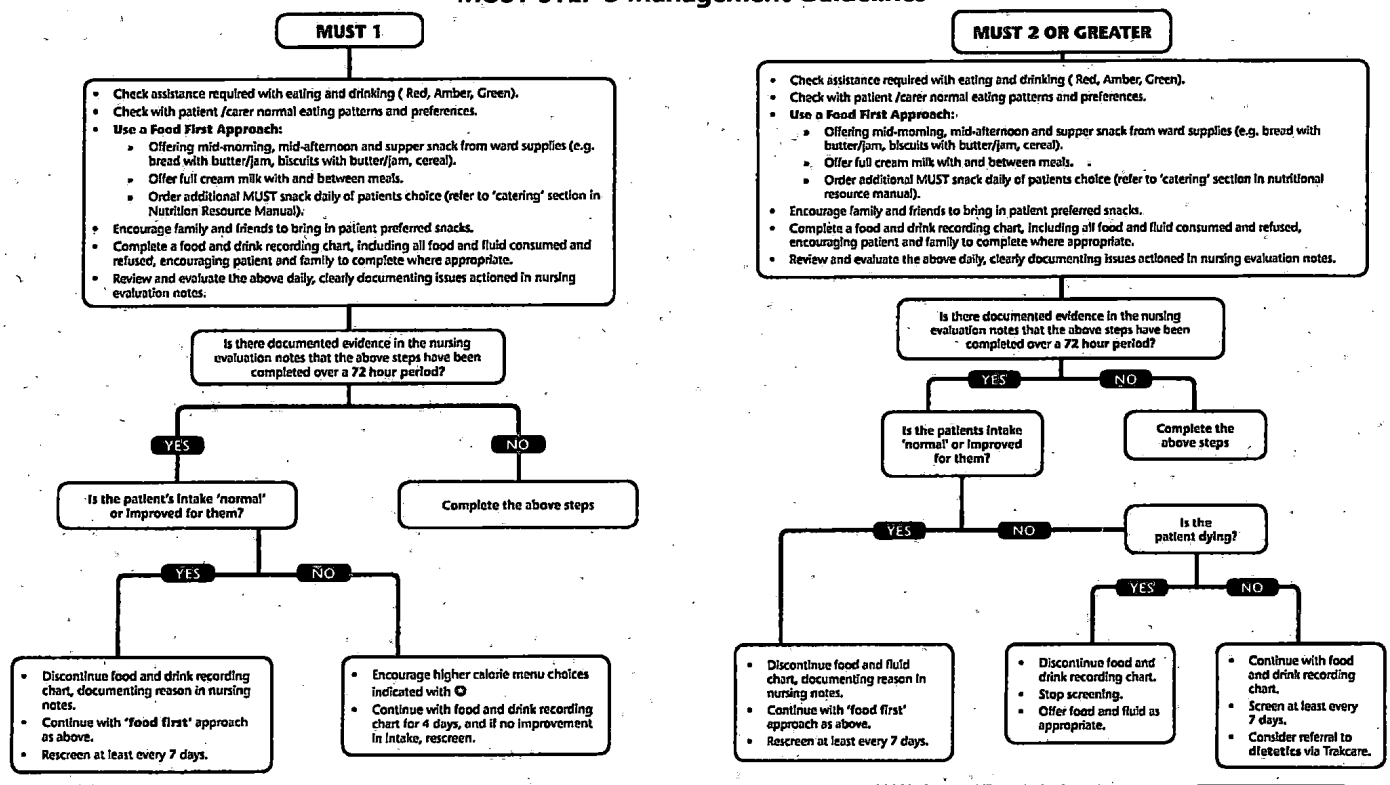
Any unplanned weight loss in the last 6 months Yes ☐ how much_____ No ☐ Don't Know ☐

Date	5/7/21							
Time	1640							
Ward	11A							
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								
Weight (kgs)	90.3							
BMI	25							
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	12/7							
Signature								

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

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

MUST STEP 5 Management Guidelines



DISCHARGE

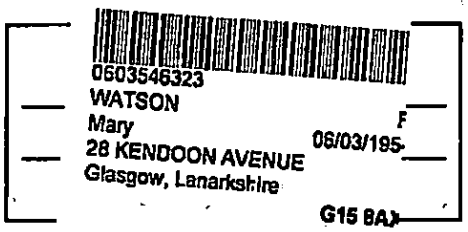
If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "*Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

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

mi • 285884 v3.0 • GGC0250

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde



	Date	Ward	Time
Admitted			
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: .....

Affix Patient ID

| | | |

NEWS 2 Key | 1 | 2 | 3

| | | |

Glasgow Coma Scale

| | | |

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0603546323 F WATSON 05/03/195- Mary 28 KENDOON AVENUE Glasgow, Lanarkshire G15 8AX	Hospital: QEUH Ward: 11A	**Points to consider:** • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1	**Pressure Damage**	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY Active 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 Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
5/7/21	16:30	N	N	Y	N	N	Y	4 hrly	
6/7/21	01:00	N	N	Y	N	N	Y	4 hrly	
6/7/21	15:00	N	Y	Y	N	Y	Y	2 hrly	
6/7/21	17:00	N	Y	Y	N	Y	Y	2 hrly	
7/7/21	08:10	N	N	Y	N	Y	N	4 hrly	
8/7/21	00:15	N	N	Y	N	Y	N	4 hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___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 Interv ıtional Plan

NHS Greater Glasgow and Clyde

0603546323
WATSON
Mary F
06/03/1954

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 INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of initial plan: 5/7/21	Check: • Pressure areas 4 hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: Softform • Cushion: • Detail additional pressure redistributing equipment:	• Reposition 4 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 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 ☐	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 ☐	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 ☐	Date discontinued: ____

Diagnostic Directorate Interventional Radiology
Multi Disciplinary Check List/Care Plan

NHS Greater Glasgow and Clyde

Unit 0603546323
Name WATSON F
Mary 06/03/1954
Addr 28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX
DOB

Hospital QEUH
Ward 11A Date 6/7/21
Referring Consultant
Proposed procedure (L)CFE & Angio
Patient's weight 56·3kg

CHECK LIST

	Ward	Comments	Reception	Comments
Nameband (legible, name dob, CHI no/Unit no)	✓			
Consent correct and form signed	✓			
Case notes/ Nursing notes	✓			
Fasted from - Date: 6/7/21 Time: 00:00	✓			
Drug kardex/Infusion charts	Hepra			
I.V. access	✓			
Implants:	N/A			
Jewellery removed or taped Make up/Nail polish removed Body piercing	Chain Ring (taped)			
Medication prior to procedure	Normal meds			
FBC, coag, U&E'S available	✓			
Previous allergy/contrast allergy	NKA			
Anti-coagulation therapy. Specify	~~ASPIRIN~~ As per Hepra			
High risk MRSA/Cdif/Hep +ve etc please specify	N/A			
Communication/aids/assistance	N/A			
Mobility (inc any aids reqd)	N/A			
Outpatient transport booked	N/A			

Patient suffering from: (please circle all that apply)

Asthma	Hayfever	Respiratory conditions
(Hypertension)	Cardiac conditions	(Angina)
Epilepsy	Renal impairment	Diabetes*
		*please record latest blood glucose

Comments on any of the above:

Ward Nurse Sign ..... Print Name LISA GILMOUR Designation STN

Radiology Nurse Sign ..... Print Name ..... Designation .....

Team Brief ☐	Pause ☐	Comments

Base Line Obs

	Time														
	Pain Score														
	Sedation AVPU														
	Nausea														
BP / PULSE	240														
	230														
	220														
	210														
	200														
	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
	90														
	80														
	70														
	60														
	50														
	40														
	30														
RESPS															
Sa O_2															
O_2 Therapy															
BM															
TEMP															

Pain Score	Descriptor	COMMENT
0	No Pain	
1-3	Mild Pain	
4-6	Moderate Pain	
7-10	Severe Pain	

Sedation Score	Descriptor	AVPU
0	Awake	A
1	Asleep, roused by speech	V
2	Physical stimulation (eg shaking) required to waken	P
3	Not roused by speech or shaking	U

PROCEDURE PERFORMED:

Supine	Prone	Right Lateral	Left Lateral

Skin prep:	
Drain/drainage catheter	
Skin closure	
Dressings/anchor device	
Wound care	

Arterial/Venous /Percutaneous puncture site post procedure instructions (please circle)

Femoral	Right / Left	French size sheath/catheter	
Radial	Right / Left	Time Removed	
Brachial	Right / Left	Removed by	
Jugular	Right / Left	Did patient receive Heparin	
Antegrade puncture	Yes / No	Clotting time checked	
Check puncture site for bleeding/haematoma			

Catheter/sheath size	Lie flat	Further period of bed rest
4 French	2 Hours	2 hours
5 French	3 Hours	2 hours
6/7/8 French	4 Hours	2 hours

Time	Puncture site	CSM	Pulses	Comments

Vital signs, resps, BP, pulse and SaO_2 minutes until stable.

Fluids and diet / IV fluids / Fast until / Fluids only (please circle)

Peri-operative accountable items at end of procedure Complete ☐ Signature: _____
(e.g. Scuds, caps, needles, swabs)

Peripheral venous cannula (PVC) removed ☐ **Signature:** _____

Discharge

Advice/Information discussed with ward / patient / carer (please circle)

Traceability

Contrast:

Implants

Criteria to be considered before transferring to ward or discharged

	Yes	No
Is the patient conscious and orientated to time and place		
Is the patient cardiovascularly stable		
Is the patient comfortable		
Are drains patent and is drainage within expected limits		
Are wounds free from excessive staining		
Is puncture site satisfactory		
Patient transferred ☐ discharged ☐ at Time_____ Signature: _____		

Clinical notes

Acute Services Division

Part 2 Discharge Letter / Transfer Plan

NHS Greater Glasgow and Clyde

- ☐ Gartnavel General Hospital 0141 211 3000
- ☐ Glasgow Royal Infirmary 0141 211 4000
- ☑ Queen Elizabeth University Hospital 0141 201 1100
- ☐ New Stobhill Hospital 0141 201 3000
- ☐ New Victoria Hospital 0141 201 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Royal Alexandra Hospital 0141 887 9111
- ☐ Inverclyde Royal Hospital 01475 633 777
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Beatson 0141 301 7000

Name: MARY WATSON

Address: 28 KENDOON AVENUE G15-8AX

Discharge Address: AS ABOVE

CHI Number: 0603546323

D.O.B.: 06/03/1953

Telephone:

Next of Kin: SHIRLEY

Relationship: DAUGHTER

Address:

Telephone: 07944695084

Ward: 11A QEUH

Telephone: 0141 452-2750

Admission Date: 05/07/2021

Final discharge/transfer date: 08/07/21

Named Nurse: B Boyle

Consultant:

G.P.: DR SC LYON

Address: DRUMCHAPEL HEALTH CENTRE, 80/90 KINFAUNS DRIVE, GLASGOW, G15-7TS

Telephone: 0141 211-6100

Post Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Treatment Room Nurse, Home Care) State package requested and time of first visit.

Service:	Service:
Contact Number:	Contact Number:
Service details:	Service details:

Additional/Transfer Information (including equipment/adaptions)

Patient Assessment/Comments

Mobility: Independent

Falls information: N/A

Personal hygiene/Dressing: Independent with personal care

Continence: Catheter in situ: ☐ Yes ☑ No

Type: Size:

Date of change:

Continence details: Incontinent

Dietary requirements: Normal Diet + Fluid

Most recent MUST score and date:

Most recent weight and date:

Communication/Swallowing/Fluid thickener provided:

Cognitive state: Alert & oreintated

Skin condition/PUDRA Score: SKIN INTACT

Wound care/Stoma care: NO Stoma

Special Instructions for Patient (e.g. Exercise, Diet, Wounds, Others)

Others/Follow-up arrangements

Progress discussed with patient: ☐ Yes ☐ No

Progress discussed with relative/carer: ☐ Yes ☐ No

This information has been fully discussed with Patient/Carer.

Date and signature of Nurse:

Date and signature of Patient/Carer:

Diagnosis:

TOP COPY

Glasgow Coma Scale

| | | |

NEWS 2 Key | 1 | 2 | 3

Date	1/11	9/16							1/17	3/19									
Time	11.00	08 16	09 20	09 35	09 50	10 10	10 40	10 55	11 00	11 15	11 45	15 10	14 45						
A + B Respirations Breaths/min		•	•	•	•	•	•	•	P	•	•	•	•						
A + B SpO2 Scale 1 Oxygen saturation (%)		97	99	98	96	98	97	96	97	95 95	95	96	96	95					
SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure. Only use scale 2 under direction of qualified clinician																			
Air or oxygen?		A	A	A	A	2L	2L N	2L N	A	A	A	A	A						
C Blood Pressure mmHg (Score uses systolic BP only)			^	^	^				V	A	112	118	100						
			V		V	V	V	V	A	V	132	116	67						
C Pulse Beats / min		•											70						
											65	75							

≥25	3	
21-24	2	
12-20	0	
9-11	1	
≤8	3	
≥96	0	
94-95	1	
92-93	2	
≤91	3	
≥97 on O2	3	
95-96% on O2	2	
93-94% on O2	1	
≥93 on air	0	
88-92	0	
86-87	1	
84-85	2	
≤83	3	
Air (A) or O2 device*	0	
O2 L/min 2	2	
≥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	
≥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	

0603546323
WATSON
Mary
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Glasgow, Lanarkshire
G15 8AX
F
06/03/1954

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)

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

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Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

	Date	Ward	Time
Admitted			
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/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

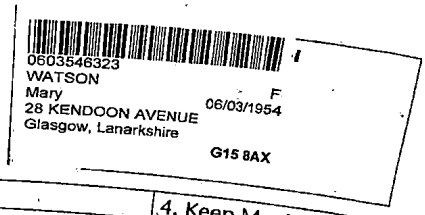
Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....

Care Rounds Variance Sheet



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 • 27893 V2.1 • GGC0098

Care Rounds Checklist

Date: 1/7/21

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 _____ Name SOPHIE KERR Designation STN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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NHS 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	15/30	16
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		Y	N
S	3	**SKIN INSPECTION** Pressure areas checked: Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I	I
K	4	**KEEP MOVING** Has the patient moved or walked? Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B Chair Assist to walk or stand (W/ST)		INT	
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		N	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		B	
		Drink taken?		—	W
		Food, snack, or supplement taken?		A	/
		Has oral hygiene been carried out as per care plan?		N	N
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		Y	Y
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		I	I
		Care provider / role		N	N
				NT	N/A
				RN	MA

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

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Glasgow, Lanarkshire
G15 8AX

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

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

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

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0603546323 WATSON F Mary 06/03/1954 28 KENDOON AVENUE Glasgow, Lanarkshire G15 8AX	Hospital: QEUH Ward: MDU	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	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
1/7/21	13:35	N	N	Y	N	N	N	4 hrly	SRa
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	

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

Modified Visual Infusion Phlebitis (VIP) Score

Modified V.I.P (Visual Infusion Phlebitis) Score	
IV site appears healthy	0 No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	[redacted]
Two or more of the following are evident: pain, redness, swelling	
All of the following are evident: pain, redness, hardening of surrounding tissue	
As above including: palpable venous cord	
As above including: pyrexia	

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write or a 0603546323
Name: WATSON Mary F
DOB: 06/03/1954
28 KENDOON AVENUE
Ward: Glasgow, Lanarkshire
G15 8AX

NHS Greater Glasgow and Clyde

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

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

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

PVC inserted: Day 0	Date: 01/07/21 Hospital: QEUH Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ ____ Unknown ☐ IR
Insertion site:	R Hand ☐ R Arm ☑ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: ____
Colour of cannula:	Blue ☑ Pink ☐ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☑ No ☐ If No, state reason: ____

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

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

Date: __/__/__ Reason for keeping PVC in after 72 hrs/ 3 days: ____

*Date PVC Removed: 1/7/21

*Reason For Removal: no longer required

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	
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			
	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 Ateni)			

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:			

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atient) Moving and Handling Assessment Form

Perso Name		Named Nurse:	SOPHIE KERR	Person is totally independent (tick here and go to date box)	*

1.

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				N/A	
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 X >3	Additional Information:	
				BED PAN x2 NURSES	

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 X >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 X >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 X	People: 1 2 X >3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
X	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):	X
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alerti)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
X	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:	1/7/21	1/7/21	1/7/21
Assessor's signature:			
Proposed Review date:	8/7/21	ON WARD 11A	

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FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: MDU Date: 17/1/21 Time: 13:45	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)	CHAIR HEIGHT NORMAL				
Assess if a low bed is required (Patient care plan 9)	Y				
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)	N				
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)	4°				
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.	HAS PAIN (ANKLE) SO UNSTEADY.				
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)	N				
Document continence problems and link to care rounding (Patient care plan 6)	MANUAL EVAC.				
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)	N				
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.	N				
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	[signature] 17/1/21				

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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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: MDU Date: 1/7/21 Time: 13.45	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	UNSTEADY ON FEET				
2. Check walking aid (if required) is in reach and in use.	N/A				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	AWARE OF BUZZER SYSTEM				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	SHOES.				
5. If glasses are worn, check they are available and in use.	WITH				
6. If hearing aid/s are worn, check they are working and in use.	N/A				

RISK ASSESSMENT

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

Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?	✓									
2. Does the patient have cognitive impairment or a possible delirium?		✓								
3. Does the patient attempt to walk alone although unsteady or unsafe?		✓								
4. Does the patient or their relative have a fear or anxiety of the patient falling?	✓									
5. Based on your clinical judgement, is this patient at high risk of falling?	✓									
Signature of nurse completing assessment / update	Clark 8/7/21									

Highlight risk of fall at the ward safety brief.

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	Date
Name (print)	

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

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	0603546323 WATSON F Mary 06/03/1954 28 KENDOON AVENUE Glasgow, Lanarkshire G15 8AX.
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☑
CHI number	
Special requirements (e.g. other language / communication method)	

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).

Left common and external iliac arterial stenting

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Groin complications, Damage to blood vessels, Bleeding (which may be life threatening), distal embolisation, limb ischaemia, amputation, risks of medication, contrast, x-rays, infection

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)	MARIN ABDELAZIZ / IR STS
Date	01/07/2021

Imaging only. For discussion with vascular consultant re combined case

SMcL s/w

1/7/21
10:50 IR

Diagnostic angio only

USS - 5mm diseased CFA
CFA puncture and 5f sheath
Iliac lesion crossed intra-luminally
Pig-tail angio - extreme iliac disease and fem disease.
Stenting alone felt to be sub-optimal - Mand pressure haemo.
Requires combined approach (left CFAE + left iliac stenting).
Patient prefers admission and procedure as soon as possible.
We will discuss with vascular colleagues.

McAdam
IRSTS

1/7/21
11:10 IR

ATSP by SN Duncan POTTS - ? leg pain.
C/O - left leg pain similar to claudication pain - However new at rest -
O/E - No pulses as expected. left foot warm and perfused.
CRT = 3 sec. Groin - looks good. - vitals normal.
(P) - I will request CTA to exclude a post-procedural complication and to aid future planning

McAdam
IRSTS

PROCEDURE PERFORMED: Iliac angio only No Intervention

Supine	Prone	Right Lateral	Left Lateral

Skin prep:	chloroprep x 4
Drain/drainage catheter	
Skin closure/device	Manual Pressure
Dressings/anchor device	Opsite
Wound care	Assess puncture site for bleeding/haematoma. If occurs apply pressure and seek medical review

Arterial/Venous /Percutaneous puncture site post procedure instructions (please circle)

Femoral	Right / Left	French size sheath/catheter	5F
Radial	Right / Left	Time Removed	10.55
Brachial	Right / Left	Removed by	DP
Jugular	Right / Left	Did patient receive Heparin	No
Antegrade puncture		Retrograde puncture	✓
Check puncture site for bleeding/haematoma	+csm		

Catheter/sheath size	Lie flat	Further period of bed rest
4 French	2 Hours	2 hours
5 French	3 Hours until 13.55	2 hours until 15.55.
6/7/8 French	4 Hours	2 hours

Time	Puncture site	CSM	Pulses	Comments

Vital signs, resps, BP, pulse and SaO_2 15 **minutes until stable.** +csm

Fluids and diet / IV fluids / Fast until / Fluids only (please circle) 2hrs post Midazolam

Peri-operative accountable items at end of procedure Complete ☑ Signature:
(e.g. Scuds, caps, needles, swabs)

Criteria to be considered before transferring to ward or discharged	Yes	No
Is the patient conscious and orientated to time and place	✓	
Is the patient cardiovascularly stable	✓	
Is the patient comfortable	✓	
Are drains patent and is drainage within expected limits	N/A	
Are wounds free from excessive staining	✓	
Is puncture site satisfactory	✓	

Patient transferred / discharged at Time 11.35 Signature:

Discharge

Advice/Information discussed with ward / patient / carer (please circle)

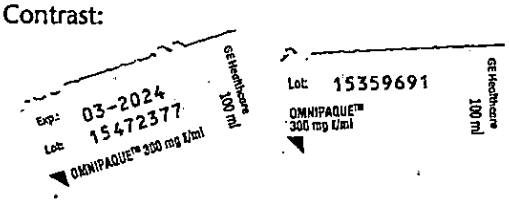
Team Brief ☑ Pause ☑

Base Line Obs

	Time															
	Pain Score															
	Sedation AVPU															
	Nausea															
BP / PULSE	240															
	230															
	220															
	210															
	200															
	190															
	180															
	170															
	160															
	150															
	140															
	130															
	120															
	110															
	100															
	90															
	80															
	70															
	60															
	50															
	40															
	30															
RESPS																
Sa O_2																
O_2 Therapy																
BM																
TEMP																

Traceability

Contrast:



Implants

Diagnostic Directorate Interventional Radiology
Multi Disciplinary Check List/Care Plan

vascular

NHS Greater Glasgow and Clyde

Unit/C[illegible]

Name 0603546323
WATSON F
Addre Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX
DOB

Hospital QEUH
Ward IR→MDU Date 01/07/2021
Referring Consultant
Proposed procedure (L) iliac stents
Patient's weight

CHECK LIST

	Ward	Comments	Reception	Comments
Nameband (legible, name dob, CHI no/Unit no)			☑	
Consent			☑	
AWI form completed			No	
Power of Attorney			No	
DNAR			No	
Case notes/ Nursing notes			Yes	O/P
Fasted from - Date: 01/07/2021 Time:			No. ~~FFM~~	coffee - with milk @ 06·30
Drug kardex/Infusion charts			Yes	
I.V. access			☑	
Implants:			No	
Jewellery removed or taped Make up/Nail polish removed Body piercing			Yes	Nng.
Regular medication given and recorded			No	CNO regular medication in a.m).
FBC, coag, U&E'S available			Yes	eGFR>60 Hb131 29/06 Plts 281 PTR 0.9
Previous allergy/contrast allergy			NKDA.	
Anti-coagulation therapy. Specify			Yes	clopidogrel last night
Infection Control Risk MRSA/Cdif/ Hep +ve etc please specify			No	
Communication/aids/assistance			No	
Mobility (inc any aids reqd)			indpt.	
Outpatient transport booked			Yes.	taxi - → Niece collecting grandson will be at home.

Patient has a history: (please circle all that apply)

Asthma X
Hypertension tablet controlled
Epilepsy X
CVA ? TIA 1 month ago.
Hayfever X
Cardiac conditions MI 2000
Renal impairment X
Respiratory conditions SOB on exertion.
Angina GTN rarely used
Diabetes* X.
*please record latest blood glucose

Any other relevant health condition i.e. cancer/ Blood borne infection
Cancer x2 cervical / breast. - pain as a result.

Ward Nurse Sign ..... Print Name ..... Designation .....
Radiology Nurse Sign ..... Print Name D. P. [illegible] Designation SN

Pa
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WATSON F
Pa Mary .. 06/03/1954
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Emergency Care Nursing Documentation

Presenting complaint - and relevant past medical history including allergies

Date and Time		Name/Signature
29/5/21 0300	? TIA	
	NEWS 0 BM 6.4 Await 1st Assessment	Amers

Nursing notes - on admission

Date and Time		Name/Signature
29/05/21 0510	For CT head and stroke review.	

Triage

Patient prepared for exam - clothing bagged				Y	N
NEWS Chart	Y	N	X-rays	Y	N
ID band	Y	N			
Peak Flow	Y	N	Please specify		
12-lead ECG	Y	N	Urinalysis	Y	N
IV access	Y	N			
Blood samples	Y	N	Positive findings		
Blood Gas	Y	N	B-HCG	Y	N

Communication

GGC Red Bag with Patient (nursing home resident)	Y	N
Language or hearing difficulty	Y	N
Interpreter required	Y	N
what arrangements have been made?		
Relatives / Carer / Next of Kin present	Y	N
name,relationship,location,particular concerns		

Risk Assessments and Screening Tools

SEPSIS	Y	N	GMAWS	Y	N
FAST	Y	N	Adult Support and Protection	Y	N
Swallow Testing	Y	N	Mental Health Triage Assessment	Y	N
Falls Risk (clinical judgeument)	Y	N	Child Protection Concerns	Y	N

Signature:

Patie

Patie

0503546323
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28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

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Care Rounds Checklist

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**

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes **N** = No **NA** = Not Applicable **NT** = No Thanks **S** = Sleeping **O** = Off the ward **I** - Independent

			Times	0800										
	1	**THINK DELIRIUM** Is the patient more confused/drowsy than normal?If yes inform registered nurse.		N										
	2	**PAIN: ASSESS AND ADDRESS.** Is the patient distressed or in pain?If yes inform registered nurse.		N										
S	3	**SKIN INSPECTION** Pressure areas checked?		Y										
		R = RED **D** = Discloured **PU** - Pressure Ulcer **INT** = Intact **M**= Moisture		INT										
K	4	**KEEP MOVING** Has the patient moved or walked?		Y										
		Bed **R** =Right side (30°) tilt **L** =Left side (30°) tilt **B** =Back Chair **W/ST** = Assist to walk / stand		B										
		ELIMINATION. Does the patient need the toilet?		NT										
I	5	**I** = Independent **A** - Assistance given **IC** = Incontinent (urine/faeces)		I										
N	6	**FOOD FLUIDS AND NUTRITIO.** Is the patient nil by mouth?		N										
		Drink taken?		N										
		Food, snack, or supplements taken?		N										
		Has oral hygiene been carried out as per care plan?		NT										
	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 the lowest position?		Y										
	8	**INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return		N Y 15										
	9	**ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return		N Y 15										
		Care provider		AM										
		Role		S										

Ask the patient if there is anything they specifically want done today:

Patient .....

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

sticker

Patient .....

Hospital: QEUH Ward: ED	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

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PUDRA

1	**Pressure Damage**	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.

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 or change position (inappropriate for age)?
3	**Continence**	Does the person have continence issues with urine and/or faeces (inappropriate for age)?
4	**Nutrition**	Does the person appear malnourished and/or unable to eat or drink/ PYMS score>2?
5	**Skin**	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; 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.

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

ate	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
29/5/21	03:00	N	N	N	N	N	N	4 hrly	Aman
/ /	:							____hrly	
/ /	:							____hrly	

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

S Skin Inspection	S Surface	K Keep Moving	I Incontinence/ Moisture	N Nutrition	S Self Management/ Shared Care
Check: • Pressure areas _____ hourly • Skin under medical devices _____ hourly • Specify medical devices used	Specify: 1. Mattress 2. Cushion 3. Detail additional pressure redistributing equipment	1. Reposition ____ hourly in bed / chair 2. Overnight patient/carer has agreed to repositioning _____ hourly 3. Specify any manual handling equipment used	1. Skin Care to be carried out _____ hourly 2. Specify products required for increased moisture/ continence management:	1. Optimise nutrition and hydration 2. Refer to MUST	1. Discuss and agree plan with patient/ family/carer YES / NO 2. Prevent Pressure Ulcers" leaflet given to patient/family/ carer YES / NO

Patient name .....

Patient 0603546323 .....

WATSON F
Mary 06/03/1954

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Greater Glasgow and Clyde

Nursing notes - discharge plannning

Date and Time		Name/Signature

Outcomes and outstanding issues

Date and Time		Name/Signature

Pause for Discharge or Transfer

GGC Red Bag with Patient (nursing home resident)	Y	N
Relatives / Carer with Patient	Y	N
Name Band	Y	N
Nursing Screening Tools Complete	Y	N
Bed Available	Y	N
SBAR complete	Y	N
NEWS Chart NEWS completed within 1 hour of transfer/discharge	Y	N
Prescriptions and fluid charts signed	Y	N
Cannula	Y	N
Notes Complete	Y	N
Analgesia	Y	N
Belongings	Y	N
Transport	Y	N
Signature:		

Contact with relatives

Signature:

Pati

Pati

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Nursing notes - ongoing care

Date and Time		Name/Signature

Patient name.....

P: 0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

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Greater Glasgow and Clyde

4AT assessment - for delirium and cognitive impairment

		Circle Score
(1) ALERTNESS This includes patients who may be markedly drowsy (eg. dificult to rouse and/or obviously sleepy during assessment) or agitated/ hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.	Normal (alert, but not agitated, through assessment) Mild sleepiness (<10 secs) after waking, then normal Clearly abnormal	(0) 0 4
(2) AMT4 Age, date of birth, place (name of the hospital/building), current year.	No mistakes 1 mistake 2 or more mistakes/untestable	(0) 1 2
(3) ATTENTION Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.	wAchieves 7 months or more correctly Starts but scores <7 months / refuses to start Untestable (cannot start, unwell, drowsy, inattentive	(0) 1 2
(4) ACUTE CHANGE OR FLUCTUATING COURSE Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs.	No Yes	(0) 4

4 or more possible delirium + /- cognitive impairment
1-3 possible cognitive impairment
0 delirium or severe cognitive impairment unlikey (but delirium still possibe if (4) information incomplete

TOTAL (0)

Frailty Assessment Tool (Healthcare Improvement Scotland)

Step 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?			circle Y or N	
F	**Functional impairment**	(new or worsening) eg difficulty with self care	**Y**	**N**
R	**Resident**	in a care home	**Y**	**N**
A	**Altered mental state**	such as delirium or dementia (**4AT Assessment**)	**Y**	
I	**Immobility/instability**	decline in mobility, difficulty mobilising without help, fall leading to presentation	**Y**	**N**
L	**Living at home with support**	on a daily basis (homecare, one visit or more per day)	**Y**	**N**
If YES to any of the criteria in Step 1 move to Step 2 **Step 2 Would this person be better managed by another speciality team at present?**			circle Y or N	
	Clear need for other specialty input eg exacerbation of known long-term condition such as COPD		**Y**	**N**
	Need for HDU/ITU (including non-invasive ventilation)		**Y**	**N**
	Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		**Y**	**N**
	Head injury with loss of consciousness		**Y**	**N**
	Acute abdominal pain/ surgical presentation		**Y**	**N**
	Upper GI Bleed		**Y**	**N**
	Chest pain with suspected acute coronary syndrome		**Y**	**N**
	Trauma with suspected fracture		**Y**	**N**

Are any of the criteria met?
If YES to any criteria in Step 2: Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.
If YES to any criteria in Step 1 and NO to ALL criteria in STEP 2: Prioritise transfer of care to specialist geriatric assessment service.

My Admission Record

NHS Greater Glasgow and Clyde

Name: _____
Address: _____
_____
_____
DoB: ___
CHI: _____
Affix patient ID label

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Hospital: QEUH Ward: 1C
Date of Admission: 29/5/21 Time: 08:00
Information obtained from: Name: Mary
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: Telephone Number:
Consultant:

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: Shirley Watson	Name:
Relationship: Daughter	Relationship:
Address:	Address:
Telephone: 07944695084	Telephone:
Is this person aware of your admission? Yes ☑ No ☐	Is this person aware of your admission? Yes ☐ No ☐
Can we share information with this person? Yes ☐ No ☐	Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

Right sided weakness, dysphasia

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

benign tumour, Angina
Previous Cancers; due to get stent in toe next week.
Breast surgery / Lymphoedema

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: _____
Address: _____
_____
_____
Do8: _____
CHI: _____
Affix patient ID label

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: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? 6 weeks

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): MEAGHAN SMITH Signature: Meaghan Smith

Designation: Student Nurse Date: 29/5/21

My Assessment Record

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

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			Has spray doesn't use often.
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: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

3. Senses

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

Can you describe where and what the pain is like?

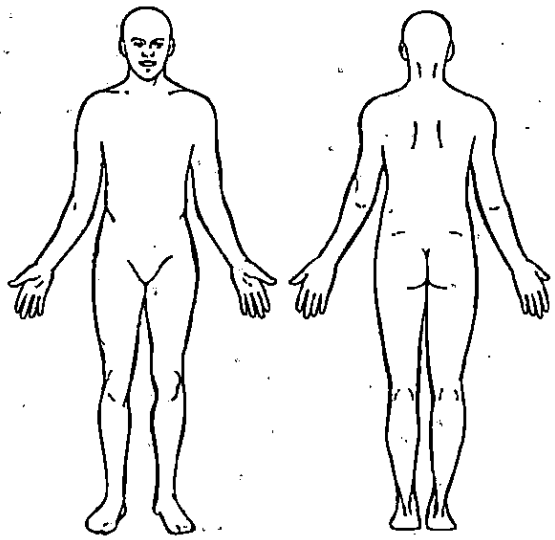
Have you had treatment / intervention for the pain?

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?

Mark current pain on body chart



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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?

NO

What do you like to eat and drink?

Not fussy

What do you not like to eat and drink?

not fussy

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? Thurs

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

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		✓	Prone to constipation.
Constipated			
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?
enemas, sanitary towels.

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**		✓

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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?		

12. Emotional and Spiritual Care

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

NO

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)?

NO

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.

Keeping family informed
getting better.

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?

4 daughters
grandkids.

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

Name: .....

Contact Details: .....

.....

.....

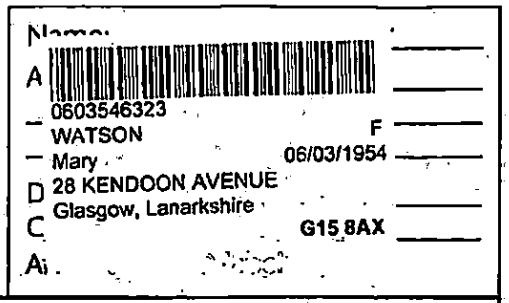
How do you want the people who matter to you to be involved in your care?

Visiting her.

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

Yes ☑ No ☐ grandson

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



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	✓				JSLOVER
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)	✓				JPK SJ
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

Stroke Bundle - Must be completed for all Stroke/TIA Patients

Admission to A.S.U. ☑ Date 29/5/24 Time 0800

CT ☑ Date 29/5/24 Time [illegible]

Swallow Assessment ☑ Date 29/5/24 Time 08:30

Clopidogrel / Aspirin ☑ Date 29/5/24 Time 1000

IPC ☒ Date ..... Reason if not given: nobus ☐ Date .....

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
22/5/21 1000	Admitted as per profile.	
	Symptoms resolved - DAPT given as prescribed. 4hrly obs - take BP on (R) arm only. (previous breast surgery / lymphoedema)	
	NEWS-0. OHS IS. Telemetry in place. Mobile with supervision	JF KOWS JF SV
1400	We Home today. Telemetry stopped. Awaiting IDL meds	JF
	DAPT. Bloods to be checked also COVID SCREEN obtained	JF SV
1600	Discharged as per checklist	JF
	Vascular follow up as previously arranged	JF

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

NHSGGC Bedrail Risk Assessment

NHS Greater Glasgow and Clyde

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGE

Patient Name:

CHI Number:

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Use guidance on the reverse of this document when completing this	DATE	28/5/21			
	TIME	1000			
	WARD	IC			
	HOSPITAL	QEUH			

	SECTION ONE – GENERAL	Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓						
2	Has the patient requested the use of bedrails?		✓						
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?		✓						
4	Is the patient stressed, delirious or restless?		✓						
5	Is the patient small in stature?		✓						
6	Does the patient have an unusually large or small head that might present an entrapment issue?		✓						
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		✓						
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?	✓							
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition		✓						
10	Has the use of bedrails been discussed with relatives/carers?		✓						
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		✓						
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?	✓	✓						
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?		✓						
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	JLX							
16	Bedrails checked by:								
17	Date	28/5/21							

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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BOWEL MOVEMENT RECORD

Name: MARY WATSON CHI: ..... Date Commenced: 29/5/21

Date	Time	Comments i.e. volume, blood, mucous S – small M – medium L – large	Type 1 Separate hard lumps like nuts (hard to pass)	Type 2 Sausage shaped but lumpy	Type 3 Like a sausage but with cracks on surface	Type 4 Like a sausage or snake, smooth and soft	Type 5 Soft blobs with clear-cut edges (passed easily)	Type 6 Fluffy pieces with ragged edges, a mushy stool	Type 7 Watery, no solid pieces (entirely liquid)	Staff Initials
										RW
29/5/21	10·00	NO	BOWEL MOVEMENT		YET					

Adapted from the Bristol Stool Scale developed by KW Heaton and SJ Lewis at the University of Bristol, 1997

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Care Plan

NHS 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
29/5/24	Daily PUORA		29/5/24 SD	Bedrail / falls risk assessments	
	- Independent			- Completed	
	- CR as per PUORA			- nurse call to hand	
			29/5/24 SD	10. Sleep and Rest	
				promote sleep/ rest	
	8. Mobility				
29/5/24	- Independent			12. Privacy, dignity and sexuality	
	- MAH updated.		29/5/24 SD	Maintain at all times	
	- PUORA ongoing			SUDSROOM	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	
			29/5/24 SD	Invite family in care	
				pathway	

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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
29/5/21	Ubx as per MEWS / GCS		29/5/21	complete board in room	
	- Telemetry				
	- HEW				
				5. Hydration and Nutrition	
			29/5/21	- LT / LO - green	
				- PVC cannula	
	2, 3. Communication and senses			- weekly weight - MUST	
29/5/21	Can communicate ready				
	- no hearing problems				
				6. Elimination	
29/5/21	4. Cognitive status		29/5/21	Stool chart	
	AMT - 0			Continent	

p1/2 PTO

Care Rounds Checklist

Date: 29.5.21

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 JStevenson Name JStevenson Designation _____
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach Add
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Glasgow, Lanarkshire
G15 8AX
Ward: 1C

NHS 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	10 00	13 45																	
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N																	
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N																	
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y																	
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I	I																	
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y																	
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	UP/D	L																	
		Chair Assist to walk or stand (W/ST)	W	T																	
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	A	IM																	
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N																	
		Drink taken?	Y	Y																	
		Food, snack, or supplement taken?	Y	Y																	
		Has oral hygiene been carried out as per care plan?	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																	
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	Y																	
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA																	
		Care provider / role	RN	RN																	

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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4AT and TIME for Detection, Management and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium.

This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

4AT					
(1) Alertness This includes patients who may be markedly drowsy (e.g. difficult to rouse and/or sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep attempt to wake with speech or gentle touch on shoulder. **Ask the patient to state their name and address to assist rating**	Ward IC Date & Time 29/5 08:00	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
Normal (fully alert, but not agitated, throughout the assessment)	0	0	0	0	0
Mild sleepiness for <10 seconds after waking, then normal	0	0	0	0	0
Clearly abnormal	4	4	4	4	4
(2) AMT4 Ask the patient their **Age, Date of Birth, Place** (name of hospital) **Current Year**					
No mistakes	0	0	0	0	0
1 mistake	1	1	1	1	1
2 or more mistakes	2	2	2	2	2
(3) Attention Ask the patient **"Please tell me the months of the year in backward order, starting at December".** To assist, one prompt of **"What is the month before December"** is permitted.					
Achieves 7 months or more correctly	0	0	0	0	0
Starts but scores < 7 months or refuses to start	1	1	1	1	1
Untestable (cannot participate because too drowsy or inattentive).	2	2	2	2	2
(4) Acute change or fluctuating course Evidence of significant change of fluctuation in: alertness, cognition, other mental function (e.g. hallucinations, paranoia) over the past 2 weeks and still present in preceding 24 hrs.					
No	0	0	0	0	0
Yes	4	4	4	4	4
4AT TOTAL SCORE					
Print initials of assessor	JJ				

Score >4 This is a possible DELIRIUM +/- COGNITIVE IMPAIRMENT, start 'T' and 'I' of TIME and escalate to medical staff to confirm diagnosis	**Score 1-3** This is a possible COGNITIVE IMPAIRMENT, and requires further assessment	**Score 0** DELIRIUM or SEVERE COGNITIVE impairment unlikely

All patients scoring 0-3 are still at high risk of delirium. Use the Triggers listed overleaf to plan care and reassess daily by asking **'Is the patient more confused or drowsy?'** This is the single question in delirium (SQiD)

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NHS Greater Glasgow and Clyde

TIME checklist to guide Delirium risk reduction, Identification and Management

The TIME checklist is a joint medical and nursing responsibility.

	Triggers, Investigate, Manage and Engage	Date 29/5				Date
	Think possible triggers for delirium	Tick box	Tick box	Tick box	Tick box	Tick box
Triggers	**Is the patient in pain?** Start pain chart, review analgesia and consider need for an aperient	no				
	Is the patient constipated or at risk of constipation? Commence bowel chart and review daily to assess for constipation, especially if on analgesia. Consider rectal examination	uses enemac				
	Is the patient in urinary retention? Palpate bladder/scan	no				
	Is the patients oral intake sufficient to prevent dehydration? Encourage hourly fluids, start fluid balance chart	✓				
	Could any drugs trigger delirium? Doctor to review medication	—				
	Blood sugar, high or low?	no				
	Is there a history of alcohol intake/drug abuse? Intoxication or withdrawal, start CMAWS/drug misuse guidelines	no				
	Does the patient have sensory impairment? Ensure patient is wearing their glasses/hearing aid(s)	glasses				
	Is the patient immobile? Promote early mobilisation in order to prevent delirium	No				
	Document 4AT score					
	Does the patient have Delirium? (Yes/No/Unsure) Please Circle	Y N U	Y N U	Y N U	Y N U	Y N U
Investigate	**Investigate**					
	Record NEWS					
	Screen for infection					
	Take bloods and ensure ECG/appropriate imaging					
Manage	**Management: Diagnose causes & initiate treatment**					
	Document diagnosis of delirium					
	Document potential causes of delirium					
	Document treatment plan					
Engage	**Engage and Explore**					
	If appropriate, explain diagnosis of delirium to patient/ family/ carers and provide delirium leaflet					
	Engage with patient/ family/ carers. Complete "What matters to me"/"Getting to know me" document					
	Does the patient have capacity to consent to care? (Yes/No/Ongoing Assessment)	(Y) N O	Y N O	Y N O	Y N O	Y N O
	If no, complete AWI document					
	Print initials of assessor	MS				

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FALLS RISK ASSESSMENT

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

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRE... NS
TO BE UNDERTAKEN FOR ALL PATIENTS

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

	Ward: IC Date: 28/5/21 Time: 11.20	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------	Ward: Date: Time: -----:------
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	✓				
2. Check walking aid (if required) is in reach and in use.	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				

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	[signature]									

Highlight risk of fall at the ward safety brief.

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FALLS INTERVENTIONAL CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: LC Date: 29/5/19 Time: 1100	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)	NA				
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.	NA				
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)	4AT-0				
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)	NT				
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)	NA				
Signature of nurse completing interventional plan / or update	[illegible]				

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

Per[illegible]nt) Moving and Handling Assessment Form

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Person's Name:	Named Nurse:	Person is totally independent (tick here and go to date box)	X

1. Gene

Weigh

Kg

BMI

cm

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

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 Alerti)			

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	29/5/21		
Assessor's signature:	JPL		
Proposed Review date:			

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:			

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MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 29/5/21 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	1.50 cm	☑	☐	
Admission Weight	55.2 Kg	☐	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

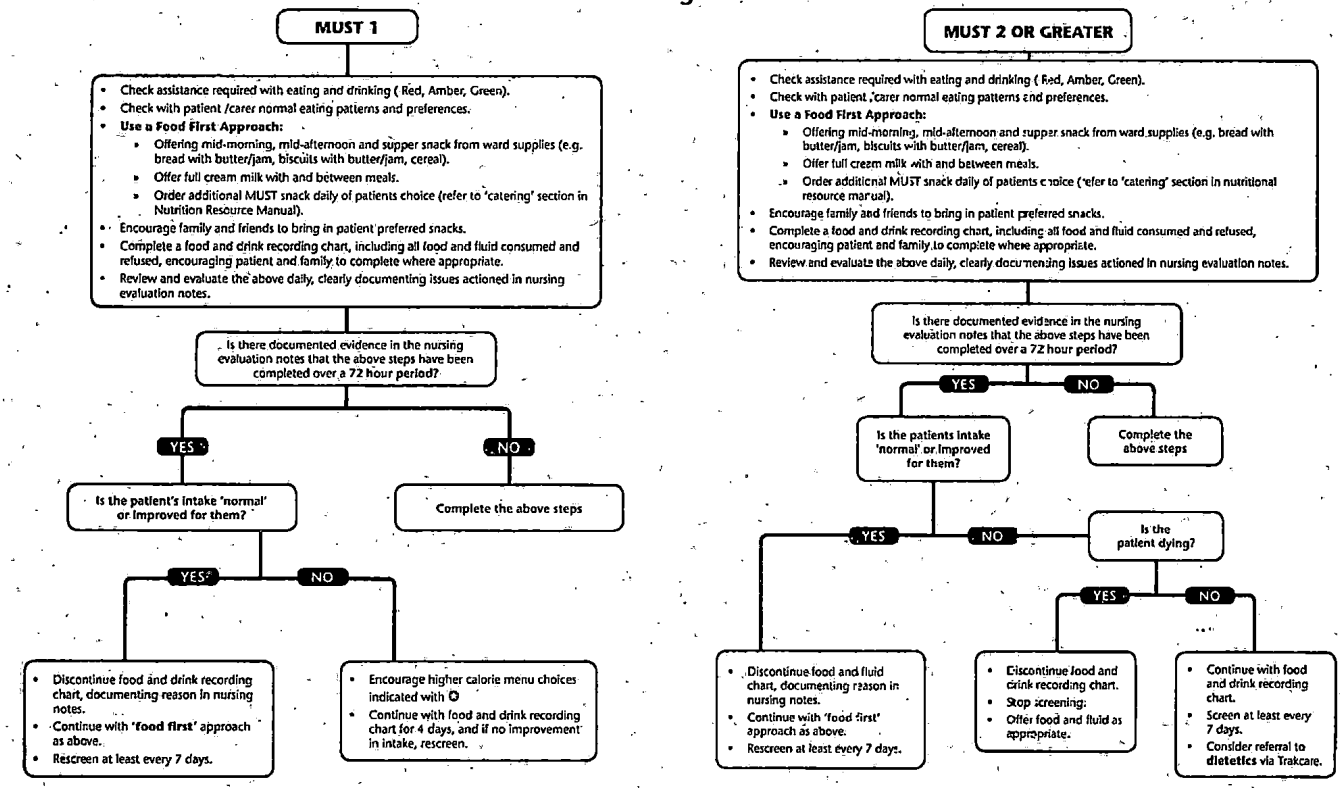
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☐

Date	29.5.21							
Time	10.00							
Ward	IC							
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	CH.							
Weight (kgs)	55.2							
BMI	24.5							
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	5 JUNE							
Signature	F Kelly							

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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Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

0603546323 WATSON F Mary 06/03/1954 28 KENDOON AVENUE Glasgow, Lanarkshire G15 8AX	Hospital: QEUH Ward: LC	**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	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

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

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

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

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

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
24/5/21	11:00	N	N	N	N	N	N	4 hrly	☒
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___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 Intei ntional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write or affix patient label

Name: MARY MASON CHI: _____

DOB: 02/03/54 63233 Address: _____

Ward: IC Hospital: QEUH

NHS Greater Glasgow and Clyde

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

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

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

PVC inserted: Day 0	Date: 29/3/21 Hospital QEUH Area: ED ☑ Theatre ☐ ITU/HDU ☐ Ward ☐ _____ Unknown ☐ _____
Insertion site:	R Hand ☑ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☑ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: _____

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

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

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

*Date PVC Removed: 29/3/21

*Reason For Removal: DISCHARGED

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

Safer Swallowing Recommendations

NHS Greater Glasgow and Clyde

Ward Use

Name: MARY WATSON **CHI:**

Date: 29/5/24 **Ward:** 1C

VISITORS:
Please consult Ward Staff before giving any food or drink.

Food

- **Level 7** (Regular Diet) [X]
- **Level 7** (Easy to Chew) [ ]

Coded with ☺E (easy to eat/soft on standard menu

- **Level 6** (Soft and Bite-Sized) [ ]
- **Level 5** (Minced and Moist) [ ]
- **Level 4** (Pureed) [ ]
- **Level 3** (Liquidised) [ ]
- **No Oral Food** [ ]

Fluids

- **Level 0** (Normal/Thin) [X]
- **Level 1** (Slightly Thick) Nutilis Clear 1 scoop per 200mls [ ]
- **Level 2** (Mildly Thick) Nutilis Clear 2 scoops per 200mls [ ]
- **Level 3** (Moderately Thick) Nutilis Clear 3 scoops per 200mls [ ]
- **Level 4** (Extremely Thick) Nutilis Clear 7 scoops per 200mls [ ]
- **No Oral Fluids** [ ]

- Sit upright at a 90 degree angle (as much as possible)
- Patient should be awake and alert
- Keep sat upright for 30 minutes after oral intake
- Maintain good oral hygiene

Additional strategies

Ward Staff (Name): J Stevenson Designation _____

Signature: J Stev

Safer Swallowing Recommendations

Speech and Language Therapy Use

NHS Greater Glasgow and Clyde

Name:	**CHI:**
Date:	**Ward:**

VISITORS:
Please consult Ward Staff before giving any food or drink.

Food

- **Level 7** (Regular Diet) ☐
- **Level 7** (Easy to Chew) ☐

Coded with ☺E (easy to eat/soft on standard menu

- **Level 6** (Soft and Bite-Sized) ☐
- **Level 5** (Minced and Moist) ☐
- **Level 4** (Pureed) ☐
- **Level 3** (Liquidised) ☐
- **No Oral Food** ☐

Fluids

- **Level 0** (Normal/Thin) ☐
- **Level 1** (Slightly Thick) ☐
  Nutilis Clear 1 scoop per 200mls
- **Level 2** (Mildly Thick) ☐
  Nutilis Clear 2 scoops per 200mls
- **Level 3** (Moderately Thick) ☐
  Nutilis Clear 3 scoops per 200mls
- **Level 4** (Extremely Thick) ☐
  Nutilis Clear 7 scoops per 200mls
- **No Oral Fluids** ☐

- Sit upright at a 90 degree angle (as much as possible)
- Patient should be awake and alert
- Keep sat upright for 30 minutes after oral intake
- Maintain good oral hygiene

Additional strategies

Speech and Language Therapist (Name): _____

Signature: _____

Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)

NHS Greater Glasgow and Clyde

Name: ... 0603546323 ...
Address:. WATSON F ...
..... Mary 06/03/1954 ...
28 KENDOON AVENUE
DoB:..... Glasgow, Lanarkshire ...
CHI num G15 8AX ...

(Do not repeat STOPSS if inpatient Speech and Language Therapy management is ongoing)

Part 1: Is the patient fit for screening? (Patients with a tracheostomy follow the STOPSS for tracheostomy form.)

Can the patient:

- Maintain an upright sitting position in a bed or chair **AND**
- Stay awake and alert for 15 minutes while seated upright

N.B. Consider waiting 24-48 hrs post extubation if intubated for >24hrs

→ **No** ✓

Keep Nil By Mouth and alert medical staff.

- Implement and maintain full oral hygiene.
- Document plan for patient's medication route, hydration and nutritional status.
- **Recommence STOPSS** (new form) when oral intake is being reconsidered.

Sign: _____ Print: _____ Grade: _____
Date: _____ Time: _____

↓ **Yes – Proceed to Part 2** ✓

Part 2: If the patient meets any of the criteria below DO NOT water swallow test ✓

Weak or absent voice post extubation	
Recurrent unexplained chest infections or documented aspiration on formal investigation	
Poorly controlled respiration plus **new** swallowing difficulties	
Patient is reporting previously unsuspected swallowing difficulties	
Patient has a known swallowing problem (e.g. on a texture modified diet) and is experiencing **new** difficulties	

NB: Exclude aspiration resulting from vomiting, seizures, oesophageal stricture

Yes – Alert medical staff. Refer to Speech and Language Therapy through trakcare. (Part 3 **NOT** required)

Sign: _____ Print: _____ Grade: _____
Date: _____ Time: _____

↓ **No – Proceed to Part 3** ✓

Part 3: Water Swallow Test (Patients already on modified fluids should be tested with their usual fluid recommendation)

PART A:
Can the patient take 3 x 5ml teaspoons of water **WITHOUT** coughing **OR** choking **OR** becoming breathless **OR** hoarse **OR** gurgly?

→ **No**

1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part A within 3-12 hours. ✓
Sign Print: _____ Grade: _____
Date: _____ Time: _____

2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy. ✓
Sign _____ Print: _____ Grade: _____
Date: _____ Time: _____

↓ **Yes** ✓

PART B:
Can the patient drink 50 ml of water from a glass at a comfortable pace **WITHOUT** coughing **OR** choking **OR** becoming breathless **OR** hoarse **OR** gurgly?

→ **No**

1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part B within 3-12 hours. ✓
Sign _____ Print: _____ Grade: _____
Date: _____ Time: _____

2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy. ✓
Sign _____ Print: _____ Grade: _____
Date: _____ Time: _____

↓ **Yes - PASS** ✓

Commence normal fluids and Level 7- Easy to Chew or pre-admission modified diet+fluids. (local protocol applies for initial intake post head and neck cancer surgery and in Spinal units)

- Supervise the first mealtime and note any problems.
- If no problems observed proceed to previous oral intake
- If problems develop e.g. cough, gurgly voice, moist chest or chest infection consider nil by mouth, alert medical staff and refer to Speech and Language Therapy

Sign: JSk Print: JSkon Grade: SN Date: 29/5/21 Time: 0830

Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)

NHS Greater Glasgow and Clyde

Name: ..... Addres: 0503546323 ..... WATSON F ..... Mary 06/03/1954 ..... DoB:... 28 KENDOON AVENUE ..... Glasgow, Lanarkshire CHI nui G15 8AX .....

(Do not repeat STOPSS if inpatient Speech and Language Therapy management is ongoing)

Part 1: Is the patient fit for screening? (Patients with a tracheostomy follow the STOPSS for tracheostomy form.)

Can the patient:

- Maintain an upright sitting position in a bed or chair **AND**
- Stay awake and alert for 15 minutes while seated upright

N.B. Consider waiting 24-48 hrs post extubation if intubated for >24hrs

→ **No** ✓

Keep Nil By Mouth and alert medical staff.

- Implement and maintain full oral hygiene.
- Document plan for patient's medication route, hydration and nutritional status.
- **Recommence STOPSS** (new form) when oral intake is being reconsidered.

Sign: _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓

Yes – Proceed to Part 2 ✓

Part 2: If the patient meets any of the criteria below DO NOT water swallow test ✓

Weak or absent voice post extubation	
Recurrent unexplained chest infections or documented aspiration on formal investigation	
Poorly controlled respiration plus **new** swallowing difficulties	
Patient is reporting previously unsuspected swallowing difficulties	
Patient has a known swallowing problem (e.g. on a texture modified diet) and is experiencing **new** difficulties	

NB: Exclude aspiration resulting from vomiting, seizures, oesophageal stricture

Yes – Alert medical staff. Refer to Speech and Language Therapy through trakcare. (Part 3 **NOT** required)

Sign: _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓

No – Proceed to Part 3 ✓

Part 3: Water Swallow Test (Patients already on modified fluids should be tested with their usual fluid recommendation)

PART A:
Can the patient take 3 x 5ml teaspoons of water **WITHOUT** coughing **OR** choking **OR** becoming breathless **OR** hoarse **OR** gurgly?

→ **No**

1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part A within 3-12 hours. ✓

Sign Print: _____ Grade: _____

Date: _____ Time: _____

2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy. ✓

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓

Yes ✓

PART B:
Can the patient drink 50 ml of water from a glass at a comfortable pace **WITHOUT** coughing **OR** choking **OR** becoming breathless **OR** hoarse **OR** gurgly?

→ **No**

1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part B within 3-12 hours. ✓

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy. ✓

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓

Yes - PASS ✓

Commence normal fluids and Level 7- Easy to Chew or pre-admission modified diet+fluids. (local protocol applies for initial intake post head and neck cancer surgery and in Spinal units)

- Supervise the first mealtime and note any problems.
- If no problems observed proceed to previous oral intake
- If problems develop e.g. cough, gurgly voice, moist chest or chest infection consider nil by mouth, alert medical staff and refer to Speech and Language Therapy

Sign: [signature] Print: Ayron Wine Grade: SN Date: 29/05/21 Time: 0645

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: 0603546323 WATSON Mary F CHI number: 28 KENDOON AVENUE 06/03/1954 Glasgow, Lanarkshire A G15 8AX	Ward: 1C Discharge destination: Estimated Discharge Date (1) / / Estimated Discharge Date (2) / / Final date of discharge : 22/5/21

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed	✓			
Relative/carer involved in discharge planning discussions		✓		
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓			
Ambulance: 1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Immediate Discharge Letter completed	✓			
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		✓		
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)	✓			
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 NONE –				
To follow				
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets		✓		

Time of Discharge: 1600			
Nurse's signature:	**Designation:** SN	**Date:** 22/5/21	

mi • 287409 Version 2_0 • GGC0027

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0503548323 F
WATSON
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

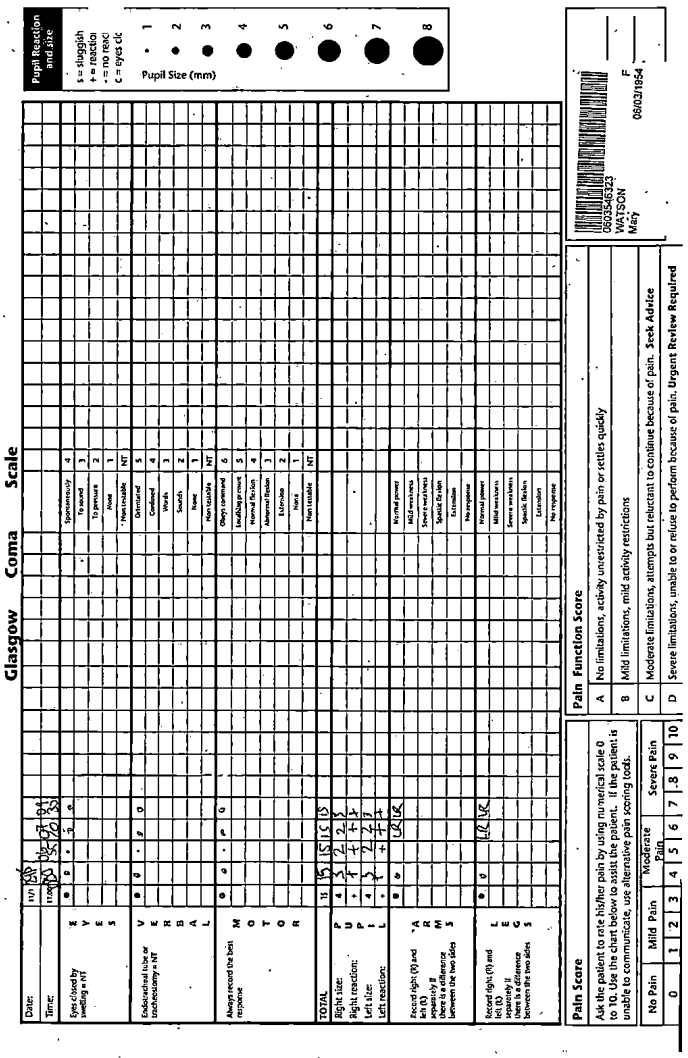
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



Previous Patient Notes for Acute Specialties GGC (newest at the top).

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

Patient Note		**Inpatient Note**
Date/Time: 08-Jul-2021 09:54	**Created By:** Physiotherapist - Eireann Murray	**Role:** AHP - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive

Note:

S. Consent. Rx at 08:30am. Aiming home today. PTAP A Docherty present for stairs Px. Lives with grandson in 2 storey house, normally fully indep with ADLs and independently mobile unaided

O. Lying in bed on arrival
Lie to sit indep
Sit to stand indep
Mob 5 metres unaided// reduced w/b on left LL, shuffling gair
Issued with w/s// recip pattern, improved w/b
Indep up and down stairs with w/s and handrail

Rx. Gait r/v
Issued with w/s
Stairs Px

A. Better with w/s. Safe for dc

P. DC physio

Patient Note		**Outpatient Note**
Date/Time: 17-May-2021 18:04	**Created By:** GPwSI, QEUH, AECU Emergency Care & Medical Services - Veronica McDougall	**Role:**
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive

Note:

ILD 25/03/21 - no FDL required

Previous Patient Notes for (newest at the top).

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

Patient Note		**Historical Note**
Date/Time: 27-Oct-2016 11:23	**Created By:** Consultant Surgeon - Paul Rogers	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

Re-referred.
R>L calf IC
Smokes. High cholest.
OE No AAA. Fem pulses ok. No others on L, only foot pulses on R.
Walk, stop cigs.

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0603546323

Queen Elizabeth University Hospital

Total Att: 8

12 Mth Att: 0

Title: MRS

WATSON

Mary

DOB: 06/03/1954 Age: 72y Sex: Female

28 Kendoon Avenue

Glasgow
Lanarkshire
G15 8AX
07504693894

Next of kin: UNK, Unk
Relationship: Daughter

GP: SC Lyon
0141 211 6100

Attendance Date: 14/03/2026 Arrival Time: 00:02

Registration Time: 00:02 Date of Incident: 14/03/2026

Major Incident Desc:

Reason for Attendance: NHS24 REFERRAL ED DIRECT - MISTAKINGLY DROPED VAPE OIL IN EYES- 30 MINUTES

Affix Label

Nursing Assessment

Alerts: Not Recorded Allergies: Yes Pain Score:

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

Presenting Complaint:

Observation Date: 14/03/2026 01:04 Nurse name: Nurse Jennifer Blain

RR		bpm
Oxygen		%
Air or O2		
SpO2		%
HR		bpm
BP	/	mmHg
CRT		
MAP		mmHg
AVPU		
Temp		C
EWS Total		

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: x1 drop of vape fluid in L eye instead of normal eye drops - washed out at home with sterile water. ph in triage between 6/7. advised by ED cons for further wash out

Child Assessment Questionnaire

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

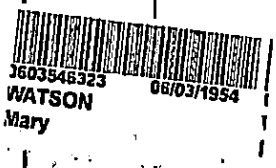
Discuss with Senior Medical Staff / Nurse on duty any factors identified

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

DO NOT WRITE HERE PLEASE

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

Date	CLINICAL NOTES	
	Seen by (Dr)	Time seen
	04·00 called main nursing room + sub nursing room, no response	



Date	CLINICAL NOTES

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

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

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

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

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Affix Label

CHI: 0603546323

Queen Elizabeth University Hospital

Total Att: 5

12 Mth Att: 1

Title: **MRS**

WATSON **Mary**

DOB **06/03/1954** Age: **67y** Sex: **Female**

28 Kendoon Avenue

Glasgow
Lanarkshire
G15 8AX

Next of kin: **WATSON, ARLENE**
Relationship: **Daughter**
0141 944 0531

GP: **SC Lyon**
0141 211 6100

Tel: 07504 693 894.

Attendance Date: **24/03/2021** Arrival Time: **14:15**

Registration Time: **14:15** Date of Incident: **24/03/2021**

Major Incident Desc:

Reason for Attendance: **own, IAU. Headache.**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Yes** Pain Score: **0**

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

Presenting Complaint: **Neurological Headache**

Observation Date: **24/03/2021 14:41** Nurse name: **Nurse Steven Hoggitt**

Temp	35.7	C
HR	97	bpm
BP	166/90	mmHg
MAP	115.33	mmHg
RR	20	bpm
SpO2	97	%
Oxygen		%

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

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

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

Nursing Notes: **AWAITING MAXFAX APPOINTMENT FOR BENGIN TUMOUR IN NECK. OBS STABLE. ONGOING HEADACHES. PAIN 6/10. GCS 15/15, PEARL. MOTOR RESPONSE NORMAL.**

Patient ID label

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

Patient ID label
0603546323
WATSON
Mary
F
06/03/1954

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

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

Done/ completed	Immediate Managment Plan

Signature: Designation: Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Seen By: [signature] Print: Sam TAGGART Time Seen: 1630 Pg. No: 85659.
PRF Reviewed Yes / No F42 24/3/21

Presenting Complaint(s)	
Presenting complaint (67 F)	© side headache 1/12.
History of presenting complaint	GP d/w neuro who advised CT B → referred IAU Sudden onset feeling of imbalance + end of dizziness whilst walking in shops. This has been present since, constantly although helped a bit by prochlorperazine from GP. Has also had progressively worsening © side parietal headache which is worst in morning, eased a bit by dihydrocodeine + migraleve No visual disturbance, N+V, diplopia, weakness, vertigo, pregnancy, LOC, head injury, altered hearing Has fallen a couple of times due to lack of balance Otherwise well recently. No infective symptoms

Past Medical History / Review of portal
Breast Ca - (L) DCIS + invasive carcinoma → WLE/node clearance, RT, adj tamoxifen. (1996) (R) proved Nathan's tumour (2010) - awaiting decision re surgery HVD. Previous cervical intraepithelial neoplasia → TAH. "Hindgut neuropathy" 2° above w/ urinary/bowel incontinence - ISC.

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 :	

0603546323
WATSON
Mary
F
06/03/1954

Social History \ Family History

Smoking History

Ex-smoker/Smoker 10 cpd _____ yrs ☐ Never smoked

Alcohol History

0 Units/week FAST score if excess _____

Recreational Drugs No **Driving Status** Yes.

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

Lives w/ garden Independent

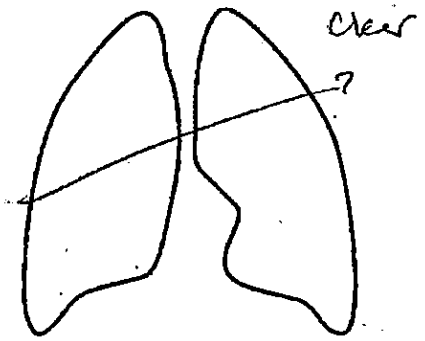
General Examination

Temp: 35.7	RR: 20
Pulse: 97	CBG:
SpO_2: 97% RA	Weight:
BP: 166/90	Urinalysis:

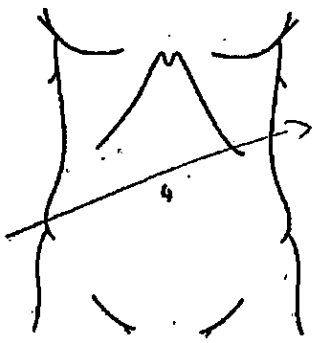
General Appearance:

well.

Respiratory



Gastrointestinal System



Cardiovascular

HS pure

nmp.

Clear SM ? ejection.

Locomotor

NAD

Patient ID label

Neurological system

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

AMT 4 = age, DOB, place, year

AMT score 4/4

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

Pupils/fundoscopy: PERRL & CARD.

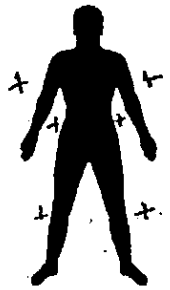
Cerebellar and extrapyramidal: D x A ✓ N x I x S x H x

Clearly unsteady walking. Cannot perform tandem gait. Romberg's +ve

Cranial Nerves: II – XII (N)

Neck: (N) ROM. & tenderness/stiffness

Reflexes:



	RUL	LUL	RLL	LLL
Tone	(N)			
Power	5/5			
Co-ordination	(N)			
Sensation	(N)			

Plantars: R ↓ L ↓

Skin/Other

0603546323
WATSON
Mary F
28 Kendoon Avenue 06/03/1954
Glasgow, Lanarkshire
G15 8AX

Key Results

CXR ECG NAD.

(Differential) diagnosis

- Possible POCS given sudden onset ataxia / vascular risk factors.
- Exclude SOL ~~[illegible]~~ given AMH breast Ca + headache worst in AM.
- ? labyrinthitis if not above

NEWS ☐
Red Flag ☐
Sepsis ☐
CURB 65 ☐

Management Plan

1) CT head w/ contrast – booked + vetted by radiologist
2) analgesia / antiemetics

- Mrs Watson is very reluctant to stay for scan as daughter has just had emergency c-section.
- Will return to AECU tomorrow morning 09:00 for scan
- Advised that there is a possibility of stroke / bleed / tumour and that by not staying / delaying scan, there is chance of serious morbidity and even mortality
- Has capacity. Dr Scott Murr informed. Pt's Phone N2 on notes

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

Signature: PRINT NAME [illegible]
PRINT GRADE FY2 Page: 88/89.

Patient ID label
0603546323 06/03/1954
WATSON
Mary

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

25/3/21 GPSS not clinic

67 F seen yesterday with severe headache

CT head: small vessel disease
nil acute

D advised to stop smoking
BP monitoring for ?? BD → GP f/up
simple analgesia
D with advice

V. Nair

☐ 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

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

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

☐ Yes

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

☐ No

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

☐ Yes

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

- 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

0603546323
WATSON
Mary F
28 Kendoon Avenue 06/03/1954
Glasgow, Lanarkshire
G15 8AX

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

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

0603546323
WATSON
Mary
28 Kendoon Avenue
Glasgow, Lanarkshire
F
06/03/1954
G15 8AX

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

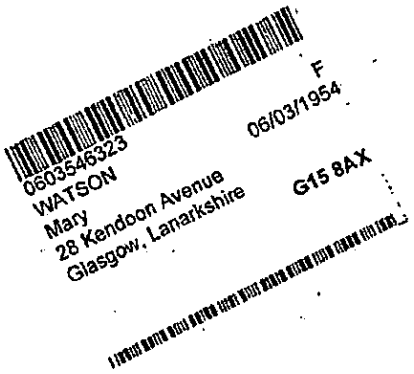
Once only prescriptions (inlcuding tetanus prophylaxis)

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

Discharge prescription packs

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

DISCHARGE CODES: Please Circle								Time Ready to Depart	
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.			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	


0603546323
F
WATSON
06/03/1954
Mary
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

	Date	Ward	Time
Admitted	24/3/21	IAU	1440
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed .....

Medical: .....

Date: .....

	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	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
	•	35.7	36.1-37.0	0
			35.1-36.0	1
			≤35.0	3

NEWS Total	0

Blood glucose	7.0	
Pain / function score	0A	0A
Time Pt last passed urine	10.20	PM
Fluid balance chart indicated Y/N	N	N
GCS indicated Y/N	N	Y
Time NEWS due	23.00	16/08
Escalation of care Y / N	N	N
Initials	AB	SH

ELEVATED NEWS2 ≥ 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.

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

NEWS 2 Key | 1 | 2 | 3

| | | |

Glasgow Coma Scale

| | | |

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 0603546323

Total Att: 4

12 Mth Att: 0

Title: **MRS**

WATSON **Mary**

DOB **06/03/1954** Age: **66y** Sex: **Female**

28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Next of kin: **WATSON, ARLENE**
Relationship: **Daughter**
0141 944 0531

GP: **SC Lyon**
0141 211 6100

Attendance Date: **30/01/2021** Arrival Time: **13:36**

Registration Time: **13:36** Date of Incident: **30/01/2021**

Major Incident Desc:

Reason for Attendance: **black toe**

Nursing Assessment

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

Triage Category: **5** Tetanus up to date/fully immunised:

Presenting Complaint: **Toe: Big Pain Left**

Observation Date: **30/01/2021 14:20** Nurse name: **Nurse Lynsey Morrison**

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: **attended gp on Thursday for pain/bruise on left big toe. gp states it is 'covid toe'. un relieved by analgesia**

Child Assessment Questionnaire

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

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

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

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)

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

Date	CLINICAL NOTES
	Seen by (Dr) SABIN C Time seen

30/1

66 ♀

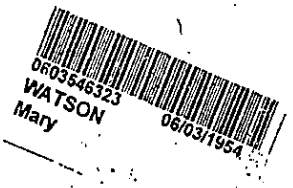
PC Toe pain

HPC Discoloured & painful left big toe for 2 weeks
GP said it might be covid toe
Patient denies covid symptoms & states has had 2 negative tests
Denies injury

O/E Purple/black discolouration to
(L) big toe
CRT <2
DP palpable
Warm & well perfused

Imp ? cause, can't exclude covid toe

Plan Swab analysis
Wound plan



Date	CLINICAL NOTES

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

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

Follow up	Arranged	Not arranged	To be arranged

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

Discharge Prescription Packs

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

13

1900 - triple lumen

30: 4 mth 4-5 hrs

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 0603546323

Total Att: 3

12 Mth Att: 0

Title: **MRS**

WATSON **Mary**

DOB: **06/03/1954** Age: **63y** Sex: **Female**

28 Kendoon Avenue

Glasgow
Lanarkshire
G15 8AX
0141 390 6900

Next of kin: **UNKNOWN**
Relationship: **Unknown**

GP: **SC Lyon**
0141 211 6100

Attendance Date: **12/06/2017** Arrival Time: **00:09**

Registration Time: **00:09** Date of Incident: **12/06/2017**

Major Incident Desc:

Reason for Attendance: **chest pain**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint: **Arm Pain**

Observation Date: **12/06/2017 00:38** Nurse name: **Nurse Lauren Halligan**

Temp	36.3	C
HR	94	bpm
BP	138/83	mmHg
MAP	101.33	mmHg
RR	14	bpm
SpO2	96	%
Oxygen		%

BM	8.1	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: **biba - called NHS 24 after sudden onset of pain and heaviness in R arm - patient states hand went cold and changed colour, now resolved. NHS 24 advised patient call 999 and told her this could be a blockage in her heart, she is now very anxious.**

0603546323
WATSON
Mary F
06/03/1954

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No — Seen by (Doctor) MINEY	Time seen 0340

11/6/19

63 ♀ Pt. Right arm pain

Background

IHD. - Endometrial cancer → radical hysterectomy

Hx - Breast cancer - Lt side - Radiotherapy + chemotherapy

HPC - 19[00] - sitting at rest. Sudden onset right arm pain "like it went dead"

- whole right arm had pain.
- felt clammy & sweaty & it.
- ~2 hours into episode. Rt hand & forearm went funny colour "dark brown".

→ pain in arm lasted ~5 hours.

→ in. OD all fully resolved

→ never had before. no neck. no shoulder pain

- called ~~NHS~~ NHS 24[00] → attend OP - ? clot.

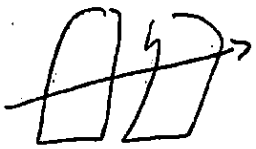
OHx

Allergy. trimethoprim.

Regular - dihydrocodeine
- levothyroxine.
- aspirin
- GTN
- omeprazole
- atorvastatin.

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

2/6 Looks well.
HS 1/110. calves SWT.  clear
AE equal.
resonant.

Rt Arm
L- no discolouration
F- no bony tenderness / swelling - axilla, humerus, elbow, forearm, hand.
- good radial pulse - equal to left side. palpable brachial pulse Rt.
M. Full ROM - shoulder, elbow, wrist & hand.
- sensation (N) all dermatomes Rt arm.

Differential Diagnosis/Problem List

- Aetiology unclear - D-dimer negative
- no sign atypical clot / limb ischaemia.
- Atypical for cardiac chest pain.

D-dimer 103 NEWS - 1+8 GRP - 6

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

Done/ completed	Immediate Managment Plan
	Alg. NAD ischaemic.
	Troponin a/w. if <5 will then home -> (H)
05/20	Troponin 2.
	Second = 10 pm 24 hrs. no further bx.
	- Rev Dr Mehrotra - agrees uncertain aetiology. Keeping bloods & now Abx = (N) examination.
	Patient dc (H) c advice to return if Sx recur.

Signature: Designation: GP10 Page No: 82825

PLEASE DO NOT WRITE HERE

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address

0603546323 06/03/1954
WATSON
Mary

CHI No.
DoB

	Date	Ward
Admitted	12/6/17	A+E
Transferred		
Transferred		

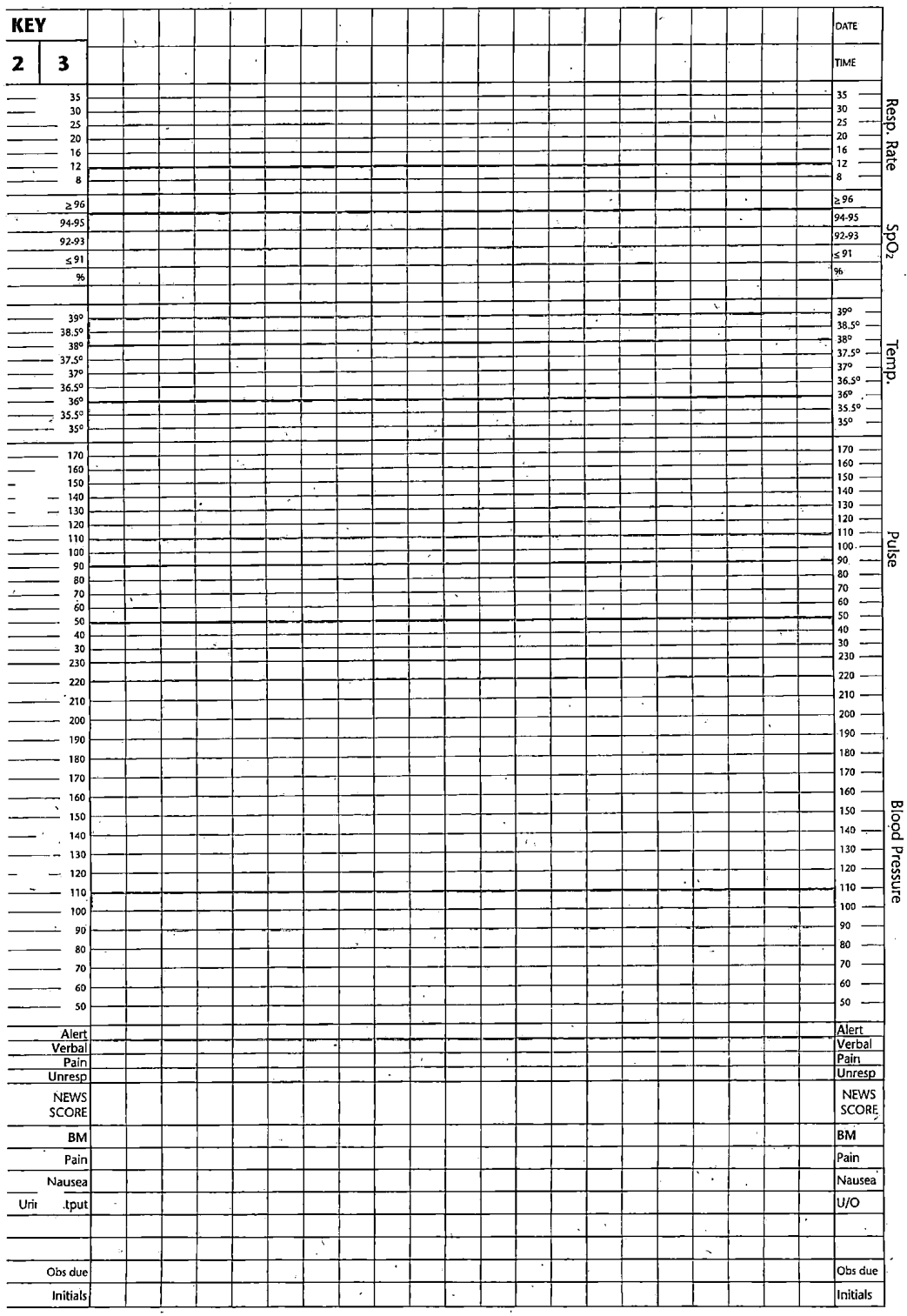
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic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

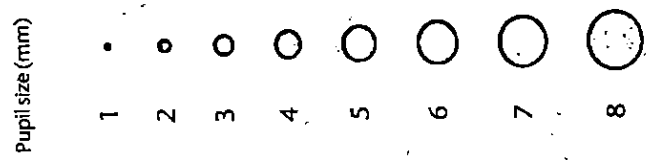
NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need 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.

| | | |


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥96
94-95
92-93
≤91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)



0603546323 06/03/1954
WATSON
Mary

Neurological Observations

					12/6/17																				
Time:					0100																				
COMA SCALE	E Eyes open	Spontaneously	4	o																					Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5	o																					Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6	o																					Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
	TOTAL SCORE			15																					
PUPILS	R	Size		4																					+ reacts – no reaction c. eyes closed
		Reaction		+																					
	L	Size		4																					
		Reaction		+																					
LIMB MOVEMENT	ARMS	Normal power		o																					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		o																					
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

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

Scottish Ambulance Service Patient Report Form

Incident Number	CR003821344 on 11/06/2017 at 22:54		
Callsign		Incident Type	EMG
Crew1	E1013491	Crew3	
Crew2	E102129X	Crew4	

INCIDENT LOG

Incident Location	28 KENDOON AVENUE GLASGOW	Incident Postcode	G15 8AX
Call Received	22:54 - 11/06/2017	Patient at Hospital	
Call Passed	22:55 - 11/06/2017	Patient Handover	
Crew Mobile	22:55 - 11/06/2017	Crew Clear	
Crew at Scene	23:14 - 11/06/2017	Clear Reason	
Crew Left Scene	23:39 - 11/06/2017		
Pre-alert Medical Standby			
Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL		

DIAGNOSIS

Chief Complaint Code	HCP
Despatch Code	33C06 :
Diagnostic Code	33C06T : 33C06T - Transfer - Emergency Response Requested

PATIENT DETAILS

Surname	WATSON		
Forename	MARY		
Middle Initials		Sex	Female
DoB	06/03/1954	Age	63 years 3 months 5 days
Patient Address	SAME AS INC	Patient Postcode	
Patient Telephone		Ethnicity	A1 - White Scottish
CHI Number	0603546323		

PATIENT CONSENT

Mental Capacity Assessed	Deemed To Have Capacity
Level of Consent	Advice Given To Patient, Risks Of Condition Explained
Duty Of Care Delegated to	QEUH

PRIMARY SURVEY

AVPU Assessment	Alert
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	16
Pulse	Fast
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
CSI Assessment	None

VITAL SIGNS

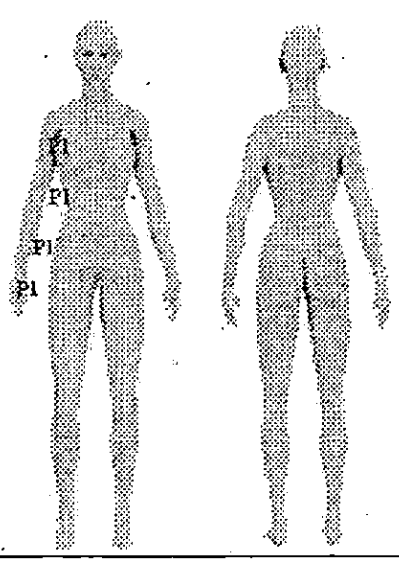
Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
23:22	112	Reg	Alert	16	173	85		8.1	37.4	97	0	< 2 Secs	Sinus tachycardia	2	15	6.6	2		
23:35	98				159	87				96				1		6.6	1		

AMPLE

Allergy Type	None
Previous Medication	ASPRIM, STATIS, OMEPRAZOLE
Previous Medical History	ANGINA,, Cancer
Other Disability	
Last Eaten Before Incident	More Than 5 Hours
Events Prior To Incident	22:00 PT FELT PAIN IN R ARM COLD HAND AND TURNING BROWN. OOH GP CALLED 999

36·3
96%
94
14
138/83

0603546323 06/03/1954
WATSON
Mary



EMERGENCY SERVICES

In Attendance	Paramedic, Technician

PATIENT HANDOVER

Patient Mobility On Arrival	Standing	On Scene Removal	Walking
Patient Transportation	Seated	Care Delivery At Hospital	Chair
Time Of Patient Handover			

SEPSIS

Pulse	*RR*	*SYS*	*Temp*	*GCS*	*BG*	*Pneumonia*	*UTI*	*Other infection*	*Abdo Pain*	*Diarrhoea*	*Abdo distension*	*Meningitis*	*Cellulitis*	*Septic arthritis*	*Wound infection*	*Infected indwelling device*	*No signs of infection*
112	16	173	37.4	15	8.1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
98		159				NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	*Eye Opening*	*Verbal Response*	*Motor Response*	*Total*
23:22	Spontaneous	Orientated	Obeys Commands	15
23:35				0

REPORT MANAGEMENT

Report ID	CR003821344-11062017235915		
Software Version	1.0.444	Report Type	Interim

0603546323 06/03/1954
WATSON
Mary

In-Patient Admission Notes

Pat
0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

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 :

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Social History \ Family History

Smoking History

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

Alcohol History

_____ Units/week FAST score if excess _____

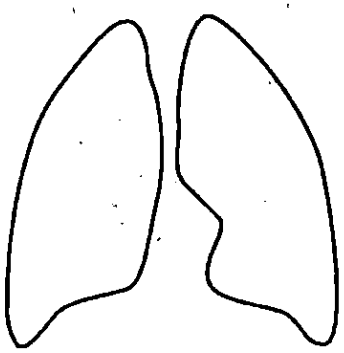
Recreational Drugs **Driving Status**

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

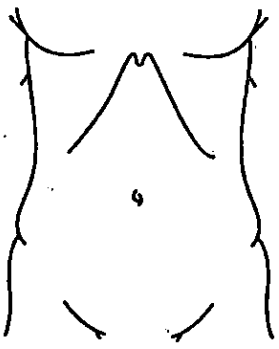
General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

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

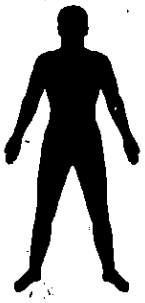
Pupils/fundoscopy:

Cerebellar and extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

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Key Results

CXR ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

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

Signature: PRINT NAME

PRINT GRADE Page:

Patient ID label

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

Senior Medical review

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

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

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Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

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

☐ Yes

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

☐ No

- 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								

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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	

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Continuation Sheet

Date: Time

Patient ID label

Continuation Sheet

Date: Time	

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Continuation Sheet

Date: Time	

Patient ID label

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

Discharge prescription packs

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

DISCHARGE CODES: Please Circle				Time Ready to Depart	
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.	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

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Vascular Observation Chart

NHS Greater Glasgow and Clyde

Ward: 11A

Vascular Observation Chart Guidelines

Frequency
Vascular observations should be carried out in conjunction with NEWS chart post operatively.

Wound
Site of each wound should be documented and level of staining to dressing recorded as Light Moderate or Heavy.

Drains
Each drain should be numbered on return to ward. Monitor and record amount of drainage each time. Any increase in drainage should be escalated to Medical Staff.

Graft
Document whether graft is (A) Audible on Doppler or (P) Palpable.

If no bloodflow detected contact Vascular Registrar on call on 82758.

CSM
Colour, sensation and movement of foot should be documented.

Pulses
Dorsalis Pedis and Posterior Tibial pulses should be monitored and documented if present or absent. If pulses, previously present become absent. Escalate to medical staff.

Perfusion
Capillary refill time to be documented. If greater than 5 seconds, inform Vascular Registrar On Call.

Heel Inspection
Document with a yes or no if you have checked heels for pressure damage.
Any new damage must be actioned in PUDRA.

Additional Comments/ Instructions
This section should be used to document any areas of concern or specific instructions from theatre or medical staff.

Please affix patient label

Procedure: (L) Commenced + (R) ancore **Ward:** JA

Date		6/7							7/7		
Time		1730	1800	1835	1930	2068	2218	0000	0210	0410	
Wound (R) GLOW	1	dry	dry	dry	Dry	Dry	Dry	Dry	Dry	Dry	
Wound (L) GLOW	2	dry	dry	dry	Dry	Dry	Dry	Dry	Dry	Dry	
Drain	1	—	—	—	—	—	—	—	—	—	
Drain	2	—	—	—	—	—	—	—	—	—	
Graft		—	—	—	—	—	—	—	—	—	
Warmth	Right	W	W	W	CL	CL	W	W	W	W	
H-hot W-warm Cl-cool Cd-cold	Left	W	W	W	W	W	H	H	W	W	
Colour	Right	P	P	P	P	P	P	P	P	P	
Pk-pink P-pale D-dusky M-mottled	Left	P	P	P	P	P	PK	PK	PK	PK	
Sensation	Right	F	F	F	F	F	F	F	F	F	
F-full P-partial N-nil	Left	F	F	F	F	F	F	F	F	F	
Movement Y=Yes, N=No	Right	Y	Y	Y	Y	Y	Y	Y	Y	Y	
	Left	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Pulses Dorsalis pedis Y=Yes, N=No	Right	N	N	N	N	N	N	N	*	N	
	Left	N	N	N	N	N	N	N	*	N	
Post tibial Y=Yes, N=No	Right	N	N	N	N	N	N	N	*	N	
	Left	N	N	N	N	N	N	N	*	N	
Capillary Refill Time	Right	<3	<3	<3	<3	<3	<3	<3	<3	<3	
<3secs or 3-5secs	Left	<3	<3	<3	<3	<3	<3	<3	<3	<3	
Heel Inspection	Right	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Y=Yes, N=No	Left	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Initials		LM	LM	LM	LB	LB	LB	LB	SK	LB	

Additional Comments / Instructions

* Pulses not expected.

Please affix patient label

Procedure: ..... **Ward:** .....

Date												
Time												
Wound	1											
Wound	2											
Drain	1											
Drain	2											
Graft												
Warmth	Right											
H-hot W-warm Cl-cool Cd-cold	Left											
Colour	Right											
Pk-pink P-pale D-dusky M-mottled	Left											
Sensation	Right											
F-full P-partial N-nil	Left											
Movement Y=Yes, N=No	Right											
	Left											
Pulses Dorsalis pedis Y=Yes, N=No	Right											
	Left											
Post tibial Y=Yes, N=No	Right											
	Left											
Capillary Refill Time	Right											
<3secs or 3-5secs	Left											
Heel Inspection	Right											
Y=Yes, N=No	Left											
Initials												

Additional Comments / Instructions

Please affix patient label

Procedure: ..... **Ward:** .....

Date												
Time												
Wound	1											
Wound	2											
Drain	1											
Drain	2											
Graft												
Warmth	Right											
H-hot W-warm Cl-cool Cd-cold	Left											
Colour	Right											
Pk-pink P-pale D-dusky M-mottled	Left											
Sensation	Right											
F-full P-partial N-nil	Left											
Movement Y=Yes, N=No	Right											
	Left											
Pulses Dorsalis pedis Y=Yes, N=No	Right											
	Left											
Post tibial Y=Yes, N=No	Right											
	Left											
Capillary Refill Time	Right											
<3secs or 3-5secs	Left											
Heel Inspection	Right											
Y=Yes, N=No	Left											
Initials												

Additional Comments / Instructions

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
Vascular Unit Admission Form

Date 05/04/21 Time 16[illegible]

Consultant _____

Emergency (Elective) Hospital Transfer _____

0603546323
WATSON [illegible] F
Mary [illegible] 06/03/195
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8A

Patient Details

IC	☑	CLI	☐			Aneurysm	☐
Right –	yds	Rest pain	☐	Right	☐	Carotid	☐
Left 20	yds			Left	☐	Veins	☐
		Tissue loss	☐	Right	☐	Trauma	☐
				Left	☐	Other	☐

History of Presenting Complaint

(L) IC Apr 2021
Attempted angioplasty on a/o7, abandoned on basis of imaging.

Risk Factors

		IHD	☑	DVT/PE	☐
Current smoker	☑	MI	☐	AF	☐
Ex-smoker	☐	Hypertension	☑	Hypercholesterolaemia	☐
Non-smoker	☐	TIA/CVA	☐		
		DM	☑		
		Background eGFR	☐		

Previous Vascular Surgery

–

Past Medical History

(L) Breast Ca 1996
CIN 1991
Hypothyroid 2003

Metalwork?	☐
Previous GA?	☑
Anticoagulation?	☐

Family and Social History

FH _____ Employment _____ Alcohol _____

NOK _____ Power of Attorney _____ Capacity? _____

Accommodation _____ Package of Care? _____ Warnings _____

Independent ADLs				
	Dressing	☐	Bathing	☐
	Eating	☐	Ambulating	☐
	Toileting	☐	Hygiene	☐

Patient wishes / concerns _____

Medication History

Allergies _____

Med rec completed? ☑

Med Rec Printed? ☐

Second meds source: Patient ☐ GP Letter/Phone call ☐ Prescription ☐

Systematic Enquiry

CV/RS	Chest Pain	Urinary	Dysuria	Joint Pain
	Palpitations		Hesitancy	Post-Menopausal Bleeding
	SOB		Haematuria	Night Sweats
	Oedema		Frequency	Rash
	Cough		Incontinence	
	Sputum / Haemoptysis			
GI	Appetite	CNS	Weakness	
	Weight Loss		Dizziness	
	Bowel Habit Change		Paraesthesia	
	PR blood		Deafness	
	Dysphagia		Blindness	
	Vomiting			

Examination

HR _____ BP ___/___ RR _____ Sats _____ Temp _____

Time _____ GCS _____ E _____ V _____ M _____

Jaundice ☐ Anaemia ☐ Clubbing ☐ Cyanosis ☐ Oedema ☐ Nodes ☐

Heart Sounds I + II – 0

Respiratory

Trachea

Expansion

Breath Sounds

Percussion

GAL reserve

Abdomen

SNT

Masses

Organomegaly

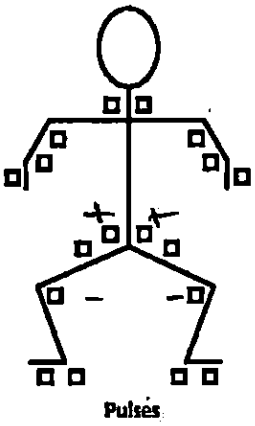
Herniae

PR (if indicated)

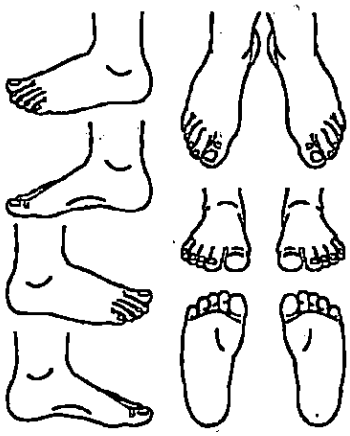
Incisions

old fx ankle – prev. reduced by teaching

Vascular



Foot appearances



Other Findings

AMT					
	DOB	☐	Place	☐	
	Age	☐	Two Persons	☐	
	Address	☐	WW2 End	☐	
	Year	☐	Monarch	☐	
	Time	☐	20 to 1	☐	Score 4/4

Summary and Management Plan

Pt. Meds. Rx.
Bloods sent
PVC
For angiography 2nd attempt

- ☑ **ECG**
- ☑ **Bloods Taken**
- ☑ **Kardex**
- ☑ DVT prophylaxis
- ☐ Antiplatelet / Statin?
- ☐ ?AKI – IVI/ withhold meds?
- ☐ Antibiotics started on admission?
- ☐ **Cultures**
- ☐ **CXR**
- ☐ **Nil by Mouth?**
- ☐ **DNR Discussed?**

Diabetic Checklist

- ☐ HbA1C on admission
- ☐ Lipids on admission
- ☐ Admission Podiatry Referral
- ☐ Admission Orthotics Referral
- ☐ Admission Medical Illustration Referral
- ☐ Smoking Cessation Referral
- ☐ Both Feet Protected

Name Surish Grade R/T Signature

This Patient is Suitable for Delegated Discharge

I agree that this patient is medically fit to be discharged by the nursing staff providing that the following criteria are met. However if the patients clinical condition has changed otherwise since these criteria have been set, the criteria are no longer valid and further medical review must be sought.

Criteria:

1. Consultant Review
2.
3.
4.
5.
6.

Medical Authorised Delegation

Signed Print Name

Date Time Designation

Nurse Discharge

Signed Print Name

Date Time Designation

If any of the criteria has not been met, please refer to medical staff.

RMN PGD

well post (L) CA patch placed
& ECG done

Poor man.
Symptomatically better
c/o Hematoma - ? Lymphocele

Plan Bloods
ECG
~~Antibiotics~~ Catheter out
1. (H) tomorrow.

Ward Round Consultant _____ Date _____ Time _____

8/7/24- RSB-

well

Rest well perfused.

(P).

OP Rx GOH 4/52

Ward Round Consultant _____ **Date** _____ **Time** _____

Patient Information		Date:	29/05/2021
MARY WASTON		Incident Number:	CR007461385
Age/Gender:	67 years 2 months 23 days Old Female		
Address:	28 KENDOON AVENUE GLASGOW,G15 8AX	Incident Type:	EMG
DOB:	06/03/1954	Incident Location:	28 KENDOON AVENUE GLASGOW, G15 8AX
CHI:			
Ethnicity:	White Scottish		

Scottish Ambulance Service

Presenting Complaint

DIZZINESS, ?TIA

Additional Comments

AS1 for 67 yof c/o earlier episode 2320hrs of slurred speech, disorientation, bilateral numbness in arms/hands, reduced mobility and inability to grip objects, all subsided prior to crew arrival. o/a pt alert, seated, orientated and responsive to crew. Family present. o/e obs charted. Hypertension. FAST neg. pt recent prescription of prochlorazepine 8/52 ago. began giving up smoking 6/52 ago, was taking champax until 1/52 ago, now using patches. Occasional cigarettes. ongoing investigations for headaches and dizziness. Frequent loss of balance. Benign tumour on neck, awaiting stents for left leg for hardening of arteries. ibex to ambulance, stable e/r.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No
A	Clear			
B	Breathing Adequately: Yes	Respiratory Rate: 19	SPO2: 98	Oxygen Given: No

C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	74	192/97	<=2 Secs	Sinus Rhythm
	Rhythm	**Arm**	**Central/Peripheral**	**ECG**
	Reg	Left	Peripheral	3 Lead

D	GCS	Eyes	Voice	Motor	PEARL
	15	Spontaneously (4)	Orientated (5)	Obeys Commands (6)	Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
01:40	71	18	181/95	99	<=2s	15	Alert								E9886875
01:28	74	19	192/97	98	<=2 Secs	15	Alert		36.8	6.4	Sinus Rhythm	4	4		E9886875

NEWS2

me	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
01:28	19 (0)	98 (0)		0	192 (0)	74 (0)	Alert (0)	36.8 (0)	0

HISTORY

AMPLE

Allergies	Unknown
Medication	Atorvastatin, Eprosartan, Levothyroxine, Aspirin, Glyceryl trinitrate, Prochlorperazine
Past Medical History	Angina, 2X CA 25+ YRS AGO, GALL BLADDER REMOVED, HARDENING OF ARTERIES IN LEGS
MI	How Many:1 When:27 YRS AGO
Last Eaten	3 Hours Ago

Social History

Lives alone	No	Living With	GRANDSON	Patient Occupation	Retired

Patients General Appearance	Normal
Patient Mobility	Fully Mobile
Patient Communication	No Help Required
Patient Clinical Risk Factors	Smoker
Patient Enviromental Risk Factors	None Identified

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	23:24	Allocated	00:55	Mobile	00:56
First Resource On Scene		Crew On Scene	01:25	Crew Left Scene	01:50
[illegible] At Hosp	02:14	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E0018368	Paramedic	YES
E9886875	Ambulance Technician	NO

ED 12

NHS GGC Hospitals, Admission Document

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 0603546323

UH

Total Att: 7

12 Mth Att: 3

Title: MISS

WATSON **Mary**

DOB **06/03/1954** Age: **67y** Sex: **Female**

28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX
07504693894

Next of kin: **WATSON, ARLENE**
Relationship: **Daughter**
0141 944 0531

GP: **SC Lyon**
0141 211 6100

Attendance Date: **29/05/2021** Arrival Time: **02:23**

Registration Time: **02:23** Date of Incident: **29/05/2021**

Major Incident Desc:

Reason for Attendance: **?tia**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint: **Neurological Motor Weakness**

Observation Date: **29/05/2021 03:03**

Temp	36.0	C
HR	72	bpm
BP	184/74	mmHg
MAP	110.67	mmHg
RR	18	bpm
SpO2	98	%
Oxygen	21	%

Nurse name: **Nurse Deborah Mair**

BM	6.4	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: **onset of bilateral arm/hand weakness @2330 resolved before arrival to ed, also c/o dizziness and off balance at times**

Nursing Notes:

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Date	Emergency Department Notes
	Ambulance Proforma reviewed Yes / No Seen by (Doctor) Anna McClatchey (CNS) Time seen 4.30

67 ♀ arm weakness

PMHx- prev breast Ca (1996) → WLC → adj chemo/RT
PVD
hypothyroidism
CIN
HTN
parotid warthins tumour

DH- DUC
omeprazole
levothyroxine
atorvastatin
GTN
ezetimibe
aspirin

Reports was watching TV this eve. ~ 23.30 sudden onset numbness around her mouth noticed when eating a sweet. Radiating down her right arm. Started as pins & needles → numbness. Then right arm/hand felt weak. Wasn't able to lift up phone or dressing gown. Felt nauseous & dizzy. Contacted her daughter who came round. She felt ~~back~~ she wasn't making sense but speech wasn't slurred. No facial droop.

Felt unsteady on her feet.

Reports has been getting frontal headaches & feeling dizzy / unsteady on her feet for few months - GP started prochlorazine.

No leg weakness.

No chest pain / cough / abdo pain

SH- lives with grandson
smoker 7 daily - R trying to cut down previously on 40 daily
no alcohol
independent

Patient ID label

0603546323 06/03/1954
WATSON
Mary

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

:. O/E - alert & bright
(A) patent & clear
(B) sats 98% on air
ghost clear
fine basal crackles
(C) WNP CRT <2sec pulse 72
BP 164/74 cardiac SNT
moist mucous membranes
(D) GCS 15/15 Temp 36
(E) SNT

Bloods - Ca 2.37
CRP 2
Chol 5.3
trig 1.4
LFTs NAD
UoEs NAD
WCC 9.5
Hb 131

	T	P	S	R
R UL	N	5/5	N	power
L UL	N	5/5	N	power
R LL	N	5/5	N	power
L LL	N	5/5	N	power

no pronator drift
CN 2-12 intact
normal co-ordination

Differential Diagnosis/Problem List

- ?TIA

ABCD2 score - 4 age NEWS 0-7
BP
weakness RED FLAG (Tick)
SEPSIS
CURB 65

Done/ completed	Immediate Managment Plan
	bloods + ECG, ECG
	discuss Dr Lowe (CEB consultant) Advised
	to speak to stroke reg as may
	want CT head + carotids
	Discuss stroke reg - will kindly review. Was
	asked to arrange CT head + carotids
	Stroke reg advised for IC bleed - may
	require MRI.

Signature: Designation: CDF Page No:

Printed: 29/05/2021 03:44:17

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 29/05/2021 03:44:02
Sample Type: **Venous**
Sample Number:
Operator ID: DEBORAH MAIR1

Patient

ID:	0603546323
Last Name:	**WATSON**
First Name:	**MARY**
Gender/Age:	Female, 67 years
Birth Date:	06/03/1954

Cartridge

Lot No.:	210323F
S/N:	00000000500157598
Exp. Date:	11/06/2021

Analyzer

Model:	GEM® *Premier 5000*
Area:	AH_L0ED_B
Name:	ED-MAJ-IN
S/N:	17030619

Results			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	41.3	nmol/L	--	--	--	--
pCO_2	5.6	kPa	--	--	--	--
pO_2	8.4	kPa	--	--	--	--
Na^+	140	mmol/L	--	133	146	--
K^+	4.1	mmol/L	--	3.5	5.3	--
Cl^-	106	mmol/L	--	95	108	--
Ca^{++}	1.20	mmol/L	--	1.15	1.27	--
Hct	39	%	--	--	--	--
Glu	↑ 7.1	mmol/L	--	3.5	6.0	--
Lac	1.1	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	133	g/L	--	--	--	--
O_2Hb	↓ 87.7	%	--	95.0	98.0	--
COHb	↑ 3.7	%	--	0.5	1.5	--
MetHb	1.0	%	--	0.5	1.5	--
HHb	↑ 7.6	%	--	0.0	5.0	--
sO_2	↓ 92.0	%	--	95.0	98.0	--
Derived						
BE(B)	-0.4	mmol/L	--	--	--	--
HCO_3^-(c)	24.8	mmol/L	--	--	--	--

↑↓ Outside Reference Range

NOT WRITE HERE

Other Information

Operator Entered

Temp	37.0	°C

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 _____

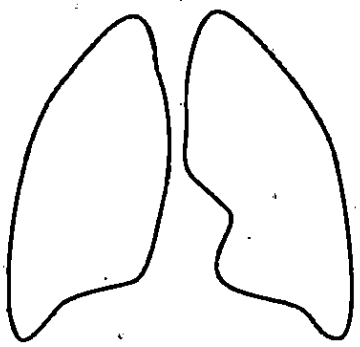
Recreational Drugs **Driving Status**

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

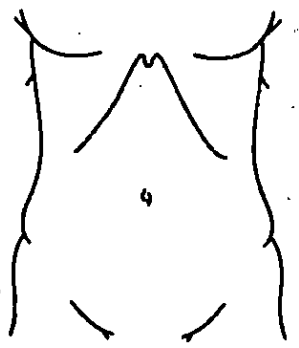
General Examination	
Temp:	RR:
Pulse:	CBG:
SpO_2:	Weight:
BP:	Urinalysis:

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

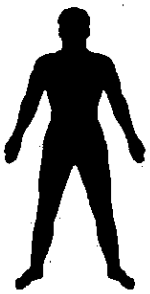
Pupils/fundoscopy:

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 ☐ Medicine Reconciliation ☐ 4AT/TIME
☐ Antimicrobial

Signature: PRINT NAME

PRINT GRADE Page:

Patient ID label

Resuscitation Decision :

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

If DNA CPR → Complete appropriate form

Senior Medical review

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

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

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

☐ Yes

☐ 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 ID label

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

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	

QEUH – South Glasgow Stroke Service

NHS Greater Glasgow and Clyde

Stroke admission document **(Version 6. 11/17)**

Patient details

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Admission date: 29/05/21
Referral date (if different):
Referral time: 0520
Referred from: ED
Seen: 0530

Presenting complaint

Handedness: R / L / Not Known

Date and time of onset (if known): ~2300 28/05

Details:

- Whilst watching TV, had episode of 'fog' come over head, (R) arm weakness (unable to pick up ~~refer~~ remote control), (R) hand became a 'claw' and expressive dysphasia.
- At thinks (R) arm may have been involved
- At felt unable to walk at time
- Has had a few 'strange' episodes since ~~Mar~~ March. Never referral made by GP..
- No shaking, tongue biting, incontinence

Systematic enquiry

CVS: GUS:

RS: LMS:

Abdo: Other:

Medicine Reconciliation

Medical History Sources

GP	☐	Clinic Letter	☐
GP Letter	☐	Community Pharmacy	☐
Patient	☐	ECS	☐
Relative	☐	Other	☐

Admission medicines			Plan for medicines (tick one)				Comments
Name	Dose	Freq	Continue	Amend	Suspend	Stop	
OMEPRAZOLE	20mg	OM	✓				
LEVOTHYROXINE	125micrograms	OM	✓				
ATORVASTATIN	80mg	ON	✓				

Allergies: None known ☑

Compliance Aid:

Medicines reconciliation:

Is the medication history complete? Yes ☐ No ☐ Is pharmacy review required? Yes ☐ No ☐

Date of pharmacy review: _____ Medicines history source/s: _____

Pharmacy signature: _____ Print name: _____

Stroke risk factors (tick if yes)	**Details:**
Hypertension ☑ AF ☐ Diabetes ☐ Prev. TIA/stroke ☐ Hyperlipidaemia ☐ PVD ☐ IHD ☐ Migraine ☑ HRT/OC pill ☐	

Smoking: current / ex / never Amount per day ____ Stopped 2 weeks ago Alcohol: C Units per week ____ Other substances: ____ Occupation: Driver: Yes/No Car/Cat 2	**Family History**

Other Past Medical History

- Breast Ca
- PVD (awaiting intervention for (L) iliac artery)
- Impaired glucose tolerance
- Depression

Social circumstances Mobility: Independent Basic ADL(dressing, toileting etc): Family / Carer support:	Accommodation: • 2 storey • Bungalow • Flat (which level) Other

General examination	Resp
CVS : HS: Carotid Bruits Oedema	**Abdo**
Musculoskeletal	**Other**

Neurological assessment

GCS:

Eye 4 Motor 6 Verbal 5 **TOTAL:** 15 /15

AMT: (if conscious and no language disorder)

Not applicable (i.e. unconscious; dysphasia etc) ☐

Age ☑

Year ☑

DOB ☑

Place (name of hospital or building) ☑

TOTAL: 4 4

NIH Stroke Scale

	DATE	29/05								
1a Level of Consciousness	Time	0538								
Alert	0									
Not alert, fully rousable with minimal stimulation	1									
Not alert, requires repeated stimulation to attend	2									
Coma, reflex movements only	3									
1b Level of Consciousness – ask patient the month and their age (do not provide clues)										
Answers both correctly	0									
Answers one correctly (or unable to speak due to physical barrier e.g. ET tube)	1									
Answers both incorrectly (or aphasic or stuporous)	2									
1c Level of Consciousness – ask patient to open and close eyes and nonparetic hand (score 1st attempt)										
Obeys both correctly	0									
Obeys one correctly	1									
Obeys both incorrectly	2									
2 Best Gaze – only horizontal eye movements; reflexive movements if coma/aphasia (investigator discretion if visual impairment)										
Normal	0									
Partial gaze palsy (or conjugate gaze which can be overcome, or isolated III, IV or VI palsy)	1									
Forced deviation (or conjugate gaze) not overcome by oculocephalic manoeuvre	2									
3 Visual Field Testing (test in good eye if unilateral blindness or enucleation). Use confrontation/startle response if aphasia										
No visual field loss	0									
Partial hemianopia (asymmetry, including quadrantanopia, or visual extinction)	1									
Complete hemianopia (or coma: 1a=3)	2									
Bilateral hemianopia (or blind from any cause, including cortical blindness)	3									
acial Paresis – ask to show teeth (or grimace to stimuli), raise eyebrows and close eyes tightly										
Normal symmetrical movement	0									
Minor paralysis (flattened nasolabia fold, asymmetry on smiling)	1									
Partial paralysis (total or near total paralysis of the lower face)	2									
Complete paralysis of one or both sides (paralysis of upper and lower face) (or coma: 1a=3)	3									
5 Motor Function Arm – alternate extended right and left arms with palms down at 90 degrees if sitting (or 45 degrees if supine)										
	R	L	R	L	R	L	R	L	R	L
Normal (holds arm at 90 degrees sitting or 45 degrees supine for 10 sec, without drift)	0	0								
Drift but does not hit bed	1	1								
Drifts to bed but some effort against gravity	2	2								
No effort against gravity	3	3								
No movement (or coma: 1a=3)	4	4								
Tick if untestable (only if joint fusion or limb amputation)	U	U								
6 Motor Function Leg – alternate extended right and left leg at 30 degrees for 5 seconds when supine										
	R	L	R	L	R	L	R	L	R	L
Normal (holds leg at 30 degrees for 5 sec, without drift)	0	0								
Drift but does not hit bed	1	1								
Drifts to bed but some effort against gravity	2	2								
No effort against gravity	3	3								
No movement (or coma: 1a=3)	4	4								
Tick if untestable (only if joint fusion or limb amputation)	U	U								
7 Limb Ataxia – finger-nose, heel-shin on both sides (only if disproportionate to weakness) U=untestable (joint fusion/amputation)										
No ataxia (or cannot understand or is paralysed or comatose)	0									
Present in one limb	1									
resent in two limbs	2									
ensory – pin prick to test arms, legs, trunk and face (compare both sides). Abnormal if due to stroke only. NB ,May be bilateral										
Normal	0									
Mild to moderate decrease in sensation – still aware of touch	1									
Severe to total sensory loss clearly visible (or no response and quadriplegia, or coma: 1a=3)	2									
9 Best Language – describe picture, name items or objects, read sentences (ask patient to write if intubated)										
No aphasia	0									
Mild to moderate aphasia, loss of fluency or comprehension	1									
Severe aphasia, fragmented communication	2									
Mute. No usable speech or comprehension, not follows one-step commands (or coma: 1a=3)	3									
10 Dysarthria – read several words or spontaneous speech if aphasic/unable to read										
Normal articulation	0									
Mild to moderate slurring of words	1									
Near unintelligible or unable to speak (or coma: 1a=3)	2									
Tick if untestable (only if intubated or other physical barrier to speech)	U									
11 Extinction and Inattention – visual, tactile, auditory, spatial or personal inattention										
Normal (also if severe visual loss but sensation normal, or aphasic but attends both sides)	0									
Inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities	1									
Severe hemi-inattention to more than one modality (not recognise hand, orients to one side)	2									
TOTAL (each column)		08								
Examiner's Initials										

Neurological assessment (continued)

Initial NIH Stroke Scale score (see previous page): **TOTAL:** 0

Additional details (free text)

U+Es NAD
LFTs NAD.
FBC NAD.

Initial Investigations (if not carried out immediately, enter date requested)							Date Requested
Bloods	Glucose	6.6	Cholesterol	5.3	Other		
	HbA1C indicated?	Y / N	TGs	1.4			
ECG	NSR (HR 76)						
CT	Small vessel disease.						
MRI							
CTA							
CTP							
Other							

Diagnosis

TIA: Anterior ☐ Posterior ☐ Ocular ☐ Uncertain ☐

Stroke: TACS ☐ PACS ☐ LACS ☐ POCS ☐ Ocular ☐ Uncertain ☑

Type: Ischaemic ☐ Haemorrhagic ☐ Awaiting scan ☐ Not known ☐

No. of episodes: Single ☐ Recurrent / multiple ☑

OR non TIA/stroke diagnosis: (specify)

1. Ischaemic events
2. Seizure.
3. Migraine

} Events aren't clear, however ~~he~~ risk factors for vascular disease.

Management (see appropriate guidelines)

Thrombolysis ☐ **(see checklist, if eligible → contact senior on call immediately)**

Other (specify): (e.g. pyrexia, infection, hypoxia, swallow status, hydration, medication review etc.)

1. DAPT
2. IC
3. ? MRS.
4. ~~Aim to ...~~

Can patient walk to bathroom?
If not prescribe IPCs (if not contra-indicated)

Prescribed: Yes/No

Initial swallowing status (in discussion with nursing staff / SLT):

Normal ☐

Possibly or definitely unsafe ☐ → **Keep NBM and arrange SLT review**

Communication

Who? _____
None available ☐

Research studies

Signature	**Print name**	**Designation**

Senior review: Date: 09/01/13 Time: 1100

Not a Hx of CVA.
Bilat perioral paraesthesia - Spread to BOTH arms, ② > ①. ② hand went into spasm/cramp for ± 10 mins. ① hand not working properly
Felt unsteady on feet. Not painful
Now back to normal.
Whole episode perhaps 1 hour or so.
Recent headaches - no alarm Sympts.
No recent stent!
CTA - some ICA atheroma, no surgical grade stenosis
CT head - Nil acute. Small old R frontal + insula infarct
Nil to find o/e.
BP ↑.

Ix - although not painful, I wonder if this is carpo-pedal spasm.
- needs CXR 20 prev regardless.
→ admit
BP Obs

Thrombolysis referrals only:

Referring hosp _____
Time arrived at above _____
Time referred _____
Time arrived SGH ASU ____

Pre-lysis NIH score _____
Weight: ____ Kg
Bolus dose: ____ mg
Time given: ___:___

Infusion dose: ____ mg
(Given over 1 hour)

Discussed with:		Info sheet:
Patient	☐	☐
Relatives/NOK	☐	☐

Who (name):_____
Relationship:_____

Signature Print name Designation

check Mg++.
If bids ↓, can get more

→ admit

Date/ Time	Clinical notes:	Signature

Date/ time	**Clinical notes:**	Signature

Date/ time	**Clinical notes:**	Signature

Date/ time	**Clinical notes:**	Signature

Date/ time	**Clinical notes:**	Signature

Blood tests	Date:									
	Range									
Hb	11.5–165 (F)									
WCC	4 – 11									
Plt	150 – 440									
MCV	76 – 99									
ESR	0 - 7									
PT	10.7 – 13.1									
APTT	20.3 – 32.9									
Fibrinogen	1.5 – 4.0									
D-Dimer	< 500									
INR										
Glucose (random)	3.5-6.0									
Glucose (fasting)	3.5-6.0									
HBA1C	3.9 – 5.9									
Sodium	135 – 145									
Potassium	3.5 – 5.0									
Chloride	97 – 107									
Bicarbonate	23 – 30									
Urea	2.5 – 7.0									
Crealinine	40 – 130									
EGFR	>60									
CRP	< 10									
Total protein	62 – 82									
Alb	36 – 49									
Bilirubin	< 20									
ALP	60 – 260									
AST	< 40									
ALT	< 40									
GGT	F<30, M<50									
Adjusted Calcium	2.15 – 2.60									
Cholesterol	< 5.2									
Triglycerides	0.5 – 3									
Chol/HDL Ratio										
Other:										

University of Glasgow

STROKE RECRUITMENT SHEET

NHS SCOTLAND

Complete this form as soon as possible and leave in the admission record. If patient is potentially eligible for thrombolysis call 85604 / 85605 to alert them to a possible ATTEST2 participant. If the patient has minor stroke or TIA and is willing to discuss research call 85604 / 85605 and alert them to a possible AXIOMATIC participant.

CHI	
Location (room number if in 1c)	
Age	
tPA	☐ Yes ☐ No ☐ Attest
Stroke type	☐ Ischaemic ☐ Haemorrhagic ☐ TIA
NIHSS	
ABCD2 score (if TIA)	
AF	☐ Yes ☐ No
Treated with anticoagulant	☐ Yes ☐ No
Comatose	☐ Yes ☐ No
Last eGFR	
Arm weakness	☐ Yes ☐ No
Previously independent	☐ Yes ☐ No
Date and Time of stroke onset	Date (dd/mm/yyyy): Time (hh:mm):
Imaging confirmation of stroke	☐ Yes ☐ No
CTA – Evidence of plaque or stenotic disease	☐ Yes ☐ No
Willing to hear more about research	☐ Yes ☐ No
Able to consent themselves	☐ Yes ☐ No
Significant comorbidities that might preclude participant in research	☐ Yes ☐ No

TELEPHONE ADVICE – DEPARTMENT OF NEUROLOGY, INSTITUTE OF NEUROLOGICAL SCIENCES, GLASGOW G51 4TF

Patient Name	Hospital	Name of Referrer (Grade)/Cons		Contact No.
Mary Watson	Garscadden Burn	Meyer Cons		
CHI	**Ward**	**On Call Neuro Reg**	**On call Neuro Cons**	**Date**
06 03 54 6323		M.TAHA	VM	24/3/21

History of presenting complaint

67/F

→ 1 month → was initially Nov → constant

(LT) sided Headache for last 2 wk

→ Dizzy Spells
→ off balance
→ lost f for 3 secs
→ No postural
→ No Repetitive checker
→ No ANS
→ No photophobia
→ No Phonophobia
→ No Nausea & No vomiting

only a little left

a No postural symptoms

* not documented about motor similarly

? No pressure compared to Headache

a Ca Breast
→ Surgery
Chemo + Radiotherapy

a Cx Cancer
→ in teenage

a Pituitary tumour → awaiting surgery

Known to neurology? Y / (N)

Consultant:

PMH Breast Cancer Lumpectomy

Multiple Calcs in the post → in remission → awaiting for Rt parietal tumour

DH
(1) DHC (LT)
(2) ASA
Statin
Ezetimibe
GTN
Levothyroxine
PPI

Examination

VA → was done

Vitals

(N) ESR
Fundoscopy
No papilledema

Test Results

Question to Neurology:

Dx | Dg

Working Diagnosis:

Advice Given:

→ needs MRI of CT head or MRI-Brain

if (N) → can be referred to RANC

give no details had & no VA documented

D/w Consultant?
Y / (N)

Advice on Follow Up:

Med Team to Refer to OP clinic:
Y / N

Type of clinic:

Neuro Reg ref to RANC:
Y / N

(H) 10/20

Gartnavel General Hospital Breast Clinic

New Patient Assessment

Pati 0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date of Clinic: **27/2/26**

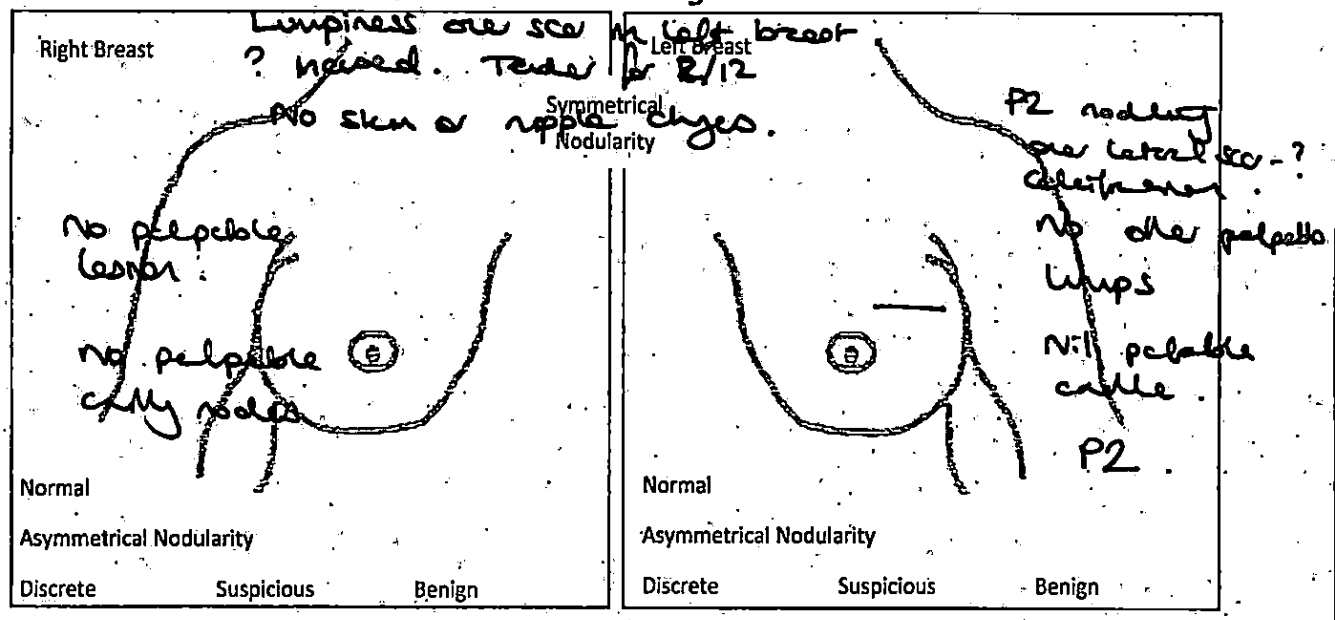
Doctor: **Miss Reid**

History

71 (L) USE + ANC (aged 41) + Hysterectomy for cervical ca (aged 48)
Menopause 2024 – M2.
TROMs, HTN, hypothyroid, CVA.

Family History – no FHx breast / ovarian.
4 children.
HRT – Nil
non-smoker.

Clinical Findings



Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
M1		M2	
Cytology:	Core Biopsy:	Cytology:	Core Biopsy:

Overall Impression and Action Plan

D/C (H) with nosey advice.

J. McGOVERN
SLb

Alan Lyell Centre for Dermatology

NHS Greater Glasgow and Clyde

Dermatological Surgery

Pre-operative Risk Assessment *(Complete at biopsy booking)*

☐ GRI ☐ STB ☑ WACH ☐ QEUH ☐ VIC ☐ RAH ☐ IRH ☐ VOL

Date: 19 / 3 / 2025

Consultant: MACKAY FLEMING

Requestor: [illegible]

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8A

Bleeding Risk YES / NO

☑ Anti platelet drugs ie: Aspirin/clopidogrel continuing/stopped ___ days
☐ Anticoagulants ie: Warfarin/apixaban continuing/stopped ___ days
☐ Bleeding disorder _____ ☐ **For pre-op INR =** _____

Anaphylaxis Risk YES / NO

☐ latex/rubber allergy ☐ H/O anaphylaxis
☐ H/O local anaesthetic reaction ☑ other allergy Steroid

Cardiovascular/respiratory Risk YES / NO

☐ pacemaker ☐ defibrillator ☐ valve defect/prosthetic valve
☐ severe cardiovascular/respiratory impairment

◆ **Antibiotic prophylaxis required:** YES / NO

Medications *(relevant: MAOI, phenothiazines, tricyclics, beta-blockers..)*

Infective Risk YES / NO

☐ HIV ☐ Hepatitis B ☐ Hepatitis C ☐ MRSA
☐ other _____

Risk of poor wound healing/ wound infection YES / NO

☐ systemic steroids ☐ immunosuppressants ☑ diabetes mellitus
☐ peripheral vascular disease ☐ ulcerated/infected lesion

☐ **Smoker : YES / NO** _____ **cpd**

Operative risks discussed with patient YES / NO

☑ Infection ☑ bleeding ☑ nerve damage
☑ scarring ☐ wound dehiscence ☐ incomplete excision

Biopsy request *(Please mark site overleaf)*

☐ incisional ☐ excisional ☑ curettage ☐ shave

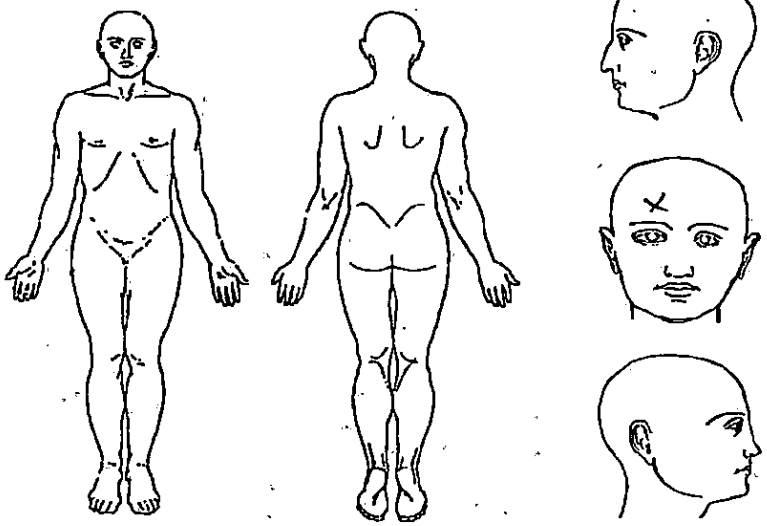
☐ punch _____mm ☐ elliptical
☐ flap/graft ☐ other _____

Follow up ☐ appointment _____ weeks ☐ discharge to GP ☑ pending results

Operation notes **Please complete fully**

Consent:	☐ written ☐ verbal ☐ other _____

Site: _____



Maximum diameter
= ..... mm

CSC CENTRAL FOREHEAD

Biopsy type:	☐ **incision** ☐ **excision** ☐ shave ☐ curettage: *single/double/triple* ☐ punch [2mm 3mm 4mm 5mm 6mm] *Please circle* ☐ elliptical ☐ circular ☐ flap/graft ☐ other_____
Anaesthetic: *(Local)*	☐ 0.5% lignocaine ☑ 1% lignocaine ☐ 2% lignocaine ☑ with adrenaline ☐ no adrenaline ☐ other _____ ♦ **Total amount used** 1 mls
Haemostasis:	☐ chemical ☑ hyfrecator 14 high/low ☐ sutures _____ ☐ pressure
Closure:	☐ glue ☐ steristrips ☐ sutures ☐ secondary intention subcuticular number_____ size_____ type_____ cuticular number_____ size_____ type_____ ♦ Removal of sutures _____ days – GP / Dermatology unit / District Nurse

Excision Margins:	a) **Lateral** = _____ mm b) **Deep** = ☐ intradermal ☐ just below dermis ☐ cuff of s/c fat ☐ fascia ☐ deeper

Additional notes:

Investigations:	☑ H&E ☐ IMF ☐ culture ☐ EM ☐ other_____

Sharps bin:	☑ Needles	☑ Scalpel blade	☑ Sutures

Surgeon (Print) Soucal Position Specr Assistant NOLAN

Date completed: 14/5/25

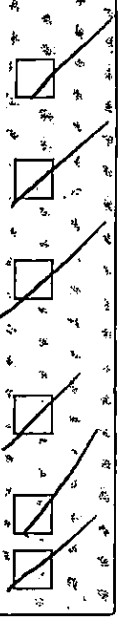
Surgical Safety Checklist
GG&C Dermatology Directorate

0603546323 F
WATSON 06/03/1954
Mary

Date: 14/5/25

Before lying on bed (all boxes must be ticked before proceeding)

1. **identity** ask the patient their name and date of birth
   procedure 'do you know what you are having done today?' does this agree with the clinical notes?
   site ask patient to point to lesion - does this agree with clinical notes, photos and/or diagrams? Patient
   * mark the site at this stage * e.g. circle or arrow – **this is not the surgical margin** show the patient the marked site to confirm (may need mirror)
2. **check** the pre-assessment form in particular - allergies, pacemaker / implant, defibrillator
3. ensure **informed** consent has been gained



Before incision
(to be read out loud)

☑ patients **identity**

☑ **procedure** to be carried out

☑ **site** of the lesion

is there an **allergy?** Septrin (Yes / No)

is there a **pacemaker/ICD?** (Yes / No)

To assistant – **any concerns?**

Before patient leaves
(to be read out loud)

operator - '**sharps** have been disposed'

assistant - '**specimen** is in pot'

assistant - **read** patients name from;
- Label
- Form

I confirm each of the above steps have been checked and read out loud.

Operator
Signature: D Bonhef
Print Name: Soutcol.

Assistant
Signature: Cnolan
Print Name: L. NOLAN

1010 N

Gartnavel General Hospital Breast Clinic

New Patient Assessment

Patient I 0603546323
WATSON
Mary F
28 KENDOON AVENUE 06/03/1954
Glasgow, Lanarkshire
G15 8AX

Date of Clinic **26/3/24**

Doctor **Mr Mansell**

7oys

History

(L) Breast Ca. age 41yrs. Conservation (R) chemo DVT Tam 5yrs.

(L) Breast lump felt by GP. Pt requested mmg.

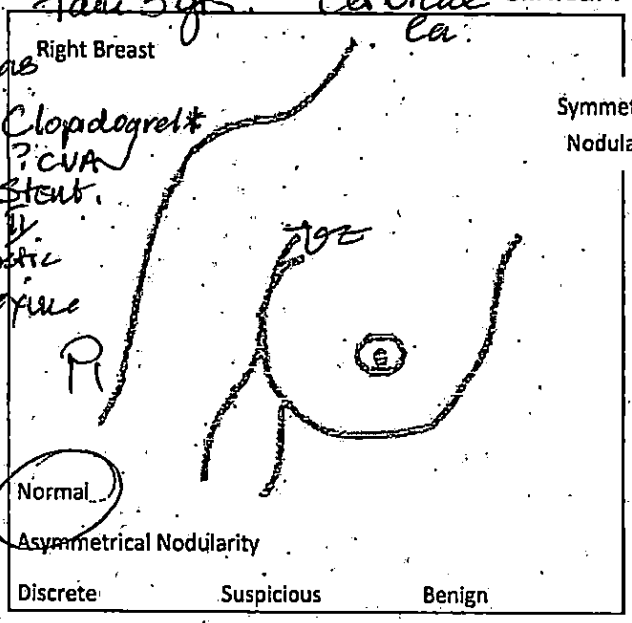
Family History – ♀FH. 4children, ♂smoker

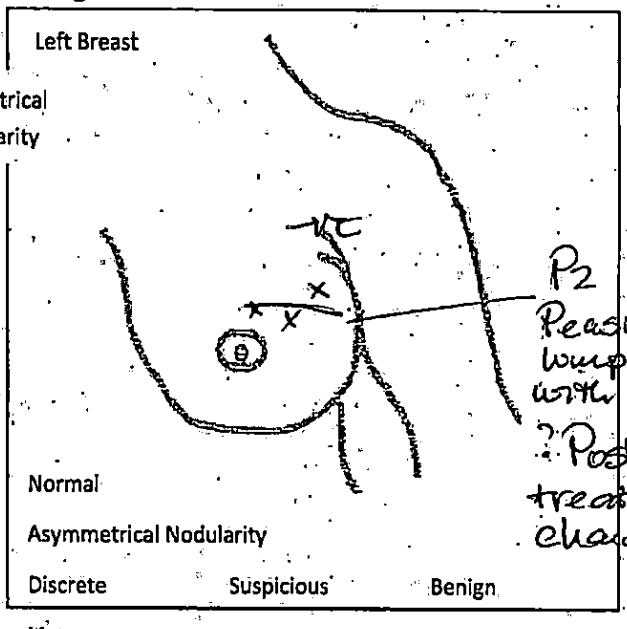
HRT Hysterectomy, ♀HRT.

age 37 Cervical Ca.

Med as ref * Clopidogrel * ? CVA Stent. ? IHD Diabetic Thyroxine

Clinical Findings





Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
M1		M2 scar + increasing dystrophic calc. Coarse calcs at scar site.	Not required Please discuss
Cytology ☐	Core Biopsy ☐	Cytology ☐	Core Biopsy ☐

Overall Impression and Action Plan

Reassured + discharged

A Leslie

Patient Label Sheet

11:10 (R) - Mr Byrne

Mrs M Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

Mrs M Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

Mrs M Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

Mrs M Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

GP Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dr. SC Lyon
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Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

D

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

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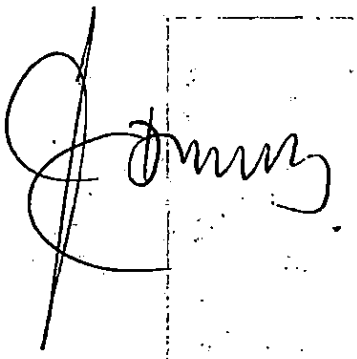
Mary 06/03/1954

Created on 28 Feb 2022 10:56 by Suzanne McCrorie

0603546323 F
WATSON 06/03/1954
Mary
28 KENDOON AVENUE
Glasgow, Lanarkshire G15 8AX

2/3/22

Well.



Patient Label Sheet

10.46

Mrs M Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

GP

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

D

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

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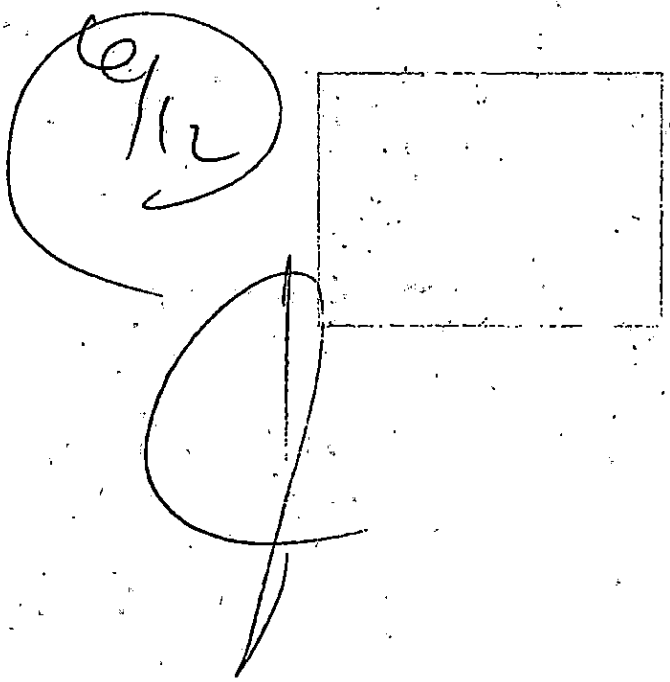
0603546323 F
WATSON
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

4/8/21.

Doing well

2 fear with hyperd.



Patient Label Sheet

Byrne

Miss M Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

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D

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Mary 06/03/1954

Created on 29 Apr 2021 09:21 by Kate Divers

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

05/04/21

Seen by PNR in 2016
IC, hit SFA and.

h for pain — 1yr — toes.

(h) Ischaem healing + toes 3+4.

toe 5 was also originally dusky

? Covid toe

CTA

Referred to Intervention
& podiatry

D1

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

mary watson
06 03 54 6323

Date & Time	Telephone Return	Signature, Print Name & Designation
13/1/21	Appointment	GG
16.30	13.58 engaged ✓ 07504 693 894	
13.55	– 0141 390 6900	
	USS 24/12/20	
	FNA Worthing	
	Pmt Breast + Cervical	
	Terrible pain ↑52 got bigger	
	Refer Omar Hilmi	
	B	Mylordo

13949 GGC0072

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date & Time		Signature, Print Name & Designation
14/11/20		GG
	> 1 year	
	(R) earache - lasts all day - few days, off weeks.	
	Pain (R) side of head int	
	Swelling below ear	
	No discharge	
	Hearing OK Poor memory	
	Past - Cervical + Breast CIN cancer, GB op	
	Drugs statin thyroxine aspirin 75mg PR (dot parts of body)	
	Allergies Septrin. GTN spray. PRN	
	Smoker	
	OE / TM ✓✓	
	2 x 1 cm fullness behind angle of jaw	
	USS Neck + FNA	
	FBC / Clotting screen	
	See 1/12	
	Telephone consultation	
	07504 693894	

Dermatological Surgery - Pre-operative Risk Assessment & Biopsy Request

Part 2

Operation note Date 18/04/2018

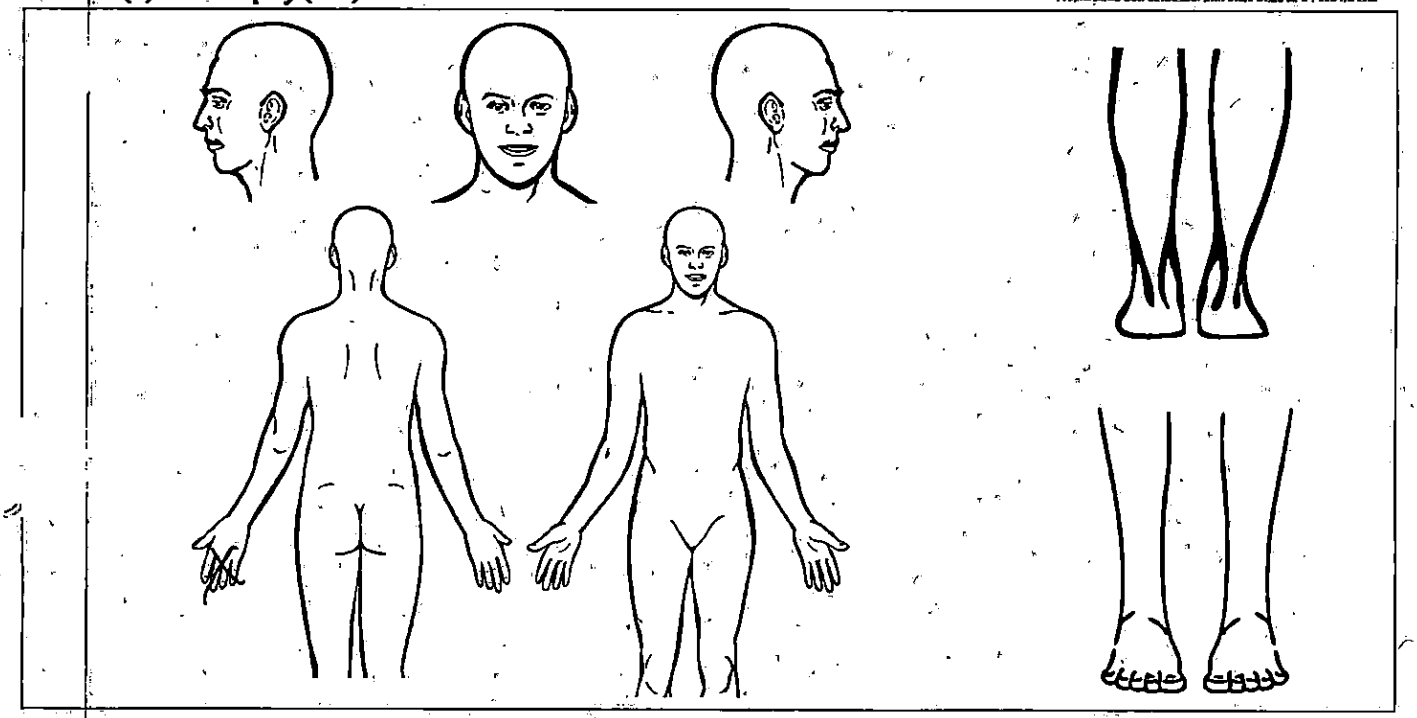
Patient data

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Tel No.:

1. Consent ☑ written ☐ verbal
   ☐ other _____

2. Site(s) of biopsy(ies)



3. Biopsy type
   a. ☐ incision ☐ excision
   b. ☑ curettage ☐ shave ☐ elliptical ☐ margin taken _____ mm
   ☐ punch [☐ 2 mm ☐ 3mm ☐ 4mm ☐ 5mm ☐ 6mm]
   ☐ other _____

4. Local anaesthetic
   ☐ 0.5% lignocaine ☑ 1% lignocaine ☐ 2% lignocaine
   ☐ other _____ ☑ with adrenaline ☐ no adrenaline

5. Haemostasis
   Quantity used 1 ml
   ☐ chemical ☐ hyfrecator _____ high/low ☐ sutures

6. Sutures
   ☐ subcuticular number _____ size _____ type _____
   ☑ cuticular number _____ size _____ type _____
   Removal of sutures _____ days - GP/Dermatology unit/DNurse

7. Additional notes

8. Investigations ☒ H&E ☐ IMF ☐ culture ☐ EM
   ☐ special stains _____

9. Follow-up ☐ appointment _____ weeks ☐ discharge to GP

10. Doctor (Print) Anne Thomas Nurse Eileen Aird

MIS • 238141

Alan Lyell Centre for Dermatology

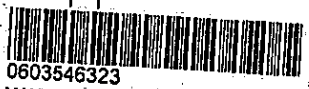
Dermatological Surgery

Pre-operative Risk Assessment & Biopsy Request

Part 1

GRI ☐ VIC ☐
STB ☐ RAH ☐
WIG/GGH ☐ IRH ☐
SGH ☐

NHS Greater Glasgow and Clyde



0603546323
WATSON
Mary F
06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date: 18 / 4 / 18
Doctor: G Vernon
Biopsy date: _____

1. Bleeding Risk

- ☑ aspirin — continuing/stopped _____
- ☐ NSAID — continuing/stopped _____
- ☐ warfarin — continuing/stopped _____
- ☐ for pre-op INR
- ☐ bleeding disorder _____

2. Anaphylaxis Risk

- ☐ previous anaphylaxis
- ☐ latex allergy
- ☐ rubber allergy
- ☑ other Septrin
- ☐ previous local anaesthetic reaction

3. CV/Respiratory Risk

YES / NO

- ☐ pacemaker
- ☐ defibrillator
- ☐ valve defect/prosthetic valve
- ☐ CV/respiratory impairment
- ☐ drugs
- ◆ **Antibiotic prophylaxis required YES / NO**

4. Infection Risk ☐ immunocompromised ☐ diabetes mellitus

YES / NO

HIV	Hepatitis B	Hepatitis C	MRSA
☐	☐	☐	☐

☐ other _____

5. Risk of poor wound healing

YES / NO

- ☐ systemic steroids
- ☐ immunosuppressants
- ☐ peripheral vascular dis.
- ☐ conn. tiss/collagen dis.
- ☐ diabetes mellitus
- ◆ **Smoker** YES / NO _____ **cpd**

6. Operative risks discussed wound healing

YES / NO

- ☑ infection
- ☑ bleeding
- ☑ nerve damage
- ☑ wound dehiscence
- ☐ scarring

7. Biopsy request

a. ☐ incisional ☐ excisional

b. ☑ curettage ☐ shave ☐ elliptical

☐ punch _____ mm ☐ flap ☐ other _____

MIS • 238141

1 · 13.30

Gartnavel General Hospital Breast Clinic

New Patient Assessment

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date of Clinic 22.10.15

Doctor Wilson

History

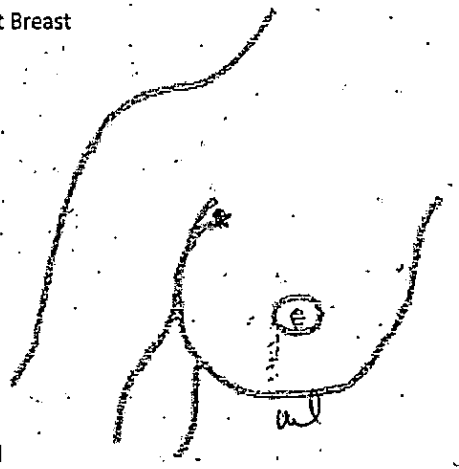
~ Hill aware of it; acute obvious;
~ no other breast changes, lt a bit tender

Family History

HRT under active thyroid; Migraine).
pain) surgery.
Right lt hysterectomy
Lump ptsh Fibroadenoma + slight

Clinical Findings

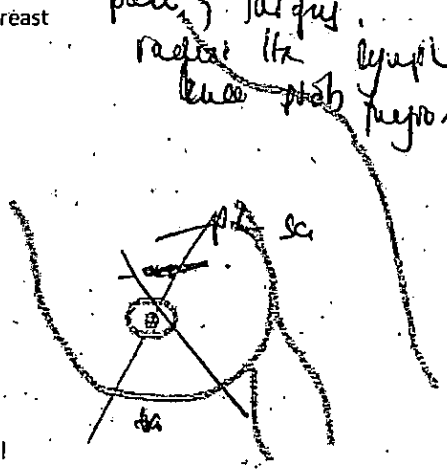
Right Breast



Symmetrical
Nodularity

Normal
Asymmetrical Nodularity
Discrete Suspicious Benign

Left Breast



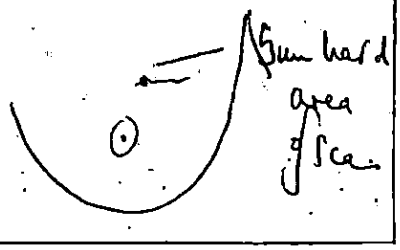
Normal
Asymmetrical Nodularity
Discrete Suspicious Benign

Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
			DC

Cytology ☐ Core Biopsy ☐ Cytology ☐ Core Biopsy ☐

Overall Impression and Action Plan



Western Infirmary Breast Unit

Radiology Results

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Date 6/7/15

Right

Mammogram	Ultrasound
R1	

Left

Mammogram	Ultrasound
No change of 23/8/10. Scar + R2 calcs LOQ. Nil new.	At 1o'clock = scar + Ca on mammo area of shadowing. Nil discrete

Western Infirmary Breast Unit
New Patient Assessment Clinic

Pa
0603546323
WATSON F
Mary 06/03/1954

Date of Clinic 6/7/15

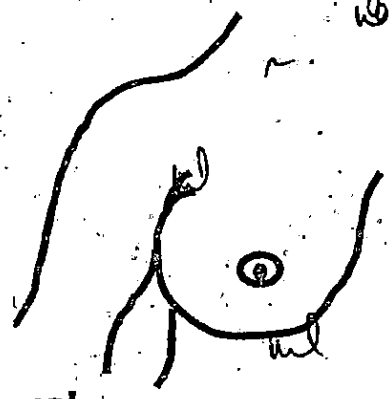
Doctor WILSON 61.

History (L) Br Cancer. Slobbell - surgery WLE, radio + chemo, tamoxif. Small lump scar (L) breast. Left sore - no skin changes

Family History ~ (41) HRT ~ thyroid stable cervical Ca.

Clinical Findings

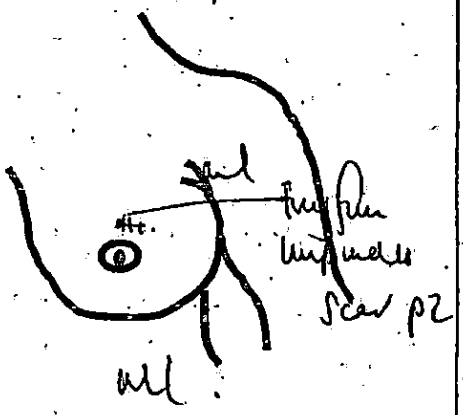
Right Breast ~ no other lumps no lumps



Symmetrical Nodularity

Normal
Normal
Assymetrical Nodularity
Discrete Suspicious Benign

Left Breast 37



Normal
Assymetrical Nodularity
Discrete Suspicious Benign

Investigations

Right Breast		Left Breast	
Mammogram	Ultrasound	Mammogram	Ultrasound
Cytology	Core Biopsy	Cytology	Core Biopsy

Overall Impression & Action Plan

CHI Number: 0603546323 Patient Name: WATSON, MARY

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: General Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel General Hospital

Patient Details		GP Details	
Name	WATSON, MARY	Name	LYON, SUSAN
Address	28 Kendoon Avenue GLASGOW G15 8AX	Address	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	50623238H
Telephone	9441246	Consent	Yes
CHI Number	0603546323	Sensitivity	Sensitive
Sex	Female	Consultant Name	CLANCY 19/5/10 8AM
Date of Birth	06/03/1954	Requires Transport	No
		Religion	

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	CAROL WATSON	
Address	117 BYRES CROFT ROAD	
Landline	07515459746	
Mobile		
Relationship	DAUGHTER	

Assessment Details					
Assessor	P.DEVLIN	Grade	5	Date	12/05/2010
Ward	WIG LEVEL 10				

Surgery / Procedure Attending For
LAP CHOLE

Anaesthetic History	
1 Previous GA	
Have you had a General Anaesthetic before?	Yes
Were there any problems?	No

CHI Number: 0603546323 Patient Name: WATSON, MARY

2. Previous LA	
Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No

3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	Yes
Details	TOP SET

4. Reduced neck movement	
Do you have any neck or jaw stiffness?	No

5. Other Risk	
Has anybody in your family had a serious reaction to an anaesthetic?	No

6. Heartburn	
Do you suffer from heartburn or indigestion?	Yes
Is it relieved by medication?	Yes
Do you have a hiatus hernia?	No
Do you have acid reflux?	Yes
How often does it occur?	less often than monthly

7. Sickle Cell Disease (risk factor)	
Do you have sickle cell disease?	No
Are there risk factors for sickle cell disease?	No

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes
Details of relevant surgical history	HYSTERECTOMY LUMPECTOMY +ANC
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	

CHI Number: 0603546323 Patient Name: WATSON, MARY

Cardiovascular	
9. Hypertension	
Do you have high blood pressure?	Yes
Are you on treatment for high blood pressure?	

10. Arrhythmias					
Symptoms:	Irregular heartbeat	No	Palpitations	No	Atrial Fibrillation	No
How often does it occur?					
Are they assosciated with exercise?					
Does it cause you to faint?					

11. Angina	
Do you suffer from Angina?	Yes
11a. Is your angina worsening?	No
11b. How often do you get angina?	Less Often
11c. What level of exertion causes angina?	Strenuous or rapid, prolonged exertion
11d. Have you had coronary artery stents inserted?	No

12. Heart Attack	
Have you had a heart attack?	No

13. Heart Murmur	
Do you have a heart murmur?	No

14. Blackouts	
Do you suffer from blackouts?	No

15. Heart Failure	
Have you been diagnosed with heart failure?	No

Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	

CHI Number: 0603546323 Patient Name: WATSON, MARY

Do you have asthma, bronchitis, COPD, or emphysema?	No

17. URTI (Upper Respiratory Tract Infection)

Have you recently had a cold?	No

Neurological

18. Stroke

Have you had a stroke or TIA?	No

19. Epilepsy

Do you have epilepsy?	No

20. Neurological Disease

Do you have any neurological or muscular disease?	No

21. Physical Disability

Do you have a physical disability?	No

Haemotological

22. Bleeding Disorder

Do you suffer from prolonged bleeding or excessive bruising?	No

23. Previous DVT

Have you had a DVT?	No

24. Anaemia

Do you suffer from anaemia?	No

Miscellaneous

25. Kidney Disease

Do you have renal failure?	No

26. Liver Disease

Do you have liver disease or suffer from jaundice?	No

CHI Number: 0603546323 Patient Name: WATSON, MARY

27. Diabetes	
Do you have diabetes?	No

28. Arthritis	
Do you have arthritis?	Yes
28a. Do you have rheumatoid arthritis?	No
28b. Is this associated with reduced neck movement?	No
28c. Do you have restricted movement of your jaw?	No

29. CJD	
Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?	No

30. Other	
Do you have any serious physical/psychiatric illness or learning difficult not already mentioned?	No

Exercise Tolerance	
31. What best describes your level of fitness?	Climbs stairs without stopping

Social History		
32. How many units of alcohol each week?	0.00	units/week

33. Smoker	
Do you smoke?	Yes
How many each day?	15.00

34. Drug Abuse	
Do you currently or have you ever used intravenous or recreational drugs?	No

35. Pregnant	
LMP	
Are you pregnant?	No
Could you be pregnant?	No
Details	

CHI Number: 0603546323 Patient Name: WATSON, MARY

36. Language	
Can the patient speak English?	Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

LEVOTHYROXINE 100MCG OD, DIHYDROCODINE 30MG OD, OMEPRAZOLE 20MG OD, GTN SPRAY

Does the patient take any of the following?	
Anticoagulants	No
Clopidogrel	No
Aspirin	No
OCP	No
Digoxin	No
Amiodarone	No
Lithium	No
Diuretics	No
MAOIs	No

38. Herbal Remedies	
Are you taking any herbal remedies or complimentary medicine?	No

39. Steroids	
Have you taken regular oral steroids in the last year?	No

40. Allergies

Current Drug Allergies and Adverse Reactions

Category	Anaesthesia	Drug	SEPTRIN	Reaction(s)	Anaphylaxis

Current Non-Drug Allergies and Sensitivities

Implants

41. Pacemaker

Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	No

CHI Number: 0603546323 Patient Name: WATSON, MARY

43. Coronary stents	
Have you had coronary artery stents inserted?	No

Examination			
44. Age (years)	56		
Weight (kg)	55.5		
Height (m)	1.525	BMI	24

45. Risk of sleep apnoea			
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?	No		
How likely are you to fall asleep or doze in the following situations?			
a) Sitting and reading	No Chance		
b) Watching TV	No Chance		
c) Sitting inactive in a public place	No Chance		
d) As a passenger in a car for an hour without a break	No Chance		
e) Lying down to rest in the afternoon when circumstances permit	Moderate Chance		
f) Sitting and talking to someone	No Chance		
g) Sitting quietly after lunch without alcohol	No Chance		
h) In a car while stopped for a few minutes in traffic	No Chance		
Status based on sleep apnoea score	No risk of sleep apnoea	Score	2

46. Blood Pressure			
Systolic/Diastolic BP	117	/	73

47. Pulse		
Pulse Rate	83	/ min
Rhythm		

48. Oxygen Saturation	97	%

49. Urine Analysis	
Result	
Details	

CHI Number: 0603546323 Patient Name: WATSON, MARY

50. VTE Risk			
Is patient at risk of VTE?	No	Do they require prophylaxis?	No

Day Surgery Criteria	
51. Day Surgery Criteria	
Is the procedure suitable for day surgery?	No

Investigations		
Investigation	Required	Requested
FBC	Yes	Yes
Ferritin	No	No
Folate	No	No
B12	No	No
HbA1c	No	No
Glucose	No	No
Group & Save	Yes	Yes
Cross Matching	No	No
Coagulation Screen	No	No
Thrombophilia screen	No	No
Sickle Dex Test	No	No
Hb Electrophoresis	No	No
U&Es	Yes	Yes
LFTs	Yes	Yes
TFT	Yes	Yes
Lithium level	No	No
Digoxin level	No	No
Amylase	No	No
CRP	No	No
Calcium/Bone	No	No
ECG	Yes	Yes
ECHO	No	No
PEFR	No	No
PFT	No	No
C-Spine X-Ray	No	No
Chest X-Ray	No	No
MRSA Screening	Yes	Yes
Pregnancy Test	No	No

CHI Number: 0603546323 Patient Name: WATSON, MARY

Temperature	No	No

Pre-op Assessment Summary	
Assessor	P.DEVLIN
Grade	5
Summary	

CONTACT NO 01419443074.

BREAST CA 1996 - CHEMO 1996

CERVICAL CANCER 1994 - RADICAL HYSTERECTOMY.

HYPOTHYROIDISM - CONTROLLED WITH MEDS

HEARTBURN - CONTROLLED WITH MEDS

Referrals and Type of admission - Recommended Admission pathway		
Referral by Nurse to:	Anaesthetist	No
	Surgeon	No
	Haematologist	No
	Cardiologist	No
	GP	No
	Cardiac Technician Pace Reset	No
	Cardiac Technician Pace Check	No
Nurse to arrange the attendance of:	Carer	No
	Interpreter	No
Nurse to:	Inform ward staff regarding the risk of alcohol withdrawl	No
Referral by Anaesthetist to:	Surgeon	No
	Haematologist	No
	Cardiologist	No
	Cardiac Technician	No
	GP	No
Type of admission to be decided by:		
Type of Admission:	SDA	
Admission Deferred:	No	

Advise to take usual anti-reflux medication	Yes
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	Yes

CHI Number: 0603546323 Patient Name: WATSON, MARY

Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse).	No
Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available if the patient is taking methadone	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

Acute Services Division

Surgery and Anaesthetics Directorate

Department of Pre Op Assessment Unit

Specialty: General Surgery

NHS Greater Glasgow and Clyde

PreAdmission Form Release 1.0

Hospital Name:

Patient Details		GP Details	
Name:	WATSON, MARY	**Name:**	LYON, SUSAN
Address:	28 Kendoon Avenue GLASGOW	**Address:**	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS
Postcode:	G15 8AX	**Telephone:**	
Correspondence Address 1:		**Consent:**	Yes
Correspondence Address 2:		**Sensitivity:**	Sensitive
Correspondence Postcode:		**Consultant Name:**	CLANCY
Telephone:	9441246	**Admission Date:**	19/05/2010
CHI Number:	0603546323	**Time:**	08:00:00
N:	50623238H	**Ward:**	WIG LEVEL 10
D.O.B:	06/03/1954	**Procedure/Operation:**	LAP CHOLE

Observations

Temperature (celcius)		**Resps (per min)**		**Heart Rate (bpm)**	
Blood Pressure (mmHg)		**O2 Sats (%)**		**S/Mews Score**	
Changes Since POA?	*Yes*		*No*		

Current Drug Allergies and Adverse Reactions

Category	Anaesthesia	Drug	SEPTRIN	Reaction(s)	Anaphylaxis

Current Non-Drug Allergies and Sensitivities

Emergency Contact Numbers

Name	
Relationship	
Phone	

Discharge	**Yes**	**No**
Estimated Date		
Transport Required		
Supervising Adult for Discharge		

Home Circumstances		**Yes**	**No**
Lives with Family Carer			
Lives Alone			
Elderly/Disabled Partner			
District Nurse	days/wks		
Home Help			
Other Services			

Medicines	**Yes**	**No**
Own Supplied		

Valuables	**Yes**	**No**
Valuables Returned		

MRSA

Positive	**Negative**	**Unknown**

Activities of Daily Living	NOTE: NOT REQUIRED FOR DAY SURGERY
Safety and Comfort	
Breathing and circulation	
Maintaining Body Temp	
Personal Hygiene	
Elimination	
Sleep	
Mobility	
Eating and drinking	
Skin Condition/Waterlow score	
Communication (including anxiety & fear) Aids worn?	

Date		Admitted By	

CHI Number: 0603546323 Patient Name: WATSON, MARY

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: General Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel General Hospital

Patient Details		GP Details	
Name	WATSON, MARY	Name	LYON, SUSAN
Address	28 Kendoon Avenue GLASGOW G15 8AX	Address	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	50623238H
Telephone	9441246	Consent	Yes
CHI Number	0603546323	Sensitivity	Sensitive
Sex	Female	Consultant Name	CLANCY 19/5/10 8AM
Date of Birth	06/03/1954	Requires Transport	No
		Religion	

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	CAROL WATSON	
Address	117 BYRES CROFT ROAD	
Landline	07515459746	
Mobile		
Relationship	DAUGHTER	

Assessment Details					
Assessor	P.DEVLIN	Grade	5	Date	12/05/2010
Ward	WIG LEVEL 10				

Surgery / Procedure Attending For
LAP CHOLE

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	TOP SET
Neck/Jaw Stiffness	No	

Other Risk	No	
Heartburn	Yes	Relieved by meds; Has acid reflux; Occurs: less often than monthly
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score	2	

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		HYSTERECTOMY LUMPECTOMY +ANC
Any serious surgical or anaesthetic complication		

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	
Arrhythmias		
Angina	Yes	Frequency: Less Often; Caused by: Strenuous or rapid, prolonged exertion;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	No	
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	No	

Haematological	Yes/No	Details/Problems
Bleeding Disorder	No	
Previous DVT	No	
Anaemia	No	

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	No	
Arthritis	Yes	

CHI Number: 0603546323 Patient Name: WATSON, MARY

CJD Risk	No

Any serious illness not already mentioned?	No

Exercise Tolerance	Yes/No		Yes/No		Yes/No
Climbs stairs without stopping	Yes	Climbs stairs with stopping	No	Cannot climb stairs	No

Social	Yes/No		
Alcohol (units/week)	0		
Smoker	Yes	15 cigs/wk	
Ex Smoker			
IV drug abuser	No	Methadone Req:	
Pregnant	No	LMP	Could Be Pregnant: No

Drug History

List of all drugs (including herbal remedies and complimentary medicine)

LEVOTHYROXINE 100MCG OD, DIHYDROCODINE 30MG OD, OMEPRAZOLE 20MG OD, GTN SPRAY

Patient takes the following drugs

Taking herbal remedies or complimentary medicine	No
Oral Steroids in past year	No

Current Drug Allergies and Adverse Reactions

Category	Drug	Reaction(s)
Anaesthesia	SEPTRIN	Anaphylaxis

Current Non-Drug Allergies and Sensitivities

Prosthesis/Implants	Yes/No		
Pacemaker	No	Date of last Check	Date of Insertion
		Reason for insertion	
		Other Reason	
Prosthesis/Other	No		

Examination

Weight (kg)	55.5	Height (m)	1.525	BMI	24	Temp	
Pulse (bpm)	83	Regular		BP	117/73		
SaO2 (%)	97						

CHI Number: 0603546323 Patient Name: WATSON, MARY

Investigations — The below investigations are required:

12/05/2010

U&E	Yes	FBC	Yes	ECG	Yes
Glucose	No	Coag Screen	No	LFTs	Yes
Group & Save	Yes	Other	TFT; MRSA Screen;		

VTE Risk

Is patient at risk of VTE?	No	Do they require prophylaxis?	No

Pre-operative Assessment Summary — Assessor: P.DEVLIN — Grade: 5

CONTACT NO 01419443074.

BREAST CA 1996 - CHEMO 1996

CERVICAL CANCER 1994 - RADICAL HYSTERECTOMY.

HYPOTHYROIDISM - CONTROLLED WITH MEDS

HEARTBURN - CONTROLLED WITH MEDS

Recommended Admission Pathway

Referral by nurse to:	
Nurse to arrange the attendance of:	
Nurse to:	
Referral by Anaesthetist to:	
Type of admission to be decided by:	
Type of Admission:	SDA
Admission Deferred:	No

Anaesthetic Assessment — Anaesthetist: — Grade:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 29/05/2021

Consultant: Dr Katy McCarthy

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **Watson Mary** DOB: **06/03/1954** CHI: **0603546323**
28 KENDOON AVENUE
Glasgow G15 8AX

Attended on: **29/05/2021 at 02:23 hrs.** Departed on: **29/05/2021 at 05:55 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
?tia

Nursing Assessment:
onset of bilateral arm/hand weakness @2330 resolved before arrival to ed, also c/o dizziness and off balance at times

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. Chol / Triglyceride**	**9. CT Head**
10. CT Angio aortic arch and carotid Both		

Diagnosis:

Diagnosis	Side	Site
Transient Cerebral Ischaemic Attack, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

67 year old, presented with right arm weakness and numbness, dizziness and unsteady on feet. Symptoms resolved on admission. CT head NAD. Had CT angiogram. Reviewed and admitted under stroke.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Anna McClatchey
Doctor

Copies to:

1. SC Lyon (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 27/03/2021

Consultant: Dr John Yates

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **Watson Mary** DOB: **06/03/1954** CHI: **0603546323**
28 Kendoon Avenue
Glasgow G15 8AX

Attended on: **25/03/2021 at 10:11 hrs.** Departed on: **25/03/2021 at 14:01 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
TCI for CT head @10.30

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

67 y.o. referred with a month h/o headache and an episode of imbalance which has improved. Slightly hypertensive, the rest of the obs - normal. Unremarkable examination but unsteady when walking heel to toe. Normal routine bloods. CT head with contrast showed some evidence of small vessel disease and no acute abnormalities. Discussed the importance of quitting smoking which Mary is ging to do. Will also do a 7/7 home BP monitoring. Discharged home with a PRN analgesia

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jason Yang
Doctor

Copies to:

1. SC Lyon (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 27/03/2021

Consultant: Dr Scott Muir

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **Watson Mary** DOB: **06/03/1954** CHI: **0603546323**
28 Kendoon Avenue
Glasgow G15 8AX

Attended on: **24/03/2021 at 14:15 hrs.** Departed on: **24/03/2021 at 20:56 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
own, IAU. Headache.

Nursing Assessment:
AWAITING MAXFAX APPOINTMENT FOR BENGIN TUMOUR IN NECK. OBS STABLE. ONGOING HEADACHES. PAIN 6/10. GCS 15/15, PEARL. MOTOR RESPONSE NORMAL.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. ESR**	**9. CT Head with contrast**
10. CT Head		

Diagnosis:

Diagnosis	Side	Site
Headache		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Seen as return in HOT clinic day after. See EDL 25/3

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jason Yang
Doctor

Copies to:
1. SC Lyon (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 30/01/2021

Consultant: Dr Jonny Gordon

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **Watson Mary** DOB: **06/03/1954** CHI: **0603546323**
28 Kendoon Avenue
Glasgow G15 8AX

Attended on: **30/01/2021 at 13:36 hrs.** Departed on: **30/01/2021 at 14:27 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
black toe

Nursing Assessment:
attended gp on Thursday for pain/bruise on left big toe. gp states it is 'covid toe'. un relieved by analgesia

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Person With Feared Complaint In Whom No Diagnosis Is Made		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

toe pain, discolouration to left big toe, has been there for a couple of weeks, no recent change in presentation, denies injury to area, GP said it might be covid toe but patient denies having covid symptoms and has had 2 recent negative tests - though daughter is apparently an ICU nurse so has potential for exposure. Dorsalis pedis palpable and CRT <2 seconds in affected toe. Advised simple analgesia and monitoring in the first instance and to return to GP if further concerns in due course.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Liam Sabine
Doctor

Copies to:

1. SC Lyon (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 12/06/2017

Consultant: Dr Ronnie Mollah

SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear SC Lyon

Re: **Watson Mary** DOB: **06/03/1954** CHI: **0603546323**
28 Kendoon Avenue
Glasgow G15 8AX

Attended on: **12/06/2017 at 00:09 hrs.** Departed on: **12/06/2017 at 04:45 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
chest pain

Nursing Assessment:
biba - called NHS 24 after sudden onset of pain and heaviness in R arm - patient states hand went cold and changed colour, now resolved. NHS 24 advised patient call 999 and told her this could be a blockage in her heart, she is now very anxious.

Investigations in ED:

1. Bone Profile	**2. CRP**	**3. Glucose**
4. Urea and Electrolytes	**5. D - Dimer**	**6. Full Blood Count**
7. Coagulation screen	**8. Troponin I hs**	

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

4 hour episode of right arm pain/heaviness. no chest pain. brief episode of discolouration to right hand "turned brown". all symptoms resolved prior to arrival in ED. o/e- no sign limb ischaemia, normal colour to hand and pulses upper limb. negative d-dimer and troponin. unclear exact cause of pain. discharged as symptoms resolved. advised return if recurs.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Anthony Kinsey
Doctor

Copies to:

1. SC Lyon (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 0141 211 3213
Enquiries to: yvonne.andrew2@nhs.scot
Letter Date: 07/11/2025
Reference: AT/AMN
Dictated Date: 05/11/2025
Transcribed Date: 06/11/2025

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon ,

Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Thank you for sending this lady who has been complaining of some occasional blockage, discomfort and watery discharge coming from the left side of her nose together with some crusting. She is using Naseptin cream which she finds helpful.

On examination everything was normal.

This is a patient with a previous history with cancers so I did give her two bottles to collect fluid. I did ask her to bring it to your surgery (or back here to me) to be tested for Beta-2 transferrin. I am sending her for a CT scan of her sinuses and blood tests to exclude vasculitis and I will be writing to her with all the results.

Yours sincerely

Mr A Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinical letter - GP: FTA

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: MSK Physiotherapy GGH
Contact Tel: 0141 211 0191
Enquiries to: Anna Bielec
Letter Date: 11/01/2023
Reference:
Dictated Date: 11/01/2023
Transcribed Date: 11/01/2023

Dear Dear Doctor,

Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

GP Action Required: nil

Presenting Condition: R thumb pain

Physiotherapy Comments:

Onset of symptoms - gradual

Mechanism of onset - unknown

Diagnosis - thumb OA

Treatment - splint, exercises

Further Info - X-Ray showed mild OA changed to DIP thumb. Subjectively pt was stating no improvement but on the last session on examination pt had nil pain

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Unchanged.

The patient failed to attend or cancelled review appointment(s) with no further contact.

This patient has now been discharged from our care.

Yours sincerely

Anna Bielec

B5PT

Electronically Signed: ,

cc.

Clinical letter - GP: MSK Physiotherapy 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: 20/04/2015
Reference:
Dictated Date: 20/04/2015
Transcribed Date:

Dear Dr Lyon,

Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

This patient was referred to Physiotherapy on: 9/4/15

Via: Self Referral & GP Referral
Presenting Condition: Right knee pain

She received treatment(s) from 13/4/15 to 20/4/15

GP Action Required: **Please review with patient: symptoms consistent with infection**

Discharge Outcome:

Worse

Additional Physiotherapy Comments:
This patient was referred for insidious right lateral knee and lower leg pain. I understand a recent xray showed normal joint spaces. Objectively this patient has some swelling to the knee and there is palpable heat to the area although there is no discolouration. The patient, who has a history of cancer, tells me she has extensive sleep disturbance due to the knee pain. I understand this patient had a throat infection at the time of onset of the knee symptoms and this was treated with antibiotics. The patient tells me her knee symptoms improved while she was on the antibiotics and returned once these were discontinued.
At review appointment today the patient tells me her symptoms are worsening with deteriorating mobility. I have now increased her walking aid support from unilateral to bilateral.
I understand the patient has been referred to orthopaedics and I have added my own referral to this with details of the worsening mobility.
I don't feel this patient's symptoms are consistent with a musculoskeletal problem given the lack of injury and xray results and she has therefore been discharged from physiotherapy.

Yours sincerely

Charity Bamforth

Physiotherapist

Electronically Signed: Physiotherapist Charity Bamforth, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	General Surgery - Breast
Contact Tel:	0141 451 6048
Enquiries to:	Dionne Wilson
Letter Date:	27/02/2026
Reference:	JM/MB
Dictated Date:	27/02/2026
Transcribed Date:	02/03/2026

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - General Surgery; Clinic - GGIRGS9-MISS REID BREAST FRI AM
Date and Time of Appointment - 27/02/2026 10:20

Clinical Comments:
Background:

1. Left wide local excision and axillary node clearance - 1998

2. Seen at Breast Clinic 2024 - mammogram showed calcification over site of previous scar

3. Previous hysterectomy for cervical cancer

Thank you for referring this 71 year old lady to Ms Reid's Outpatient Clinic. At clinic today Mrs Watson reports new lumpiness over the scar in the left breast. She thinks this may have increased. She reports new tenderness over this in the last two months .She denies any other palpable lumps. There is no history if skin or nipple changes.

This lady was previously seen for a similar presentation in 2024. Mammogram at this time was reassuring simply showing some calcification at the site of previous scar.

On examination today there was no palpable lesion in the right breast. There was no palpable axillary nodes. With regard to the left breast there was some nodularity over the lateral aspect of the scar. There was no other palpable lumps. There was no skin or nipple changes bilaterally. I graded this as P2 at clinic day.

This was investigated with a bilateral mammogram today. The appearances have come back showing M2 within the left breast.

I have discussed this lady's case with Ms Reid and given the reassuring appearances we can discharge her from clinic today. I have given her worsening advice. We would happily re-review her should she require any further assessment.

Yours sincerely

Dr Josh McGovern

ST6 to Ms Reid

Electronically Signed: Dr Josh McGovern, Doctor

cc.

NHS SCOTLAND

Gartnavel General Hospital
1053 Great Western Road
Glasgow
GGC
G12 0YN
Tel: 01412113000

Dr Susan Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

4 Jun 2025

Dear Dr Lyon,

Re: Mary Watson, 28 Kendoon Avenue, Glasgow, G15 8AX
DOB: 6 Mar 1954, CHI: 0603546323, CHI: 0603546323

Mrs Mary Watson attended the Ophthalmology clinic today.

They have visually significant cataract and should benefit from surgery.

Their visual acuity was:

Visual Acuity	Right Eye	Left Eye
Glasses	77	76

After a discussion of the benefits and risks of surgery they have been listed for:

- Cataract extraction and intraocular lens implantation

Both Eyes - Left then Right

The right has been given a guarded prognosis due to epiretinal membrane.

Sincerely,

E:6078491F11V31HI/
WATSON, Mary (Mrs)
CHI: 0603546323, CHI: 0603546323
DOB: 06-03-1954

Lynsey Cowan

Signed on 4 Jun 2025, 14:36

Lynsey Cowan Specialist Optometrist

To: GP : Dr Susan Lyon, Garscadden Burn Medical Practice, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow, G15 7TS

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:	
Contact Tel:	0141 201 6908/6910/6911
Enquiries to:	
Letter Date:	19/03/2025
Reference:	PNL/CLS
Dictated Date:	19/03/2025
Transcribed Date:	08/05/2025

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Dermatology; Clinic - WIAMDE6-DR MAKRYEORGOU WED PM GENERAL
Date and Time of Appointment - 19/03/2025 15:15

Clinical Comments:
DIAGNOSIS:

Nodular lesion ? intradermal naevus ?? basal cell carcinoma – central forehead

Previous left breast cancer

Previous cervical cancer – had hysterectomy

Previous sun bed user

MANAGEMENT:

Routine curettage and cautery of central forehead lesion

Clinical photographs (in GP referral)

FOLLOW UP:

Pending histology

Thank you for referring this 71 year old patient who reports a 2.5 year history of a lesion on the right forehead. This has not changed in appearance and she remains asymptomatic. She is acutely aware of its appearance and often tries to hide it with her hair. Of note she was a sun bed user for 5 years but denies any family or personal history of skin malignancy.

On examination today there was a firm nodule on the central forehead with surrounding telangiectasia. The differential diagnoses are as above. She declined a full skin check today. We have agreed to curette this for histology and will write back with the results.

Yours sincerely

Dr Puo Nen Lim

ST6 in Dermatology

Electronically Signed: Dr Puo Nen Lim, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: General Surgery Breast
Contact Tel: 0141 301 9857
Enquiries to: Lorna.MacRae@ggc.scot.nhs.uk
Letter Date: 26/03/2024
Reference: AP/RM
Dictated Date: 26/03/2024
Transcribed Date: 09/05/2024

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - General Surgery; Clinic - GGJMGS3-DR J MANSELL GS TUES AM
Date and Time of Appointment - 26/03/2024 10:10

Clinical Comments:
I reviewed Mary at Mr Mansell's Breast Clinic. She is a 70 year old lady that was complaining of a left breast lump which she has had for several years post-surgery and has previously been reviewed. She had a left breast cancer at the age of 41, she had left conservation surgery and axillary node clearance for a node positive breast cancer. She had chemotherapy, radiotherapy and had Tamoxifen for five years. She tells me she also had a hysterectomy following a diagnosis of cervical cancer at the age of 37 but has never been on HRT. She is on medication as per referral including Clopidogrel and she thinks this was for possible CVA and she has a stent in situ. She is a type2 diabetic and she is also on Thyroxin for an underactive thyroid. She has no family history of breast or ovarian cancer, she has 4 children and she is a non-smoker.

On clinical examination today the right breast and axilla are satisfactory, P1. In the left breast there are three small pea size palpable lumps within her scar in her left breast, P2 possible post-treatment change. I have arranged for her to have a mammogram and this was reported as M1 on the right showing no worrying features and in the left breast there is M2 scaring and dystrophic classification. Coarse calcification are seen within the scar tissue which are thought to be benign.

I have reassured Marry today, I have discharged her from our service but we would be more than happy to see her back again should she have any further problems in the future.

Yours sincerely

Ann Pearson

Clinical Nurse Specialist

Electronically Signed: Sister Ann Pearson, Sister

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Vascular Surgery
Contact Tel:	0141 451 5946
Enquiries to:	Ashley.Wales2@ggc.scot.nhs.uk
Letter Date:	02/03/2022
Reference:	DSB/AW
Dictated Date:	02/03/2022
Transcribed Date:	07/03/2022

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Vascular Surgery; Clinic - GGDBVA5-MR BYRNE VASC WED AM
Date and Time of Appointment - 02/03/2022 11:10

Clinical Comments:
Mrs Watson returned to see me at my clinic today. She is keeping well. She has no complaints with regards to her legs and she is pleased that her feet are well perfused. Her walking is practically unlimited.

There is no need for her to return to the Vascular Clinic and I have therefore discharged her but should she run into further problems in the future, I would be glad if you would refer her back.

Kind regards

Yours sincerely

Mr Dominique S Byrne

Consultant Vascular Surgeon

Electronically Signed: Mr Dominique Byrne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Vascular Surgery
0141 451 5946
Ashley.Wales2@ggc.scot.nhs.uk

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Vascular Surgery
Contact Tel:	0141 451 5946
Enquiries to:	Ashley.Wales2@ggc.scot.nhs.uk
Letter Date:	04/08/2021
Reference:	DSB/AW
Dictated Date:	04/08/2021
Transcribed Date:	04/08/2021

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Vascular Surgery; Clinic - GGDBVA5-MR BYRNE VASC WED AM
Date and Time of Appointment - 04/08/2021 10:40

Clinical Comments:
This lady returned to my Vascular Clinic this morning. She is doing very well. As you probably know, she recently underwent angioplasty and stenting of her left iliac artery with a surgical approach to her common femoral artery which was patchplastied at the same time. Her left foot is well perfused and her symptoms seem to have resolved. She is very pleased with the outcome.

I will keep her under review and have therefore given her an appointment to return in six months.

Kind regards

Yours sincerely

Mr Dominique S Byrne

Consultant Vascular Surgeon

Electronically Signed: Mr Dominique Byrne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Vascular Surgery
Contact Tel:	0141 451 5946
Enquiries to:	
Letter Date:	05/05/2021
Reference:	DSB/ag
Dictated Date:	05/05/2021
Transcribed Date:	17/05/2021

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Vascular Surgery; Clinic - GGDBVA5-MR BYRNE VASC WED AM
Date and Time of Appointment - 05/05/2021 09:45

Clinical Comments:
Thank you for your letter regarding this lady who came to my vascular clinic this morning. For the last year she has been complaining of pain affecting the toes of her left foot together with a sensation of profound cold. She also noted discolouration of all the toes apart from the second toe. The fifth toe has improved but there is still dusky discolouration of the hallux and toes 3 and 4. The hallux has a purple patch affecting the medial aspect of the pulp of the toe in the terminal segment. This is a source of significant and constant pain.

As you know she was thought clinically to have bilateral superficial femoral artery disease when seen at the vascular clinic 5 years ago. At that time her symptoms were limited to claudication and she was therefore treated conservatively.

On examination today, her popliteal and pedal pulses are unsurprisingly not palpable. However the femoral pulses are also reduced and there is therefore a suspicion that she may now have developed some aortoiliac disease which might have aggravated her previous vascular status. Given the severity of her symptoms and the discolouration of her toes I will arrange for her to undergo an MR angiogram as a matter of some urgency so that we can assess the options for intervention. I will contact her when the results of this scan are available. If there are options for intervening we may proceed directly to these. I will keep you informed of her progress.

Yours sincerely

Mr Dominique S Byrne

Consultant Vascular Surgeon

Electronically Signed: Mr Dominique Byrne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: Podiatry
Contact Tel: 0141 347 8909
Enquiries to: Kirsty.Tamburrini@ggc.scot.nhs.uk
Letter Date: 16/04/2021
Reference:
Dictated Date: 16/04/2021
Transcribed Date:

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Podiatry; Clinic - CHPDR190-PODIATRY DRESSING CLINIC FRIDAY
Date and Time of Appointment - 16/04/2021 13:00

Follow Up: None

Clinical Comments:
S - Patient 35 minutes late due to transport issues. Patient advises she was referred by her GP for assessment/advice for pain in her legs. Patient reports benign tumour in her neck and that she is going to see vascular on the 5th May regarding her legs. Patient reports pain worse in left limb.

O - On examination, limbs cool to touch, sudden temperature drop distal to midfoot, capillary refill 5 seconds bilaterally, very faint pulse present dorsalis pedis right foot, no pedal pulses found left foot - no doppler available in clinic for doppler assessment, hair growth on toes, nails good condition but long today. Left 1st toe increased redness at medial interphalangeal joint and metatarsal phalangeal joint suspect due to pressure/friction from footwear. When asked patient complains of night cramps and intermittent claudication, also reports she smokes but has been trying to stop as of late. No open wounds/clinical signs of infection.

A - Verbal consent gained for treatment. All nails cut and filed due to length today, advised patient to file regularly. Tube foam applied to left 1st due to suspected area of pressure. Advised patient on wearing lace up trainer style shoe to prevent micromovements in the shoe causing friction and possible breakdown - advised that due to poor blood flow and open cuts would take time to heal. Advised general foot care advice today to ensure skin stays intact and robust - patient to contact if any further concerns/deterioration to her foot health.

P - Patient to follow advice and attend vascular for review. To contact sooner if worsening of condition.

E - Suspect patient will require vascular intervention due to pain levels - already referred to vascular by GP.

R - Patient will contact.

Kirsty Tamburrini,

(Bank) Podiatrist.

Electronically Signed: ,

cc. GP

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS.

Main Switchboard:	
Department:	Podiatry
Contact Tel:	0141 347 8909
Enquiries to:	Hugh.McInulty@ggc.scot.nhs.uk
Letter Date:	09/04/2021
Reference:	
Dictated Date:	09/04/2021
Transcribed Date:	09/04/2021

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Podiatry; Clinic - WSP1R19-GENERAL PODIATRY 1 FRIDAY AM
Date and Time of Appointment - 09/04/2021 11:00

Clinical Comments:
Contacted patient who said that she has an appointment for vascular clinic and that G.P wanted her feet checked. Patient said that at present all areas of her feet are intact but that there are areas of callus. Mary said that she had been told she had "Covid Toe" despite not having had Covid-19 but has since been told its her circulation. Patient advised to monitor her feet daily and to contact any problems before appointment. Hugh McInulty Podiatrist

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: karen.clark2@ggc.scot.nhs.uk
Enquiries to: 0141 211 1660
Letter Date: 11/11/2020
Reference: LDC/SP
Dictated Date: 11/11/2020
Transcribed Date: 17/11/2020

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGLCEN5-MS COOKE ENT CLINIC WEDNESDAY AM
Date and Time of Appointment - 11/11/2020 09:40

Requested Out-patient Investigations:
U/S neck FNA. Bloods for FBC and clotting screen.

Follow Up: Tel. consultation one month.

Clinical Comments:

Diagnosis: Neck lump.

nvestigations:

1. Ultrasound and FNA neck lump.

2. Full blood count and clotting screen.

Follow Up: Telephone consultation with results.

Thank you for referring this 66 year old smoker, who has had intermittent right earache for more than a year. It occurs for one to three days at a time, perhaps on alternate weeks. She has a pain on the right side of her head and a slight swelling below her ear. She feels her hearing is okay for her age. There has been no discharge from her ear and she has got a poor memory. She had cervical

cancer in 1991 and breast cancer in 1996. She has had her gall bladder removed. She takes a statin, thyroxine, 75mg of aspirin and a GTN spray.

Her eardrums and ear canals are normal. There was a fullness behind the angle of the mandible over a 2x1cm area. It does not appear to involve the parotid gland.

I have taken a full blood count and clotting screen today. I have requested an FNA and ultrasound scan of her neck. I have arranged a telephone consultation to discuss the results in a month's time. Her telephone number is 07504693894.

Yours sincerely,

Mrs L D Cooke

Consultant Otolaryngologist

Electronically Signed: Mrs Lynn Cooke, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 0141 211 1660
Enquiries to: karen.clark2@ggc.scot.nhs.uk
Letter Date: 12/03/2020
Reference: LDC/SP
Dictated Date: 12/03/2020
Transcribed Date: 17/03/2020

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGLCEN7-ENT MRS L COOK THURSDAY AM
Date and Time of Appointment - 12/03/2020 10:50

Clinical Comments:

Thank you for referring this 66 year old lady, with right ear pain. I understand that she was previously referred to ENT in 2018 and failed to attend her appointment in 2019. A further appointment was sent today but she did not attend.

No further routine appointment will be sent.

Yours sincerely,

Mrs L D Cooke

Consultant Otolaryngologist

Electronically Signed: Mrs Lynn Cooke, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 0141 314 6909
Enquiries to: kerry.gillies@ggc.scot.nhs.uk
Letter Date: 19/06/2019
Reference: PBS/FON
Dictated Date: 19/06/2019
Transcribed Date: 19/07/2019

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGPSEN5-MR SARODE ENT WED AM
Date and Time of Appointment - 19/06/2019 10:00

Clinical Comments:
This patient was referred in June of last year with a history of unilateral ear pain.

She has failed to arrive for her appointment today. It is presumed that this is because she has no further problems.

I have not sent a further appointment.

Yours sincerely

Mr Pramod Baliram Sarode

Associate Specialist in ENT

Electronically Signed: Mr Pramod Sarode, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 2000
Department:	Dermatology
Contact Tel:	0141 201 6910
Enquiries to:	
Letter Date:	18/04/2018
Reference:	GV/LG
Dictated Date:	18/04/2018
Transcribed Date:	18/04/2018

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Dermatology; Clinic - WIMPDE5-DERM DR M PORTER SCS WED AM
Date and Time of Appointment - 18/04/2018 09:20

Clinical Comments:
FAO Dr Barbara Meyer

DIAGNOSIS
Lesion, left middle finger - ? viral wart, ? dysplastic lesion

MANAGEMENT
Curettage and cauterisation

FOLLOW-UP
Pending pathology

Thank you for referring this 64 year old lady who I reviewed today with Dr Mackintosh, Consultant Dermatologist. This lady presents with concerns regarding a lesion on her left middle finger which has gradually been increasing in size over the last one year. It is asymptomatic but tends to catch on things from time to time.

Mrs Watson has a history of breast and cervical cancer and has previously undergone chemotherapy. She has never lived abroad and denies any sunbed use in the past. She is currently a smoker.

On examination, there is a 3 mm lesion present on the left middle finger which has a thickened base and a small keratin horn. Its features are not felt to be particularly concerning and, more likely, represent a viral wart. We have arranged for a curettage procedure to be carried out this morning to exclude any possible dysplastic lesion and we will be in touch when the pathology results are available.

Yours sincerely

Dr Gayle Vernon

GPST2, Dermatology

Electronically Signed: Dr Gayle Vernon, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Department of Surgery - Breast
Contact Tel:	0141 301 9859
Enquiries to:	June.Kirkland@ggc.scot.nhs.uk
Letter Date:	25/04/2017
Reference:	CW/AM
Dictated Date:	25/04/2017
Transcribed Date:	26/04/2017

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - General Surgery; Clinic - GGCWGS3-MR WILSON BREAST RETURN CLINIC TUE AM
Date and Time of Appointment - 25/04/2017 09:00

Follow Up: Mammogram organised. Review appt in one year.

Clinical Comments:
Mary returned to the clinic today where she was concerned about lumpiness and pain in the lateral aspect of her left breast, one of which she had conservation surgery for an excellent prognosis cancer 20 years ago.

A the clinic today there was no lumps to be felt or any clinical worry. I have reassured Mary as I'm sure you have aswell that I think this is all coming from her muscle underneath her chest wall. I've arranged for her to have a mammogram today and to try some topical anti-inflammatory gel.

I hope I've added to her reassurance.

Kind Regards

Mr Christopher Wilson

Consultant Surgeon

Electronically Signed: Mr Christopher Wilson, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Vascular Surgery
0141 451 5944
Moyra.Harris@ggc.scot.nhs.uk

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Vascular Surgery
Contact Tel:	0141 451 5944
Enquiries to:	Moyra.Harris@ggc.scot.nhs.uk
Letter Date:	27/10/2016
Reference:	PNR/nh
Dictated Date:	27/10/2016
Transcribed Date:	28/10/2016

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Vascular Surgery; Clinic - GGPRVA7-MR ROGERS VASC THUR AM
Date and Time of Appointment - 27/10/2016 10:45

Clinical Comments:
Thank you for your helpful letter about this patient. I agree with your assessment. She gives a classical history of intermittent claudication and examination confirms that she has a superficial femoral artery obstruction on the left with no pulses palpable beyond the femoral. On the right side I can't feel her popliteal pulse but she does have foot pulses on this side. I conclude therefore that she has bilateral superficial femoral artery occlusions and on the right side this occlusion is well collateralised giving her pulsatile flow on the foot

Given that her femoral pulses are satisfactory I don't think that she should have angiography because we wouldn't intervene for superficial femoral disease alone. The most important thing as far as this patient is concerned is that she should stop smoking and she seems determined to do this. I have also encouraged her to continue walking in the expectation that over a period of many months her symptoms should improve gradually. I note they have already started her on an antiplatelet in addition to her statin. I have not arranged to see her again.

Yours sincerely

P N Rogers

Consultant Surgeon

Electronically Signed: Mr Paul Rogers, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Vascular
Contact Tel: 0141 451 5944
Enquiries to: moyra.harris@ggc.scot.nhs.uk
Letter Date: 30/06/2016
Reference: SG/BB
Dictated Date: 30/06/2016
Transcribed Date: 04/07/2016

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - Vascular Surgery; Clinic - GGPRVA7-MR ROGERS VASC THUR AM
Date and Time of Appointment - 30/06/2016 10:45

Clinical Comments:
Thank you for your referral of this 62 year old lady who was seen in Mr Roger's clinic on 30 June 2016.

She presented with pain in her left foot going up to her knee for a long time but worse recently as it occurs on walking very short distances. She also complained of her foot turning out and a feeling of a twist at her ankle when she tries to bring it into normal position.

On examination of her left lower limb, her foot was cold to touch with a CRT of 4 - 5 seconds although she was wearing fliptos. Her calf was soft and there was no evidence of any foot ulceration, schaemia or necrosis. Her peripheral pulses were present.

She is a current smoker although is in a Smoking Cessation Programme currently and is down to two per day from 10 - 15 a day a month before. She is on a statin but it was noted that she is not on Aspirin although she has a past history of angina and I would be grateful if the GP would look into this.

Following discussion with Mr Rogers, the patient was reassured that there was no evidence of peripheral arterial disease. The patient mentioned that she was diagnosed with plantar fasciitis which could contribute to her symptoms.

Thanking you.

Yours sincerely

Syeda Ghouri,
FY2 to Mr Rogers

Electronically Signed: Dr Syeda Lubna Fathima Ghouri, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Department of Surgery - Breast
Contact Tel: 0141 301 9859
Enquiries to: June.Kirkland@ggc.scot.nhs.uk Anni
Letter Date: 26/10/2015
Reference: LMACD/LM
Dictated Date: 26/10/2015
Transcribed Date: 28/10/2015

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - General Surgery; Clinic - GGCWGS2-MR WILSON BREAST MON PM
Date and Time of Appointment - 26/10/2015 13:30

Clinical Comments:
I saw Mrs Watson back for review today. I had seen her 3 months ago along with Mr Wilson when she had reported a small hard area in the medial aspect of the scar on the left breast. Imaging and ultrasound at that time were consistent with a small area of calcification and Mr Wilson performed a FNA biopsy at that time and FNA hit some hard tissue and was C1. She was brought back for a 3 month review. She herself doesn't feel there is any change in the area although she does remains anxious about it.

I re-examined her today and I do think the area does feels the same as before. It is about roughly a 5 mm hard area at the medial end of the scar, the same position and size as my previous drawing.

I discussed her with Mr Wilson and reassured her today that I don't think this needs any further nvestigation. I have discharged her from the clinic today with breast awareness advice. She knows that we would see her again should she notice any change.

Yours sincerely

Dr Laura MacDonald

Speciality Doctor

Electronically Signed: Dr Laura Macdonald, Doctor

cc.

Department of Orthopaedic Surgery

NHS
Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
GLASGOW G11 6NT

Secretary Tel: 0141 211 6289
Secretary's Fax 0141 211 2466
Physio Secretary: 0141 211 2264

Our Ref: AM/HH
Typed: 24/08/2015

MR LEACH'S ORTHOPAEDIC PHYSIO CLINIC– 19/08/2015

Dr Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

Mrs Mary Watson 06/03/1954 CHI: 0603546323
28 Kendoon Avenue Glasgow Lanarkshire G15 8AX

Condition: Anterior right knee pain

Thank you for your referral. This 61 year old lady attended the orthopaedic clinic today with a history of anterior right knee pain from March of this year. She gives no history of trauma or injury and complains of a sudden onset of anterior lateral patellofemoral joint pain across the right knee from March of this year. Her symptoms at that time were very restrictive and she complained of excruciating pain when walking, ascending and descending stairs or rising from a chair and also episodes of sharp shooting pain at night. Attending the orthopaedic clinic today she reports her symptoms have eased somewhat but continues to have episodes of swelling and giving way with sharp pain anteriorly.

Medically Mrs Watson has a history of cervical and breast cancer and I believe she has a new referral regarding breast lumps. She also complains of a past history of chronic low back ache which had previously affected her walking. She is presently attempting to manage her knee symptoms with Dihydrocodeine, Paracetamol and Ibuprofen.

On examination of the knee today there was no indication of swelling or effusion. She had full active and passive range of movement although complained of hip joint stiffness when assessing knee flexion, this appeared to be comparable over left and right hips with stiffness in her low back. She did however have no knee flexion restriction. All ligaments were stable and intact. Meniscal testing proved negative and patellofemoral compression testing reproduced a sharp impingement pain which mimics her symptoms. Recent knee x-ray from March of this year gave no indication of bony pathology or significant degenerate joint changes, all joint spaces appear well preserved.

Mrs Watson's knee condition would appear to correlate to patellofemoral joint pain. This may well be exacerbated by her poor walking pattern due to her chronic back ache. Certainly from an orthopaedic perspective there are no indications of sinister pathology or degenerate joint changes and examination would correlate to patellofemoral joint pain. There are no indications for surgical intervention and we have discharged her from the orthopaedic clinic.

Yours sincerely

Alistair MacFie
Extended Scope Physiotherapy Practitioner

Clinic Letter

NHS
Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Main Switchboard: 0141 211 2000
Department: Department of Surgery - Breast
Contact Tel: 0141 301 9859
Enquiries to: June.Kirkland@ggc.scot.nhs.uk Anni
Letter Date: 06/07/2015
Reference: LMACD/AM
Dictated Date: 06/07/2015
Transcribed Date: 10/07/2015

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06 Mar 1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

Attendance: Specialty - General Surgery; Clinic - WICWGS2-MR WILSON BR MON PM
Date and Time of Appointment - 06/07/2015 15:00

Follow Up: FNA biopsy taken contact patient with results. Patient to be discharged from Breast Clinic

Clinical Comments:
Thank you for referring this 61 year old lady to Mr Wilson's Breast Clinic where I saw her today. Twenty years ago she had a left breast cancer in Stobhill with wide local excision, radiotherapy, chemotherapy and Tamoxifen. Recently over the last few weeks she has noted a small lump medial to the scar on the left breast, this is not painful, there are no other breast symptoms, she has no family history of breast cancer, she did have cervical cancer in her late 30's and is on Thyroxine and a Statin just now.

On examination today I could detect no focal, palpable abnormality of the right breast or either axilla, he left breast there was a tiny lump medial to the scar this felt quite hard and probably like a calcified oil cyst or small area of calcium. It was just perhaps 4 or 5mm, she had mammograms which were R1 on the right, R2 on the left with no change since 2010 and ultrasound at 1 o'clock, there was scar and calcification and an area of shadowing, nothing discreet, graded initially U3 and down graded U2 after the mammogram. I discussed her with Mr Wilson who also examined her and it felt like a tiny area of calcium he proceeded to an FNA of this and we will phone her with the results but think this is simply related to her scar and part of the ageing process and we have discharged her meantime.

Yours Sincerely

Dr Laura MacDonald

Specialty Doctor

Electronically Signed: Dr Laura Macdonald, Doctor

cc.

BREAST UNIT

Mr C R Wilson **(Tel: 0141-211-6248)**
Miss J C Doughty (Tel: 0141-211-2122)
Miss S Stallard (Tel: 0141-211-2175)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC – 01/03/2011

Ref: KM/KC
Dictated: *01/03/2011*
Typed : *01/03/2011*

Dr Peter Cawston
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Cawston

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Mary has failed to attend two more follow-up appointments at Mr Wilson's Breast Clinic. As you are aware she had a satisfactory examination and mammogram when we saw her at the clinic last August and I have not made any further attempt to get her back to the clinic. Should there be any lingering concerns however we would be delighted to see Mary again.

Kindest regards
Yours sincerely

Dr Katharin MacBain
Specialty Doctor

BREAST UNIT

Professor W D George (Tel: 0141-211-2175)
Miss J C Doughty (Tel: 0141-211-2122)
Mr C R Wilson (Tel: 0141-211-6248)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC – 23/08/2010

Ref: LM/KC
Dictated: *23/08/2010*
Typed : *24/08/2010*

Dr Peter Cawston
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Cawston

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Thank you for referring this 56 year old lady to Mr Wilson's Breast Clinic where I saw her today. She noticed a very small smooth lump in the upper inner quadrant of her left breast recently. This has hot been painful and she has not noticed any other changes to her breasts and in particular no nipple changes, bleeding or discharge. She was diagnosed with breast cancer in 1996 and had a wide local excision and axillary node clearance. She also had chemotherapy and radiotherapy and Tamoxifen. She thought she had had a mammogram recently but in fact the last mammogram was in June of last year. She has no family history of breast or ovarian cancer. She did have surgery for cervical cancer 19 years ago. She has four daughters and is on Thyroxine.

On examination there was evidence of previous surgery to the left breast and axilla but I could not detect any lumps in the left breast. She had mammograms today which were normal other than showing evidence of post-surgery deformity in the left breast.

I asked Dr McBain, one of the other specialty doctors, to examine her and she agreed she could not detect any palpable lump today in the left breast. I asked her to return for review once more in three months.

Yours sincerely

Laura Macdonald
Specialty Doctor

MR CLANCY'S SURGICAL CLINIC – 4TH AUGUST 2010

Direct Line: 0141 211 1750
Fax No: 0141 211 1711

Gartnavel General
1053 Great Western
GLASGOW
G12 0YN

Our Ref: MC/MH
Dictated: 04/08/2010
Typed: 12/08/2010

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

Dear Dr Lyon

Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H
28 Kendoon Avenue, Glasgow, G15 8AX

Mrs Watson failed to attend her out-patient appointment today in the general surgical clinic. I assume from this that she is not having any further problems relating to her gallbladder which we excised on 19th May. I will leave her further care in your hands.

Yours sincerely

Mr Marc Clancy
Consultant Surgeon

DEPARTMENT OF ORTHOPAEDIC SURGERY
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary:	0141 211 2938
Appointment Office:	0141 232 9499
Surgical Waiting List:	0141 211 3186
Department Fax:	0141 211 2466

Our Ref: Jjc/im
Typed: 13/11/2008

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 04/11/2008

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

Dear Dr McAtear

Mrs Mary Watson DOB 06/03/1954 ~ Hosp: 50623238H
28 Kendoon Avenue Glasgow Lanarkshire G15 8AX
CHI: 0603546323

Diagnosis: Ganglion - Attached to flexor tendon
Outcome: Add to W/L - D/C

Thank you for referring this 54-year old right hand dominant lady to the hand clinic. She gives a one year history of painless swelling around the base of her left ring finger on the on the outer aspect of her hand. There is no history of penetrating injury. The lump has not changed in size over the past year and is painless. She does not describe any triggering. On examination she has a half centimetre firm cystic swelling over the base of the left ring finger aspect of her hand which clinically appears to be a flexor sheath ganglion. She is keen to have it removed and her name has been placed on the Day Surgery Waiting List f or this.

Yours sincerely

Jon Clarke
Specialist Registrar in Orthopaedics

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

NHS Greater Glasgow and Clyde

Dr. Judith Marshall
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Printed on: 12/08/2013

Dear Dr. Judith Marshall,

Re: MRS MARY WATSON (CHI 0603546323). 28 Kendoon Avenue Glasgow Lanarkshire G15 8AX

Your patient was seen at the Rapid Access Chest Pain Clinic on 12/08/2013 at The Western Infirmary.

Presenting History

There was no presenting history details given.

Presenting Notes Seveal month (if not longer) history of episodes of sharp cherst discomfort that are not exertional. Feels GTN spray helps (but says it take take about 20 minutes for this to work).

Medications: atorvostatin 80 mg daily, GTN spray, omeprazole 20 mg daily, citalopram 20 mg daily and thyroxine.

Relevant Past Medical History

None.
Ex-smoker. Positive family history. Hypercholesterolaemia. Hypothyroidism. Previous breast and cervical cancer. Limited mobility - might hip and left foot problem.

Investigations

ECG
Heart Rate: 88 (bpm)
Rhythm not recorded.
Conduction not recorded.
Non Ischaemic.

ETT
ETT not done.

Clinical Findings

BP (mmHg) 140/90

Diagnosis and Recomendations

Outcome: Symptoms and test results indicate that ischaemic heart disease is unlikely
Onward referrals:
Further tests:
Anti-anginals: Not required
Secondary prevention: Not required
Risk Factor Management: Please manage cholesterol and blood pressure in line with GGC Guidelines. Consider smoking cessation, physical activity levels, alcohol consumption and weight management
Additional discharge comments: The referral letter indicated that Ms Watson would not be able to undertake an exercise-test and she herself felt that she would never manage this due to her right hip and left foot problems.
On the basis of the history, I do not feel that the non-exertional symptoms are particularly anginal-sounding and I have explained this to Ms Watson.
However, should you feel that further assessment should be undertaken, this could be arranged through a formal cardiology clinic rather than the Rapid Access service.

Yours Sincerely,

Dr Eugene Connolly
Specialty Doctor (Cardiology)
Rapid Access Chest Pain Service

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 201 1100
Department: Stroke Medicine
Contact Tel: 0141-201-2501
Enquiries to: marie.maciver@ggc.scot.nhs.uk
Letter Date: 17/06/2021
Reference: JD/MMACI
Dictated Date: 14/06/2021
Transcribed Date: 16/06/2021

Dear Dr. SC Lyon,

Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX

Admission: Specialty - General Medicine; Ward - QEUH Ward 1C - Stroke Consultant - Dr Jesse Dawson; Date of Admission - 29/05/2021
Date of Discharge - 29/05/2021; Discharged to - Private Residence - no additional detail added

Clinical Comments:

This lady was admitted with some unusual symptoms which sounded much more like perioral paraesthesiae and carpal pedal spasm than actual weakness due to stroke. She was found to have some evidence of underlying cerebrovascular disease on her CT brain so we gave her some preventative treatment anyway.

The report of her CT aortic arch and carotid revealed a small enhancing lesion from the right parotid gland but I see she has already seen the ENT Team to have this assessed.

Yours sincerely

Jesse Dawson

Professor of Stroke Medicine

Electronically Signed: Dr Jesse Dawson, Consultant

cc.

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

DISCHARGE SUMMARY

Consultant in charge: Mr Marc Clancy

Patient:	Mary Watson	Age:	Hosp.no. 50623238H
Address:	28 Kendoon Avenue, Glasgow, G15 8AX	Date of birth:	06/03/1954
		CHI number	0603546323
Admitted:	19/05/2010	Discharged:	21/05/2010
Diagnosis:		Procedures:	Laparoscopic Cholecystectomy

Our Ref: MC/MH

Dictated: 23/10/2010
Typed: 12/11/2010

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

Dear Dr Lyon

Mrs Watson was admitted for an elective laparoscopic cholecystectomy. The procedure and the post-operative recovery were unremarkable. She was discharged with arrangements for follow-up in the general surgical clinic. If you require further information please contact the renal surgical secretaries.

Yours sincerely

Mr Marc Clancy
Consultant Surgeon

NHS SCOTLAND

Gartnavel General Hospital
1053 Great Western Road
Glasgow
GGC
G12 0YN
Tel: 01412113000

Dr Susan Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

3 Mar 2026

Dear Dr Lyon,

Re: Mary Watson, 28 Kendoon Avenue, Glasgow, G15 8AX
DOB: 6 Mar 1954, CHI: 0603546323, CHI: 0603546323

Mrs Mary Watson was discharged from hospital today, having undergone any surgical procedures as listed below.

DIAGNOSIS:

Cataract(s)

PROCEDURES:
Left Phacoemulsification and Intraocular lens

COMPLICATIONS:

Cataract complications: None

POST OP MEDICATIONS:

g. Maxidex QID left eye 4/52
g. Chloramphenicol 0.5% QID left eye 4/52

E:91337//GGSFQB60//
WATSON, Mary (Mrs)
CHI: 0603546323, CHI: 0603546323
DOB: 06-03-1954

FOLLOW UP:

Discharged to community optometrist for post-operative follow-up in 4-6 weeks.

Sincerely,
Dr David Lockington MB BCH BAO (Hons) FRCOphth PhD
Consultant Ophthalmologist with sub-specialty fellowship training in Cornea, Cataract and Anterior Segment

NHS Secretary: 01412111643

David Lockington

Signed on 3 Mar 2026, 11:21

David Lockington

To: GP : Dr Susan Lyon, Garscadden Burn Medical Practice, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow, G15 7TS

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

SUSAN LYONGarscadden Burn Medical Practice,Drumchapel Health Centre,80/90 Kinfauns Drive, Glasgow, G15 7TS

Main Switchboard:
Date of Completion: 12-Jul-2021

Dear SUSAN LYON,

Name	CHI	DoB	Address
Mary Watson	**0603546323**	**06-Mar-1954**	**28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX**

Admitted	Type	Discharged	Destination
05-Jul-2021 14:00	IP	08-Jul-2021	

Specialty	Consultant	Ward	Telephone
Vascular Surgery	Byrne	QEUH Ward 11A Vascular Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Left CFEA with iliac stent (06/07/21)

Last Discharge Review: Patrick Breen (Patrick Breen - FY1) on 08 Jul 2021 09:43

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Atorvastatin 80mg tablets	oral	1 tablet once daily at night					
Clopidogrel 75mg tablets	oral	1 tablet once daily					
Dihydrocodeine 30mg tablets	oral	2 tablets four times daily					Added
Ezetimibe 10mg tablets	oral	1 tablet once daily					Added
Glyceryl trinitrate 400micrograms/dose aerosol SL spy	sublingual	2 doses as required					Added
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily					Added
Levothyroxine sodium 100microgram tablets	oral	1 tablet once daily					
Levothyroxine sodium 25microgram tablets	oral	1 tablet once daily					
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
2021-07-08	Candesartan 8mg tablets	oral	1 tablet once daily		Hypotensive during admission. I have asked Ms Watson to get her BP checked mid week beginning 12/7/2021 with a view to restarting this med.

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2021-07-08	Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily		Stopped Before Admission

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

Clinical Comments:	Dear Doctor Background: hypothyroid, T2DM, HTN Procedure: Left common femoral endarterectomy and iliac stent Mrs Watson was admitted for a planned groin reconstruction and iliac augmentation for a critical left foot. Mrs Watson has been experiencing claudication symptoms for some time. However, this progressed to arterial rest pain. Arterial imaging demonstrated occlusive SFA disease with a proximal stenosis. She underwent the above procedure with stenting through the right groin. The procedure went as planned and Mrs Watson's foot is feeling much more comfortable. There were no post operative complications and she is now fit for discharge home. Of note Mrs Watson's candesartan was withheld during this admission for episodes of hypotension, we would appreciate a review of this in the community at some point next week to assess if candesartan can be reduced or stopped entirely. We plan to follow Mrs Watson up as a routine appointment in Mr Byrnes clinic. If you have any further questions, please do not hesitate to get in touch. Yours sincerely, L Dearie CF Vascular Surgery
Discharge Comments:	
Follow Up:	Yes

	4/52 GGH clinic DSB
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	No

Yours sincerely,

Larissa DEARIE

Prescription Review
Medications reviewed by pharmacist: Carolyn Caulfield (pharmacist)
Checked by: Matthew DAVIDSON (FY1)
Discharged by: Matthew DAVIDSON (FY1)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

SUSAN LYONGarscadden Burn Medical Practice,Drumchapel Health Centre,80/90 Kinfauns Drive, Glasgow, G15 7TS

Main Switchboard:
Date of Completion: 29-May-2021

Dear SUSAN LYON,

Name	CHI	DoB	Address
Mary Watson	**0603546323**	**06-Mar-1954**	**28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX**

Admitted	Type	Discharged	Destination
29-May-2021 05:55	IP	29-May-2021	

Specialty	Consultant	Ward	Telephone
Neurology	Shah	QEUH Ward 1C - Stroke	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

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

Last Discharge Review: Rachel Waldram (Rachel Waldram - FY2) on 29 May 2021 11:31

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Atorvastatin 80mg tablets	oral	1 tablet once daily at night	Yes				Added
Candesartan 8mg tablets	oral	1 tablet once daily	Yes				Added
Clopidogrel 75mg tablets	oral	1 tablet once daily	Yes				Added
Levothyroxine sodium 100microgram tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Levothyroxine sodium 25microgram tablets.	oral	1 tablet once daily	No	Patient's own supply			Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own supply			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
Dispensed by Katie Kilpatrick 29/05/2021 checked by L Beverley 29.5.2021

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, Mary Watson was admitted to QEUH on 29/05/2021 following an episode in which she experienced bilateral perioral paraesthesia, spreading to both arms but right more than left, and leading to right hand going into spasm for approximately 10 minues.

	She also felt unsteady on feet following this. Her symptoms have subsequently fully resolved. PMHx: Hypertension, Previous Migraine, Breast Cancer, Peripheral Vascular disease under investigation (had MRA to investigate earlier this month), impaired glucose tolerance, Ex-smoker - recent cessation. Investigations: CT head showed no acute findings, with small old left frontal and insula infarcts. CT angiography showed some ICA atheroma but no surgical grade stenosis. ECG: Normal sinus rhythm Bloods: including electrolytes were unremarkable. She was managed as possible carpo-pedal spasm, with no features concerning of an acute CVA. Due to vascular history she was managed with secondary prevention. Medication Changes: Antihypertensives and antiplatelets added. DVLA: no driving advice required Hospital Follow-Up: nil required from stroke team. Vascular team as previously arranged. Thank you for your continuing care of this patient, Kind Regards, Acute Stroke Team Ward 1c QEUH
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Rachel WALDRAM

Prescription Review
Medications reviewed by pharmacist: Dominique Sweeney (pharmacist)
Checked by: Lindsay BEVERLEY (Pharmacist)
Discharged by: Angela WELCH (Stroke Research Nurse)

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Main Switchboard:	0141 211 3000
Department:	Ear, Nose and Throat
Contact Tel:	0141 211 3213
Enquiries to:	Yvonne Andrew
Letter Date:	04/12/2025
Reference:	AT/YA
Dictated Date:	30/11/2025
Transcribed Date:	01/12/2025

Dear Ms Watson,

A quick note to tell you that the recent CT scan of your sinuses did not show any significant abnormality. A comment was made about an old "blow-out" fracture in the medial wall of your right orbit which does not require any further attention and also some partially imaged bilateral parotid lesions in keeping with known Warthin's tumour. I do not think any further intervention is necessary. If there is any extra change please report to your GP and if you have any questions please do not hesitate to get in touch.

Yours sincerely,

Mr Alex Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Main Switchboard:	0141 211 3000
Department:	Ear, Nose and Throat
Contact Tel:	0141 211 3213
Enquiries to:	Yvonne Andrew
Letter Date:	17/11/2025
Reference:	AT/YA
Dictated Date:	09/11/2025
Transcribed Date:	13/11/2025

Dear Ms Watson,

A quick note to tell you the recent blood test of yours in the clinic to exclude vasculitis were normal.

Yours sincerely,

Mr Alex Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Dermatology
Contact Tel: 0141 452 3257/ 0141 201 6910
Enquiries to: Dermatology Secretaries
Letter Date: 19/09/2025
Reference: KW/LS
Dictated Date: 12/08/2025
Transcribed Date: 15/09/2025

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Dear Mary,

I am writing to you with the result of your recent skin biopsy taken from the lesion on the centre of your forehead. This has been examined under the microscope and shows a harmless lesion known as a seborrhoeic keratosis which was fully removed at your last procedure. I am pleased to say there was no evidence of any cancerous cells.

No further treatment is required therefore I have not arranged any further follow up at the Dermatology Clinic but if you have any queries related to your results please do not hesitate to get in contact.

Yours sincerely,

Dr Katie Weir

ST3 in Dermatology

Electronically Signed: Dr Katie Weir, Doctor

cc. Copy to GP Dr Lyon

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mary Watson
28 KENDOON AVENUE
Glasgow
Lanarkshire
G15 8AX

Main Switchboard: 0141 211 3000
Department: Vascular Surgery
Contact Tel: 0141 451 5946
Enquiries to:
Letter Date: 10/06/2021
Reference: DSB/mh
Dictated Date: 09/06/2021
Transcribed Date: 09/06/2021

Dear Mrs Watson,

Further to your recent scan, I have had a chance to discuss the images with my radiology colleagues and we feel that we can improve the circulation to your left leg and foot by inserting a stent into the blood vessel at the top of your leg. We would normally expect to be able to do this as a day case which means you would not have to stay in hospital. Hopefully this also means that we can avoid the need for an operation.

I will therefore make arrangements for this and you should expect to hear in the near future with your appointment.

Kind regards

Yours sincerely

Mr Dominique Byrne

Consultant Vascular Surgeon

Electronically Signed: Mr Dominique Byrne, Consultant

cc. Dr SC Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Main Switchboard: 0141 211 2000
Department: Dermatology
Contact Tel: 0141 201 6910
Enquiries to:
Letter Date: 05/07/2018
Reference: LM/LG
Dictated Date: 26/05/2018
Transcribed Date: 03/07/2018

Dear Mrs Watson,

This is a note to let you know the results of the skin biopsy taken from your finger at the Dermatology Clinic. I am pleased to let you know that nothing worrying was found and that the appearances were in keeping with a harmless viral wart.

I hope that removing it by curettage (scraping it off) has resolved the problem for you and it is now healing well.

Kind regards

Yours sincerely

Dr Lorna Mackintosh

Consultant Dermatologist

Electronically Signed: Dr Lorna Mackintosh, Consultant

cc. Dr Barbara Meyer
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Main Switchboard:	0141 211 2000
Department:	GENERAL SURGERY - BREAST UNIT
Contact Tel:	0141-301-9859
Enquiries to:	annmarie.ramsay@ggc.scot.nhs.uk
Letter Date:	05/06/2017
Reference:	CW/AMR
Dictated Date:	26/05/2017
Transcribed Date:	26/05/2017

Dear Mrs Watson,

am very pleased to inform you that the recent mammogram we performed is entirely satisfactory.

Kind regards

Yours sincerely

CHRISTOPHER WILSON

CONSULTANT SURGEON

Electronically Signed: Mr Christopher Wilson, Consultant

cc. Dr S C Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Mary Watson
28 Kendoon Avenue
Glasgow
Lanarkshire
G15 8AX

Main Switchboard: 0141 211 2000
Department: General Surgery - breast
Contact Tel: 0141 301 9859
Enquiries to: June.Kirkland@ggc.scot.nhs.uk
Letter Date: 04/08/2015
Reference: CW/AS
Dictated Date: 27/07/2015
Transcribed Date: 03/08/2015

Dear Mary,

I was very pleased to hear the results of your mammogram and ultrasound being entirely satisfactory, and your needle test showing nothing worrying at all.

I have arranged to see you back at the clinic in approximately 3 months' time for one final clinical review.

Kind regards.

Mr Christopher Wilson

Consultant Surgeon

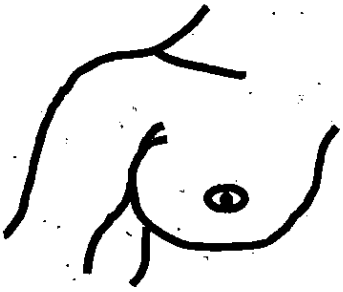
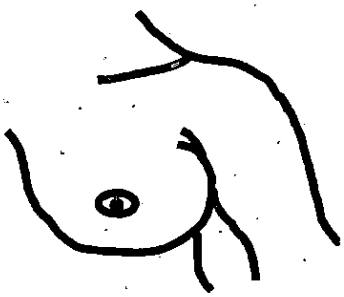
Electronically Signed: ,

cc. Dr S C Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

NHS
Greater Glasgow and Clyde

WEST BREAST Pre-operative and Benign MDT
Date: 08/07/2015

Name: Mary Watson	Age: 61	Postcode G15 Knightswood
CHI: 0603546323		Date of Core: 06/07/2015
Surgeon: Mr Wilson		BCN

Right	Left
	
Mammo:	Mammo:
USS:	USS:
CORE: ER PR HER 2	CORE: ER PR HER 2

Comments: FNA – NON ONCOLOGY
FNA LEFT BREAST MEDIAL TO SCAR-
contains a small fragment of adipose tissue and a few inflammatory cells.No epithelial cells are present.
No malignant cells are seen. (C1)

Plan: Discharge

Oncology OPA (If app):

Case No 7882770 **Case Active** 13/03/2026 22:50 **Case Type** Direct Referral ED

Patient Mary Watson **Sex** F **D.O.B** 06/03/1954 **Age** 72 years

Current Address
28 Kendoon Ave Glasgow

G15 8AX

Home Address (if currently not at home)

Current Phone: 07504 693894 **Home Phone:** **CHI:** 0603546323

Case Origin **Callers Name** **Callers Tel:**

Own Doctor

Surgery Garscadden Burn Medical Practice

NHS24 Received By Azeezat Yusuff (Nhs 24) (Callhandler) (Aurora **NHS24 Triage Start** 22:54

NHS24 Triage By Azeezat Yusuff (Nhs 24) (Callhandler) (Aurora **NHS24 Triage End** 23:22

NHS24 Reported Condition **NHS24 Outcome** AEP

MISTAKINGLY DROPED VAPE OIL IN EYES- 30 MINUTES

NHS24 Recorded Allergies **NHS24 Recorded Medications** **NHS24 Recorded Medical History**

NHS24 Clinical Summary

Clinical summary created by: Azeezat Yusuff (Nhs 24) (Callhandler) () [13/03/2026 22:50:30]
Reason for call: MISTAKINGLY DROPED VAPE OIL IN EYES- 30 MINUTES
Confirmed symptom(s): Confirmed eye problem Eye injury Chemicals into eye
Symptom(s) not found: No current fever
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260313T232438.011 GMT Robyn Logan (NHS 24):MISTAKINGLY DROPED VAPE OIL IN EYES- 1 HOURS. HAD CATARACT SURGERY ON LEFT EYES ON 3RD OF MARCH, USING EYES DROPS IN THE LAST 2 WEEKS, MISTAKINGLY PUT DROP OF VAPE OIL INSTEAD OF EYE DROPS. HAS FLUSHED WITH STERILE WATER IMMEDIATLY AFTER AND FOR LAST HOUR. NO CHANGES TO VISION. NOT BLOODSHOT. DISCUSSED WITH TOXBASE - A&E ASAP Outcome: Pt advised to go to A&E

NHS24 Disposition

Accident & Emergency as soon as possible / 1 Hour

NHS24 NUrse Comments

Reported Condition **Received By** **Received**

TAS Assessment **Assessed By** **TAS Assess Start**
TAS Assess End

Consultation **Consult By** **Consult Start**
Consult End

Examination Details **Clinical Codes**

Diagnosis

Treatment

Prescriptions

Follow-up(s)

NHS SCOTLAND

Gartnavel General Hospital
1053 Great Western Road
Glasgow
GGC
G12 0YN
Tel: 01412113000

Dr Susan Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

4 Feb 2026

Dear Mrs Watson,

CHI: 0603546323, CHI: 0603546323

THIS DOCUMENT IS NOT SENT TO THE ADDRESSEE/CC BUT WILL BE FILED IN THE OPHTHALMOLOGY ELECTRONIC PATIENT RECORD AND CLINICAL PORTAL

PREOPERATIVE ASSESSMENT: FIRST EYE: LEFT

Consultant:	DR ANIJEET		
TCI:	TBA		
Proposed Operation:	Left phacoemulsification and intraocular lens under LA		
AMT 4: (>65yrs)	**Score:**	4	/ 4
How old are you?	1		
What is your DOB?	1		
What is this place?	1		
What year is it?	1		

Comments or alerts:

HX: Peripheral vascular disease NOS, Hypertension
Acquired hypothyroidism, Thumb osteoarthritis,

Lumpectomy of Left breast
21-Dec-1996
benign hysterectomy-30-Sep-1991

-with stent in left groin in situ

History:	**Yes**	**No**	**Details**
Do you live alone?	◉	○	INDEPENDENT
Are you a carer?	○	◉	
Are you very hard of hearing?	○	◉	
Do you have any communication problems?	○	◉	
Do you have any mobility issues?	○	◉	
Have you ever had a bad reaction to LA or GA?	○	◉	
Do you suffer from any of the following?	**Yes**	**No**	**Details**
Lung Disease?	○	◉	
MI/Heart Disease/Angina?	○	◉	
Diabetes?	◉	○	Type: 2
Have you ever had a stroke?	○	◉	

Do you suffer from epilepsy?	○	◉	
Will someone be able to collect you after surgery?	◉	○	**DAUGHTER WILL COLLECT.**

Current Medication – Insert list

Clopidogrel
75 mg Tablets
TAKE ONE TABLET ONCE DAILY

02-Jun-2021
19-Jan-2026

In Practice
Dihydrocodeine
30 mg Tablets
2 TAB FOUR TIMES A DAY IF REQUIRED

10-Jun-2016
19-Jan-2026

In Practice
Levothyroxine Sodium
25 micrograms Tablets
ONE TO BE TAKEN EACH DAY TOTAL DAILY DOSE 125MCG DAILY

13-Sep-2016
19-Jan-2026

In Practice
Ketoconazole
2 % Shampoo
FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)

18-Jul-2018
19-Jan-2026

In Practice
Candesartan Cilexetil
8 mg Tablets
ONE TO BE TAKEN EACH DAY

18-Apr-2023
19-Dec-2025

In Practice
Dapagliflozin
10 mg Tablets
ONE TO BE TAKEN EACH DAY

17-Sep-2024
26-Nov-2025

In Practice
Atorvastatin
80 mg Tablets
ONE TO BE TAKEN EACH DAY

19-Mar-2013
26-Nov-2025

In Practice
Levothyroxine Sodium
100 micrograms Tablets
1 TAB IN THE MORNING TOTAL DAILY DOSE 125MCG

12-May-2011
26-Nov-2025

In Practice
Ezetimibe
10 mg Tablets
ONE DAILY

19-Apr-2018
06-Nov-2025

In Practice
Glyceryl Trinitrate
400 micrograms/dose Pump spray
2 PUFFS SUBLING PRN

12-May-2011
08-Jan-2024

In Practice
Lansoprazole
30 mg Capsules (Gastro-Resistant)
ONE TO BE TAKEN EACH DAY

18-Jun-2021
10-Aug-2023

In Practice
Bisacodyl
5 mg Suppositories
1 OR 2 MON/THURS/SAT

All: Adverse reaction to trimethoprim

NKDA ☐
Details:

Additional comments? Patient Information Leaflets given ☑			
Patient education	☑		
Drop technique	☑		
Interpreter:	**NO**		
Can patient lie flat for half hour?	☑		
Cough / Movements / Claustrophobia:	**NO**		
District nurse required?	☐ **NO**	**Comments:**	
GA instructions given:	**Yes** ○	**NA** ◉	
Observations:			
BP (mm of Hg): 127/64, O2SATS: 97%, TEMP:36.4	**PR: 85**		**BM: 9.3 mmol/L**

Sincerely,

Maribel McKee

Signed on 4 Feb 2026, 09:48

Maribel McKee

To: PATIENT : Mrs Mary Watson, 28 Kendoon Avenue, Glasgow, GGC, G15 8AX
CC: GP: Dr Susan Lyon, Garscadden Burn Medical Practice, Drumchapel Health Centre, 80/90 Kinfauns Drive, 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

General Surgery - Breast GGC Breast USOC	——	**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 - Suspected Cancer new firm irreg lump, prev cancer
Date of referral 20-Feb-2026 **Date sent** 20-Feb-2026

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894
Voice: 390 6900

101039137291K Unique Care Pathway Number: 101039137291K

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	Michael Dodds		
GMC code	7636358	GP code	-
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: new breast lump

Comment: Dear Doctor,

Mary has a background of breast cancer and has recently found a new firm lump on her left breast. She had lumpectomy, chemo and radiotherapy after being diagnosed with ductal carcinoma of the left breast 30 years ago.

She has noticed this new lump for the last 1-2 months. It is located at her lumpectomy scar.
O/E: she has a very firm almost pebble-like swelling just above the left nipple. It is difficult to discern whether this is several separate small, round swellings or a larger irregular mass.

Thank you for your review.

She also noted that she had been removed from the breast screening programme, after her last mammogram 2 years ago. She was under the impression that because of her previous cancer she should continue getting regular mammograms. I was not sure of the rules here, I believe she can opt in? I was hoping you could address this with her at her appointment.

Kind regards,

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
Type 2 diabetes mellitus	-	18-Apr-2023	18-Apr-2023
Thumb osteoarthritis NOS	-	28-Jul-2022	28-Jul-2022
Essential hypertension	-	22-Jun-2021	22-Jun-2021
Warthin's tumour	-	11-Jun-2021	11-Jun-2021
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
BCSP faecal occult blood test normal	-	08-Oct-2025	08-Oct-2025
Computerised tomograph scan	BRAIN- old infarcts	29-May-2021	29-May-2021
Angiogram	CT angiopgram of neck- mild stenosis of ICA	28-May-2021	28-May-2021
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dapagliflozin Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Sep-2024	10-Feb-2026
Candesartan Cilexetil Tablets 8 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2023	10-Feb-2026
Clopidogrel Tablets 75 mg	56	56 TABLET	TAKE ONE TABLET ONCE DAILY	-	02-Jun-2021	10-Feb-2026
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	19-Jan-2026
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	10-Feb-2026
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY TOTAL DAILY DOSE 125MCG DAILY	-	13-Sep-2016	10-Feb-2026
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	10-Feb-2026
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	26-Nov-2025
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 TAB IN THE MORNING TOTAL DAILY DOSE 125MCG	-	12-May-2011	26-Nov-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naseptin Nasal Cream	15	15 GRAM	APPLY TO NOSTRILS FOUR TIMES A DAY FOR 10 DAYS FOR NOSE	-	20-Oct-2025	20-Oct-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Oct-2025	137	81
25-Sep-2024	124	87
12-Sep-2024	155	95
07-Jun-2024	150	90
12-Apr-2023	133	72

Body Measurements

Date Recorded	Height	Weight	BMI
09-Oct-2025	152	59.4	25.71
12-Sep-2024	152	63.5	27.48
10-Aug-2023	152	60.6	26.23
12-Apr-2023	152	62	26.84
28-Jul-2022	152	58.1	25.15

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		09-Oct-2025
Ex smoker:		18-Nov-2024
Ex smoker:		12-Sep-2024
Ex-cigarette smoker:		12-Apr-2023
Ex smoker:		12-Apr-2023
Alcohol consumption, 0 units/week:		09-Oct-2025
Teetotaller :		09-Oct-2025
Alcohol consumption, 0 units/week:		18-Nov-2024
Alcohol consumption, 0 units/week:		12-Sep-2024
Teetotaller :		12-Sep-2024
Aerobic exercise 0 times/week:		02-Oct-2018
Takes inadequate exercise:		02-Oct-2018
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Any new discrete lump in patients 30 years and over:Yes
Complete:Yes
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
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** Dermatology - 11092024_Administration Letter_1143935

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology - Lesion GGC Lesion	——	**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 11-Sep-2024 **Date sent** 11-Sep-2024

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

1010341705620

Unique Care Pathway Number: 1010341705620

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 laura white		
GMC code	7460937	GP code	-
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: Basal Cell Carcinoma

Comment: Dear derm team,

This lady describes a slowly enlarging lesion right forehead for 2 years.

on exam approx. 0.7cm nodular lesion without ulceration.

I have attached a photograph but felt looks like a BCC.

I would appreciate your further assessment.

kind regards, dr laura white

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
Type 2 diabetes mellitus	-	18-Apr-2023	18-Apr-2023
Thumb osteoarthritis NOS	-	28-Jul-2022	28-Jul-2022
Essential hypertension	-	22-Jun-2021	22-Jun-2021
Warthin's tumour	-	11-Jun-2021	11-Jun-2021
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computerised tomograph scan	BRAIN- old infarcts	29-May-2021	29-May-2021
Angiogram	CT angiopgram of neck- mild stenosis of ICA	28-May-2021	28-May-2021
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Candesartan Cilexetil Tablets 8 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2023	02-Apr-2024
Clopidogrel Tablets 75 mg	28	28 tablet	TAKE ONE TABLET ONCE DAILY	-	02-Jun-2021	05-Sep-2024
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	06-Sep-2024
Ezetrol Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	06-Sep-2024
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY TOTAL DAILY DOSE 125MCG DAILY	-	13-Sep-2016	18-Jun-2024
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	06-Sep-2024
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	16-Jul-2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	08-Jan-2024
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 TAB IN THE MORNING TOTAL DAILY DOSE 125MCG	-	12-May-2011	18-Jun-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naseptin Nasal Cream	15	15 GRAM	APPLY TO NOSTRILS FOUR TIMES A DAY FOR 10 DAYS FOR NOSE	-	09-Sep-2024	09-Sep-2024
Doxycycline Hyclate Capsules 100 mg	6	6 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	07-Jun-2024	07-Jun-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Jun-2024	150	90
12-Apr-2023	133	72
06-Dec-2022	149	79
28-Jul-2022	155	91
21-Feb-2022	164	95

Body Measurements

Date Recorded	Height	Weight	BMI
10-Aug-2023	152	60.6	26.23
12-Apr-2023	152	62	26.84
28-Jul-2022	152	58.1	25.15
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Ex smoker:	12-Apr-2023
Ex-cigarette smoker:	12-Apr-2023
Ex smoker:	28-Jul-2022
Ex-cigarette smoker:	28-Jul-2022
Trying to give up smoking:	02-Oct-2018
Alcohol consumption, 0 units/week:	12-Apr-2023
Teetotaller :	12-Apr-2023
Alcohol consumption, 0 units/week:	28-Jul-2022
Teetotaller :	28-Jul-2022
Alcohol consumption, 0 units/week:	02-Oct-2018
Aerobic exercise 0 times/week:	02-Oct-2018
Takes inadequate exercise:	02-Oct-2018
GPPAQ physical act ind: active:	23-Nov-2017
Aerobic exercise 0 times/week:	08-Sep-2016
Aerobic exercise 0 times/week:	18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has the patient had a Face to Face consultation to assess the lesion?:Yes
New Lesion?:Yes
Site of Lesion?:right fore-head
Size of Lesion (in millimeters)?:70
Duration?:2 years
Rapid Growth?:No
Patient Immunocompromised?:No
Family history - melanoma affecting more than one family member?:No
History of significant skin exposure (including Sunbeds)?:No
Examination findings:nodular lesion right fore-head
Photograph Available?:Yes - attached to SCI Gateway referral
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

Dermatology - 11092024 Administration Letter 1143935

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

Ear, Nose & Throat (ENT) - Rhinology GGC ENT Rhinology	——	**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 11-Sep-2024 **Date sent** 11-Sep-2024

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101034170355N | Unique Care Pathway Number: 101034170355N

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 laura white		
GMC code	7460937	GP code	-
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: persistent lesions nasal passages

Comment: Dear ENT team,

This 70 year old lady describes persistent irritation and scabs of the nasal passages for a few years. This briefly resolves with naseptin but then returns.

On exam I could not see any obvious abnormality except inflammation of the nasal passages.

I would appreciate your further assessment.

kind regards, dr laura white

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
Type 2 diabetes mellitus	-	18-Apr-2023	18-Apr-2023
Thumb osteoarthritis NOS	-	28-Jul-2022	28-Jul-2022
Essential hypertension	-	22-Jun-2021	22-Jun-2021
Warthin's tumour	-	11-Jun-2021	11-Jun-2021
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Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
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[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

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Description	Comment	Date performed	Date recorded
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Continence care	-	08-Oct-2018	08-Oct-2018
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Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
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Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Doxycycline Hyclate Capsules 100 mg	6	6 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	07-Jun-2024	07-Jun-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Jun-2024	150	90
12-Apr-2023	133	72
06-Dec-2022	149	79
28-Jul-2022	155	91
21-Feb-2022	164	95

Body Measurements

Date Recorded	Height	Weight	BMI
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12-Apr-2023	152	62	26.84
28-Jul-2022	152	58.1	25.15
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		12-Apr-2023
Ex-cigarette smoker:		12-Apr-2023

Ex smoker:	28-Jul-2022
Ex-cigarette smoker:	28-Jul-2022
Trying to give up smoking:	02-Oct-2018
Alcohol consumption, 0 units/week:	12-Apr-2023
Teetotaller :	12-Apr-2023
Alcohol consumption, 0 units/week:	28-Jul-2022
Teetotaller :	28-Jul-2022
Alcohol consumption, 0 units/week:	02-Oct-2018
Aerobic exercise 0 times/week:	02-Oct-2018
Takes inadequate exercise:	02-Oct-2018
GPPAQ physical act ind: active:	23-Nov-2017
Aerobic exercise 0 times/week:	08-Sep-2016
Aerobic exercise 0 times/week:	18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Ophthalmology - Cataract GGC Cataract (optom use only)	——	**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 10-Jul-2024 **Date sent** 22-Jul-2024

PATIENT DETAILS

Surname	WATSON
Forename(s)	MARY
Title	Mrs
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-
Reference:	-

Patient's address

28 KENDOON AVE
GLASGOW
G15 8AX

Contact number(s)

-

**** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated ****

1010336787001

Unique Care Pathway Number: 1010336787001

REFERRING HCP DETAILS

HCP Name	theahaggarty
HCP code	01-30195
HCP Position	-
Organisation name	Specsavers Opticians (21468)
Location code	-

Organisation address

CLYDEBANK
GLASGOW
G81 2RZ

Contact number(s)

Voice: 0141 951 8822

OPTOMETRY INFORMATION

Lifestyle affected	Yes	**AMD Present**	No
Wants surgery (if advised)	Yes		
Cataract Leaflet Given	Yes		

Date of Last Eye Test 28-Jun-2023	**Acuity at Last Eye Test**	**Right** 6/9	**Left** 6/6

Right	**Ocular Examination - External/Internal**	**Left**

Please find comments below under **Administrative information.**	Please find comments below under **Administrative information.**

Applanation Tonometry	**R** 17 mmhg **L** 18 mmhg	**RAPD**	No	**Fields Attached**	-
Time 14 : 22	**Method** Non Contact				

Vision	Sph	Cyl	Axis	Prism	VA	PH VA	Add	NVA	Test Date
R	+0.50	+2.00	150	----	6/9	-	+2.75	N10	10-Jul-2024
L	+1.00	+1.50	5	----	6/9	-	+2.75	N10	

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Optometrist Direct Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Patient History and Details:RFV: feels vision has haze over it constantly
GH: Hx of cancer, Diab type 2, UA thyroid, HBP/ High chol/ heart disease/ hardening of arteries/ stents
OH: DRS adv eye test for cataracts
Significant findings: Px still unhappy with level of VA with new refraction and little improvement in VA with new refraction to VA with current specs. Bilateral Mod NS and cortical cataract R>L. eyes otherwise healthy.
Driver/ ex-smoker/ waiting times discussed

Comment Right:External eye clear
Lens: mod NS/ cortical R>L
ONH: healthy well def margins 0.2 cupping
Fundus healthy no DM/ DR
Comment Left:ternal eye clear
Lens: mod NS/ cortical R>L
ONH: healthy well def margins 0.2 cupping
Fundus healthy no DM/ DR
If Yes, Location:(Not Known)
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient consent:Yes

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast 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 - Suspected Cancer
Date of referral 08-Mar-2024 **Date sent** 08-Mar-2024

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101032410893Q Unique Care Pathway Number; 101032410893Q

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: Lump at breast ? new

Comment: I wonder if you could see Mary again? She last had a mammogram in 2018. She has clear she has had no appointments since. She has a previous diagnosis of breast cancer many years ago. She last attended clinic in 2017 as she felt lumpiness at the left breast.
She was in about another matter today and asked if I could arrange a mammogram. She does feel a lump at the left breast but she thinks it is related to her scar. She isn't sure how long she felt it for and if it is new since she was last seen. Today there were no skin changes. There is a scar at the left breast and underneath this there is a firm lump but I did wonder if it was all just scar tissue but I am unsure what this feels like normally. The right breast felt fine.
I wonder if she could be seen to have a mammogram and ensure this is nothing new.
Thank you
Dr Angela martin

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
Type 2 diabetes mellitus	-	18-Apr-2023	18-Apr-2023
Thumb osteoarthritis NOS	-	28-Jul-2022	28-Jul-2022
Essential hypertension	-	22-Jun-2021	22-Jun-2021
Warthin's tumour	-	11-Jun-2021	11-Jun-2021
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computerised tomograph scan	BRAIN- old infarcts	29-May-2021	29-May-2021
Angiogram	CT angiopgram of neck- mild stenosis of ICA	28-May-2021	28-May-2021
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Candesartan Cilexetil Tablets 8 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2023	29-Feb-2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	18-Jun-2021	10-Aug-2023
Clopidogrel Tablets 75 mg	28	28 tablet	TAKE ONE TABLET ONCE DAILY	-	02-Jun-2021	29-Feb-2024
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	05-Feb-2024
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	04-Dec-2023
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY TOTAL DAILY DOSE 125MCG DAILY	-	13-Sep-2016	05-Feb-2024
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	29-Feb-2024
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	05-Feb-2024
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	18-Jul-2023
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	08-Jan-2024
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 TAB IN THE MORNING TOTAL DAILY DOSE 125MCG	-	12-May-2011	04-Dec-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	29-Feb-2024	29-Feb-2024
Hydrocortisone Cream 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	23-Feb-2024	23-Feb-2024
Cavilon Durable Barrier cream	92	92 gram	USE AS REQUIRED AS BARRIER CREAM	-	23-Feb-2024	23-Feb-2024
Naseptin Cream	15	15 GRAM	APPLY TO NOSTRILS FOUR TIMES A DAY FOR 10 DAYS	-	22-Feb-2024	22-Feb-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
12-Apr-2023	133	72
06-Dec-2022	149	79
28-Jul-2022	155	91
21-Feb-2022	164	95
15-Jul-2021	116	63

Body Measurements

Date Recorded	Height	Weight	BMI

10-Aug-2023	152	60.6	26.23
12-Apr-2023	152	62	26.84
28-Jul-2022	152	58.1	25.15
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex-cigarette smoker:		12-Apr-2023
Ex smoker:		12-Apr-2023
Ex-cigarette smoker:		28-Jul-2022
Ex smoker:		28-Jul-2022
Trying to give up smoking:		02-Oct-2018
Alcohol consumption, 0 units/week:		12-Apr-2023
Teetotaller :		12-Apr-2023
Alcohol consumption, 0 units/week:		28-Jul-2022
Teetotaller :		28-Jul-2022
Alcohol consumption, 0 units/week:		02-Oct-2018
Aerobic exercise 0 times/week:		02-Oct-2018
Takes inadequate exercise:		02-Oct-2018
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Vascular Surgery 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 08-Apr-2021 **Date sent** 08-Apr-2021

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101023039274S Unique Care Pathway Number: 101023039274S

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. 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: Constant rest pain in the left forefoot

Comment: Thanks for seeing this woman in the clinic. She saw Mr Rogers in 2016 with intermittent claudication with absence of pulses in the left foot. Since January she complains of rest pain in the left forefoot as well as worsening of her intermittent claudication. Unfortunately she is smoking at the moment but she intends to try Champix again.

On examination today both feet were warm, though there were no pulses palpable in either foot, there was some evidence of a fungal infection and some dry skin in the left foot but there was no evidence of any ulceration.
I have advised her of the importance of smoking cessation. I am grateful for your assessment of her rest pain to see if she would benefit from some imaging.

In the meantime I wonder if you think she would benefit from naftidrofuryl oxalate?

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
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	29-Mar-2021
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	05-Aug-2020
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	29-Mar-2021
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	05-Aug-2020
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	29-Mar-2021
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	09-Dec-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	03-Mar-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	05-Oct-2020
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	29-Mar-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hydrocortisone And Miconazole Ointment 1 % + 2 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	08-Apr-2021	08-Apr-2021
Prochlorperazine Maleate Tablets 5 mg	30	30 tablet	ONE THREE TIMES A DAY AS REQUIRED FOR DIZZINESS	-	24-Feb-2021	15-Mar-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
16-Mar-2021	141	88
24-Feb-2021	130	82
16-Dec-2019	131	75
11-Jan-2019	128	75
02-Oct-2018	132	86

Body Measurements

Date Recorded	Height	Weight	BMI
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54
02-Oct-2018	152	57	24.67
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		02-Oct-2018
Cigarette smoker, 20 cigarettes/day:		02-Oct-2018

Current smoker:	02-Oct-2018
Cigarette smoker:	23-Nov-2017
Current smoker:	23-Nov-2017
Alcohol consumption, 0 units/week:	02-Oct-2018
Teetotaller:	23-Nov-2017
Teetotaller :	23-Nov-2017
Alcohol consumption, 0 units/week:	08-Sep-2016
Alcohol consumption, 0 units/week:	18-Apr-2016
Aerobic exercise 0 times/week:	02-Oct-2018
Takes inadequate exercise:	02-Oct-2018
GPPAQ physical act ind: active:	23-Nov-2017
Aerobic exercise 0 times/week:	08-Sep-2016
Aerobic exercise 0 times/week:	18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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**

Referral letter:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mr O Hilmi
Consultant Otolaryngologist
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 01412111660
Enquiries to: karen.clark2@ggc.scot.nhs.uk
Letter Date: 27/01/2021
Reference: LC/JW
Dictated Date: 13/01/2021
Transcribed Date: 25/01/2021

Dear Omar,

Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323
28 Kendoon Avenue, Glasgow, Lanarkshire, G15 8AX

This letter was sent to Mr Omar Hilmi, Ear, Nose and Throat (ENT) - Head and Neck via SCI Gateway

Diagnosis: Warthin's tumour right parotid

This 66-year-old lady presented to the ENT clinic with a 2 year history of right ear ache and a slight swelling below her ear. She has a past history of cervical cancer in 1991, and breast cancer in 1996. She has had a cholecystectomy. She takes a statin, 75 mg of aspirin, and a GTN spray.

On examination her ear drums and ear canals were normal. There was a fullness behind the angle of the mandible. An ultrasound scan of her parotid has shown a 15 mm hypoechoic lesion in the lateral mid-to-lower right parotid gland, and there is a small similar-appearing lesion measuring 9 mm at a similar location in the left parotid gland. The Radiologist commented that there was a coincidentally fibrotic-appearing thyroid, presumed chronic Hashimoto's thyroiditis. Her FNA is reported as showing appearance in keeping with a Warthin's tumour, with no evidence of malignancy.

I have had a telephone consultation with this lady to discuss the scan results. The lump is intermittently painful, and has been painful again since the FNA. She also is concerned about the presence of a lump.

I would be grateful if you could discuss with her whether surgery is indicated.

Yours sincerely

Mrs L D Cooke

Consultant Otolaryngologist

Electronically Signed: ,

cc. Dr S Lyon
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
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

Ear, Nose & Throat (ENT) 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 - Suspected Cancer
Date of referral 27-Oct-2020 **Date sent** 27-Oct-2020

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101021938930M

Unique Care Pathway Number: 101021938930M

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 Laura White		
GMC code	7460937	GP code	-
Practice name	-		
Practice code	40436		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: right ear pain and mass

Comment: Dear ENT team,

I am writing to refer this 66yr old lady. She was initally referred in 2018 however DNA twice. She had another appt in march this year and tells me she phoned and cancelled however this was counted as a DNA. She was re-referred routinely in March but does not yet have an appointment and symptoms now appeared to heave worsened.

She complains of 2 yrs of intermittent right ear and neck pain. Episodes approx every 3 weeks lasting 2 days. No changes to hearing/ear discharge/sore throat/vertigo. She has noted a tender lump just below her right ear for the past year.
The past 3 weeks she has noted a right frontal headache intermittently - not worse particular time of day, no positional change, resolves temporarily with pain-killers.

On examination she had no neurology.
left ear: nil tragal/mastoid/pinna tenderness, ext canal nad, tm slightly opaque but cone of light reflex present
right ear: nil tragal/mastoid/pinna tenderness, ext canal nad, tm slightly opaque but cone of light reflex present
approx 1.5cm mass palpable just below right pinna, slightly tender ?lymphadenopathy. nil other masses in neck felt
pharynx: NAD, nil problems with teeth - molars previously removed

Giveh a mass palpable I felt urgent review required. She assures me she will attend her appointment.

kind regards,
Dr Laura White

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
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset

FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	05-Oct-2020
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	05-Aug-2020
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	07-Sep-2020
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	05-Aug-2020
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	05-Oct-2020
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	05-Aug-2020
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	12-Mar-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	05-Aug-2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	05-Oct-2020
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	07-Sep-2020

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

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
16-Dec-2019	131	75
11-Jan-2019	128	75
02-Oct-2018	132	86
23-Nov-2017	135	76
31-Jan-2017	140	79

Body Measurements

Date Recorded	Height	Weight	BMI
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54
02-Oct-2018	152	57	24.67
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		02-Oct-2018
Cigarette smoker, 20 cigarettes/day:		02-Oct-2018
Current smoker:		02-Oct-2018
Cigarette smoker:		23-Nov-2017
Current smoker:		23-Nov-2017
Alcohol consumption, 0 units/week:		02-Oct-2018
Teetotaller:		23-Nov-2017
Teetotaller :		23-Nov-2017
Alcohol consumption, 0 units/week:		08-Sep-2016
Alcohol consumption, 0 units/week:		18-Apr-2016
Aerobic exercise 0 times/week:		02-Oct-2018
Takes inadequate exercise:		02-Oct-2018
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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
Ear, Nose & Throat (ENT) - 29082019 Referral 722002

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) 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 28-Apr-2020 **Date sent** 28-Apr-2020

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894
Voice: 0141 390 6900

1010210141945 | Unique Care Pathway Number: 1010210141945

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. Poppy Morgan		
GMC code	7477341	GP code	99999
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

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Right ear pain

Comment: Please see attached referral for details. This lady has previously called to cancel her apt with ENT but unfortunately it was counted as DNA and she has been discharged. She has ongoing symptoms and would be grateful for your review.

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
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	10-Apr-2020
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	12-Mar-2020
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	10-Apr-2020
	56	56 TABLET		-	04-Aug-2016	

Aspirin Dispersible tablets 75 mg			ONE TO BE TAKEN EACH DAY			12-Sep-2019
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	10-Apr-2020
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	12-Mar-2020
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	12-Mar-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	10-Apr-2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	12-Mar-2020
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	10-Apr-2020

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

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
16-Dec-2019	131	75
11-Jan-2019	128	75
02-Oct-2018	132	86
23-Nov-2017	135	76
31-Jan-2017	140	79

Body Measurements

Date Recorded	Height	Weight	BMI
29-Aug-2019	-	58	-
20-May-2019	152	59	25.54

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		02-Oct-2018
Cigarette smoker, 20 cigarettes/day:		02-Oct-2018
Alcohol consumption, 0 units/week:		02-Oct-2018
Aerobic exercise 0 times/week:		02-Oct-2018

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Ear, Nose & Throat (ENT) - 29082019_Referral_722002

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

Ear, Nose & Throat (ENT) 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 29-Aug-2019 **Date sent** 29-Aug-2019

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

1010194727734 Unique Care Pathway Number: 1010194727734

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. 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: Right ear pain

Comment: Thanks for seeing this woman with right ear pain ongoing for several years. The pain is behind the ear sited over her mastoid and does not seem to be related to movement of the neck. Had been referred to ENT but she did not attend her appointment as she was unwell with a virus.

On examination today there was little other than mild erythema of the canal, her TM was normal, she had no lymphadenopathy and only mild tenderness over the mastoid process.

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
[D]Impaired glucose tolerance	-	20-May-2019	20-May-2019
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Mammography normal	-	20-Nov-2018	20-Nov-2018
Continence care	-	08-Oct-2018	08-Oct-2018
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	18-Jul-2018	14-Aug-2019

Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	12-Jun-2019
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	14-Aug-2019
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	14-Aug-2019
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	14-Aug-2019
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	14-Aug-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	16-Jul-2019
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	13-May-2019
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	14-Aug-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Peptac Liquid (peppermint)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	29-Aug-2019	29-Aug-2019
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO THE AFFECTED EAR(S) THREE TIMES A DAY FOR UP TO 14 DAYS	-	29-Aug-2019	29-Aug-2019
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Jun-2019	21-Jun-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
11-Jan-2019	128	75
02-Oct-2018	132	86
23-Nov-2017	135	76
31-Jan-2017	140	79
08-Sep-2016	144	82

Body Measurements

Date Recorded	Height	Weight	BMI
20-May-2019	152	59	25.54
02-Oct-2018	152	57	24.67
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97
18-Apr-2016	152	60	25.97

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		02-Oct-2018
Cigarette smoker, 20 cigarettes/day:		02-Oct-2018
Current smoker:		02-Oct-2018
Cigarette smoker:		23-Nov-2017
Current smoker:		23-Nov-2017

Alcohol consumption, 0 units/week:	02-Oct-2018
Teetotaller:	23-Nov-2017
Teetotaller :	23-Nov-2017
Alcohol consumption, 0 units/week:	08-Sep-2016
Alcohol consumption, 0 units/week:	18-Apr-2016
Aerobic exercise 0 times/week:	02-Oct-2018
Takes inadequate exercise:	02-Oct-2018
GPPAQ physical act ind: active:	23-Nov-2017
Aerobic exercise 0 times/week:	08-Sep-2016
Aerobic exercise 0 times/week:	18-Apr-2016

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Ear, Nose & Throat (ENT) 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 22-Jun-2018 **Date sent** 22-Jun-2018

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101016404876E Unique Care Pathway Number: 101016404876E

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. Judith Marshall		
GMC code	6102347	GP code	03191
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
Facsimile: 0141 211 6104

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: unilateral ear pain

Comment: Dear Dr

I would be grateful if you could see Mary. We have seen her a couple of times with unilateral ear painthat comes and goes despite topical treatments it has not improved and at the last check it looked normal but was generally tender.

Many thanks

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
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	14-Jun-2018
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	19-Apr-2018
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	14-Jun-2018
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	20-Mar-2018
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	21-Dec-2017

Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	20-Mar-2018
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	27-Nov-2017
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	14-Jun-2018

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 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	20-Jun-2018	20-Jun-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	20-Jun-2018	20-Jun-2018
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	18-May-2018	18-May-2018
Ibuprofen Gel 5 %	50	50 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	19-Apr-2018	19-Apr-2018
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	19-Apr-2018	19-Apr-2018
Ketoconazole Shampoo 2 %	120	120 ML	FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS)	-	19-Mar-2018	18-May-2018
Varenicline Tablets 1 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Jan-2018	10-Jan-2018
Ketoconazole Shampoo 2 %	120	120 ml	FOR TREATMENT APPLY TWICE WEEKLY	-	07-Dec-2017	23-Jan-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Nov-2017	135	76
31-Jan-2017	140	79
08-Sep-2016	144	82
18-Apr-2016	128	82
17-Oct-2014	135	74

Body Measurements

Date Recorded	Height	Weight	BMI
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:		23-Nov-2017
Current smoker:		23-Nov-2017
Cigarette consumption 1 :		23-Nov-2017
Trying to give up smoking:		08-Sep-2016
Cigarette smoker, 20 cigarettes/day:		08-Sep-2016
Teetotaller:		23-Nov-2017
Teetotaller :		23-Nov-2017
Alcohol consumption, 0 units/week:		08-Sep-2016
Alcohol consumption, 0 units/week:		18-Apr-2016

Alcohol consumption, 0 units/week:		12-Mar-2013
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Dermatology 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 - Suspected Cancer
Date of referral 20-Feb-2018 **Date sent** 20-Feb-2018

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101015520669E | Unique Care Pathway Number: 101015520669E

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. Barbara Meyer		
GMC code	4707978	GP code	02429
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: keratin horn

Comment: thank you for seeing this 63 year old lady with a few months of a lesion on left middle finger with is frequently catching on things . O/e small keratin horn, base not especially thick but please exclude scc .

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
Hair loss	-	20-Feb-2018	20-Feb-2018
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	13-Nov-2017
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	08-Jan-2018
Dihydrocodeine Tablets 30 mg	224	224 TABLET	2 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	20-Feb-2018
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	05-Feb-2018
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	21-Dec-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	05-Feb-2018

Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	27-Nov-2017
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	13-Nov-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Varenicline Tablets 1 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Jan-2018	10-Jan-2018
Varenicline Tablets 1 mg + 500 micrograms	25	25 TABLET	TO BE TAKEN AS DIRECTED. DISPENSE WEEKLY	-	07-Dec-2017	07-Dec-2017
Betnesol-N Drops	10	10 ML	APPLY TWO TO THREE DROPS INTO THE AFFECTED EAR(S) THREE TO FOUR TIMES DAILY FOR UP TO 14 DAYS	-	07-Dec-2017	07-Dec-2017
Ketoconazole Shampoo 2 %	120	120 ml	FOR TREATMENT APPLY TWICE WEEKLY	-	07-Dec-2017	23-Jan-2018
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	24-Nov-2017	07-Dec-2017
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Sep-2017	21-Sep-2017
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	18-Apr-2017	21-Sep-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Nov-2017	135	76
31-Jan-2017	140	79
08-Sep-2016	144	82
18-Apr-2016	128	82
17-Oct-2014	135	74

Body Measurements

Date Recorded	Height	Weight	BMI
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:		23-Nov-2017
Current smoker:		23-Nov-2017
Cigarette consumption 1 :		23-Nov-2017
Trying to give up smoking:		08-Sep-2016
Cigarette smoker, 20 cigarettes/day:		08-Sep-2016
Teetotaller:		23-Nov-2017
Teetotaller :		23-Nov-2017
Alcohol consumption, 0 units/week:		08-Sep-2016
Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016

Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2 07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2 27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Chemical Pathology - Lipid GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Routine
Date of referral 07-Dec-2017 **Date sent** 07-Dec-2017

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07504693894 390 6900

101015058287F Unique Care Pathway Number: 101015058287F

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. 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: ?Familial hypercholesterolaemia

Comment: Thanks for seeing this woman with regard to her cholesterol. She is on atorvastatin 80mg and has good compliance. In fact her cholesterol has come down from 9.3 to 7.5. However her LDL remains elevated at 4.9. Today I restarted her ezetimibe.
She has a strong family history of premature CVD- parents, nephew and her sister died in their 40s and I wonder if she has FH or it may be that she doesn't have it but her family did.

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
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	13-Nov-2017
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	27-Nov-2017
Dihydrocodeine Tablets 30 mg	100	100 tablet	1 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	27-Nov-2017

Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	30-Oct-2017
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	29-Aug-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	03-Jul-2017
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	27-Nov-2017
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	13-Nov-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Varenicline Tablets 1 mg + 500 micrograms	25	25 TABLET	TO BE TAKEN AS DIRECTED. DISPENSE WEEKLY	-	07-Dec-2017	07-Dec-2017
Betnesol-N Drops	10	10 ML	APPLY TWO TO THREE DROPS INTO THE AFFECTED EAR(S) THREE TO FOUR TIMES DAILY FOR UP TO 14 DAYS	-	07-Dec-2017	07-Dec-2017
Ketoconazole Shampoo 2 %	120	120 ml	FOR TREATMENT APPLY TWICE WEEKLY	-	07-Dec-2017	07-Dec-2017
Ezetimibe Tablets 10 mg	56	56 tablet	ONE DAILY	-	24-Nov-2017	07-Dec-2017
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Sep-2017	21-Sep-2017
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Jul-2017	31-Jul-2017
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	30-Jun-2017	30-Jun-2017
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	18-Apr-2017	21-Sep-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Nov-2017	135	76
31-Jan-2017	140	79
08-Sep-2016	144	82
18-Apr-2016	128	82
17-Oct-2014	135	74

Body Measurements

Date Recorded	Height	Weight	BMI
23-Nov-2017	152	59	25.5
08-Sep-2016	152	60	25.97
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:		23-Nov-2017
Current smoker:		23-Nov-2017
Cigarette consumption 1 :		23-Nov-2017
Trying to give up smoking:		08-Sep-2016

Cigarette smoker, 20 cigarettes/day:		08-Sep-2016
Teetotaller:		23-Nov-2017
Teetotaller :		23-Nov-2017
Alcohol consumption, 0 units/week:		08-Sep-2016
Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
GPPAQ physical act ind: active:		23-Nov-2017
Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

General Surgery - Breast 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 - Suspected Cancer previous breast cancer, feels ther eis new lump

Date of referral 07-Apr-2017 **Date sent** 07-Apr-2017

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07557405171 390 6900

1010134103708

Unique Care Pathway Number: 1010134103708

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 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: Breast Lump

Comment: I wonder if you would see this extremely anxious lady. She had breast cancer in 1996 treated with WLE and Axillary Node Clearance, she was last seen in 2015 and had an FNA from her medial scar which came back showing scar tissue. bascially she presents with the same thing again. She came in here in tears saying she hadnt slept for 3 nights as she felt a lump in her left breast. She had a small bruise to her breast and told me she hit herself off the radiator a few days before. I thought there was an area of hardening at her medial scar but it felt more like scar tissue to me rather than a lump. I couldnt feel anything in her axilla. She seemed quite tender and i do genuinely think a lot of her soreness is MSK pain from the fall but obvioulsy i want to rule out any recurrence of her disease. it looks like the last twice she has been up the same area has been her concern but she was clear today that this felt different to usual for her.

many thanks

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
Peripheral vascular disease NOS	-	04-Nov-2016	04-Nov-2016
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol.. back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Levothyroxine Sodium Tablets 25 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	13-Sep-2016	27-Mar-2017
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Aug-2016	13-Mar-2017
Dihydrocodeine Tablets 30 mg	100	100 tablet	1 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	27-Mar-2017
	56	56 TABLET		-	19-Mar-2013	

Atorvastatin Tablets 80 mg			ONE TO BE TAKEN EACH DAY			27-Mar-2017
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	13-Mar-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	28-Feb-2017
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	2 PUFFS SUBLING PRN	-	12-May-2011	28-Feb-2017
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	27-Mar-2017

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 %	50	50 GRAM (S)	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	06-Apr-2017	06-Apr-2017
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Jan-2017	31-Jan-2017
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Nov-2016	28-Nov-2016
Prednisolone Tablets 5 mg	40	40 tablet	EIGHT TO BE TAKEN AS SINGLE DOSE EACH MORNING FOR FIVE DAYS	-	28-Nov-2016	28-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 inhaler	2 Puffs Take as required	-	28-Nov-2016	28-Nov-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
31-Jan-2017	140	79
08-Sep-2016	144	82
18-Apr-2016	128	82
17-Oct-2014	135	74
12-Mar-2013	146	79

Body Measurements

Date Recorded	Height	Weight	BMI
08-Sep-2016	152	60	25.97
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-
07-Oct-2008	152	59	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		08-Sep-2016
Cigarette smoker, 20 cigarettes/day:		08-Sep-2016
Current smoker:		08-Sep-2016
Trying to give up smoking:		18-Apr-2016
Cigarette smoker, 10 cigarettes/day:		18-Apr-2016
Alcohol consumption, 0 units/week:		08-Sep-2016
Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008

Aerobic exercise 0 times/week:		08-Sep-2016
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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** Urology - 20022013 Clinical Letter 279880 Urology - 29012013 Clinical Letter 277350

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology - Urogynaecology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Routine
Date of referral 08-Aug-2016 **Date sent** 08-Aug-2016

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 390 6900

101011904964M | Unique Care Pathway Number: 101011904964M

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. 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: Urinary incontinence- neuropathic bladder and possible prolapse

Comment: Dear colleague, this lady attended Urology in 2013 and was due to return for further investigations and to be taught to self catheterise (see attached) however she defaulted from follow up. She has asked to be re-referred because of ongoing and longstanding daily urinary incontinence. She lacks sensation in the bladder. In addition she has developed a dragging sensation in her lower abdomen and a feeling of something pressing down vaginally, and has had a recent confirmed urinary tract infection. I would be grateful if investigation and management could be picked up again where they were left off in 2013 as she feels this is not having a significant impact on her quality of life. Thank you. Yours sincerely Dr 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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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	-	04-Aug-2016	04-Aug-2016
Dihydrocodeine Tablets 30 mg	100	100 tablet	1 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	27-Jul-2016
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	12-Jul-2016
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	14-Jun-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	07-Dec-2015

Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	18-Apr-2016
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	12-Jul-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	27-Jul-2016	27-Jul-2016
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Jul-2016	25-Jul-2016
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Apr-2016	20-Apr-2016
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	11-Mar-2016	11-Mar-2016
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	13-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Apr-2016	128	82
17-Oct-2014	135	74
12-Mar-2013	146	79
17-Dec-2010	130	81
07-Oct-2008	142	69

Body Measurements

Date Recorded	Height	Weight	BMI
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-
07-Oct-2008	152	59	-
27-Jun-2006	152	61.4	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		18-Apr-2016
Current smoker:		18-Apr-2016
Cigarette smoker, 10 cigarettes/day:		18-Apr-2016
Trying to give up smoking:		12-Mar-2013
Current smoker:		12-Mar-2013
Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

Urology - 20022013 Clinical Letter 279880

Urology - 29012013 Clinical Letter 277350

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

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

Urgency of referral Routine
Date of referral 08-Aug-2016 **Date sent** 08-Aug-2016

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 390 6900

1010119046006

Unique Care Pathway Number: 1010119046006

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. Peter Cawston		
GMC code	4025508	GP code	07820
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
Facsimile: 0141 211 6104

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Intermittent claudication and diminished pedal pulses

Comment: Dear Colleagues, This patient gives a very typical description of intermittent claudication in her left calf. This consistently occurs after five minutes of walking and eases withing a few minutes of rest. She was previously referred by my GP colleague Dr Marshall. She was seen at Mr Roger's Vascular clinic on 30/6/16. The clinic letter states that she was seen by an FY2 doctor, who states that she was able to feel pulses and that there is no vascular issue. The patient informs me that she was only examined by the one doctor at the clinic. I have re-examined Ms Watson, in my opinion pedal pulses are bilaterally diminished, with pulses on the left being faintly palpable but diminished compared to the right. This patient has a very high cardiovascular risk, with a cholesterol >9 despite being on a statin, a strong family history and is a smoker. She was previously on aspirin but this was stopped when a cardiology assessment in 2013 concluded that ischaemic heart disease was unlikely.
She has informed me that she does in fact still get chest pains and continues to use GTN spray from time to time, which I was unaware of. Given the background level of risk, the typical claudication history and the examination findings of both Dr Marshall and myself, I have restarted the aspirin. I appreciate there may be a non-vascular explanation for her symptoms, however given that the opinion of a junior doctor differs from that of two experienced GPs I would be very grateful if she could be examined and we could be advised by a vascular specialist. This is not in any way intended as a criticism of either the vascular clinic or the junior doctor in question, and I hope my reasoning in sending a re-referral will be apparent. Yours sincerely Dr 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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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	-	04-Aug-2016	

						04-Aug-2016
Dihydrocodeine Tablets 30 mg	100	100 tablet	1 TAB FOUR TIMES A DAY IF REQUIRED	-	10-Jun-2016	27-Jul-2016
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	12-Jul-2016
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	14-Jun-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	07-Dec-2015
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	18-Apr-2016
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	12-Jul-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	27-Jul-2016	27-Jul-2016
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Jul-2016	25-Jul-2016
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Apr-2016	20-Apr-2016
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	11-Mar-2016	11-Mar-2016
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	13-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Apr-2016	128	82
17-Oct-2014	135	74
12-Mar-2013	146	79
17-Dec-2010	130	81
07-Oct-2008	142	69

Body Measurements

Date Recorded	Height	Weight	BMI
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-
07-Oct-2008	152	59	-
27-Jun-2006	152	61.4	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		18-Apr-2016
Current smoker:		18-Apr-2016
Cigarette smoker, 10 cigarettes/day:		18-Apr-2016
Trying to give up smoking:		12-Mar-2013
Current smoker:		12-Mar-2013

Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

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

Urgency of referral Routine
Date of referral 18-May-2016 **Date sent** 18-May-2016

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07557405171

101011420377W | Unique Care Pathway Number: 101011420377W

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. Judith Marshall		
GMC code	6102347	GP code	03191
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
Facsimile: 0141 211 6104

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: left leg/calf pain ?vascular cause

Comment: Dear Dr

Many thanks for seeing this 62 year old lady. SHe has been a smoker for a long time although she is going through smoking cessation through the local pharmacy at the moment.

She has for the last 3 months had pain in her left calf. It is limiting her functionally and she is unable to walk around the supermarket doe to the pain. It causes her to stop walking and take a rest until the pain goes away. Her blood pressure is within normal limits. I found difficulty feeling her pulses in her legs left >right. The pulses in the groin were faint. Her feet were warm to touch and normal CRT.

I wonder if she could be seen and assessed.

Many thanks

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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	13-May-2016
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	18-Apr-2016
	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	07-Dec-2015

Omeprazole Capsules (Gastro-Resistant) 20 mg						
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	13-May-2016
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	18-Apr-2016
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	13-May-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Folic Acid Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	20-Apr-2016	20-Apr-2016
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	11-Mar-2016	11-Mar-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Apr-2016	128	82
17-Oct-2014	135	74
12-Mar-2013	146	79
17-Dec-2010	130	81
07-Oct-2008	142	69

Body Measurements

Date Recorded	Height	Weight	BMI
18-Apr-2016	152	60	25.97
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-
07-Oct-2008	152	59	-
27-Jun-2006	152	61.4	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		18-Apr-2016
Cigarette smoker, 10 cigarettes/day:		18-Apr-2016
Current smoker:		18-Apr-2016
Trying to give up smoking:		12-Mar-2013
Cigarette smoker, 7 cigarettes/day:		12-Mar-2013
Alcohol consumption, 0 units/week:		18-Apr-2016
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Aerobic exercise 0 times/week:		18-Apr-2016
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

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

General Surgery - Breast 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 URGENT - SUSPECTED CANCER
Date of referral 29-Jun-2015 **Date sent** 29-Jun-2015

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07557405171

1010095129295

Unique Care Pathway Number: 1010095129295

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: breast lump - prev breast ca

Comment: dear doctor

i would be grateful if you could review this 61 year old patient who has a past history of left breast ca at 41 years of age and cervical ca at the age of 38. She tells mr hansell looked after her when she had breast ca and underwent left partial mastectomy/radio and chemorx. She has been well since but a few days ago she noticed a small pea sized lump at the medial aspect of her preivious operation site on the left breast. She says it is non tender. On further exmaintion there is a definate pea sized soft non mobile lump over this area. Superior to this there is a hard diffuse area which i think is chronic and as a result of her radiotherapy. The rest of her breast examination was normal is no nipple discharge or pain, no skin changes or skin tethering, no other masses and no LMN. Her breasts were non tender.

She is para 0+2 and is a smoker. She has no family history. She is otherwise well and has no red flag symptoms ie weight loss, loss or appettite, back pain and her bowels are stable.

in view of her anxiety re this lump i would be grateful if you could review her urgently.

many thanks.

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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	23-Dec-2014

Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	10-Mar-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	03-Jun-2015
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	03-Jun-2015
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	12-May-2015
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	12-May-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cinchocaine And Prednisolone Ointment 0.5 % + 0.19 %	30	30 gram	APPLY MORNING AND NGHT FOR MAX 7 DAYS	-	29-Jun-2015	29-Jun-2015
Cinchocaine And Prednisolone Suppositories 1 mg + 1.3 mg	12	12 suppository	ONE TO BE INSERTED TWICE A DAY	-	29-Jun-2015	29-Jun-2015
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	04-Jun-2015	04-Jun-2015
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	21-Apr-2015	21-Apr-2015
Ibuprofen Gel 5 %	50	50 gram	APPLY 3 TIMES DAILY	-	14-Apr-2015	14-Apr-2015
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	07-Apr-2015	07-Apr-2015
Capsaicin Cream 0.025 %	45	45 gram	APPLY QDS IF REQUIRED FOR PAIN	-	02-Apr-2015	02-Apr-2015
Transvasin Heat Rub (Cream)	40	40 gram	APPLY TWICE DAILY	-	31-Mar-2015	31-Mar-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Oct-2014	135	74
12-Mar-2013	146	79
17-Dec-2010	130	81
07-Oct-2008	142	69
06-Sep-2007	114	78

Body Measurements

Date Recorded	Height	Weight	BMI
12-Mar-2013	152	57	24.67
01-Feb-2010	-	55	-
07-Oct-2008	152	59	-
27-Jun-2006	152	61.4	-
14-Mar-1995	149	57.153	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		12-Mar-2013
Cigarette smoker, 7 cigarettes/day:		12-Mar-2013
Current smoker:		12-Mar-2013
Current smoker:		17-Aug-2012

Current smoker:	Disease: SPICE Basic Health Values, now 10 per day priority=2	07-Oct-2008
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

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

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Knee 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 09-Apr-2015 **Date sent** 09-Apr-2015

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07557405171

1010090290201 Unique Care Pathway Number: 1010090290201

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. Jennifer McAtear		
GMC code	4015264	GP code	05975
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 knee pain ?cause

Comment: Dear Doctor,

I would be very grateful for your review of this sixty-one year old woman who has been attending the practice on a regular basis over the last three months with right knee pain. She does describe the knee as swollen at times, however, this seems to settle overnight. There is no history of injury precipitating this pain. Her knee is not locking or giving way. She has tried several pain killers and has had a knee x-ray recently which was reported as showing a normal joint space.

Despite this she tells me she is in agony and really struggling to weight bear. She is therefore wondering if she would be a candidate for further imaging or intervention.

On examination there is no obvious swelling, erythema or deformity of either knee. There was no significant bony tenderness. She did have a slightly decreased range of movement due to pain. Her ligaments appear to be intact.

I have increased her analgesia slightly today to Co-codamol and Ibuprofen. I have advised her to self refer to the physio to consider the possibility of a walking aid. I do note that she has a history of breast cancer, however, she has been well for sometime. She has no bone pain elsewhere in her body and is feeling systemically well. There has been no recent change in her appetite or weight.

I have asked her to make an appointment for some baseline blood tests. I would be very grateful for your further assessment and management here.

Yours sincerely

Dr Rona MacSween

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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Ultrasound of kidneys	Normal	20-Feb-2013	20-Feb-2013
Helicobacter blood test positive	-	05-Sep-2012	05-Sep-2012
Lumpectomy of breast	-	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	-	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart disease (Mother, Father, Sister)	discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better	28-Sep-2012
FH: Neoplasm - *	14-Mar-1995	

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Mar-2013	23-Dec-2014
Bisacodyl Suppositories 5 mg	24	24 SUPPOSITORY	1 OR 2 MON/THURS/SAT	-	29-Aug-2012	10-Mar-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	30	30 capsule	ONE TO BE TAKEN EACH DAY	-	22-Aug-2012	02-Apr-2015
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	02-Apr-2015
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	02-Apr-2015
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	10-Mar-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	07-Apr-2015	07-Apr-2015
Capsaicin Cream 0.025 %	45	45 gram	APPLY QDS IF REQUIRED FOR PAIN	-	02-Apr-2015	02-Apr-2015
Transvasin Heat Rub (Cream)	40	40 gram	APPLY TWICE DAILY	-	31-Mar-2015	31-Mar-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)	-	06-Jan-2015	06-Jan-2015
Piroxicam Gel 0.5 %	60	60 gram	RUB INTO THE AFFECTED SITE THREE TO FOUR TIMES DAILY	-	06-Jan-2015	06-Jan-2015
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	06-Jan-2015	06-Jan-2015
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	03-Dec-2014	03-Dec-2014

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Oct-2014	135	74
12-Mar-2013	146	79
17-Dec-2010	130	81
07-Oct-2008	142	69
06-Sep-2007	114	78

Body Measurements

Date Recorded	Height	Weight	BMI
12-Mar-2013	152	57	24.67

01-Feb-2010	-	55	-
07-Oct-2008	152	59	-
27-Jun-2006	152	61.4	-
14-Mar-1995	149	57.153	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Trying to give up smoking:		12-Mar-2013
Cigarette smoker, 7 cigarettes/day:		12-Mar-2013
Current smoker:		12-Mar-2013
Current smoker:		17-Aug-2012
Current smoker:	Disease: SPICE Basic Health Values, now 10 per day priority=2	07-Oct-2008
Alcohol consumption, 0 units/week:		12-Mar-2013
Teetotaller :		12-Mar-2013
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 20-Aug-2012 **Date sent** 21-Aug-2012

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 Kendoon Avenue
Glasgow
G15 8AX

Contact number(s)

Voice: 07544340921

101004070908E | Unique Care Pathway Number: 101004070908E

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
G15 7TS

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
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Incontinence management - FAO Miss Seaward

Comment: Dear Miss Seaward,

I would be grateful if you could see this lady. She has a history of previous breast cancer and also cervical cancer for which she had a total abdominal hysterectomy and exenturation with chemoradiotherapy. This was 21 years ago and since then she has been incontinent of urine. She says she has not been assessed in recent times for this incontinence. She finds it very embarrassing and it limits her function as she feels she can't go out of the house. She fell away from getting pads through the NHS because by mistake they delivered it to her neighbour which caused her humilitation.

I have recently met Mrs Watson and have a number of concerns about her general health and I feel that I am gradually beginning to get to know her and sort out some of these problems that she has. She was very embarrassed about the incontinence and says that I was the first person that she had told for a good number of years. I offered to refer her to yourselves for consideration of any help that you may be able to offer her and I did discuss whether a long term catheter would be more acceptable to her. She just feels that she has no control over her bladder at all. Because of her anxieties regarding attending your service I did ask if a female consultant would be her preference and she said yes immediately.

I would be grateful therefore if you could see her in your clinic. However I know it is not always possible to guarantee there will be female doctors working but if this was possible it would greatly help Mrs Watson and also when going forward for any further hospital investigations that she may need.

If you require any further information please do not hesitate to contact me.

Yours sincerely

DR J MARSHALL

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
Acquired hypothyroidism	-	08-Dec-2003	08-Dec-2003
Chest pain	MI -ve	02-Jan-2002	02-Jan-2002
[D]Chest pain	-	30-Jul-2001	30-Jul-2001
[D]Chest pain	-	12-Oct-2000	12-Oct-2000
Chest infection	-	16-Jan-1998	16-Jan-1998
Alopecia	-	11-Feb-1997	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	Left BREAST	21-Oct-1996	21-Oct-1996
H/O: depression	-	01-Jan-1996	01-Jan-1996
Cervical intraepithelial neoplasia	-	30-Sep-1991	30-Sep-1991
[V]Sterilisation	-	05-Dec-1985	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Lumpectomy of breast	21-Dec-1996	21-Dec-1996
No smear - benign hysterectomy	30-Sep-1991	30-Sep-1991

Family conditions (All priorities)

Description	Date of Onset
FH: Neoplasm - *	14-Mar-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gaviscon Original Aniseed Relief Oral suspension	300	300 LIQ	15 ml 3 times daily	-	23-Mar-2011	19-Jul-2012
Atorvastatin Tablets 40 mg	56	56 TABS	1 Tab At night	-	23-Mar-2011	20-Jul-2012
Dihydrocodeine Tartrate Tablets 30 mg	100	100 TABS	1 Tab qds if req	-	12-May-2011	19-Jul-2012
Glyceryl Trinitrate Pump spray 400 micrograms/dose	1	1 SPRAY	2 Puffs subling prn	-	12-May-2011	22-Jun-2012
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab In the morning	-	12-May-2011	20-Jul-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram Hydrobromide Tablets 10 mg	7	7 tablet	ONE TO BE TAKEN EACH DAY	-	15-Aug-2012	15-Aug-2012
Mirtazapine Tablets 15 mg	7	7 tablet	ONE TO BE TAKEN AT NIGHT	-	08-Aug-2012	08-Aug-2012

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:		17-Aug-2012
Current smoker:	Disease: SPICE Basic Health Values, now 10 per day priority=2	07-Oct-2008
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Current smoker:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006
Current smoker:	Disease: SPICE Basic Health Values, priority=2	03-Nov-2005
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	01-Nov-2007
Teetotaller:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006
Teetotaller:	Alcohol Intake$$.clm - No Action Required	14-Mar-1995
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	07-Oct-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	27-Jun-2006

Clinical warnings

Allergies

Description	Date recorded
Adverse reaction to trimethoprim	26-Jun-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast 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 URGENT (suspicion of cancer)
Date of referral 04-Aug-2010 **Date sent** 04-Aug-2010

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss.
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	-

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 944 3074

101000824517T | Unique Care Pathway Number: 101000824517T

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 GP DETAILS

Name	Dr. Peter Cawston		
GMC code	4025508	GP code	07820
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: breast lump

Comment: I would be grateful if you would see this patient who has a past history of left breast cancer in the 1990's. She presents with a pea size lump in the left upper inner quadrant. Although the lump is very small in view of her history I would be grateful if she could be seen.

Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Modifier	Date of onset
Biliary colic	-	-	08-Apr-2010
Acquired hypothyroidism	-	-	08-Dec-2003
Chest pain	MI -ve	-	02-Jan-2002
[D]Chest pain	-	-	30-Jul-2001
[D]Chest pain	-	-	12-Oct-2000
Chest infection	-	-	16-Jan-1998
Alopecia	-	-	11-Feb-1997
Malig neop of bone, connective tissue, skin and breast	BREAST	Left	21-Oct-1996
H/O: depression	-	-	01-Jan-1996
Cervical intraepithelial neoplasia	-	-	30-Sep-1991
[V]Sterilisation	-	-	05-Dec-1985

Past procedures (High and medium priority - all)

Description	Date performed
Lumpectomy of breast	21-Dec-1996
No smear - benign hysterectomy	30-Sep-1991

Family conditions (All priorities)

Description	Date of Onset
FH: Neoplasm - *	14-Mar-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin	56	TABS 40MG	1 Tab	At night	29-Sep-2009	-
Dihydrocodeine Tartrate	100	TABS 30MG	1 Tab	qds if req	10-Mar-2008	-
Gaviscon	300	Sf Aniseed LIQ	15 ml	3 times daily	29-Sep-2009	-
Levothyroxine Sodium	56	TABS 100MICROGRAMS	1 Tab	In the morning	01-Apr-2008	-
Glyceryl Trinitrate	1	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen	56	TABS 250MG	1 Tab with	3 times daily	30-Jul-2010	-
Dihydrocodeine Tartrate	4	TABS 30MG	1 Tab	4 times daily	24-May-2010	-
Nystatin	30		1ml			-

		Oral SUSP 100000UNITS/ML		4 times daily	30-Apr-2010	
Hyoscine Butylbromide	112	TABS 10MG	1 or 2 Tabs	4 times daily	30-Apr-2010	-
Metoclopramide Hydrochloride	84	TABS 10MG	1 Tab	3 times daily	30-Apr-2010	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	15-Mar-2010	-

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:	now 10 per day	07-Oct-2008
Teetotaller:		07-Oct-2008
Enjoys light exercise:		07-Oct-2008

Clinical warnings

Allergies

Description

Adverse reaction to antibiotics

H/O: drug allergy

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 29-Mar-2010 **Date sent** 29-Mar-2010

PATIENT DETAILS

Surname	Watson
Forename(s)	Mary
Title	Miss
Sex	Female
Date of birth	06-Mar-1954
CHI no.	0603546323
Area of Residence	

Patient's address

28 kendoon avenue
Glasgow
GLASGOW G15
G15 8AX

Contact number(s)

Voice: 944 3074

1010003413942

Unique Care Pathway Number: 1010003413942

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 GP DETAILS

Name	Dr. John Nugent		
GMC code	3072884	GP code	02097
Practice name	DRUMCHAPEL HEALTH CENTRE (40436)		
Practice code	40436		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: gallstones

Comment: Dear Doctor

I would be grateful if the above named patient could be seen gallstones ? for surgery.

Mary attended recently with a history of upper abdominal pain radiating up to the back and a recent ultrasound scan showed typical appearance of contracted gall bladder with multiple calculi, albeit with no evidence of intra or extra hepatic biliary duct dilatation. It was suggested at that time a repeat ultrasound would clarify appearances within the gallbladder fossa but unfortunately as a result of a panic attack Mary feels unable to attend for another scan and I would be most grateful if she could be assessed at this point.

I am making following statement so that you are aware of the delay in Mary's referral in that she slipped through my back up system which I use to ensure that referral's are conducted and therefore she has faced a delay of a month but I have apologised and let her know and I simply give you this for information.

Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Modifier	Date of onset
Acquired hypothyroidism	-	-	08-Dec-2003
[D]Chest pain	-	-	12-Oct-2000
Chest infection	-	-	16-Jan-1998
Malig neop of bone, connective tissue, skin and breast	BREAST	Left	21-Oct-1996
Cervical intraepithelial neoplasia	-	-	30-Sep-1991

Past procedures (High and medium priority - all)

Description	Date performed
Lumpectomy of breast	21-Dec-1996

Family conditions (All priorities)

Description	Date of Onset
FH: Neoplasm - *	14-Mar-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gaviscon	300	Sf Aniseed LIQ	15 ml	3 times daily	29-Sep-2009	-
Atorvastatin	56	TABS 40MG	1 Tab	At night	29-Sep-2009	-
Levothyroxine Sodium	56	TABS 100MICROGRAMS	1 Tab	In the morning	01-Apr-2008	-
Glyceryl Trinitrate	1	180 Dose Cfc Free Pump 10g SPRAY 400MCG/DOSE	2 Puffs subling	prn	06-May-2005	-
Dihydrocodeine Tartrate	100	TABS 30MG	1 Tab	qds if req	10-Mar-2008	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	4 times daily	15-Mar-2010	-
Metoclopramide Hydrochloride	30	TABS 10MG	1 Tab	3 times daily	01-Feb-2010	-

Omeprazole	28	CAPS 20MG	1 Cap	Daily	06-Jan-2010 -

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:	now 10 per day	07-Oct-2008
Teetotaller:		14-Mar-1995

Clinical warnings

Allergies

Description

Adverse reaction to antibiotics

H/O: drug allergy

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Anaesthetic Record

NHS Greater Glasgow and Clyde

0603546323
WATSON F
Mary 08/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Pre-op GAUNT

Elective ☑ Urgent ☐ Immediate ☐

Procedure(s) (L) common femoral endarterectomy

Anaesthetist(s) RAJU / GAUNT & ILIAC CHECK — C ☑ SAS ☐ ST (6) GT ☐ PA ☐

Surgeon(s) ORR / NAIR & KASTURI — C ☑ SAS ☐ ST ☑ GT ☐

Date 06/07/21

Discussed with supervising consultant RAJU.

(67) T

SUMMARY

GA ☑ Spinal ☐ Epidural ☐ Sedation ☐ Other LA

FM vent OK ☑ LMA OK ☐ Laryngoscopy gd I

ASA 1 2 (3) 4 5

Comment

Anaesthetist Sign / Print GAUNT.

ASSESSMENT

Airway / Dentition (R) WARTHIN'S TUMOUR NECK + ↑/↓ PLATES. FULL REMOVAL JAW.

RS
- EX SMOKER: 2½ months

CVS
- PERIPHERAL VASCULAR DISEASE: CLAUDICATION DIST <5M.
- ANGINA: LAST USED GTN >1 YR AGO.
- MI (2008): CCU. ANGIO "OK".

GI / Renal / CNS / Other
- HYPOTHYROID.
- CHOLECYSTECTOMY.
- WARTHIN'S TUMOUR
- PREVIOUS BREAST & CERVICAL (CA) + RADICAL HYSTERECTOMY (CONSERVATION SURG. > 20 YRS)
- IMPAIRED GLUCOSE TOLERANCE.
- RECENT STROKE LIKE SYMPTOMS: CARPOPEDAL SPASM. NOTE CT HEAD: OLD (L) FRONTAL & INSULA INFARCTS
- ICA ANEURYSM: NO SURG. GRADE STENOSIS.

Previous anaesthesia / Family history [STRUNG.]
- UNREMARKED ISSUES.
- PREVIOUS GA: NIL ISSUES
- NIL FH ANAESTHETIC ISSUES.

Assessor Sign / Print / Date GAUNT ST6.

Ht 4'11" (149cm)
Wt 56.3 kg
BMI

BP ___ / ___
ECG SR (29/5/21) (05/07/21)

Hb 118	Na 140	COVID 19: -VE 03/07/21
WCC 11.0	K 4.2	LFTS (N)
Plts 249	U 5.2	CRP 32
XMatch x 2	Cr 52	
Clotting (N)	Gluc	
	eGFR >60	

Allergies / Reactions
TRIMETHOPRIM / SEPTRIN.

Current therapy
- LANSOPRAZOLE
- CANDESARTAN (8mg)
- DIHYDROCODEINE
- LEVOTHYROXINE (125mcg)
- GTN

OK with NSAIDs ☑

Risks discussed
GA: CARDIORESP EVENT / VTE / DRUG REACTION / SEVERE TWIST / DENTAL, ORAL & OCCULAR TRAUMA

Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20g (O) (R) (H) In-situ, 16G. (D) (L) (W)

A line

CVP

Airway/Ventilation

FM GASY, Bain vent

LMA

ETT

Grade

Pre-ox ☑

Cricoid P ☐

SV ☐

IPPV ☑

Regional Anaesthesia

1/ 20mls of 0.5% Clonicaine infiltrated by Surgeon.

Midazolam (mg)	2								
Propofol (mg)	50								
Rocuronium (mg)	40								
Fluclox/Flucloxacillin (g)	2								
Metronidazole (mg)	500								
Heparin (units)				4000					
Phenylephrine (mcg)					5			5	
Ondansetron (mg)									
Remi TCI (ng/ml)	4 — 2	5	6		5			1	
Metaraminol (0.5mg/ml, mls/hr)	10 — 15	— 10 — 5						2 — 1	

Time: 09:00, 09:30, 10:00, 10:30, 11:00, 11:30, 12:00, 12:30

Position

ECG SpO_2 ☑

NIBP

Fluid warmer ☑

Patient warmer ☑

IV Fluids: ① — ②

Events													
FiO_2 N_2O ☐	1.0	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
SpO_2	100	99	99	99	99	99	99	99	99	99	99	99	99	99
$ETCO_2$		4.6	4.6	4.6	4.2	4.5	4.6	4.4	4.5	4.5	4.5	4.5	4.6	4.6
ETAA (SEVO)		1.4	1.4	1.7	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
MAC (AGE ADJ)		0.8	0.8	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
ABGAK / BGP		23/6	23/6.		18/6.		19/6.		19/6		19/6.		20/6.	

Eye care ☑

Pressure point care ☑

Events

Ⓐ INDUCTION

Ⓑ TRANSFER TO PACU

Ⓒ

Ⓓ

Ⓔ

Ⓕ

Ⓖ

Ⓗ

IV fluids

① CSL (500mls)

② CSL (1000 mls).

③

④

⑤

⑥

⑦

⑧

⑨

⑩

⑪

⑫

⑬

⑭

⑮

⑯

NHS
Greater Glasgow and Clyde

Name

Hospital no.

CHI no.

DoB / Age

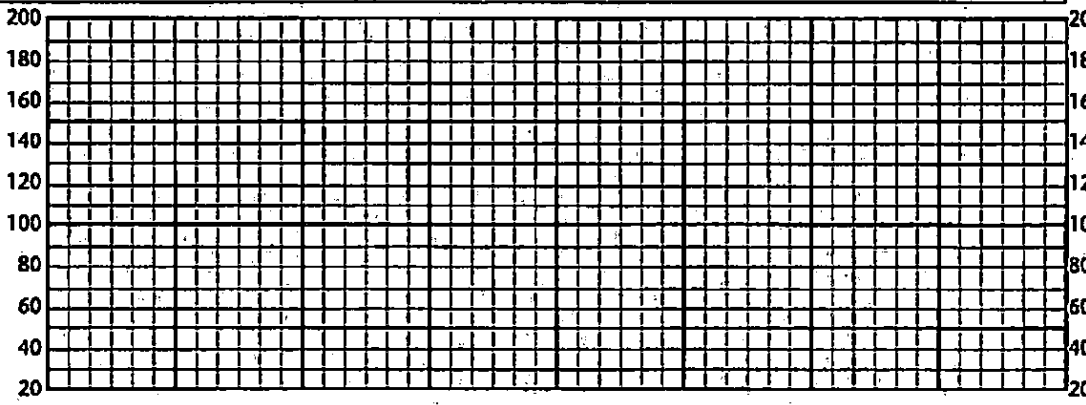
Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Time								



IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2								
$ETCO_2$								
ETAA								

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

_____ L/min in recovery

To keep $SaO_2 \geq$ 94 %

Fluids

- CSL @ 80mls/HR until resumes oral intake.

Monitoring/Investigations

Anaesthetic Notes

- Routine Post op Recovery Phase.
- Analgesia / antiemetics as ordered.

Intraoperative Accountable Items Count Record

NHS Greater Glasgow and Clyde

Date 3-3-26

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

WARD DS4
HOSPITAL GGH
THEATRE TH 2

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	L.OFFOR	E.Wors EM
PRE - OP INSTRUMENT COUNT	L.OFFOR	E.Wors EM
FINAL SWAB COUNT	L.OFFOR	E.Wors EM
FINAL INSTRUMENT COUNT	L.OFFOR	E.Wors EM
FINAL DISPATCH COUNT	L.OFFOR	E.Wors EM

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - .....

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

OPERATION : LEFT EYE : PHACO + IOL +23.0D

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☑

Temporary Change of Scrub Practitioner (Comments 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

Swabs (2x2)	—	Pledgelets	—	Caesarean Roll	—	ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	5	Tapes	—	PHACO TIP	1	
Abdominal packs	—	Sloops/Slings	—			
Sutures	—	Bulldogs	—			
Blades	—	Shods	—			
IV needles	2	Ports	—			
Syringes	—	~~Tibbs~~ Cannula	4			
Discard-a-pad	—	Staple Gun Inserts	—			
Diathermy 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

Local Anaesthetic / No Anaesthetic Care Plan

NHS Greater Glasgow and Clyde

(L) Phaco & IOL

"Mary" 7 Flys

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Contact Name: Shirley	Date: 03.03.26
Relationship: Daughter	Consultant: Lockington
Contact Number: 07944690584	Hospital: GGH

Admission Checklist	Admission Check	Theatre Check
Pre-Op Assessment Completed?	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
Interpreter Required? Duration of Booking (if known)	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
Identification band insitu	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No ☐ N/A
Consent / AWI signed (please circle)	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
Confirm operation site(s)	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
Operation site marked/checked against theatre list	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
Is the patient on Anti-coagulation therapy (last dose taken: 07.03.26) CLOPIDOGREL	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No ☐ N/A
INR Result	☐ Yes ☑ No ☐ N/A	☐ Yes ☑ No ☐ N/A
MRSA Screen (Result: _____)	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Urinalysis Result	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Have you ever been notified about having CJD?	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Have you ever been positive for CPE or been in a hospital outside of Scotland in the last 12 months?	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Relevant medical history: TYPE 2 DM. HYPOTHYROIDISM. IHD. STENOSIS. 2 TIA. BREAST CA	Medications: CANDESARTAN. DAPAGLIFLOZIN. CLOPIDOGREL. AMLODIPINE. ATORVASTATIN. LANSOPRAZOLE.	
Any known allergies: MYDRIASERT TIME IN: 10.25 INITIALS: A TIME OUT: 1051 INITIALS: M	☐ Yes ☐ No ☐ N/A STATINS. TRIMETHOPRIM	☑ Yes ☐ No ☐ N/A
Dentures	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Contact lenses / glasses removed	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Hearing aids	☐ Yes ☑ No ☐ N/A	☐ Yes ☐ No ☑ N/A
Internal Prosthesis in situ e.g: Pacemaker	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
External Prosthesis	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
Jewellery and piercings removed / taped	☐ Yes ☐ No ☑ N/A	☐ Yes ☑ No ☐ N/A
Are you or could you be pregnant?	☐ Yes ☐ No ☑ N/A	☐ Yes ☐ No ☑ N/A
If yes - test result (if applicable)	☐ Yes ☐ No ☐ N/A ☐ Refused	☐ Yes ☐ No ☑ N/A ☐ Refused
Baseline Observations		
Time 10.00.	SP02 96%	
BP 148/73	Temp 36.5	
HR 80	BM 8.8 ☐ N/A	
Any other information: Recent flu like symptoms - no cough. Type 2 DM		
Please print and sign name once the checklist is complete	Admission: Time: 10.00 SN	Theatre: AMCKEOWN Time: 1055.

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Mary 06/03/1954
P: 28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Safe Positioning — This section not applicable ☐

Moving aids used to move patient	☐ Yes ☐ No	☐ Pat Slide ☐ Hover Mattress	☐ Sliding sheet ☐ Other specify:	☐ Roll Board

Intra-operative Pressure Area Care

Do you have any skin damage or pressure areas? ☐ Yes ☐ No ☐ N/A

Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:	Positioning Devices	Pressure Relieving	Arm Position

Local Anaesthetic Infiltration to Wound — This section not applicable ☐

Site	Drug	Quantity
Site	Drug	Quantity

Electrosurgery — This section not applicable ☐

Monopolar	☐ Yes	☐ N/A	Bipolar	☐ Yes	☐ N/A

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria:	☐ Yes ☐ No	If 'No' state reason:
Skin site(s) hair removal	☐ Yes ☐ No	
Electrode site checked after removal and is satisfactory	☐ Yes	
Repositioned and is satisfactory	☐ No ☐ N/A	

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) satisfactory	☐ Yes	☐ No	☐ N/A

Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets — This section not applicable ☐

Digit applied:	Time applied:	Time removed:
Digit applied:	Time applied:	Time removed:

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Glasgow, Lanarkshire
G15 8AX

Skin Preparation

This section not applicable ☐

Site	Clipped	Preparation solution used			
LEFT EYE	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution ☐	Alcohol Iodine based solution ☐	Aqueous Iodine and sodium chloride 50/50 ✓ ☐	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%
Site	Clipped	Preparation solution used			
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution ☐	Alcohol Iodine based solution ☐	Aqueous Iodine and sodium chloride 50/50 ☐	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

Intra-operative Observations

This section not applicable ☐

Observations	Time					
% Sat O2						
BP						
Pulse - R/I						
BM						

Wound Closure and Dressings

This section not applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1	LEFT EYE		SHIELD	
2				

Operation / Procedure Performed

LEFT EYE: PHACO + IOL +23D

#AU00T0 | D Size | +23.0 D | [redacted] | SN 16118449 012 | UDI 2028-09-24

AcrySof™ IQ IOL w/ UltraSert™
GTIN 00330652394826
Ø 13.0mm
Ø 6.0mm
UV & BLUE LIGHT FILTER
Alcon

Post-o

This section not applicable ☐

Skin Inspection Scores
Post operative (circle)

Excoriation level: 0 1 2 3

Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Traceability Stickers

PHACO SET
Central Decontamination Unit
26/02/2026 (1:2268)
Production (1:1232674)
ID: 50564764:000:18566

Healon PRO 2028-07-31 LOT UA32198

Alcon Custom Pak : C29196-03
LOT 17V59F 2027-08-01

STERILE EO Beaver Visitec International, Bidford on Avon, B50 4JH, UK
REF MMSU1221S
LOT 000003580037
2030-09-28

STERILE EO Beaver Visitec International, Bidford on Avon, B50 4JH, UK
REF MMSU1567S
LOT 000003587487
2030-11-09

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G15 8AX

label

Intra-operative Comments

This section not applicable ■

Post-operative comments

Date, time and sign all entries

Discharge Instructions and Information

Advice leaflet	Yes	No	N/A	Comments:	
Verbal advice					
GP letter					
Follow-up appointment				Arranged	
Discharge medication\s					
Discharge dressings				Supply x:	
Time:	BP:			Pulse - R/I SP02	Pain Score:
Signature:				Print Name:	

Final discharge

Wound check - Satisfactory / Other (state):
Patient passed urine: ☐ Yes ☐ No ☐ N/A Comments:
Patient fit for discharge at:
Patient discharged alone / accompanied by: Relationship:
Signature: Print Name:

Department of Ophthalmology Operation Pack

NHS
Greater Glasgow and Clyde

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

GP Label

Consultant: Lockington

Planned Surgery Date: 03.03.26

Diagnosis:

Operation: (L) Phaco

GA (LA)
LA / Sedation

Biometry done?
Y☐ N☐ N/A☐

Medical Examination:

Examining Doctor: _____ Date: _____

Past Medical History:

Can lie flat? Y☐N☐

Restricted Neck ROM: Y☐N☐

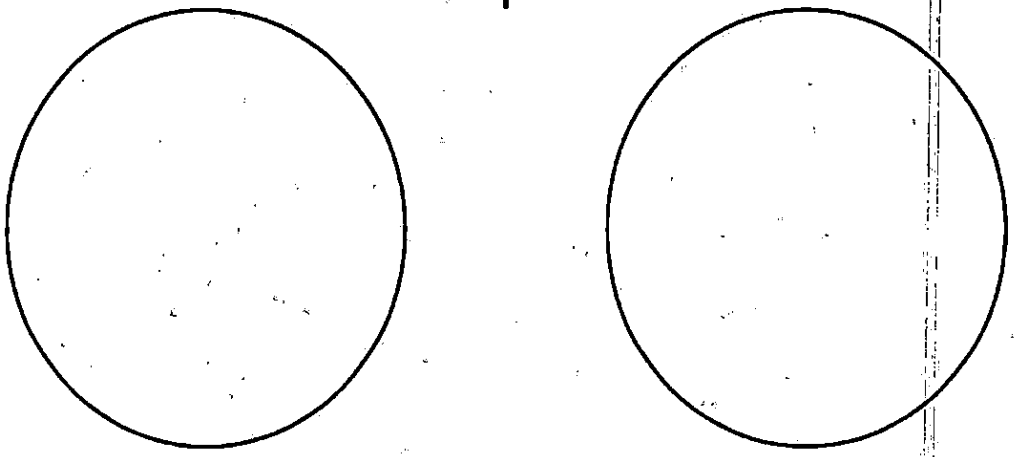
Systemic Review & Examination:

Suggested Investigations: CXR☐ Echo☐ Other: _____ Inform Anaesthetist? Y☐N☐

Ocular Examination

Ocular History:

R		L
	VA	
	Refraction	
	Pupils	
MYDRIASERT TIME IN: 1020 INITIALS: O TIME OUT: INITIALS:	Anterior Segment	
	Lens	



Summary / Plan

(L) Phaco : 230 → O

IOL Choice

Drops on Admission (please circle & sign)

Right | Left | Both

On Ward	Prescribe	Instill	In Anaesthetic Room	Prescribe	Instill
g cyclopentolate 1% (x3)			g proxymetacaine 0.5%	✓	
g phenylephrine 2.5% (x3)			g povidone	✓	
Mydriasert	✓		Mydriasert removed	Sig/time:	

Operation Note

Date:

Signature:

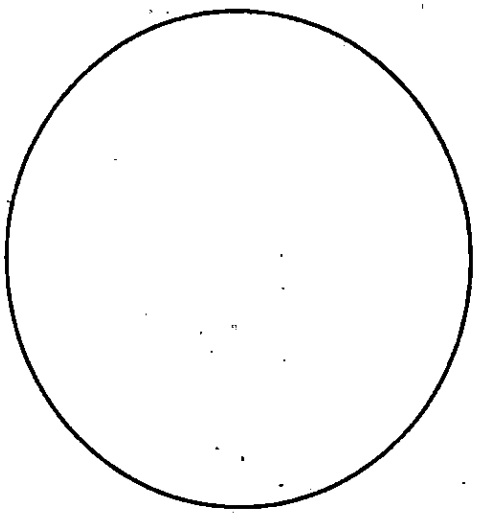
Anaesthetic: GA LA

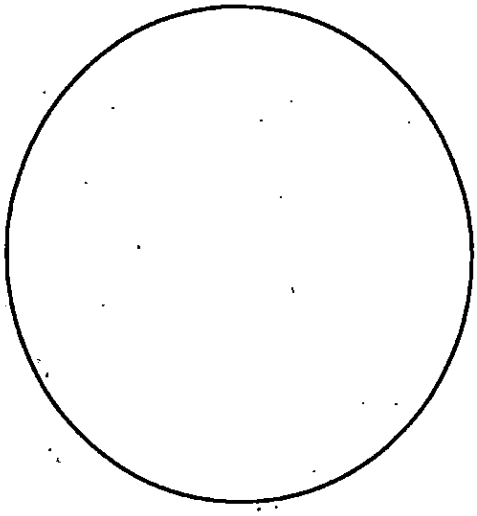
Anaesthetist:

Surgeon:

Assistant:

Scrub Nurse:





Post-operative Instructions:

Medication	RE	LE	Frequency	Duration

Multidisciplinary Notes

Post-Op Review

Acute Services Division

NHS
Greater Glasgow and Clyde

0603548323
WATSON
Mary F
06/03/195
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Perioperative Care Plan

1/2

Hospital:	Consultant:
Ward:	Date:

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 ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, 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	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		
Date of Last Menstrual Period (LMP) N/A ☐	Date __/__/__	
Is there any chance you are pregnant? N/A ☐	Yes ☐ No ☐	
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	
Pregnancy test result	Postive ☐ Negative ☐	
Tampon removed N/A ☐	Yes ☐	
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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 ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
PUDRA	Yes ☐ N/A ☐	Yes ☐ N/A ☐	Yes ☐ N/A ☐
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
PVC Care Plan in place	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure 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	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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 ☐
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)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' specify:			
Fasted from – specify time (24 hr clock) N/A ☐	Food:	Food:	Food:
	Fluid:	Fluid:	Fluid:
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	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' state location and type			
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc.	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state type where stored			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐ N/A ☐	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 ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☐	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 ☐	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☐ Not Known ☐	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:	
Anti-embolic Prophylaxis – 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:	
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 ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time:	Print: Sign: Time:	Print: Sign: Time::

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' specify reason:
Surgical Pause carried out:	Yes ☐ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:
Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐		

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 ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

PVC site _____ Skin Prep specify: Batch no. _____
time inserted _____ Expiry date _____

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:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

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:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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 ☐
		Other – specify:	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☐ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Anaesthetic Comments

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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:	Pressure Ulcer Grade:
	mild / moderate / severe	1 2 3 4 Ungradable Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE

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

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix 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:
Post-op skin check(s) is satisfactory	Yes ☐ No ☐	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 deflated

Digit Tourniquet — This section NOT applicable ☐

Site and side applied	Time applied	Time removed

DVT Prophylaxis — 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 — Batch no./Expiry Date — 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	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	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 ☐	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 ☐	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 ☐	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					

Name:.....
Address:.....
.....
DoB:.....
CHI number:.....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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	Wound Closure	Dressings	Packing
1				
2				
3				
4				

Operation / Procedure Performed

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

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28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: Anaesthetist To: L Macgillivray

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic type	Drains	RSI
Theatre	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type		

Recovery

This section NOT applicable ☐

Safe Positioning

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)

See post operative skin inspection score from theatre on previous page

Skin Inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	Actions taken

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Glasgow, Lanarkshire
G15 8AX

Post-operative Observations

Time	16:45	17:00	17:15
210			
200			
190			
180			
170			
160			
150			
140			
130			
120			
110	^	^	^
100			
90			
80			
70	✓	✓	✓
60	✓	✓	✓
50			
40			
30			
Airway type	1	1	1
O_2 Therapy	2L	2L	2L
SpO_2	99	99	99
Resp. Rate	12	12	12
CVP			
Temp.			35.9
Pain Score	4/10	4/10	4/10
P.O.N.V.	1	1	1
Sedation Score	Sleep		2
BM Score			
PV staining			
Hourly Urine Vol.		200	
Total Urine Vol.		200	
Wound Score (L)	0		0
(R)	0		0
Circulation +ve/-ve	+ve		
Sensation +ve/-ve	Intact		
Movement +ve/-ve			
Pedal Pulse – R	faint +		
Drain 1			
left –	NIL		
Staff initials			

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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			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Discharge

NEWS 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 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 ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Acute Services Division

NHS Greater Glasgow and Clyde

0603546323
WATSON F
Mary 06/03/1954
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Glasgow, Lanarkshire
G15 8AX

Perioperative Care Plan

Hospital: QEUH	Consultant:
Ward: LA	Date: 6/7/21

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 ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.

Please provide e.g. theatre buddy, 'Getting to know me' document if available.

CVA
Cholycystectomy
Angina
Radical hysterectomy (incarcerated)
Breast Ca
HTN
Hypothyroid

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 Antibodies +ve ☐ -ve ☐	Yes ☐ No ☐ N/A ☐	
Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	
Is there any chance you are pregnant? N/A ☐	Yes ☐ No ☑	
Pregnancy test carried out with the patient's consent Pregnancy test result	Yes ☐ Refused ☐ Postive ☐ Negative ☐	
Tampon removed N/A ☐	Yes ☐	
MRSA Positive ☐ Negative ☑ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☑ Results pending ☐ N/A ☐		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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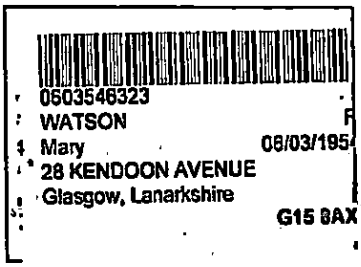
SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

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) Loose file	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 ☐
X-Ray and Scans – Hardcopy	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
Prescription Chart Hepma	Yes ☐ No ☑ HELMA	Yes ☑ No ☐	Yes ☑ No ☐
PUDRA	Yes ☑ N/A ☐	Yes ☑ N/A ☐	Yes ☑ N/A ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☐
PVC Care Plan in place	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure 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	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
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 ☐
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 ☐
1 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)	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☐
If 'Yes' specify:			Soluin
Fasted from – specify time (24 hr clock) N/A ☐	Food: 12MN	Food: 5/7/21	Food: 5/7/21
	Fluid: 12MN	Fluid: 5/7/21	Fluid: 5/7/21
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 ☑



Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☑ No ☐ N/A ☐ Patient wishes to keep	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 ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☑ No ☐ READING - ON WARD	Yes ☑ No ☐	Yes ☑ No ☐ Reading card
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 ☑	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☑ Not Known ☐	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: HAS GTN - does not use	
Anti-embolic Prophylaxis – 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:	
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 ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: LYNNON Sign: Time: 0815	Print: LCAMPBELL Sign: Time: 0815	Print: Sign: Time:: 9.00

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Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:
Surgical Pause carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: 56	BP: 101/49	Temp: 35.5	SpO_2: 100	Resps:

Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☑ No ☐

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 ☑ 7·SETT	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site:	Drug:	mls
Sedation ☐	Drug:		mls

PVC site _____ Skin Prep specify: Batch no. _____
time inserted _____ Expiry date _____

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:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

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: Micropore Tape

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Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify: Bairhugger	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 ☑
		Other – specify:	Yes ☐ No ☐ N/A ☑
Temperature documented by Anaesthetist	Yes ☑ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Anaesthetic Comments

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08/03/195

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Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☑	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

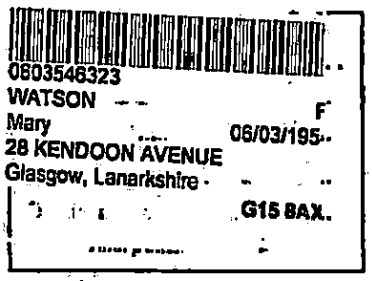
Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: 6	Pressure Ulcer Grade: 4
	mild / moderate / severe 1 2 3 4	Ungradable Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position	
Position 1	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☑	At side ☐	At side ☑
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☑	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☑
				Straps ☑	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☑	Gel/ Foam pads ☑
Position 2	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
eft Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Pressure Area care Chart



Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
9 40								right hde			

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

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Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☑ N/A ☐ | Bipolar: Yes ☐ N/A ☐

Site(s) of Monopolar Return Electrode: Right Les

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:
Post-op skin check(s) is satisfactory	Yes ☑ No ☐	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 deflated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

DVT Prophylaxis — 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 — Batch no./Expiry Date — This section NOT applicable ☑

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Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
LEFT LEG + GROIN	Yes ☐	Aqueous iodine based solution ☑	Chlorhexidine gluconate solution: ___ % ☐
	No ☑	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: ___ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: ___ % ☐
			Batch no: ___ Expiry date: ___
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: ___ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: ___ % ☐
			Batch no: ___ Expiry date: ___
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: ___ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: ___ % ☐
			Batch no: ___ Expiry date: ___
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: ___ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: ___ % ☐
			Batch no: ___ Expiry date: ___

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity
left Groin	2.5 Chirocaine	20mls

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

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Traceability Stickers

REF SM29105CE
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LOT 20HAC005 2025-07
(01)00884389152785

T-00046-028 6127912
Vascular Peripheral

XenoSure® Biologic Patch
REF 0.88V8
LOT XBU5000
LeMaitre Vascular
63 Second Avenue
Burlington, MA 01803 USA

03-2024
15497902
Exp: 04-2024
Lot: 15452359

Exp: 03-2024
Lot: 15497902

GORE® VIABAHN®
Endoprosthesis
REF PAHR08
SN 2330674
2024-01-
UDI-DI: (0

GORE® VIABAHN®
Endoprosthesis
HR071001E
8173
11-23
UDI-DI: (01)0073313

NHS Intraoperative Accountable Items Count Record

Date 6-4-21

ADDRESSOGRAPH
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WARD

HOSPITAL QEUH

THEATRE 15

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
PRE - OP SWAB COUNT	L GRANT	L. COYLE.
PRE - OP INSTRUMENT COUNT	GRANT	A Hu...
FINAL COUNT	GRANT	Anabal
FINAL INSTRUMENT COUNT	GRANT	Anabal
FINAL DISPATCH COUNT	L GRANT	

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1- SIGNATURE: L Grant

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION : LEFT FEMORAL ENDARTERECTOMY, ILIAC STENT & ANGIOPLASTY.

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☑

Temporary Change of Scrub Practitioner (Comments 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)	6	Pledgelets	0	Caesarean Roll		
Swabs (10x10)	40	Tapes	0			
Abdominal packs	1	Sloops/Slings	5			
Sutures	8	Bulldogs	12			
Blades	2	Shods	10			
IV needles	2	Ports	0			
Syringes	4	Tibbs Cannula				
Discard-a-pad	1	Staple Gun Inserts	0			
Diathermy pencil	1	Spears	0			
Diathermy tips	1	Retrieval Bag (Bert)	0			
Scratch pad	1	Digital Tourniquets	0	Throat Pack IN		
Reels	2	Pen & Ruler	0	Throat pack OUT		
Patties	0	Bi-Polar	0	Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☑

DETAIL 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.....

Ensure 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. mi • 240937 V2.0 GGC0063

Name: .....
Address:.....
.....
DoB:.....
CHI number:.....
Affix patient data label

Traceability Stickers

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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	Wound Closure	Dressings	Packing
1	LEFT GROIN.	2.0 POLYSORB	STERISTRIPS, AQUACEL DUO-DERM.	N/A
2				
3				
4				

Operation / Procedure Performed

LEFT FEMORAL ENDARTERECTOMY & ILIAC STENT & ANGIOPLASTY.

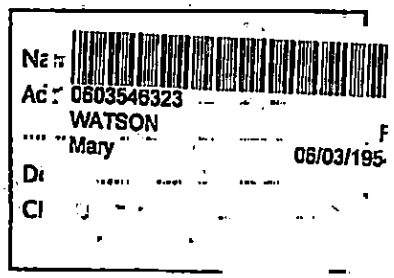
Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: 0 mild / moderate / severe	Pressure Ulcer Grade: NA 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign



Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: Dr Raju To: L. Mapaya

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name ✓	Anaesthetic type ✓	Drains	RSI
Theatre ✓	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure ✓	Local anaesthetic Infiltration ✓	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events ✓	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type ✓		

Recovery

This section NOT applicable ☑

Safe Positioning Transferred 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)

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (Include area of body)	Actions taken

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Post-operative Observations

Time	13:25	13:30	13:35	13:40	13:50	14:00	14:05	14:10	14:15	14:20	14:25	14:30	14:35	14:40	14:45	14:50	14:55
Airway type	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
O_2 Therapy	7L	5L	5L	5L	5L	5L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L
SpO_2	99	100	100	100	100	100	98	92	92	91	90	95	98	99	99	99	99	99
Resp. Rate		10		11	12		14	16	16	18	18	18	16	16	18	18	16	16
CVP	N/A																	
Temp.	35.8																	
Pain Score			0	0	0	0	0	8/10	8/10	8/10	8/10	8/10	6/10	6/10	6/10	6/10		
P.O.N.V.			0	0	0		1	1	1	1	1	2	1	2	1	2	1	1
Sedation Score	1	1	5	5	0/5	0/5	5	0	0	0	0	0	0	0	0	0	0	0
BM Score	N/A																	
PV staining	N/A																	
Hourly Urine Vol.	/	/	500	/	/	/	/	200	/	/	/	/	/	/	/	/	/	/
Total Urine Vol.	/	/	/	/	/	/	/	200	/	/	/	/	/	/	/	/	/	/
Wound Score (L)	0	0	0	0	0	0	0	0		0		0		0		0		0
(R)	0	0	0	0	0	0	0	3		3		3		3		0	0	0
Swelling (L)	NIL	→	NIL	→	NIL	→	NIL											
Circulation +ve/-ve	poor	→	poor	→	poor	→	poor	—	Present						Present			
Sensation +ve/-ve	+ve	→	+ve	→	+ve	→	+ve	}	Intact			}	Intact					
Movement +ve/-ve		→	+ve	→	+ve	→	+ve											
Pedal Pulse (R) L	faint				faint					faint								
Drain 1	N/a																	
Pedal Pulse (L)		Nil			Nil				Nil				Nil					
Staff initials	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM	LM

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Ade WATSON - 08/03/1954
..... Mary
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Time	15:10	15:25	15:40	15:55	16:00	16:15	16:30
Airway type	1	1	1	1	1	1	1
O_2 Therapy	3L	3L	3L	3L	3L	3L	3L
SpO_2	99	99	99	99	99	99	99
Resp. Rate	14	14	14	16	14	14	14
CVP							
Temp.							
Pain Score	5/10	5/10	5/10			4/10	
P.O.N.V.	1	1	1	2	1	1	1
Sedation Score	0	0	0	0	0	0	0
BM Score							
PV Staining							
Hourly Urine Vol.	240						
Total Urine Vol.	240						
Wound Score	0		0		0		0
	0	0	0	0	0	0	0
Circulation +ve/-ve	Pv present.						
Sensation +ve/-ve	intact				Intact		
Movement +ve/-ve							
Pedal Pulse (R) L	faint				faint		
Drain 1							
Pedal Pulse	Nil			Nil			
Staff initials	LMac	LMac	LMac		LMac		

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			

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Left femoral Endarterectomy.
Lliac Stent
Angio plasty.

Events

Event	Action	Outcome
1322 Patient arrived in recovery maintaining her own airway but requiring occassional jaw thrust.		
• On 7litres O2 therapy, titrated down to 5 litres On arrival to recovery.		
• Occassionally obstructing but easy to rouse.		
• IV fluids from theatre running on arrival to recovery.		
• Observations satisfactory as charted.		
• Wound dressing dry with no signs of swelling around it.		
14:00 Care taken over by L MacGillum.		
Observations:	Patient BP dropping Clamy, perspering, Nauseated.	
IR wound:	blood Loss. 400mLs. Wound pack -	

Na
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Events

Event	Action	Outcome
pressure dressing applied. Surgeon e Anaesthetist In Recovery. Patient Supine, pressure maintained by Surgeon. Haemacue 92 g/dL. Starting 118. Fluids In Stat. 4mg Ondansetrone Nausea x 1. (Hepma)(14:15) Patient Alert e Aware throughout. C S M } Intact. Pain Score 8/10 — Alfentany/morphine protocol commenced. Wounds checked 15 min Intervals. —No further bleeding. 14:35. CRT : Good. S M } Intact. Reviewed Regarding Ponv. Patient more stable — Observations as charted. Pain Score — remains low. Continuing with morph/Alfent protocol. 15·30. 6·6 mg dexamethasone for		

0803546323
WATSON
Mary F
28 KENDOON AVENUE 06/03/1954
Glasgow, Lanarkshire
G15 8AX

Discharge

NEWS 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 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 ☐

0603546323
WATSON F
Mary 06/03/1954

Use this page to document further patient information if required.

Continued Nausea + vomiting.
16·15 1g paracetamol as per Kardex.
16·30. Seen by Anaesthetist
- Allert/morph - Discontinued.
8ml Administered In total
Lmefgllum.
16:45. 4mg Ondansetrone as per Hepma.
10mg metoclopramide as per Hepma

17:00 Patient more settled short periods of restful sleep.
Cardiovascularly stable.
maintaining SaO_2 on 2L Nasal Cannula.
Iv fluids remain 83ml/hr.
Oral sponges for Oral hygiene.
positional changes.
Sacral area - slightly red.

NHS
Greater Glasgow and Clyde

South Sector COVID-19 Screening Questionnaire

Pre-Op/Day Surgery/Same Day Admission

Date:.....

To be completed on admission – If the answer to any question is YES then alert the nurse in charge.

Has the patient had any of the following in the last 7 days?

	YES	NO
Fever or high temperature (37.8 oC or higher)		✓
New and continuous Cough		✓
Loss of smell or taste		✓
Have you recently recovered from COVID-19		✓
If yes have you had at least 3 consecutive days without a fever or cough		
Contact with someone in your household who has tested positive for COVID-19 or displayed symptoms in the last 14 days?		✓
Have you recently been contacted by NHS Track & Trace		✓
Have you been abroad in the last 14 Days If yes which country..... *Please check current quarantined country list		✓

When did you have your most recent COVID-19 test? (recommended within 72hrs)

Date 3/7 ..... Result Negative ☑ Positive ☐

Does this fall within 72 hrs of admission? Yes ☑ No ☐

Date isolation commenced 3/7/21

Low ☑ Medium ☐ High ☐

If answer No to any of the above questions contact Nurse in Charge

Admission practitioner:-

Print Name Linda Campbell Sign Name .....

OPERATION NOTE

Our Ref: MC/MH **Hospital number:** 50623238H

Typed: 31/05/2010 **CHI number:** 0603546323

HOSPITAL: Western Infirmary

OPERATION DATE: 19th May 2010

PATIENT NAME: Mary Watson

DATE OF BIRTH: 06/03/1954 **Age:**

WARD: L10S

SURGEON: Mr F Hanif/Mr Clancy (supervisor)

ASSISTANT SURGEON:

ANAESTHETIST:

DIAGNOSIS

OPERATION: Laparoscopic Cholecystectomy.

INDICATION: Cholecystitis with cholelithiasis. Easy insufflation via (Hasson technique). A further mm epigastric, 5mm midclavicular and 10mm anti-axillary ports where inserted under direct vision.

FINDINGS: Grossly inflamed thickened gallbladder obtaining stones with extensive surrounding adhesions to the omentum of the body wall.

PROCEDURE: Careful dissection of the gallbladder and removal of omentum adhesions. Initially gallbladder was to difficult to grasp with standard forceps so a larger axillary port was inserted to allow the larger grasping forceps to hold the fundas. The gallbladder was removed using Endocatch bag device. Callot's triangle was carefully and widely dissected to reveal the cystic artery, cystic duct and common bile duct. Cystic artery and duct were clipped and divided over the carefully dissected liver bed. There was a small amount of ooze from the liver bed which was controlled with diathermy and Surgicel. A 10 French Gauge drain was inserted to the liver bed and exteriorised and secured at the skin with 3/0 Dermalon. Haemostasis was observed and ports removed under vision.

CLOSURE: No1 Vicryl to umbilical port. 3/0 Biosyn subcuticular to all port sites and steristrips dressings.

POST-OP: Oral analgesia + PRN as when required. Food and drink once over the anaesthetic. Clinical review on the ward and remove drain tomorrow am.

Mr M Clancy
19th May 2010

Operation note: Operation Note

NHS
Greater Glasgow and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard:	0141 201 1100
Department:	Vascular
Contact Tel:	
Enquiries to:	
Letter Date:	06/07/2021
Reference:	
Dictated Date:	31/12/1840
Transcribed Date:	06/07/2021

6/7/21

Queen Elizabeth University Hospital
Department: Vascular

Mr Manoj Nair/Dr Jav Dhaliwal
Mr Douglas Orr/Dr Ram Kasthuri

Dr Indy Raju

Left CFA Patch plasty (onto PFA origin) and Iliac Stenting (Right CFA puncture also required)

Indication: Critical Left foot with rest pain. Had perc attempt at iliac stenting 4 days ago but felt a hybrid procedure was required. Distal SFA disease with occlusion.Previous hysterectomy (for malignancy) and Left mastectomy. Chronic bladder dysfunction.

Findings: Hardly any inflow at CFA--Iliac system had occluded since recent angiogram. Moderate posterior CFA disease; vessel generally soft. Significant distal EIA disease with some posterior disease extending just past the ligament but patent lumen at that level, admitting a size 5 Bake's dilator. Soft PFA with excellent backbleeding.Unable to get luminal wire position past left iliac system so Right CFA puncture required.

Procedure: GA, Flucloxacillin, Metronidazole, Urinary Catheter, Betadine, Ioban. Oblique longitudinal incision to expose CFA, SFA and PFA past its first bifurcation (crossing veins ligated 3-0 Polysorb). 4000 units IV Heparin and clamps. Longitudinal CFA arteriotomy onto PFA origin; no CFA endarterectomy required. Patch plasty using Bovine pericardial patch (5-0 Surgipro)--haemostatic.

IR: Patch micropuncture but unable to cross into distal aorta luminally so Right groin prepped with Chlorhexidine and USS guided puncture, up and over; wire snared into left groin and Left iliac system stented (Viabahn) to inguinal ligament establishing inflow. Right sheath removed and manual pressure.

Left sheath removed and plasty flushed with hep saline--no clots. Good inflow confirmed and Backbleeding checked again. Further Hepsal flush and patchotomy repaired with 5-0 Surgipro. Good pulse in PFA and reperfusion of foot.

Running 1 polysorb to fascia and subcuticular 2-0 Polysorb to skin. Steristrips, Aquacel, Blue swabs and Duoderm to Left groin wound; Mepore to Right.

Post-op:

Monitor wounds and perfusion of feet but do not expect to feel pedal pulses.

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital

DOB:

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Date of A

Consulta

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
19/05	ASPIRIN	300mg	PO	0600	[signature]	0930	0930
19/05	CLOPIDOGREL	300mg	PO	0600	[signature]	0930	0930

STROKE PATIENTS

Aspirin Prescribed?

Please prompt medical staff unless contraindicated

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: _____/_____/_____ PRESCRIBER (PRINT & SIGN): _____

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

																								Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	A DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	B DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	C DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																						For Use Y/N
		0700-0900																						Qty:
		1200-1400																						Date:
		1600-1800																						Assessed by:
		2200-2400																						Ordered from Pharm.
		Other time																						

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE → 29
MONTH → 6

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: OMEPRAZOLE
DOSE: 20mg | ROUTE: PO | DATE: 29/05 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

J — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: LEVOTHYROXINE
DOSE: 125 mcg | ROUTE: PO | DATE: 29/05 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

K — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: ATORVASTATIN
DOSE: 80mg | ROUTE: PO | DATE: 29/05 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

L — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: ASPIRIN
DOSE: 75mg | ROUTE: PO | DATE: 29/05 | STOPPED DATE: 29/05 | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

Oral and Other Drugs: Regular Prescription

DATE → 29 30
MONTH → 05 05

M BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
DRUG: CLOPIDOGREL
DOSE: 75mg | ROUTE: PO | DATE: 28/05 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 X | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: CANDESARTAN
DOSE: 8mg | ROUTE: PO | DATE: 29/05 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 X | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1600 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

NEW DOSE ☐

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

NEW MEDICATION ☐

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

NEW DOSE ☐

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

NEW MEDICATION ☐

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

NEW DOSE ☐

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

NEW MEDICATION ☐

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

NEW DOSE ☐

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

NEW MEDICATION ☐

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐					STOPPED		DATE	TIME	DOSE	GIVEN BY	Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
			LL	DRUG			DATE:										
			DOSE	ROUTE	INDICATION		INITIALS:										
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.		DATE:										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														
			MM	DRUG			DATE:										
			DOSE	ROUTE	INDICATION		INITIALS:										
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.		DATE:										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														
			NN	DRUG			DATE:										
			DOSE	ROUTE	INDICATION		INITIALS:										
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.		DATE:										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														
			PP	DRUG			DATE:										
			DOSE	ROUTE	INDICATION		INITIALS:										
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.		DATE:										
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														

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

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE:	DATE																						Patient's Own Medicine For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.

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

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

Name ____

CHI No. ____

Drug Allergies / Sensitivities **None Known** ☐ **Yes** ☐ **(provide details below)**

_____

_____

Nurse/Midwife Administration by Symptomatic Relief Policy or other 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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

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. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0500, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. 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).

8. The route of administration can be abbreviated using the following :

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

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

Cat. No. 40995 Ver. 4, 09/2010 GGC0029

Nurse/Midwife Administration by Symptomatic Relief Policy - 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.

PRESCRIBER'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
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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).

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

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

Cat No. 05174 Ver 5, 11/2016 GGC0021

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

G

DRUG: Co-codamol

DOSE: 1g/16mg | ROUTE: PO | INDICATION: Pain

SIGNATURE OF PRESCRIBER: [signature] | MAX.FREQUENCY: QDS | DATE: 01/07/2

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

H

DRUG | DOSE | ROUTE | INDICATION | SIGNATURE OF PRESCRIBER | MAX.FREQUENCY | DATE: | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

DRUG | DOSE | ROUTE | INDICATION | SIGNATURE OF PRESCRIBER | MAX.FREQUENCY | DATE: | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

DRUG | DOSE | ROUTE | INDICATION | SIGNATURE OF PRESCRIBER | MAX.FREQUENCY | DATE: | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

DRUG | DOSE | ROUTE | INDICATION | SIGNATURE OF PRESCRIBER | MAX.FREQUENCY | DATE: | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

M

DRUG | DOSE | ROUTE | INDICATION | SIGNATURE OF PRESCRIBER | MAX.FREQUENCY | DATE: | STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE | TIME | DOSE | GIVEN BY

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

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 I draw a diagonal line through section

Regular Prescriptions

ADMINISTRATION

DATE

MONTH

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

A DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Hospital Name: QEUH

DAY CARE PRESCRIPTION FORM

PATIENT DETAILS

Name:

CHI No:

Hospital Number:

DOB:

Date of Attendance: __/__/__

0603546323
WATSON F
Mary 06/03/1954
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

DRUG SENSITIVITIES/ALLERGIES

None known ☑
Yes ☐ (provide details below)

Ward:	Height:	Prescription sheet number:	Date and time this form prepared:
Weight:	Surface area:		01/07/21 Time: 0915

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN
01/07/21	Fentanyl	40 micrograms	IV	0950	M. MCGEACHIE SCS	CS / EM	0950
01/07/21	Lidocaine 1%	5ml	SC	0955			0955
01/07/21	Midazolam	2mg	~~2mg~~ IV	10^10		EM/KL	10^10
01/07/21	Oxygen	2L/m	INHAL	10^10		'' /KL	10^10
01/07/21	Fentanyl	40 micrograms	IV	1025		EM	

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No_____L/min

DATE:__/__/__ PRESCRIBER (PRINT & SIGN):_____

Patient Agreement to Investigation or Treatment

Consent Form – Cataract Surgery

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	0603546323 WATSON Mary F 06/03/1954 28 Kendoon Avenue Glasgow, Lanarkshire G15 8AX
Patient's surname / f:	0603546323 WATSON Mary F 06/03/1954 28 Kendoon Avenue Glasgow, Lanarkshire G15 8AX
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

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).

Cataract Surgery **Right Eye** ☐ **Left Eye** ☑

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

1:100 Worse Vision

1:200 Second Operation

1:1000 Blindness due to infection

Bleeding, Cystoid Macular Oedema, Retinal Detachment

Need for Glasses

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)	
Date	3/3/26

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 [signature]	Date 3/3/20
Name (print)	

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

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	0603546323 WATSON Mary F 06/03/1954 28 KENDOON AVENUE Glasgow, Lanarkshire G15 8AX
Patient's surname / family name	WATSON
Patient's first name	MARY.
Date of birth 06/03/1954.	Gender Male ☐ Female ☑
CHI number	
Special requirements (e.g. other language / communication method)	

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).

LEFT common femoral endarterectomy, Arg underpatch & Distal Stenting

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleed
Infection
Major limb jeopardy
MI/PE/CVA

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)	
Date	8/3/14.

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.
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- 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	Date 3/8/24
Name (print)	

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

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice	0603546323 WATSON F Mary 06/03/1954 28 Kendoon Avenue Glasgow, Lanarkshire G15 8AX
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

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).

Curettage of lesion LEFT middle finger.

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding / Infection / Scarring / Wound dehiscence.

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	G Vernon
Name / Designation (print)	G. VERNON
Date	18-4-18.

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 MWatson	Date 18-4-18
Name (print) MARY WATSON	

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

Spacelabs Healthcare Lifescreen
Ambulatory ECG Report

Confirmed

Patient No.	: 0603546323	Recording Date	: 09/01/2023
Patient Name	: Mary Watson	Recording Duration	: (4) 02:21:08
Date of Birth	: 06/03/1954	Analysis Date	: 30/03/2023
Sex	: Female	Operator	: nmcmaster
Patient NI Number	: -	Physician	: Dr Pushkar Shah
Insurer	: -	Hospital / Practice	: West Glasgow ACH
Recorder Number	: 00050481	Analyser	: Lifescreen Version 3.31

Review Comments:

3day monitor

Sinus rhythm throughout recording
Max HR 135bpm
Min HR 57bpm
Patient activated events, symptom diary not returned:- 2 x sinus tachycardia 110bpm
5 x sinus rhythm 88-98bpm

NMcMaster Sen. Card. Phys. NVH

/arrhythmia

Operator's Signature ..... Date .....

Doctor's Signature ..... Date .....

Confirmed

Patient Name : Mary Watson

Patient No. : 0603546323

Printed Strip List

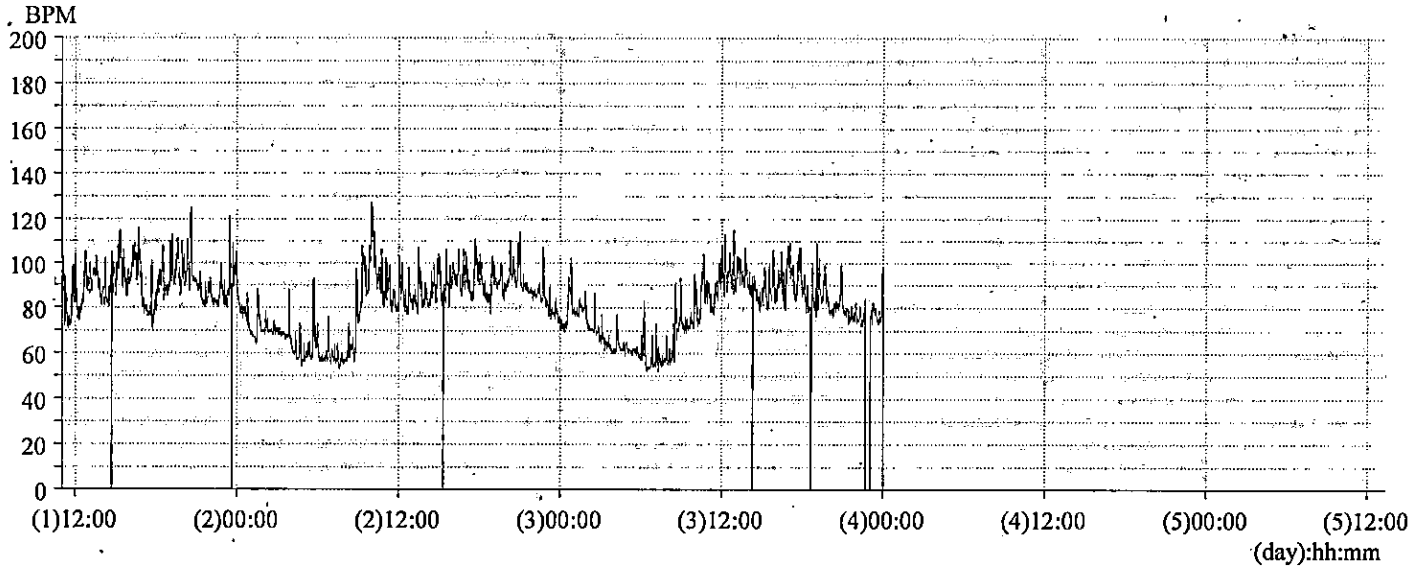
Number	Event	Start	Duration	Measurement	Comments
1	SINUS RHYTHM	(1) 11:01:37			83BPM
2	VE	(1) 12:44:31			
3	SINUS TACHYCARDIA	(1) 13:34:07			104BPM
4	Patient Event	(1) 14:12:22			88BPM
5	Patient Event	(1) 19:38:18			110BPM
6	MIN HR	(2) 07:41:50			52BPM
7	Patient Event	(2) 09:26:10			98BPM
8	MAX HR	(2) 09:58:57			135BPM
9	Patient Event	(2) 10:44:30			88BPM
10	Patient Event	(2) 11:00:56			90BPM
11	Patient Event	(2) 20:58:52			110BPM
12	Patient Event	(3) 10:41:00			98BPM
13	SINUS RHYTHM	(3) 10:45:41			83BPM
14	SINUS RHYTHM	(3) 22:37:58			72BPM, MONITOR REMOVED

Confirmed

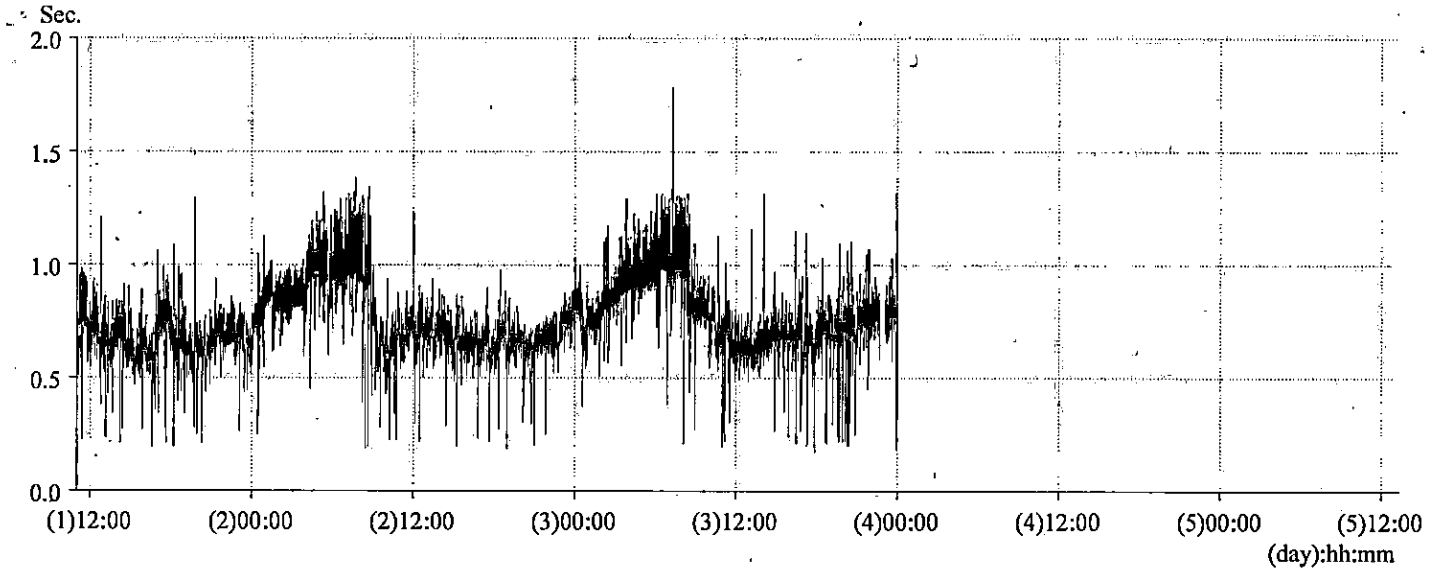
Patient Name : Mary Watson

Patient No. : 0603546323

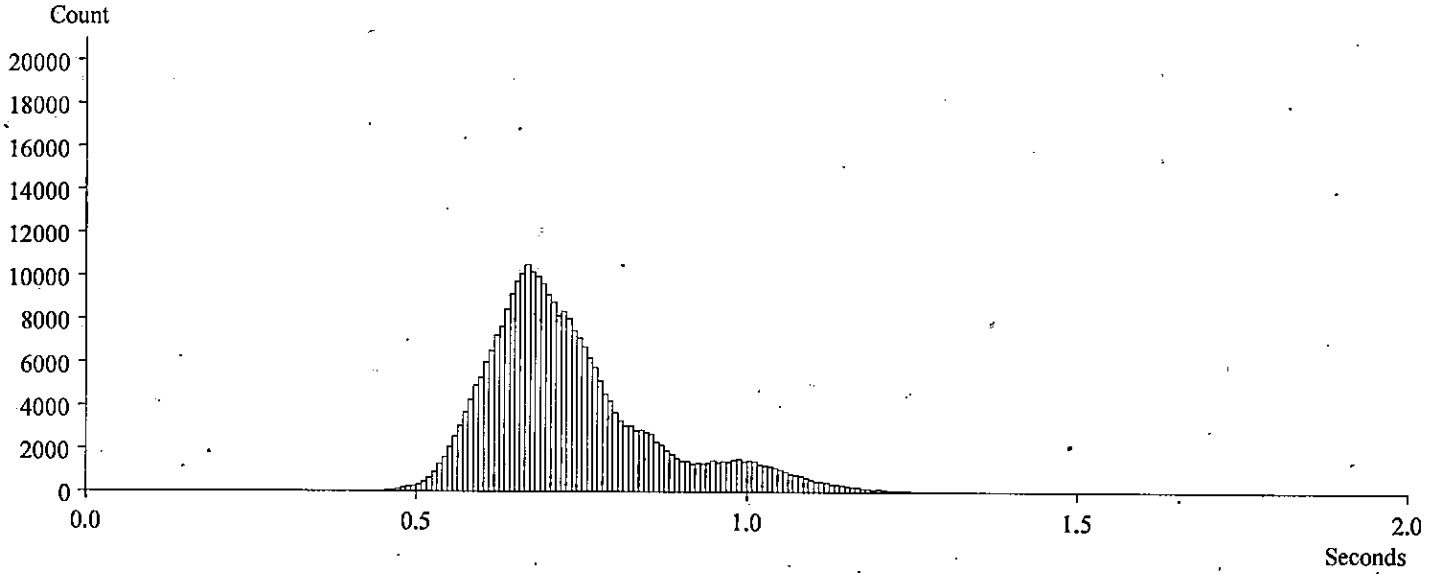
Heart rate (1 min avg)



RR Tachogram - entire recording



Histogram - entire recording



Spacelabs Healthcare Lifescreen
Ambulatory ECG Report

Confirmed

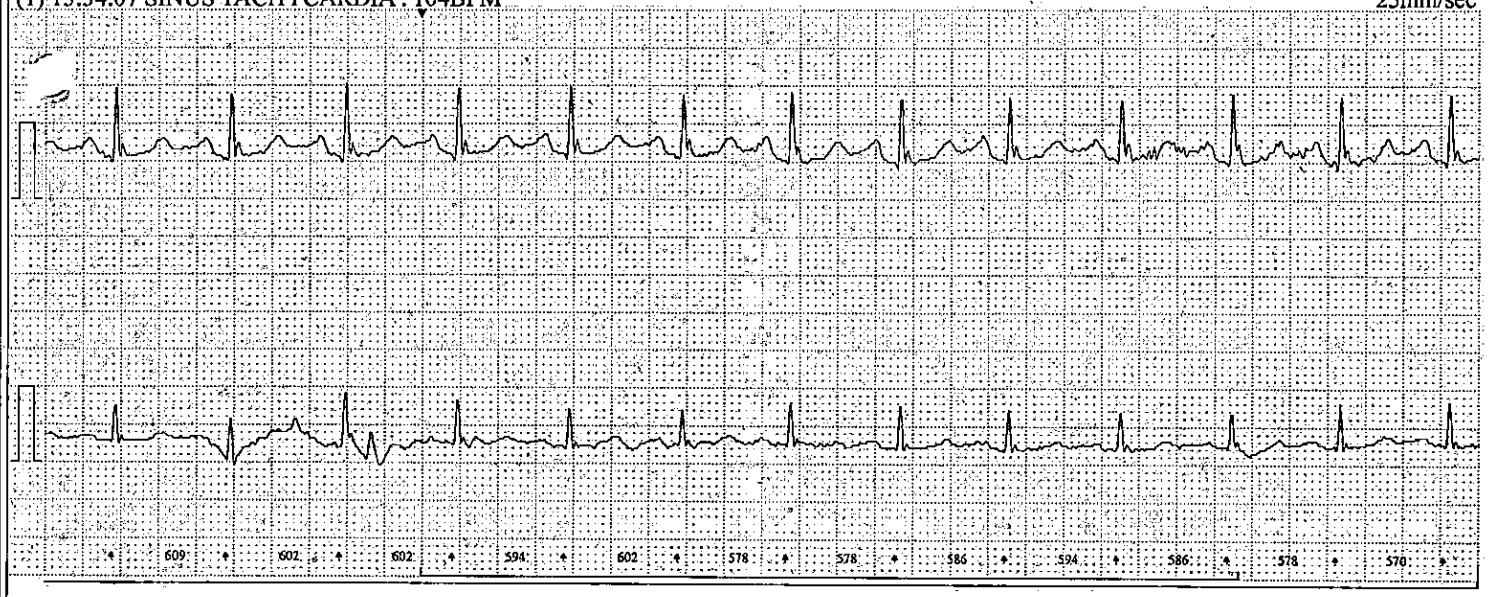
Patient Name : Mary Watson

Patient No. : 0603546323

(1) 11:01:37 SINUS RHYTHM . 83BPM 25mm/sec

(1) 12:44:31 VE. 25mm/sec

(1) 13:34:07 SINUS TACHYCARDIA . 104BPM 25mm/sec



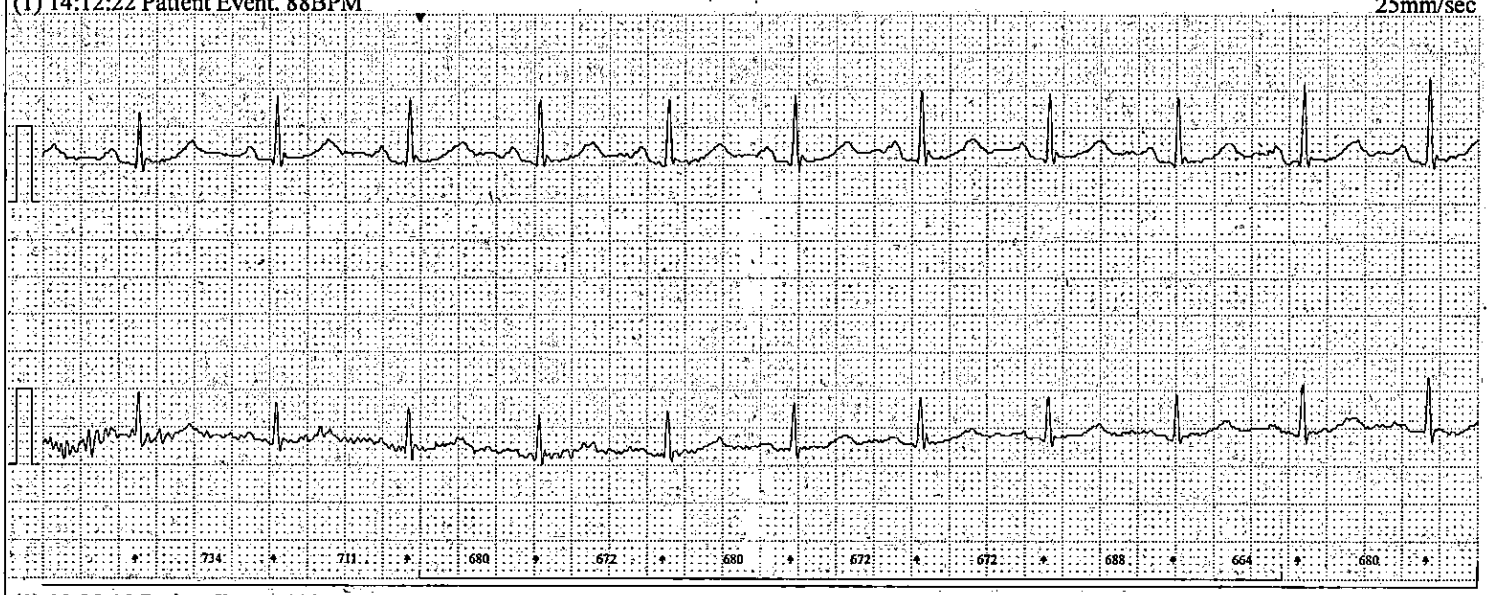
Confirmed

Patient Name : Mary Watson

Patient No. : 0603546323

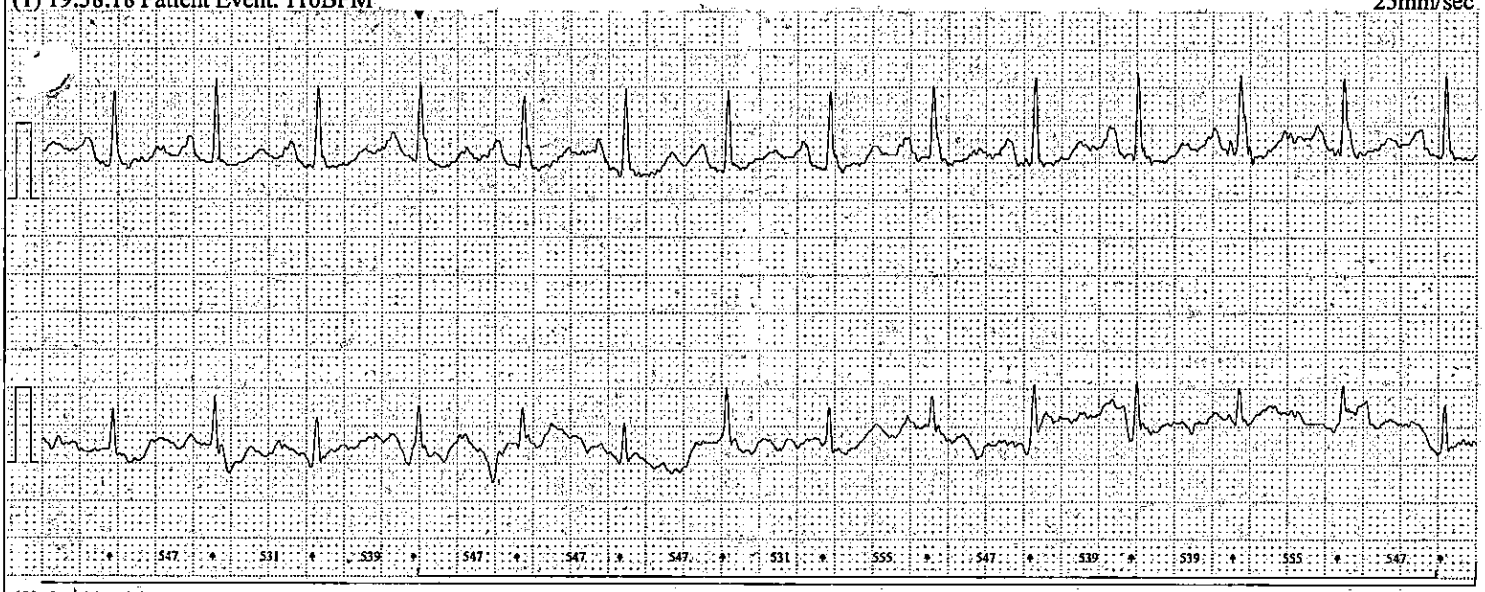
(1) 14:12:22 Patient Event. 88BPM

25mm/sec



(1) 19:38:18 Patient Event. 110BPM

25mm/sec



(2) 07:41:50 MIN HR. 52BPM

25mm/sec

Confirmed

Patient Name : Mary Watson

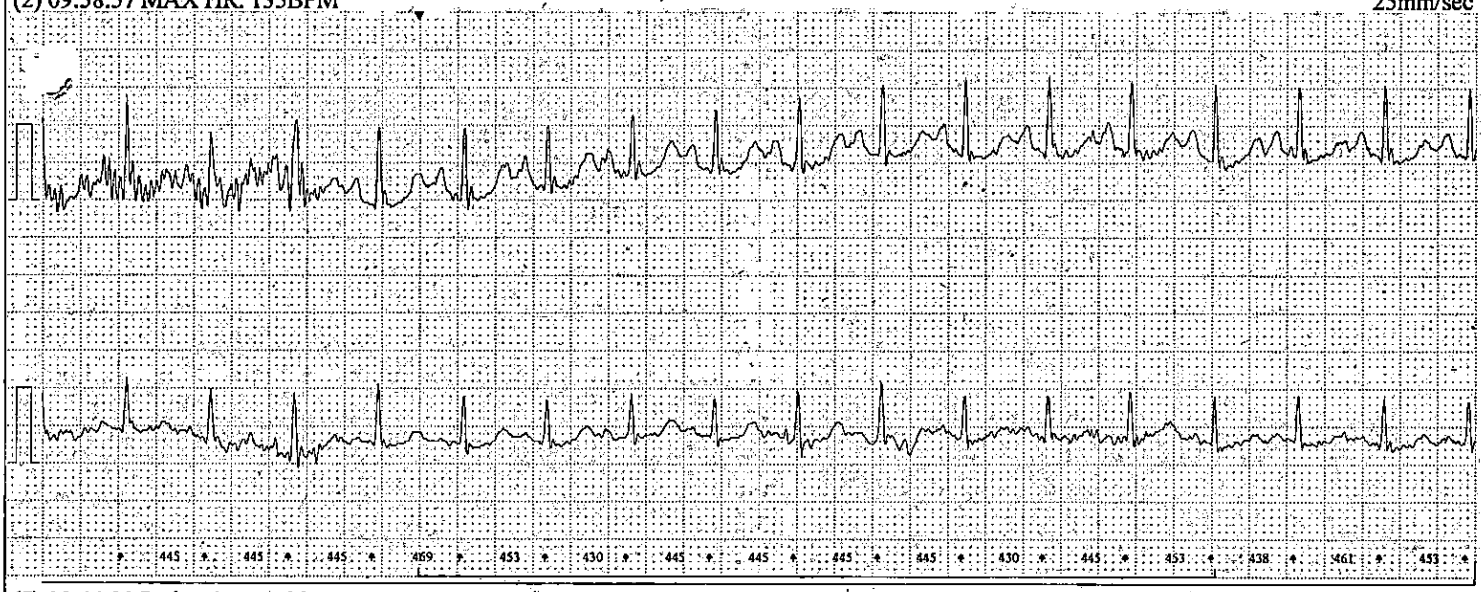
Patient No. : 0603546323

(2) 09:26:10 Patient Event. 98BPM

25mm/sec

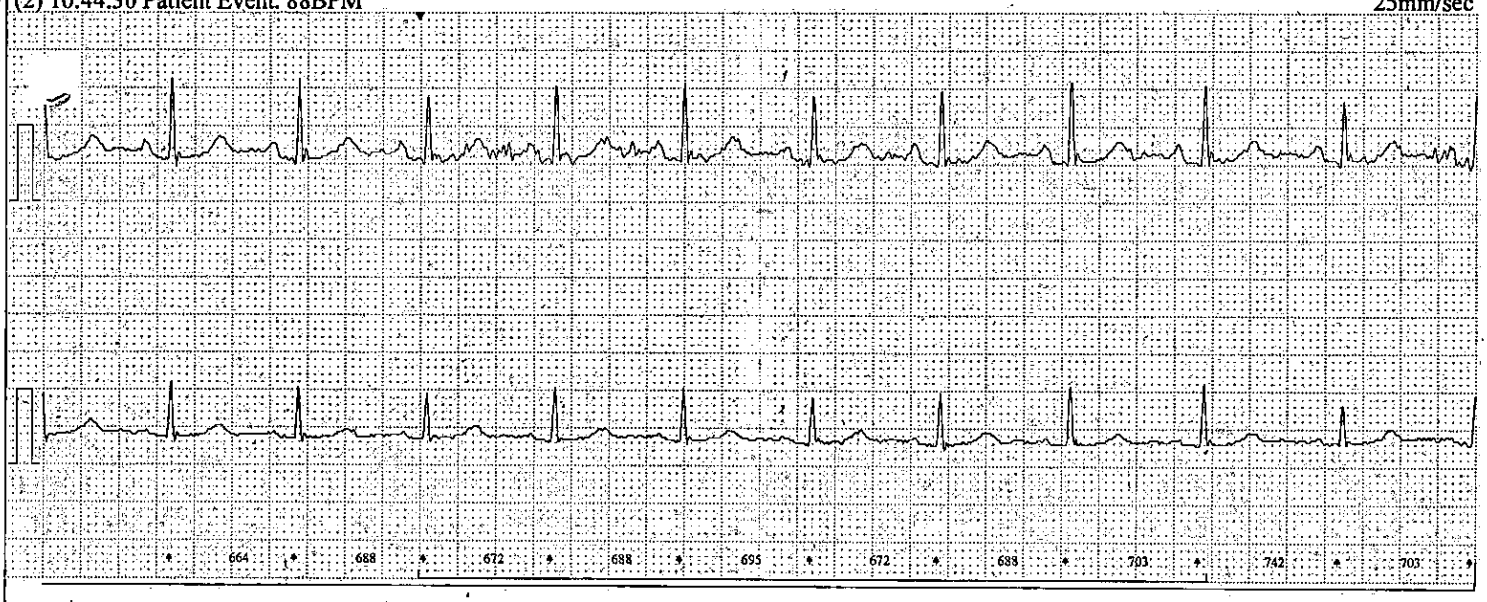
(2) 09:58:57 MAX HR. 135BPM

25mm/sec



(2) 10:44:30 Patient Event. 88BPM

25mm/sec



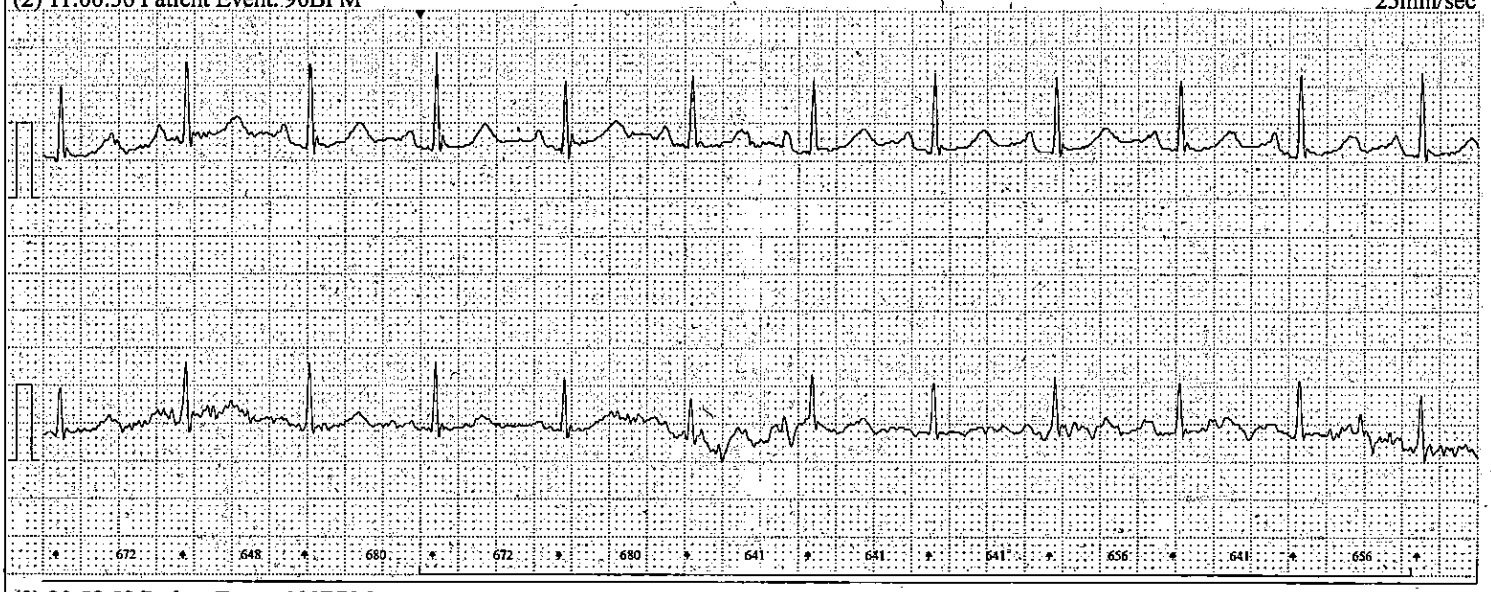
Spacelabs Healthcare Lifescreen
Ambulatory ECG Report

Confirmed

Patient Name : Mary Watson

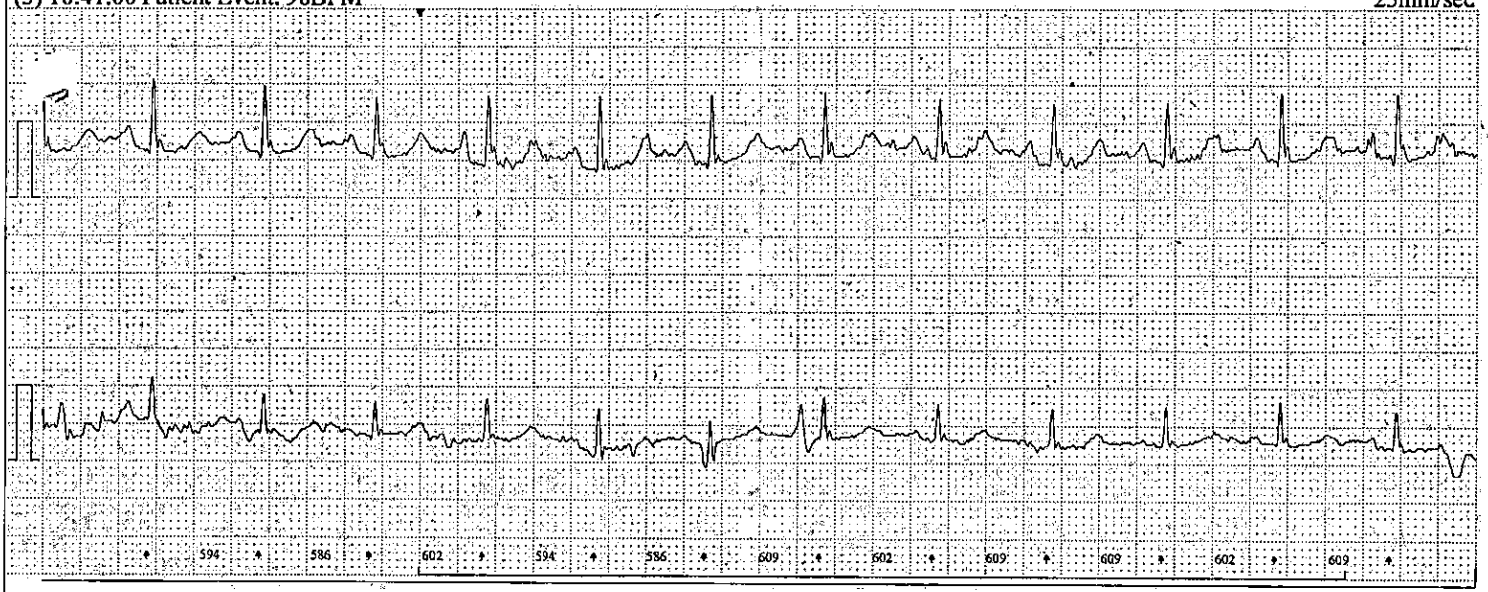
Patient No. : 0603546323

(2) 11:00:56 Patient Event. 90BPM 25mm/sec



(2) 20:58:52 Patient Event. 110BPM 25mm/sec

(3) 10:41:00 Patient Event. 98BPM 25mm/sec



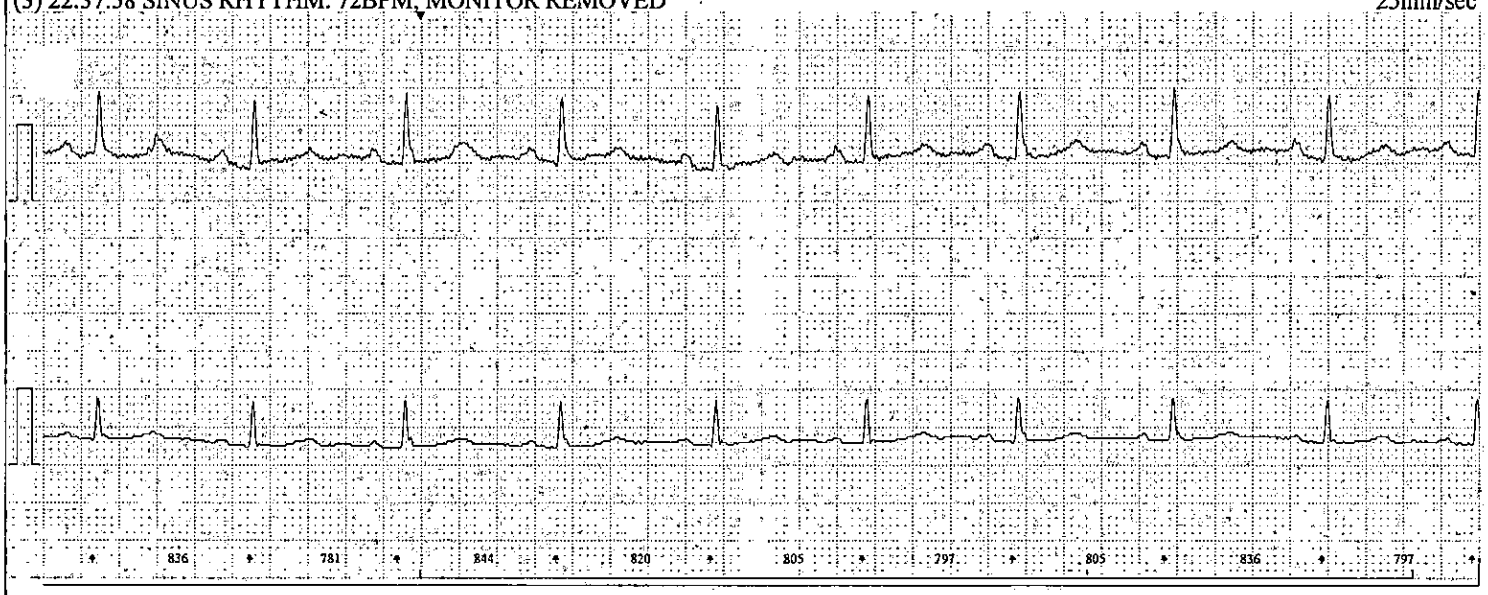
Confirmed

Patient Name : Mary Watson

Patient No. : 0603546323

(3) 10:45:41 SINUS RHYTHM. 83BPM 25mm/sec

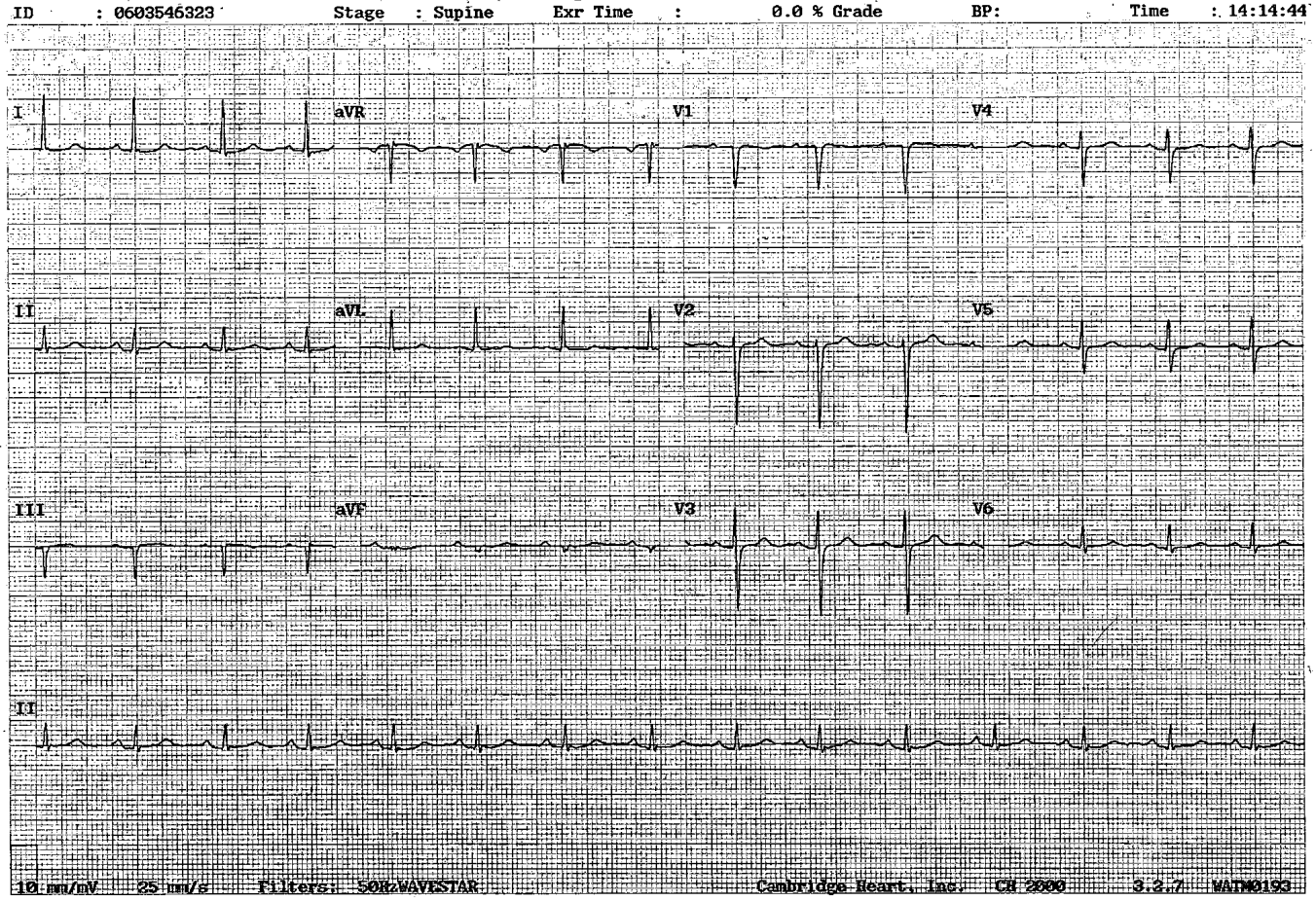
(3) 22:37:58 SINUS RHYTHM. 72BPM. MONITOR REMOVED 25mm/sec



[redacted]

12 LEAD REPORT

Patient	: MARY WATSON	Protocol: GP Bruce	Stg Time	: 00:01	0.0 MPH	HR:	87	Date	: 12/08/2013
ID	: 0603546323	Stage : Supine	Exr Time	:	0.0 % Grade	BP:		Time	: 14:14:44



Watson, Mary ID:0603546323 29-MAY-2021 02:36:15 GREATER GLASGOW SITE-QEED ROUTINE RECORD

06-MAR-1954 (67 yr)
Female

Room:
Loc:1301

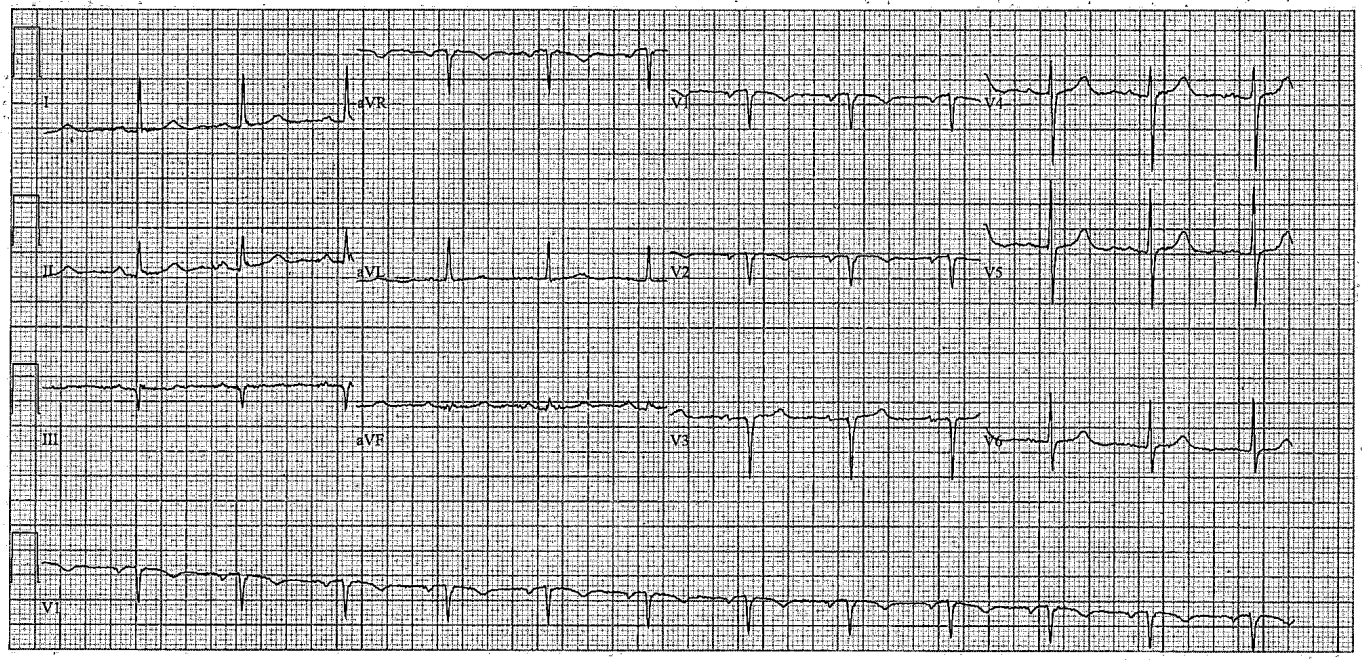
Vent. rate	74	BPM
PR interval	170	ms
QRS duration	74	ms
QT/QTc	394/437	ms
P-R-T axes	51 9	48

Normal sinus rhythm
Anteroseptal infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 2

SID: 2397269 EID: EDT: ORDER:

WATSON, MARY ID:0603546323 12-JUN-2017 02:07:59 GREATER GLASGOW SITE- ROUTINE RECORD

06-MAR-1954 (63 yr)
Female

Room:

Vent. rate	89	BPM
PR interval	162	ms
QRS duration	80	ms
QT/QTc	390/474	ms
P-R-T axes	41 -8	34

Normal sinus rhythm
Inferior infarct , age undetermined

Technician:
Test ind:

Referred by:

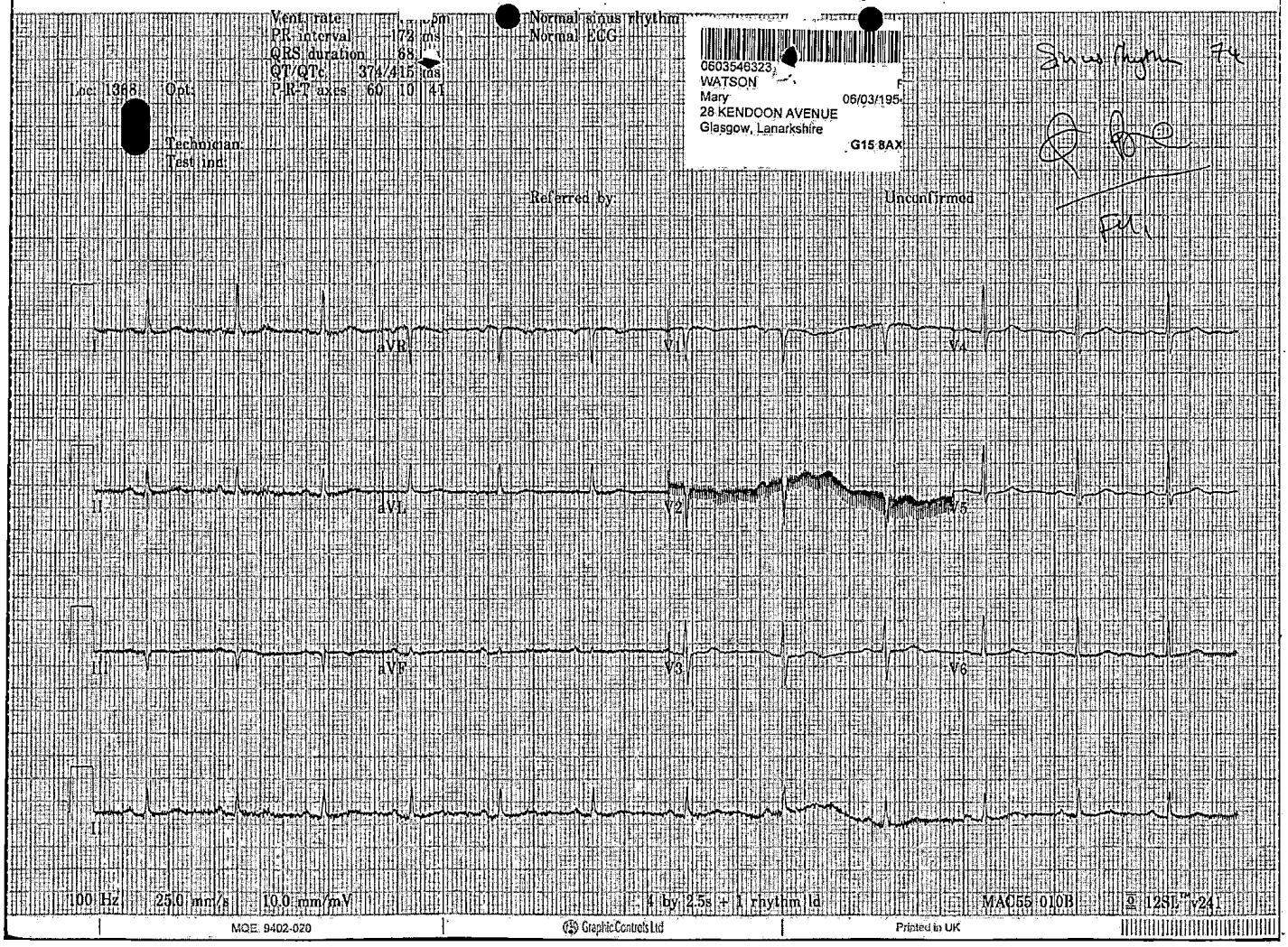
UNCONFIRMED ECG REPORT Sys Admin 21

COMMENTS:

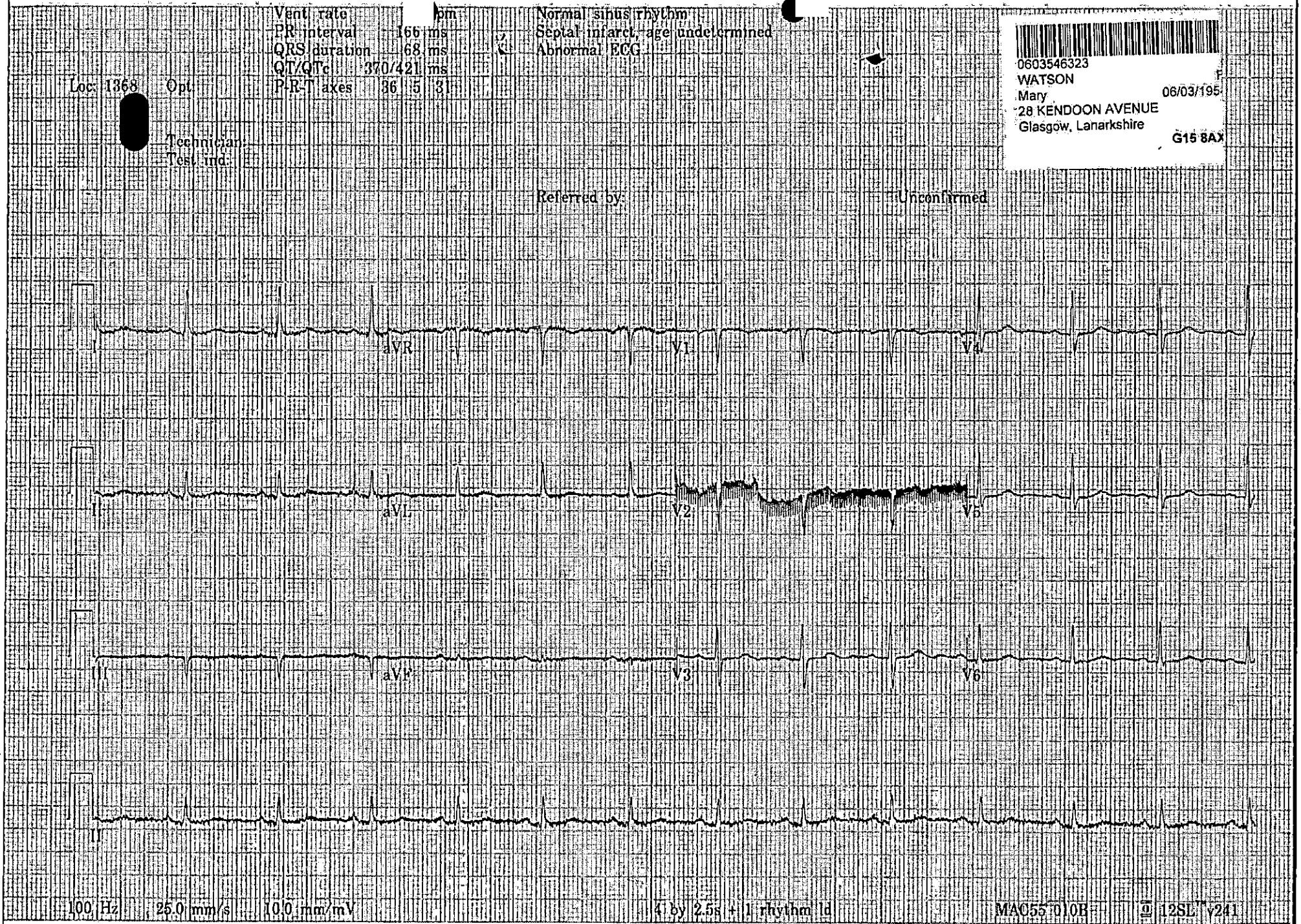
25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 CID: 55

SID: 2397269 EID:21021 EDT: 11:43 12-JUN-2017 ORDER:

ID: [redacted] 7-Jul-2021 10:25 [redacted] QUEEN ELIZABETH UNIVERSITY HOSPITAL



ID: [redacted] 7-Jul-2021 10:25:21 QUEEN ELIZABETH UNIVERSITY HOSPITAL



0603546323
WATSON
Mary
06/03/195[redacted]
28 KENDOON AVENUE
Glasgow, Lanarkshire
G15 8AX

MQE 9402-020 | Graphic Controls Ltd | Printed in UK

WATSON, MARY ID: 0603546323 24-Mar-2021 15:5[illegible] QUEEN ELIZABETH UNIVERSITY HOSPITAL

6-Mar-1954
Female

Loc: 1302

[redacted]

Technician:
Test ind:

Vent. rate [illegible] bpm
PR interval 160 ms
QRS duration 82 ms
QT/QTc 406/456 ms
P-R-T axes 36 -5 48

Normal sinus rhythm
Septal infarct, age undetermined
Abnormal ECG

0603546323 06/03/1954
WATSON
Mary

Referred by:

Unconfirmed

COMMENTS:

MCE 9102-024 Graphic Controls Ltd Printed in UK

WATSON, MARY ID: 0603546323 12-Jun-2017 2:07:59 SOUTH GLASGOW UNIVERSITY HOSPITAL

6-Mar-1954
Female

Vent. rate	89	n
PR interval	162	ms
QRS duration	80	ms
QT/QTc	390/474	ms
P-R-T axes	41	-8 34

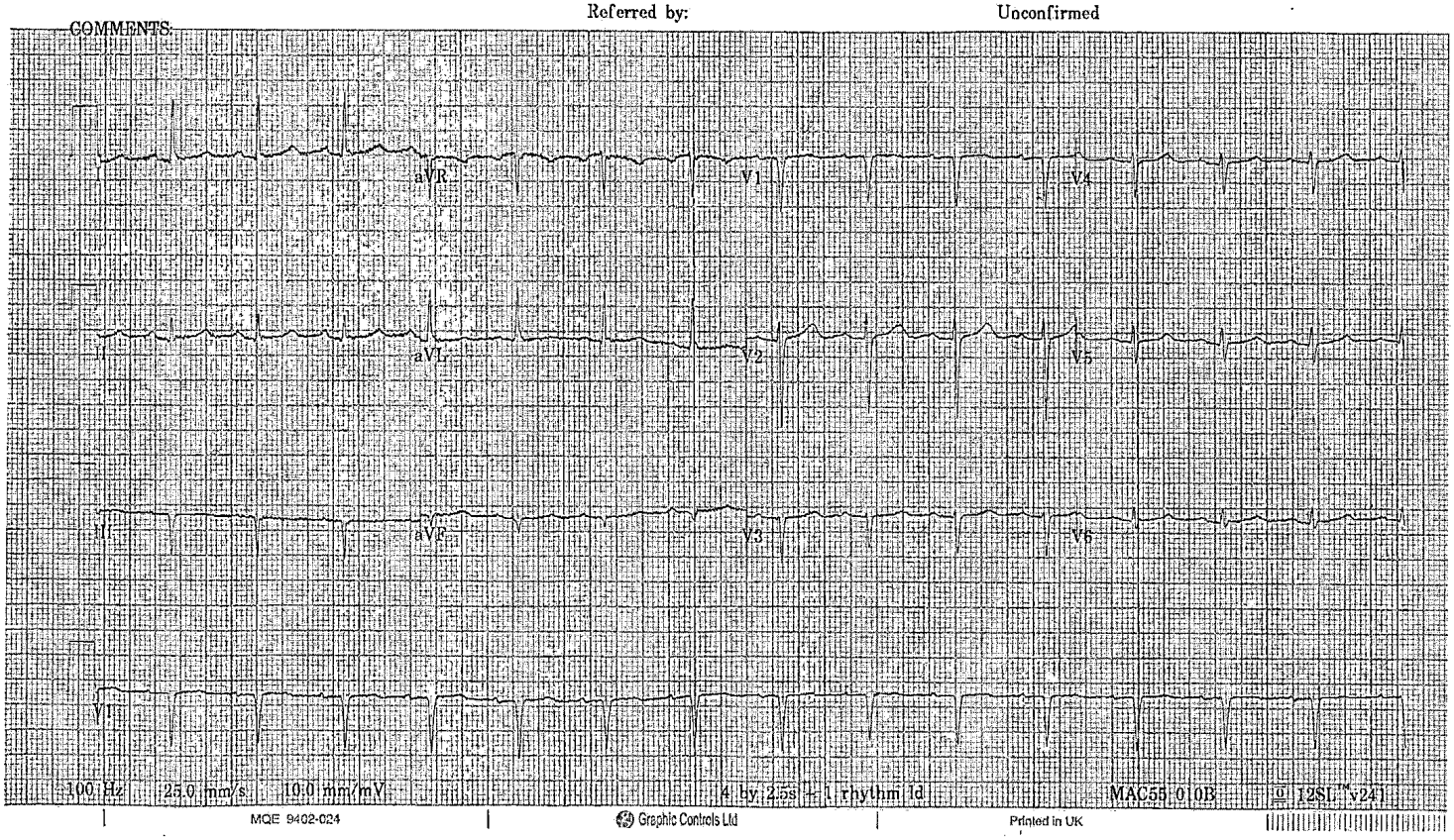
Normal sinus rhythm
Inferior infarct, age undetermined

0603546323
WATSON F
Mary 06/03/1954
28 Kendoon Avenue
Glasgow, Lanarkshire
G15 8AX

Technician:
Test ind:

Referred by: Unconfirmed

COMMENTS:



MQE 9402-024 Graphic Controls Ltd Printed in UK

CT Sinuses

Performed	11-Nov-2025 15:20	Received	12-Nov-2025 13:41
Reported	12-Nov-2025 13:39	Order Number	G504H42859695
Status	Final	Source System	MiSys

CT Sinuses Final
Mary Watson
Clinical History :
Watery discharge from L nose and occasional discomfort in L sinus. Exam normal

CT Sinuses :
Non contrast, low dose acquisition with bony and soft tissue reconstructions.

Reference is made to the CT carotids of 29/05/2021.

Mild/moderate mucosal thickening nasal cavities. The paranasal sinuses are clear. The drainage pathways are patent.

Sinusoidal nasal septum with deviation to the left. Bilateral concha bullosa. Right agger nasi cell. Hypoplastic right frontal sinus. Right Onodi cell with extension into right anterior clinoid process. Bony septations within sphenoid sinuses and inter-sinus bony septum extending to right carotid canal.

Old "blow-out" fracture medial wall right orbit with herniation of orbital fat. Partially imaged bilateral parotid gland lesions, larger on the right, in keeping with known Warthin's tumours.

No other significant finding.

Opinion:
Mucosal thickening nasal cavities which may represent rhinitis. No other significant finding.

Reported by: Dr Ian Mclaughlin and Dr Ian Mclaughlin
Verified by: Dr Ian Mclaughlin

XR Mammogram Both

Performed	27-Feb-2026 10:47	Received	02-Mar-2026 14:45
Reported	02-Mar-2026 14:43	Order Number	G504H43263792
Status	Final	Source System	MiSys

XR Mammogram Both Final
Mary Watson
Clinical History :

Nodularity over previous scar in left breast. Last mammo 2024 dystrophic calcification.

XR Mammogram Both :

Comparison is made to previous mammograms dating back to 2015.
Predominantly lucent breasts.
Normal, stable appearance of the right breast. Dystrophic calcification identified at the surgical site. No concerning findings.

Opinion
Right breast: Normal/M-1
Left breast: Treated/ M-2

Reported by: Dr Theodora Zachari (WoSBSS) and Jan Daisley
Verified by: Jan Daisley

US Breast Lt

Performed	26-Mar-2024 10:42	Received	02-Apr-2024 10:48
Reported	02-Apr-2024 10:46	Order Number	G504H40770426
Status	Final	Source System	MiSys

US Breast Lt Final
Mary Watson
Auto reported

Not required, canx by Radiologist

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Mammogram Both

Performed	26-Mar-2024 10:36	Received	26-Mar-2024 11:18
Reported	26-Mar-2024 11:16	Order Number	G504H40770388
Status	Final	Source System	MiSys

XR Mammogram Both Final
Mary Watson
Clinical History :

Previous Left WLE and SN clearance surgery over 30 years ago for node positive cancer. Complaining of lump in scar but unsure if this is new. On examination P2 lumps x 3 within scar. ?post surgery change only.

XR Mammogram Both :
Comparison made with previous mammogram dated 25/04/2017.
Mixed density breast parenchymal pattern. Normal right mammogram. Postsurgical changes are noted in the upper outer quadrant of the left breast. There is dystrophic calcification at the scar site which has increased since previous and may account for clinical findings. No mammographic features suggestive of new or recurrent malignancy.
Right: M1
Left: M2

Reported by: Jan Daisley and Dr Svetlana Linder
Verified by: Dr Svetlana Linder

XR Thumb Rt

Performed	14-Jul-2022 08:54	Received	28-Jul-2022 13:19
Reported	28-Jul-2022 13:17	Order Number	G504H38574357
Status	Final	Source System	MiSys

XR Thumb Rt Final
Mary Watson
Clinical History :
2 year history of right thumb pain. Struggling with all thumb movements. thenar muscles are flattened. No other fingers affected. No synovitis. ?? OA. She is back from holiday after 11th july

Findings:

Right thumb:
Mild osteophytic changes are noted at the distal interphalangeal joint with early osteophytic formation. The joint spaces are preserved. No soft tissue calcification. No erosive change.

Mrs Riddhi Thakkar, Reporting Radiographer, Medica Reporting Ltd

HCPC RA56269

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: Riddhi Thakkar (MEDICA)
Verified by: Riddhi Thakkar (MEDICA)

Arterial stent iliac Lt

Performed	06-Jul-2021 11:03	Received	06-Jul-2021 15:49
Reported	06-Jul-2021 15:47	Order Number	G405H37411172
Status	Final	Source System	MiSys

Arterial stent iliac Lt Final
Mary Watson
Clinical History :
67F. Attended for OP left iliac stent 01/07 but felt extent of CFA disease warranted hybrid CFAE + stent. Plan for hybrid case 02/07 as discussed

Angioplasty iliac Lt :

Operators: J. Dhaliwal ST5 / R. Kasthuri Cons.

Left CFA endarterectomy by M. Nair. Direct patch micropuncture. 4Fr sheath, later up-sized to 8Fr. The left iliac system was completely occluded, unable to break back into aorta via subintimal plane. Right CFA puncture, 5Fr sheath. Wire advanced across aortic bifurcation and out left CFA sheath. Wire and catheter advanced into the aortic lumen via left iliac system. 8x100mm and 7x100mm Gore Viabahn covered self expanding stents were deployed and post-dilated. Extravasation encountered after first stent deployed, this essentially resolved after second overlapping stent deployed. Surgical closure on the left. Manual pressure haemostasis on the right.

Reported by: Dr Javraj Dhaliwal (SpR)
Verified by: Dr Javraj Dhaliwal (SpR)

Angioplasty iliac Lt

Performed	01-Jul-2021 08:16	Received	01-Jul-2021 18:12
Reported	01-Jul-2021 18:10	Order Number	G504H37337031
Status	Final	Source System	MiSys

Angioplasty iliac Lt Final
Mary Watson
Diagnostic Iliac Angiography

Indication: Critical ischaemia of left foot, extensive left iliac disease, discussed at Vascular MDT on 04/06/21 - agreement to proceed to left iliac stent/covered stent.

Consent: Informed and Written

Operators: M. Abdelaziz (IR ST5) / K. Gaikwad (IR Consultant, unscrubbed)

Procedure: US guided retrograde left CFA puncture and 5F sheath. EIA/CIA crossed intra-luminally with a standard glide-wire and a Bolia catheter.

Initial angiogram demonstrates severe left CIA and EIA disease. In addition the subsequent DSA demonstrates extensive CFA and proximal SFA disease.

At this point, we elected to proceed to diagnostic angiography of the left lower limb only; as isolated iliac stenting in the context of severe CFA/Proximal SFA disease was felt to be sub-optimal.

In addition to the proximal SFA disease, there is an occlusion in the adductor canal and some proximal popliteal disease. Profunda is a good vessel. The run-off is via PTA and peroneal artery.

Manual pressure haemostasis. No immediate complications.

Post-procedure: Arrangements will be made for a Hybrid approach on Tuesday 6th July 2021.

Reported by: Dr Mazin Abdelaziz (SpR) and Dr Ketan Gaikwad (Locum)
Verified by: Dr Ketan Gaikwad (Locum)

Review images at MDT

Performed	04-Jun-2021 08:52	Received	04-Jun-2021 15:54
Reported	04-Jun-2021 15:52	Order Number	G405H37319201
Status	Final	Source System	MiSys

Review images at MDT Final
Mary Watson
Clinical History : Ischaemic left toes.

Review images at MDT :

This patient's imaging was discussed at the Vascular MDT dated 04/06/21 -

for endovascular iliac stenting. Suggest primary covered stent graft owing to small calibre and inherent rupture risk. Suitable CFA for entirely endovascular procedure.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

MRA Lower limb Both

Performed	09-May-2021 16:32	Received	11-May-2021 11:30
Reported	11-May-2021 11:28	Order Number	G504H37217058
Status	Final	Source System	MiSys

MRA Lower limb Both Final
Mary Watson
Clinical History :

URGENT REQUEST - NEXT TWO WEEKS PLEASE. Critical ischaemia of toes of left foot, clinically thought to have long-standing SFA occlusion but decreased femoral pulse now - ? proximal disease amenable to intervention

MRA Lower limb Both :
Aorto iliac:
Slender aorta, bifurcation measuring 9-10mm.
Slender left iliac system. Focal tight stenosis at the proximal left external.
No significant stenosis on the right iliac system or common femoral arteries.

Right:
Patent deep femoral artery. Occluded SFA segment from the origin of the vessel with reconstitution to the adductor canal. AT origin stenosis. Three-vessel run off overall.

Left:
Patent deep femoral artery. Focal occlusive disease at the level of the adductor canal. Reconstitution to the popliteal run off via PT and peroneal. The AT is occluded.

For MDT discussion. Inflow improvement to the left would require extensive stenting of the left iliac system.

Reported by: Dr Menelaos Philippou
Verified by: Dr Menelaos Philippou

CT Head with contrast

Performed	25-Mar-2021 10:25	Received	25-Mar-2021 11:13
Reported	25-Mar-2021 11:11	Order Number	G405H37088454
Status	Final	Source System	MiSys

CT Head Final
Mary Watson
Clinical History :
67F BG breast cancer 1996 - WLE and nodal clearance, adjuvant chemo/radiotherapy, recent diagnosis parotid Warthin's tumour. Referred by GP following D/W neurology - 1 month left frontal headache, worsening in severity, feeling more unsteady on feet. GCS 15, no focal neurological deficit. Neuro advised urgent CT to exclude intracranial SOL.

CT Head :
No previous cross-sectional neuroimaging for comparison.

Minor periventricular white matter hypoattenuation in keeping with small vessel ischaemia. An area of hypoattenuation is seen within the left frontal lobe. The gray white matter differentiation in this region is normal. Appearances could reflect an old infarct in this area.

No evidence of a haemorrhage, acute territorial infarct or space-occupying lesion. Normal appearance of the Circle of Willis. The ventricles and basal cistern are unremarkable. The sinuses and mastoid air cells are clear. No bony pathology is identified.

Summary: No acute intracranial pathology

CT Head with contrast :
See above report.

Reported by: Dr Christin Schulz (SpR) and Dr Gordon Cowell
Verified by: Dr Gordon Cowell

CT Head

Performed	25-Mar-2021 10:25	Received	25-Mar-2021 11:13
Reported	25-Mar-2021 11:11	Order Number	G405H37088453
Status	Final	Source System	MiSys

CT Head Final
Mary Watson
Clinical History :
67F BG breast cancer 1996 - WLE and nodal clearance, adjuvant chemo/radiotherapy, recent diagnosis parotid Warthin's tumour. Referred by GP following D/W neurology - 1 month left frontal headache, worsening in severity, feeling more unsteady on feet. GCS 15, no focal neurological deficit. Neuro advised urgent CT to exclude intracranial SOL.

CT Head :
No previous cross-sectional neuroimaging for comparison.

Minor periventricular white matter hypoattenuation in keeping with small vessel ischaemia. An area of hypoattenuation is seen within the left frontal lobe. The gray white matter differentiation in this region is normal. Appearances could reflect an old infarct in this area.

No evidence of a haemorrhage, acute territorial infarct or space-occupying lesion. Normal appearance of the Circle of Willis. The ventricles and basal cistern are unremarkable. The sinuses and mastoid air cells are clear. No bony pathology is identified.

Summary: No acute intracranial pathology

CT Head with contrast :
See above report.

Reported by: Dr Christin Schulz (SpR) and Dr Gordon Cowell
Verified by: Dr Gordon Cowell

US Guided FNA biopsy neck

Performed	24-Dec-2020 13:55	Received	24-Dec-2020 15:08
Reported	24-Dec-2020 15:06	Order Number	G504H36699954
Status	Final	Source System	MiSys

US Guided FNA biopsy neck Final
Mary Watson
Clinical History :

1 year swelling right side of neck below ear, fluctuates in size, intermmittent pain. PMH smoker cervical 1991 & breast cancer 1996 on aspirin 75mg Parotid swellign or LN??

US Guided FNA biopsy neck :
Minimally irregular 15 mm hypoechoic lesion in lateral mid to lower right parotid located inferior to right pinna. Lesion avascular.

Small similar appearing lesion measuring 9 mm in a similar location within left parotid.

Coincidentally fibrotic appearing thyroid presumed chronic Hashimoto's thyroiditis

Verbal consent, anti sepsis technique, FNA performed of the right parotid lesion. Lesion potentially benign i.e. Warthin's tumour or PSA.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

XR Mammogram Both

Performed	25-Apr-2017 09:31	Received	25-Apr-2017 12:19
Reported	25-Apr-2017 12:16	Order Number	G504H32575750
Status	Final	Source System	MiSys

XR Mammogram Both Final
Mary Watson
Clinical History :
Left wide local excision and radiotherapy 20 years ago. Clinically normal. Complains of pain lateral breast.

XR Mammogram Both :
Mixed breast parenchymal pattern.
No mass-like lesions visible in either breast.
Post-treatment changes and benign calcifications in the left breast with calcified scar formation in the left upper outer quadrant.
No significant change in comparison to the previous mammogram of 06/07/2015.
R-2

Reported by: Dr Fotios Constantinidis
Verified by: Dr Fotios Constantinidis

US Breast Lt

Performed	06-Jul-2015 16:25	Received	08-Jul-2015 10:45
Reported	08-Jul-2015 10:42	Order Number	G516H30421627
Status	Final	Source System	MiSys

US Breast Lt Final
Mary Watson
Clinical History :
Previous left breast cancer with wide local excision, radio and chemotherapy several years previously. New lump medial end of the scar left breast. Calcified cyst?

US Breast Lt :
The superior aspect of the left breast was examined. There was shadowing at the 1 o'clock position, corresponding to the scar and dense dystrophic calcification demonstrated on mammography. No other discrete lesion was demonstrated. If there was clinical concern, clinical free hand or ultrasound guided core biopsy could be considered.

Reported by: Dr Helen Griffiths
Verified by: Dr Helen Griffiths

XR Mammogram Both

Performed	06-Jul-2015 15:32	Received	08-Jul-2015 10:43
Reported	08-Jul-2015 10:41	Order Number	G516H30421302
Status	Final	Source System	MiSys

XR Mammogram Both Final
Mary Watson
Clinical History :
Previous left breast cancer with wide local excision, radio and chemotherapy several years previously. New lump medial end of the scar left breast. Calcified cyst?

XR Mammogram Both :
Allowing for technical differences, there was no significant change compared to the previous examination dated 23/08/2010.

There was a predominantly fatty breast pattern. There was post-surgical deformity of the upper outer quadrant of the left breast associated with unchanged dystrophic calcification the appearances of which were graded R-2, radiologically benign. No new abnormality was demonstrated in the left breast, nor within the right, where appearances were graded R-1, normal and there was no radiological evidence of malignancy in either breast.

Reported by: Dr Helen Griffiths
Verified by: Dr Helen Griffiths

XR Knee Rt

Performed	18-Mar-2015 12:09	Received	23-Mar-2015 18:33
Reported	23-Mar-2015 18:31	Order Number	G504H30071021
Status	Final	Source System	MiSys

XR Knee Rt Final
Mary Watson
Clinical History :
Stiffness swelling

XR Knee Rt :
Normal joint space

Reported by: Dr Jonathan Moss
Verified by: Dr Jonathan Moss

XR Mammogram Both

Performed	23-Aug-2010 14:24	Received	25-Aug-2010 10:12
Reported	25-Aug-2010 09:49	Order Number	G516H25172778
Status	Final	Source System	MiSys

XR Mammogram Both Final

Mary Watson

Clinical History : History of breast carcinoma on the left 1996, treated with wide local excision and axillary node clearance. Chemo and radiotherapy and Tamoxifen. Aware of new lump superior aspect left breast. No focal abnormality palpable at clinic.

XR Mammogram Both :

There was a mixed to fatty breast pattern. As described on previous reports, there was post-surgical deformity of the upper outer quadrant of the left breast graded R2, benign. No other focal abnormality was demonstrated in either breast and there was no radiological evidence of malignancy.

Reported by: Dr Helen Griffiths
Verified by: Dr Helen Griffiths

US Abdomen

Performed	22-Apr-2010 14:24	Received	22-Apr-2010 15:21
Reported	22-Apr-2010 15:00	Order Number	G516H13748340
Status	Final	Source System	MiSys

US Abdomen Final
Mary Watson
Clinical History : 56 female. 8 days history of right upper quadrant pain. 14th April ultrasound showed 2cm calculus. Patient awaiting cholecystectomy. Abdominal pain has not resolved. ? Empyema. ?

US Abdomen :

Liver is normal in size and texture. No evidence of intra or extrahepatic biliary duct dilatation.

Gallbladder is contracted and contains a calculus measuring 2.5cm in size. No pericholecystic fluid. Pancreas, spleen and kidneys are normal. No free fluid.

Conclusion :

Cholelithiasis. No evidence of pericholecystic fluid or collection.

Reported by: DR S SHAMSHUDDIN and BLANK CLINICIAN
Verified by: DR S SHAMSHUDDIN

US Abdomen

Performed	14-Apr-2010 11:24	Received	14-Apr-2010 12:10
Reported	14-Apr-2010 11:49	Order Number	G516H13730915
Status	Final	Source System	MiSys

US Abdomen Final
Mary Watson
PAIN

Large 2cm gallbladder calculus impacted at the neck of gallbladder.Gall bladder wall is thickened and has increased vascularity due to acute on chronic cholecystitis.Gall bladder is distended and is filled with echogenic debris,possibly pus(empyema of gall bladder).
CBD is not dilated.
Liver,spleen,kidneys and pancreas are normal.
No free fluid or fluid collection.
Former hysterectomy.
Bladder is normal.

Reported by: DR Al JWAD(LOCUM) and BLANK CLINICIAN
Verified by: DR Al JWAD(LOCUM)

XR Chest

Performed	13-Apr-2010 19:21	Received	15-Apr-2010 16:19
Reported	15-Apr-2010 15:59	Order Number	G516H13730586
Status	Final	Source System	MiSys

XR Chest Final
Mary Watson
Clinical History : Abdominal pain.

XR Chest :

The heart is not enlarged, and the lungs are clear.

XR Abdomen :

Supine abdomen.

Multiple surgical clips are seen in both iliac regions. Faecal content is seen throughout much of the large bowel. No evidence of any underlying bowel obstruction however.

Reported by: DR NC MCMILLAN and BLANK CLINICIAN
Verified by: DR NC MCMILLAN

XR Abdomen

Performed	13-Apr-2010 19:21	Received	15-Apr-2010 16:19
Reported	15-Apr-2010 15:59	Order Number	G516H13730587
Status	Final	Source System	MiSys

XR Chest Final
Mary Watson
Clinical History : Abdominal pain.

XR Chest :

The heart is not enlarged, and the lungs are clear.

XR Abdomen :

Supine abdomen.

Multiple surgical clips are seen in both iliac regions. Faecal content is seen throughout much of the large bowel. No evidence of any underlying bowel obstruction however.

Reported by: DR NC MCMILLAN and BLANK CLINICIAN
Verified by: DR NC MCMILLAN

US Abdomen

Performed	22-Feb-2010 09:04	Received	23-Feb-2010 13:57
Reported	23-Feb-2010 13:20	Order Number	G504H13552693
Status	Final	Source System	MiSys

US Abdomen Final
Mary Watson
Clinical History : Upper quadrant pain after eating radiating to back, suggestive of biliary colic

US Abdomen :
Difficult examination.
Within the gallbladder fossa ultrasound appearances may be consistent with a contracted gallbladder, containing multiple calculi. No evidence of intra or extra hepatic biliary duct dilatation.

No diffuse or focal abnormality seen within the liver.
No gross abnormality seen within the kidneys, head of pancreas, spleen or aorta.
No free fluid.

A repeat ultrasound may clarify appearances within the gallbladder fossa.

Scanned by S Graham.

Reported by: SUSANNE GRAHAM (Radiog) and CAROLYN THOMSON (Radiog)
Verified by: SUSANNE GRAHAM (Radiog)