

SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER



Private

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 21 May 2026
Your Ref: 100878
Ref: SAR / ACCESS / CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: LINDA JAMIESON DOB: 21/03/1966

Thank you for your recent request 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:

**GLASGOW ROYAL INFIRMARY RECORDS
STOBHILL HOSPITAL NOTES**

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:

Yours sincerely

SAR Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☒		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		
<u>Including:</u>			
BADGERNET	☐		
CAREVUE	☐		
MEDICAL ILLUSTRATION	☐		
METAVISION	☐		
PHYSIOTHERAPY	☐		
RADIOLOGY	☐		
WEST MARC	☐		
LABS			

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC

Dr Mark Etherington
The Whitevale Medical Group
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr Etherington

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this patient who attended my one stop clinic on 12th September. Unfortunately her Royal Infirmary notes were not available to me that day but I note that she was due drainage of endometriomas last year but she change her mind about proceeding with surgery.

She has been having problems with erratic menses. Her cycle is still quite regular at 28 days but she is bleeding for between 5 – 13 days at a time. Her periods are heavy and she requires double protection. She is also having secondary dysmenorrhoea with the onset a week before her period. This is relieved by Paracetamol.

A transvaginal ultrasound revealed a normal sized retroverted uterus with a regular cavity. The left ovary was slightly bulky measuring 2.35 x 1.74 cm with a small area within it consistent with an endometrioma. The right ovary appeared normal. Clinical examination was unremarkable. I took a pipelle endometrial biopsy which has revealed proliferative phase endometrium in keeping with her LMP.

We discussed the management options and Linda has agreed to take Tranexamic acid during her menses to lessen the flow. She is not at all keen on anything else. I have therefore not arranged any further follow-up but would be happy to review her if things don't settle.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC/20821615K

Linda Jamieson
128 Corsock Street
Glasgow
Lanarkshire
G31 3QD

Dear Mrs Jamieson,

I am writing to let you know that the sample that we took from the lining of your womb showed no abnormality. Hopefully things will settle with the Tranexamic acid but if they don't your G.P. can re-refer you for review.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

12/9/11

Patient Details

Surname JAMIESON
Forename LINDA
CHI 2103666240
GP Details HARDMAN, ROGER WHITEVALE MEDICAL GROUP, 30
Age WHITEVALE STREET, GLASGOW
Hospital CRNs 20821615K

Referral Details

Date Received 13/07/2011 09:09:30
ReferralID 6869441
Priority ROUTINE
New Priority ROUTINE
Priority History
ROUTINE 13/07/2011 10:06:38

Redirection Information

<u>Specialty</u>	<u>Hospital</u>	<u>Reason</u>	<u>Redirected Date</u>	<u>Redirected By</u>
Gynaecology - other	Glasgow Royal Infirmary	Record Creation	13/07/2011 10:06	June Muir

Tracking/Vetting Details

Cancer Code
Date Vetted 13/07/2011 11:35:15
Vetting Status Vetted
Outcome Direct OP Appointment
Vetted By Mahesh Perera

Tests

Clinics

One Stop Hysteroscopy

<u>Consultant</u>	<u>Site</u>
Bain, Catrina, 4120661	Glasgow Royal Infirmary

Instructions
HRCompleted False

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

DR BAIN (Consultant)
Gynaecology - other
GGC Gynae Gen Ref

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

— **Hospital and hospital address**

Hospital location code.

G107H

Email address

Urgency of referral

ROUTINE

Date of referral

12-Jul-2011

Date sent

13-Jul-2011

PATIENT DETAILS

Surname

Jamieson

Forename(s)

Linda

Title

Miss

Sex

Female

Date of birth

21-Mar-1966

CHI no.

2103666240

Area of
Residence**Patient's address**

128 Corsock St MD
GLASGOW
G31 3QD

Contact number(s)

Voice: 07895913969

1010022551720

Unique Care Pathway Number: 1010022551720

REGISTERED GP DETAILS

Name

Dr Roger Hardman

GMC code

2340982

GP code

02194

Practice name

The Whitevale Medical Group (18908)

Practice code

46560

Practice address

30 Whitevale Street
Dennistoun
Glasgow

Contact number(s)

Voice: 0141-554-4536

Facsimile: 0141 554 3979

REFERRING GP DETAILS

Name

Dr. Mark Eatherington

GMC code

6143352

GP code

85065

Practice name

The Whitevale Medical Group (46560)

Practice code

46560

Practice address

Whitevale Medical Group
30 Whitevale Street
Glasgow

Contact number(s)

Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HEAVY BLEEDING

Comment: Dear Dr Bain,

I would be grateful for your re-assessment of this 45 year old lady who attended with hot flushes and blood tests showing menopausal gonadotrophin levels. She had a mirena coil removed by yourselves in August of last year and she was due to have a laparoscopic drainage of endometriomas which she cancelled.

She has had a several year history of pelvic pain and abnormal bleeding. Although she has had a several month history of hot flushes and menopausal blood tests she still has quite heavy bleeding. Her periods have been irregular for the past year with spotting in between periods. She states that in some months she bleeds for 21 days of the month but denies any symptoms of anaemia.

I would therefore be grateful for your assessment regarding Miss Jamieson's ongoing problems.

Yours sincerely,

Dr M Eatherington

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	08-Dec-2010	08-Dec-2010
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011

Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2	02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required	10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required	07-Nov-2000
Teetotaller :	24-Jun-2011
Teetotaller: Alcohol Intake\$\$.clm - No Action Required	10-May-2006
Teetotaller: Alcohol Intake\$\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Clinic F
Second Floor

Stobhill ACH

Balornock Road

Glasgow G21 3UH

Reception: 0141 355 1209/1831

Secretaries: 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 25/08/2010

Typed 26/08/2010

Your Ref

Our Ref **AS/AB**

Dr Roger Hardman

Whitevale Medical Group

30 Whitevale Street

GLASGOW

G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K

128 Corsock Street, Glasgow, G31 3QD

This lady came into Dr Bain's out-patient Hysteroscopy Clinic today for removal of Mirena IUS which has been performed. I hope her bleeding concerns settle down now after this procedure. No further appointment has been arranged but we would be happy to see her if there are any problems.

Kind Regards.

Yours sincerely,

Dr Aparna Sastry
Registrar

25/8/10

Acute Services Division



Women and Children's Directorate

ward 56A

Princess Royal Maternity

16 Alexandra Parade

Glasgow G31 2ER

Switchboard 0141 211 4000

Appointment queries 0141 232 0808

DEPARTMENT OF GYNAECOLOGY

DR C BAIN

DR S MATHEW

DR K BURTON

DR M DEENY

DR A DUNCAN

DR R JAMIESON

DR S WONG

PROF M LUMSDEN

DR A MATHERS

DR P OWEN

DR M PERERA

DR M RODGER

Greater Glasgow
and Clyde

Dictated 12/07/2010
Typed 15/07/2010
Hospital number 20821615K
CHI 2103666240
Secretary Claire Marie Higgins
Contact 0141 211 5758

Ann Caldwell
Clinic Co-ordinator
Clinic F
Level 2
Stobhill ACH

Dear Ann,

RE: Linda Jamieson - 21/03/1966 - 128 Corsock Street, Glasgow, Lanarkshire, G31 3QD.

I would be grateful if this lady could have a routine appointment for my hysteroscopy clinic.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

PATHOLOGY DEPT - GLASGOW ROYAL INFIRMARY

Lab No.:R,11.0019260

CHI No. 2103666240

Name:JAMIESON LINDA

DOB/Age:21.03.66
Post code:G31 3QD

Hosp.No (or Path.Comp.Ref.ZP): 20821615K

Consultant:DR C TAGGART

Location:STOBHILL CLINIC F

CLINICAL HISTORY

Prolonged menses. LMP 6.9.11.

Endometrial Pipelle

Micro: Microscopy shows proliferative phase endometrium in keeping with the stated LMP.

li

Dr Jenny Tolhurst



X FIRST REPORT HERE

HYSTEROSCOPY CLINIC

25 AUG 2010



20821615K
JAMIESON
LINDA 21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

DATE:

Referring Doctor:

LMP: 7 days

History:

Parity: 0

Coil in situ 25 yrs

Smear:

Medication:

Examination:

Abdomen:

Vulva:

Vagina:

Cervix:

Uterus:

Adnexae:

Cervical Blocks: YES/NO

Hysteroscopy:

Ultrasound:

Biopsy:

Sound (cm)

Pathology:

Management Plan:

Coil removed after dilating G to H → 4.

Consent for Procedure:

Signature:

Discharged

HYSTEROSCOPY CLINIC



20821615K
JAMIESON F
LINDA 21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

DATE: 12/9/11

45

See later
No GRI notes available
has due drainage endometriomas last yr but closed
mud.

Referring Doctor:

LMP: 6.9.11

History: K erratic induction

Parity:

5-13/28

Smear: last yr
Mirena removed Aug 10.

clots, able protection

Pain starts ~ 1wk prior to period & settles once K starts
Paracetamol helps.

Medication:

bios → perman.
fuses.

Examination:

Abdomen:

Vulva:

Vagina:

NAD

Cervix:

Uterus:

Adnexae:

Cervical Blocks: YES/NO

Hysteroscopy: NO

Ultrasound: NS RV uterus

Regular conts

Left ovary 2.35 x 1.74cm
& small area consistent
w/ endometrioma

Right ovary 2.03 x 1.44cm
normal

Biopsy:

Sound (cm)

7cm ✓

Pathology:

Management Plan:

TA

Not keen on anything else

Consent for Procedure:

Signature:

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☒

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

Letter to Patient:



Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Linda Jamieson
128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 3000
Endocrinology
0141 201 6651
Christina McDade
13/12/2023
EB/VM
11/12/2023
11/12/2023

Dear Ms Jamieson,

Thank you for attending for your ultrasound scans organised earlier in the year at endocrine clinic. The ultrasound of your neck and kidneys are both reassuring and no further action is needed.

Your sincerely

Dr Elaine Butterly

ST6 Endocrinology

Electronically Signed: Dr Elaine Butterly, Doctor

cc.

Stobhill Hospital
Osteoporosis Service
Medication Review Telephone Consultation



Consultants: Dr Maurizio Panarelli

Osteoporosis Nurse Specialists: Margaret French, Leigh Robertson & Mayrine Fraser

Enquiries ☎: 0141 201 0103

Ref: MF/MF/2103666240

16-Nov-2023

Dr. Sophie Murphy
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP
30 WHITEVALE STREET
GLASGOW
G31 1QS
Dear Dr. Murphy

Linda Jamieson
128 Corsock Street
Glasgow
G31 3QD

Your patient recently attended for a DXA scan, and was recommended oral bisphosphonate therapy. Today, we have contacted them by telephone to review their osteoporosis medications.

We write to advise you about the outcome of our discussion and any changes in our treatment recommendations for your patient:

- A) No issues with current treatment – continue as prescribed
- B) Patient reports side effects of treatment – see below
- C) Patient unable to adhere to medication regimen – see below
- ☒ D) Other – see below
- E) We have been unable to reach your patient by telephone, please consider a treatment review at the next available opportunity and contact us if there are any tolerance or adherence concerns

Treatment / Investigation Recommendations

Consider Alendronic Acid 70mg once weekly (counsel re infrequent risk of dyspepsia & protocol for ingesting medication)

Continue current vitamin D supplement.

Lifestyle Recommendations

Advise regular weight-bearing exercise appropriate to general health

Comments

I telephoned Linda today. She tells me that she has now stopped her steroids and has not started her Alendronic acid as she was unsure about taking it. I have sent her an information leaflet today which she said she will read and decide whether or not she will take it.

As she is off steroids, she no longer requires another DXA in 1 year and instead we would recommend 5 years.

Follow Up

DXA scanning should be repeated in 5 years. Please re-refer via DADS at that point unless, at that time, you feel follow-up would be inappropriate

Yours sincerely

A handwritten signature in cursive script, appearing to read 'M Fraser'.

Ms Mayrine Fraser

Osteoporosis Nurse Specialist

Stobhill Hospital
Direct Access DXA Service

Consultant: Dr Maurizio Panarelli

Osteoporosis Nurse Specialists: Margaret French, Leigh Robertson & Mayrine Fraser

Tel: 0141 201 0103



Ref: MF/MF/2103666240

04-Jul-2023

Dr. Sophie Murphy
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP
30 WHITEVALE STREET
GLASGOW
G31 1QS

Dear Dr. Murphy

Linda Jamieson, DOB: 21-Mar-1966
128 Corsock Street
Glasgow
G31 3QD

Thank you for referring your patient to DADS. DXA scanning & fracture risk assessment were performed on 03-Jul-2023. Your patient has not been seen in person and therefore the treatment / investigation recommendations are based solely on the DXA scan result and any relevant information provided in the patient's Health & Lifestyle Questionnaire. A summary of this report has been sent to your patient.

Scan Date: 03-Jul-2023

Left Hip

Neck of femur	BMD: 0.864	TScore: -1.251	ZScore: -0.062
Total hip	BMD: 0.865	TScore: -1.133	ZScore: -0.444

Scan Conclusions:
Osteopenia

Spine

L1-L4	BMD: 0.852	TScore: -2.737	ZScore: -1.759
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Scan Conclusions:
Osteoporosis

BMD Interpretation – Diagnosis is made according to The World Health Organisation criteria using the lower of the T-scores at neck of femur and lumbar spine. WHO criteria: OSTEOPENIA is defined as a T-score between -1 and -2.5; OSTEOPOROSIS is defined as a T-score of less than -2.5

Osteoporosis Risk Factors

Current use of glucocorticoids-dose likely to affect BMD

Falls and Fracture Risk Factors

Current or previous use of corticosteroids at a dose likely to affect bone metabolism

Fracture History
(None)

Treatment / Investigation Recommendations

Consider Alendronic Acid 70mg once weekly (counsel re infrequent risk of dyspepsia & protocol for ingesting medication)

and in addition

Consider Colecalciferol 800-1000 IU daily

Lifestyle Recommendations

Advise regular weight-bearing exercise appropriate to general health

Comments

A vertebral fracture assessment was performed today and from the levels of TV3 to LV4 no obvious fractures can be seen.

Bone mineral density (BMD) is 20% below average for age at her lumbar spine. The risk of fracture warrants bone protective treatment as indicated above.

The standard GG&C Alendronic acid information leaflet has been posted to Ms Jamieson. Provided she has no objections, we will phone her in 3 to 4 months time to review how she is managing with this treatment.

Recent bloods (eGFR and bone profile) are satisfactory for the initiation of bisphosphonate therapy.

Follow Up:

Suggest re-referral for DEXA in 12 months

Yours sincerely



Ms Mayrine Fraser
Osteoporosis Nurse Specialist



Dr Maurizio Panarelli
Consultant Biochemist

Letter to Patient:



Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Linda Jamieson
128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard: 0141 201 3000
Department: Endocrinology
Contact Tel: 0141 451 5360
Enquiries to: Ellen Alexander
Letter Date: 14/06/2023
Reference: EB/VM
Dictated Date: 12/06/2023
Transcribed Date: 14/06/2023

Dear Ms Jamieson,

Thank you for attending your clinic appointment. I now have the results of your blood tests. These show that your calcium and parathyroid hormone levels are now completely normalised. Your Vitamin D level is also within normal range and the amount of calcium in your urine is normal. All these together suggest that there is not an ongoing issue with your calcium levels and therefore I do not think hyperparathyroidism is causing your symptoms. We checked a few other hormones including your thyroid function, which is normal. Your other hormone levels, LH, FSH are inkeeping with menopause.

I know that you were about to start HRT when we saw you at clinic and I hope that this has helped with some of your symptoms. I will write to you with the results of your outstanding tests.

Yours sincerely

Dr Elaine Butterly

ST6 DIABETES & ENDOCRINOLOGY

Electronically Signed: Dr Elaine Butterly, Doctor

cc. Dr S Murphy
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1 QS

Clinic LetterGreater Glasgow
and ClydeStobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000Dr. S Murphy
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QSMain
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:ENDOCRINOLOGY
0141 451 5360
MEDICAL SECRETARY
04/05/2023
EB/LP
04/05/2023
11/05/2023

Dear Dr. S Murphy,

Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QDAttendance: Specialty - Endocrinology; Clinic - STGECEN8-GENERIC ENDO CONS THURS PM
Date and Time of Appointment - 04/05/2023 15:30**Clinical Comments:****Diagnosis:**

1. Transient mild hypercalcaemia, now normalised

Thank you for referring this lady to clinic today with raised calcium levels. She tells me over the last several months she has been feeling terrible on the background of not being right for approximately four years. She has had many symptoms that have been making her feel unwell. She has been feeling tired, having problems with sweating, had felt that she had put on a little bit of weight. Her most recent problem that is causing her the most significant pain is bone pain. She describes this as pain in her bones and her arms bilaterally radiating up to her shoulders and down into her hands.

She occasionally gets hand spasms which last a few seconds. She denies any pain in her upper back or in her lower spine and legs. She had a bone profile checked which showed in October 2022 her adjusted calcium was marginally raised at 2.64. Her calcium normalised in November but in the context of a raised PTH 12.4, however, she had repeat bloods in January showing a PTH of 5 and an adjusted calcium normal at 2.48. She tells me she was going to take vitamin D supplementation but has been told to hold off on this so is not currently taking any vitamin D supplementation. She denies any previous history of similar problems. She denies any history of fractures or kidney stones and denies any family history. Amongst her other symptoms she also describes palpitations and I have sent her for an ECG today. (Normal) She also describes urinary frequency and urgency with a sense of incomplete emptying. She has been on Prednisolone 7 mgs once a day for approximately the last two months. She is unsure exactly why she is taking this. I wonder from what she says whether it

is a trial of steroids for the possibility of PMR causing her arm symptoms but I was not clear on this.

She tells me she does not always take the steroids and I explained to her that whilst the plan long-term should likely be to reduce the steroids down, this should not be done abruptly and she should make sure she is taking the steroids daily until there is a plan from yourself to reduce these.

On examination she appeared euthyroid with any other evidence of endocrinopathy evident. She did describe a swelling in her neck and has a small less than 1 cm smooth swelling in the left upper part of her neck. Her weight today is 69.4 kgs. She says she has lost intentionally about half a stone in the last few months. Blood pressure is 135/88 and pulse was 95.

Overall it is a little bit difficult to piece together everything going on here. Given that her calcium and PTH normalised I don't think a calcium issue is causing her symptoms. I have rechecked her bloods again today along with a vitamin D level and a urinary calcium creatine ratio. She already had a DEXA booked and is going for this tomorrow. We will also order a renal ultrasound for completeness. In terms of her neck I have ordered a neck ultrasound to see if this lump is coming from parathyroid gland or potentially elsewhere. In the meantime she is going to continue her Prednisolone and discuss with her GP regards to reducing this. She is also trying HRT as she feels she is menopausal and I wonder if this may help several of her symptoms. I have checked her gonadotrophins today and also sent her for an ECG giving her palpitations. I will be in touch with the results.

Many thanks

Yours sincerely

Dr Elaine Butterly

ST6, Endocrinology

Electronically Signed: Dr Elaine Butterly, Doctor

cc.

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



Consultants

Mr D T Hansell
Mr K Ogston
Mrs M MacLean

Secretaries

Lorna Macrae
Christine McKeown

Grace Ross

Contact Details:

0141 355 1506
0141 355 1504

0141 355 1503
Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: KO/CMcK

Dictated: 13/04/2012
Typed: 13/04/2012

Dr Roger Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

I now have the results available from this lady's recent core biopsy performed at my clinic from her right breast. This confirms benign breast tissue only. This would be in keeping with imaging findings.

I will write to the patient to reassure her.

Yours sincerely

Mr K Ogston
Consultant Surgeon

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



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BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: KO/CMcK/2103666240/20821615K

Dictated: 13/04/2012

Typed: 13/04/2012

Ms Linda Jamieson
128 Corsock Street
Glasgow
Lanarkshire
G31 3QD

Dear Ms Jamieson

I am glad to say that your recent core biopsy performed at my clinic has come back confirming completely benign changes in the breast. I don't think further investigation is therefore required.

Yours sincerely

Mr K Ogston
Consultant Surgeon

North/East Glasgow - Breast MDT

Date: 05/04/2012

Consultant: Mr Keith Ogston

Patient: Linda Jamieson

Hospital Number: 20821615K

Date of Birth (CHI): 21/03/1966 - 2103666240

Clinic Date: 28.03.12

Clinical Findings: FOCAL AREA NON DISCRETE MASS R BREAST

Mammograms:

Ultrasound: U1

Core biopsy/FNA: 28.03.12

Past medical history:

Decision at MDT/Outcome:

REASSURE & DISCHARGE
WRITE TO GP & PATIENT

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



Consultants

Mr D T Hansell
Mr K Ogston
Mrs M MacLean

Secretaries

Lorna Macrae
Christine McKeown

Grace Ross

Contact Details:

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0141 355 1504

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Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: AM/LM
Dictated: 28/03/2012
Typed: 29/03/2012

Dr Roger Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this pleasant 56 year old woman who presents with ongoing bilateral breast discomfort. I understand that she was reviewed in the clinic in December 2010 with a complaint of right breast pain. Mammography at that time was normal and she was reassured of the findings that day.

Firstly, her symptoms really haven't improved since that time although symptoms remain intermittent and now affects both sides. She denies any breast discharge and no new lumps. She has no family history of breast disease. Otherwise she keeps relatively well. Age of menarche was 15 years and her menstrual cycle remains regular. She is a non-smoker, has no allergies and is on no regular medication. She has had no previous surgical procedures.

On examination tenderness was elicited in the upper outer quadrants of both breasts. No focal abnormalities were found in the left breast or axilla. In the right breast a focal area of tenderness correlated with an area, a non discrete mass at the 11 o'clock position, possibly cysts. However, ultrasound did not reveal any abnormality in this area so we proceeded to core biopsy of this area under local anaesthetic.

We shall be in touch once we have the core biopsy results. We will, of course, keep you informed of her progress.

Kind regards.

Yours sincerely

Mr Alan Meldrum
ST5 in General Surgery

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC/20821615K

Linda Jamieson
128 Corsock Street
Glasgow
Lanarkshire
G31 3QD

Dear Mrs Jamieson,

I am writing to let you know that the sample that we took from the lining of your womb showed no abnormality. Hopefully things will settle with the Tranexamic acid but if they don't your G.P. can re-refer you for review.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC

Dr Mark Etherington
The Whitevale Medical Group
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr Etherington

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this patient who attended my one stop clinic on 12th September. Unfortunately her Royal Infirmary notes were not available to me that day but I note that she was due drainage of endometriomas last year but she change her mind about proceeding with surgery.

She has been having problems with erratic menses. Her cycle is still quite regular at 28 days but she is bleeding for between 5 – 13 days at a time. Her periods are heavy and she requires double protection. She is also having secondary dysmenorrhoea with the onset a week before her period. This is relieved by Paracetamol.

A transvaginal ultrasound revealed a normal sized retroverted uterus with a regular cavity. The left ovary was slightly bulky measuring 2.35 x 1.74 cm with a small area within it consistent with an endometrioma. The right ovary appeared normal. Clinical examination was unremarkable. I took a pipelle endometrial biopsy which has revealed proliferative phase endometrium in keeping with her LMP.

We discussed the management options and Linda has agreed to take Tranexamic acid during her menses to lessen the flow. She is not at all keen on anything else. I have therefore not arranged any further follow-up but would be happy to review her if things don't settle.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

Acute Services Division

Surgery and Anaesthetics Directorate

Department of General Surgery
Breast Clinic

Mr K Ogston
Consultant Surgeon

Stobhill ACH
133 Balornock Road
GLASGOW
G21 3UW

Hospital Number: 0141 201 3000
Secretary: 0141 355 1504



KMacB/ROH

Dictated 22/12/2010
Typed 06/01/2011

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Many thanks for referring Linda to the breast clinic. Linda is a 44-year-old who recently had a fall down her stairs. She did not have any direct trauma to right breast but since that time she has had a very focally painful area in the upper outer quadrant. She has noticed no other changes in her breast and has no past or family history of note. She apparently has menstrual irregularity, some menorrhagia and is using ibuprofen.

On examination there were no palpable abnormalities, though she was focally tender in the upper outer quadrant. Bilateral mammograms were fatty and lucent with no focal abnormalities. I have strongly re-assured Linda that she has healthy breast tissue. I feel it is possible she has pulled fibres of her underlying pectoral muscle on the right hand side and hopefully in time this will settle. I suggested she use some Voltarol gel topically to the area and have not arranged routine review at the clinic.

Yours sincerely

Dr Katharin MacBain
Specialty Doctor

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 25/08/2010
Typed 26/08/2010
Your Ref
Our Ref AS/AB

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
GLASGOW
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, G31 3QD

This lady came into Dr Bain's out-patient Hysteroscopy Clinic today for removal of Mirena IUS which has been performed. I hope her bleeding concerns settle down now after this procedure. No further appointment has been arranged but we would be happy to see her if there are any problems.

Kind Regards.

Yours sincerely,

Dr Aparna Sastry
Registrar

US Neck

Performed	24-Nov-2023 13:09	Received	24-Nov-2023 14:06
Reported	24-Nov-2023 14:04	Order Number	G207H39633003
Status	Final	Source System	MiSys

US Neck

Final

Linda Jamieson

Clinical History :

uss neck and renal please. possible new hyperparathyroidism. discrete swelling approx. 1cm in left upper neck ?parathyroid. Intermittently raised calcium levels. ?evidence renal stones

uss neck and renal please. possible new hyperparathyroidism. discrete swelling approx. 1cm in left upper neck ?parathyroid. Intermittently raised calcium levels. ?evidence renal stones

US Neck :

Normal thyroid. No parathyroid glands were identified on today's examination.

No significant cervical lymphadenopathy evident.

The area of palpable pathology corresponds to a submental lymph node which is ultrasonically normal in appearance.

Normal appearance of submandibular and parotid glands.

US Abdomen and renal tract :

Normal appearance of both kidneys.

Reported by: Jayne McElroy (Sonographer)

Verified by: Jayne McElroy (Sonographer)

US Abdomen and renal tract

Performed	24-Nov-2023 13:09	Received	24-Nov-2023 14:06
Reported	24-Nov-2023 14:04	Order Number	G207H39633004
Status	Final	Source System	MiSys

US Neck

Linda Jamieson

Final

Clinical History :

uss neck and renal please. possible new hyperparathyroidism. discrete swelling approx. 1cm in left upper neck ?parathyroid. Intermittently raised calcium levels. ?evidence renal stones

uss neck and renal please. possible new hyperparathyroidism. discrete swelling approx. 1cm in left upper neck ?parathyroid. Intermittently raised calcium levels. ?evidence renal stones

US Neck :

Normal thyroid. No parathyroid glands were identified on today's examination.

No significant cervical lymphadenopathy evident.

The area of palpable pathology corresponds to a submental lymph node which is ultrasonically normal in appearance.

Normal appearance of submandibular and parotid glands.

US Abdomen and renal tract :

Normal appearance of both kidneys.

Reported by: Jayne McElroy (Sonographer)

Verified by: Jayne McElroy (Sonographer)

US Breast Rt

Performed	28-Mar-2012 10:29	Received	28-Mar-2012 13:41
Reported	28-Mar-2012 13:15	Order Number	G207H26763470
Status	Final	Source System	MiSys

US Breast Rt

Linda Jamieson

Clinical History : ? lump.

Final

US Breast Rt : Ultrasound of the area of clinical concern demonstrates normal breast tissue elements only; mainly fatty. No focal lesion identified.
U1.

Reported by: Dr Janet Litherland

Verified by: Dr Janet Litherland

XR Mammogram Both

Performed	22-Dec-2010 09:40	Received	31-Dec-2010 10:47
Reported	31-Dec-2010 10:25	Order Number	G207H25492924
Status	Final	Source System	MiSys

XR Mammogram Both

Final

Linda Jamieson

Clinical History : Focal area on the right.

XR Mammogram Both : Bilateral fatty breasts. Appearances are within normal limits and there is no mammographic evidence of malignancy.
R1.

Reported by: Dr Janet Litherland

Verified by: Dr Janet Litherland

BREAST TRU CUT BIOPSY

Performed	28-Mar-2012 11:30	Received	29-Mar-2012 09:31
Reported	02-Apr-2012 12:40	Order Number	P,12.0006606.M
Status	Final	Source System	Telepath

Pathology

Final

NGD Pathology(WIG-211 2473 GRI-211 4738)

Nature of Specimen : BREAST TRU CUT BIOPSY

Requester Location : Stobhill Hospital

Date Reported : 02.04.12

Auth by : Barbara BEDNAREK

02.04.12 12:36

T04000 M09450

P00003

TRUCUT BIOPSY RIGHT BREAST.

Clinical history

Right breast PAN 11 o'clock. Focal area biopsy x 5.

Gross

Multiple cores, the longest measuring 12mm.

Microscopy

Microscopy shows benign breast tissue. There is no discrete lesion in this biopsy. B1.

Sk

A Patel

E A Mallon

PIPELLE ENDOMETRIAL BIOPSY

Performed	12-Sep-2011 00:00	Received	12-Sep-2011 14:37
Reported	14-Sep-2011 15:15	Order Number	R,11.0019260.Y
Status	Final	Source System	Telepath

Pathology

Final

NGD Pathology(WIG-211 2374 GRI-211 4738)

Nature of Specimen : PIPELLE ENDOMETRIAL BIOPSY

Requester Location : STOBHILL CLINIC F

Date Reported : 14.09.11

Auth by : JILLIAN MILLER

14.09.11

15:11

T84000 M79310

P00002

CLINICAL HISTORY

Prolonged menses. LMP 6.9.11.

Endometrial Pipelle

Micro: Microscopy shows proliferative phase endometrium in keeping with the stated LMP.

li

Dr Jenny Tolhurst

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐	
ACS	☐	
BEATSON HOSPITAL	☐	
CANNIESBURN HOSPITAL	☐	
DENTAL HOSPITAL	☐	
GARTNAVEL GENERAL HOSPITAL	☐	
GLASGOW ROYAL INFIRMARY (GENERAL)	☒	
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY ☐
NEW VICTORIA ACH	☐	
PRINCESS ROYAL MATERNITY	☐	
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY ☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY ☐
ROYAL HOSPITAL FOR CHILDREN	☐	
STOBHILL HOSPITAL	☐	
VALE OF LEVEN	☐	MATERNITY ☐
WEST CARE AMBULATORY HOSPITAL	☐	
WESTERN INFIRMARY RECORDS	☐	
<u>Including:</u>		
BADGERNET	☐	
CAREVUE	☐	
MEDICAL ILLUSTRATION	☐	
METAVISION	☐	
PHYSIOTHERAPY	☐	
RADIOLOGY	☐	
WEST MARC	☐	
LABS		

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Management Office - Queens Park House, Victoria Infirmary
- ☎ 0141 201 5897, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland,
Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Professor David Burden,
Dr Paula Beattie, Dr Joyce Leman,
Dr Martin Porter
North East - Dr Susan Holmes, Dr Colin Clark,
Dr Catherine Jury, Dr Grant Wylie, Dr Mark Darling,
Dr Alison MacDonald

Glasgow Royal Infirmary
Department of Dermatology
84 Castle Street
Glasgow
G4 0SF

Consultants
Dr Catherine Jury (Lead Consultant)
Dr Colin Clark
Dr Susan Holmes
Dr Alison MacDonald

Associate Specialist
Dr Heather Graham

Nursing 0141 211 4446
Appointments 0141 211 5546
Fax Number 0141 211 4663
0141 211 4804

Dr C Jury Sec 0141 211 4670
Dr S Holmes Sec 0141 211 4297
Dr C Clark Sec 0141 211 4297

Nursing
C Ashton Departmental Manager
C Macaskill Dermatology Nurse Specialist

SKIN CANCER SCREENING CLINIC - DR COLIN CLARK 28/11/2012

Our Ref CC/VAT
Dictated: 28/11/2012
Typed: 28/11/2012

Dr R Black
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Black

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

DIAGNOSIS: Basal cell papilloma – left cheek
MANAGEMENT: Cryotherapy with usual warnings and information leaflet
FOLLOW-UP: Discharged

This woman had become aware of a pigmented area on her left cheek. This consisted of 3 small islands of pigmentation. Under the dermatoscopic view this is a seborrhoeic keratosis or basal cell papilloma. The pigmentation has been accentuated by her use of fake tans. In view of her extreme concern regarding the area on her cheek it was treated today and hopefully should clear.

No further follow up has been arranged.

Yours sincerely

COLIN CLARK
Consultant Dermatologist

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO	
DERMATOLOGY CLINIC (Consultant) Dermatology GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral	URGENT - SUSPECTED CANCER - PIGMENTED FACIAL LESION
Date of referral	Date sent
14-Nov-2012	15-Nov-2012

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD
Forename(s)	Linda	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	21-Mar-1966	Voice: 07895913969
CHI no.	2103666240	
Area of Residence		

1010044919192

Unique Care Pathway Number: 1010044919192

REGISTERED GP DETAILS		Practice address
Name	Dr Roger Hardman	30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code	2340982 GP code 02194	
Practice name	The Whitevale Medical Group (18908)	Contact number(s)
Practice code	46560	
		Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Roger Black	Whitevale Medical Group 30 Whitevale Street Glasgow G31 1QS
GMC code	2553816 GP code 05088	
Practice name	The Whitevale Medical Group (46560)	Contact number(s)
Practice code	46560	
		Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PIGMENTED FACIAL LESION

Comment: Dear Doctor,

Many thanks for seeing the above named who has had a discoloured lesion on her left cheek since childhood. More recently in the centre of it she developed a raised nodular area, which is pigmented. There were no other suspicious features. In view of these changes however I would be grateful if she could be seen urgently.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X] Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	12-Nov-2012	12-Nov-2012
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	14-Jun-2012	14-Jun-2012

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		24-Jun-2011

Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2 02-Mar-2009		
Never smoked tobacco: Smoker\$\$ Status.clin - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clin - No Action Required		07-Nov-2000
Teetotaler :		24-Jun-2011
Teetotaler: Alcohol Intake\$\$clin - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$\$clin - No Action Required		07-Nov-2000

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



Consultants

Mr D T Hansell
Mr K Ogston
Mrs M MacLean

Secretaries

Lorna Macrae
Christine McKeown

Grace Ross

Contact Details:

0141 355 1506
0141 355 1504

0141 355 1503
Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: KO/CMcK/2103666240/20821615K

Dictated: 13/04/2012
Typed: 13/04/2012

Ms Linda Jamieson
128 Corsock Street
Glasgow
Lanarkshire
G31 3QD

Dear Ms Jamieson

I am glad to say that your recent core biopsy performed at my clinic has come back confirming completely benign changes in the breast. I don't think further investigation is therefore required.

Yours sincerely

Mr K Ogston
Consultant Surgeon

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



Consultants

Mr D T Hansell
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Secretaries

Lorna Macrae
Christine McKeown

Grace Ross

Contact Details:

0141 355 1506
0141 355 1504

0141 355 1503
Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: KO/CMcK

Dictated: 13/04/2012
Typed: 13/04/2012

Dr Roger Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

I now have the results available from this lady's recent core biopsy performed at my clinic from her right breast. This confirms benign breast tissue only. This would be in keeping with imaging findings.

I will write to the patient to reassure her.

Yours sincerely,

Mr K Ogston
Consultant Surgeon

North/East Glasgow - Breast MDT

Date: 05/04/2012

Consultant: Mr Keith Ogston

Patient: Linda Jamieson

Hospital Number: 20821615K

Date of Birth (CHI): 21/03/1966 - 2103666240

Clinic Date: 28.03.12

Clinical Findings: FOCAL AREA NON DISCRETE MASS R BREAST

Mammograms:

Ultrasound: U1

Core biopsy/FNA: 28.03.12

Past medical history:

Decision at MDT/Outcome:

REASSURE & DISCHARGE
WRITE TO GP & PATIENT

Acute Services Division

NORTH & EAST GLASGOW BREAST UNIT

Stobhill ACH
133 Balornock Road
Glasgow
G21 3UW



Consultants

Mr D T Hansell
Mr K Ogston
Mrs M MacLean

Secretaries

Lorna Macrae
Christine McKeown
Grace Ross

Contact Details:

0141 355 1506
0141 355 1504

0141 355 1503
Fax: 0141 355 1761

BREAST OUT-PATIENT CLINIC STOBHILL

Our Ref: AM/LM

Dictated: 28/03/2012
Typed: 29/03/2012

Dr Roger Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this pleasant 56 year old woman who presents with ongoing bilateral breast discomfort. I understand that she was reviewed in the clinic in December 2010 with a complaint of right breast pain. Mammography at that time was normal and she was reassured of the findings that day.

Firstly, her symptoms really haven't improved since that time although symptoms remain intermittent and now affects both sides. She denies any breast discharge and no new lumps. She has no family history of breast disease. Otherwise she keeps relatively well. Age of menarche was 15 years and her menstrual cycle remains regular. She is a non-smoker, has no allergies and is on no regular medication. She has had no previous surgical procedures.

On examination tenderness was elicited in the upper outer quadrants of both breasts. No focal abnormalities were found in the left breast or axilla. In the right breast a focal area of tenderness correlated with an area, a non discrete mass at the 11 o'clock position, possibly cysts. However, ultrasound did not reveal any abnormality in this area so we proceeded to core biopsy of this area under local anaesthetic.

We shall be in touch once we have the core biopsy results. We will, of course, keep you informed of her progress.

Kind regards.

Yours sincerely

Mr Alan Meldrum
ST5 in General Surgery

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

BREAST CLINIC (Consultant)
General Surgery - Breast
GGC General Referral

— Consultant / receiving practitioner
and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

— Hospital and hospital address

Hospital location code.

G107H

Email address

Urgency of referral

ROUTINE

Date of referral

08-Mar-2012

Date sent

14-Mar-2012

PATIENT DETAILS

Surname Jamieson
Forename(s) Linda
Title Miss
Sex Female
Date of birth 21-Mar-1966
CHI no. 2103666240
Area of Residence

Patient's address

128 Corsock St MD
GLASGOW
G31 3QD

Contact number(s)

Voice: 07895913969

1010033057014

Unique Care Pathway Number: 1010033057014

REGISTERED GP DETAILS

Name Dr Roger Hardman
GMC code 2340982 GP code 02194
Practice name The Whitevale Medical Group (18908)
Practice code 46560

Practice address

30 Whitevale Street
Dennistoun
Glasgow
G31 1QS

Contact number(s)

Voice: 0141-554-4536

Facsimile: 0141 554 3979

REFERRING GP DETAILS

Name Dr. Joseph Daly
GMC code 4508791 GP code 54259
Practice name The Whitevale Medical Group (46560)
Practice code 46560

Practice address

Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Contact number(s)

Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: BILATERAL BREAST PAIN

Comment: Dear Doctor,

I would be grateful if you would review the above lady who was seen at your clinic in December 2010. At this time she was complaining of right breast pain. Her examination at that time was normal and she had bilateral mammograms, which showed no focal abnormalities.

She has presented today complaining of approximately 3 months of bilateral severe generalised breast pain. She feels that both breasts have increased in volume over the past few months. She herself has not felt any discrete lumps. She has been finding it difficult to get to sleep because of the pain and is often tearful. There is no obvious association between the pain and her periods. She is otherwise systemically well.

On examination there was no obvious breast asymmetry, there was no altered skin around the breast, nipple retraction or discharge on palpation about the breast. I could feel no discrete lesions on palpation however the entire examination caused her pain on palpation. There were no axillary or supraclavicular lymphadenopathy. I have prescribed her regular analgesia today however in view of her ongoing pain, which she says is now affecting her lifestyle, I would be grateful if you could review.

Yours sincerely,

Dr Joe Daly

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral		08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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)

<u>Drug Name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ibuprofen Tablets 400 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD		08-Mar-2012	08-Mar-2012
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		08-Mar-2012	08-Mar-2012

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		24-Jun-2011
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaler:		24-Jun-2011
Teetotaler: Alcohol Intake\$.clm - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$.clm - No Action Required		07-Nov-2000

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC/20821615K

Linda Jamieson
128 Corsock Street
Glasgow
Lanarkshire
G31 3QD

Dear Mrs Jamieson,

I am writing to let you know that the sample that we took from the lining of your womb showed no abnormality. Hopefully things will settle with the Tranexamic acid but if they don't your G.P. can re-refer you for review.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

Clinic F
Second Floor
Stobhill ACH
Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 19/09/2011
Typed 28/09/2011
Your Ref
Our Ref CT/AMcC

Dr Mark Etherington
The Whitevale Medical Group
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr Etherington

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring this patient who attended my one stop clinic on 12th September. Unfortunately her Royal Infirmary notes were not available to me that day but I note that she was due drainage of endometriomas last year but she change her mind about proceeding with surgery.

She has been having problems with erratic menses. Her cycle is still quite regular at 28 days but she is bleeding for between 5 – 13 days at a time. Her periods are heavy and she requires double protection. She is also having secondary dysmenorrhoea with the onset a week before her period. This is relieved by Paracetamol.

A transvaginal ultrasound revealed a normal sized retroverted uterus with a regular cavity. The left ovary was slightly bulky measuring 2.35 x 1.74 cm with a small area within it consistent with an endometrioma. The right ovary appeared normal. Clinical examination was unremarkable. I took a pipelle endometrial biopsy which has revealed proliferative phase endometrium in keeping with her LMP.

We discussed the management options and Linda has agreed to take Tranexamic acid during her menses to lessen the flow. She is not at all keen on anything else. I have therefore not arranged any further follow-up but would be happy to review her if things don't settle.

Kind regards.

Yours sincerely,

Christina Taggart
Consultant Gynaecologist

Acute Services Division
Surgery and Anaesthetics Directorate



Department of General Surgery
Breast Clinic

Stobhill ACH
133 Balornock Road
GLASGOW
G21 3UW

Mr K Ogston
Consultant Surgeon

Hospital Number: 0141 201 3000
Secretary: 0141 355 1504

KMacB/ROH

Dictated 22/12/2010
Typed 06/01/2011

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman:

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Many thanks for referring Linda to the breast clinic. Linda is a 44-year-old who recently had a fall down her stairs. She did not have any direct trauma to right breast but since that time she has had a very focally painful area in the upper outer quadrant. She has noticed no other changes in her breast and has no past or family history of note. She apparently has menstrual irregularity, some menorrhagia and is using Ibuprofen.

On examination there were no palpable abnormalities, though she was focally tender in the upper outer quadrant. Bilateral mammograms were fatty and lucent with no focal abnormalities. I have strongly re-assured Linda that she has healthy breast tissue. I feel it is possible she has pulled fibres of her underlying pectoral muscle on the right hand side and hopefully in time this will settle. I suggested she use some Voltarol gel topically to the area and have not arranged routine review at the clinic.

Yours sincerely

Dr Katharin MacBain
Specialty Doctor

Patient Details

Surname JAMIESON
Forename LINDA
CHI 2103666240
GP Details HARDMAN, ROGER 30 WHITEVALE STREET, GLASGOW
Age 44
Hospital CRNs 20821615K

22/12/10

Referral Details

Date Received 09/12/2010 09:55:53
ReferralID 5704267
Priority URGENT - SUSPECTED CANCER
New Priority URGENT - SUSPECTED CANCER

Priority History

URGENT - SUSPECTED CA 09/12/2010 11:03:51

Redirection Information

Specialty
General Surgery - Breast

Hospital
Glasgow Royal Infirmary

Reason
Record Creation

Redirected Date
09/12/2010 11:03

Redirected By
Elaine Borland

Tracking/Vetting Details

Cancer Code
Date Vetted 09/12/2010 14:20:23
Vetting Status Vetted
Outcome Direct OP Appointment
Vetted By Moyra McArthur

Tests**Clinics****Consultant****Site**

Glasgow Royal Infirmary

Instructions
HRCompleted

please add to 22nd dec
True

20821615K

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

BREAST CLINIC (Consultant)
General Surgery - Breast
GGC General Referral

Consultant / receiving practitioner
and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and hospital address

Hospital location code.

G107H

Email address

Urgency of referral

URGENT - SUSPECTED CANCER

Date of referral

08-Dec-2010

Date sent

09-Dec-2010

PATIENT DETAILS

Surname Jamieson
Forename(s) Linda
Title Miss
Sex Female
Date of birth 21-Mar-1966
CHI no. 2103666240

Patient's address

128 Corsock St MD
GLASGOW
G31 3QD

Contact number(s)

Voice: 07895913969

1010013478415

Unique Care Pathway Number: 1010013478415

REGISTERED GP DETAILS

Name Dr Roger Hardman
GMC code 2340982 GP code 02194
Practice name The Whitevale Medical Group (18908)
Practice code 46560

Practice address

30 Whitevale Street
Dennistoun
Glasgow

Contact number(s)

Voice: 0141-554-4536

Facsimile: 0141 554 3979

REFERRING GP DETAILS

Name Dr. Abena Aboagyewaa-Adjepong
GMC code 5196660 GP code 17213
Practice name WHITEVALE MEDICAL GROUP (46560)
Practice code 46560

Practice address

30 WHITEVALE STREET
GLASGOW

Contact number(s)

Voice: 0141 554 4536

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: BREAST PAIN AND LUMP

Comment: Dear Doctor,

I reviewed the above named patient at the surgery today. Linda presented with a 2-week history of right breast pain. The pain is worse following a fall 6 days ago. She now feels the pain is almost constant with a shooting pain through her breast. She has taken some simple analgesia with no improvement. Linda stated that she had a similar episode of right breast pain and the symptoms cleared after a few weeks. Linda does regular breast examinations and although she feels that her breasts are quite lumpy she has not felt anything unusual. The pain does not appear to be cyclical. Linda does have some breast tenderness around the time of her period but the pain is now feeling is completely different. She denies any skin changes, any nipple discharge, she denies any family history of breast problems or breast cancer.

On examination there were no skin changes, no nipple changes or nipple discharge. There was a tender 10mm mobile lump at 9 o'clock in her right breast. There was no axillary or supraclavicular lymph nodes.

In view of the duration of her symptoms and new discovery of a lump I would be grateful if you could review and advise further on her management.

Yours sincerely,

Dr Abena A. Adjepong

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
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

No current medications recorded

Recent medication (Any medication issued within last 168 days not shown above)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		07-Nov-2000

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH
Reception 0141 355 1209/1831
Secretaries 0141 355 1210/1211/1829

SPECIALIST GYNAECOLOGY CLINICS

Dictated 25/08/2010

Typed 26/08/2010

Your Ref

Our Ref **AS/AB**

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
GLASGOW
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, G31 3QD

This lady came into Dr Bain's out-patient Hysteroscopy Clinic today for removal of Mirena IUS which has been performed. I hope her bleeding concerns settle down now after this procedure. No further appointment has been arranged but we would be happy to see her if there are any problems.

Kind Regards.

Yours sincerely,

Dr Aparna Sastry
Registrar

ward 56A

Princess Royal Maternity

16 Alexandra Parade
Glasgow G31 2ER
Switchboard 0141 211 4000
Appointment queries 0141 232 0808

DEPARTMENT OF GYNAECOLOGY

DR C BAIN
DR S MATHEW
DR K BURTON
DR M DEENY
DR A DUNCAN
DR R JAMIESON
DR S WONG

PROF M LUMSDEN
DR A MATHERS
DR P OWEN
DR M PERERA
DR M RODGER

Dictated 12/07/2010
Typed 15/07/2010
Hospital number 20821615K
CHI 2103666240
Secretary Claire Marie Higgins
Contact 0141 211 5758

Ann Caldwell
Clinic Co-ordinator
Clinic F
Level 2
Stobhill ACH

Dear Ann,

**RE: Linda Jamieson - 21/03/1966 - 128 Corsock Street, Glasgow, Lanarkshire, G31
3QD**

I would be grateful if this lady could have a routine appointment for my hysteroscopy clinic.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

Acute Services Division

Department of Gynaecology

Dr Bain's Clinic

Princess Royal Maternity
Alexandra Parade
Glasgow G4 0SF



Clinic 10/05/2010
Dictated 10/05/2010
Typed 14/05/2010
Your Ref 20821615K
Our Ref CB/CH
Enquiries to Claire Higgins (Secretary)
Direct 0141 211 5758
Fax 0141 211 4512

Dr J H Kennedy
Dr A M Mathers
Dr R W S Yates
Dr M Rodger
Dr A Duncan
Dr R Jamieson
Dr M Perera

Dr M Deeny
Dr P Owen
Prof M A Lumsden
Dr C Bain
Dr K Burton

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring Linda back to the gynaecology clinic. She is a 44 year old para 1 who has been having menstrual problems for some years. She has had a copper IUCD in for five years and is keen to have this removed. I understand that she has actually been seen in 2007 with a history of pelvic pain and an ultrasound scan performed at this point had suggested evidence of possible endometrioma's. She had been listed for a laparoscopy and coil removed at this time. It seems that she had to cancel it due to her father's illness.

I performed a transvaginal scan today which demonstrated a retroverted uterus with the copper coil in the cavity. An attempt had been made at the gynaecology clinic to remove the coil but the threads had not been seen. She also had bilateral lesions of the ovaries which are suggestive of endometrioma's. They are quite small, about 3 cm in size. I have taken a Ca 125. The ovaries also appear quite limited in mobility. As she has a significant history of pain it is highly unlikely she had endometriosis and I have placed her name on the waiting list for laparoscopic drainage of endometriosis, removal of coil and insertion of Mirena. I will let you know how she gets on.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

GYNAECOLOGY DEPARTMENT - ULTRASOUND REPORT



20821615K
JAMIESON F
LINDA 21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

DATE: 10/3/10
CONSULTANT: DR BAN
TIME OF APPOINTMENT:

TAS/TVS/TAS & TVS

FULL BLADDER AT APPT TIME: YES/NO

SOURCE OF REFERRAL: WARD/GOPD/SPECIAL CLINIC (SPECIFY).....

PARITY: CYCLE: LMP: CONTRACEPTION:

REASON FOR SCAN: *lost cert history of*
probable molo - was on WL for

PREVIOUS SCAN: YES/NO (SPECIFY):

REPORT

UTERUS - LENGTH: *NS* WIDTH: DEPTH: MORPHOLOGY: *coil in* *retro*.....

ENDOMETRIAL THICKNESS: *not measured* MAXIMUM FIBROID SIZE:

OVARIES -	RIGHT	LEFT
SIZE	<i>NS</i>	<i>several bilateral cysts</i>
MORPHOLOGY	<i>small</i>	<i>28 4</i>
CYSTS	<i>1</i>	<i>1</i>
PAPILLA/SEPTAE	<i>1</i>	<i>1</i>
FREE FLUID:	<i>nil/trace/significant/gross ascites</i>	
	TURBID - YES/NO	

KIDNEYS: RIGHT LEFT

LIVER: GALLBLADDER: OMENTUM:

COMMENTS: *men piler*
endometrial

REPEAT APPOINTMENT: YES/NO

DISPOSAL: *WL for cert re* SIGNATURE: *DR BAN*
Cap. + men

Wong a/Ad

20821615K

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER **MEDICAL IN CONFIDENCE**

W/L

REFERRAL TO	
GYNAECOLOGY CLINIC (Consultant) Gynaecology GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral ROUTINE Date of referral 24-Feb-2010 Date sent 25-Feb-2010	

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD Contact number(s) Voice: 07895913969
Forename(s)	Linda	
Title	Miss	
Sex	Female	
Date of birth	21-Mar-1966	
CHI no.	2103666240	

1010002353138

Unique Care Pathway Number: 1010002353138

REGISTERED GP DETAILS		Practice address
Name	Dr Hardman	30 Whitevale Street Glasgow G31 1QS Contact number(s) Voice: 0141-554-4536 Facsimile: 0141 554 3979
GMC code	2340982	
GP code	G02194	
Practice name	THE WHITEVALE MEDICAL GROUP	
Practice code	46560	

REFERRING GP DETAILS		Practice address
Name	Dr. Roger Black	30 WHITEVALE STREET GLASGOW Contact number(s) Voice: 0141 554 4536
GMC code	2553816	
GP code	05088	
Practice name	WHITEVALE MEDICAL GROUP (46560)	
Practice code	46560	

Routin
GPP

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? OVARIAN CYSTS, IMPACTED IUCD

Comment: Dear Doctor,

I understand that the above named attended the Gynaecology Clinic last year having been referred from the Family Planning Clinic following a failed coil removal which was requested due to menorrhagia. She continues to report menses every 2 weeks.

She advises that she attended the Gynaecology Clinic last year and had an ultrasound scan which demonstrated 2 'lumps' on her ovaries and was listed for a laparoscopy. She was unable to attend for this as her father has been ill.

Ms Jamieson is anxious to proceed with relevant investigations and wishes her coil removing. I would be most grateful if she could be re-appointed.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia	26-Dec-2006
Termination of pregnancy	-	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	Male	20-Dec-1989
Urinary tract infection, site not specified	-	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>
Cervical cytology screen.	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	07-Apr-1997
X-rays	Pneumonitis (RHSC)	12-Jun-1969

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

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		10-May-2006
Never smoked tobacco:		07-Nov-2000
Never smoked tobacco:		02-Mar-2009
Teetotaler:		10-May-2006

Teetotaller: 07-Nov-2000

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Acute services Division

Regional Services Directorate

Consultant
Mr I Holland
Associate Specialist
Mr A K Brewer

Oral and Maxillofacial Surgery
The Royal Infirmary
16 Alexandra Parade
GLASGOW
G31 2ER



Greater Glasgow
and Clyde

Switchboard: - 0141 211 4000
Direct Line: - 0141 211 4716
Fax: - 0141 211 4714
E-mail: GRI-OralSurgery@ggc.Scot.NHS.uk

IH/LJ/20821615K

Dict: 11th February 2009
Typed: 26th February 2009

Dr. Mark Russell,
Whitevale Medical Group,
30 Whitevale Street,
Glasgow
G31 1QS

Dear Dr. Russell,

***Linda Jamieson, dob: 21.03.1966 (2103666240)
61 Corsock Street, Haghill, Glasgow G31 3PN***

Thank you for referral of the above patient. As you say, she has a small palpable nodule underneath the mucosa of the upper left quadrant. The 1 looks healthy and there is no sign of a sinus. I am not entirely certain of the cause of this lesion. The most common course of problems would be dentally related, but it doesn't have a sinus and radiographs don't show any clear peri-apical pathology.

I am going to review her at the Southern General Hospital for ultrasound scan and in all probability, we will arrange for an excision biopsy in due course.

We will keep you informed to developments.

Best wishes.

Yours sincerely,

Mr. I Holland,
Consultant in Oral & Maxillofacial Surgery

This letter has been electronically checked by Mr. Holland

FINAL DISCHARGE LETTER

Glasgow Royal Infirmary 84 Castle Street, Glasgow G4 0SF 0141 211 4405

Ward 43

Consultants: Dr Burns

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Patient

Linda Jamieson – 20821615K
61 Corsock Street, Haghill,
Glasgow, G31 3PN

CHI: 2103666240
DOB: 21/03/1966

Admitted: 26/02/2009

Discharged: 27/02/2009

Transferred:

Follow up:

Main Diagnoses:

GORD
Anxiety

Previous/inactive Diagnoses:

Presenting complaint: Palpitations, shortness of breath and chest pain

Examination: Unremarkable

Diagnostic tests/ procedures and relevant results:

ECG showed no signs of ischaemia
CXR was normal
D-Dimers were normal
Troponin was negative
TFTs were normal

Progress: Pain settled with analgesia

Results awaited/ further action: No follow-up

Medication on discharge (changes in bold):

Omeprazole 20mg b.d
Gaviscon 10mls q.d.s

Date: 06/03/2009

Signed:

Position: GPST1

Dr E Hunter

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
MAXILLOFACIAL SURGICAL CLINIC (Consultant) General Surgery C1 G General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary	Hospital and hospital address
	Hospital location code. G107H
	Email address
Urgency of referral URGENT	LUMP - FRONT OF MOUTH
Date of referral 28-Jan-2009	Date sent 29-Jan-2009

PATIENT DETAILS		Patient's address
Surname	Jamieson	61 Corsock Street
Forename(s)	Linda	HAGHILL
Title	Miss	GLASGOW
Sex	Female	G31 3PN
Date of birth	21-Mar-1966	Contact number(s)
CHI no.	2103666240	Voice: 07895913969

REGISTERED GP DETAILS		Practice address
Name	Dr Hardman	30 Whitevale Street
GMC code	2340982	Glasgow
GP code	G02194	G31 1QS
Practice name	THE WHITEVALE MEDICAL GROUP	Contact number(s)
Practice code	46560	Voice: 0141-554-4536
		Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr Mark Russell	30 Whitevale Street
GMC code	6104163	Glasgow
GP code	G17213	G31 1QS
Practice name	Whitevale Medical Group	Contact number(s)
Practice code	G46560	Voice: 0141 554 4536
		Facsimile: 0141 554 3979

REFERRAL VETTING

CONS

URGENT

SOON

ROUTINE

SPECIAL INSTRUCTIONS

- 4 FEB 2009

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

Description: LUMP - FRONT OF MOUTH

Comment: Dear Doctor,

Many thanks for seeing Miss Jamieson who has presented to me with a lump at the front of her mouth. On examination she has a ball (around 4mm) and buccal mucosa superior to UL1. This mass is fixed and hard and she tells me that she has not noticed it prior to a few months ago. I am not sure whether this is likely to present a malignant process or not but given its apparent recent onset and its nature I would be grateful if you could see her.

Yours sincerely,

Dr Mark Russell

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		10-May-2006
Never smoked tobacco:		07-Nov-2000
Teetotaler:		10-May-2006
Teetotaler:		07-Nov-2000

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Pneumonia due to unspecified organism	2006-12-26		Community Acquired Pneumonia	26-Dec-2006
Termination of pregnancy	-	-	-	04-May-1998
[X]Bulimia nervosa	-	-	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	-	-	Male	20-Dec-1989
Urinary tract infection, site not specified	-	-	-	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Cervical cytology screen	-	30-Jun-1998
Excision of lesion of eyelid	-	07-Apr-1997
X-rays	-	12-Jun-1969

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Mefenamic Acid	42	TABS 500MG	1 Tab	3 times daily	26-Sep-2008	-	0 Days

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-21 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

Ward 33

Royal Infirmary

Castle Street
Glasgow G4 0SF
Switchboard 0141 211 4000

Secretary: Anne Marie Hollywood
Direct Line: 0141 211 4756
Fax Number: 0141 800 1973
Annemarie.Hollywood@northglasgow.scot.nhs.uk

DEPARTMENT OF GYNAECOLOGY

DR C BAIN	PROF M LUMSDEN
DR K BURTON	DR A MATHERS
DR M DEENY	DR P OWEN
DR A DUNCAN	DR M PERERA
DR R JAMIESON	DR M RODGER

MAL/KG/20821615

30 October 2008

Dr Rainey
Whitevale Medical Group
30 Whitevale Street
GLASGOW G31 1QS

Dear Dr Rainey

LINDA JAMIESON DOB 21.3.66(6240)
61 CORSOCK STREET GLASGOW G31 3PN

Thank you for your phonecall concerning this patient. The reason she was removed from the waiting list was that she has failed to attend for her laparoscopy on multiple occasions. We now do not keep giving repeat appointments once a patient has failed to attend 2 or 3 times. I hope you understand the reason for this. I will not be putting her back on the waiting time for surgery unless she will guarantee to attend.

Yours sincerely

MARY ANN LUMSDEN
PROFESSOR IN GYNAECOLOGIST

Adams, Cambrai

From: Higgins, Claire
Sent: 26 September 2008 15:28
To: Adams, Cambrai
Subject: Linda Jamieson - 20821615K

Hi Cambrai,

Welcome back :)

I had this patient's GP on the phone on Friday. She has been removed from Prof Lumsden's waiting list in February but the GP said he doesn't see way this is as she is still in a lot of pain etc. I have requested her notes up to you for Prof Lumsden to have a wee look at and hopefully pop her back on the waiting list.

Claire

Claire Higgins
Secretary to Dr Deeny and Dr Bain
Gynaecology
Ward 33
3rd Floor
Glasgow Royal Infirmary
Ex -24755

*Margaret Reid offered this patient several dates
which patient declined or cancelled for DSU.
Hence taken off WL.*

North Glasgow University Hospitals Division

Surgical Pre-admission Assessment Clinic
Glasgow Royal Infirmary
Queen Elizabeth Building
Alexandra Parade
G31 2ER



20821615K
JAMIESON F
LINDA 21/03/1966
61 CORSOCK STREET

7TH February, 2008

GLASGOW G31 3PN
CHI-2103666240

Dear Mrs Jamieson

Before your procedure date can be finalised, your doctor has requested that you undergo an assessment of your general health.

Please attend the Surgical Pre-admission Assessment Clinic, Ground Floor, Queen Elizabeth Building next to the lifts on **Thursday 21st @ 13.45 pm** Feb
The aim of pre-admission assessment is to reduce the risks associated with anaesthesia and surgery and to improve the quality of pre-operative care and provide information to the patient.

If this appointment is unsuitable or you have any questions regarding your impending assessment please contact the clinic on:
0141 232 0785.

(Clinic Hours Monday-Friday 8.30am – 5pm)

Yours Sincerely

Sister E Smith

Ref:

Enc

North Glasgow University Hospitals Division

Surgical Pre-admission Assessment Clinic
Glasgow Royal Infirmary
Queen Elizabeth Building
Alexandra Parade
G31 2ER

6th December, 2007

Dear Mrs Jamieson

Before your procedure date can be finalised, your doctor has requested that you undergo an assessment of your general health.

Please attend the Surgical Pre-admission Assessment Clinic, Ground Floor, Queen Elizabeth Building next to the lifts on **Wednesday 12th December @ 11.00 am**

The aim of pre-admission assessment is to reduce the risks associated with anaesthesia and surgery and to improve the quality of pre-operative care and provide information to the patient.

If this appointment is unsuitable or you have any questions regarding your impending assessment please contact the clinic on: 0141 232 0785.

(Clinic Hours Monday-Friday 8.30am – 5pm)

Yours Sincerely



Sister E Smith

Ref:

Enc



20821615K
JAMIESON
LINDA 21/03/1966
61 CORSOCK STREET

GLASGOW G31 3PN
CHI-2103666240

HERALD FOUNDATION/HYSTEROSCOPY DEPARTMENT

Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF
Switchboard 0141 211 4000

Secretary: Miss A Brown
Direct Dial: 0141-211-4786

Our Ref: **KB/AB/20821615K**

Dict: 27 August 2007
Typed: 3 September 2007

Dr E Rainey
Whitevale Medical Group
30 Whitevale Street
GLASGOW
G31 1QS

Dear Dr Rainey

LINDA JAMIESON 21/03/66 (6240), 61 CORSOCK STREET, GLASGOW, G31 3PN

Thank you for referring Linda to the Hysteroscopy Clinic where she was seen today. As you know she is 41 year old para 1 who had an IUCD inserted in 2003 and when she attended to have it removed the coil threads were not visible. Unfortunately she is now complaining of heavy painful periods also and this requires further investigation. An ultrasound was performed and her IUCD was visualised in the endometrial cavity. It was noted that she had a 3 cm cyst possibly endometriomas on either ovary. In view of this we have suggested that she requires a laparoscopy and removal of her IUCD and potentially insertion of Mirena at that time. She has been added to the waiting list for and we will be in touch in due course.

Yours sincerely

DR K BROGAN
SPECIALIST REGISTRAR

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
Gynaecology F2 G General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary	Hospital and hospital address
	Hospital location code. G107H
	Email address
Urgency of referral Routine	

PATIENT DETAILS		Patient's address
Surname	Jamieson	61 Corsock Street
Forename(s)	Linda	HAGHILL
Title	Miss	GLASGOW
Sex	Female	G31 3PN
Date of birth	21-Mar-1966	Contact number(s)
CHI no.	2103666240	Voice: 550 2159

SEEN BY GP DETAILS		Practice address
Name	Dr Hardman Room 2	30 Whitevale Street
GMC code	2340982 GP code G02194	Glasgow
Practice name	THE WHITEVALE MEDICAL GROUP	G31 1QS
Practice code	46560	Contact number(s)
		Voice: 0141-554-4536
		Facsimile: 0141 554 3979

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr Elizabeth Rainey	30 Whitevale Street
GMC code	4707040 GP code G02194	Glasgow
Practice name	THE WHITEVALE MEDICAL GROUP	G31 1QS
Practice code	46560	Contact number(s)
		Voice: 0141-554-4536
		Facsimile: 0141 554 3979

13/08/07
R

SPECIAL INSTRUCTIONS

20821615K
22/8/07
06/07/2007

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

Description: unable to remove IUD

Comment: This lady consulted today requesting her coil removed due to heavy prolonged periods. It was inserted in Easterhouse FPC she thinks in 2003.

Unfortunately I was unable to see any coil threads. Her cervix was otherwise normal and I took a smear today.

She is keen to switch to the mini pill but I have not prescribed this yet.

I would be grateful if she could be seen with regards to IUCD removal. Many thanks.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question Result/Comment Date

Never smoked tobacco: 10-May-2006

Teetotaler: 10-May-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Date recorded</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Pneumonia due to unspecified organism	26-Dec-2006	-	Community Acquired Pneumonia	26-Dec-2006
Termination of pregnancy	04-May-1998	-	-	-
[X] Bulimia nervosa	16-Aug-1994	-	A&E Swallowed toothbrush - Endoscopic removal	-
Spontaneous vaginal delivery	20-Dec-1989	-	Male	-
Urinary tract infection, site not specified	01-Jan-1981	-	-	-

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Cervical cytology screen	-	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	-	07-Apr-1997
X-rays	Pneumonitis (RHSC)	-	12-Jun-1969

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

No current medications recorded

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

No recent medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted**Administrative information**

Referred By: Seen by GP

Signature of referring doctor (or other professional) Date

FINAL DISCHARGE LETTER



University Medical Unit, Glasgow Royal Infirmary, 84 Castle Street, Glasgow G4 0SF
Tel: 0141 211 4971 Fax: 0141 211 0595

<u>GP Details</u>	<u>Patient ID</u>	
Dr Teh 30 Whitevale Street GLASGOW G31 1QS	LINDA JAMIESON 61 Corsock Street GLASGOW G31 3PN Dob: 21 3 66 {6240} Hosp No: 20821615K	<u>Admitted</u> : 26 12 06 <u>Discharged</u> : 27 12 06 <u>Ward</u> : 29 <u>Consultant</u> : HW Gray

Dear Doctor

Your patient was an inpatient under our care with

Active Diagnoses

1. Chest pain secondary to LRTI
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Inactive Diagnoses

1. Nil
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Important Investigations & unresolved issues:

Troponin negative. Cholesterol 2.5. No new ECG changes. Treated with Clarithromycin/Amoxicillin.

Follow up plan:

Review: GP Medical OPD:
Other follow up {specify}:

Medications on Discharge

1. Amoxicillin 500 mg tid to complete course
2. Clarithromycin 500 mg bd to complete course
3. Paracetamol 1 g prn
- 4.
- 5.
- 6.
- 7.
- 8.

Signed:

Name: L HOWIE

Dictated: 5107 **Typed:** 8107
REFERENCE: LH/LMF
FY1/FY2/SHO/SpR/Consultant

Telepath

MRN	null	Gender	Female
Name	JAMIESON, LINDA	Date Of Birth	21-Mar-1966
Encounter Number			

COPY ONLY DO NOT FILE



BREAST TRU CUT BIOPSY

Time Collected	28-Mar-2012 11:30	Time Received	29-Mar-2012 09:31
Time Reported	02-Apr-2012 12:40	Order Number	P,12.0006606.M
Status	Final		

Results

Pathology

Final

NGD Pathology(WIG-211 2473 GRI-211 4738)

Nature of Specimen : BREAST TRU CUT BIOPSY

Requester Location : Stobhill Hospital

Date Reported : 02.04.12

Auth by : Barbara BEDNAREK

02.04.12 12:36
P00003

T04000 M09450

TRUCUT BIOPSY RIGHT BREAST.

Clinical history

Right breast PAN 11 o'clock. Focal area biopsy x 5.

Gross

Multiple cores, the longest measuring 12mm.

Microscopy

Microscopy shows benign breast tissue. There is no discrete lesion in this biopsy. B1.

Sk

A Patel
E A Mallon

Prepared for Christine McKeown (Christine McKeown) on 03 April 2012 11:26:18

MAMMOGRAM/BREAST ULTRASOUND EXAMINATIONS

PATIENT DETAILS:
(Please attach label)

Linda Tomison
21/3/68

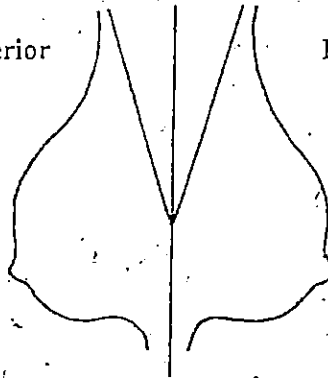
DATE OF EXAMINATION(S):

28/3/12

PROVISIONAL MAMMOGRAM REPORT

Medio-Lateral Oblique View

R. Superior

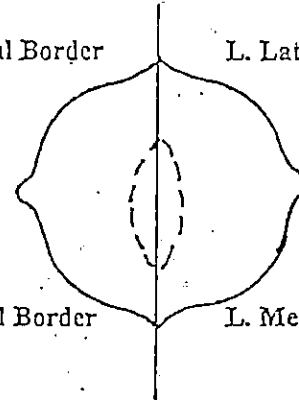


L. Superior

R. Lateral Border

Cranio-Caudal View

L. Lateral Border



R. Medial Border

L. Medial Border

PROVISIONAL BREAST ULTRASOUND REPORT

normal fatty glands ducts only
uc
glands

Breast

07895913969



Patient 20821615K
JAMIESON
LINDA 21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

GP:

Referred By:

Symptom:

1. Lump NO NEW LUMPS
2. Pain INTERMITTENT, ACUTE, STABLE
3. Discharge
Type MM
Site

Site:

1. Right
2. Both
3. Left

Shower - BOTH
SENSATION
L > R

4. Other (Specify)

Duration

Age:

LMP:

Risk Factors:

Previous History

Family history

Age at Menarche

Age at Menopause

Age at first Pregnancy

Parity

Breast feed

Use of OCP or HRT

0 None

1 Current

2 Previous

Medical History:

WELL & STABLE / ACCORD
NO OPS - MCA; MM

Examination:

If lump present specify: Clinical size cms x cm

1. Multiple lumps
2. Nipple retraction
3. Deep fixation
4. Skin fixation/ulceration

LARGE
BREAST



Clinical Impression:

1. Benign
2. Unsure
3. Malignant

Investigation Requested:

0 None

1 Mammography

2 Ultrasound

3 MRI

4 FNA

5 Core Biopsy

6 Nipple Smear

Result:

FNA:

Core Biopsy:

Mammograms:

Ultrasound:

✓ XS

C₁

C₂

C₃

C₄

C₅

Benign/DCIS

Invasive Cancer

R₁

R₂

R₃

R₄

R₅

Diagnosis:

Clinician:

Outcome:

1. Discharged

2. Review in Months

3. Operation

4. Drug treatment

Date:

28/3/12

Preadmission Assessment

Nursing Observations	
Age	
Height	
Weight	
B.P.	
Pulse	
BMI	

Proposed Operation:

Date:

Consultant:

Date Screened:

Have you ever suffered from any of the following

Chest pain on exercise or at night?
Breathlessness or shortness of breath
Asthma or bronchitis or wheeze
High blood pressure
Heart murmur
Fainting easily
Convulsions or fits
Jaundice (yellowness)
Indigestion or heartburn
Kidney or urinary trouble
Anaemia or other blood problems
Arthritis
Muscle disease or progressive weakness
Diabetes

Yes No

☐	☐	1
☐	☐	2
☐	☐	3
☐	☐	4
☐	☐	5
☐	☐	6
☐	☐	7
☐	☐	8
☐	☐	9
☐	☐	10
☐	☐	11
☐	☐	12
☐	☐	13
☐	☐	14

Have you ever had:-

A serious illness
Allergy or reaction to medicines, Elastoplast, etc

Yes No

☐	☐	15
☐	☐	16

Do you:-

Smoke How much?
Drink more than 1.5 pints of beer or 3 shorts a day
Have you any questions about the operation/anaesthetic
Is there anything else the surgeon/anaesthetist should know
If a woman, are you pregnant or taking the "pill"
What operation have you had before, if any? (please list)

☐	☐	18
☐	☐	19
☐	☐	20
☐	☐	21
☐	☐	22
☐	☐	23

Did you have any anaesthetic or surgical complications or were you
admitted to Intensive care following surgery? (please list)

☐	☐	24
--------------------------	--------------------------	----

When was your last local or general anaesthetic?

Has any member of your family had problems with anaesthetics? ☐ ☐ 25

Investigations**Date Ordered****Date Done****Results**

U&E's			
FBC			
G+S/ X Match			
LFTs			
ECG			
CXR			
BM/ glucose			
Coag screen			
Other			

Assessed by: Date:

PRHO Assessment

Date of Admission

Date & Time Clerked

Reason for Admission:

Drug Allergies? Yes/No

Drug History:

Examination

General:

CVS

JVP
Heart Sounds
Oedema

Respiratory

Trachea
Expansion
Percussion
Breath Sounds

Abdomen

Masses
Bowel Sounds
Hernial Orifices
PR

CNS

Summary

Clerked by: Sign

Print Date

Breast Nurse:

Anaesthetist:

Checklist

- ☐ Consent
- ☐ FNA result in notes
- ☐ Core biopsy result in notes
- ☐ Copy mammogram films
- ☐ ECG
- ☐ CXR
- ☐ G+S, X matched ...units
- ☐ Blood results
- ☐ Anaesthetic review
- ☐ Cardex completed

Date of sample

WBC	Na
	K
Hb	Cl
	Bic
Plts	Urea
	Creat

Other Comments:

MAMMOGRAM/BREAST ULTRASOUND EXAMINATIONS

PATIENT DETAILS:
(Please attach label)

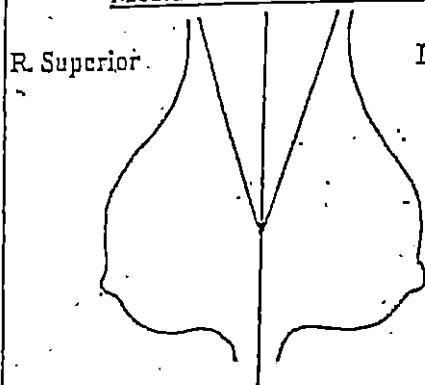
Linda Jamieson
21/3/66

DATE OF EXAMINATION(S):

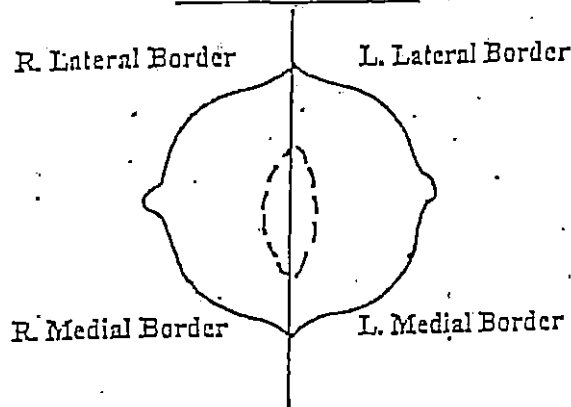
22/2/10

PROVISIONAL MAMMOGRAM REPORT

Medio-Lateral Oblique View



Cranio-Caudal View



Normal fatty breasts

No focal lesion

RI

[Signature]

PROVISIONAL BREAST ULTRASOUND REPORT



Breast Patients Form

Patient



20821615K
JAMIESON
LINDA F
21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

GP:

Referred By:

Symptom:

1. Lump
2. Pain
3. Discharge

Type
Site

following fall down stairs.

Site:

1. Right
2. Both
3. Left

4. Other (Specify)
ration

Age: 44
LMP: menorrhagia

Risk Factors:

Previous History
Family history

N.I.
N.I.

Parity 1
Breast feed
Use of OCP or HRT

Age at Menarche
Age at Menopause
Age at first Pregnancy

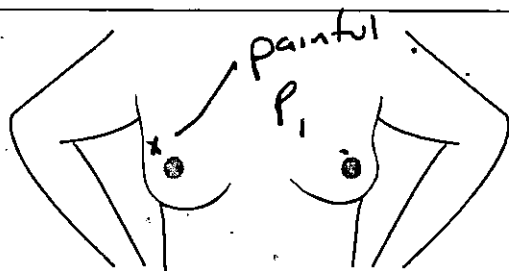
- 0 None
- 1 Current
- 2 Previous

Medical History:

N.I. on EPO & NSAIDs

Examination:

- ump present specify: Clinical size cms x cm
1. Multiple lumps
 2. Nipple retraction
 3. Deep fixation
 4. Skin fixation/ ulceration



Clinical Impression:

1. Benign
2. Unsure
3. Malignant

Investigation Requested:

- 0 None
- 1 Mammography
- 2 Ultrasound
- 3 MRI
- 4 FNA
- 5 Core Biopsy
- 6 Nipple Smear

Result:

FNA:
Core Biopsy:
Mammograms:
Ultrasound:

C ₁	C ₂	C ₃	C ₄	C ₅
Benign/DCIS				Invasive Cancer
R ₁	R ₂	R ₃	R ₄	R ₅

Diagnosis:
Clinician:

Outcome:

1. Discharged
2. Review in Months
3. Operation
4. Drug treatment

Date:

Preadmission Assessment

Nursing Observations

Age	
Height	
Weight	
B.P.	
Pulse	
BMI	

Proposed Operation:

Date:

Consultant:

Date Screened:

Have you ever suffered from any of the following

- Chest pain on exercise or at night?
- Breathlessness or shortness of breath
- Asthma or bronchitis or wheeze
- High blood pressure
- Heart murmur
- Fainting easily
- Convulsions or fits
- Jaundice (yellowness)
- Indigestion or heartburn
- Kidney or urinary trouble
- Anaemia or other blood problems
- Arthritis
- Muscle disease or progressive weakness
- Diabetes

Yes	No	
☐	☐	1
☐	☐	2
☐	☐	3
☐	☐	4
☐	☐	5
☐	☐	6
☐	☐	7
☐	☐	8
☐	☐	9
☐	☐	10
☐	☐	11
☐	☐	12
☐	☐	13
☐	☐	14

Have you ever had:-

- A serious illness
- Allergy or reaction to medicines, Elastoplast, etc

Yes	No	
☐	☐	15
☐	☐	16

Do you:-

- Smoke How much?
- Drink more than 1.5 pints of beer or 3 shorts a day
- Have you any questions about the operation/anaesthetic
- Is there anything else the surgeon/anaesthetist should know
- If a woman, are you pregnant or taking the "pill"
- What operation have you had before, if any? (please list)

☐	☐	18
☐	☐	19
☐	☐	20
☐	☐	21
☐	☐	22
☐	☐	23

Did you have any anaesthetic or surgical complications or were you admitted to Intensive care following surgery? (please list)

☐	☐	24
--------------------------	--------------------------	----

When was your last local or general anaesthetic?

Has any member of your family had problems with anaesthetics?

☐	☐	25
--------------------------	--------------------------	----

Investigations

- U&E's
- FBC
- G+S/ X Match
- LFTs
- ECG
- CXR
- BM/ glucose
- Coag screen
- Other

Date Ordered

Date Done

Results

Assessed by:

Date:

PRHO Assessment

Date of Admission

Date & Time Clerked

Reason for Admission:

Drug Allergies? Yes/No

Drug History:

Examination

General:

CVS

JVP
Heart Sounds
Oedema

Respiratory

Trachea
Expansion
Percussion
Breath Sounds

Abdomen

Masses
Bowel Sounds
Hernial Orifices
PR

CNS

Summary

Clerked by: Sign

Print

Date

Breast Nurse:

Anaesthetist:

Checklist

- ☐ Consent
- ☐ FNA result in notes
- ☐ Core biopsy result in notes
- ☐ Copy mammogram films
- ☐ ECG
- ☐ CXR
- ☐ G+S, X matched ...units
- ☐ Blood results
- ☐ Anaesthetic review
- ☐ Cardex completed

Date of sample

- | | |
|------|-------|
| WBC | Na |
| | K |
| Hb | Cl |
| | Bic |
| Plts | Urea |
| | Creat |

Other Comments:

Hysteroscopy Clinic

Date: 27/8/07

20821615K
JAMIESON F
LINDA 21/03/1966
61 Corssock Street
GLASGOW G31 3PN
CHI-2103666240

Age: 41y old.

History: IUCD inserted ~ 2003.
painful periods

Medication: nil

LMP: 20/7/07

Parity: 1⁺ - SVD (1)

Smear: negative 2007.

last intercourse 3/2 ago

Examination:

Abdomen:

Vulva:

Vagina:

Cervix:

Uterus:

Adnexae:

Cervical Block: YES / NO

Hysteroscopy:

Ultrasound:

IUCD visualised
cyst either ovary ~ 3cm diam
? endometriomas

Biopsy
Sound (cm)

Pathology:

Management plan: (P) - for laparoscopy + insertion of mirena
+ removal IUCD.

Consent for Procedure:

Signature:

K Brogan

PRE-OPERATIVE ASSESSMENT DOCUMENT



AGE 41



20821615K
JAMIESON
LINDA ✓ 21/03/1966 F
61, CORSOCK STREET ✓
GLASGOW G31 3PN
CHI-2103666240

Name:

Address:

Hospital No.

D.O.B.

Telephone Number:

Home: 07895193969

Emergency contact:

Work:

Name: DAVID JAMIESON

Relationship: FATHER

Telephone No.: 0141 556 5139

Consultant: Lumsden

Assessment Date: 21/02/08

Assessment Hospital: GGH ☐ GRI ☒ STOBHILL ☐ WIG ☐

Admission Date: 26/02/08 TBA

Admission Time:

Admission Hospital: ~~STOBHILL~~ GRI

Admission Ward: ~~154~~ 33

Information leaflets given..... ✓

Fasting explained..... ✓

Dentition risk discussed..... ✓

Nurses Signature: *[Signature]*

Patients Signature: *[Signature]*

PRE-OPERATIVE ASSESSMENT

Assessor: SR E. SMITH Date: 21/02/08 Procedure: LAPAROSCOPY

ANAESTHETIC

Details/Problems:

Previous GA	N ☐	Y ☒	1997 - LESION EYE - POST-OP NAUSEA
Previous LA	N ☐	Y ☒	DENTAL - NO PROBS
Dentition risk	N ☒	Y ☐	
Reduced neck movement	N ☒	Y ☐	
Other risk	N ☒	Y ☐	
Heartburn	N ☒	Y ☐	

SURGICAL

Affects suitability for DSU or SDA	N ☒	Y ☐
Any serious surgical or anaesthetic complication	N ☒	Y ☐

CARDIOVASCULAR

* PONTV - + FEELING ANGRY FOR 48° *

Hypertension	N ☒	Y ☐	
Palpitations	N ☐	Y ☒	1 EPISODE 2006 - STRESS RELATED
Angina	N ☒	Y ☐	
Heart Attack	N ☒	Y ☐	
Murmur	N ☒	Y ☐	
Blackouts	N ☒	Y ☐	
Heart Failure	N ☒	Y ☐	

RESPIRATORY

Asthma/Bronchitis	N ☒	Y ☐
URTI	N ☒	Y ☐

NEUROLOGICAL

Stroke	N ☒	Y ☐
Epilepsy	N ☒	Y ☐
Neurological Disease	N ☒	Y ☐
Physical Disability	N ☒	Y ☐

HAEMATOLOGICAL

Bleeding Disorder	N ☒	Y ☐	
Previous DVT	N ☒	Y ☐	
Anaemia	N ☐	Y ☒	PREVIOUSLY YRS AGO - OK NOW

OTHERS

Kidney Disease	N ☒	Y ☐
Liver Disease/Jaundice	N ☒	Y ☐
Diabetes	N ☒	Y ☐
Arthritis	N ☒	Y ☐

Any serious illness not already mentioned? N ☒ Y ☐

EXERCISE TOLERANCE

Climbs stairs without stopping N ☐ Y ☒ Climbs stairs with stopping N ☐ Y ☐
Cannot climb stairs N ☐ Y ☐

SOCIAL

Alcohol > 30 U N ☒ Y ☐ Units/wk Duration
years
Smokes N ☒ Y ☐ Cigs/day
IV drug abuser N ☒ Y ☐ Methadone req. N ☐ Y ☐ Self - N ☐ Y ☐
administered
Pregnant N ☒ Y ☐ Gestation 40 /weeks LMP 2/52

DRUG HISTORY

NO CURRENT MEDS

Allergies N ☐ Y ☐ Details:

PROTHESIS/IMPLANTS

Pacemaker N ☒ Y ☐ Date of last check: Settings:
Others: NIL

EXAMINATION

Weight 64 kg Height 5'3" m BMI 25 Temp. °C
HR 81 /min Regular N ☐ Y ☒ BP 1) 120/68 BP 2) /
SAO₂ 98 % PEFR

INVESTIGATIONS & DATE ORDERED (date ordered unless specified 21.2.08...)

U&Es	Y ☐	FBC	Y ☒	ECG	Y ☐
Glucose	Y ☐	Coag screen	Y ☐	Other	
LFTs	Y ☐	Group & save	Y ☒	Other	

DVT RISK

Risk Factors: FEMALE GA

PRE-OPERATIVE ASSESSMENT SUMMARY

Assessor: SR ESMITH

Grade: 7

Problems: PREVIOUS PONV + 48 HRS - 1997 - POST-REMOVAL OF LESION FROM EYE.

S/W GYN SECY - PT'S TCI CHANGED FROM DSU - TO SAME DAY ADMISSION WD33. PT AWARE SHE MAY NEED OVERNIGHT STAY.

Action:

TCI - FOR END OF MARCH / BEGIN APRIL 08.

Recommendations * HIGHLIGHT - PONV *

Review by Anaesthetist N ☐ Y ☐ Other:

DSU ☐

Same day ☒

In-Patient ☐

ANAESTHETIC ASSESSMENT

Anaesthetist: Grade:

Signature:

Date:

PRE-OPERATIVE ASSESSMENT DOCUMENT



20821615K
JAMIESON *41 F*
LINDA ✓ 21/03/1966 ✓
61 Corssock Street ✓
GLASGOW G31 3PN
CHI-2103666240

Name:

Address:

Hospital No.

D.O.B.

Telephone Number:

Home: *07895 193969*

Emergency contact:

Work:

Name: *David Jamieson*

Relationship: *Father*

Telephone No.: *556 5139*
Partner will connect

Consultant: *JAMIESON*

Assessment Date: *27.9.07*

Assessment Hospital: GGH ☐ GRI ☒ STOBHILL ☐ WIG ☐

Admission Date: *TBA*

Admission Time:

Admission Hospital: *Stob*

Admission Ward: *DSB AB DSO*

Information leaflets given...✓

Fasting explained...✓

Dentition risk discussed...✓

Nurses Signature: *[Signature]*

Patients Signature: *[Signature]*

PRE-OPERATIVE ASSESSMENT

Assessor: Wallance Date: 27.9.07 Procedure: LAPAROSCOPY
REMOVAL + RE-INSERTION Co

ANAESTHETIC

Details/Problems:

Previous GA N ☒ Y ☒ 1997 - lesion - eye - Post op Nausea (No vomiting) 240
 Previous LA N ☒ Y ☒ dental no problems
 Dentition risk N ☒ Y ☐
 Reduced neck movement N ☒ Y ☐
 Other risk N ☒ Y ☐
 Heartburn N ☐ Y ☒ rarely - only diet related

SURGICAL

Affects suitability for DSU or SDA N ☒ Y ☐
 Any serious surgical or anaesthetic complication N ☒ Y ☐ post op Nausea
 (patient says she 'felt dreadful'
 - can't explain she just felt ill!

CARDIOVASCULAR

Hypertension N ☒ Y ☐
 Palpitations N ☐ Y ☒ 1 x episode 2006 - stress related
 Angina N ☒ Y ☐
 Heart Attack N ☒ Y ☐
 Murmur N ☒ Y ☐
 Blackouts N ☒ Y ☐
 Heart Failure N ☒ Y ☐

RESPIRATORY

Asthma/Bronchitis N ☒ Y ☐
 URTI N ☐ Y ☒ Amoxicillin for 2/52 finished 23/9/07
 has a productive cough.

NEUROLOGICAL

Stroke N ☒ Y ☐
 Epilepsy N ☒ Y ☐
 Neurological Disease N ☒ Y ☐
 Physical Disability N ☒ Y ☐

HAEMATOLOGICAL

Bleeding Disorder N ☒ Y ☐
 Previous DVT N ☒ Y ☐
 Anaemia N ☒ Y ☐

OTHERS

Kidney Disease N ☒ Y ☐
 Liver Disease/Jaundice N ☒ Y ☐
 Diabetes N ☒ Y ☐
 Arthritis N ☒ Y ☐

Any serious illness not already mentioned? N ☒ Y ☐

EXERCISE TOLERANCE

Climbs stairs without stopping N ☐ Y ☒ Climbs stairs with stopping N ☐ Y ☐
Cannot climb stairs N ☐ Y ☐

SOCIAL

Alcohol > 30 U N ☒ Y ☐ Units/wk Duration
years
Smokes N ☒ Y ☐ Cigs/day
IV drug abuser N ☒ Y ☐ Methadone req. N ☐ Y ☐ Self - N ☐ Y ☐
administered
Pregnant N ☒ Y ☐ Gestation 40 /weeks LMP 24/9/07

DRUG HISTORY

.....
.....
.....
.....
.....
.....
Allergies N ☒ Y ☐ Details:

PROTHESIS/IMPLANTS

Pacemaker N ☒ Y ☐ Date of last check: Settings:
Others: Mirena IUS D

EXAMINATION

Weight 66 kg Height 1.6 m BMI 26 Temp. °C
HR 78 /min Regular N ☐ Y ☒ BP 1) 116/68 BP 2) /
SAO₂ 100 % PEFR

INVESTIGATIONS & DATE ORDERED (date ordered unless specified

U&Es	Y ☐	FBC	Y ☒	ECG	Y ☒
Glucose	Y ☐	Coag screen	Y ☐	Other	
LFTs	Y ☐	Group & save	Y ☒	Other	

DVT RISK

Risk Factors: female, CA

PRE-OPERATIVE ASSESSMENT SUMMARY

Assessor: Wallance

Grade: Staff nurse

Problems:

would prefer not to have a GA as she felt unwell for
24^h post op (10 years ago - lesion eye)

DIW Dr Geddes - not suitable for spinal anaesthesia.
More information + reassurance given - understands a GA
will be required.

Action:

Recommendations

Review by Anaesthetist: N ☒ Y ☐ Other:

DSU ☒ Same day ☐ In-Patient ☐

ANAESTHETIC ASSESSMENT

Anaesthetist: Grade:

Signature:

Date:



20821615K
JAMIESON
LINDA 21/03/1966 F
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

Date: 28/11/12
Consultant: CHAMK
Seen by:

Present History:

Ingrown on (L) heel

Past History:

Uses fake tan

Allergies:

Family History:

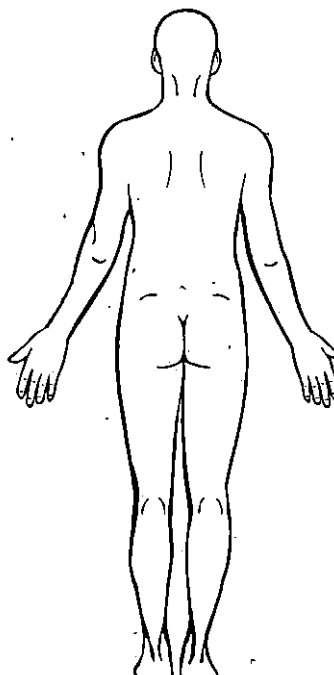
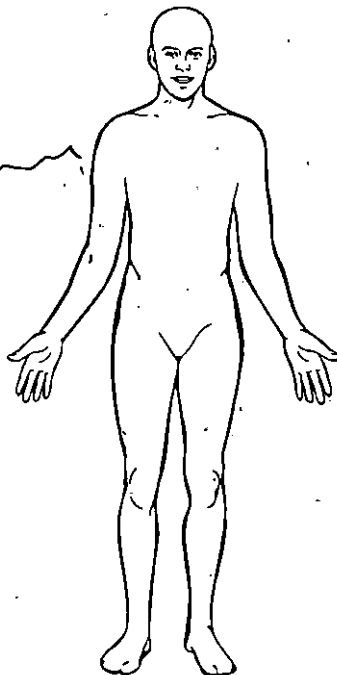
Drugs:

Previous Treatment:

Social History/ Occupation/Hobbies

On Examination

Scp
O/S Cal



Investigations:

Recommend

Nil:
Reassurance:
Information Leaflet:
See Over:

Dismiss:
Return:
Refer

CLINICAL NOTES



20821615K
JAMIESON
LINDA 21/03/1966
61 CORSOCK STREET
HAGHILL
GLASGOW G31 3PN
CHI-2103666240

PATIENT ID LABEL

44 yrs. P₁ + 0 SVD

~~12/5/10~~

6.5.10

Have IUCD for 75 yrs.

Wants to be removed.

Husband has vasectomy.

Bleeds every 2 wks & heavy & also have Pain.

• up to date $\bar{e}$ smears.

• Non smoker

• rarely drinks alcohol.

No significant Past medical/surgical

History.

O/E Abd. Soft, non tender

Speculum: normal looking $\bar{c}$.

Threads not visible.

Tried $\bar{e}$ thread retrieval but nothing seen.

Plan . Pelvic USS — if coil is still in for removal under GA in DSU.

Monday - 10.5.10 at 10:00

1 Parveen
2 Reg.

⑨
Accident and Emergency Department
Glasgow Royal Infirmary



Greater Glasgow
and Clyde
Glasgow Royal Infirmary
Glasgow G4 6SF
Tel: 0141 211 4484/4314
Fax: 0141 552 5384



20821615K

A&E No. 09011344



Surname	JAMIESON ✓	Forename	LINDA ✓	Title: MS
Address:	61 CORSOCK STREET HAGHILL GLASGOW ✓	Postcode	G31 3PN	CHI No: 2103666240
		Telephone:	07895 913969	
Date of Birth:	21.03.66 ✓	Sex:	F	Age: 42 yrs

GP Name:	HARDMAN ROGER
Address:	WHITEVALE MEDICAL ... 30 WHITEVALE STREET GLASGOW
Postcode	G31 1QS
Telephone:	0141 554 4536

Next of Kin	DAVID JAMIESON ✓
Relationship:	PARENT
Address:	3/1 100 BLUEVALE STREET GLASGOW
Postcode	G31 1EF
Telephone:	556 5139
Primary Carer:	

Date of Attendance: 26.02.09.21:31

Date of Incident:

Presenting Complaint: CHEST PAIN

Triage	CHEST PAIN FOR 2/7 WITH SOB AND PALPITATIONS	Tetanus Cover:
		Allergies:
P= 82	BP= 137/90	RR= 20
PF=	GCS=E: M: V: Total:	Sat= 97
		BM=
		Temp=

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time
26/2	ASPIRIN	300mg	o	S. H.	JR	21.10
26/2	GTN	2 PUFFS	SL	S. H.	JR	21.10
26/2	AS					
26/2	MUCOGEL	20ml	o	S. H.	Amber	23.15

General Notes

Have you considered Child Protection? (Please Circle)

N/A No Yes (Refer to Child Protection flow chart)

Patient x-rayed

Yes ☐ No ☐

Ward No. (if admitted)

43

Transfer to:

Doctor/ENP name (*PRINT*)

CON SpR AS MG CA FY2 ENP

(please circle)

Signature of Doctor/ENP

Glasgow Royal Infirmary
Unitary Patient Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON
LINDA
61 CORSOCK STREET
HAGHILL
GLASGOW
CHI-2103666240
21/03/1966
G31 3PN

Date 26/2 Consultant

Ward A+E

Presenting Complaint

Chest Pain

History of Presenting Complaint

42 year old F - PMH - Nil

2 previous admissions for chest pain and palpitations to GH, last admission was 18 months ago.

Now - 48 hour history of feeling 'nervous' breathless, recurrent episodes of palpitations and increasing chest pain.

At ~ 17.20 tonight, while at work, developed severe, central chest pain, radiating down both arms. Associated nausea, sweats and SOB.

Severity 7/10. Feels as if she is unable to 'catch her breath'.

Pain was constant for ~ 4 hours. No aggravating or relieving factors.

Under considerable personal stress at present - currently moving house. Feeling very anxious in general. No history of panic attacks.

Current Medical Problems

Past Medical Problems

past history of chest pain/
palpitations

Allergies

NKDA

Drug History	Dose	Route	Freq.
Nil			

Where was drug history confirmed: Pt ☒ GP ☐ Com Pharm ☐ Other ☐

Pharmacy

Drugs prescribed on admission checked and correct: Y ☐ N ☐

Special Needs (e.g. Dosette):

Counselling:

Comments:

Lauren W 8
27.2.09

CF
0910

Pharmacist

Systematic Enquiry

CVS Chest pain

RESP ↑ SOB.

GI No abdo pain

CNS Recent dizzy spells.

GU Frequency.

MS

Previous Investigations

Nil

Family History

Father - Angina

Travel History

Social History and Risk Factors

Smoking: Current ☒ Ex ☐ Never ☐ Pack Years

Alcohol: Very occasional alcohol.

Acute Receiving Unit
Glasgow Royal Infirmary
Unitary Patient Record

NHS
Greater Glasgow
and Clyde



20821615K
JAMIESON
LINDA
CHI-2103666240

Date 26/2 Consultant

Ward 43

General Examination

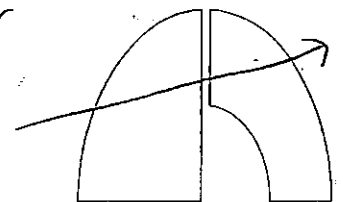
RR: 20 /min	SpO2 97 %	E	Pupils L mm +ve -ve
Pulse: 82 /min	(-air) / O2 (circle)	M	R mm +ve -ve
BP: 181 / 90 mmHg	PEFR l/min	V	Limb mvmt. equal Y N
Temp: 36 °C	BG mmol/l	AVPU	

Cardiovascular Examination

HS 14/11 + D CRT < 2 Sec.
JV 1 ↔
No audible murmurs.

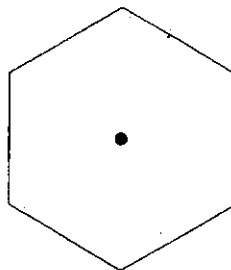
Respiratory Examination

Chest Clear



Abdominal Examination

Soft + non-tender
BS present



PR: Not done.

CNS and PNS Examination

AMT 10/10

Neurologically intact.

Musculoskeletal Examination

AMT: /10

Differential Diagnosis/Problems
① ? GOLD / Oesophageal Spasm.
② ? ACS.
③ ? PE, dissection.

Other examinations (AMT in over 75s)

① ECG - SR, ST ↓ III.

② CXR

Immediate Management

① ADMIT, Rpt AB on ward.
 ② MI Screen, aspirin, D-Dimers
 ③ Analgesia (→ ETT if neg.)

④ ? O/P 24 hr tape - recurrent palpitations

⑤ PRN Gaviscon.

⑥ Check BP both arms ✓

⑦ fasting glucose, ? for Statins.

S. INWINT

8.11.09

F42.

26/2. 22.50

Ward Review

North Glasgow Biochemistry & Immunology ** LIVE **
 Patient enquiry ---- Express results
 Reg 20821615K Name JAMIESON LINDA D.O.B. 21.03.66
 Specimen N, 09.3512296.C Type Specimen
 Collected 26.02.09 22:20 A.Diag CHEST PAIN

.....U&E.....	T. Prot	70
Sodium 140	Alb	43
Potassium 3.9	Globulin	27
Chloride 106	Glucose.....	
Urea 4.1	Glucose	+ 6.1
Creat 75	CRP.....	
eGFR >60	CRP	5.3
.....LFTs.....	Amylase.....	
Bili 7	Amylase	30
AST 12	TnI.....	
ALT 9	outstanding	
G-GT 13	Thyroid.....	
A Phos 63	unauthorised	

Quit \ Earlier req \ Later req \ ED \ LD
 Back

Chol - (5.90) +

WCC 7.2

Hb 12.4

MCV 88.4

Plts 324

ESR - 8

D-Dimer - 219

INR 1.0

BP (L) 107/67

(R) 108/81

*Rpt - no significant difference.

27/2 12.55am

Fr. Williamson

Asp re: Further episode of chest pain. Not resolved w/ GTN.

- Pt c/o central 'gripping' pain, not radiating anywhere. Asp - sweating + anxiety.

- O/E inpt sitting up in bed, looks agitated

Signs of

Chest clear

ECG - nil acute.

P 1. Analgesia 2. MI screen in am. 3. Diltiazem

BP 113/69
 Pulse 85

Williamson
 27/2 3.30

Acute Receiving Unit
Glasgow Royal Infirmary
Unitary Patient Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON F
LINDA 21/03/1966
61 CORSOCK STREET
HAGHILL
GLASGOW G31 3PN
CHI-2103666240

Date

Consultant

Ward

Information given to patient

Management Plan

Consultant Review

27/2/09 Tue 10.04
NDBart

42 yr ♀
Numbness

DDV 219 NS.

Feels anxious +
heartburn / anxious near p - anxious
same as p

O/E Well on look in And fine heart

Itu 90L

Chor -

Asu 20L

Thap Or

UxL UxL

Wu UxL D-Idine (N)

Chor: 1 T. E. my

Imp: Anxious / GDD
for PPI GP Fm.

Est. 10.04.09 T4 T01 sent

OBullw
27/2/09

Car
Designation
H. 10.04.09

Acute Receiving Unit Glasgow Royal Infirmary Unitary Patient Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON
LINDA
61 CORSOCK STREET
HAGHILL
GLASGOW
CHI-2103666240
21/03/1966
G31 3PN

Date: Consultant: Ward:

PRE-ADMISSION		ON ADMISSION
Sleeping ☐ No problems sleeping ☒ Problems with sleeping specify: <i>poor sleeper recently</i> ☐ Use of night sedation specify:		Gives recent history of stress at home with moving house + working
Communication/Sensory Impairment ☐ No Problems Communicating ☐ Specify Any Problems ☐ (e.g. Dysphasia, use of hearing aids / glasses):		
Nutrition		
☒ Normal Diet ☐ Special Diet specify: <i>not good past few days</i> ☐ Appetite specify: ☐ Recent Weight Changes specify: ☐ No Problems Swallowing ☐ Swallowing Difficulties specify:		
☐ Nutrition Risk Score= (If greater than 10 refer to Dietician.)		

Waterlow Chart					
Circle scores in table. Add total. Several scores per category can be used.					
Build/Weight for Height		Skin Type: Visual Risk Area		Sex: Age	
Average	0	Healthy	0	Male	1
Above Average	1	Tissue Paper / Dry	1	Female	2
Obese	2	Oedematous	1	14 - 49	1
Below Average	3	Clammy (Temp)	1	50 - 64	2
		Discoloured	2	65 - 74	3
		Broken/ Spot	3	75 - 80	4
				81+	5
Continence		Mobility		Appetite	
Complete/ Catheter	0	Fully	0	Average	0
Occ. Incontinence/ Cath/ Incontinent	1	Restless/ Fidgety	1	Poor	1
Faecally Incontinent	2	Apathetic	2	NG Tub/ Fluids Only	2
Doubly Incontinent	3	Restricted	3	NBM/ Anorexic	3
		Inert/ Traction	4		
		Chairbound	5		
SPECIAL RISKS					
Tissue Malnutrition		Neurological Deficit		Medication	
Terminal Cachexia	8	Diabetes MS, CVA,	4 - 6	Cytotoxics	4
Cardiac Failure	5	Motor Sensory Paraplegia		High Dose Steroids	
PVD	5				
Anaemia	2				
Smoker	1				
SCORE		10+ = AT RISK		15+ = HIGH RISK	
20+ = VERY HIGH RISK					
Pressure Areas		specify: Skin condition: Waterlow score: <i>3</i> Torrance score:			

Clinical Notes

Elm var A/E with chest pain with associated SOB + palpitations. ? cardiac ? GVA ? PE ? dissection.

o/a intermittent short sharp episodes of chest pain

Cardiac monitor - SR

Plan Monitor

R + L BIP

D Dimers

24h urine

gauriscan.

M. M. M. M.

27-02-09 00³⁵ Nursing

A complains of Chest Pain + SOB, feels anxious Sweaty.

MENS score 2 as HR 124 (ST)

GTN x 2 puffs + Bracetamol 1g.

ECG taken + reviewed by FY1, Ansit review

W. M. M. M. (5K)

D Dimers 219.

1 Continues to complain of central chest pain Paracetamol + gauriscan given at 00³⁵ with no effect.

M. M. M. M.

Reviewed by medical staff → analgesia having some effect - observe

M. M. M. M.

3 Tramadol given for chest pain with some effect.

5b 00 Continues to complain of pain, nauseated + anxious. medical staff informed + ECG carried out.

M. M. M. M.

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES

	
20821615K	
JAMIESON	
LINDA	21/03/1966 F
61 CORSOCK STREET	
HAGHILL	
GLASGOW	G31 3PN
CHI-2103666240	

27/2/09

0700 Now painfree but nauseated + tired
but will try breakfast.

Cardiac monitor. SR

Await TN I

MUCH

NURSING 27/2/09 0925

continues on cardiac monitor - SR 70-90bpm.

Observations stable as charted, MENS0.

Using 28% O2 as required during chest tightness.

Given 1g paracetamol for pain with good effect.

Troponin -ve. Remains anxious. Await consultant review.
S/N M Andersen

Seen by consultant - to check TFTs. Fit for discharge home with prescription of Gaviscon and Omeprazole.
S/N M Andersen

27/2/09 TFTs Normal


Res FND #3265

Patient Identification

Patient CRN	20821615K	Provider	SGC04	Hosp	GRI
Surname	JAMIESON	Patient's Address			
First Forename	LINDA	61 Corsock Street			
Second Forename					
Previous Surname		GLASGOW			
Date of Birth	21 Mar 1966	Postcode G31 3PN			
Sex	Female	Marital Status	Single - ne	Tel No: 079869791\	
NOK Details		GP Details TEH WHITEVALE MEDICAL GROUP0			

Code Management

Spell/Care Package ID	Ward	WD43*GR	Admission Date/Time	26/12/06
Speciality/Discipline (Code + Text National)	GM	GM-GENERAL MEDICIN	Admission Type	36
Significant Facility	OTHER	OTHER SIG FACILIT	Admission Reason	11
Consultant Code	GL		Admission/Transfer From	1 2
Consultant Name	LOWE		Admission/Transfer From - Location	
Management of Patient	INPATIENT	Patient Category	NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code		Waiting List Date		Waiting List Type

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
4	
5	
6	

Operation/Procedure	Date Main Operation	
Other 2	Clinician Responsible	
	Date (OPP2)	
Other 3	Clinician Responsible (2)	
	Date (OPP3)	
Other 4	Clinician Responsible (3)	
	Date (OPP4)	
	Clinician Responsible (4)	

Development data

Chronic Sick/Disabled	☐	Clinical Problem of Spell/Care Package		Lifestyle Risk Factors 1		2	
				Outcome Measures 1		2	
				Dependency/Severity Measures 1		2	

NHS Greater Glasgow and Clyde
Department of Emergency Medicine
Glasgow Royal Infirmary
GLASGOW
G4 0SF
Tel: 0141-211-4484/4314
Fax: 0141-552-5384

CRN: 20821615K

CONSULTANTS:

Mr I J Swann
Mr R Crawford
Mr A J Ireland
Dr N Dignon
Dr S Taylor
Mr D Nelson

NHS
Greater
Glasgow

NURSE MANAGER:

MEDICAL RECORDS COPY

P A T I E N T	Surname JAMIESON	Forename LINDA	Age 40	Date of Birth 21/03/66	Arr Date 26/12/06	Time 12:00	AE Number 068783/06
	Address 61 Corsock Street		Sex Female	Religion	Date of Inc 26/12/06		Time
	GLASGOW		Marital Status Single -	Occupation/School	Type of Inc HOME	Mode of Arrival AMU BLANC	
	PC G31 3PN	Tel 07986979145			Referred by SELF REF		

G P	Name Dr TEH	Address WHITEVALE MEDICAL G 30 WHITEVALE STREET GLASGOW G31 1QS 0141 554 4536		Initial Complaint Chest Pain
EXT OF KN	Name INA	Address 3/1 100 Bluevale St		Triage Category: Triage Time:
	Relat. MOTHER	GLASGOW G31 1EF		A&E DOC1/ENP Code: Time:
	St. No.			A&E DOC2 Code: Time:
				Referred To: (Specialty) Time:

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis :

Chest pain

X-ray/ECG shows:

Treatment :

Admit to MI screen.

Time of completion of treatment or decision to admit

Time:

14:15

Flow Group
(see over)

No:

3

ADMIT
Time:

DISCHARGE

Breach Code
(see over)

1436

Drugs: 1 _____ days supply of _____ has been given.

Drugs: 2 _____ days supply of _____ has been given.

Tetanus Prophylaxis: (please tick) Booster _____ Course required _____ HATI _____ Not required _____

Would you please arrange _____

DISCHARGE CODES: Please circle

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

Ward No. (if admitted) 43	Transfer to Hospital	Consultant (if admitted) LOWE											
Follow-up None _____	Arranged _____	We will arrange:											
Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Others (specify)

Doctor/ENP name (PRINT)

Signature of Doctor/ENP

C How - Warr

[Signature]

CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP
(please circle)

CODE:

Patient Identification

Patient CRN	20821615K	Provider	SGC04	Hosp	GRI
Surname	JAMIESON	Patient's Address			
First Forename	LINDA	61 Corsock Street			
Second Forename					
Previous Surname		GLASGOW			
Date of Birth	21 Mar 1966	Postcode G31 3PN			
Sex	Female	Marital Status	Single - ne	Tel No: 079869791	
NOK Details		GP Details			
		TEH WHITEVALE MEDICAL GROUP0			

Code Management

Spell/Care Package ID	Ward	WD43*GR	Admission Date/Time	26/12/06
Speciality/Discipline (Code + Text National)	GM	GM-GENERAL MEDICIN	Admission Type	36
Significant Facility	OTHER	OTHER SIG FACILIT	Admission Reason	11
Consultant Code	GL		Admission/Transfer From	1 2
Consultant Name	LOWE		Admission/Transfer From - Location	
Management of Patient	INPATIENT	Patient Category	NATIONAL HEA	GP Referral Letter No.
Waiting List Guarantee Exception Code		Waiting List Date		Waiting List Type

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
4	
5	
6	

Main Operation/Procedure	Date Main Operation
Other 2	Clinician Responsible
	Date (OPP2)
Other 3	Clinician Responsible (2)
	Date (OPP3)
Other 4	Clinician Responsible (3)
	Date (OPP4)
	Clinician Responsible (4)

Development data

Chronic Sick/Disabled	☐	Clinical Problem of Spell/Care Package		Lifestyle Risk Factors 1		2	
				Outcome Measures 1		2	
				Dependency/Severity Measures 1		2	

Glasgow Royal Infirmary ED Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON
LINDA
61 Corsock Street
GLASGOW
CHI-2103666240
21/03/1966
G31 3PN

TRIAGE DETAILS

M/R ☐ SURG ☐ GYN ☐ ORTHO ☐ VASC ☐

PC: <i>Car 2 in R</i>	O2	Y	1/min
<i>Chest pain overnight</i>	ECG	Y	
HPC: <i>None on trip</i>	XR	Y	
Findings at Triage: <i>ECG requested</i>	Cannula	Y	
	Site:		
	Urinalysis		
	Nitrites		
	Blood		
	Protein		
	Glucose		
	Ketones		
Pain Score:	β HCG +ve -ve		
Triage Analgesia:	X-ray Triage:	Y	
Escort Present	Y	N	If "Y" who:
SAS	Y	N	
Waiting Room			Trolley ☒

OBSERVATIONS ON ADMISSION

RR: <i>14</i>	/min	SpO2: <i>98</i>	%	E	Pupils	L	mm	+ve	-ve
Pulse: <i>98</i>	/min	-air/O2	L	Pleth	M	R	mm	+ve	-ve
BP: <i>105/60</i>	mmHg	PEFR	/min	V	Limb mvmt	equal	Y	N	
Temp: <i>36.4</i>	°C	BG	mmol/l	/					
TRIAGE CAT: <i>2</i>	TIME: <i>12:20</i>	SIGNATURE: <i>[Signature]</i>							

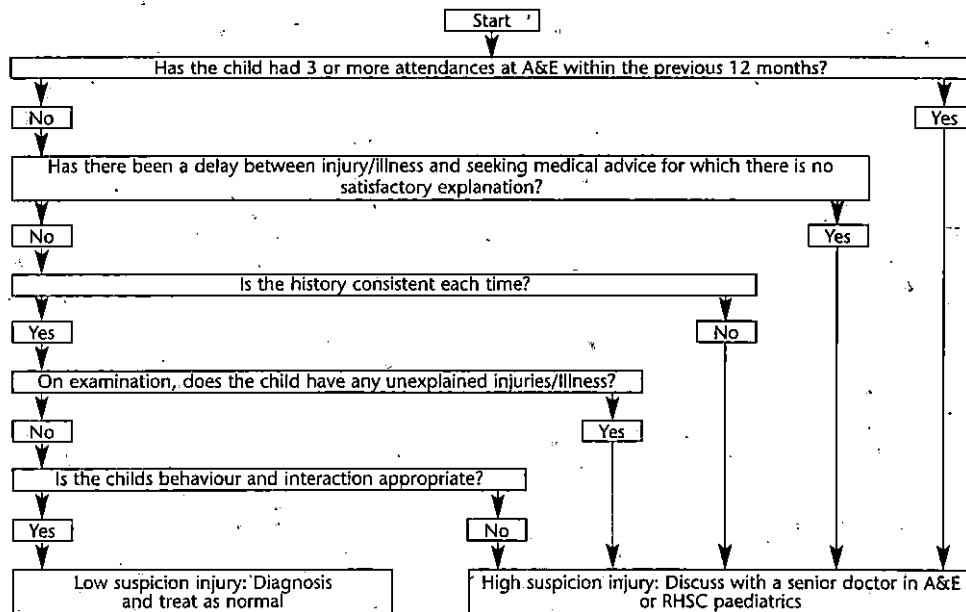
NURSE: *[Signature]* TIME TO ROOM: *12:20* CUBICLE No. *(9)* DATE: *26/12/06*

Clinical Notes

PMH
Normal heavy
medn
NIL
Alleges
NIL

Injury Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



20821615K
JAMIESON
LINDA
61 Corsock Street
GLASGOW
CHI-2103666240
21/03/1966
G31 3PN

All Clinical Staff Consider

H.I. Form

Audit Form

Police Consent

Clinical Notes

CHAD - UNW 26/12/06 1400 Med S/R

PL Chest pain

1400 40yo O

- felt + in chest ~ 2pm yesterday
- hot, flushed, sweating, ill-like
- then developed central chest pain
- S/O severe tight -> (C) another
- remained vomiting
- a little SOB, sweating
- exacerbating when lying

Had pain all night

- > now coming + going
- > had Aspirin from S.A.S.

is also sp. with facial Grimacing which caused lightheadedness

PMH - N.I. clin Dbr his MHA

She lives w/ husband

- smoking
V.L.H. drink

(did not have much to eat or drink yesterday)



Clinical Notes

% Flushed.

CNS p 98 BP 105/60 HT 1+1+0 0 minutes 0 values

lost Trachea central ; R. ht ac = chest clear

MR 10 NAD

GLH x 2 CR TL VI, III MI etc

CXR, bloods mounted

1 up Need to exclude cardiac C/P
- however, viral this seems more likely

(1) Abt -> 63

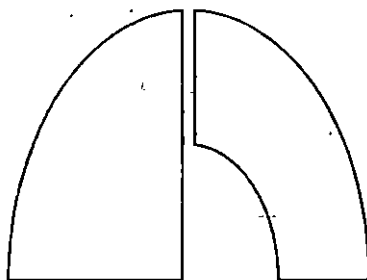
Bloods, IV access: CXR

MI scan

CITN spray if further pain

[Signature]

Atto - 10/11
(5/11)

X-Ray results**ECG findings****Other investigations****Biochem/Haematology results**

Indicate which lab tests have been requested

Haem	Date and time	
WCC	4.6	
Hb	12.9	
Plat	261	
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na ⁺	139	
K ⁺	3.4	
Cl ⁻	107	
Ur	3.0	
Creat	77	
Glu	4.9	
CRP	24	
Bil	9	
AST	16	
ALT	7	
GGT	13	
ALP	47	
Prot	70	
Alb	40	
Glob	30	
Ca ⁺⁺		
Amyl		
TSH		
FT4		
Tropl		
Chol		
Trig		
Para		
Sal		
S osm		
ABG		
H ⁺		
P _a CO ₂		
P _a O ₂		
Bic		
BE		
FiO ₂		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and
contrary to the advice of medical staff.I have had the risks of so doing explained to me, and accept full responsibility
for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

Glasgow Royal Infirmary Unitary Patient Record



20821615K
JAMIESON
LINDA
61 Corsock Street
GLASGOW
CHI-2103666240
21/03/1966
G31 3PN

Date 26/12/06 Consultant

Ward 43

Presenting Complaint

Chest pain

History of Presenting Complaint

(40) No previous cardiac history
↓
Complaining of central chest pain, which began at 3 pm yesterday
Was relaxing at home at that time.
Pain was sharp intermittently, radiates down to axilla
Severity ~ 5/10 °Relieving / °Aggravating factor, pain lasted all night unable to sleep
Nausea, no vomiting, slight SOB
Was sweaty, like "feverish"
Said she developed similar chest pain about 1½ weeks ago (she was at work, lifting heavy at that time)
Patient also said she has developed a cold ~ been coughing up slight greenish sputum.

Current Medical Problems

Past Medical Problems

Nil of note

Allergies

NKDA

Drug History	Dose	Route	Freq.
NIL			

Where was drug history confirmed: Pt ☒ GP ☐ Com Pharm ☐ Other ☐

Pharmacy

Drugs prescribed on admission checked and correct: Y ☐ N ☐

Special Needs (e.g. Dosette):

Counselling:

Comments:

M. Gall
27/12/06

myal

Phicist 19/11

Systematic Enquiry CVS RESP GI CNS GU MS	Previous Investigations
} nil of note	Family History Father - Angina - APT.
	Travel History

Social History and Risk Factors

Smoking: Current Ex Never Pack Years

Alcohol: *Minimal*

Acute Receiving Unit
Glasgow Royal Infirmary
Unitary Patient Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON F
LINDA 21/03/1966
61 Corssock Street
GLASGOW G31 3PN
CHI-2103666240

Date 26/12/06 Consultant

Ward 43

General Examination

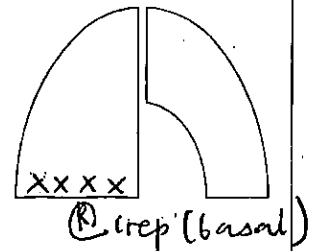
RR: <u>16</u> /min	SpO2 <u>98</u> %	E	Pupils L mm +ve -ve
Pulse: <u>96</u> /min	<u>air</u> O2 (circle) Pleth	M	R mm +ve -ve
BP: <u>107 / 72</u> mmHg	PEFR l/min	V	Limb mvmt. equal Y N
Temp: <u>38.1</u> °C	BG mmol/l	AVPU	

Cardiovascular Examination

JVP ↔
HS I + II + O
° Murmurs
° Oedema

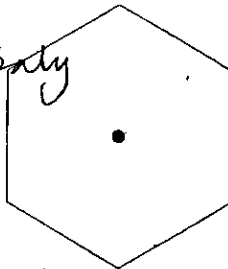
Respiratory Examination

Trachea I
good a/e bilaterally
Ⓢ expansion Ⓛ = Ⓡ
° Rhonchi
Percussion: Resonant



Abdominal Examination

soft
non tender
° Masses / ° Organomegaly
BS ✓ Ⓢ



PR:

CNS and PNS Examination

Grossly Intact

Musculoskeletal Examination

AMT: /10

Differential Diagnosis/Problems

? Angina

Immediate Management

- GTN Spray prescribed
- For MI screen name

Other examinations (AMT in over 75s)

S. L. T. 04

Designation FY 1

Signature *K. D. H.*

Date and Time 26/12/06 1700

Vard Review

Print Name

Designation

Signature

Date and Time

Acute Receiving Unit
Glasgow Royal Infirmary
Unitary Patient Record

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON
LINDA 21/03/1966
61 Corsock Street
GLASGOW G31 3PN
CHI-2103666240

Date 26/12/06 Consultant

Ward 43

Information given to patient

Management Plan

Consultant Review

Cold sore 10 days ago further down - bad.
well - especially hot & cold fever runny nose myalgia. Cough 2003
Cerebral chest pain & rhonchial crackles 2 min at a time S/c
on & off since - hasn't slept.
O/E fever 39 red eyes, warm hands.
Chest clear, abdo. NAD. AS Erythema
Cox ? 1 urinary (L) - no obvious cordish
EC non-specific changes
WCC 4.6 CRP 24
Tup - viral 4/10?
Early CAP Left?
Rx - physical 2/10. pneumococcal urinary Ag
w/leuc (parainfluenza AB - lephosphine serology (CFT)
Blood cultures (PNA)
Paracetamol
if more unwell Start empirical AB - Amoxyc
typical avian

24°

LANE & DAV
10/12/06

CONS
12/12/06

Social Circumstances

Name (print): LINDA JAMIESON		Signature:		Time: 14:50		Named Nurse:	
Religion/Spiritual Belief:		Rom Cath		Occupation:		Rm/B:	
Domestic Arrangements: (please circle)		Lives; Alone ☒ Family Partner House Bound					
Housing: (please circle)		Sheltered Residential Nursing ☒ House Bungalow Flat (position) Stairs: ☒ Internal / External					
Carers: (please circle)		Cared for by partner / Other Carer for partner / Other Family issues.					
Services: (please circle)		Meals on wheels District Nurse Home Carers CPN Day Hospital					
Personal Belongings: (please circle)		Clothing Listed Dentures - Top/Bottom Prosthetics Policy Explained Any Valuables If yes - With Patient ☐ Deed Box ☐ Finance Dept ☐					

Observations	Temp. 38.1	BP. 107/72	P. 96	RR. 16	SPO2. 98%	MEWS.
--------------	-------------------	-------------------	--------------	---------------	------------------	-------

Functional Assessment

PRE-ADMISSION	ON ADMISSION
Breathing ☐ Breathing Problems Resp Problem Specify: ☐ Domiciliary Oxygen ☐ Domiciliary NEB ☐ Breathless On Exertion	SATS 98% Resps 16 No pain on inspiration
Circulation ☒ No circulatory problems ☐ Problem with circulation (e.g. PVD) specify:	Pulse 96
Safety and Comfort ☒ No Problems with pain ☐ Chronic pain specify: ☐ Risks to safety (e.g. self harm) specify:	State orientation / conscious level: Alert and orientated Pain on admission: Pain free on admission
Mobility ☒ Mobile Independently ☐ Problems with mobility specify:	Moving and Handling Requirements specify: Independantly Mobile
Personal Hygiene ☒ Independent ☐ Requires Assistance/Aids specify:	Yet to be observed
Elimination ☒ No problems ☐ Problems with elimination specify:	Yet to be observed

Acute Receiving Unit Glasgow Royal Infirmary Unitary Patient Record



Date 26/12/06 Consultant

Ward 43

PRE-ADMISSION

Sleeping

- ☒ No problems sleeping
☐ Problems with sleeping specify:
☐ Use of night sedation specify:

Communication/Sensory Impairment

- ☒ No Problems Communicating
☐ Specify Any Problems
☐ (e.g. Dysphasia, use of hearing aids / glasses):

ON ADMISSION

Yet to be observed

No problems communicating on admission

Nutrition

- ☒ Normal Diet
☐ Special Diet specify:
☐ Appetite specify:
☐ Recent Weight Changes specify:
☐ No Problems Swallowing
☐ Swallowing Difficulties specify:
- ☐ Nutrition Risk Score= (If greater than 10 refer to Dietician.)

Waterlow Chart

Circle scores in table. Add total. Several scores per category can be used.

Build/Weight for Height		Skin Type: Visual Risk Area		Sex: Age	
Average	0	Healthy	0	Male	1
Above Average	1	Tissue Paper / Dry	1	Female	2
Obese	2	Oedematous	1	14 - 49	1
Below Average	3	Clammy (Temp)	1	50 - 64	2
		Discoloured	2	65 - 74	3
		Broken/ Spot	3	75 - 80	4
				81+	5
Continence		Mobility		Appetite	
Complete/ Catheter	0	Fully	0	Average	0
Occ. Incontinence/ Cath/ Incontinent	1	Restless/ Fidgety	1	Poor	1
Faecally Incontinent	2	Apathetic	2	NG Tub/ Fluids Only	2
Doubly Incontinent	3	Restricted	3	NBM/ Anorexic	3
		Inert/ Traction	4		
		Chairbound	5		
SPECIAL RISKS					
Tissue Malnutrition		Neurological Deficit		Medication	
Terminal Cachexia	8	Diabetes MS, CVA,	4 - 6	Cytotoxics	4
Cardiac Failure	5	Motor Sensory Paraplegia		High Dose Steroids	
PVD	5				
Anaemia	2				
Smoker	1				
SCORE	10+ = AT RISK	15+ = HIGH RISK		20+ = VERY HIGH RISK	
Pressure Areas	specify:	Skin condition: Waterlow score: 3 Torrance score:			

Clinical Notes

Patient admitted to ward 43 with intermittent ch pain. Observations on admittance stable as charted. ~~Temp~~ Slightly pyrexial, temp 38.1. No pain on admittance to ward. On bed rest, awaiting Trepanin.

Pyrexial 37.6. Had Paracetamol at 18³⁰ hrs.

J. King @

27/12/06 Nursing Notes Night

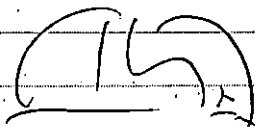
Patient settled and slept well. Remains pyrexial temp 39.5, 1g paracetamol given, Medical staff informed. Pt aware that a vire for pneumococcus is outstanding ☐

27/12/06 0950 TnI 20.04

CRB 2

27/12/06

CRK review - small air bronchogram ☐ has ¹⁷



myon - n.

apical -
headaches / dist pain left
thel: clear.

Pleur. repeat CRP. if increases - amoxl. (assume LRT/bronchitis)
may try pneumococcus, atypical occ. influenza/pneumonia
home blood body.

W. King

AN 032 8708

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES

	
20821615K	
JAMIESON	F
LINDA	21/03/1965
61 Corsock Street	
GLASGOW	G31 3PN
CHI-2103666240	
PATIENT ID LABEL	

NURSING

27/12/06 11:15 am Indep with personal care this am.
 Observations stable although T38.1°C.
 Awaiting MSSU CS ☐ & sputum ☐
 pneumococci ☐
 ? (H) Late today.

R. Alford S/N.

27/12/06 1515 BLOOD RESULTS

Glasgow Royal Infirmary - Haematology Live System
 Specimen enquiry. Display results Set (FBC) Full Bloo
 Reg Surname Inits Sex Loc.
 20821615K JAMIESON L F 43
 Authorised Not known by (system) Type (B) Blo
 First reported 27.12.06

Test	Result	Units	C
WBC	4.4	$\times 10^9/l$	
RBC	4.11	$\times 10^{12}/l$	
Hb	12.1	g/dl	
HCT	0.385	l/l	
MCV	93.7	fl	
MCH	29.4	pg	
MCHC	31.4	g/dl	
RDW	13.8	%	
Plts	212	$\times 10^9/L$	
NEUT	3.0	$\times 10^9/L$	
LYMPH	- 1.0	$\times 10^9/l$	
MONO	0.4	$\times 10^9/l$	
EOS	- 0.01	$\times 10^9/l$	

Quit\ Hcopy\ Bak\ Nxt\ Repts\ Lims <N> .

1103
 SETOR
 E31

Glasgow Royal Infirmary - Haematology Live System
 Specimen enquiry. Display results Set (HCS) Coag Scre
 Reg Surname Inits Sex Loc.
 20821615K JAMIESON L F 43
 Authorised Not known by (system) Type (B) Blc
 First reported 27.12.06

Test	Result	Units	C
PT	11	s	
PT C Ratio	1.0		
APTT	29	s	
APTT Ratio	0.9		
TCT	15	s	
TCT Ratio	1.2		

Quit\ Hcopy\ Bak\ Repts\ Lims\ Set com <S> .

Handwritten: 1103
 SLT04
 F01

27/12/16 3pm 3pRV

Clinically stable

Temp 38.0 C

Haemodynamically stable

WCC 4
 CRP awaited

DIW Dr Van Der Horst

→ Treat for community acquired pneumonia
 c. doxycycline + amoxicillin

Home

If deteriorates → seek further medical advice

Rpt CXR 6/12

OPC gen med adv 7/12

APPT. Allonged

Handwritten: P. Borge
 SpR A2207

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES



20821615K
JAMIESON
LINDA 21/03/1966 F
61 Corsock Street
GLASGOW G31 3PN
CHI-2103666240

PATIENT ID LABEL

North Glasgow Biochemistry Department

Patient enquiry ---- Express results

Reg 20821615K Name JAMIESON LINDA D.o.B. 21.03.66 Se F

Specimen N,06.4331559.K Type Specimen

Collected 27.12.06 08:00 A.Diag CHEST PAIN

.....U&E.....	G-GT	11	Trig
Sodium 139	A Phos	44	HDL
Potassium 3.8	Protein	62	C/HDL
Chloride 105	Alb	35	
Urea 3.0	Globulin	27	
Creat 82	CRP.....		
eGFR >60	CRP + 45 ↑		
.....LFTs.....	CK.....		
Bili 5	CK 39		
AST 12	Lipids.....		
ALT <6	Chol 4.10		

LFTs Alk phos, albumin, globulin reference ranges che
Lipids Non-fasting sample - LDL not calculable.

Quit \ Earlier req \ Later req \ ED \ LD \ Next res
Back <N>

Trig 0.48

HDL 1.63

Chol 2.5

K-Analyt PMA

1815

NURSING

27/12/06
1745

Pt o/c from ward 43 with o/c medication.

R Akers str

CLINICAL NOTES

	
20821615K	F
JAMIESON	21/03/1966
LINDA	
61 CORSOCK STREET	
GLASGOW	G31 3PN
CHI-2103666240	
NO LABEL	

11/2/09P.C. - aware small lump

upper anterior jaw

- present $\approx \frac{1}{12}$

- no change in size

- has been there

- no pain

- not aware of discharge

P.M.H. jawD.M.^oD.H. nilAllergy^o

Le - nil evident to inspect
on palpation has a
small nodular swelling
palpable

door to museum just closed
to Mrs. L. Rye

to room
rd 11

ll marks

? solution

? wound down right

the ore y man

for USJ 15M dls 5 lps

love

M

CPC
file 0789513569
Moulton

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES



20821615K
JAMIESON
LINDA 21/03/1966 F
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

-PATIENT ID LABEL

22/12/10

28 MAR 2012

PRESCRIPTION FORM

Hospital Name:

PATIENT DETAILS				ONCE ONLY AND PREMEDICATION DRUGS									
Name	20821615K JAMIESON LINDA 61 CORSOCK STREET HAGHILL GLASGOW CHI-2103666240			Height:		DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN
CHI N	21/03/1966 F			Weight:		27/2	Diazepam	2mg	0	1an	[Signature]	0	01 ⁰⁰
Hospi	G31 3PN			Surface area:		27/2	Tramadol	50mg	0	3an	[Signature]	MMCE	03 ⁴⁰
DOB:				Date of writing discharge prescription:		27/2	CLAXANT	60mg	SC	03:55	[Signature]	DCalb	04 ²⁰
Date of Admission:	26/2/09			Ward:		27/2	MORPHINE	25mg	IV	03:55	[Signature]	Not given	
Consultant Name:						27/2	CLOPIDOGREL	300mg	0	03:55	[Signature]	DCalb	04 ²⁰
Date and time this form prepared:	26/2/09 Time: 22:50		Sheet No	2nd Prescription in use									
				Yes or NO									
DRUG SENSITIVITIES NKJA Intolerance + Codeine - Sickness													
DVT Risk on Admission (SIGN Guideline) High ☐ Moderate ☐ Low ☐ Assessed by: _____ Date: ____/____/____													
OTHER CHARTS IN USE													
Insulin ☐ PCA and other infusions ☐ Anticoagulants: Heparin ☐ Oral ☐ Topical: ☐				TPN: ☐ Enteral Nutrition: ☐ Oxygen Therapy: ☐ Other:									

PATIENT'S NAME:				ADMINISTRATION																										
Parenteral Drugs: Regular Prescription				DATE	21																									
				MONTH	2																									
A	DRUG			Other time																										
	CREXANT			0700-0900																										
	DOSE	ROUTE	DATE	DATE:	1200-1400																									
	40mg	SC	26/2		1600-1800																									
	SIGNATURE OF PRESCRIBER			INITIALS:	2200-2400																									
Additional instructions / comments / pharmacy				Other time																										
FOR PRESCRIBERS USE ONLY																														
B	DRUG			Other time																										
	CREXANT			0700-0900																										
	DOSE	ROUTE	DATE	DATE:	1200-1400																									
	60mg	SC	26/2		1600-1800																									
	SIGNATURE OF PRESCRIBER			INITIALS:	2200-2400																									
Additional instructions / comments / pharmacy				Other time																										
FOR PRESCRIBERS USE ONLY																														
C	DRUG			Other time																										
				0700-0900																										
	DOSE	ROUTE	DATE	DATE:	1200-1400																									
	SIGNATURE OF PRESCRIBER			INITIALS:	1600-1800																									
	Additional instructions / comments / pharmacy				2200-2400																									
FOR PRESCRIBERS USE ONLY																														
D	DRUG			Other time																										
				0700-0900																										
	DOSE	ROUTE	DATE	DATE:	1200-1400																									
	SIGNATURE OF PRESCRIBER			INITIALS:	1600-1800																									
	Additional instructions / comments / pharmacy				2200-2400																									
FOR PRESCRIBERS USE ONLY																														

PATIENT'S NAME:

ADMINISTRATION

**Oral and Other Drugs:
Regular Prescriptions**

DATE

27

MONTH

2

J

DRUG

ASPIRIN

Other time

MA

DOSE

75mg

ROUTE

0

DATE

26/2

DATE

27/2

SIGNATURE OF PRESCRIBER

[Signature]

STOPPED

INITIALS:

SKT

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time

FOR PRESCRIBERS USE ONLY

K

DRUG

OMEPRASOLE

Other time

0700-0900

DOSE

20mg

ROUTE

0

DATE

28/2/09

DATE

28/2/09

SIGNATURE OF PRESCRIBER

[Signature]

STOPPED

INITIALS:

SKT

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time

FOR PRESCRIBERS USE ONLY

L

DRUG

GAVISCON

Other time

0700-0900

DOSE

10ml

ROUTE

0

DATE

28/2/09

DATE

28/2/09

SIGNATURE OF PRESCRIBER

[Signature]

STOPPED

INITIALS:

SKT

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time

FOR PRESCRIBERS USE ONLY

M

DRUG

Other time

0700-0900

DOSE

ROUTE

DATE

DATE

SIGNATURE OF PRESCRIBER

STOPPED

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time

FOR PRESCRIBERS USE ONLY

PATIENT'S NAME:				ADMINISTRATION													
All Routes: As Required Prescriptions																	
MM	DRUG	GAVISCON		DATE:	DATE												
DOSE	ROUTE	INDICATION		STOPPED INITIALS:	TIME												
10ml	0	PAIN			01:00												
SIGNATURE OF PRESCRIBER		MAX. FREQUENCY		DATE:	DOSE												
S. Hue		PRN		26/2	10ml												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY													
NN	DRUG	Co-CODAMOL 80/800		DATE:	DATE												
DOSE	ROUTE	INDICATION		STOPPED INITIALS:	TIME												
2 TABS	0	PAIN															
SIGNATURE OF PRESCRIBER		MAX. FREQUENCY		DATE:	DOSE												
S. Hue		AC/NG		26													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY													
PP	DRUG	Co-CODAMOL 80/800		DATE:	DATE												
DOSE	ROUTE	INDICATION		STOPPED INITIALS:	TIME												
2 TABS	0	PAIN															
SIGNATURE OF PRESCRIBER		MAX. FREQUENCY		DATE:	DOSE												
S. Hue		60		26/2													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY													
Intermittent - Sickness																	
RR	DRUG	GTN		DATE:	DATE												
DOSE	ROUTE	INDICATION		STOPPED INITIALS:	TIME												
2 PUFFS	SL	PAIN															
SIGNATURE OF PRESCRIBER		MAX. FREQUENCY		DATE:	DOSE												
S. Hue		PRN		26/2													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY													

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

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

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

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

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

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

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.

Date:

[illegible]

Milligram = mg Gram = g
Millilitre = ml Millimoles = mmol

Microgram / Nanogram / Units – Do not abbreviate, write in full

Fractions of a milligram should be written in micrograms. The use of decimal

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

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

O	= oral	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.

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.

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		

Patient Observation Chart

Name

Address

Linda Jamieson

Hospital No.

DOB

Admitted

Date 27 02 09 Ward 43

Transferred

Date _____ Ward _____

Transferred

Date _____ Ward _____

Patient Observation Chart Guidelines

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

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

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

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

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

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

Pain Score

Remember to check scores after pain relief.

Patient asked to report pain at rest and on movement.

0 = No pain at rest or on movement

1 = No pain at rest, slight pain on movement

2 = Intermittent pain at rest, moderate on movement

3 = Continuous pain at rest severe on movement

Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.

Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated

1 = Mild, aroused by verbal stimulus

2 = Moderate, aroused by physical stimulus

3 = Severe, no response

S = Normal sleep, easy to rouse

Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea

1 = Mild (No treatment wanted)

2 = Moderate (Treatment required)

3 = Severe (Clinical problem persists despite treatment)

Review 1 hour after treatment. Inform doctor if additional treatment required.

[illegible]

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

Nutrition Profile

Name:	20821615K	Date of admission:	27 / 02 / 09
Address:	JAMIESON LINDA 61 CORSOCK STREET HAGHILL GLASGOW G31 3PN CHI-2103666240	Time:	00 ⁰⁰
DoB:		HOSPITAL:	GR1
CHI number:		Ward:	43
Affix patient data label			

To be recorded within 24 hours of admission*

Height:	m/ft	Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐
Weight:	kg/stones	Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐
Recent unplanned weight loss:	Yes ☐ No ☒	
If 'Yes' how much?:	kg/stones. Over what period of time?:	weeks/months
Is there evidence of recent weight loss?		
No ☒ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐		
Eating and drinking likes and dislikes (including appetite and/or NBM status):		
Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☒		
Please state:		
Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental? Yes ☐ No ☒		
Please specify all factors:		
Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☒		
Please state:		
Profile completed by: Name (PRINT): LEIGH ANN MACELOD		
Signature: [Signature] Date: 27-02-09		

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

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

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

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

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

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

BLOOD PRESSURE TABLETS include Captopril, atenolol and many others.

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

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

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

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

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

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

Patient Observation Chart

Name	 20821615K JAMIESON LINDA F 61 Corsock Street 21/03/1966 GLASGOW CHI-2103666240 G31 3PN
Address	
Hospital No.	
DOB	

Admitted Date 26/12/00 Ward A/E
Transferred Date _____ Ward _____
Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

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

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

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- Planned discharges.

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

Sedation Score

0 = Awake, alert, orientated
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3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

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

ROUTINE URINE CHART

No. 05256

20821615K
JAMIESON
LINDA
61 Corssock Street
GLASGOW
CHI-2103666240

[illegible]

THE UNIVERSITY OF CHICAGO

JAMIESON

LINDÄ

21/03/1966

61 Corssock Street

GLASGOW

G31 3PN

CHI-2103666240

Date	Signature	1. Basic care and personal hygiene	Date	Signature
12/06	J. King	Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		Waterlow if > 15 assess daily		
		2. Mobility		
		Fully independent / Fully mobile		
		Minimal assistance (give details)		
10/6	J. King	Bed rest		
		Dependent (see movement and handling care plan)		
		3. Elimination		
12/06	J. King	Independent		
		Commode		
		Urinal/ bed pan		
		Urinary catheter size mls water in balloon		
		4. Nutrition		
12/06	J. King	Normal diet		
		Special diet / modified diet		
		Fasting		
		5. Observations		
12/06	J. King	Blood pressure		
12/06	J. King	pulse		
12/06	J. King	Temperature		
2/106	J. King	Respiration		
		FOB'S		
		Daily weights		
		BM's		
10/6	J. King	Fluid balance		
		6. Technical care		
		IV infusion		
		Monitor		
		Oxygen therapy state percentage:		
		Nebulisers		
2/106	J. King	IV access:		
		Venflon site: <u>RD Hand</u>		
		Date inserted: <u>26/12/06</u>		
		Venflon colour: <u>Pink</u>		
		Others:		
		7. Specimens / investigations		
2/106	J. King	Treponin		
Signature of nurse			Date	

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☒

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

Clinical letter - GP:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Orthopaedics
0141 201 3105/201 3114

Dr. A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

12/05/2026
MG/LMC
27/04/2026
27/04/2026

Dear Dr Parkins,

**Linda Jamieson; D.O.B: 21/03/1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD**

Diagnosis: fracture left 4th proximal phalanx.

Outcome: discharged.

Linda was further reviewed at the Orthopaedic Fracture Clinic. She gave verbal consent, she agreed, understood and was happy with our assessment and management today.

She advised she dropped her a Hoover on her foot. She was subsequently reviewed at Minor Injuries where a fracture was picked up to the proximal phalanx of the 4th toe.

She has been applying buddy strapping to the 4th toe. She otherwise feels she is progressing well. She has struggled with the walker boot she was supplied with at the time. However, she is now wearing a Darco type sandal and finds this exceptionally comfortable and it allows her to get out and about and carry on with a lot of her normal activities.

She is still quite tender to touch her footwear understandably.

On examination the toe is relatively well aligned. She has relative curling comparable to the neighbouring toes and not in an excessively different alignment from the lesser toes. She is quite anxious and reluctant to use the toes although she has been very good with carrying out ankle and hindfoot exercises.

On prompting I have asked her to curl and flex her toes. She finds this to be quite scary to undertake. She is frightened at the prospect of pain.

I have reassured her that they will undoubtedly be uncomfortable due to the lack of use as well as the fracture to the toe. However, good practice would be to attempt to carry out simple range of movement to the joints to allow for normal walking mechanism.

With reassurance she was able to slightly flex the toes. I am happy there is no loss of power or function. I have encouraged her to carry out some simple range of movement and flexibility exercises to the MTP joints to prevent further stiffening of the joint.

The toe itself is generally well aligned. She is pain free to the MTP joint. The toe itself is slightly uncomfortable.

Her check x-rays show ongoing healing with no further displacement of the fracture site itself and the MTP joint is well preserved.

I have encourage her to only use the strapping for another week or so and continue using the Darco sandal as long as she feels comfortable and to attempt footwear as and when she feels ready to do so.

I have encouraged her to focus on wide-fitting footwear such as trainers.

We will leave her open ended. I have encouraged to contact us directly if there are any concerns with her progress.

Yours Sincerely,

Melanie Green

Specialist Orthopaedic Podiatrist

foot.ankle@ggc.scot.nhs.uk

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Podiatrist Melanie Green, Podiatrist

cc.

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF



Virtual Clinic Tel: 0141 201 6416
Virtual Clinic Fax: 0141 211 4060

Clinic Date: 31/03/2026
Typed: 31/03/2026

VIRTUAL TRIAGE ASSESSMENT

Dear Dr Parkins,

Re: Ms Linda Jamieson 21/03/1966; CHI: 2103666240; CRN:2103666240; 128
Corsock Street Glasgow Lanarkshire G31 3QD

Your patient was recently followed up at the Virtual Fracture Clinic at Glasgow Royal Infirmary and the following details were recorded:

Patient Assessment I

Bodily site:	Midfoot
Laterality:	Left
Injury Type:	As follows: ?Lisfranc
Management plan:	Fracture clinic

Patient Assessment II

Patient contacted:	Voice mail
Site:	GRI
Outcome:	# Clinic - Monday (Foot and ankle)
Consultant:	Paul Jenkins

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 31/03/2026 09:48 Kirsty Wishart ? Lisfranc injury- no # noted. Continue with boot/strapping and review at foot/ankle clinic for WB xrays. Patient should elevate to reduce swelling and take regular analgesia if required. Voicemail left on mobile for patient. Appt for to be posted out Tues 7/4/26 TTBC.

NB Discharged patients will receive a separate letter with advice on how to manage their injury.

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary
www.nhsggc.org.uk/orthopaedics

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF



Letter to Patient:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Linda Jamieson
128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 211 4000
Rheumatology
0141 451 5370
Jacqueline Devlin
03/02/2025
AT/LD
23/01/2025
28/01/2025

Dear Ms Jamieson,

It was nice to meet you in the clinic. Please find enclosed a booklet about osteoarthritis.

Yours sincerely

Dr Alistair Tindell

Consultant Rheumatologist

Enc: Versus arthritis booklet on osteoarthritis

Electronically Signed: Dr Alistair Tindell, Consultant

cc.

Clinic Letter



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Rheumatology
0141 451 5370
Jacqueline.Devlin3@nhs.scot
22/01/2025
AT/LD
23/01/2025
28/01/2025

Dear Dr. A Parkins,

**Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD**

Attendance: Specialty - Rheumatology; Clinic - GRGCRH6S101D-GENERAL RHEUM CONS
WEDNESDAY PM

Date and Time of Appointment - 22/01/2025 14:15

Follow Up: Discharged

Clinical Comments:

Diagnoses:

Inflammatory osteoarthritis: Rheumatoid factor negative. CRP 1 and ESR 6. No joint swelling.

At last appointment was commenced on Hydroxychloroquine 400mg and 200mg on alternate days.

There has not been any symptomatic benefit here. I have advised Linda to stop this today. We re-discussed osteoarthritis. She is trying to decrease use of Co-codamol and I would agree with her minimising use of this as we have not found it to be significantly beneficial in osteoarthritis. She has found Movelat gel to be useful and I have advised her to continue with this or topical Ibuprofen or Voltarol.

She has had continuing issues with cramp around the base of her thumb to her wrist but the rest of her fingers are okay. She has developed some Heberden's nodes. On examination no synovitis today.

I will arrange for a versus arthritis booklet to be sent to her but we do not need to do any further investigations or treatment here. I have advised her to keep her hands active and for the use of NSAID gel and I have discharged her from the clinic. No follow-up planned.

Yours sincerely

Dr Alistair Tindell

Consultant Rheumatologist

Electronically Signed: Dr Alistair Tindell, Consultant

cc.

Letter to Patient:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Linda Jamieson
128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD

Main Switchboard: 0141 211 4000
Department: ENT
Contact Tel: 0141 451 5995
Enquiries to: Kellsie Lynch
Letter Date: 17/10/2024
Reference: AH/KL
Dictated Date: 16/10/2024
Transcribed Date: 16/10/2024

Dear Mrs Jamieson ,

We are going through the patients that are currently on the ENT outpatient waiting list. I have had a look at your notes and I see the swelling for which your GP referred you back in beginning of the year had already been looked at in November 2023 with an ultrasound scan. This showed no significant abnormality and what you are noticing is just a small normal lymph node. Little lymph nodes do fluctuate in size but they require no further investigations or treatments. I have therefore removed you from the ENT waiting list as no further review is required.

Kind Regards

Yours sincerely

Anne Hitchings

Consultant ENT Surgeon

Electronically Signed: Ms Anne Hitchings, Consultant

cc. Dr Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 11/07/2024

Consultant: Dr Scott Taylor

A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear A Parkins

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: **11/07/2024 at 14:02 hrs.**

Departed on: **at hrs.**

Discharge Type: **01b - Discharge with follow up by primary care team**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
elbow complaint

Nursing Assessment:

Investigations in ED:
1. XR Elbow Lt

Diagnosis:

Diagnosis	Side	Site
Open Wound of Elbow		

Procedures: None

Immunisations: None

Dispensed Medication: Any medication dispensed or changed is recorded in this letter in the free text below

Clinician Notes:

patient attends with 10/7 hx wound to L elbow. erythema/heat/swelling/pus noted to wound. Localised. NEWS 0. Wound cleaned with debridement wipe/irrigators, closed with steristrips and covered with padded dressing. Advised practice nurse for wound r/v and have given oral flucloxacillin. Monitor for worsening signs of infection. Worsening advice given. Discharge.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jennifer Campbell
Nurse

Copies to:

1. A Parkins (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 04/07/2024

Consultant: Dr Ryan Connelly

A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear A Parkins

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: **01/07/2024 at 12:05 hrs.**

Departed on: **01/07/2024 at 17:04 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

fall - head injury

Nursing Assessment:

HI-news 0- mech fall backwards, hitting back of head from standing height, nil LOC/vomiting. Ongoing dizziness and lightheaded, difficult to see if any wound present due to hair. Bilateral neck pain but nil C-spine tenderness. Nil PMHX/meds 1g paracetamol given in triage

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Superficial Injury of Head, Part Unspecified		

Procedures: None

Immunisations: None

Dispensed Medication: Any medication dispensed or changed is recorded in this letter in the free text below

Clinician Notes:

Mechanical fall while taking bins out injuring occiput. Nil concerning from hx or examination re significant HI. Discharged

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Matthew Oldroyd
Doctor

Copies to:

1. A Parkins (GP)

School Address:

Clinic Letter

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. A Parkins
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: Kim.Suares@ggc.scot.nhs.uk
Letter Date: 06/06/2024
Reference: CG/KS
Dictated: 06/06/2024
Date:
Transcribed: 11/06/2024
Date:

Dear Dr. A Parkins,

**Linda Jamieson; D.O.B: 21 Mar 1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD**

Attendance: Specialty - Rheumatology; Clinic - GRCGRH7-DR GRIGOR RHEUMATOLOGY THUR.
AM

Date and Time of Appointment - 06/06/2024 11:30

Follow Up: 15/01/2025 15:30 Rheumatology GRI General Rheum Cons

Medication Note:

To commence hydroxychloroquine 200/400mg on alternate days, amitriptyline 10, fluoxetine 20, stexerol D3, alendronic acid.

Clinical Comments:

I reviewed this lady today at the rheumatology clinic. Thanks for referring her, she has the following problems;

1. Probable inflammatory osteoarthritis: Her problems started when she developed menopause between five and nine years ago. She has had aches and pains ever since. She did have a period last year when she was started on 15 of prednisolone for ?PMR and she has been weaned off that. She has not had raised ESR or CRP at any point and her symptoms today are not compatible with PMR.

Her main problems are her wrists and her hands. She has two issues, one is intermittent cramps which last a few seconds and then settle but she has ongoing pain in her wrists and her hands with difficulty with grip, no swelling but she does have about half an hour of early morning stiffness, her worst time of day is during the day.

On examination she is tender at her wrists, there is nothing to suggest carpal tunnel syndrome, there was no evidence of any synovitis at any of her joints including her DIP's, PIP's, MCP's and wrists and

elbows and I have been reassuring that I don't think she has rheumatoid arthritis however I do think she probably has some menopausal inflammation and possible inflammatory osteoarthritis.

We have talked about the possible benefits of hydroxychloroquine and she is going to give this a go, she knows it can take up to six months to start to work and I have arranged to review her in seven months' time to see how she is getting on.

If her symptoms are unchanged then we should stop it. If she benefits from the hydroxychloroquine then we can continue it.

If she develops more frank synovitis in the intervening period then we could change and escalate:

I am very pleased to hear that her shoulders are much better. She is now exercising every day and she has not got any problems with her hips, knees or ankles.

2. Osteoporosis: She is now on alendronate.

3. Social history: She lives alone, she is not working. She was previously a beauty therapist. She is a non-smoker who rarely drinks alcohol.

4. GI: weight 71kgs. She keeps very fit and active and is a good weight and tries to keep to a healthy diet but I have spoken to her about the benefits of avoiding processed foods including artificial sweeteners from the point of view of the anti-inflammatory effects and the benefits on the gut microbiome.

5. Blood pressure: 121/75

Yours sincerely

Dr Catriona Grigor

Consultant Rheumatologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments Ear, Nose & Throat (ENT) - 18032024 Referral 711720
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
REFERRALENT (Consultant) Ear, Nose & Throat (ENT) - Head and Neck GGC ENT Head and Neck	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral Routine Date of referral 29-Apr-2024	Date sent 29-Apr-2024

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Jamieson</td></tr> <tr><td>Forename(s)</td><td>Linda</td></tr> <tr><td>Title</td><td>Miss</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>21-Mar-1966</td></tr> <tr><td>CHI no.</td><td>2103666240</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	Jamieson	Forename(s)	Linda	Title	Miss	Sex	Female	Date of birth	21-Mar-1966	CHI no.	2103666240	Area of Residence	-	<table border="1"> <tr><td>128 Corsock St MD GLASGOW G31 3QD</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07444384861</td></tr> </table>	128 Corsock St MD GLASGOW G31 3QD	Contact number(s)	Voice: 07444384861
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128 Corsock St MD GLASGOW G31 3QD																		
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Voice: 07444384861																		

1010328847382	Unique Care Pathway Number: 1010328847382
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REGISTERED GP DETAILS	Practice address																			
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Name	Dr. Sophie Murphy			
30 Whitevale Street				

GMC code	7421176	GP code	02631
Practice name	The Whitevale Medical Group (46560)		
Practice code	46560		

Glasgow G31 1QS	Contact number(s)
Voice: 0141 554 4536	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PERSISTENT RAISED LN

Comment: Dear Doctor

This patient has a persistently enlarged submental LN for > 1 year. She had an US in Nov which confirmed a submental LN. This fluctuates in size but overall has not increased in size. This woman awaits input from the rheumatology team due to multiple sx including fatigue, widespread joint and muscle pain. (See attached referral). She denies any unexplained weight loss but does suffer from night sweats. I wonder in the context of all her symptoms and persistently raised LN would you recommend she be seen in clinic or should we keep an eye on for now? I have seen her today and prescribed Co-Amoxiclav as she reported increased pain in the LN over the last 10 days.

Many thanks for advising further.

Dr Lucy McLoughlin
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Osteoporosis	-	03-Jul-2023	03-Jul-2023
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
DEXA - Dual energy X-ray photon absorptiometry	-	03-Jul-2023	03-Jul-2023
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
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Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Feb-2024	25-Mar-2024
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	29-Feb-2024	25-Mar-2024
Alendronic Acid Tablets 70 mg	4	4 TABLET	ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET	-	29-Feb-2024	28-Mar-2024
Stexerol-D3 Tablets 1,000 units	28	28 tablet	ONE TO BE TAKEN DAILY	-	27-Jul-2023	25-Mar-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Co-Amoxiclav 500/125 Tablets	21	1*21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	26-Apr-2024	26-Apr-2024
Amitriptyline Hydrochloride Tablets 10 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	08-Mar-2024	08-Mar-2024
Yes Vm Vaginal Moisturiser pre-filled applicators	6	6 applicator	APPLY TWICE WEEKLY	-	27-Nov-2023	27-Nov-2023
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Nov-2023	22-Dec-2023

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Sep-2023	130	75
09-Mar-2023	120	70
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
09-Mar-2023	-	71	-
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011
Teetotaler:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaler:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Locum

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Ear, Nose & Throat (ENT) -
18032024 Referral 711720

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
REFERRAL RHEUMATOLOGY (Consultant) Rheumatology GGC General Referral or Advice	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral Urgent Date of referral 18-Mar-2024 Date sent 18-Mar-2024	

PATIENT DETAILS	Patient's address																	
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101032490194M	Unique Care Pathway Number: 101032490194M
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Name	Dr. Calum MacMillan			
30 Whitevale Street				

GMC code	7648251	GP code	99999
Practice name	The Whitevale Medical Group (46560)		
Practice code	46560		
Glasgow G31 1QS			
Contact number(s)			
Voice: 0141 554 4536			

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? ATYPICAL PMR - DETERIORATION, NOW OFF STEROIDS

Comment: Dear Doctor

I would appreciate your review of this 57 year old female who presented to the practice early last year and was reviewed by one of my colleagues with regards to widespread joint and muscle pain. She states that these were maximal in her shoulders, back and hips and were described like a deep ache. There was also associated early morning stiffness which would typically take an hour to subside. Her pains were only helped at that time by high strength Co-codamol however onset had been preceded by a viral illness. My colleague had suspected possible post viral arthritis or polymyalgia rheumatica and this was investigated with various bloods including ESR. Bloods were all largely unremarkable however, following a short trial of oral Prednisolone, the patient described marked improvement in her symptoms stating that they had completely disappeared and she was no longer troubled with morning stiffness. Her mobility and overall function was also much improved and for this reason, the patient was continued on long term steroids which were gradually weaned over the year 2023. These were eventually stopped in late October of last year.

Since coming off her steroids, the patient has noticed a steady recurrence of her previous issues and presented to myself two weeks ago complaining again of widespread pains including in her lower back and pelvic girdle however now was also describing altered sensation in her hands including pins & needles and a feeling of decreased grip strength. She again is feeling very stiff in the morning and states that she takes a long time to ease off notably in her lower back. She is understandably feeling quite frustrated and low with regards to recurrence of her symptoms and the further need for regular high strength analgesia to manage her symptoms. Please note she is also currently maintained on oral Fluoxetine for both vasomotor symptoms secondary to Menopause and mood disturbance however there have been no concerns regarding these issues more recently. Given the recurrence of her joint pains, bloods were again updated including ESR, Rheumatoid Factor and ANA titre which have all returned normal results. I suspect there may well be a non inflammatory cause for her pains however given the previous positive response to steroids and her subsequent deterioration now off them, I would appreciate your urgent input at this time given the severe impact this is having on her daily life.

Many thanks in advance for your assistance in this matter.

Kind regards.

Dr Calum MacMillan
GP ST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Osteoporosis		03-Jul-2023	03-Jul-2023
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
DEXA - Dual energy X-ray photon absorptiometry	-	03-Jul-2023	03-Jul-2023
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Feb-2024	29-Feb-2024
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	29-Feb-2024	29-Feb-2024
Stexerol-D3 Tablets 1,000 units	28	28 tablet	ONE TO BE TAKEN DAILY	-	27-Jul-2023	26-Feb-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Amitriptyline Hydrochloride Tablets 10 mg	28	28 TABLET	ONE TO BE TAKEN IN THE EVENING	-	08-Mar-2024	08-Mar-2024
Alendronic Acid Tablets 70 mg	4	4 TABLET	ONE TO BE TAKEN ON THE SAME DAY EACH WEEK ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST AND FOUR HOURS BEFORE VITAMIN D TABLET	-	29-Feb-2024	08-Mar-2024
Yes Vm Vaginal Moisturiser pre-filled applicators	6	6 applicator	APPLY TWICE WEEKLY	-	27-Nov-2023	27-Nov-2023
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	27-Nov-2023	22-Dec-2023
Sertraline Hydrochloride Tablets 50 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	01-Sep-2023	30-Oct-2023

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
01-Sep-2023	130	75
09-Mar-2023	120	70
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
09-Mar-2023	-	71	-
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-

24-May-2022	-	65	-
30-Oct-2020	-	65	25.08

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011
Teetotaler:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaler:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: No known ASN requirements
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REFERRAL TO	
REFERRALENT MR HEAD & NECK USOC (Consultant) Ear, Nose & Throat (ENT) - Head and Neck GGC ENT Head and Neck USOC	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address: -
Urgency of referral Date of referral	Urgent - Suspected Cancer 10-Feb-2023 Date sent 10-Feb-2023

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Jamieson</td></tr> <tr><td>Forename(s)</td><td>Linda</td></tr> <tr><td>Title</td><td>Miss</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>21-Mar-1966</td></tr> <tr><td>CHI no.</td><td>2103666240</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	Jamieson	Forename(s)	Linda	Title	Miss	Sex	Female	Date of birth	21-Mar-1966	CHI no.	2103666240	Area of Residence	-	<table border="1"> <tr><td>128 Corsock St MD GLASGOW G31 3QD</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07444384861</td></tr> </table>	128 Corsock St MD GLASGOW G31 3QD	Contact number(s)	Voice: 07444384861
Surname	Jamieson																	
Forename(s)	Linda																	
Title	Miss																	
Sex	Female																	
Date of birth	21-Mar-1966																	
CHI no.	2103666240																	
Area of Residence	-																	
128 Corsock St MD GLASGOW G31 3QD																		
Contact number(s)																		
Voice: 07444384861																		

1010287176872	Unique Care Pathway Number: 1010287176872
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REGISTERED GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Sophie Murphy</td></tr> <tr><td>GMC code</td><td>7421176</td><td>GP code</td><td>02631</td></tr> <tr><td>Practice name</td><td colspan="3">The Whitevale Medical Group (18908)</td></tr> <tr><td>Practice code</td><td colspan="3">46560</td></tr> </table>	Name	Dr Sophie Murphy			GMC code	7421176	GP code	02631	Practice name	The Whitevale Medical Group (18908)			Practice code	46560			<table border="1"> <tr><td>30 Whitevale Street Dennistoun Glasgow G31 1QS</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot</td></tr> </table>	30 Whitevale Street Dennistoun Glasgow G31 1QS	Contact number(s)	Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot
Name	Dr Sophie Murphy																			
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Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot																				

REFERRING GP DETAILS	Practice address			
<table border="1"> <tr><td>Name</td><td>Dr. Abigail Parkins</td></tr> </table>	Name	Dr. Abigail Parkins	<table border="1"> <tr><td>30 Whitevale Street</td></tr> </table>	30 Whitevale Street
Name	Dr. Abigail Parkins			
30 Whitevale Street				

GMC code	7334359	GP code	06467
Practice name	The Whitevale Medical Group (46560)		
Practice code	46560		
Glasgow G31 1QS			
Contact number(s)			
Voice: 0141 554 4536			

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PERSISTENT NECK LUMP, APPROXIMATELY 7 MONTH DURATION

Comment: Dear Mr Hilmi

This 56 year old female presented to me at the beginning of January with a likely post viral arthritis. At this point in time, I did a thorough examination of her head and neck and noted a diffuse 3cm neck lump in her left anterior cervical chain. She advised me that she had previously noted and attended ourselves with a similar lump in the same region but this was approximately 3mm in diameter. I advised her that this was more or less likely a reactive swelling due to her recent viral illness and advised her to return in the middle of February for review of this lump.

I have seen her again and this lump has reduced in size back down to the previously documented size of 3mm, which was first noticed in May last year. However, it is markedly tender and the patient finds it particularly uncomfortable.

I advised her that this will take some time to subside but she is still rather concerned as to this persistent neck lump that has been there since May last year.

It is worth noting that she is awaiting assessment by the endocrinologist for possible hyper parathyroidism.

I am not sure in the view of these factors whether or not she would qualify for an urgent USOC head and neck lump referral. If you feel this is unwarranted or a routine referral would suffice, please do not hesitate to let me know.

Kind regards

Dr Miki Soo
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[D]Post viral debility	Post Viral Arthritis	27-Jan-2023	27-Jan-2023
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997

X-rays Pneumonitis (RHSC) priority=1 12-Jun-1969 12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Prednisolone Tablets 5 mg	56	56 tablet	2 Tab In the morning	-	27-Jan-2023	27-Jan-2023
Peptac Liquid (aniseed)	500	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME	-	27-Jan-2023	27-Jan-2023
Prednisolone Tablets 5 mg	21	21 tablet	3 Tabs Daily FOR ONE WEEK THEN REVIEW	-	20-Jan-2023	20-Jan-2023
Co-Codamol 30/500 Tablets	50	50 TABLET	1 QDS PRN MAX 8 IN 24 HRS WITH PARACETAMOL	-	13-Jan-2023	13-Jan-2023
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	13-Jan-2023	13-Jan-2023
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	06-Jan-2023	06-Jan-2023
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Nov-2022	29-Nov-2022
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Oct-2022	27-Oct-2022

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
13-Jan-2023	130	70
27-Oct-2022	130	90
01-Jul-2022	132	88
24-Sep-2021	100	74
30-Oct-2020	132	80

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
13-Jan-2023	-	70	-
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08
16-Oct-2015	161	63	24.3

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011

Teetotaler: Alcohol Intake\$.clm - No Action Required 10-May-2006
 Teetotaler: Alcohol Intake\$.clm - No Action Required 07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Persistent Unexplained Head & Neck lumps > 3 weeks:true

Smoking:Never

Alcohol Weekly Intake:Under 14 units

Illegal Drugs:No

Lives Alone:Yes

Is patient aware they are being referred with Suspected Cancer?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
ENDOCRINOLOGY REFERRAL (Consultant) Endocrinology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral Routine	Date sent 08-Nov-2022
Date of referral 07-Nov-2022	

PATIENT DETAILS		Patient's address
Surname Jamieson		128 Corsock St MD GLASGOW G31 3QD
Forename(s) Linda		
Title Miss		Contact number(s)
Sex Female		Voice: 07444384861
Date of birth 21-Mar-1966		
CHI no. 2103666240		
Area of Residence		

101027891993U	Unique Care Pathway Number: 101027891993U
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REGISTERED GP DETAILS		Practice address
Name Dr Sophie Murphy		30 Whitevale Street Dennistoun Glasgow G31 1QS
GMC code 7421176	GP code 02631	Contact number(s)
Practice name The Whitevale Medical Group (18908)		Voice: 0141-554-4536 Facsimile: 0141 554 3979 E-mail: ggc.gp46560clinical@nhs.scot
Practice code 46560		

REFERRING GP DETAILS		Practice address
Name Dr. Roger Black		30 Whitevale Street

GMC code	2553816	GP code	05088
Practice name	The Whitevale Medical Group (46560)		
Practice code	46560		

Glasgow G31 1QS
Contact number(s)
Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HYPERCALCAEMIA

Comment: Dear Doctor

Many thanks for your opinion on the above named who presented to one of my colleagues with some vague symptoms of urinary frequency and flow associated with lethargy and low mood who had a series of blood investigations which revealed hypercalcaemia of 2.62 (adjusted 2.64). I organised a parathyroid hormone assay and this is elevated at 12.4. I suspect she has primary hyperparathyroidism and would be grateful for your advice.

Yours faithfully

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral		08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Citalopram Hydrobromide Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY		27-Oct-2022	27-Oct-2022
Femseven Transdermal patches (7 days) 100 micrograms/24 hrs	12	12 PATCH	APPLY WEEKLY		07-Jul-2022	19-Jul-2022

Femseven Conti Transdermal patches (7 days) 50 micrograms/7 micrograms/24 hours	12	12 patch	APPLY ONE PATCH TO SKIN ONCE WEEKLY CONTINUOUSLY	-	29-Jun-2022	29-Jun-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 capsule	1 CAP TWICE PER DAY	-	24-May-2022	24-May-2022

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
27-Oct-2022	130	90
01-Jul-2022	132	88
24-Sep-2021	100	74
30-Oct-2020	132	80
01-Aug-2018	112	68

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
27-Oct-2022	-	68	-
24-May-2022	-	65	-
30-Oct-2020	-	65	25.08
16-Oct-2015	161	63	24.3
07-Nov-2000	161	67.13	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :		06-Sep-2021
Never smoked tobacco:		30-Oct-2020
Non-smoker :		03-Dec-2013
Non-smoker :		02-Oct-2013
Never smoked tobacco :		24-Jun-2011
Teetotaler:		30-Oct-2020
Drinks rarely :		02-Oct-2013
Teetotaler :		24-Jun-2011
Teetotaler:	Alcohol Intake\$.clm - No Action Required	10-May-2006
Teetotaler:	Alcohol Intake\$.clm - No Action Required	07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)	Date

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 07/06/2021

Consultant: Dr Donogh Maguire

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: **07/06/2021 at 00:47 hrs.**

Departed on: **07/06/2021 at 06:36 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
chest pain

Nursing Assessment:

CCP onset 1.5 hrs ago. non radiating. sharp pain. pain on/off. pain free in triage. taken analgesia with no relief. feels has hiccups and feels nauseous. denies covid symptoms. cat 0 for ecg please. news =2.

Investigations in ED:

1. Coagulation screen
4. LFT
7. Full Blood Count
10. D - Dimer

2. Urea and Electrolytes
5. CRP
8. Troponin I hs
11. Troponin I hs

3. Glucose
6. Chol / Triglyceride
9. XR Chest

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

This 55 year old lady with no significant past medical history attended A&E with sudden onset of central chest pain - sharp in nature, non-radiating with no other autonomic features. She was reviewed by the medical team in AAU and examination was found to be unremarkable. Investigations:- ECG - NSR - no acute changes, CXR - nil acute, D-dimer < 150, Troponin <4 (repeated 3 hours later - remained <4). Observations were all within normal range. Chest pain was felt to be non-cardiac in nature - she was advised a trial of PPI and discharged home with worsening advice. Should you require any further admission regarding this patient's admission, then please do not hesitate to contact us.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Alice Hepburn

Doctor

Copies to:

1. RJ Hardman (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 24/08/2018

Consultant: Dr Ryan Connelly

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 24/08/2018 at 15:28 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
knee injury

Nursing Assessment:

Investigations in ED:
1. XR Knee Rt

Diagnosis:

Diagnosis	Side	Site
Crushing injury of knee	Right	

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

This 52 year old nursing student presents to ED today with a painful RT knee she sustained having fallen directly on it 3 days ago. She was particularly tender over her tibial table. X-rays show no new bony injury and she was discharged home with analgesia and advice. Thank you.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Tracy Bruce
Nurse

Copies to:

1. RJ Hardman (GP)

School Address:

Clinical letter - GP:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Orthopaedics

02/05/2018

JL/LMC

01/05/2018

01/05/2018

Dear Dr Hardman,

**Linda Jamieson; D.O.B: 21/03/1966; CHI: 2103666240
128 CORSOCK STREET, Glasgow, Lanarkshire, G31 3QD**

Diagnosis: grade II sprain of ulnar collateral ligament at CMC joint – thumb

Outcome: clinic review in 4-6 weeks' time

This 52-year old lady who is right hand dominant sustained the above injury while she was hoovering and fell over stairs approximately 2 weeks ago. She went through the acute scaphoid fracture pathway and had an MRI scan. We have given her a diagnosis as above. There is no evidence of a scaphoid fracture.

On examination of the metacarpal phalangeal joint, at the MCPJ she is stable on both radial and ulnar collateral ligament. Scaphoid shift test is stable and not painful.

Given the MRI findings she will continue with the splint for a further 4-6 weeks and I have given her an optional appointment in 4-6 weeks' time. She is right hand dominant and she works in the beauty industry.

Yours sincerely

Justin Lee ST4

Orthopaedic Registrar

Electronically Signed: Dr Sze Wei Justin Lee, Doctor

cc.

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:
Fax:
Email:

Date Completed: 02/06/2017

Consultant: Dr Scott Taylor

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: **02/06/2017 at 16:38 hrs.**

Departed on: **02/06/2017 at 19:32 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **2**

Presenting complaint
uti

Nursing Assessment:

D/Ch from ward 56a 3/7 after being treated for UTI & retention. Still c/o pain when PU & now feeling dizzy.

Investigations in ED:

**1. Urea and Electrolytes
4. CRP**

**2. LFT
5. Full Blood Count**

3. Glucose

Diagnosis:

Diagnosis	Side	Site
Urinary tract infection, site not specified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Linda Jamieson presented with ongoing symptoms of a urinary tract infection. She was advised to take her last dose of trimethoprim and was given a course of nitrofurantoin as a contingency in case her symptoms do not settle.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Stephen Foley
Doctor

Copies to:

1. RJ Hardman (GP)

School Address:

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 31/05/2017

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
31/05/2017 11:11	In Patient	31/05/2017	

Specialty	Consultant	Ward	Telephone
Gynaecology	Dr Ros Jamieson	GRI Ward 56A Gynaecology	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
Linda Jamieson was admitted to the GRI on 31/05 with post-coital pain and bleeding.
Diagnosis: Urinary retention and UTI
Background: This patient presented with a 3 day history of generalised abdominal pain and bleeding following sexual intercourse with her partner. She also complained of dysuria and difficulty passing urine.
Investigations: A TV USS revealed a large cystic mass located centrally in the pelvis. Urinalysis- Positive for bloods, protein and leucocytes.
Treatment: A urinary catheter was inserted which drained 150ml urine. On re-imaging the cystic mass had disappeared. Antibiotics for suspected UTI. Analgesia
Outcome: Her pain improved following insertion of the urinary catheter and with analgesia. To complete 3 days of antibiotics.
Kind Regards

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: 1.60 cm

Weight: 60 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Trimethoprim Tablets	Oral	200	mg	TWICE a day	3 Days	

Medication Comment: trimethoprim for 3 days

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Lewis Morrison
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Lewis Morrison, Doctor

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

This letter supersedes previous version of 29 Sep 2016 16:19

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 14/10/2016

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
29/09/2016 11:48	In Patient	29/09/2016	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J McKay	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,

This 50 year old lady was admitted to GRI SAU for assessment on the 29/09/16 complaining of LIF pain. Ms Jamieson has a past medical history including anxiety, a UTI, pneumonia and a recent chest infection.

On assessment blood tests were normal other than a CRP of 11, all observations were normal and urinalysis showed a trace of protein only. On examination Ms Jamieson was tender in the LIF with a soft abdomen however her pain had settled considerably.

Ms Jamieson was kept in the department for observation however following review by the surgical team was discharged home with analgesia and laxatives, the impression being constipation. She has been advised to re attend should symptoms return or worsen.

Yours Sincerely,

Jillian McColl.

Surgical Nurse Practitioner.

FINAL DISCHARGE COMMENTS:

FW/AH 5/10/2016

Nil to add

Treatments: None recorded.**Follow-up arranged:** none**Planned Outpatient Investigations:** none**Final Discharge letter to follow:** No**Medication Info:****Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	Every 4 - 6 Hours when required	7 Days	
Lactulose Solution	Oral	10	mL	TWICE a day	7 Days	
Senna Tablets	Oral	10	mg	At Night	7 Days	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Fraser Welsh
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Angela Harrison,

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 06/12/2013

Consultant: Dr Claire Fitzpatrick

RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
Glasgow
G31 1QS

Dear RJ Hardman

Re: **Jamieson Linda**
128 CORSOCK STREET
Glasgow G31 3QD

DOB: 21/03/1966

CHI: 2103666240

Attended on: 06/12/2013 at 01:08 hrs.

Departed on: 06/12/2013 at 03:59 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint**on penicillin now having chest pains and shortness of breath****Nursing Assessment:****on penicillin for 4/7 for chest infection. c/o central chest pain when coughing****Investigations in ED:**

1. Amylase

2. CRP

3. Full Blood Count

4. Glucose

5. LFT

6. Urea and Electrolytes

7. Amylase

8. CRP

9. Full Blood Count

10. Glucose

11. LFT

12. Urea and Electrolytes

13. XR Chest

14. Troponin I

Diagnosis:

Diagnosis	Side	Site
Unspecified acute lower respiratory infection		

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

Productive cough with flu-like symptoms for past 5/7. Given antibiotics by GP. Felt no resolution in symptoms. Now finding it difficult to expectorate and pain when coughing. No increase in pain on inspiration. O/E left basal creps, SpO2 100%. Bloods inc trop normal. CXR - nil acute. Discharged with course of clarithromycin and advised to see GP if symptoms persist.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Laura Johnston
Doctor

Copies to:

1. RJ Hardman (GP)

School Address:

Acute Services Division

ACUTE ASSESSMENT UNIT

Dr Christine Aiken
Dr Allan Cameron
Dr Pauline Grose
Dr Ravi Jamdar
Dr Gerard McKay

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
0141 211 4000



Dictated 20/02/2013
Typed 21/02/2013
Ref AC/ET

Secretary:
Emma Thomson Tel: 0141 211 5719
Email:
Emma.Thomson3@ggc.scot.nhs.uk

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman,

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

DATE OF ADMISSION: 17th December 2012
DATE OF DISCHARGE: 18th December 2012
CONSULTANT: Dr Cameron

DIAGNOSIS:

1. Chest pain – presumed oesophageal origin
2. Negative MI screen
3. Negative/non diagnostic exercise tolerance test

This 46 year old woman presented to medical receiving on the 17th December 2012 with a 24 hour history of chest pain. This was described as central, gripping and radiating to the left arm. This was associated with severe heartburn. She also complained of several episodes of diarrhoea in the hours following the onset of the pain. There was no associated shortness of breath. The pain seemed to improve somewhat with GTN giving in your practice.

She has no risk factors for ischaemic heart disease other than two 2nd degree relatives died at a young age due to myocardial infarction.

On examination she was alert, orientated and afebrile. Pulse was 62 per minute and regular, blood pressure 123/78. Her respiratory rate was 16 per minute and oxygen saturations 99% on air. Auscultation of her heart and lungs was unremarkable and her abdomen was soft and non tender.

Her ECG showed sinus rhythm with some non specific ST/T-wave changes which resolved eight hours after admission. Her chest x-ray was unremarkable. Routine bloods were normal and Troponin I was negative at 12 hours.

Giving the duration of the pain and the negative Troponin, a cardiac cause seemed unlikely. The associated severe heartburn suggested an oesophageal cause.

Page 2:

Linda Jamieson - 21/03/1966

Nevertheless, in view of the clinical features, her family history and the non specific ECG changes, we proceeded to an exercise tolerance test. She only managed to complete 4 minutes and 9 seconds of the full bruce protocol before stopping with dizziness. She did not develop any chest pain or ECG changes during the test which is therefore negative albeit at a low work load.

On balance it seems that cardiac pain was unlikely and she was discharged without further follow up. If she has any recurrence then referral to the rapid access chest pain clinic would be appropriate.

Kind regards.

Yours sincerely,

Dr Allan Cameron
Consultant Physician in Acute Medicine

HOSPITAL INFORMATION MISSING



Dr ROGER HARDMAN
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP 30 WHITEVALE STREET GLASGOW
G31 1QS

Date: 17 Dec 2012

Dear Dr ROGER HARDMAN,

Patient: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21/03/1966 CHI number: 2103666240

Your patient attended HOSPITAL INFORMATION MISSING on the 17 Dec 2012 at 5:44 PM.

The presenting complaint was: **CHEST PAIN**

Triage information: **Not recorded**

The following investigations were carried out: **None**

The A&E diagnosis was: **PATIENT FOR SPECIALTY TAKE-GP REFERRAL - MEDICAL**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **TRANSFER TO OTHER HEALTH CARE PROVIDER/HOSPITAL**

Follow-up: **A&E REVIEW**

Additional information: **None**

Yours sincerely,

DAVID MCGLYNN
EMERGENCY NURSE PRACTITIONER

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF



Dr ROGER HARDMAN
THE WHITEVALE MEDICAL GROUP
WHITEVALE MEDICAL GROUP 30 WHITEVALE STREET GLASGOW
G31 1QS

Date: 17 Dec 2012

Dear Dr ROGER HARDMAN,

Re: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21/03/1966 CHI number: 2103666240

Your patient attended Glasgow Royal Infirmary on the 17 Dec 2012 at 5:20 PM.

The presenting complaint was: **CHEST PAIN**

Triage Information: **CP 1/7 CENTRAL. RADIATING DOWN L ARM. NO SOB, FEELS NAUSEATED. CAT 2 ECG ONLY.**

The following investigations were carried out: **None**

The A&E diagnosis was: **CARDIO-VASCULAR - ?ACUTE CORONARY SYNDROME**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **TRANSFERRED DIRECTLY TO ZONE 3**

Follow-up: **ADMITTED**

Additional information: **None**

Yours sincerely,

NICOLA ALLAN
EMERGENCY DEPARTMENT DOCTOR

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Management Office - Queens Park House, Victoria Infirmary
- 0141 201 5897, Fax 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland,
Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Professor David Burden,
Dr Paula Beattie, Dr Joyce Leman,
Dr Martin Porter
North East - Dr Susan Holmes, Dr Colin Clark,
Dr Catherine Jury, Dr Grant Wylie, Dr Mark Darling,
Dr Alison MacDonald

Glasgow Royal Infirmary
Department of Dermatology
84 Castle Street
Glasgow
G4 0SF

Consultants
Dr Catherine Jury (Lead Consultant)
Dr Colin Clark
Dr Susan Holmes
Dr Alison MacDonald

Associate Specialist
Dr Heather Graham

Nursing 0141 211 4446
Appointments 0141 211 5546
Fax Number 0141 211 4663
0141 211 4804

Dr C Jury Sec 0141 211 4670
Dr S Holmes Sec 0141 211 4297
Dr C Clark Sec 0141 211 4297

Nursing
C Ashton Departmental Manager
C Macaskill Dermatology Nurse Specialist

SKIN CANCER SCREENING CLINIC - DR COLIN CLARK 28/11/2012

Our Ref CC/VAT
Dictated: 28/11/2012
Typed: 28/11/2012

Dr R Black
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Black

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

DIAGNOSIS: Basal cell papilloma - left cheek
MANAGEMENT: Cryotherapy with usual warnings and information leaflet
FOLLOW-UP: Discharged

This woman had become aware of a pigmented area on her left cheek. This consisted of 3 small islands of pigmentation. Under the dermatoscopic view this is a seborrhoeic keratosis or basal cell papilloma. The pigmentation has been accentuated by her use of fake tans. In view of her extreme concern regarding the area on her cheek it was treated today and hopefully should clear.

No further follow up has been arranged.

Yours sincerely

COLIN CLARK
Consultant Dermatologist

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
DERMATOLOGYCLINIC (Consultant) Dermatology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral	URGENT - SUSPECTED CANCER - PIGMENTED FACIAL LESION
Date of referral	14-Nov-2012 Date sent 15-Nov-2012

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Jamieson</td></tr> <tr><td>Forename(s)</td><td>Linda</td></tr> <tr><td>Title</td><td>Miss</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>21-Mar-1966</td></tr> <tr><td>CHI no.</td><td>2103666240</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Jamieson	Forename(s)	Linda	Title	Miss	Sex	Female	Date of birth	21-Mar-1966	CHI no.	2103666240	Area of Residence		<table border="1"> <tr><td>128 Corsock St MD GLASGOW G31 3QD</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 07895913969</td></tr> </table>	128 Corsock St MD GLASGOW G31 3QD	Contact number(s)	Voice: 07895913969
Surname	Jamieson																	
Forename(s)	Linda																	
Title	Miss																	
Sex	Female																	
Date of birth	21-Mar-1966																	
CHI no.	2103666240																	
Area of Residence																		
128 Corsock St MD GLASGOW G31 3QD																		
Contact number(s)																		
Voice: 07895913969																		

1010044919192	Unique Care Pathway Number: 1010044919192
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REGISTERED GP DETAILS	Practice address																			
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Roger Hardman</td></tr> <tr> <td>GMC code</td><td>2340982</td> <td>GP code</td><td>02194</td> </tr> <tr><td>Practice name</td><td colspan="3">The Whitevale Medical Group (18908)</td></tr> <tr><td>Practice code</td><td colspan="3">46560</td></tr> </table>	Name	Dr Roger Hardman			GMC code	2340982	GP code	02194	Practice name	The Whitevale Medical Group (18908)			Practice code	46560			<table border="1"> <tr><td>30 Whitevale Street Dennistoun Glasgow G31 1QS</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141-554-4536 Facsimile: 0141 554 3979</td></tr> </table>	30 Whitevale Street Dennistoun Glasgow G31 1QS	Contact number(s)	Voice: 0141-554-4536 Facsimile: 0141 554 3979
Name	Dr Roger Hardman																			
GMC code	2340982	GP code	02194																	
Practice name	The Whitevale Medical Group (18908)																			
Practice code	46560																			
30 Whitevale Street Dennistoun Glasgow G31 1QS																				
Contact number(s)																				
Voice: 0141-554-4536 Facsimile: 0141 554 3979																				

REFERRING GP DETAILS	Practice address					
<table border="1"> <tr><td>Name</td><td colspan="3">Dr. Roger Black</td></tr> </table>	Name	Dr. Roger Black			<table border="1"> <tr><td>Whitevale Medical Group 30 Whitevale Street</td></tr> </table>	Whitevale Medical Group 30 Whitevale Street
Name	Dr. Roger Black					
Whitevale Medical Group 30 Whitevale Street						

GMC code	2553816	GP code	05088
Practice name	The Whitevale Medical Group (46560)		
Practice code	46560		
Glasgow G31 1QS			
Contact number(s)			
Voice: 0141 554 4536			

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: PIGMENTED FACIAL LESION

Comment: Dear Doctor,

Many thanks for seeing the above named who has had a discoid lesion on her left cheek since childhood. More recently in the centre of it she developed a raised nodular area, which is pigmented. There were no other suspicious features. In view of these changes however I would be grateful if she could be seen urgently.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	-	12-Nov-2012	12-Nov-2012
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	14-Jun-2012	14-Jun-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaler :		24-Jun-2011
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: No known ASN requirements
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REFERRAL TO	
BREASTCLINIC (Consultant) General Surgery - Breast GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral	ROUTINE
Date of referral	08-Mar-2012
Date sent	14-Mar-2012

PATIENT DETAILS	Patient's address
Surname: Jamieson Forename(s): Linda Title: Miss Sex: Female Date of birth: 21-Mar-1966 CHI no.: 2103666240 Area of Residence: -	128 Corsock St MD GLASGOW G31 3QD Contact number(s): Voice: 07895913969

1010033057014	Unique Care Pathway Number: 1010033057014
-----------------	---

REGISTERED GP DETAILS	Practice address
Name: Dr Roger Hardman GMC code: 2340982 GP code: 02194 Practice name: The Whitevale Medical Group (18908) Practice code: 46560	30 Whitevale Street Dennistoun Glasgow G31 1QS Contact number(s): Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS	Practice address
Name: Dr. Joseph Daly	Whitevale Medical Group 30 Whitevale Street

GMC code	4508791	GP code	54259	Glasgow
Practice name	The Whitevale Medical Group (46560)			G31 1QS
Practice code	46560			Contact number(s)
				Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: BILATERAL BREAST PAIN

Comment: Dear Doctor,

I would be grateful if you would review the above lady who was seen at your clinic in December 2010. At this time she was complaining of right breast pain. Her examination at that time was normal and she had bilateral mammograms, which showed no focal abnormalities.

She has presented today complaining of approximately 3 months of bilateral severe generalised breast pain. She feels that both breasts have increased in volume over the past few months. She herself has not felt any discrete lumps. She has been finding it difficult to get to sleep because of the pain and is often tearful. There is no obvious association between the pain and her periods. She is otherwise systemically well.

On examination there was no obvious breast asymmetry, there was no altered skin around the breast, nipple retraction or discharge on palpation about the breast. I could feel no discrete lesions on palpation however the entire examination caused her pain on palpation. There were no axillary or supraclavicular lymphadenopathy. I have prescribed her regular analgesia today however in view of her ongoing pain, which she says is now affecting her lifestyle, I would be grateful if you could review.

Yours sincerely,

Dr Joe Daly.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	-	08-Dec-2010	08-Dec-2010
Cervical cytology screen	priority=1	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma priority=1	07-Apr-1997	07-Apr-1997
X-rays	Pneumonitis (RHSC) priority=1	12-Jun-1969	12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ibuprofen Tablets 400 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	08-Mar-2012	08-Mar-2012
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	08-Mar-2012	08-Mar-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
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Teetotaler :		24-Jun-2011
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO		
DRBAIN (Consultant) Gynaecology - other GGC Gynae Gen Ref		Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral	ROUTINE	
Date of referral	12-Jul-2011	Date sent 13-Jul-2011

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD Contact number(s) Voice: 07895913969
Forename(s)	Linda	
Title	Miss	
Sex	Female	
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence		

1010022551720	Unique Care Pathway Number: 1010022551720
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REGISTERED GP DETAILS		Practice address
Name	Dr Roger Hardman	
GMC code	2340982	GP code 02194
Practice name	The Whitevale Medical Group (18908)	
Practice code	46560	
		Contact number(s) Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Mark Eatherington	
GMC code	6143352	GP code 85065
		Whitevale Medical Group 30 Whitevale Street Glasgow

Practice name	The Whitevale Medical Group (46560)	Contact number(s)
Practice code	46560	Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: HEAVY BLEEDING

Comment: Dear Dr Bain,

I would be grateful for your re-assessment of this 45 year old lady who attended with hot flushes and blood tests showing menopausal gonadotrophin levels. She had a mirena coil removed by yourselves in August of last year and she was due to have a laparoscopic drainage of endometriomas which she cancelled.

She has had a several year history of pelvic pain and abnormal bleeding. Although she has had a several month history of hot flushes and menopausal blood tests she still has quite heavy bleeding. Her periods have been irregular for the past year with spotting in between periods. She states that in some months she bleeds for 21 days of the month but denies any symptoms of anaemia.

I would therefore be grateful for your assessment regarding Miss Jamieson's ongoing problems.

Yours sincerely,

Dr M Eatherington

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Priority cancer referral	08-Dec-2010	08-Dec-2010
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: ,		24-Jun-2011
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaller :		24-Jun-2011
Teetotaller: Alcohol Intake\$\$.clm - No Action Required		10-May-2006
Teetotaller: Alcohol Intake\$\$.clm - No Action Required		07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

HOSPITAL INFORMATION MISSING



Dr ROGER HARDMAN
WHITEVALE MEDICAL GROUP
30 WHITEVALE STREET GLASGOW

G31 1QS

Date : 14 May 2011

Dear Dr ROGER HARDMAN,

Re: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21/03/1966 CHI number: 2103666240

HOSPITAL INFORMATION MISSING Patient attended on the 14 May 2011.

The presenting complaint was: **INJURY TO KNEE 1 WK AGO**

Triage information: **Not recorded**

The following investigations **KNEE X-RAY LEFT**
were carried out:

The A&E diagnosis was: **** INJURY- NOT ASSAULT** - SPRAIN - KNEE - LEFT**

The following treatment was **None**
given:

At the conclusion of treatment **DISCHARGED TO GP-REVIEW/ATTENDANCE**
the patient was: **ADVISED**

Follow-up: **GP + PHYSIOTHERAPY**

Additional information: **Pt fell onto left knee 2/52 ago. pain/swelling increased over past 1/52. No bone injury noted on xray. Pt advised knee sprain. Continue tio mobilise as normal, regular analgesia and follow up by gp physio if required.**

Yours sincerely,

PAUL KANE

EMERGENCY NURSE PRACTITIONER

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: No known ASN requirements
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REFERRAL TO		
BREASTCLINIC (Consultant) General Surgery - Breast GGC General Referral		Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral URGENT - SUSPECTED CANCER		
Date of referral 08-Dec-2010	Date sent 09-Dec-2010	

PATIENT DETAILS		Patient's address
Surname	Jamieson	128 Corsock St MD GLASGOW G31 3QD Contact number(s) Voice: 07895913969
Forename(s)	Linda	
Title	Miss	
Sex	Female	
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence	-	

101001347841S	Unique Care Pathway Number: 101001347841S
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REGISTERED GP DETAILS		Practice address
Name	Dr Røger Hardman	
GMC code	2340982	GP code 02194
Practice name	The Whitevale Medical Group (18908)	
Practice code	46560	
		Contact number(s)
		Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr. Abena Aboagyewaa Adjepong	
GMC code	5196660	GP code 17213
		30 WHITEVALE STREET GLASGOW

Practice name	WHITEVALE MEDICAL GROUP (46560)	Contact number(s)
Practice code	46560	Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: BREAST PAIN AND LUMP

Comment: Dear Doctor,

I reviewed the above named patient at the surgery today. Linda presented with a 2-week history of right breast pain. The pain is worse following a fall 6 days ago. She now feels the pain is almost constant with a shooting pain through her breast. She has taken some simple analgesia with no improvement. Linda stated that she had a similar episode of right breast pain and the symptoms cleared after a few weeks. Linda does regular breast examinations and although she feels that her breasts are quite lumpy she has not felt anything unusual. The pain does not appear to be cyclical. Linda does have some breast tenderness around the time of her period but the pain is now feeling is completely different. She denies any skin changes, any nipple discharge, she denies any family history of breast problems or breast cancer.

On examination there were no skin changes, no nipple changes or nipple discharge. There was a tender 10mm mobile lump at 9 o'clock in her right breast. There was no axillary or supraclavicular lymph nodes.

In view of the duration of her symptoms and new discovery of a lump I would be grateful if you could review and advise further on her management.

Yours sincerely,

Dr Abena A. Adjepong

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia priority=1	26-Dec-2006	26-Dec-2006
Termination of pregnancy	priority=1	04-May-1998	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal priority=1	16-Aug-1994	16-Aug-1994
Spontaneous vaginal delivery	Male priority=1	20-Dec-1989	20-Dec-1989
Urinary tract infection, site not specified	priority=1	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Cervical cytology screen	30-Jun-1998	30-Jun-1998
Excision of lesion of eyelid	07-Apr-1997	07-Apr-1997
X-rays	12-Jun-1969	12-Jun-1969

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

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2		02-Mar-2009
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		10-May-2006
Never smoked tobacco: Smoker\$\$ Status.clm - No Action Required		07-Nov-2000
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		10-May-2006
Teetotaler: Alcohol Intake\$\$.clm - No Action Required		07-Nov-2000

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

ward 56A

Princess Royal Maternity

16 Alexandra Parade
Glasgow G3 1 2ER
Switchboard 0141 211 4000
Appointment queries 0141 232 0808

DEPARTMENT OF GYNAECOLOGY

DR C BAIN
DR S MATHEW
DR K BURTON
DR M DEENY
DR A DUNCAN
DR R JAMIESON
DR S WONG

PROF M LUMSDEN
DR A MATHERS
DR P OWEN
DR M PERERA
DR M RODGER

Dictated 12/07/2010
Typed 15/07/2010
Hospital number 20821615K
CHI 2103666240
Secretary Claire Marie Higgins
Contact 0141 211 5758

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

RE: Linda Jamieson - 21/03/1966 - 128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

We were planning to admit Linda for surgery in June, however on the day of the operation she phoned to say that she was concerned about the anaesthetic and she might not want to have her surgery. We did manage to persuade her to attend to discuss things in more detail with the anaesthetist. She is keen to try hysteroscopic removal of the coil and I would be happy to attempt this with a local anaesthetic in my Stobhill Hysteroscopy clinic. I will arrange an appointment for her in due course and we will repeat her scan at this time.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

ward 56A

Princess Royal Maternity

16 Alexandra Parade
Glasgow G3 7 2ER
Switchboard 0141 211 4000
Appointment queries 0141 232 0808

DEPARTMENT OF GYNAECOLOGY

DR C BAIN
DR S MATHEW
DR K BURTON
DR M DEENY
DR A DUNCAN
DR R JAMIESON
DR S WONG

PRO F MLUMSDEN
DRA MATHERS
DR P OWEN
DR M PERERA
DR M RODGER

Dictated 12/07/2010
Typed 15/07/2010
Hospital number 20821615K
CHI 2103666240
Secretary Claire Marie Higgins
Contact 0141 211 5758

Ann Caldwell
Clinic Co-ordinator
Clinic F
Level 2
Stobhill ACH

Dear Ann,

RE: Linda Jamieson - 21/03/1966 - 128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

I would be grateful if this lady could have a routine appointment for my hysteroscopy clinic.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

Acute Services Division

Department of Gynaecology

Dr Bain's Clinic

Princess Royal Maternity
Alexandra Parade
Glasgow G4 0SF



Clinic 10/05/2010
Dictated 10/05/2010
Typed 14/05/2010
Your Ref 20821615K
Our Ref CB/CH
Enquiries to Claire Higgins (Secretary)
Direct 0141 211 5758
Fax 0141 211 4512

Dr J H Kennedy
Dr A M Mathers
Dr R W S Yates
Dr M Rodger
Dr A Duncan
Dr R Jamieson
Dr M Perera

Dr M Deeny
Dr P Owen
Prof M A Lumsden
Dr C Bain
Dr K Burton

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow, Lanarkshire, G31 3QD

Thank you for referring Linda back to the gynaecology clinic. She is a 44 year old para 1 who has been having menstrual problems for some years. She has had a copper IUCD in for five years and is keen to have this removed. I understand that she has actually been seen in 2007 with a history of pelvic pain and an ultrasound scan performed at this point had suggested evidence of possible endometrioma's. She had been listed for a laparoscopy and coil removed at this time. It seems that she had to cancel it due to her father's illness.

I performed a transvaginal scan today which demonstrated a retroverted uterus with the copper coil in the cavity. An attempt had been made at the gynaecology clinic to remove the coil but the threads had not been seen. She also had bilateral lesions of the ovaries which are suggestive of endometrioma's. They are quite small, about 3 cm in size. I have taken a Ca 125. The ovaries also appear quite limited in mobility. As she has a significant history of pain it is highly unlikely she had endometriosis and I have placed her name on the waiting list for laparoscopic drainage of endometriosis, removal of coil and insertion of Mirena. I will let you know how she gets on.

Kind regards

Yours sincerely

C BAIN
Consultant Gynaecologist

Acute Services Division



Ward 56A

Princess Royal Maternity

16 Alexandra Parade
Glasgow G31 2ER
Switchboard 0141 211 4000

Dr S. Wong's Clinic

Secretary: Catherine Donaghy
Direct Dial: 0141 211 4755
Fax: 0141 211 4512
Email: Catherine.donaghy@ggc.scot.nhs.co.uk

DEPARTMENT OF GYNAECOLOGY

DR C BAIN	PROF M LUMSDEN
DR S MATHEW	DR A MATHERS
DR K BURTON	DR P OWEN
DR M DEENY	DR M PERERA
DR A DUNCAN	DR M RODGER
DR R JAMIESON	
DR S WONG	

Dictated 06/05/2010
Typed 18/05/2010
Your Ref
Our Ref ZP/JM

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr Hardman

Linda Jamieson - 21/03/1966 - CHI: 2103666240 - CRN: 20821615K
128 Corsock Street, Glasgow G31 3QD

Thank you for referring this 44 year old para 1 lady who is complaining of heavy periods which come every two weeks with associated pain. She had an IUCD inserted more than five years ago which she wants to be removed. She had a failed attempt on removal of the IUCD in the past but nothing was done. She is up-to-date with her smears and she is a non-smoker. She does not have any significant past medical or surgical history.

On examination, her abdomen was soft and non-tender. Speculum examination revealed a normal looking cervix. Threads were not visible. I tried with a thread retriever but nothing came out.

I have booked her for a pelvic ultrasound scan to locate her coil and to rule out ovarian cysts. If she has a coil in situ, her name will go on to the waiting list for removal in Day Surgery under general anaesthesia. Otherwise, she will be sent an appointment to attend the Clinic to treat her irregular periods.

Her scan is booked for Monday 10th May at 10 am and Dr Wong will review the scan results after the scan is done.

Thank you.

Kind regards.

Zahida Parveen
Specialist Registrar

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
GYNAECOLOGYCLINIC (Consultant) Gynaecology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral ROUTINE Date of referral 24-Feb-2010	Date sent 25-Feb-2010

PATIENT DETAILS	Patient's address														
<table border="1"> <tr><td>Surname</td><td>Jamieson</td></tr> <tr><td>Forename(s)</td><td>Linda</td></tr> <tr><td>Title</td><td>Miss</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>21-Mar-1966</td></tr> <tr><td>CHI no.</td><td>2103666240</td></tr> <tr><td>Area of Residence</td><td>-</td></tr> </table>	Surname	Jamieson	Forename(s)	Linda	Title	Miss	Sex	Female	Date of birth	21-Mar-1966	CHI no.	2103666240	Area of Residence	-	128 Corsock St MD GLASGOW G31 3QD Contact number(s) Voice: 07895913969
Surname	Jamieson														
Forename(s)	Linda														
Title	Miss														
Sex	Female														
Date of birth	21-Mar-1966														
CHI no.	2103666240														
Area of Residence	-														

1010002353138	Unique Care Pathway Number: 1010002353138
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REGISTERED GP DETAILS	Practice address																
<table border="1"> <tr><td>Name</td><td colspan="3">Dr Hardman</td></tr> <tr> <td>GMC code</td><td>2340982</td> <td>GP code</td><td>G02194</td> </tr> <tr><td>Practice name</td><td colspan="3">THE WHITEVALE MEDICAL GROUP</td></tr> <tr><td>Practice code</td><td colspan="3">46560</td></tr> </table>	Name	Dr Hardman			GMC code	2340982	GP code	G02194	Practice name	THE WHITEVALE MEDICAL GROUP			Practice code	46560			30 Whitevale Street Glasgow G31 1QS Contact number(s) Voice: 0141-554-4536 Facsimile: 0141 554 3979
Name	Dr Hardman																
GMC code	2340982	GP code	G02194														
Practice name	THE WHITEVALE MEDICAL GROUP																
Practice code	46560																

REFERRING GP DETAILS	Practice address								
<table border="1"> <tr><td>Name</td><td colspan="3">Dr. Roger Black</td></tr> <tr> <td>GMC code</td><td>2553816</td> <td>GP code</td><td>05088</td> </tr> </table>	Name	Dr. Roger Black			GMC code	2553816	GP code	05088	30 WHITEVALE STREET GLASGOW
Name	Dr. Roger Black								
GMC code	2553816	GP code	05088						

Practice name	WHITEVALE MEDICAL GROUP (46560)	Contact number(s)
Practice code	46560	Voice: 0141 554 4536

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? OVARIAN CYSTS, IMPACTED IUCD

Comment: Dear Doctor,

I understand that the above named attended the Gynaecology Clinic last year having been referred from the Family Planning Clinic following a failed coil removal which was requested due to menorrhagia. She continues to report menses every 2 weeks.

She advises that she attended the Gynaecology Clinic last year and had an ultrasound scan which demonstrated 2 'lumps' on her ovaries and was listed for a laparoscopy. She was unable to attend for this as her father has been ill.

Ms Jamieson is anxious to proceed with relevant investigations and wishes her coil removing. I would be most grateful if she could be re-appointed.

Yours sincerely,

Dr Roger Black

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia	26-Dec-2006
Termination of pregnancy	-	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	Male	20-Dec-1989
Urinary tract infection, site not specified	-	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>
Cervical cytology screen	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	07-Apr-1997
X-rays	Pneumonitis (RHSC)	12-Jun-1969

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

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		10-May-2006
Never smoked tobacco:		07-Nov-2000
Never smoked tobacco:		02-Mar-2009
Teetotaler:		10-May-2006
Teetotaler:		07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

FINAL DISCHARGE LETTER

Glasgow Royal Infirmary 84 Castle Street, Glasgow G4 0SF 0141 211 4405

Ward 43

Consultants: Dr Burns

Dr Roger Hardman
Whitevale Medical Group
30 Whitevale Street
G31 1QS

Patient

Linda Jamieson – 20821615K
61 Corsock Street, Haghill,
Glasgow, G31 3PN

CHI: 2103666240
DOB: 21/03/1966

Admitted: 26/02/2009

Discharged: 27/02/2009

Transferred:

Follow up:

Main Diagnoses:

GORD
Anxiety

Previous/inactive Diagnoses:

Presenting complaint: Palpitations, shortness of breath and chest pain

Examination: Unremarkable

Diagnostic tests/ procedures and relevant results :

ECG showed no signs of ischaemia
CXR was normal
D-Dimers were normal
Troponin was negative
TFTs were normal

Progress: Pain settled with analgesia

Results awaited/ further action: No follow-up

Medication on discharge (changes in bold):

Omeprazole 20mg b.d
Gaviscon 10mls q.d.s

Date: 06/03/2009

Signed:

Position: GPST1

Dr E Hunter

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs: No known ASN requirements
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REFERRAL TO			
MAXILLOFACIAL SURGICALCLINIC (Consultant) General Surgery G General Referral			Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary			Hospital and hospital address Hospital location code. G107H Email address
Urgency of referral	URGENT LUMP - FRONT OF MOUTH		
Date of referral	28-Jan-2009	Date sent	29-Jan-2009

PATIENT DETAILS		Patient's address
Surname	Jamieson	61 Corsock Street HAGHILL GLASGOW G31 3PN Contact number(s) Voice: 07895913969
Forename(s)	Linda	
Title	Miss	
Sex	Female	
Date of birth	21-Mar-1966	
CHI no.	2103666240	
Area of Residence		

**	Unique Care Pathway Number:
----	-----------------------------

REGISTERED GP DETAILS		Practice address
Name	Dr Hardman	
GMC code	2340982	GP code G02194
Practice name	THE WHITEVALE MEDICAL GROUP	
Practice code	46560	
		Contact number(s) Voice: 0141-554-4536 Facsimile: 0141 554 3979

REFERRING GP DETAILS		Practice address
Name	Dr Mark Russell	
GMC code	6104163	GP code G17213
		30 Whitevale Street Glasgow G31 1QS

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: LUMP - FRONT OF MOUTH

Comment: Dear Doctor,

Many thanks for seeing Miss Jamieson who has presented to me with a lump at the front of her mouth. On examination she has a ball (around 4mm) and buccal mucosa superior to UL1. This mass is fixed and hard and she tells me that she has not noticed it prior to a few months ago. I am not sure whether this is likely to present a malignant process or not but given its apparent recent onset and its nature I would be grateful if you could see her.

Yours sincerely,

Dr Mark Russell

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>
Pneumonia due to unspecified organism	Community Acquired Pneumonia	26-Dec-2006
Termination of pregnancy	-	04-May-1998
[X]Bulimia nervosa	A&E Swallowed toothbrush - Endoscopic removal	16-Aug-1994
Spontaneous vaginal delivery	Male	20-Dec-1989
Urinary tract infection, site not specified	-	01-Jan-1981

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>
Cervical cytology screen	-	30-Jun-1998
Excision of lesion of eyelid	Left upper eyelid - Adenoma	07-Apr-1997
X-rays	Pneumonitis (RHSC)	12-Jun-1969

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)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Mefenamic Acid	42	TABS 500MG	1 Tab	3 times daily	26-Sep-2008	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		10-May-2006

Never smoked tobacco:	07-Nov-2000
Teetotaler:	10-May-2006
Teetotaler:	07-Nov-2000

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-21 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



CHI: 2103666240

Glasgow Royal Infirmary

Total Att: 15

12 Mth Att: 0

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 60y

Sex: Female

128 CORSOCK STREET

Next of kin: JAMIESON, James

Relationship: Brother

07958554607

Glasgow
Lanarkshire
G31 3QD
07444384861

GP: A Parkins

0141 554 4536

Attendance Date: 31/03/2026

Arrival Time: 01:40

Registration Time: 01:40

Date of Incident: 31/03/2026

Major Incident Desc:

Reason for Attendance: I foot inj

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 4

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 31/03/2026 01:47

Nurse name: Nurse Craig Nelson2

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

BM		mmol/L
PF		1/min
Expected PF		1/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: "Left inverted ankle mechanism on Sat night, since ongoing pain to base of 4th and 5th toe, PWB, pain radiating up calf, nil pain/tenderness elsewhere. Pain to base of left thumb from fall. Had own analgesia with minimal effect."

2103666240
JAMIESON
Linda

21/03/1966

2103666240
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Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

Ref Made
31/3/26

CLINIC REQUEST SLIP PLEASE PLACE IN PATIENTS NOTES.

PATIENT ID: Linda Jameson
2103666240

MOBILE NUMBER: 07444386861

PLEASE TICK SELECTION BELOW

FRACTURE VIRTUAL TRAUMA CLINIC	☒	
ENT	☐	
ENT PAEDIATRIC	EMAIL: ggc.paedsent.referrals@nhs.scot	
MAXILLOFACIAL	PER EMAIL TO TARAN SINGH	



CHI: 2103666240

Glasgow Royal Infirmary

Total Att: 14

12 Mth Att: 1

Title: MS

JAMIESON

Linda

DOB 21/03/1966

Age: 58y

Sex: Female

128 CORSOCK STREET

Next of kin: JAMIESON, James

Relationship: Brother

07958554607

Glasgow
Lanarkshire

G31 3QD

GP: A Parkins

07444384861

0141 554 4536

Attendance Date: 11/07/2024

Arrival Time: 14:02

Registration Time: 14:02

Date of Incident: 11/07/2024

Major Incident Desc:

Reason for Attendance: elbow complaint

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 0

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 11/07/2024 14:05

Nurse name: Nurse Emma Cameron2

Temp	36.1	C
HR	82	bpm
BP	141/94	mmHg
MAP		mmHg
RR	18	bpm
SpO2	100	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/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:



2103666240
JAMIESON
Linda

21/03/1966

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JAMIESON
Linda

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JAMIESON
Linda

21/03/1966

Date	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
11/12/24	FLUCLOXACILLIN	1g	0	TTO	pro	jumped

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date	11/12/24	Seen By	JCAMPBELL	Time Seen	fall
at time as also had road injury. patient states wound given but nothing documented. Wads - NI unemployed de swelling and wound (admitted) to elbow (L) heat/erythema - located and no evident clo. Pain + to same. wound 2cm x 1cm. patient reports looking excruciating. reports feeling unwell but denies temp. NEND. Neurovascularly intact. CRT = 2secs. Radial pulse present. Flex - extend - resist - rotate (separate / pronate) - bony tenderness to Xray → MRI. Plan - cleared with debridement wipe - Sensory/vascular fluid evident. washed out with impad. closed with steri strips + covered with padded dressing. oral flucloxacillin given monitor for worsening signs advised practice nurse for wound r/r. Analgesia. Discharge jumped JCN/EM.					



CHI: 2103666240

Glasgow Royal Infirmary

T3

Total Att: 13

12 Mth Att: 0

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 58y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07444384861

GP: A Parkins

0141 554 4536

Attendance Date: 01/07/2024

Arrival Time: 12:05

Registration Time: 12:05

Date of Incident: 01/07/2024

Major Incident Desc:

Reason for Attendance: fall - head injury

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 4

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 01/07/2024 13:16

Nurse name: Nurse Craig Nelson2

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

BM		mmol/L
PF		1/min
Expected PF		1/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: HI-news 0-mech fall backwards, hitting back of head from standing height, nil LOC/vomiting. Ongoing dizziness and lightheaded, difficult to see if any wound present due to hair. Bilateral neck pain but nil C-spine tenderness. Nil PMHX/meds 1g paracetamol given in triage

2103666240
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Linda

21/03/1966

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21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

cm Scale 0 2 4 6 8 10 210366240

ADULT HEAD INJURY ASSESSMENT FORM - GLASGOW ROYAL INFIRMARY

Patient Details (label if possible)

Name: LINDA JAMIESON

DOB: 210366 Age 58

Doctor M. OLSON
Grade ST4
Date 11/7/14
Time seen 16:20

HISTORY / MECHANISM OF INJURY SOURCE: Patient Witnesses Ambulance / Police

Mechanical fall while taking out bins wearing flip flops.
Sustained occipital head injury.

LOC	<u>No</u>	Yes	Duration:
Amnesia: PT	<u>No</u>	<5m	5-60 Hrs:
Amnesia: RG	<u>No</u>	Duration:	
Headache	<u>No</u>	Yes:	
Vomiting	<u>No</u>	freq	time
Alcohol	<u>No</u>	AMOUNT	
Drugs	<u>No</u>	DESCRIBE	
Seizure	<u>No</u>	Yes: TIME	

PMH

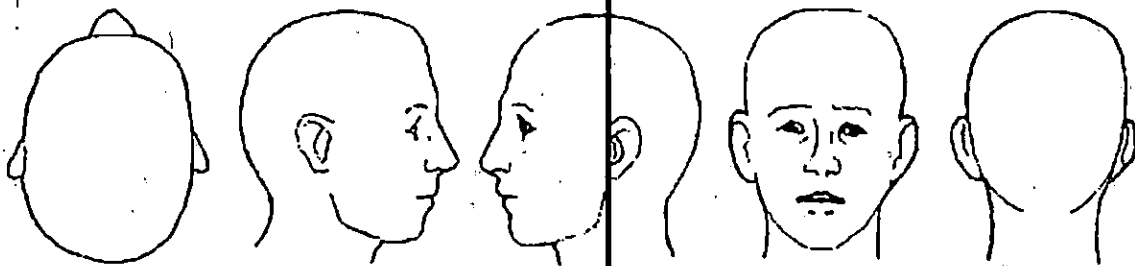
DH	Aspirin	Clopidogrel	NOAC	Warfarin: INR=	TETANUS
					Complete
					Booster
					Uncertain

EXAMINATION

HR BP RR BM Temp SaO₂ air/O₂

GCS	Description	Score
E		4 14
M		6 16
V		5 15
Total		15 15
	<u>Normal</u>	Abnormal
CN I-XII	COMMENTS	

	LEFT			RIGHT		
EYES	<u>Normal</u>	<u>Normal</u>	VA	<u>Normal</u>	<u>Normal</u>	VA
EARS	Clear	Wax	Abnormal	Clear	Wax	Abnormal
Limbs upper	<u>Normal</u>	Weakness		<u>Normal</u>	Weakness	
Limbs lower	<u>Normal</u>	Weakness		<u>Normal</u>	Weakness	
Speech	<u>Normal</u>	Abnormal		Balance/Gait	<u>OK</u>	<u>Unsteady</u>
Face Movement/Sens	<u>Normal</u>	Abnormal	DESCRIBE			



No external sign of HZ

Wound Closure	<u>NONE</u>	GLUE	SUTURES [No:]	STAPLES [No:]
Skull #	NO	COMMENT		
Base of Skull #	NO	COMMENT		
Neck Injury	NO	COMMENT		

OTHER INJURIES / PROBLEMS	NONE	LISTED ON ED CARD
---------------------------	------	-------------------

IMAGING				
Immediate CT	<u>NO</u>	YES		COMMENT
CT within 8hrs	<u>NO</u>	YES		
C-Spine	CT	<u>NO</u>		RESULT
	X-ray	<u>NO</u>		RESULT
Other	<u>NO</u>			RESULT

IMPRESSION

Mechanical Fall. No significant HZ

TREATMENT				
IV Access	NO	YES	REFUSED	
Bloods	NO	YES Document on card + significant results here		
Pabrinex	NO	I+II TDS	2x (I+II) TDS	
GMAWS	NO	Symptom triggered	Fixed + symptom triggered	
Analgesia	NO	Cocodamol	PRN	REGULAR
		Other		

OUTCOME				
Home	<u>YES</u>	NB: ALCOHOL	HWC	SUPERVISION - WHO
Admit	46	AAU	65	OTHER
D/W Neurosurgery	NO	YES	COMMENTS	
Specialty Involvement	NO	YES		

Signature: [Signature] 7528520

Patient name

2103665240
JAMIESON F
Linda 21/03/1966
128 CORSOCK STREET
Glasgow, Lanarkshire
G31 3QD

Patient CHI



Emergency Care Nursing Documentation

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

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		
Signature:		

Risk Assessments and Screening Tools							
SEPSIS		☒ Y	☐ N	GMAWS		☒ Y	☐ N
FAST		☒ Y	☐ N	Adult Support and Protection		☒ Y	☐ N
Time:	Swallow Testing	☒ Y	☐ N	Mental Health Triage Assessment		☒ Y	☐ N
Falls Risk (clinical judgement)		☒ Y	☐ N	Child Protection Concerns		☒ Y	☐ N
4AT Assessment		☒ Y	☐ N	Frailty Assessment		☒ Y	☐ N
				Public Protection (NOC)		☒ Y	☐ N
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
Risk Assessment/Screening Tools		☒ 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:			

G31 3QD

NHS

Signed	Name	Designation
--------	------	-------------

Y = Yes N = No NA = Not Applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

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

Patient name

2103666240
JAMIESON
Linda
128 CORSO STREET
Glasgow, Lanarkshire
G31 3QD

Hospital:

Points to consider:

- Use within 8 hrs of admission to care area
- Re-assess daily and more frequently if a person's condition changes

Patient CHI

21/03/1966

/ard:

NI S
Greater Glasgow
and Clyde

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
/ /		
/ /		
/ /		
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.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							____ hrly	
/ /	:							____ 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 CHI

2103666240 F
JAMIESON
Linda
128 CORSOCK STREET
Glasgow, Lanarkshire
G31 3QD



Ongoing Care									
	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours
Time									
Nursing notes updated including (NEWS, MEWS, PEWS)									
FFN (provide details)									
IVI/IVABs									
Routine Medications prescribed and administered									
Falls risk assessment									
Skin assessed and supported (PURDRA)									
Analgesia assessment									
Nurse call system in place									
SBAR commenced									
Patient/ relatives updated									
Elimination needs met (does the patient know where toilet is)									
If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter									
STOPPS completed									

Patient CHI

2103666240
JAMIESON
Linda
128 COSOCK STREET
Glasgow, Lanarkshire
21/03/1966
F
G31 3QD

NI'S
Greater Glasgow
and Clyde

Nursing notes

Date and Time	Name/Signature
01-07-24 1440	Pt presents w/ HIE fall, ongoing dizziness. Mobilized independently into cubicle
	Carlini



CHI: 2103666240

Glasgow Royal Infirmary

Total Att: 12

12 Mth Att: 0

Title: MS

JAMIESON

Linda

DOB 21/03/1966

Age: 55y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07895913969

GP: RJ Hardman

0141 554 4536

Attendance Date: 07/06/2021

Arrival Time: 00:47

Registration Time: 00:47

Date of Incident: 06/06/2021

Major Incident Desc:

Reason for Attendance: chest pain

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 07/06/2021 00:56

Nurse name: Nurse Caitlyn Gallagher

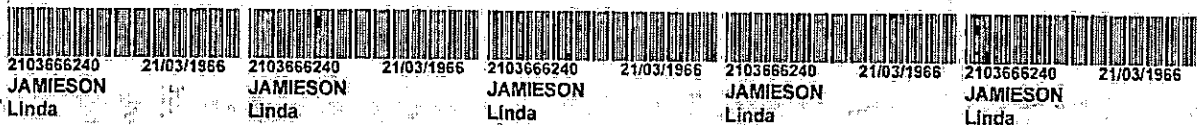
Temp	35.1	C
HR	109	opm
BP	164/101	mmHg
MAP	122.00	mmHg
RR	18	bpm
SpO2	99	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/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: "CCP onset 1.5 hrs ago. non radiating. sharp pain. pain on/off. pain free in triage. " taken analgesia with no relief. feels has hiccups and feels nauseous. denies covid symptoms. cat 0 for ecg please. news =2.

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Linda

To be Completed by Clinician						
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						
Date	Clinical Notes					
	Seen By		Time Seen			
Once Only Prescriptions (Including Tetanus Prophylaxis)						
Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Royal Infirmary
Acute Medicine Unit
(Part B - Medical Admission)

NHS
Greater Glasgow
and Clyde

2103666240
JAMIESON
Linda
21/03/1966
128 CORSOCK STREET
Glasgow, Lanarkshire
G31 3QD

Date & Time 070621 02: Consultant Ward SATF

Ward Review (Should be completed within 2hrs of transfer from ED) A. COOPER CF-ADM

Check List

- VTE ☐
Med - Rec ☐
Kardex ☐
CXR ☐
ECG ☐
Oxygen ☐
Patient on ☐
Bleeders list ☐

(55) home → ED → SATF w/ chest pain

chest pain

no SOB

onset ~ 2330

sharp

non-radiating

no positional variation

nausea

retching

was out in garden doing work, and doing painting today

(B) normally well
no reg meds

mother died of MI at 80

non-smoker

non-drinker

lives alone

(C) end-of-bed: looks stable

ECG SR nil acute

CXR nil acute

D-Dimer < 150 TnI

US₁+US₂+D



NEWS 1

SpO₂ 99 on air

RR 18

BP 164/101

HR 109

T 35.1

(I) MSK chest pain / indigestion

- (R) ① PPI
② Pepsac
③ TnI repeat at 04¹⁰ (early presenter)
④ ④ TnI < 4

A. COOPER
CF-ADM

Acute Assessment Unit

Nursing
Documentation

NHS
Greater Glasgow
and Clyde

	
2103666240	
JAMIESON	F
Linda	21/03/1966
128 CORSOCK STREET	
Glasgow, Lanarkshire	
G31 3QD	
1 IMPRINT (2000) THIS FORM IS FOR USE WITH THE HOSPITAL'S NEW LOGS	

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital GR

Patient Preferred Name:

Date: 7/6/21

Time: 0047

Triage Nurse

Transport SAS/Self:

2. Presenting Complaint

CIP

Category ☐

Gap Score ☐

3. Observations

Allergies (including food allergies):

No Known allergies ☒

Resp. Rate	SpO2	Temperature	Pulse	Blood Pressure
19	99%	35.1	109	164/101
GCS	NEWS Score	PEFR	Blood Glucose	Pain Score
15				10

4. Communication

I.D. band on?

☒ Y ☒ N

Relatives present?

☒ Y ☒ N

Relatives / NOK informed?

☒ Y ☒ N

Interpreter required?

☒ Y ☒ N

5. 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.

Acute Assessment Unit

Nursing Documentation



2103666240	
JAMIESON	F
Linda	21/03/1966
128 CORSOCK STREET	
Glasgow, Lanarkshire	
G31 3QD	

Named Nurse/Team Leader: Jacqueline, Hazel, Lee

Assessment Completed by: Name (PLEASE PRINT) Hazel L

6. Patient Preparation

Prepare patient for examination	☒	IV Cannula (if required)	☒
Clothing bag labelled and stored	☒	Blood samples taken	☒
GGC RED BAG - with patient	☐	If Yes, list requests <u>Chest pain gel</u>	☒
12 Lead ECG	☒	Cardiac Monitoring	☒
X rays performed	☐	Height:	Weight:

Urinalysis

Leucocytes	Nitrites	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated:	+ve ☐	-ve ☐	Strip Lot no:

7. Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:	Hand hygiene performed immediately before PVC insertion.	☐
☐ IV Fluids	Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry.	☐
☐ IV Drugs	Aseptic technique maintained throughout insertion procedure.	☐
☐ Suspected haemorrhage	Sterile, transparent, semi permeable dressing used to cover catheter site.	☐
☐ Diagnostic tests	Size/Colour: _____ Insertion site: _____	☐
Insertion Date: ____/____/____	Signature: _____	☐
Insertion Time: ____:____:____		

8. Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:	Hand hygiene performed immediately before insertion.	☐
Insertion Date: ____/____/____	Aseptic technique maintained throughout insertion procedure and connection to closed drainage.	☐
Insertion Time: ____:____:____	Urethral meatus cleansed with saline and lubricant used.	☐
Signature: _____	Gauge: _____ mls in balloon	☐

9. General Safety Precautions to be Undertaken by All Patients

Action the following safety precautions on admission to your ward.	Date: <u>7/6/21</u>
Update weekly or on change of condition	Time: <u>01:20</u>
1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	<u>independent</u>
2. Check walking aid (if required) is in reach and in use.	<u>N/A</u>
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	<u>✓</u>
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	<u>✓</u>
5. If glasses are worn, check they are available and in use	<u>N/A</u>
6. If hearing aid/s are worn, check they are working and in use.	<u>N/A</u>

Acute Assessment Unit

Nursing Documentation



2103666240

JAMIESON

Linda

21/03/1966

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

	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	thurselt			

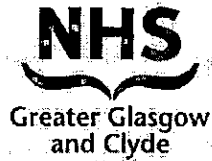
11. Screening Tool (Requires escalation / specialist referral / separate Risk Assessments)

Child Protection concern	Y / ☒ N / NA	Learning Disabilities	Y / ☒ N / NA
Adult Support and Protection	Y / ☒ N / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / ☒ N / NA
>65 years: 4AT/TIME BUNDLE COMPLETE?	Y / ☒ N / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / ☒ N / NA
Mental Health Triage	Y / ☒ N / NA	Infection Risk	Y / ☒ N / NA
Has swallow test been carried out?	Y / ☒ N / NA	STOPPS completed? Y / N / NA Date _____ Time _____ Sign _____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y / N / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / N / NA
FRAILITY SCREENING Completed on Trakcare	Y / N / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y / N / NA

12. Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes ☒ No ☒	
	If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer intervention plan (PUDRA Chart).	
Date	Location of redness/ulcers	Grade of ulcer
2 Mobility	Does the person require assistance to mobilise? Yes / ☒ No ☒	
3 Continence	Does the person have continence issues with urine and/or faeces? Yes / ☒ No ☒	
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink? Yes / ☒ No ☒	
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities? Yes / ☒ No ☒	
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? Yes / ☒ No ☒ If Yes, please give details:	

Nursing Documentation



2103666240
JAMIESON
Linda
51
21/03/1966

[illegible]

Nursing Notes

[illegible]

PREScription FORM

Hospital Name:

ONCE ONLY AND PREMEDICATION DRUGS

[illegible]

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information ☒ Y/N
Print & Sign _____

PATIENT DETAILS

 2103668240 JAMIESON Linda -21/03/1966	Height: Weight: Surface area: Ward:
128 CORSOCK STREET Glasgow, Lanarkshire G3 3QD Glasgow, Lanarkshire G3 3QD	

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94-98%

88-
92%

Other
(please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: / / PRESCRIBER (PRINT & SIGN):



CHI: 2103666240

Glasgow Royal Infirmary

18

Total Att: 11

12 Mth Att: 1

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 52y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07895913969

GP: RJ Hardman

0141 554 4536

Attendance Date: 24/08/2018

Arrival Time: 15:28

Registration Time: 15:28

Date of Incident: 24/08/2018

Major Incident Desc:

Reason for Attendance: knee injury

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 5

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 24/08/2018 15:39

Nurse name: Nurse Anne Moran

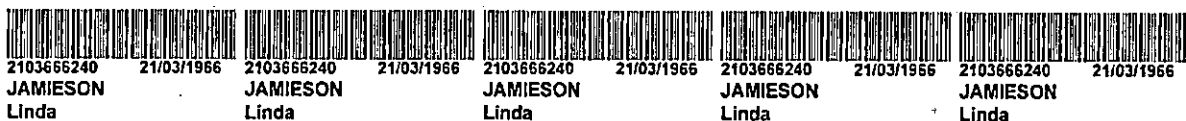
Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/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:

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

To be Completed by Clinician						
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						
Date	Clinical Notes					
	Seen By <u>Chary Bm</u>		Time Seen <u>16:50</u>			
<u>24/8/10</u>	<u>P/C</u> Rt knee injury <u>P/H</u> (S) Nursing student presents with a painful (R) knee she sustained having fallen forward onto her knees 3/7 ago. Fully weight bearing but painful since. 2 PMH SH Lives alone 2 DH Allergies - Nil <u>O/E</u> Obvious bruising, swelling & deformity to Rt knee. Can straight leg lift. Patella normal. (Rt) = (Lt) Effusion to knee UCL } No laxity or pain elicited on stressing ligament LCL } PCL } No laxity or pain over anterior + posterior ACL } Negative anterior + posterior drawer test. Painful over tibial tuble and proximal third third of tibia. No U/U deficit. Distal deficit - can walk with <u>Rx</u> xray - Shows no obvious bony injury <u>Adv</u> Advise (Rx) Analgesia DTG Discharge home Chary Bm					
Once Only Prescriptions (Including Tetanus Prophylaxis)						
Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
<u>24/8/10</u>	<u>ibuprofen</u>	<u>400m</u>	<u>TID</u>	<u>TID</u>	<u>ChB</u>	<u>ChB</u>



CHI: 2103666240

Glasgow Royal Infirmary

T3/

Total Att: 10

12 Mth Att: 2

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 52y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07895913969

GP: RJ Hardman

0141 554 4536

Attendance Date: 11/04/2018

Arrival Time: 18:10

Registration Time: 18:10

Date of Incident: 11/04/2018

Major Incident Desc:

Reason for Attendance: r hand and wrist inj

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 5

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 11/04/2018 18:12

Nurse name: Nurse Mhairi Hamill

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

BM		mmol/L
PF		1/min
Expected PF		1/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:

2103666240
JAMIESON
Linda21/03/1966
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Linda21/03/1966
JAMIESON
Linda

To be Completed by Clinician						
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						
Date	Clinical Notes					
	Seen By: <u>LSPENCER ENP</u>		Time Seen			
11/14	PMH ODH NIKOA. Occupation - hairdresser <u>beautician</u> PL Right wrist injury HPL (S2) RHD, fell onto (R) arm tonight to Tender & swollen over distal radius, ASB, swollen + No other bony tenderness No N/V deficit Pain + on flexion/extension Xray (R) wrist - ? scaphoid # Tx - wrist splint + thumb extension VFL RV MRI scaphoid requested.					
Once Only Prescriptions (Including Tetanus Prophylaxis)						
Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
12/14	co-codamol ff	8/500mg	0	discharge	LSP	US



CHI: 2103666240

Glasgow Royal Infirmary

14

Total Att: 9

12 Mth Att: 2

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 51y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07895913969

GP: RJ Hardman

0141 554 4536

access
Bloods
Urine
Protein
Leuk
Blter-Neg.

Attendance Date: 02/06/2017

Arrival Time: 16:38

Registration Time: 16:38

Date of Incident: 02/06/2017

Major Incident Desc:

Reason for Attendance: uti

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 02/06/2017 16:51

Nurse name: Nurse Lorna MacLeod

Temp	36.4	C
HR	88	bpm
BP	124/104	mmHg
MAP	110.67	mmHg
RR	15	bpm
SpO2	100	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

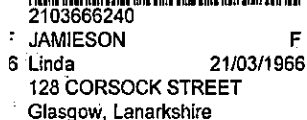
GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: "D/Ch from ward 56a 3/7 after being treated for UTI & retention. Still c/o pain when PU & now feeling dizzy."

2103666240
JAMIESON
Linda21/03/1966
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Linda21/03/1966
JAMIESON
Linda

**Glasgow Royal Infirmary
Emergency Department**



G31 3QD

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units			
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date 02/06/17 Time 1906 KSTATION Family Clinic Marton Spalding

51 PC: dysurie, bebi's unwell.

^{1/52} dysuria, frequency, urgency
presented to ED & referred to gynae as ? PV
bleeding ? haematuria

catheter placed as ? urinary retention - 150ml
drained

$d/c =$ oval timeth spin - one dose left.

dyuria improving but persisted
mild encephalic pain.

feeling nauseous since starting abx.
off food, generally feeling unwell.

pmkt₀ nil Denies SI / PU Sp

pm46 wil Denies SI / PU Sp

Ditr: NKDA. nil regular.

Sites: non-coles. no ETOH
lives alone

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number
or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality
------	------	------	-------	------------

OE: alert, oriented, undistressed. Looks well

HTS 11/11 + 0. pulse regular. CRT < 2.

~~HA~~ clear

~~HA~~ SNT
BS+ve

Urine dip leucos ++
protein ++

Obs stable

MSSU from previous presentation
- no significant growth

Imp: UTI

? resolving ? persistent despite Rx.

Plan: d/c in course nitrofurantoin if urinary sepsis
persist once trimethoprim complete.

Com.

**Glasgow Royal Infirmary
Emergency Department**

G31 3QC

Clinical Notes

[illegible]

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number
or affix label

HAEM:	DATE or TIME	BIOCH	DATE or TIME		DATE or TIME	V/ABG	DATE or TIME
WCC		Na		Bil		FiO ₂	
Hb		K		ALT		H ⁺	
Plat		Cl		AST		PaCO ₂	
Neut		Ur		GGT		PaO ₂	
DD		Creat		A phos		Bic	
PT		eGFR		Alb		BE	
PTT		Glu		AdjCa		Lactate	
TT		CRP		Amyl		Ethanol	
INR		Mg		TropI HS		Para	
		Phos		BHCG		Sal	

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

NEWS – National Early Warning Score



Name: 
 Address: 2103666240 JAMIESON F
 6 Linda 21/03/1966
 128 CORSOCK STREET
 Glasgow, Lanarkshire G31 3QD
 CHI No.
 DoB

	Date	Ward
Admitted	21/6	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.

Pupil size (mm)

[illegible]

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			

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

[illegible]



CHI: 2103666240

Glasgow Royal Infirmary

SGA



Total Att: 8

12 Mth Att: 1

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 51y

Sex: Female

128 CORSOCK STREET

Next of kin: JARVIS, Stephen

Relationship: Son

Glasgow
Lanarkshire

G31 3QD

07895913969

GP: RJ Hardman

0141 554 4536

URINE

Attendance Date: 31/05/2017 Arrival Time: 09:44

Registration Time: 09:44 Date of Incident: 31/05/2017

Major Incident Desc:

Reason for Attendance: pv bleed

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 31/05/2017 09:54

Nurse name: Nurse Lynn De Marco

Temp	3.4	C
HR	98	bpm
BP	154/95	mmHg
MAP	114.67	mmHg
RR	16	bpm
SpO2	98	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/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: "pain passing urine now blood in urine " associated abdo pain

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

2103666240
JAMIESON
Linda

21/03/1966

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary

Alexandra Parade

Glasgow

G31 2ER

Main Switchboard: 0141 211 4000

Date of Completion: 31/05/2017

Dr. RJ Hardman
The Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

Dear Dr RJ Hardman:

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
31/05/2017 11:11	In Patient	31/05/2017	

Specialty	Consultant	Ward	Telephone
Gynaecology	Dr Ros Jamieson	GRI Ward 56A Gynaecology	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,

Linda Jamieson was admitted to the GRI on 31/05 with post-coital pain and bleeding.

Diagnosis: Urinary retention and UTI

Background: This patient presented with a 3 day history of generalised abdominal pain and bleeding following sexual intercourse with her partner. She also complained of dysuria and difficulty passing urine.

Investigations: A TV USS revealed a large cystic mass located centrally in the pelvis. Urinalysis- Positive for bloods, protein and leucocytes.

Treatment: A urinary catheter was inserted which drained 150ml urine. On re-imaging the cystic mass had disappeared. Antibiotics for suspected UTI. Analgesia

Outcome: Her pain improved following insertion of the urinary catheter and with analgesia. To complete 3 days of antibiotics.

Kind Regards

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: y.

Medication Info:

Allergies:

Height: 1.60 cm

Weight: 60 kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Trimethoprim Tablets	Oral	200	mg	TWICE a day	3 Days	

Medication Comment: trimethoprim for 3 days

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Dr Lewis Morrison
Doctor

Prescription Review

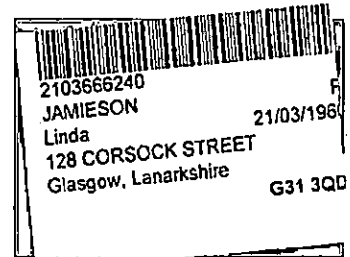
Medications Reviewed by Pharmacist:

Dispensed Medications Checked by Pharmacy:

Nurse discharging patient: Lewis Morrison, Doctor

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow
and Clyde



Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

21/03/17 Time 10:30 Name: DAVE McLEACHAN Sex: Male

(SI) Normally fit + well.

+ [PC] - PV bleeding

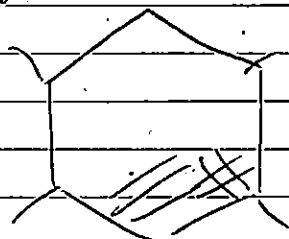
[HPC] - sex & partner on Saturday, deep dyspareunia. Had to stop. Fresh red bleeding immediately.

LMP
4/12 ago.
Reg cycle
28/7.

On-going since. Now passing clots. V4 perineal pain. Same dysuria / frequency.

Smears UTD - no cervical Rx previously.
Para 1+1 - (N) STD.

[O/E]: Afebrile.



tender suprapubic region + LIF. & slightly guarded. perianth. BSV

Clinical Notes

Date Time Name Grade Speciality

(Continued)

Speculum & chaperone

V+V (N)

Cervix - parous os
- no lesion / bleeding
point.

HUS taken.

Cervical excitation ✓+++.

(P)

d/w Gynae HCG NEGATIVE

FBC / UPE / CRP

HUS - sent

Urine - 0 leuk + + / protein + +

→ MSSU sent.

d/w Gynaecologist - to go to
ward 60A for P.V.C

Many thanks.

Julia

**Glasgow Royal Infirmary
Emergency Department**

Patient Name
DoB
CHI Number
or affix label

[illegible]

Speciality

CLINICAL NOTES - MEDICAL
NURSING

☐
☐

Please tick ☒ appropriate directorate



2103666240

JAMIESON

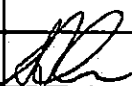
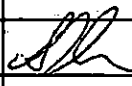
Linda

128 CORSOCK STREET
Glasgow, Lanarkshire

21/03/1961

G31 3QC

Date & Time	Signature, Print Name & Designation
31/5/17 Reviewed	
1230 Hx as above - CAP since episode of SI 4/7 ago.	
TUS - large cystic mass centrally in pelvis @ ut + endomet. No adnexal mass	
Urinary retention	
Plen catheter + review	
Indication <u>Retention</u> Residual Volume (ml) <u>?</u> Colour of Urine <u>clear yellow</u> Easy Insertion? <u>Y</u> N <u>if No, why?</u> Name <u>JAMIESON</u> Signed <u>[Signature]</u> Date <u>31/5/17</u> BRILLANT AquaFlete REF A310112 All-Silicone ☒ LOT 16KE46 Long-Term ☒ (up to 12 weeks use) Standard, 2-way Foley SIZE Ch. 12 (4.0mm) / 10ml Teleflex Medical, (DA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland)	
31/5/17	
1330 150mls drained in urinary catheter.	
for TUS - cystic mass disappeared.	
U. tender - remove catheter.	
IM analgesia	
Antibiotics	
Review later ? home	

Date & Time		Signature, Print Name & Designation
3/5/17	Nursing Day Shift 13:40	
	- Catheter removed under Dr Jamieson's instructions. - Pt passed 150mls via catheter. - Pt in great pain, 5mg oramorph given. - mssu sent ✓ - Pt given oral trimethoprim as prescribed. - Pt to remain on ward for some time to ensure she feels better - Will cont to monitor.	 SDUKSON SW
3/5/17	Nursing Day Shift 17:00	
	- Pt. passed x 2 urine volumes, large clear urine. - Pt for home, IDL complete, Trimethoprim given for discharge. - Pt feeling much improved. - Discharged from ward.	 SDUKSON SW

Gynaecology Department Integrated Care Pathway - Emergency Admissions

Date 31.15.17 Ward 56A

Time Seen: _____

Use addressograph label if available

Consultant Dr Jamieson

Please print clearly in block capitals.

Name _____	
Address _____	2103666240
_____	JAMIESON
_____	3 Linda 21/03/1961
_____	128 CORSOCK STREET
_____	Glasgow, Lanarkshire
_____	G31 3QE
D.O.B _____	
Prefers to be called _____	
Telephone _____	
Occupation _____	
Religion _____	
Interpreter required (specify) _____	
Date arranged _____	
Comments _____	

Next of kin

Name STEVEN JARVIS

Address _____

Telephone Day 01836 6702 Evening _____Relationship SON

Other contact _____

Address _____

Telephone Day _____ Evening _____

Relationship _____

Relative aware of admission _____ Yes ☐ No ☐

Comments _____

GP

Name _____

Address _____

Telephone _____

Home circumstances / Social support

Lives with family _____ ☐

Comments _____

Lives alone _____ ☒Nursing home _____ ☐Residential care _____ ☐Dependants _____ ☐

Comments _____

Social support at present

District nurse _____ Yes ☐ (_____ days/week) No ☐Cancelled _____ Yes ☐ No ☐Home help _____ Yes ☐ (_____ days/week) No ☐Cancelled _____ Yes ☐ No ☐

Cancelled by _____ Date _____

Other services _____

(specify) _____

MRSA

History of MRSA _____ Yes ☐ No ☒

If yes

Screened and infection control team informed of admission _____ ☐

Comments _____

Any additional comments

Nursing Assessment

Observations

Results

Temp Yes ☐ No ☐ 35.9

Pulse Yes ☐ No ☐ 74

BP Yes ☐ No ☐ 126/72

Respirations Yes ☐ No ☐ 13

Sa O2 Yes ☐ No ☐ 99

Pain score
(according to acute
pain guidelines) Yes ☐ No ☐

Height Yes ☒ No ☐ 5ft 3 inch

Weight Yes ☒ No ☐ 9 1/2 stone

BMI Yes ☐ No ☐

Waterlow score Yes ☐ No ☐

Moving/handling risk
assessment Yes ☐ No ☐

Blood sugar if
appropriate Yes ☐ No ☐

Urinalysis Yes ☒ No ☐ ++ blood
+ 12 crystals
+ protein

Mssu if +ve urinalysis Yes ☐ No ☐

Pregnancy test
(if appropriate) Yes ☒ No ☐ - VE

Other (Specify) _____

Activities of Daily Living

Communication / Mental State

Alert/orientated ☐

Confused ☐

Anxious/distressed ☐

Details _____

Senses

Glasses _____ Yes ☐ No ☒

Hearing impaired _____ Yes ☐ No ☒

Hearing aid _____ Yes ☐ No ☒

Dentures _____ Yes ☐ No ☒

Other _____

Personal Hygiene

Independent ☒

Dependant ☐

Nutrition

Normal diet

Yes ☐ No ☒

(If no specify requirements) ↓ intake

Elimination

Bowel function

Regular _____ Yes ☒ No ☐

If no please comment: _____

Constipation _____ Yes ☐ No ☐

Diarrhoea _____ Yes ☐ No ☐

Uses aperients _____ Yes ☐ No ☐

If yes which type _____

Bladder function

Regular no problems _____ Yes ☐ No ☐

If no please comment _____

Frequency painful

Dysuria _____

Nocturia x _____

Urgency _____

Retention _____

Sleeping

Difficulties in Sleeping _____ Yes ☒ No ☐

If yes details Pain

Medication _____

Expressing Sexuality

Sexually Active _____ Yes ☐ No ☐

Comments _____

Additional Coments

Gynaecology Department
Integrated Care Pathway - Emergency Admissions



2103666240
JAMIESON
Linda
Patient name: 128 CORSOCK STREET
Glasgow, Lanarkshire
Hospital number: G31 3QD

Date: 31/05/17 Ward: 56 A

Use addressograph label if available

Medical Assessment	
Presenting complaint	Post-coital bleeding + abdominal pain
LMP	1 / 1 beginning of Feb
Parity:	1 + 0
Date of Last Smear	1 / 1 3 yrs ago
Result:	
Allergies:	
Contraception:	Nil (partner has vasectomy)

Triage Notes	
R	BP 154/95 P 98 T 36.0 BM SpO2 98% Expected PEF PEF
Urine: Leuco	+ Prol. + ph Blood ++ SG Ket. Gluc Nitrites
Pregnancy test Result:	NEG

Date:	Time:
31/05/17	12-10
FY2 MORRISON	
51 Post coital bleeding + abdominal pain. - Having sex w/ her partner on Saturday - had to stop due to severe pain + not feeling well. - Up until then had been feeling well but since then has been feeling generally unwell, feverish + urinary symptoms - dysuria + frequency. - Ongoing spotting noted - initially w/ anticipated clotting clots on Saturday but spotting is ongoing - but is improving. - Not soaking through underwear. - Generalised abdominal pain since Saturday - had to leave work as pain so severe today - never had anything like it before. Dyspareunia initially. - Never had post-coital bleeding. - vomiting / chest pain / palpitations. - Morning Sore PR bleeding. Gyn hx: Periods normally regular every 28-7 LMP - 4/12 ago 26yo son SVD. Last smear 3 years ago - all previous NAD. Previous STIs. No contraception for past 8 years (partner has vasectomy). Intensely hot all on + off. No COCP.	

PTO

Date: 3/10/51

PY2 MORRISON cont.

SM Lives w/ partner
Non-smoker
Little alcohol

O/E stable. NEWS 1 Sats 99% on air.
C/S 1 + 1 + 0
BP 126/72 HR 74

Soft
buccal abdominal
tenderness
BS present.

Bloods: Hb 130
CRP 13
WCC 10.7
U+E's + LFT's (N)

Speculum: performed in A+E
Cervix - Pass OS
- no lesion / bleeding point
- HVS taken
- Cervical excitation

Long ? trans
superficial UTI
Plan: MSSU
HVS
TVS
Cervix Review

Print Name: LEWIS MORRISON

Signature: *Leah*

Once Only Prescriptions

Date Given	Drug (Block Capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
3/10/51	ORAMORPH	5mg	0	13:30	<i>Leah</i>	<i>BD</i>
3/10/51	TRIMETHOPRIM	100mg	0	13:35	<i>Leah</i>	<i>BD</i>

Discharge Prescription Packs

Date Given	Drug (Block Capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Seen not admitted letter given

Yes ☐No ☐

Follow-up Arrangement

Emergency Department Nursing Documentation

Presenting Complaint - *Abdo pain*

Date - *31/5/17*

Time - *10⁰⁰*

210366240

JAMIESON

Linda

128 CORSOCK STREET

Glasgow, Lanarkshire

21/03/196

G31 3QC

Assessment Complete by: Name NURSE (Please Print)

MUAIKI HAMILL

Patient Prep / Investigations

(Please tick when completed)

Prepare patient for examination / Clothing bag labelled + Stored

☒

12 Lead ECG

☐

Weight:

☐

Blood Samples Obtained: YES ☐ NO ☐

IV Access: YES ☐ NO ☐

Blood Gas: VBG ☐ ABG ☐

Urinalysis

Leucocytes ☒	Nitrates ☒	Protein ☒	Blood ☒
Ketones ☐	Glucose ☐	PH	S.G
MSSU / CSU ☒	Toxicology ☐	<i>bilirubin</i>	
HCG ☐	+VE ☐	-VE ☒	Strip No -

Communication

(Please Circle / Tick)

NEWS Chart complete / NEWS SCORE - (Record pain, blood sugar and Neuro Obs on NEWS Chart)

☒

ID Band

☐

Peak Flow

☐

Xrays / CT Scan Performed:

☐

Relatives / NOK informed

☐

Screening Tools

(Please circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more

☒

SWALLOW TEST CARRIED OUT? (suspect any neurological signs or symptoms)

YES

Mental Health Triage Assessment

☒

IF NOT WHY? - (details) *N/A*

☒

GMAWS

☒

Time - *10⁰⁰*

AMT 4 (> 65 YEARS) 1) Age
2) DOB?
3) Current Year
4) This Place?

☒

Date - *31/5/17*

Signature - *M. Hamill*

At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc)
If at risk complete risk assessment

☒

Child Protection Concern (considered in line with policy)

☒

Adult Support and Protection

☒

Screening Tools / ACTIVE CARE

(Please tick when completed)

1) Pressure Damage Does the person have redness and/or existing damage?
If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA

Y/N

DATE

Location of redness / ulcers

Grade of ulcer

2) Mobility - Does the person require assistance?

Y/N

4) Nutrition - Does the person appear malnourished and / or unable to eat or drink?

Y/N

5) Skin - Is skin compromised by other source, eg. Neurological deficit, medication, substance, diabetes, co-morbidities?

Y/N

3) Continence - Does the person have continence issues with urine and / or faeces?

Y/N

6) Judgment - In your clinical judgment, is this person at risk of developing pressure damage? If YES - Details

Y/N



CHI: 2103666240

Glasgow Royal Infirmary

17

Total Att: 6

12 Mth Att: 3

Title: MS

JAMIESON

Linda

DOB: 21/03/1966

Age: 47y

Sex: Female

128 CORSOCK STREET
Glasgow
Lanarkshire
G31 3QD
07895913969

Next of kin: JAMIESON
Relationship: Husband
07895 913 969

GP: RJ Hardman
0141 554 4536

Attendance Date: 06/12/2013

Arrival Time: 01:08

Registration Time: 01:08

Date of Incident: 06/12/2013

Major Incident Desc:

Reason for Attendance: on penicillin niow having chest pains and shortness of breath

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 06/12/2013 01:11

Nurse name: Nurse Caroline Henderson

Temp	34.9	C
HR	97	bpm
BP	150/97	mmHg
MAP	114.67	mmHg
RR	16	bpm
SpO2	100	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/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: on penicillin for 4/7 for chest infection. c/o central chest pain when coughing



2103666240 21/03/1966
JAMIESON
Linda



2103666240 21/03/1966
JAMIESON
Linda



2103666240 21/03/1966
JAMIESON
Linda



2103666240 21/03/1966
JAMIESON
Linda

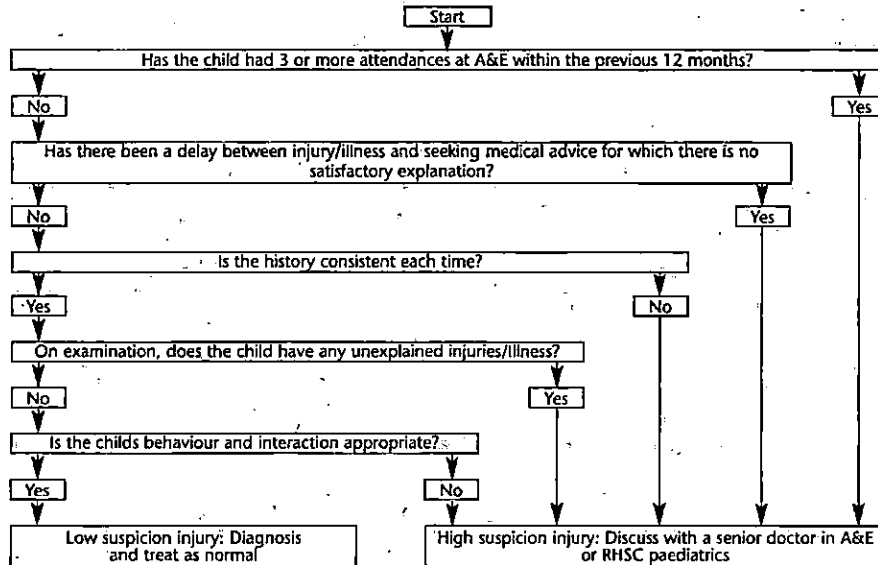


2103666240 21/03/1966
JAMIESON
Linda

[illegible]

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I. Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

6/12/13

0245

LAURA JOHNSON

GPSP-2

A+E

(L7) SOB + cough

5/7: history of productive cough + flu-like symptoms
 - seen GP + given oral amoxicillin
 - no improvement in symptoms seen antibiotics

Now do non-productive cough i.e. difficulty in expectorating
 - central heavy pain in chest when coughing

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

SIRS



2103666240

JAMIESON

Linda

128 CORSOCK STREET
Glasgow, Lanarkshire

21/03/1966

F

G31 3QD

Clinical Notes

- ~~not pleuritic in r~~
- no p in pain on inspiration
- mild improvement from paracetamol

PMHx - nil

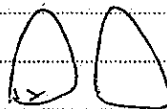
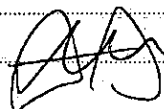
DHx - nil reg
MKDA U

SHx - no smel
several alcohol

OLE TBL: 9 H297 BP 150/97 RR 16 SpO2 100%

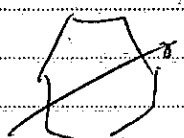
CUS HS 1+1+0 SPE 2
Cerebrum SMT

Resp



(L) basal
craps

Abdo



SMT
BS present

CXR - nil acute

ECG - SR 85bpm Twi V3

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow
and Clyde



2103666240
JAMIESON
Linda
21/03/1966
128 CORSOCK STREET
Glasgow, Lanarkshire

G31 3QD

Clinical Notes

Imp - ? unresolving LRTI

(P) bleeds
w i results

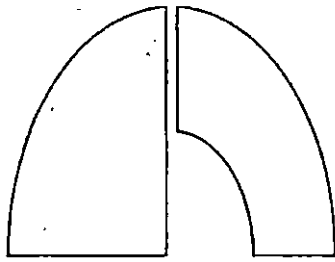
J. H. S. M.
GPST 2

OSIU - Bleeds as an

(P) DIC i oral der: through
see GP if not settling.

J. H. S. M.

X-Ray results



2103666240
JAMIESON F
Linda 21/03/1966
128 CORSOCK STREET
Glasgow, Lanarkshire
G31 3QD

ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time
WCC	7.0
Hb	135
Plat	325
MCV	
Neut	
DDim	Date and time
PT	
PTT	
TT	

Bioch	Date and time
Na ⁺	142
K ⁺	4.5
Cl ⁻	105
Ur	3.1
Creat	6.6
Glu	5.8
CRP	5.5
Bill	Date and time
AST	17
ALT	16
GGT	
ALP	75
Prot	
Alb	39
Glob	
Ca ⁺⁺	
Amyl	331 and time
TSH	
FT4	
Tropl	20.64 and time
Chol	
Trig	
Para	Date and time
Sal	
S osm	
ABG	Date and time
H ⁺	
P _a CO ₂	
P _a O ₂	
Bic	
BE	
FiO ₂	
Lactate	

Fluids Prescribed in A&E

Drug	Dose	Route	Freq	prescriber	signature	administered by	time
Drug							
Drug							
Drug							
Drug							

Drugs Prescribed in A&E

Drug	Dose	Route	Freq	prescriber	signature	administered by	time
Drug							
Drug							
Drug							
Drug							

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and
contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility
for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

XR Foot Lt

Performed	27-Apr-2026 10:16	Received	27-Apr-2026 16:57
Reported	27-Apr-2026 16:55	Order Number	G107H43470970
Status	Final	Source System	MiSys

XR Foot Lt

Final

Linda Jamieson

Auto reported

For autosign off in TrakCare

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting**Verified by:** Auto Reporting

XR Toes Lt

Performed	31-Mar-2026 02:49	Received	03-Apr-2026 10:24
Reported	03-Apr-2026 10:22	Order Number	G107H43378530
Status	Final	Source System	MiSys

XR Foot Lt

Final

Linda Jamieson**Clinical History :**

FALL 3/7

BT 1ST METACARPAL ?? #

BT DISTAL 3RD/4TH/5TH METATARSAL WITH BT OVER 4TH AND 5TH TOES ? #

XR Foot Lt :

Minimally displaced fracture is seen through the proximal phalanx of the left fourth toe.

XR Toes Lt :

Please see left foot report.

XR Hand Lt :

No acute bony injury is identified.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Graham Johnstone, Reporting Radiographer. RA62764

Reported by: Graham Johnstone (Rep Radiographer)**Verified by:** Graham Johnstone (Rep Radiographer)

XR Hand Lt

Performed	31-Mar-2026 02:49	Received	03-Apr-2026 10:24
Reported	03-Apr-2026 10:22	Order Number	G107H43378531
Status	Final	Source System	MiSys

XR Foot Lt

Linda Jamieson

Final

Clinical History :

FALL 3/7

BT 1ST METACARPAL ?? #

BT DISTAL 3RD/4TH/5TH METATARSAL WITH BT OVER 4TH AND 5TH TOES ? #

XR Foot Lt :

Minimally displaced fracture is seen through the proximal phalanx of the left fourth toe.

XR Toes Lt :

Please see left foot report.

XR Hand Lt :

No acute bony injury is identified.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Graham Johnstone, Reporting Radiographer. RA62764

Reported by: Graham Johnstone (Rep Radiographer)**Verified by:** Graham Johnstone (Rep Radiographer)

XR Foot Lt

Performed	31-Mar-2026 02:49	Received	03-Apr-2026 10:24
Reported	03-Apr-2026 10:22	Order Number	G107H43378529
Status	Final	Source System	MiSys

XR Foot Lt

Final

Linda Jamieson

Clinical History :

FALL 3/7

BT 1ST METACARPAL ?? #

BT DISTAL 3RD/4TH/5TH METATARSAL WITH BT OVER 4TH AND 5TH TOES ? #

XR Foot Lt :

Minimally displaced fracture is seen through the proximal phalanx of the left fourth toe.

XR Toes Lt :

Please see left foot report.

XR Hand Lt :

No acute bony injury is identified.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by Graham Johnstone, Reporting Radiographer. RA62764

Reported by: Graham Johnstone (Rep Radiographer)**Verified by:** Graham Johnstone (Rep Radiographer)

XR Hand Rt

Performed	04-Mar-2025 14:02	Received	13-Mar-2025 09:13
Reported	13-Mar-2025 09:11	Order Number	G107H41978280
Status	Final	Source System	MiSys

XR Hand Lt

Final

Linda Jamieson

Clinical History :

known RA, very tender bilateral thumb MCP joints, ?OA

XR Hand Lt :

Mild degenerate change at the first CMC joint. Small degenerate type cyst at the proximal aspect of the lunate. No further significant bone or joint abnormality.

XR Hand Rt :

Osteoarthritic change noted at the D I.P. joint of the index finger and a rather sclerotic appearance in relation to the pisiform and the triquetral (which might indicate local degenerate change). But no further significant finding.

Reported by: Dr Gregory O'Neill

Verified by: Dr Gregory O'Neill

XR Hand Lt

Performed	04-Mar-2025 14:02	Received	13-Mar-2025 09:13
Reported	13-Mar-2025 09:11	Order Number	G107H41978279
Status	Final	Source System	MiSys

XR Hand Lt

Linda Jamieson

Final

Clinical History :

known RA, very tender bilateral thumb MCP joints, ?OA

XR Hand Lt :

Mild degenerate change at the first CMC joint. Small degenerate type cyst at the proximal aspect of the lunate. No further significant bone or joint abnormality.

XR Hand Rt :

Osteoarthritic change noted at the D I.P. joint of the index finger and a rather sclerotic appearance in relation to the pisiform and the triquetral (which might indicate local degenerate change). But no further significant finding.

Reported by: Dr Gregory O'Neill

Verified by: Dr Gregory O'Neill

XR Elbow Lt

Performed	11-Jul-2024 15:51	Received	12-Jul-2024 16:38
Reported	12-Jul-2024 16:36	Order Number	G107H41155007
Status	Final	Source System	MiSys

XR Elbow Lt

Final

Linda Jamieson

Clinical History :

fall 1/7/24. sustained injury to L elbow. seen at time but no imaging. has wound to same. c/o pain on palpation to olecranon. swelling/redness noted. ?#

XR Elbow Lt :

Suboptimal AP view.

No fracture or joint effusion. Mild soft tissue swelling over the left olecranon.

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

Reported by Katrina Kettlewell, Reporting Radiographer. RA69544

Reported by: Katrina Kettlewell (Reporting Radiog)

Verified by: Katrina Kettlewell (Reporting Radiog)

Bone Densitometry DXA

Performed	03-Jul-2023 15:07	Received	03-Jul-2023 15:31
Reported	03-Jul-2023 15:29	Order Number	G107H39554784
Status	Final	Source System	MiSys

Bone Densitometry DXA

Linda Jamieson

Auto reported

Final

The DXA scan can be viewed on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

All DXA scan reports are now filed on the clinical portal under Service /Endocrinology-Bone metabolism clinical letter.

Reported by: Auto Reporting**Verified by:** Auto Reporting

XR Chest

Performed	13-Jan-2023 13:01	Received	15-Jan-2023 19:04
Reported	15-Jan-2023 19:02	Order Number	G107H39245917
Status	Final	Source System	MiSys

XR Chest

Linda Jamieson

Clinical History :

1/12 history of achey joints, being investigated for high ca2+, likely pmr/post viral arthritis but for cxr to exclude lung path

XR Chest :

Comparison made with previous. The heart and mediastinal contours are satisfactory. No new focal active pulmonary disease is seen.

Reported by: Dr Ross MacDuff

Verified by: Dr Ross MacDuff

XR Chest

Performed	07-Jun-2021 02:15	Received	09-Jun-2021 11:47
Reported	09-Jun-2021 11:45	Order Number	G107H37325577
Status	Final	Source System	MiSys

XR Chest

Final

Linda Jamieson

Clinical History :

55yo c/o central chest pain. ?ACS

XR Chest :

Heart size is at the upper limit of normal. Cardiomeastinal contours are unchanged.

No focal lung lesion or active lung pathology.

No significant interval change since the x-ray of 06/12/2013.

Reported by: Dr Siobhan Mathieson**Verified by:** Dr Siobhan Mathieson

XR Knee Rt

Performed	24-Aug-2018 17:02	Received	27-Aug-2018 09:54
Reported	27-Aug-2018 09:52	Order Number	G107H34200486
Status	Final	Source System	MiSys

XR Knee Rt

Final

Linda Jamieson**Clinical History :**

fall onto RT knee 2 days ago. Tender over tibial table and proximal third of tibia.?Fracture

XR Knee Rt :

No effusion or lipohaemarthrosis evident. No fracture demonstrated.

Code A: Agreement: No major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Examination reported by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce**Verified by:** Lianne Boyce

MRI Scaphoid Right

Performed	14-Apr-2018 18:43	Received	15-Apr-2018 18:10
Reported	15-Apr-2018 18:08	Order Number	G107H33748614
Status	Final	Source System	MiSys

MRI Scaphoid Right

Final

Linda Jamieson

Clinical History :

fall onto right hand tonight, tender over ASB ? fracture

MRI Scaphoid Right :

STIR, T1 coronal

There is focal bone marrow oedema on the dorsolateral surface of the first metacarpal base, indicating trabecular microfracture. There is mild thickening with oedema in the radial and ulnar collateral ligament in the first CMC joint with mild laxity in the ulnar collateral ligament and more extensive adjacent soft tissue oedema suggesting acute grade II sprain.

There is no evidence of acute fracture in the scaphoid.

A small amount of fluid is noted in the distal radioulnar, in the ulnocarpal and piso-triquetral joints. Small cystic changes are also noted in the triquetrum and pisiform.

Conclusion:

There is probable trabecular microfracture on the radial surface of the first metacarpal base and sprain injury in the radial and ulnar collateral ligaments in the first CMC joint, more severe in the ulnar collateral ligament.

Reported by: Dr Charalampos Economides (Locum)**Verified by:** Dr Charalampos Economides (Locum)

XR Scaphoid Rt

Performed	11-Apr-2018 21:09	Received	12-Apr-2018 14:41
Reported	12-Apr-2018 14:39	Order Number	G107H33748186
Status	Final	Source System	MiSys

XR Scaphoid Rt
Linda Jamieson
Clinical History :

Final

fall onto right hand today, tender over ASB ? fracture

XR Scaphoid Rt :

No bone or joint injury seen. If clinical suspicion remains for a scaphoid fracture, follow departmental protocol.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Thomas Elswood (SpR)

Verified by: Dr Thomas Elswood (SpR)

XR Chest

Performed	06-Dec-2013 02:45	Received	06-Dec-2013 09:36
Reported	06-Dec-2013 09:34	Order Number	G107H28578886
Status	Final	Source System	MiSys

XR Chest

Linda Jamieson

Final

Clinical History :

Cough and short of breath. LRTI?

XR Chest :

Comparison 17/12/2012. Heart not enlarged, mediastinum unremarkable. No focal active pulmonary pathology or interval change. Bony thorax intact.

Reported by: Dr Jonathan Platt (SpR)

Verified by: Dr Jonathan Platt (SpR)

XR Chest

Performed	17-Dec-2012 18:48	Received	19-Dec-2012 14:01
Reported	19-Dec-2012 13:39	Order Number	G107H27527875
Status	Final	Source System	MiSys

XR Chest

Final

Linda Jamieson

Clinical History : Sudden onset central chest pain for 24 hours.

XR Chest.:

The heart is not enlarged and mediastinal contours are normal. Lungs clear with no change comparing to February 2009.

Reported by: Dr Giles Roditi

Verified by: Dr Giles Roditi

XR Knee Lt

Performed	14-May-2011 21:23	Received	16-May-2011 10:03
Reported	16-May-2011 09:39	Order Number	G107H25875847
Status	Final	Source System	MiSys

XR Knee Lt

Final

Linda Jamieson

Clinical History : Fell onto left knee two weeks ago. Pain, swelling and reduced range of motion over the past week. Pain on movement/palpation to lateral side of knee.

XR Knee Lt : No significant bone or joint abnormality is demonstrated.

Reported by: Dr Jack Straiton (SpR)

Verified by: Dr Jack Straiton (SpR)

Accident and Emergency Department Glasgow Royal Infirmary



20821615K

A&E No. 12000084949

2

Surname	JAMIESON	Forename	LINDA	Title: MS
Address:	128 CORSOCK STREET GLASGOW LANARKSHIRE	Postcode	G31 3QD	CHI No: 2103666240
		Telephone:	07895 913 969	
Date of Birth:	21.03.66	Sex:	F	Age: 46 yrs



CHI Number: 2103666240

GP Name:	HARDMAN ROGER			
Address:	THE WHITEVALE MEDIC...	Postcode	G31 1QS	Zone ③
	WHITEVALE MEDICAL ...			
	30 WHITEVALE STREET GLASGOW	Telephone:	0141 554 4536	

Next of Kin	MR JAMIESON			
Relationship:	HUSBAND			
Address:	128 CORSOCK STREET	Postcode	G31 3QD	
	GLASGOW			
	LANARKSHIRE	Telephone:	07895 913 969	
Primary Carer:				

Date of Attendance: 17.12.12 17:20

Date of Incident:

Presenting Complaint: CHEST PAIN

Triage	CP 1/7 CENTRAL. RADIATING DOWN L ARM. NO SOB, FEELS NAUSEATED. CAT 2 ECG ONLY.	Tetanus Cover:
		Allergies:
P= 104	BP= 128/82	RR= 20
	Sat= 100	BM=
PF=	GCS= E:4 M:6 V:5 Total: 15	

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

Glasgow Royal Infirmary

Ward
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: JAMIESON, Linda

Patient ID: 2103666240

Height:

Weight:

DOB: 21.03.1966

Age: 46yrs

Gender: Female

Race: Caucasian

Study Date: 18.12.2012

Test Type: Treadmill Stress Test

Protocol: BRUCE

Referring Physician: AAU IP Dr Cameron

Attending Physician:

Technician: DG CP

Medications:

Medical History:

Chest pain:

Reason for Exercise Test:

Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	07:10	1.00	0.00	94	144/93	
EXERCISE	STAGE 1	03:00	1.70	10.00	127	138/89	
	STAGE 2	01:10	2.50	12.00	136		
RECOVERY		03:22	0.00	0.00	103	117/96	

The patient exercised according to the BRUCE for 4:09 min's, achieving a work level of Max. METS: 5.90. The resting heart rate of 105 bpm rose to a maximal heart rate of 139 bpm. This value represents 79% of the maximal, age-predicted heart rate. The resting blood pressure of 144/93 mmHg, rose to a maximum blood pressure of 150/97 mmHg. The exercise test was stopped due to DIZZINESS + + +

Interpretation

Summary: Resting ECG: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal. resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none.

Conclusions

Physician:

Technician:

WHITEVALE MEDICAL GROUP

30 Whitevale Street
GLASGOW
G3 1QS

Tel: 0141 - 554-4536/554-2974

Fax: 0141 - 554-3979

Dr. Roger A. L. Black
Dr. Lee Gek Teh
Dr. Roger J. Hardman

17/12/12 16.40

CHI: 2103666240 21/03/1966 F
JAMESON, Linda
128 Corsock St, G3 1QS
07895913969
Dr Mark Eatherington, 6143352
The Whitevale Medical, G3 1QS
17/12/2012 16:36, Practice. 46560

No pain

non Smoker

24 hrs central chest pain → @ arm.

→ Nausea

→ Feels unwell, Sweaty

Not relieved by Nimesulide

o/e central chest pain. Partially relieved by GTN x2

BP 100/70 RR 18 P 105 w/ Sats 98%.

~~ASA~~ ~~ASA~~ 115 1111 to 0416
oedema

imp/ ? ACS

→ 300mg ASA ✓ 16.40

→ GTN Spray x2

→ Ambulance - GRI for assessment

* Relieved by
GTN 16.45

Ectopic OESD

Registration Details - Patient No: 5701

Personal details...		Address details...	
Date of birth	21/03/1966	Post Code	G31 3QD
Sex	F	House Name Flat No	
Surname	Jamieson	No and Street	128 Corsock St MD
Previous Surname		Village	
Forenames	Linda	Town	GLASGOW
Calling Name	Linda	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	S645/3/66/433		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	07895913969
Registered GP	Dr Roger Hardman	Work Tel No	
Usual GP	Dr Roger Hardman	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2103666240		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	21/12/2000		

AMSCMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems		Authorised By	Code
28/03/2012	US guided core biopsy of breast (Right) Benign breast tissue	Mrs Lindsay	EMISNQS26
08/12/2010	Priority cancer referral	Dr Adjepong	8Hn
26/12/2006	Pneumonia due to unspecified organism Community Acquired Pneumonia priority=1	nellis	H26
12/06/2002	Notes summary on computer priority=1	UnknownUser	9344
30/06/1998	Cervical cytology screen priority=1	nellis	685
04/05/1998	Termination of pregnancy priority=1	nellis	L05
07/04/1997	Excision of lesion of eyelid Left upper eyelid - Adenoma priority=1	nellis	72120
16/08/1994	[X]Bulimia nervosa A&E Swallowed toothbrush - Endoscopic removal priority=1	nellis	Eu502
20/12/1989	Spontaneous vaginal delivery Male priority=1	nellis	L20
01/01/1981	Urinary tract infection, site not specified priority=1	nellis	K190
12/06/1969	X-rays Pneumonitis (RHSC) priority=1	nellis	5

Past Problems	Authorised By	Code
---------------	---------------	------

Alerts	Authorised By	Code
17/05/2011 Primary prevention of ischaemic heart disease Offer Keep Well Appt	Dr Transfer	6C0

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
12/11/2010	Cervical smear result Cervical smear: negative
07/11/2000	Height 161 cm
07/11/2000	Weight 67.13 Kg
15/10/2012	Blood pressure reading O/E - BP reading
15/10/2012	Blood pressure reading 122/60 mm Hg
24/06/2011	Smoking Status Never smoked tobacco

Consultations	
26/11/2012	Dr Roger Hardman at Data Entry
History	All bloods satis apart from chole 6.2, and hormones consistent with menopausal transition
Comment	10yr CV risk 10-20%, advise low fat diet

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
12/11/2012	Otomize Spray ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY 1 SPRAY	12/11/2012P	Dr. Roger Black	ACUTE

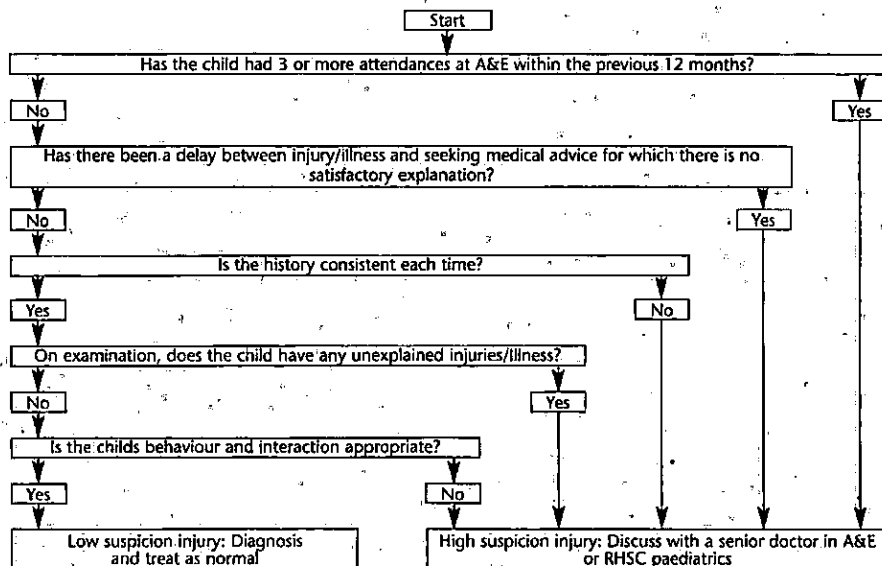
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)



20821615K
JAMIESON
LINDA
128 CORSOCK STREET
GLASGOW
LANARKSHIRE
CHI-2103666240
21/03/1966
G31 3QD

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I. Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

17/12/12 1630 N. ALAN 8MO AE

④6 Chest pain

Background: Normally fit + well, no meds, NKDA

1/2 h/o central chest pain - began ~ 1500hrs

- sudden onset when cleaning
- tight + gripping in nature, radiation to @ side chest
- assoc nausea + sweating
- unrelied with rest / antacids
- no exacc / relieving factors

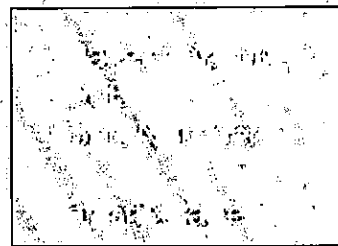
Pain relieved by GTN at GP surgery at 1645, now ~~completely resolved~~ c/o only mild discomfort but "doesn't feel right". Not keen for further GTN due to dizziness

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

SIRS



Clinical Notes

States was intermittent throughout night, severity 7/10

- assoc loose stool overnight, ~4-5x, offensive smell

- no close contacts, no unusual foods, no foreign travel

Further episode of same chest pain at 1430 today

FM mother died MI aged 74 SH non smoker

father - angina

nil alcohol

DH nil

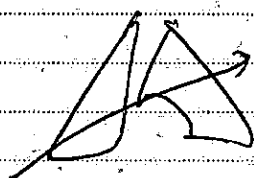
NKDA

O/E Alert, well

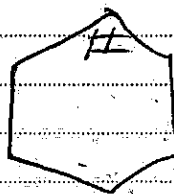
Obs HR 104, BP 128/62, RR 20, Sats 100%, Temp 36.8°C

Well perfused, CRT < 2

MS 1+1+0, °oedema



chest clear
nil added



Abdo soft
Minimal epigastric tenderness
°guarding/masses
BS+

ECC - NSR, HR 88

- T wave flattening V₂-V₄

CXR - nil acute

Imp Rule out ACS - Pt now states asymptomatic - no CP

Plan IV access + bloods (incl TnI)

Admit for 12hr Tn at 0230

↳ AAU if Tn -ve

↳ Cardiology + ACS Mx if +ve

W. H. S. H. O.

Clinical Notes

Bloods - Na^+ 140
 K^+ 4.2

Cl^- 106

Ur 5.4

Cr 79

eGFR > 60

Bil 5

AST 22

ACT 26

Alk phos 60

Alb 41

Ca^{2+} 2.47

CRP 3.2

Hb 133

WCC 6.9

Pt 283.

Trop < 0.04

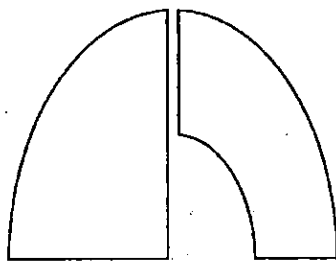
Initial troponin negative

at 2:30am.

admit to zone 3 for 12 hr troponin

F/A
Glasgow

X-Ray results



ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time
WCC	
Hb	
Plat	
MCV	
Neut	
DDim	Date and time
PT	
PTT	
TT	

Bioch	Date and time
Na ⁺	
K ⁺	
Cl ⁻	
Ur	
Creat	
Glu	
CRP	
Bil	Date and time
AST	
ALT	
GGT	
ALP	
Prot	
Alb	
Glob	
Ca ⁺⁺	
Amyl	Date and time
TSH	
FT4	
TropI	Date and time
Chol	
Trig	
Para	Date and time
Sal	
S osm	
ABG	Date and time
H ⁺	
P _a CO ₂	
P _a O ₂	
Bic	
BE	
FiO ₂	
Lactate	

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record (Part B)



20821615K
JAMIESON F
LINDA 21/03/1966
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

Date Consultant Ward

Ward Review

Ward Review section containing multiple horizontal lines for text entry.

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

DVT Prophylaxis

- indicated ☐
- not indicated ☐

SIRS

Medicine Reconciliation Form

Source of Information: Patient ☒ Relative/carer ☐ GP ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify)

[illegible]

List obtained by A. C. Mendenhall Designation Comp

Recently altered/discontinued medicines prior to admission and reasons why

Compliance aid? Y ☐ N ☐ Type..... If, Y Community Pharmacy Phone

Senior Medical staff review: Sign Title Date and Time

Reviewed by pharmacist Date and Time

Comments

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record (Part B)

NHS
Greater Glasgow
and Clyde

20821615K
JAMIESON
LINDA
128 CORSOCK STREET
GLASGOW
LANARKSHIRE G31 3QD
CHI-2103666240

Date 13-12-12 Consultant A Cameron Ward AM

Consultant Review

46 y presents with >24h history of chest pain.
Central, gripping, radiates to L arm.
Associated severe heartburn.
Also had several episodes of diarrhoea
in the hours following onset of the pain.
No SOB.
Feels pain improved 5 GTN in GP practice.

No risk factors for IHD other than uncle
and cousin died aged ~60 of MI.

ECG - SR, initial non-specific ST/T changes
resolved 8h post admission.

CXR - Unremarkable.

Bloods - (N) 12h troponin -ve.

o2 - Alert, oriented, afebrile.
P 62 reg BP 123/78 HR 111 to.
RR 16 SpO₂ 99% on air.
Chest clear.
Abdomen soft, non-tender.

A - Given duration of pain and -ve troponin,
cardiac cause seems unlikely.
Probable oesophageal pain 2°
to gastro-enteritis. However, in
view of clinical features (relief 5 GTN,
distribution, FH).

→ Adv for IP ETT.
if not feasible. → RACPC.

A Cameron

CONS

13-12-12

A

13-12-12 1030.

Social Circumstances			
Name (print):	Signature:	Time:	Named Nurse:
Religion/Spiritual Belief:		Occupation:	Rm/B:
Domestic Arrangements: (please circle)	Lives; Alone Family Partner House Bound		
Housing: (please circle)	Sheltered Residential Nursing House Bungalow Flat (position) Stairs; Internal / External		
Carers: (please circle)	Cared for by partner / Other Carer for partner / Other Family issues.		
Services: (please circle)	Meals on wheels District Nurse Home Carers CPN Day Hospital		
Personal Belongings: (please circle)	Clothing Listed Dentures - Top/Bottom Prosthetics Policy Explained Any Valuables If yes - With Patient ☐ Deed Box ☐ Finance Dept ☐		

Smoking History

Alcohol Screen ☐

FAST +ve ☐

-ve ☐

Observations	Temp.	BP.	P.	RR.	SPO2.	MEWS.
--------------	-------	-----	----	-----	-------	-------

Functional Assessment	
PRE-ADMISSION	ON ADMISSION
Breathing ☐ Breathing Problems Resp Problem Specify: ☐ Domiciliary Oxygen ☐ Domiciliary NEB ☐ Breathless On Exertion	
Circulation ☐ No circulatory problems ☐ Problem with circulation (e.g. PVD) specify:	
Safety and Comfort ☐ No Problems with pain ☐ Chronic pain specify: ☐ Risks to safety (e.g. self harm) specify:	State orientation / conscious level: Pain on admission:
Mobility ☐ Mobile Independently ☐ Problems with mobility specify:	Moving and Handling Requirements specify:
Personal Hygiene ☐ Independent ☐ Requires Assistance/Aids specify:	
Elimination ☐ No problems ☐ Problems with elimination specify:	

**Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record (Part B)**



Date	Consultant	Ward
------	------------	------

PRE-ADMISSION	ON ADMISSION
Sleeping: ☐ No problems sleeping ☐ Problems with sleeping specify: ☐ Use of night sedation specify:	
Communication/Sensory Impairment ☐ No Problems Communicating ☐ Specify Any Problems ☐ (e.g. Dysphasia, use of hearing aids / glasses):	
Nutrition ☐ Normal Diet ☐ Special Diet specify: ☐ Appetite specify: ☐ Recent Weight Changes specify: ☐ No Problems Swallowing ☐ Swallowing Difficulties specify:	

Waterlow Chart					
Circle scores in table. Add total. Several scores per category can be used.					
Build/Weight for Height		Skin Type: Visual Risk Area		Sex: Age	
Average	0	Healthy	0	Male	1
Above Average	1	Tissue Paper / Dry	1	Female	2
Obese	2	Oedematous	1	14 - 49	1
Below Average	3	Clammy (Temp)	1	50 - 64	2
		Discoloured	2	65 - 74	3
		Broken/ Spot	3	75 - 80	4
				81+	5
Continence		Mobility		Appetite	
Complete/ Catheter	0	Fully	0	Average	0
Occ. Incontinence/ Cath/ Incontinent	1	Restless/ Fidgety	1	Poor	1
Faecally Incontinent	2	Apathetic	2	NG Tub/ Fluids Only	2
Doubly Incontinent	3	Restricted	3	NBM/ Anorexic	3
		Inert/ Traction	4		
		Chairbound	5		
SPECIAL RISKS					
Tissue Malnutrition		Neurological Deficit		Medication	
Terminal Cachexia	8	Diabetes MS, CVA,	4 - 6	Cytotoxics	4
Cardiac Failure	5	Motor Sensory Paraplegia		High Dose Steroids	
PVD	5				
Anaemia	2				
Smoker	1				
SCORE	10+ = AT RISK	15+ = HIGH RISK		20+ = VERY HIGH RISK	
Pressure Areas	specify:	Skin condition: Waterlow score: Torrance score:			

Clinical Notes

Nursing: 18/12/12 03¹⁰. Patient awake most of the night. Appears anxious, reassurance given: 12°
ECG (N) 12° Troponin No c/o of pain.
Awaits R/V in morning.

18/12/12 0630 nursing notes: Pt slept for short spells overnight. 12° Troponin negative. await medical R/V as above. LW (ccv)

18/12/12 1330 BUNAS

1330 -ETT NOTES NO SIGNIFICANT ABNORMALITY
- FEN (F), NO FURTHER FIU AT PRESENT

SPS
BUNAS
FT2

North Glasgow Biochemistry & Immunology ** LIVE **

Patient enquiry ---- Express results

Reg	Name	D.O.B.	Sex	Loc.
20821615K	JAMIESON LINDA	21.03.66	F	ROYAL ACUTE ADM
Specimen N, 12.8740291.A		Type Specimen		
Collected 18.12.12	*	A.Diag		

.....TnI.....

Trop I <0.04

TnI No biochemical evidence of recent myocardial injury.

Quit \ Earlier req \ Later req \ ED \ LD
Back \ PHoned comment ..

Neurological Observations

[illegible]

Glasgow Coma Scale

Pupil size (mm)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

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 (<i>Not distressing – no retching/vomiting</i>)
2	= Moderate (<i>Troublesome – occasional retching/vomiting</i>)
3	= Severe (<i>Distressing – frequent retching/vomiting</i>)

Management Plan and Patient Exclusions

[illegible]

Emergency Department
Acute Assessment Unit GRI
84, Castle Street
Glasgow

copy

Dr R Hardman
The Whitevale Medical Group
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

19 December 2012

Dear Dr Hardman

Re: LINDA JAMIESON, 128 CORSOCK STREET, GLASGOW, LANARKSHIRE, G31 3QD
Date of Birth: 21.03.66 Hospital Number: 20821615K CHI Number: 2103666240

Your patient attended Acute Assessment Unit GRI on the 17 DEC 2012 at 17:44 pm.

The presenting complaint was:	Chest Pain
Triage Information:	Nil
The following investigations were carried out:	Nil
The A&E diagnosis was:	Patient For Specialty Take-Gp Referral - Medical
The following treatment was given:	Nil
At the conclusion of treatment the patient was:	Transfer To Other Health Care Provider/Hospital
Follow-up:	A&E Review
Additional Information:	Nil

Yours sincerely,

David McGlynn
Emergency Nurse Practitioner

Consultants

VITAL SIGNS									
ECG	Sinus tachy								
RTS	7.550								
SEWS	15.3								
GCS Total	15								
SPO2 %	100								
Temp °C	37.0								
Pain score	5.98/10								
Blood sugar mmol / l	5.98								
Peak flow %									
Cap refill (secs)	<2 secs								
BP mm Hg	130 / 86								
Resp. rpm	21								
Pulse rhythm	Reg								
Pulse bpm	113								
Time hr : min	17:03								
AMPLE									
Allergies	None								
Other allergies									
Medication	NONE TO NOTE								
Past history	A/A								
Last eaten	5 hrs								
Events prior	GP EMERGENCY CALL, 46 YEAR OLD FEMALE C/O CENTRAL CHEST PAIN RADIATING DOWN LEFT ARM SINCE 7PM LAST NIGHT, GOT WORSE THROUGHOUT TODAY, GP GAVE GTN WHICH EASED PAIN,								
AMI									
History of episode	>35 yrs old								
Patient symptoms	Time of onset 19:00, Central, Radiates to arms								
Pain character	Constant pain								
Report ID	e3aeb495-365f-4404-b4b7-ced1c1d44694								

E-Pacer PATIENT REPORT

Time 17:15 Date 17/12/2012

PATIENT AND INCIDENT DETAILS

Incident number PA004411337.001
 Name LINDA 46 JAMIESON
 Address 128 CORSOCK ST GLASGOW
 Patient postcode G31 3QD
 Age Unknown
 Date of birth 21/03/1968
 Gender Female
 Incident location WHITEVALE MEDICAL GROUP 30
 Incident post code WHITEVALE STREET GLASGOW
 Incident type G31 1QS
 Call received EMG
 Call passed 17/12/2012, 16:46
 Crew mobile 17/12/2012, 16:47
 Crew at scene 17/12/2012, 16:51
 Crew left scene 17/12/2012, 17:05
 Patient at hospital 17/12/2012, 17:11
 Receiving hospital and department GRIN Glasgow Royal Infirmary

PRIMARY SURVEY

RESPONSE

AVERT Alert

AIRWAY

Airway assessment Clear

BREATHING

Breathing rate Normal

Respiratory rate 21

CIRCULATION

Pulse rate Fast

Most peripheral pulse found Radial

Cap refill rate <2 secs

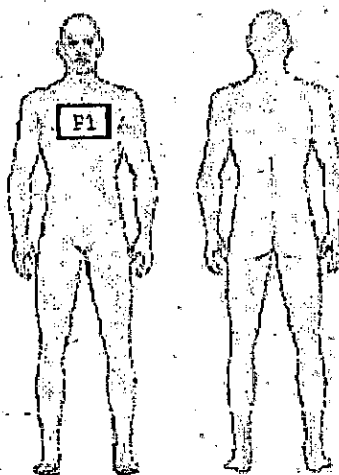
Skin colour Normal

Skin texture Dry

PATIENT CONSENT

Patient consent Treatment benefits explained, Risks of condition explained, Capacity to understand risks and treatment

INJURIES



AMPDS

Final code 10C04 Chest Pains, Breathing normally
 >35 rpm

GCS

Final GCS eye opening Spontaneous
 Final GCS verbal response Orientated
 Final GCS motor response Obeys commands

Immediate Discharge Letter**Highly Sensitive: No Consent for Sharing Withheld: No**

Dr. RJ Hardman
 The Whitevale Medical Group
 30 Whitevale Street
 Glasgow
 G31 1QS

Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 Main Switchboard: 0141 211 4000
 Date of Completion: 29/09/2016

Dear Dr RJ Hardman,

Name	CHI	DoB	Address
Linda Jamieson	2103666240	21/03/1966	128 CORSOCK STREET Glasgow G31 3QD

Admitted	Type	Discharged	Destination
29/09/2016 11:48	In Patient	29/09/2016	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J Mckay	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,

This 50 year old lady was admitted to GRI SAU for assessment on the 29/09/16 complaining of LIF pain. Ms Jamieson has a past medical history including anxiety, a UTI, pneumonia and a recent chest infection. On assessment blood tests were normal other than a CRP of 11, all observations were normal and urinalysis showed a trace of protein only. On examination Ms Jamieson was tender in the LIF with a soft abdomen however her pain had settled considerably.

Ms Jamieson was kept in the department for observation however following review by the surgical team was discharged home with analgesia and laxatives, the impression being constipation. She has been advised to re attend should symptoms return or worsen.

Yours Sincerely,
 Jillian McColl.
 Surgical Nurse Practitioner.

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: yes.

Medication Info:

Allergies:

Height: cm

Weight: kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	Every 4 - 6 Hours when required	7 Days	
Lactulose Solution	Oral	10	mL	TWICE a day	7 Days	
Senna Tablets	Oral	10	mg	At Night	7 Days	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Nurse Jillian McColl
Nurse

Prescription Review

Medications Reviewed by Pharmacist:

Dispensed Medications Checked by Pharmacy:

Nurse discharging patient: Jillian McColl, Nurse

Registration Details - Patient No: 5701

Personal details...		Address details...	
Date of birth	21/03/1966	Post Code	G31 3QD
Sex	F	House Name Flat No	
Surname	Jamieson	No and Street	128 Corsock St MD
Previous Surname		Village	
Forenames	Linda	Town	GLASGOW
Calling Name	Linda	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	S645/3/66/433		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	07895913969
Registered GP	Dr Roger Hardman	Work Tel No	
Usual GP	Dr Roger Hardman	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		NHS No.	
CHI Number	2103666240		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	21/12/2000		

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

Medical Record

Problems

Active Problems		Authorised By	Code
19/05/2016	Did not attend breast screening clinic	Mrs Kinnear	9N4y
28/03/2012	US guided core biopsy of breast (Right) Benign breast tissue	Mrs Lindsay	EMISNQS26
08/12/2010	Priority cancer referral	Dr Adjepong	8Hn
26/12/2008	Pneumonia due to unspecified organism Community Acquired Pneumonia priority=1	nellis	H26
12/06/2002	Notes summary on computer priority=1	UnknownUser	9344
30/06/1998	Cervical cytology screen priority=1	nellis	685
04/05/1998	Termination of pregnancy priority=1	nellis	L05
07/04/1997	Excision of lesion of eyelid Left upper eyelid - Adenoma priority=1	nellis	72120
16/08/1994	[X]Bulimia nervosa A&E Swallowed toothbrush - Endoscopic removal priority=1	nellis	Eu502

20/12/1989	Spontaneous vaginal delivery Male priority=1	nellis	L20
01/01/1981	Urinary tract infection, site not specified priority=1	nellis	K190
12/06/1969	X-rays Pneumonitis (RHSC) priority=1	nellis	5

Past Problems	Authorised By	Code
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Due Diary Entries	Authorised By	Code
31/03/2017	Cervical smear due SCCRS Recall	Ms Coupar 685F.

Overdue Diary Entries	Authorised By	Code
21/03/2016	No response to bowel cancer screening programme invitation OVERDUE Bowel Cancer Screening Exclusion	Mrs Lindsay 9Ow2.

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status

31/03/2014	Cervical smear result Cervical smear: negative
16/10/2015	Height 161 cm
16/10/2015	Weight 63 Kg
16/10/2015	Body Mass Index 24.3 kg/m2
29/09/2016	Blood pressure reading O/E - BP reading
29/09/2016	Blood pressure reading 105/65 mm Hg
03/12/2013	Smoking Status Non-smoker

Consultations

29/09/2016	<u>Dr Jessica McGinn at THE WHITEVALE MEDICAL GROUP</u> Abdo pain since this morning. Very severe - 8-9/10. Spasmodic, comes and goes. In LIF, doesn't move elsewhere. Not feeling feverish, not vomiting. Moved bowels this morning - normal for her. Possibly some urinary frequency, but no dysuria, no haematuria etc. Not getting periods any more, coil removed last year.
History	O/E - BP reading Temp 36.7, HR 77, SpO2 98%, Abdomen - voluntary guarding. Exquisitely tender LIF - will barely let me examine. Not tender elsewhere. No palpable masses or organomegaly. BS active. Urine dip negative.
Examination	Blood pressure reading 105/65 mm Hg
Comment	Not clear what's going on. However, clearly in lots of pain, never had this before. Needs hospital assessment. Accepted by surgeons GRI. D/W Dr Black.

31/08/2016	<u>Dr Christopher McClure at THE WHITEVALE MEDICAL GROUP</u> venlafaxine helping a lot. felt 2 tabs a day too much so now on 1 tablet a day. work have been very supportive. going back to work in a fortnight. concerned she has a chest infection. feels run down at present. coughing up a lot of green sputum past 10/7. ears sore and discharging. wet and crusty. NKDA.
History	T 36.7, P 68/min, sats 99%RA, chest fine creps right base, ears NAD.
Examination	much better, on M/R capsules, no indication for this. issued with venlafaxine tablets and advised patient of change. if feels a change with these could split
Comment	does 37.5mg BD in 1/12. abx for 5/7 for chest, return if not resolving. med 3 for 10/7 then agreed fit to go back to work.
Medication	Venlafaxine Tablets 75 mg 28 tablet 1 DAILY

Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY	
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 31/08/2016 - 11/09/2016)
02/08/2016	<u>Dr Katie Fleming at THE WHITEVALE MEDICAL GROUP</u>
History	AD review - changed to Venlafaxine last month, no s/e, taking OD, doesn't want to take BD. Finding much less anxiety but still tearful most days. several family stressors, family arguments. wanting to be back at work, barut industry, and planning september with work but wonders if counselling would help. agree of benefit, discussed options and cbt via pcmht likely help, given leaflet and will call them to arrange tel consultation. encouraged to keep active during the day, still thoughts racing at night initially but is sleeping better
Medication	Venlafaxine M/R capsules 75 mg 28 capsule 1 Cap Daily
Comment	review AD in 4 weeks, pt will contact pcmht and review sooner if mood worsening
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 02/08/2016 - 31/08/2016)
06/07/2016	<u>Dr Victoria Elizabeth Scott at THE WHITEVALE MEDICAL GROUP</u>
History	Joint surgery RB: Feels worse since being on sertraline. Weepy and lack of motivation, energy, anhedonia. Difficulty getting out of bed. No suicidal thought. Wanting to go back to work but cannot concentrate at present. No alcohol intake. Lives alone. Wishing extension of sick line. HR date back to work 29/08
Examination	weepy, structured form and thought, good eye contact.
Comment	MED 3 issued, PMHT information given. Switch to venlafaxine and review in 1/12. educated on cross-cover AD
Medication	Sertraline Hydrochloride Tablets 50 mg 7 Tablet(s) ONE TO BE TAKEN ALTERNATE DAYS Venlafaxine M/R capsules 75 mg 56 Tablet(s) ONE DAILY FOR 7 DAYS THEN ONE BD
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 06/07/2016 - 03/08/2016)
19/06/2016 00:00	<u>Mrs Margaret Lindsay at General Practice Surgery</u>
Follow up	No response to bowel cancer screening programme invitation (21/03/2016)
Comment	Bowel Cancer Screening Exclusion No response to bowel cancer screening programme invitation Non-Responder

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
31/08/2016	Venlafaxine Tablets 75 mg 1 DAILY 28 tablet	31/08/2016P	Dr Christopher McClure	ACUTE

Admission Front Sheet

Personal Details

Name: MS Linda Jamieson Sex: Female Board Of Residence: Ethnicity: Occupation: A.K.A.: Phone: (H): 07895913969 (W): (M): Home Address:	CHI Number: 2103666240 Episode No: 10001863597 Date of Birth: 21/03/1966 Overseas Visitor: Age: 50y Marital Status: Married (Including separated) Country of Birth: Religion: None Temporary Address: 128 CORSOCK STREET Glasgow Lanarkshire G31 3QD
---	---

Admission Details

Adm Date: 29/09/2016 Adm Time: 11:48 Significant Facility: 40-Acute Medical Unit (AMU) Payor: NHS Consultant: Mr Colin J McKay Specialty: General Surgery	Ward: GRI Acute Assessment Unit. Room: Bed: Adm Type: In Patient
--	---

Referral/GP Details

Attend Source:
Referring Doctor: RJ Hardman

Contact Details

Preferred:	Phone: (H): (W): (M): Relationship:
-------------------	--

Allergy Details

Allergen	Severity
-----------------	-----------------

Glasgow Royal Infirmary
Department of Surgery
(Part B - Surgical Admission)

NHS
Greater Glasgow
and Clyde

2103666240
JAMIESON
Linda
128 CORSOCK STREET
Glasgow, Lanarkshire
21/03/1986
G31 3QD

Date & Time 29/9/16 Consultant Mr C.J. McKay Ward AAU

Ward Review

Check List

Bloods ☐
BHCG: +ve ☐ -ve ☐ N/A ☐
Urinalysis ☐
ECG ☐
CXR ☐
AxR ☐
VTE prophylaxis ☐
Med Rec ☐
Kardex ☐

SNP clerk 12:30

(50) GP referral for surgery with
+ LIF pain.

- sudden onset LIF pain, spasm-
odic in nature, ↑ in severity
over past 6-12 hours,
- radiating into back on (L) side,
- 3/10 at present, 10/10 at worst,
doubled over at times,
- no exacerbating/alleviating factors, took paracetamol
with no relief, no prev. episodes of same,
- bowels moved this am, normal soft motion,
° PR blood, ° diarrhoea,
- passing urine spont, some ↑ frequency, ° dysuria,
° pain on micturition, ° haematuria,
- no fevers/rigours, no N+V
- feeling 'seedy', off food, taking fluids,
- no longer menstruating, no irregular bleeding,
- abdomen slightly distended on (L) side,
- recent chest infection, treated with abx + symptoms
settled.

PMHx:

Anxiety

UTI

*~~PE~~ Pneumonia

US biopsy (R) breast (benign)

meds:

nil regular

NKDA

Ward Review



2103666240
JAMIESON
Linda
128 CORSOCK STREET
Glasgow, Lanarkshire
21/03/1966
G31 3QD

FM: Mother heart disease.

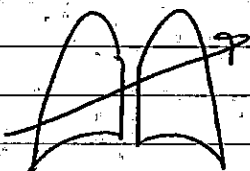
SH: College student

Lives alone

Mun alcohol, Non smoker.

Obs: RR 16, Sats 99%, Temp 36.6, HR 82 bpm
BP 152/82.

HSH + HS2 = 0 Warm + well perfused.
• SOB • palpitations.



Chest clear
• cough • wheeze • sputum
Bilateral/Equal chest expansion.



Abdo soft BSV
Tender⁺ LIF + voluntary guarding
• peritonism
no masses, no cough impulse.

BLOODS:

WCC 9.9 U+E'S (N) Amylase 36 Hb 145
CRP (11) LFT'S (N) ALK Phos 80

WSU +VE int, prot⁺

Imp: ? renal colic
? ovarian pathology ? ruptured cyst
? diverticular disease ? constipation

Plan: Analgesia
Senior r/v
± imaging.

JM COUL
SIGNATURE

SNIP
29/9/16 13:00

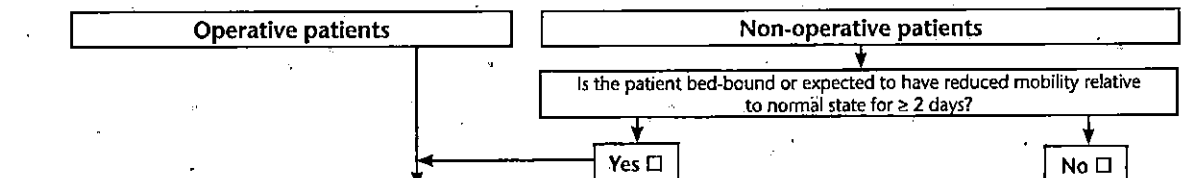
NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]



- Risk Assessment must be completed for all patients within 24 hours of admission to hospital
- Patients must be reassessed every 48-72 hours or sooner if condition changes
- Reassessment must be documented in Kardex
- Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.

Pt Addressograph



Does the patient have any risk factors for thrombosis? (tick ☐ all that apply)

Age >60 ☐	Use of oestrogen-containing contraceptive therapy ☐
Active cancer or cancer treatment ☐	Use of hormone replacement therapy or tamoxifen ☐
Dehydration ☐	Pregnancy or < 6 weeks post partum ☐
Known thrombophilias ☐	Critical care admission eg HDU/ITU ☐
Obesity (BMI >30) ☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis ☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease ☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease ☐
Personal history or first degree relative with a history of VTE ☐	Hip fracture ☐
Varicose veins with phlebitis ☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures ☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Complete Risk Assessment Result Box.

Yes, 1 or more risk factors identified ☐ No risk factors identified ☐

Indicators of high risk bleeding (tick ☐ all that apply)

Active bleeding ☐	Lumbar puncture, epidural/spinal anaesthesia ☐
Acquired bleeding disorders (e.g. liver failure) ☐	• Expected within the next 12 hours ☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis ☐	• Within the previous 4 hours ☐
Acute stroke (within 14 days) ☐	Other procedure with high bleeding risk – discuss with senior if unsure ☐
Persistent uncontrolled hypertension (BP $> 230/120$ mmHg) ☐	Acute bacterial endocarditis ☐
Thrombocytopenia ($<75 \times 10^9/l$) ☐	Surgery expected within the next 12 hours ☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands) ☐	Trauma with high bleeding risk e.g. Head Injury ☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery ☐	eGFR <30 ml/minute/1.73m ² : Dose reduction required ☐
	Heparin induced Thrombocytopenia ☐

- Discuss with senior, clinical staff before deciding to prescribe pharmacological prophylaxis.
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐ Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50 Kg or eGFR <30 ml/minute/1.73m² ☐

If weight > 120 kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy ☐
Peripheral arterial disease ☐
Cellulitis or Gross oedema ☐
Leg deformity or Fragile skin ☐
Leg / foot ulcers ☐
Allergy ☐
Unusual leg size/shape ☐

Risk assessment result – please tick ☐ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Source of information: ECS ☐

Patient ☐ Relative/
carer ☐ GP ☐ GP computer
surg ☐ printout/letter ☐ Patient's ☐
own drugs

Age Group	1990	1995	2000	2005
18-24	18	16	14	12
25-34	15	16	17	18
35-44	12	13	14	15
45-54	10	11	12	12
55-64	8	9	10	10
65+	5	6	7	8

Comments

Clinical Notes

21/9/16 FY2 (PATRICK) Review

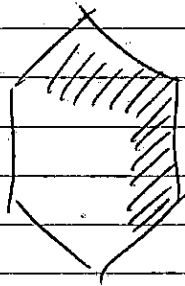
18:40 Rx noted:

- Spasmodic pain, gripping at times.
- points towards (L) flank. Has settled
- last moved bowels this morning. Didn't pass much.
- No blood PR.
- No N+V.
- No systemic upset.

O/E: pt looks well

CRP 11, bloods (N).

Obs stable



Abdomen soft, fullness

on (L) side

tender L side + epigastric

Imp: ?constipation

?Divericular disease

Plan: (H) & worsening advice

Analgesia

Laxatives

FY2 PATRICK

Clinical Notes	



The patient attended Rheum Clinic at GM
Hospital on 6/6/24 and I would advise a change to drug therapy from
_____ to _____
or additional therapy of _____

as detailed below. Full letter to follow.

Additional Comments: please commence Hydroxychloroquine
200mg/400mg

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
--------------	------	-----------	------------------------

Thanks

Yours Sincerely

ATAMMA
Glasgow
Com

Signature:

Name (print)

Grade:

Ext. No:

White copy to - G.P. Pink copy - File this copy in Case Records

Date:

12/4/18

Diagnosis:

Ownst

Management Plan:

MR Requested



2103666240

JAMIESON

Linda

21/03/1966

128 CORSOCK STREET

Glasgow, Lanarkshire

G31 3QD

Outcome:

Virtual Discharge

☐

Next Available

☐

1 week

☐

2 week

☐

3 week

☐

4 week

☐

Monday (foot & Ankle)

☐

Tuesday (Shoulder & Elbow)

☐

Tuesday (Wrist & Hand)

☐

Wednesday (Wrist)

☐

Thursday (Knee / Wrist / General)

☐

Trauma Knee / Soft Tissue

☐

Fracture

☐

Nurse - Led

☐

Consultant Initials:

BJ

pt Time & Date:

Patient contacted, appointment & time confirmed

Yes / No

Appointment to be confirmed by letter

Yes / No

REVIEW & DISCHARGE LETTER

Yes / No

WITH LEAFLET

Yes / No

Patient Letter

☐

ACJ Injury

☐

Clavicle #

☐

Hand - Mobilise

☐

Hand - Splint

☐

Paeds Prox Humeral #

☐

Paeds - Clavicle #

☐

Elderly - Prox Humeral #

☐

Soft Tissue Injury

☐

Avulsion

☐

Stable Ankle

☐

Stable Metatarsal

☐

Trauma knee soft tissue

☐

Trauma knee splint

☐

Scaphoid MRI

☐

Scaphoid MRI Result

☐

Paeds - Hand Mobilise

☐

Pendular Exercises (Shoulder)

☐

Active Assist Exercises (shoulder)

☐

Child Torus Discharge Advice

☐

Ankle & Foot Injuries

☐

Ankle & Foot Exercises

☐

Hand Fracture (5th Metacarpal)

☐

Isolated weber A + stable #

☐

Metatarsal & Phalangeal #s

☐

Radial Head/ Neck #

☐

Clavicle # (CHILD)

☐

Mallet Finger

☐

Trauma knee exercises

☐

Oral and Other Drugs: Regular Prescription				DATE													Patient's Own Medicine	
				MONTH														
BEFORE ADMISSION ☐	H	DRUG PARACETAMOL		Other time														
NEW DOSE ☐		DOSE 1g	ROUTE po	DATE 29/09	DATE: 0700-0900													For Use Y/N
NEW MEDICATION ☒		PRESCRIBER (PRINT & SIGN) J. PEARSON		STOPPED INITIALS:	1200-1400													Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Date:
					2200-2400													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐	J	DRUG LACTULOSE		Other time														
NEW DOSE ☐		DOSE 15ml	ROUTE ORAL	DATE 29/09	DATE: 0700-0900													For Use Y/N
NEW MEDICATION ☒		PRESCRIBER (PRINT & SIGN) P. PEARSON		STOPPED INITIALS:	1200-1400													Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Date:
					2200-2400													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐	K	DRUG		Other time														
NEW DOSE ☐		DOSE	ROUTE	DATE	DATE: 0700-0900													For Use Y/N
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400													Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Date:
					2200-2400													Assessed by:
					Other time													Ordered from Pharm.
BEFORE ADMISSION ☐	L	DRUG		Other time														
NEW DOSE ☐		DOSE	ROUTE	DATE	DATE: 0700-0900													For Use Y/N
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)		STOPPED INITIALS:	1200-1400													Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			1600-1800													Date:
					2200-2400													Assessed by:
					Other time													Ordered from Pharm.

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

NEWS – National Early Warning Score



Name			
Address			
	2103666240		F
	JAMIESON		
	Linda	21/03/1966	
	128 CORSOCK STREET		
	Glasgow, Lanarkshire		
CHI No.		G31 3QD	
DoB			

	Date	Ward
Admitted	29.9.16	AAU
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.

Pupil size (mm)

[illegible][illegible]

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			

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

[illegible]

Acute Assessment Unit

Nursing
Documentation



Name: 2103666240
Address: JAMIESON F
Linda 21/03/1966
128 CORSOCK STREET
Glasgow, Lanarkshire
DOB: G31 3QD
CHI Numt

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital GRT

Date: 29.9.16

Time: 12pm

Triage Nurse Kmcnem

Transport SAS/Self:

2. Presenting Complaint

Lif Pain sudden onset

PMH
skin tag
pneumonia

PH NKOA
Nil regular

3. Observations

Allergies (including food allergies):

No Known allergies ☒

Resp. Rate	SpO2	Temperature	Pulse	Blood Pressure
16	99%	36.4	84	152/82
GCS	NEWS Score	PEFR	Blood Glucose	Pain Score
15/15				/10
Relative Present	Interpreter Req'd.	ID Band	Category	GAP Score
(Y/N)	Y/N	✓		

Cognitive Impairment – For all patients more than 65 years, ask the following 4 AMT questions

1. How old are you? _____ years
2. What is your date of birth? ____/____/____
3. What is this place? _____
4. What year is it? _____

AMT Score ____ out of 4

Acute Assessment Unit

Nursing Documentation



Name:	_____
Address:	_____
DOB:	_____
CHI Number:	_____

Named Nurse/Team Leader: _____

Assessment Completed by: Name(PLEASE PRINT) _____

1. Patient Preparation

Prepare patient for examination	☐	IV Cannula (if required)	Y/N
Clothing bag labelled and stored	☐	Blood samples taken If Yes, list requests	Y/N
12 Lead ECG	☐	Cardiac Monitoring	Y/N
X rays performed	☐	Height: _____ Weight: _____	☐

Urinalysis

Leucocytes	Nitrates	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no: _____

Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:	Hand hygiene performed immediately before PVC insertion.	☐
☐ IV Fluids	Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry.	☐
☐ IV Drugs	Aseptic technique maintained throughout insertion procedure.	☐
☐ Suspected haemorrhage	Sterile, transparent, semi permeable dressing used to cover catheter site.	☐
☐ Diagnostic tests	Size/Colour: _____ Insertion site: _____	
Insertion Date: ____/____/____	Signature: _____	
Insertion Time: ____:____		

Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:	Hand hygiene performed immediately before insertion.	
Insertion Date: ____/____/____	Aseptic technique maintained throughout insertion procedure and connection to closed drainage.	
Insertion Time: ____:____	Urethral meatus cleansed with saline and lubricant used.	
Signature: _____	Gauge: _____	
	_____ mls in balloon	

Nursing Documentation



CHI Number: _____

[illegible]

Date and Time

[illegible]